

# Developing a Women's Health Action Plan

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## **Abstract:**

Women's Health Grampians (WHG) Health Promotion staff totals 3.3 EFT to provide services across the whole region, specifically rural and remote areas. Our capacity to work effectively across our region is intrinsically linked to our capacity to work with and support the organisations and systems that support women.

The aim of the project was to develop an Action Plan<sup>1</sup>, which:

- Identifies strategies to support non WHG workers to provide women's health information to rural and remote women;
- Develop strategies to provide health promotion and gendered expertise to support women's health workers;
- Informs WHG of best ways to improve health status of women.

Ten focus groups followed by two feedback forums were held with service providers, creating opportunities to discuss issues, contributing factors and suggestions for future work.

Nine main themes emerged: Workforce development, service development, mental health, family violence, social connectedness, education and training, women's health, parenting and transport.

**Keywords:** Women's health, consultation, service provider, Grampians region.

## **Paper:**

The purpose of the Action Plan was to collect targeted local data to support Women's Health Grampians (WHG) and other organisations work through supporting planning, building on gendered data, supporting funding applications and improving capacity for regional advocacy. Previous information and data was either anecdotal or raised more questions than it answered and did not provide clear directions on what was needed in this region or the most appropriate partners. WHG aimed to create new partnerships and build on existing partnerships while increasing our profile throughout the region.

To further develop our 'upstream' work we engaged service providers who work with women in our consultations rather than women as consumers directly. With limited staff capacity to reach a large consumer base we recognised the need to be

strategic. A key principle of our work is to support and build the capacity of our partner organisations which work directly with women.

The aim of the process was to identify strategies to support workers who provide women's health information and services to rural and regional women, and to develop strategies to provide health promotion and gendered expertise to support women's health workers. For WHG it was anticipated the data would inform best ways to improve the health status of women in the Wimmera and Grampians Pyrenees regions. WHG will use the Action Plan as an advocacy tool to Local and State Government.

WHG chose to focus on the Grampians Pyrenees and Wimmera areas of our region (seven of the 11 Local Government Areas (LGA) in our region) to increase support for our most rural, remote and isolated women and where we felt our data and partnerships needed further work.

Consideration was given to current and available WHG staff and financial resources required to undertake the consultative process. In order to reach as many people as possible within an appropriate time frame and with the available resources, it was decided that two focus groups would be held in each LGA in different towns and on different days. One forum was held in each region following the conclusion of each set of focus groups. Thus, eight focus groups and one forum were conducted in the Wimmera and six focus groups and one forum in the Grampians Pyrenees. Attendance at a focus group was not necessary to be able to attend a forum.

Initial contact from WHG Chief Executive Officer was made to inform all CEOs from key organisations. A hard mail invitation was then sent to CEOs of all relevant organisations followed by an electronic invitation to the relevant workers. Reminder emails were sent a week prior to each focus group and forum to increase the number of RSVPs. Identifying key people in each location also assisted in disseminating the invitations and attracting a broad range of people to the focus groups.

A working group of WHG health promotion workers, WHG CEO and an external consultant developed seven broad questions to ask at consultations to gather as much information as possible. The beginning of each group was used for participants to write initial responses and this was followed by group discussion. This process gave participants the opportunity to note points they may not have been comfortable discussing in an open forum. Facilitation of the groups and recording of information via note taking was shared among two health promotion workers and the consultant. Attendees were also given the option for both WHG workers to leave the room and information to be discussed solely with the consultant, however, this offer was not taken up in any of the focus groups or forums.

All the information was summarised under main themes with the specific issue and contributing factors associated with these into a working document. This document was then taken to the forums where small groups worked on each theme to add additional information and suggest actions to address the issues.

Through this process Women's Health Grampians achieved increased knowledge of services in our region, including what they offered and the issues and gaps in providing services. The opportunity to partner with appropriate organisations on future projects is greatly enhanced by this knowledge and has already proven valuable in increasing collaboration on current projects.

The data that WHG collected has been written up in a report, *Grampians Pyrenees and Wimmera Women's Health Action Plan*<sup>1</sup>. This data will form the basis of much of WHG's health promotion work in the region and provides solid evidence to support funding applications and advocacy work for both WHG and other organisations in the Grampians region. Increased knowledge of the gaps and issues provides WHG with an evidenced base for projects that will make a difference to the health of women in our region. Although much of the data WHG collected is not new information, until this point it has been largely anecdotal.

Whilst this process identified some specific areas where further data collection would be beneficial, such as Indigenous, general practitioner and local government, due to the large attendance across the region overall and the broad knowledge of rural and regional service providers we are confident that we have gathered a valid and valuable amount of data.

This process has increased WHG worker capacity and knowledge of this region and has also increased the profile of WHG, one of the aims of the project. At each focus group it was also observed that valuable networking occurred between service providers.

While we did not have a target number of attendees and represented organisations prior to the consultation process, we believe that the total of 76 workers who attended the focus groups, the 22 workers who attended the forums and the 40 organisations represented was a sound response rate. In some areas we had little or no attendance from local government and the Indigenous sector. We included both local Indigenous cooperatives and other relevant organisations that did not, or could not, attend the consultations in our correspondence and distribution of the final report and will continue to develop these key relationships. One out the 10 focus groups did not have any attendees, despite connections with several key people in the area and the same follow up process as the other locations.

The use of a consultant added an independent layer, with skills and experience in facilitation, research, data analysis and report writing, was good process and provided the option for attendees to provide feedback independent of WHG. It also improved the capacity of WHG workers in these areas as both workers had the opportunity to facilitate focus groups and forums, record and analyse data and contribute to the writing of the final report. These skills will be beneficial for future programs within WHG.

The focus group process worked well for collecting this information as it allowed for information sharing which increased both WHG knowledge and other service provider's knowledge and also allowed suggestions for change to be shared. Holding the forum a month after completion of each set of focus groups enabled the data to be compiled and put into a draft format for workers to review and validate and further develop suggestions for addressing issues and gaps. We felt that it was a good process and a demonstration of our commitment to our work and partnerships. We also followed up with attendees and those who could not attend the focus groups or forums. It also confirmed the accuracy of the themes and issues presented in the working document, which would become part of the Action Plan report.

Overall the development of this plan has been incredibly positive process for WHG and has significantly increased our profile and opportunities to collaborate with a broader range of partners. Whilst there is still much work to be done WHG now has clear direction to effect positive change for the health status of women in our region.

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**References:**

<sup>1</sup> Women's Health Grampians: [http://www.whg.org.au/uploads/files/53\\_Grampians Pyrenees and Wimmera Womens Health Action Plan 2009.pdf](http://www.whg.org.au/uploads/files/53_Grampians_Pyrenees_and_Wimmera_Womens_Health_Action_Plan_2009.pdf)