Moving forward on women’s health and primary health care

Women’s use of the health care system exceeds that of men by 25 per cent, and even more when health services associated with pregnancy and birthing are considered. Consequently, when changes to the health system are made, it is essential that the health care needs of women are considered throughout the planning and change process.

Primary health care in B.C. requires health system change. It has been identified as a priority for the province, based on data and results from many jurisdictions, including leading-edge primary health care projects in British Columbia. As a result, both the provincial and federal governments have committed resources to improve primary health care services. The basic premise for ensuring long-term health is that the best opportunities to improve health occur when health care services are focused on prevention, integration and patient involvement.

Why should health authorities ensure a focus on women’s health and primary health care?

This is an essential question. Any review of health research quickly identifies key considerations to help answer it.

1. Women are not only half the population, they more often take the lead in the management of health in their families. An investment in women’s health has large payoffs for the entire population—not just for women.

2. Women face more barriers to good health than are faced by men.

3. Women live longer, but with lower quality of life in their later years.

4. Simple things can be done to improve women’s health, with large gains for little investment.

5. Primary health care embodies many of the basic health-promoting principles identified through years of research as critical to achieving gains in women’s health.

At a time when there are limited health care resources, every expenditure must be carefully examined with a view to maximum gain and long-term cost-effectiveness. A focus on women’s health is considers how overall health gains can be achieved, in both the short-term and the long-term by making women’s health a policy priority.

The case for women-centered primary health care

British Columbia has a unique opportunity to provide leadership during a time of provincial and national discussion on the organization and delivery of services to improve population health.

Data and research from around the world prove that primary health care is an effective strategy to improve women’s health. The issue is not one of convincing anyone that these ideas are valid; they have already been proven to be effective. The real task is to shape a health system that invests in putting those ideas into practice.

Change is needed to create incentives for good primary health care practices that serve women’s needs and improve their health outcomes. Change is also needed to remove any or barriers to best practices that support women’s health.
Simple practices can be cost-effective and still ensure real gains in women’s health. The availability and presentation of health information, and the provision of supports related to specific health issues for women, are particularly important. Issues of diet, exercise, smoking, cervical cancer screens (PAP tests), breast cancer self-examinations, mammography, hormone replacement therapy, perinatal counselling, domestic violence or abuse, and mental health, including depression, all can be addressed effectively within the context of primary health care.

Where certain actions are known to improve health outcomes, new incentives are needed for encouraging those actions. Some recommended actions include:

1. **Accessible**
   Primary health care principles, at their most basic, are all about access. To make a difference in women’s health requires access to care with flexible hours of operation, preferably 24/7, and integration of a variety of services at one site, preferably with child care options. A focus on accessibility is especially critical for women in rural and remote areas.

2. **Participatory**
   Primary health care principles require and promote maximum community and individual self-reliance, as well as participation in the planning, organization and delivery of primary health care. As one administrator explains: “When you design a program around women’s needs and they are partners in their health care, they are more likely to participate, which leads to better health”.

3. **Integrated/Multi-Disciplinary/Intersectoral**
   Women want services and programs that integrate a range of preventative approaches and treatment options, including on traditional medicine consulting and surgery, but also lifestyle, alternative medicine, counselling and health education. Primary health care’s focus on integrated, multi-disciplinary and intersectoral care is completely consistent with the principles of women-centred care.

4. **Essential**
   The primary health care approach endorses a wide range of services – curative to rehabilitative – that women view as essential for their health. Primary health care puts women at the centre of decision-making related to their care. Given that opportunity, women identify prevention, treatment options (both traditional and alternative or complementary options), chronic disease management, and counselling as health care essentials.

5. **Equitable**
   Primary health care principles call for the correction of unjust and unequal distribution of health resources and imbalances of power. Women-centred care calls for the same.

**Principles of women-centred primary health care**

In January 2002, the former Minister’s Advisory Council on Women’s Health commissioned a review of primary health care for women. The resulting report, *Primary Health Care: A Preferred Health Service Delivery Option for Women*, identifies the consistencies between the principles of primary health care and of women-centred care, as outlined below. The report concludes that investments in primary health care can positively impact women’s health.
The task from here

How can health authorities take action to ensure gains in women’s health? As health system decisions are being made, and in particular decisions related to investing in primary health care, it is important that gains in women’s health are a priority. In essence, this means applying a “gender lens” to all decisions – that the tools, focus and direction of health system decisions should be focused toward preventing disease and disability among women.

Some of the relevant issues and considerations in developing women-centred care have already been identified. The Vancouver Richmond Health Board’s Women’s Health Planning Project report1 (January 2002) presents a concise analysis of women’s health issues and practical recommendations for making gains in women’s health. The planning project resulted in a framework to guide the research, policy, planning and evaluation of women’s health services. It incorporates elements specific to British Columbia, as well as current international women’s health practices and research.

In addition, the Ministry of Health Planning has developed a gender-inclusive planning tool for health authorities.2 This tool provides processes and examples of gender-inclusive health programs to assist planners in ensuring that women’s health needs are built into the planning process.

There is no question that the stage is set for British Columbia to become a leader in developing exceptional primary health care infrastructure. The task is to ensure it is done well, with a view to achieving measurable gains in women’s health outcomes.

It is not enough to just make changes in primary health care; changes must contribute to positive outcomes and be evident to those who use health services. The health of all British Columbians will advance, and the burden of acute care cost will ease, when the health of women and their children become a priority.

At a time when resources are stretched, an investment in women’s health is a vital step for improving the health of the population. The test for health authorities will be to demonstrate what will be done to achieve significant gains in women’s health. A focus on women’s health needs and care should be an overarching goal for any investment in primary health care.

1 Available at: http://www.vcn.bc.ca/vrhb/Women’s_Health%20Plan.htm

2 Gender-Inclusive Health Planning: A Guide for Health Authorities in British Columbia can be obtained from the Office of the Special Advisor, Women’s and Seniors’ Health, Ministry of Health Planning.