

cohealth
Submission to the
Victorian
Women's Pain
Inquiry

The need for culturally safe services

July 2024

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Introduction

As a leading community health provider, cohealth has a deep commitment to providing high quality, low to no cost healthcare to those who need it.

We have a proud reputation for providing welcoming, interdisciplinary, high quality women's health care.

cohealth works with women from diverse backgrounds every day and continually looks for opportunities to increase access and connect people with the services they need as close to home as possible.

cohealth is a committed partner in Victoria's women's health agenda, with the cohealth Chief Executive a member of the Victorian Women's Health Advisory Council – a group tasked with leading the rollout of the Victorian Government's investment in women's health.

cohealth, a leading Victorian community health organisation, submits this report to the Women's Pain Inquiry to highlight critical gaps in services supporting women's health in Victoria. We emphasise the urgent need for culturally sensitive services, particularly for women from diverse communities, who often face significant barriers to accessing adequate healthcare.

Access to healthcare is an increasingly pressing issue across Australia. The increasing cost of living means people cannot afford to access the healthcare they need and often delay or avoid GP appointments. In 2023, 10.2 million standard GP consultations occurred in Australia during the first six months – 2 million less than the same period in 2019.

These barriers are even higher for women and girls, who disproportionately experience delayed diagnosis, overprescribing, and a failure to properly investigate symptoms. Many do not have access to timely, affordable, or culturally safe healthcare, including sexual and reproductive services.

Further, when women finally do get access, health services are often letting them down – with surveys showing that one in three women in Victoria experiencing insensitive and disrespectful practitioners who left them feeling dismissed and unheard¹.

cohealth exists to break down barriers and offer free and low-cost health services for all. Specialising in the community health model, cohealth provides team-based, multidisciplinary healthcare that integrates GPs, allied health, nurses, dental, mental health, and alcohol and drug support. These integrated services make it easier for people to get holistic support in their community, addressing all interconnected aspects of their health and wellbeing.

With extensive experience working with diverse communities, cohealth has developed programs and models of care that respond to the specific needs of individuals and the communities that support them. Our culturally sensitive approaches ensure that healthcare is accessible, respectful, and effective for everyone, regardless of their background.

This submission to the Women's Pain Inquiry draws on cohealth's experience to respond to critical gaps in the health system and develop models of care that respond to complex and high-risk health issues and highlight gaps and opportunities to support women's health in Victoria. This submission emphasises the urgent need for culturally sensitive services, especially for women from diverse communities, who often face significant barriers to adequate healthcare.

¹ <https://www.premier.vic.gov.au/gender-pain-gap-revealed-and-women-arent-surprised>

Recommendations

1. Community Health Funding for Inter-Disciplinary Teams in Primary Health Care

To enhance primary health care services and address the barriers our clients face, it is imperative to establish inter-disciplinary teams within community health settings. An exemplary model is the existing inter-disciplinary team for pelvic pain at the Royal Melbourne Hospital (RMH). However, this service is downstream and not readily accessible to many of our clients due to various barriers, including referral processes, geographical limitations, and wait times.

By creating similar inter-disciplinary teams in primary health care, we can provide timely, holistic, and accessible care directly within the community. These teams would include general practitioners, nurses, physiotherapists, psychologists, and other relevant health professionals working collaboratively to deliver comprehensive care. This approach will not only improve health outcomes but also reduce the burden on secondary and tertiary health services.

2. Developing Culturally Competent Care Models

Women's trust in health services' interest and ability to address their pain needs to be rebuilt. Integrating cultural competence training for healthcare providers is essential for delivering effective and respectful care to women from diverse backgrounds.

Additionally, increasing the number of training places and incentivising employment of a multilingual women's health workforce can greatly enhance communication and trust between patients and providers. Establishing partnerships with community leaders is also crucial, as it helps to design and deliver culturally appropriate services that truly meet the needs of the community.

3. Enhancing Community Engagement

Funding to support collaboration with community organisations and community health providers to work directly with community on service design that supports care coordination. Deploying community health workers from diverse backgrounds is also essential, as they can bridge gaps in care and ensure that services are more accessible and responsive to the needs of all women. These strategies will help create a more inclusive and effective healthcare system.

Building capacity for effective communication and building trust is an ongoing process. It requires empathy, humility, and a commitment to understanding diverse perspectives. By creating culturally safe spaces, effective and culturally sensitive communication, and actively engaging with clients, health professionals can improve their access to care and promote positive health outcomes.

- Cultural safety training and communication for Health professionals ongoing education
- Role playing helps health professionals practice culturally safe communication.
- Address systemic inequities.
- Trauma-informed care

4. Implementing Holistic and Integrated Care

Creating interdisciplinary teams to deliver comprehensive care involves integrating diverse expertise to address various aspects of a patient's health. This approach is complemented by a focus on patient-centred care, which respects and prioritises individual needs and preferences, ensuring that treatment plans are tailored to each person's unique circumstances.

Holistic, integrated care means fewer women experience wrong doors, denial of their symptoms, or shouldering the burden of navigating a complex of the existing service system.

5. Improving Health Literacy and Education

Health services should empower women and girls to identify and manage their pain in the way that suits them.

In cohealth's experience, conducting targeted health literacy workshops for Culturally and Linguistically Diverse (CALD) communities can bridge gaps in understanding and access to healthcare services. These workshops empower women and girls by providing them with essential knowledge to navigate the healthcare system effectively and make informed decisions about their health and well-being.

The need for culturally sensitive services

cohealth's extensive experience working with diverse communities has shown that healthcare providers must receive effective training in cultural competence to better understand and respect these diverse needs. Effective training enables providers to better understand the diverse needs of women and girls experiencing pain, and to provide support that really meets these needs.

Employing multilingual staff who understand cultural nuances also significantly improves communication and trust between patients and healthcare providers. This in turn ensures that all patients feel understood and respected, enhancing the overall quality of care.

cohealth's deployment of community health workers who share the cultural backgrounds of the communities they serve has proven effective in bridging gaps in understanding and access. These workers provide crucial support and education, making healthcare more accessible and effective. Evaluations of cohealth's bicultural worker program have found that bicultural workers are valuable for gaining community trust and improving outcomes because they can engage the community in a culturally appropriate way, and connect with the right people to ensure community members have access to the support they need².

Community engagement is another critical aspect of improving healthcare for women and girls. Through our work, cohealth has established successful partnerships with community leaders and organisations, building trust and ensuring that services are culturally appropriate. These partnerships help design and deliver services that truly meet the needs of the community.

Holistic and integrated care is vital for addressing the complex health needs of women and girls. cohealth's model of care involves creating interdisciplinary care teams that include GPs, mental health professionals, and specialists, providing more comprehensive and coordinated care. These teams can address multiple health issues simultaneously, leading to better health outcomes. Furthermore, cohealth emphasises a patient-centred approach that respects the unique needs and preferences of each woman, leading to greater satisfaction with care. This approach ensures that healthcare is tailored to the individual, making it more effective and responsive to each patient's specific circumstances.

Impact of the current service delivery system

The current service delivery system often fails to meet the healthcare needs of women and girls. The current fragmentation of services results in a lack of coordination between different healthcare providers. This fragmentation requires individuals to have high levels of health literacy and the ability to self-coordinate and advocate for their healthcare needs across multiple health services and providers. Consequently, many women and girls, especially those from vulnerable communities, struggle to navigate the healthcare system effectively.

Another barrier to safe and comprehensive models of care that adequately respond to the health needs of women is inadequate funding. There are insufficient resources allocated to specialised and culturally sensitive women's health management and mental health services. This lack of funding means that many women and girls do not receive the comprehensive care they need, particularly those who require culturally appropriate services that take into account their unique backgrounds and experiences.

² MiCare and Wyndham Community & Education Centre (2024). Preparing with Multicultural Communities for Major Emergencies: Insights from initiatives responding to the COVID-19 pandemic in Melbourne's west. Melbourne.

Geographical disparities also play a significant role in limiting access to healthcare. In rural and regional areas, the availability of services is often severely limited. Women and girls living in these areas face additional challenges in accessing timely and appropriate care, further exacerbating health inequities. These geographical barriers make it difficult for them to receive consistent and coordinated care, which is essential for managing chronic pain and other health issues effectively.

Case studies and cohealth's experience

cohealth's Sexual and Reproductive Health Hub at Laverton

cohealth's Sexual and Reproductive Health Hub (SRHH) at Laverton specialises in services that assist in managing all matters related to women's sexual and reproductive health.

cohealth's SRHH is a nurse-led model, based on a philosophy of empowering women to take control of their sexual and reproductive health.

At the SRHH, qualified Sexual and Reproductive Health Nurses work in collaboration with a General Practitioner and a Sexual Health Physician to provide bulk billed nurse-led comprehensive contraception and early medical abortion services.

The SRHH also offers telehealth services, particularly for blood borne viruses and sexual/reproductive health by a General Practitioner.

cohealth's extensive suite of services includes social work and psychology services, physiotherapists with expertise in pelvic pain and continence issues, as well as dietitians and endocrinologists. These services are all available via phone for secondary consult at the SRHH.

Recognising the diverse population of Melbourne's western suburbs, interpreting is available, and longer appointment times allow women the time they need to fully consider their options and decisions.

Case study

A cohealth client, a 33-year-old woman originally from Liberia, has been helped by the Sexual and Reproductive Health Hub since she arrived in Australia seeking asylum in 2018. This client still has chronic pain and still experiences severe pain at times and reports ongoing frustrating experiences with tertiary health services. However, the client has been able to access support and healthcare through cohealth services to address these ongoing issues. cohealth staff have worked to assist with her two complex pregnancies, recurrent pain issues, sexual and reproductive health, FGM issues and significant mental health concerns and liaised with her legal team and tertiary hospital services. cohealth has been able to do this by providing a holistic approach to care, provided by wrap around teams that are trauma informed, culturally safe and have experience working with refugees.

An important aspect of wraparound team based primary care is having mental health practitioners situated at a site where a CALD client already attends and feels comfortable. In the case mentioned above – continuity of care from a consistent team of practitioners together with a community based mental health practitioner has been very important.

Pelvic Pain Management

cohealth has a women's health Physio that treats pelvic pain. This resource provides limited support but provides an important service that could be expanded. cohealth has also previously run a program called 'Branching Out' which was an interdisciplinary program for people from Refugee background experiencing pain.

The learnings from this program demonstrated that the response needs to be trauma informed and consider the settlement and refugee experience. There needs to be an element of care coordination in this response to address the multiple contributing factors to the pain experience and support individuals to navigate the health system. Team members require capacity building

to ensure core competencies of the model of care e.g., modern understandings of pain, refugee context, mind body connect, and trauma informed care.

Family and Reproductive Rights Education Program

cohealth FARREP program:

- Supports and advocates for women affected by FGC to get the best care and information about their health, and best way to access appropriate health services to improve their health and wellbeing and that of their families
- Refers women to other services they might need, within cohealth or in the community
- Works with communities and provide information about FGC and the law in Australia for the prevention of FGC
- Provides cultural guidance, workshop, and advice to cohealth staff

The cohealth FARREP, funded by the Department of Health and Human Services, works with communities affected by Female Genital Cutting/circumcision (FGC) practices and aims to prevent the practice from occurring. The program also works with health professionals/clinicians within cohealth and outside agencies to improve knowledge and communication in supporting women/girls affected by FGC to access appropriate health services and improve their health and wellbeing.

FGC is the practice of partially cutting or totally removing the external female genitalia. There are 4 different types of circumcision. FGC is illegal in every state and territory in Australia; it is also illegal to take a child to another country for female circumcision.

Women and girls are increasingly migrating to Australia from countries where female circumcision was practiced, so there needs to be timely and culturally appropriate healthcare, support and community education. cohealth has developed a culturally safe program where trained workers build trusted relationships across communities and predominantly work face to face to do this. This is essential to be able to provide education and connect individuals to health and social support services, including mental health services. cohealth's experience in this program demonstrates the importance of culturally sensitive workers and building trusted relationships with clients and the broader community.

FARREP case studies [Attachment 1](#).

Health Literacy and Education Initiatives

cohealth is dedicated to increase health literacy, promoting mental health awareness and understanding of mental illness, particularly focusing on the reduction of stigma towards women and girls from diverse cultural backgrounds, raising awareness on mental health and sexual reproductive health, encouraging help seeking and service access. The organisation achieves this through a range of projects such as:

- the Metro Supporting Minds Project,
- the NorthEast Public Health Unit Capacity Building on Sexual Reproductive Health to Communities affected by FGC, and
- the Healing Together project, funded by Australia Post.

These initiatives involve cohealth's partnerships with the Water Well project, Multicultural Centre for Women's Health, and Centre for Ethnicity and Health, as well our nurses and community workers.

Through these collaborations, cohealth conducts informative and educational sessions within the community, reaching out to the community of CALD backgrounds, focusing on sexual

reproductive health issues and mental health/mental illness support. This approach ensures that crucial information and support are provided to those who need it the most.

The importance of co-designing our programs with community ensures that these programs build trust and safety, especially for programs that are about what can be considered taboo topics within some communities. Through these programs, the relationships that are built can lead to linking individuals to service they require.

Identified gaps in women's health services

Based on cohealth's experience providing comprehensive, culturally safe holistic care to communities across Victoria the following gaps have been identified in current women's health services.

1. Limited Access to Specialised Pain Management

- **Delayed Diagnoses:** Many women and girls experience significant delays in diagnosing chronic pain conditions such as endometriosis and PCOS, leading to prolonged suffering and diminished quality of life.
- **Inadequate Pain Management:** Once diagnosed, pain management services are often insufficient and not tailored to specific needs, resulting in ongoing pain and disability.

2. Insufficient Mental Health Support

- **Interconnected Issues:** Chronic pain often intersects with mental health issues such as anxiety and depression. However, mental health support services are frequently under-resourced, leaving women and girls without the comprehensive care they need.
- **Stigma and Access Barriers:** Cultural stigmas around mental health can prevent individuals from seeking help, and a lack of culturally appropriate services exacerbates this issue.

3. Barriers to Accessing Sexual and Reproductive Health Services

- **Cultural Sensitivity:** Many women from culturally and linguistically diverse (CALD) backgrounds face difficulties seeking help for sexual and reproductive health issues, this is further compounded by issues accessing sexual and reproductive health services that are culturally sensitive and respectful of their beliefs and practices.
- **Affordability and Availability:** The cost of services and the lack of availability in certain areas, particularly rural and regional Victoria, further limit access for these women and girls.

4. Lack of Education and Awareness

- **Empowerment through Education:** Providing women with the knowledge and resources they need to make informed health decisions is crucial for improving health outcomes.

Attachment 1: FARREP case studies

Case Study 1

FARREP Case Study Community health education about Pap smear and cervical cancer education was delivered to about 17 women from African community in the west. The FARREP worker explained how FGC impacts in the Pap smear test and the development of small spatula for Type 3 FGC affected women. A spatula was developed in response to the feedback from FGC affected women's experience with conventional Pap smear test.

After the session one participant requested an individual consultation with the FARREP worker. The FARREP worker made her an appointment to discuss with her issues. The women mentioned that she liked the education session and gained more knowledge about the impact of FGC on women's health. Then, the women disclosed to FARREP worker that she has daughter about 14 years old which had Type 3 FGC when she came in Australia.

Recently, the young girl experienced very severe infection and the mother was not sure what to do and how to discuss her daughter's health problem with the doctors. The FARREP worker reassured the mother and advised her to take her daughter to their GP and that her daughter will get culturally appropriate care from her doctor. The FARREP worker informed the mother that GP will discuss the issue with her and her daughter and will give the best health advice for her daughter and if there is a need to do deinfibilation to address the underlying infection, the GP will supply a letter to the family explaining the operation and the reasons for it. After, the FARREP worker followed up, the mother informed the FARREP worker that the doctor referred her daughter to a clinic which addressed the underlying infection and provided a letter to the family.

This case demonstrates the cultural sensitivity and health consequence of FGC for girls/women and their family and the need for culturally appropriate health service. The FARREP worker was aware the mother's concern for the health of her daughter, but also the mother was concerned about cultural expectation regarding marriage and the impact of medical intervention on this cultural expectation which might be perception or real. The FARREP worker understood this issue and explained the issue in different angles to address her concern about the cultural and health aspect of her daughter.

cohealth FARREP aims to develop a positive relationship with the community and create a safe environment for respectful discussions about FGC and its adverse health effects on women and girls. However, due to the community's concerns about their place in the Australian community and racial profiling during COVID-19, FARREP faces challenges in increasing community confidence in Australian health and social systems and receiving information to improve access to timely and suitable healthcare services.

Community members of African descent routinely experience stereotyping, labelling, and racial profiling in social media, the media, and in person, including at school and work. Consequently, they feel helpless and hesitant to engage and collaborate with services that impact their health and well-being. To address this, we co-designed the 'Cultivating Community Cohesion' project with 260 community members. The project delivered fortnightly community discussions, social connections, three anti-racism and discrimination workshops, three cultural events, and opportunities for collaboration, relationships, and understanding between community members and their local service providers to achieve good community health and well-being. The feedback from the local community leaders was positive; they believed that this enhanced their understanding of the interworking of these agents and clarified misconceptions about them within the community. They gained knowledge and experience of how to access their services. They have also said that they learned how to report incidents of racism and discrimination and whom to report it to.

Besides, successful community engagement and support examples include S.A.'s story. S.A. is a 38-year-old woman participating in the FARREP program. cohealth's workshop covered adverse health and legal impacts of FGC, the importance of building trust between professionals and FGC-affected clients, and FARREP work and health services to improve health and well-being for the affected community. S.A. attended her first workshop, listened attentively, asked questions, and found the information useful. She learned about different types of FGCs, their health impacts, and the services available at Royal Women's Hospital for De-infibulation. After participating in more FARREP sessions, S.A. became more confident and comfortable chatting with the FARREP workers, sharing her experience, and seeking help. The worker referred her to a cohealth General Practitioner, liaised with the Royal Women Hospital FARREP team, and supported S.A. S.A. now promotes FARREP services to improve women's health and well-being.

Attachment 3: The NEPHU project

The project collaborates with healthcare professionals from The Water Well project, Centre for Ethnic and Health, and cohealth colleagues. The primary objective is to establish a platform for participants to exchange and acquire knowledge and skills, fortify inter-generational relationships, and enhance their capacity to seek assistance for health and well-being. The project specifically addresses the adverse impacts of female genital cutting (FGC) practices, sexually transmitted diseases (STDs), and blood-borne viruses (BBVs). It underscores the promotion of respectful relationships, gender equity, and identity. The initiative furnishes comprehensive information on contraception, pregnancy, safe sex, and consent, as well as specific sexual and reproductive health details. It encourages proactive behaviour in seeking culturally appropriate health services. The education and social support sessions present invaluable benefits to the participants.

Certain seminars centred on the well-being of pregnant and postnatal young women, taking into consideration cultural influences and expectations related to sexual and reproductive health. Participants shared their experiences with initial pregnancies and the challenges they faced due to healthcare professionals' lack of understanding of FGC. The seminar emphasised the importance of women's health screening, particularly highlighting cervical cancer screening and self-collection methods for women affected by FGC.

Others delivered comprehensive SRH education encompassing a wide array of topics, including the impact of FGC practice on women's well-being to provide a deeper comprehension of the health and legal implications of FGC and the abilities required to support women within their families. Participants were equipped with the knowledge necessary to access and utilise sexual and reproductive health services within their community, crucial insights into STI testing before engaging in sexual activities, the importance of transparent communication regarding sexual health with their partners, and the capacity to engage in meaningful discussions about sex with trusted individuals to promote awareness and support.

Outcomes:

- 450 participants actively participated in educational sessions, social support groups, and the event, engaging with facilitators and fellow participants.
- Discussions, surveys, and follow-up feedback emphasised the changes in participants' knowledge, skills, attitudes, understanding, sharing, learning, connections, and behaviours and outcomes.
- There was a noticeable increase in help-seeking behaviour, inquiries, and access to culturally appropriate health services.
- Participants expressed a sense of safety and comfort in discussing issues, demonstrating a sense of ownership of the sessions, an enhanced learning experience, and significant benefits for themselves and their families.
- The positive outcomes extended to the families, as indicated by participants willing to advocate and provide support and protection for family members affected by FGC.
- The project has substantially impacted promoting health equity and modifying risk factors for chronic diseases. The sessions and events provided
- participants with credible and reliable information on sexual and reproductive health issues, which significantly influence the risk of chronic diseases such as sexually transmitted infections (STIs), viral hepatitis, and endometriosis.
- As a result, participants have gained improved skills, knowledge, and attitudes to effectively prevent and manage sexual and reproductive health issues that impact chronic diseases.

This encompasses the utilisation of contraception, access to treatment and services, comprehension of abortion, and the ability to make well-informed choices.

- Additionally, the project has contributed to enhancing sexual functioning and satisfaction, thus positively impacting the long-term physical and mental health of the participants. Participants have reported a reduction in stress and an improvement in sleep quality. Moreover, the sessions and events have effectively addressed the stigma and discrimination associated with sexual and reproductive health, which can impede access to healthcare and social support.