Assessment: policy analysis advocacy

[Name of the Writer]

[Name of the Institution]

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**Introduction**

There are different policies that are introduced every now and then to analyse the health outcomes and improve the gaps that exist in the provision of health facilities to the women in society. Among all the policies that are introduced to address the health outcomes and necessities for women, National Women health policy 2010 is one of these initiatives that addressed the health of women by giving them equal status as that of men (Abers et al. 2016). It is highlighted that the women in Australia were suffering from a lot of differences in terms of health care facilities and services in almost all the departments of life such as a workplace, schools, private and public facilities and the other avenues of life. The formulation of National Women Health policy Australia 2010 is one of the initiatives that has opened new windows of opportunity for women to get their health needs addressed in all the dimensions of life and work (Allotey et al. 2018). The policy has brought different reformation in different dimensions and departments of life.

**Problem and the context**

It is evident that the women are major contributors of building a healthy, safe and secure community. In the context of the National Women Health policy, efforts are made to recognize the women’s experience of health and wellbeing because their health requirements are different from men. The biomedical and genetic factors are directly shaped by the health system in which women have to adjust accordingly (Coles et al. 2015). In order to improve the overall health wellbeing of the women, the policy addresses their major pillars

* **Social determinants of the health**

It is meant to recognize the complete, physical, mental and social wellbeing of the women, keeping the absence of disease or some infirmity aside. The social determinants are meant to address the inequalities in the health of the women by synchronizing daily life systems (Williamson et al. 2019).

* **Gender Equality and intersectionality**

The policy addresses gender as one of the key determinants of the overall health of women, taking into account that gender interferes with different outcomes and factors such as geographical location, aboriginality, race, religion, ethnicity and the other characteristics such as age and sex (Stronach et al. 2019).

* **Life approaches**

The policy advocates and highlighted the comprehensive approach taking into account the growth, transitions and developmental idea across the life course of women to increase the applicability and effectiveness of the health programs (Schnelle et al. 2018).

Australia has made a lot of efforts in order to address women health since the introduction of National Women Health Policy in 1989. There are different expectations and assumptions about the health of women, taking into account that at one place, Australian women enjoy a longer life expectancy as compared to the other women from other countries (Rowe et al. 2016). While in many of the places, women are still at a disadvantage in all aspects of health. There are a lot of women who do not have reasonable access to the health providers, services and resources that can be supportive of health. It is evident that women health needs vary with the passage of time so it is necessary to optimize health. In effect, the National Women Health Policy 2010 was formulated as an approach that recognizes the commitment to building an environment that can ensure that all women health needs are addressed. In parallel to the international developments and the social inclusion agendas, supported by the government, the National Women health policy emphasises prevention strategies for women. It also addresses the health inequalities and the social determinant of the inequalities that are faced by women (McLindon et al. 2018).

It doesn't seem that the policy has overlooked any of the aspects of health that are associated with women. Almost all the concerns, that are in either way associated with the health of women are directly addressed by this policy (Ogbo et al. 2018). Even the theoretical framework of the policy also addressed. The minor factors such as cultural and economic dimensions are also addressed because not all the women are engaged in the economic roles of the society (Stronach et al. 2019).

**Frame of Reference/ Domain Discourse**

The frame of reference of the policy is found to be parallel to the framework of the National Strategic Framework for Aboriginal and Torres Strait Islanders Health Plan 2012 -2023. It is proposed that the policy is designed to be used as a framework for the assessment of improvement of health initiatives (Moynihan et al. 2015). It is highlighted that the policy acts as a continuum that would be responsible for highlighting the pitfalls in the whole of the healthcare system perspective. Moreover, this policy will be a thorough evaluation of the specific health interventions and their outcomes so that health can be analyzed in terms of its delivery, management and support (Holden et al. 2019).

There are some major words and phrases that are commonly used, such as gender, diversity, strategy, women health, health, factors, priority, assessment, national women health policy etc. All these words and phrases are the assumptions of influences and stress that are given to the health of the women who are living in Australia (Stronach et al. 2019). Some other assumptions are the keys to the awareness of the actions that are needed to be taken in order to analyse the health outcomes of the women. Other factors define and assess the factors that are causing a direct or indirect impact on the health of women. Priority refers to the stress that should be given to the fact and figures associated with the health of the women such as priority of services, provision of health procedures and the outcomes are associated with the provision of these health assessments (Sawer et al. 2018).

**Targets, stakeholders and representatives**

The target of this policy is women and girls. This policy is designed to address the health concerns of the women and girls who are living in Australia, taking into account that almost all the age of women and girls are addressed by this policy (Holden et al. 2019). The policy is meant to address the disparities in terms of social, economic and moral factors that are in either way affecting the health concerns of the women. The health of Aboriginal and Torres Strait women is also the target population of this policy taking into account that the women are brought on the board of health and education that can contribute to the health of women (Moynihan et al. 2019).

Major stakeholders of the health policy are providers of health insurance companies, government and private health sectors, policy designers and other stakeholders of the organization that are working to assess the healthcare needs of the people how they are using health facilities. Taking into account the analysis of the stakeholders, it is found that the role of NGOs and other nonprofit organization is overlooked who are dealing with community health concerns (Rowe et al. 2016).

The key institutional structure are families, hospitals, economy and education. Health departments and the cross sectors are the agencies that are addressed by the policy framework. Workforce capacity building is addressed in terms of defining gender inequality. According to the policy, it is highlighted that the gaps in the pay scales and financial insurances should be mitigated because women have more load of care and growth as compared to the men who are also working in the same environment (Rowe et al. 2016).

The subjects of the policy are overrepresented by classification of the departments such as business, workplace, education, community and healthcare centres. All these subjects are presented in the individual department, each guided by a connection of how one is connected to the other (Ogbo et al. 2018).

Different social groups are portrayed in the form of difference in their race, identity and ethnicity. All these groups are segregated from each other in terms of the policy implication, how the policy will be facilitating them and what are the current gaps (McLindon et al. 2018).

There is no moral judgment that is expressed in the policy, taking into account that there is a systematic and logical flow of the requirements that are meant for the health of women (McLindon et al. 2018).

**Policy process**

The basic stakeholders who were involved in the development of the policy were the organizational stakeholders who define the pillars that are to be implemented in the workplace. Government and private healthcare stakeholders are addressed along with the stakeholders of the insurance department. There was no department to be overlooked because all primary departments were directly addressed by the policy (Ogbo et al. 2018).

The policy addressed the interest of all the women and girls in Australia, void of all types of discrimination. The policy is equally applicable to very women and girl, either native or non-native, and none of them were overlooked (Rowe et al. 2016).

It would not be wrong to say that the potential competing interest was that of the legacy of gender disparity, according to which, men are kept at a superior position as compared to the women. The potential competing interest is that of the organization in which women are employed because they have to provide equal resources and incentives for the women as well (Sawer et al. 2018).

The prime motivation of the stakeholders while making this policy was the provision of equal health benefits and resources for all the women and girls who are living in Australia. Also, this policy is meant to analyse the facts and figures that suppress the healthcare rights of women (Schnelle et al. 2018).

The frame of reference was the prime window of opportunity that enabled the development of this policy, taking into account the ideology that instead of creating a disparity and difference between the policy meant for aboriginal and original women, a single policy should be formulated that could equally address all the women (Schroeder et al. 2019).

**Policy Solution**

In order to address the problem, the government of Australia will be taking radical steps to invest in the health care department specifically for the health of women. It is highlighted that the policy will open several options for the women to get their selves diagnosed and avail health care services because this policy will be guided by approach to state health facilities (Yelland et al. 2018).

There could be a specific department for the community health affairs that has been overlooked because there are a lot of women who are not able to access the hospitals because of the distances. Although community level initiates are made, still there is a space for a wide insight into community health department (Coles et al. 2015).

This policy addresses all the social, moral and ethical department of life, taking into account the significance of equal health opportunities for all the women despite any social moral or ethical difference (Moynihan et al. 2015).

**Effectiveness**

I think the policy has been effectively implied because there has been a lot of improvement in the health department after its implementation. It is highlighted that the women are brought on the same boards as that of men. Although there are differences, still the gaps that were prevalent in the past have been narrowed to a large extent (Coles et al. 2015). The policy is accompanied by an accountability policy as well along with different data collection and accountability platforms that are designed and can help to address not only the implication but it also highlights that the policy is enacted with all its characteristics (Allotey et al. 2018).

Although there are no such indicators that are used for the evaluation of policy, there are a lot of evaluation techniques such as collecting qualitative and quantitative data which has been used to ensure the efficacy and effectiveness of the data (Allotey et al. 2018).

It is found that the policy has proved to be one of the positive and healthy initiatives in the provision of equal health opportunities and services to all the women in Australia without any discrimination (Adams et al. 2017).

**Conclusion**

After analysis, it is highlighted that national women health policy is one of the initiatives that have proved highly effective in the provision of better health facilities for the women who are living in Australia (Abers et al. 2016). Before the implication of this policy, there were a lot of women who were suffering from various issues, including ethical, moral and social issues because of the differences in the provision of health facilities and a narrower approach to the provision of health (Abers et al. 2016). In a nutshell, this policy is one of the positive and better initiatives that have been used to overcome the disparities in the health of the women by bringing them at least equal to the men in the society (Abers et al. 2016).

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