



# Summary of Workshop – National Women's Health Forum

Development of the National Women's Health Strategy | Wednesday, 8 August 2018

# The Women's Health Forum convened leading Australian health sector stakeholders to define the direction and actions of a new Strategy for women's health.

A National Women's Health Forum to inform the development of a National Women's Health Strategy was held at Parliament House on 8 August 2018. Its objective was to develop recommendations for overall goals, prioritised strategies and specific actions that could help address the health issues that affect women and girls throughout their lives.

The event brought together 85 representatives from advocacy, clinical services, service delivery, research, and government. Discussions and activities were facilitated by Nous Group.

The Forum was the first in a number of consultation opportunities for the development of the National Women's Health Strategy. It will be followed by further public consultation.

# The Minister for Health opened proceedings by acknowledging the ongoing need for action.

The Minister for Health, the Hon Greg Hunt MP, opened the Forum with an address and Q&A session with participants. Minister Hunt acknowledged the depth and variety of content within the field of women's health. To ensure a focus on action, he framed the day around five 'areas for consideration,' which guided the structure of the sessions. These areas were as follows:



Minister Hunt also emphasised flexibility, and embraced commentary that cut across the above areas. Ultimately, he posed one central question to the audience: What must we do to improve women's health in Australia?

# The mood was high-energy and fast-paced, with individual feedback as well as strong collaborative efforts.

The Forum blended presentations of the findings from evidence reviews with individual brainstorming activities, an interactive wall of ideas, intensive groupwork, and plenary sessions.

Specific sessions included:

- Brainstorming of the overall objectives, enablers and challenges for the Strategy
- A summary presentation of a women's health evidence review developed by Jean Hailes
- Comments and clarifications from the floor
- Groupwork sessions, enabling 'deep dives' into each of the areas for consideration
- Reporting from the groupwork and plenary discussion
- Final reflections on what is most needed to achieve the overall objectives of the Strategy

# At the outset, participants 'set the scene' with foundations and opportunities for change in women's health.

## What are the foundations for success?

- Intersectional approaches informed by impact of discrimination on women's health
- Ensuring women's health in women's hands, and a gender-informed approach to consumer engagement
- Strengthening lifestyle and life-course approaches
- Cementing cross-sector collaboration
- Continuing focus on the social determinants of health
- Promoting evidence-based policy and practice, including use of nuanced data and gendered analyses
- A clear articulation of goals and framework for action
- Acknowledging diversity among and between women

## What needs to change? What are the best practice opportunities?

- More equitable access for appropriate care, built on a needs-based approach and embedding cultural safety
- Greater focus on the social determinants of health and a clearer focus on the needs of priority populations
- A multidisciplinary health approach that promotes integrated, comprehensive and collaborative care
- Facilitated access to sexual and reproductive health services
- Emphasis on prevention & early intervention in mental health and wellbeing, including perinatal mental health
- Recognise that violence against women is a health issue, and provide wraparound services for women exposed to violence, including case management and counselling

# The foundations and opportunities informed brainstorming on potential short and long term goals of the Strategy.

## Short-term strategic goals

- A tangible increase in equity of access to information and services, particularly for Indigenous, rural or remote, migrant, refugee, and older women
- Development of improved preventive health initiatives that focus on healthy lifestyles across the life course
- A concerted focus on integrated care, prepared to address the intersection of issues in women's health
- Improved outcomes for low-survival rate cancers
- Improved outcomes for women and girls that have – or continue – to experience family and sexual violence
- Increased and earlier access to mental health and sexual and reproductive health services, including 'all-options'
- Secure long-term investment for targeted research

## Long-term strategic goals

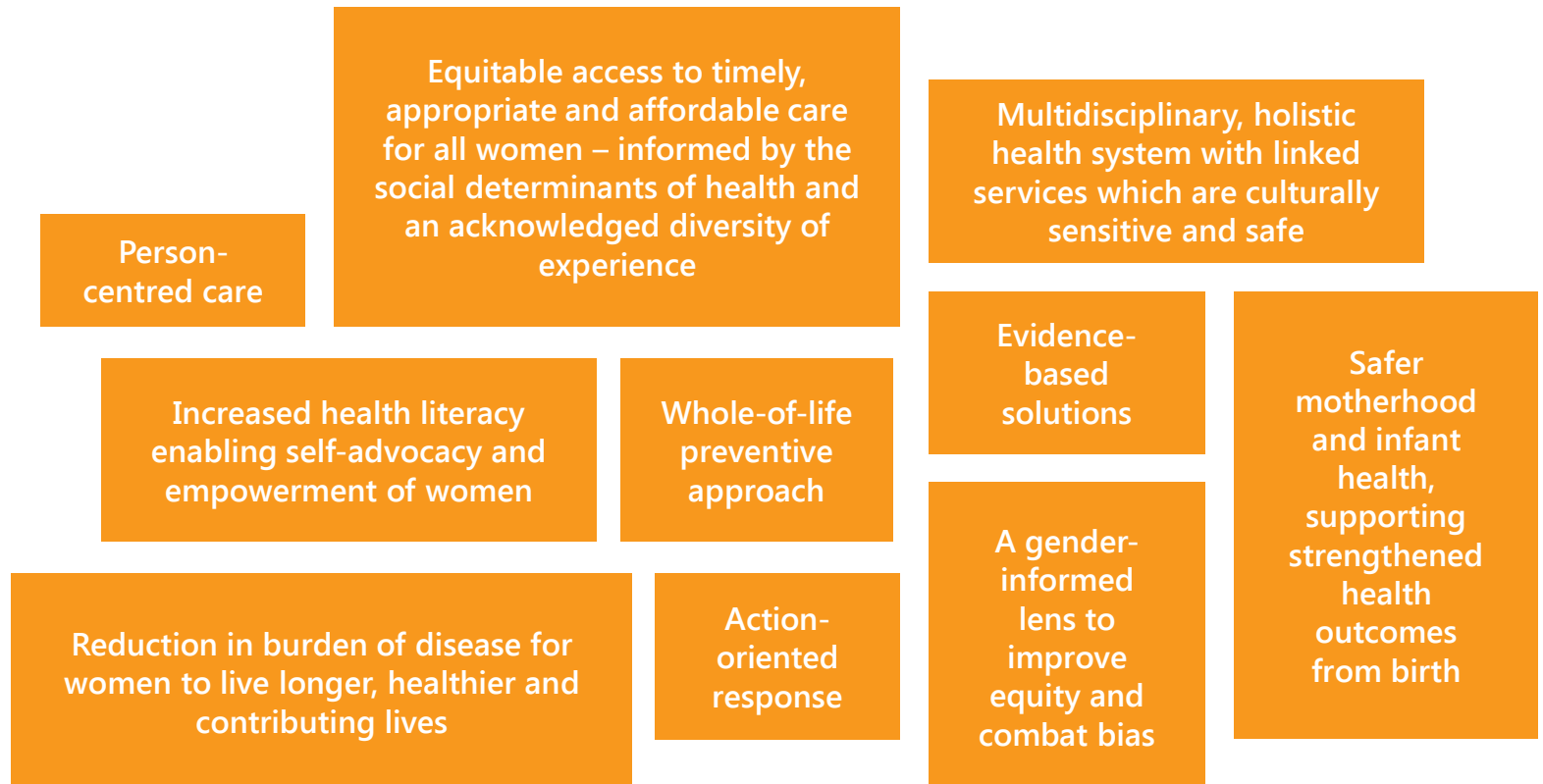
- A universal, equitable, affordable, and comprehensive health system supporting better health for all women in Australia – particularly those with the worst outcomes
- Strong support for priority subpopulations of Australian women, that including targeted, sustainable provision of services delivered by a sensitive and trained workforce
- Embed a life course approach to chronic conditions – including mental ill health – that focuses on prevention and the complexities of multimorbidities

# Similar goals and enablers were echoed in the individual 'outcome statements' produced by each participant.

Using mobile phones, participants were asked to reflect individually on their overall objective for the Strategy.

Their statements were characterised by **several recurring themes:**

These themes reflected a shared understanding of the 'big picture' goals in women's health.



# To move from objectives to actions, discussion aligned with the Minister's five areas for consideration.

- Following the presentation of key findings from the Jean Hailes evidence review, participants chose an 'area for consideration' to workshop in small groups. Each group was given a list of 'potential strategic areas,' devised by Nous as a conversation starter.
- Groups were invited to challenge, reprioritise, add or strike off these areas. They were also asked to identify specific actions (and with them, partners, timeframes, priority populations and research needs) to support progress in their area of choice.
- Participants then switched to a second area for consideration, which built on the first session's discussion.

**The key themes of the discussion** – including comments from the floor, groupwork findings, 'sticky note' contributions, and final plenary – are summarised in the following slides.

Although all of the following points were discussed or endorsed by a subsection of participants, not all of the ideas raised were agreed on by the whole group.




# Discussions on women's mental health focused heavily on prevention, early intervention, and service integration.

Conversation was underpinned by the following pillars.

**Integration:** Mental health needs to be approached with the same respect and level of gravity as physical health; they are intertwined.

**Quality:** Improving access to mental health care services is important but the quality and effectiveness of the services needs to be examined, as well as identifying services that are missing from the health care system.



Across the board, there is a need for earlier investment in mental health, as well as a broader understanding of factors impacting access to and quality of mental health services.

**Wellbeing:** There needs to be a shift away from a medical model of mental health to a psychosocial model that looks at a range of factors.

**Monitoring:** Regular data collection is essential to inform funding and decision-making. Diverse forms of gathering data should be considered, including qualitative research.

# To build (and build on) these pillars, the majority of proposed actions focused on the following strategic areas.

## Prevention



- Need to identify key risk factors across the lifespan to enable early intervention
- Services for children aged 0-12 should be increased
- Schools should be supported to promote early education

## Access and services



- Community-based services focusing on psychosocial aspects and services should be integrated with clinical services
- The impact of childhood trauma on mental health needs to be understood and identified through screening
- Funding models should be aligned with optimal interventions, and promote collaboration over competition

## Priority populations



- Intersectionality in priority populations is an important factor affecting access to services; different groups may have intersecting needs
- Engagement and outreach needs to be considered to target higher rates of mental health issues in priority populations
- Pregnant women and new mothers should be included in the priority populations

## Destigmatisation



- The complexities and experiences of different conditions need to be informed by research on baseline levels
- Awareness of specific mental health conditions should be raised to reduce stigma
- Specifically, the stigma surrounding perinatal mental health needs to be broken down

# Discussions on chronic disease and preventive health strongly emphasised prevention across the life course.

Regulation and management are critical, as well as concerted efforts to reduce risk factors.



Create and support a culture that **empowers women** to seek health and wellbeing



Ensure effective and **evidence-based** nutrition education is delivered within primary and secondary education



**Support self-management** approaches through improved health literacy and education



Utilise a range of primary care providers to better support women's health through **education and screening**



**Critically integrate** mental health, physical health and reproductive health

Participants also acknowledged the specific and critical need to provide information and services targeted towards Indigenous women, and support needs-based strategies to mitigate the inequalities Indigenous women face for most chronic conditions and risk factors.



# Proposed actions were focused on cardiovascular disease, overweight and obesity, and targeting research gaps.

There was consensus on the need for greater awareness and understanding across the board.

## Cardiovascular disease

- There is a need to foster awareness of the characteristics across a woman's lifespan that impact her risk of cardiovascular disease
- A national awareness campaign highlighting the different signs of a heart attack for women should be implemented
- A national approach towards screening and medication of rheumatic heart disease is needed

## Overweight and obesity

- Increasing rates of overweight and obesity in younger generations need to be targeted
- Effective education on nutrition should be implemented in schools according to the National Curriculum and Australian Dietary Guidelines
- Review the regulation for marketing and promotion of discretionary foods and drinks
- Physical activity and healthy habits should be encouraged from a young age
- Food labelling and formulation should be reviewed

## Research

- Pursue research in multimorbidity detection, treatment and management
- Support research into gender differences in profiling for non-communicable diseases, treatment and secondary prevention
- Need for data linkage to identify those most at risk



# Conversations around maternal and infant health emphasised that this period is vital to long-term health outcomes.

Support is needed at all stages of pregnancy and new motherhood, for both mother and infant.

## Prevention and early intervention



- Prevention of early excess weight gain is vital, since increasing BMI is a key driver of ill health during pregnancy
- Pre-existing conditions need to be addressed and followed up post-partum to prevent chronic diseases
- First pregnancy medical conditions should be identified and treated to prevent reoccurrence in subsequent pregnancies

## Access and services



- Interactions with healthcare providers should target mental health and unhealthy lifestyles in pregnant women
- GPs and Primary Health Networks should be upskilled for early screening, including psychosocial screening
- Raise awareness about the availability of contraception and long-term planning to prevent pregnancies

## Culturally safe care



- Culturally appropriate and safe care needs to be provided for priority populations, including Indigenous, migrant and refugee women
- Peer education can be used to address late presentation to antenatal care for migrant and refugee women
- Ensure access to trauma-informed training and care

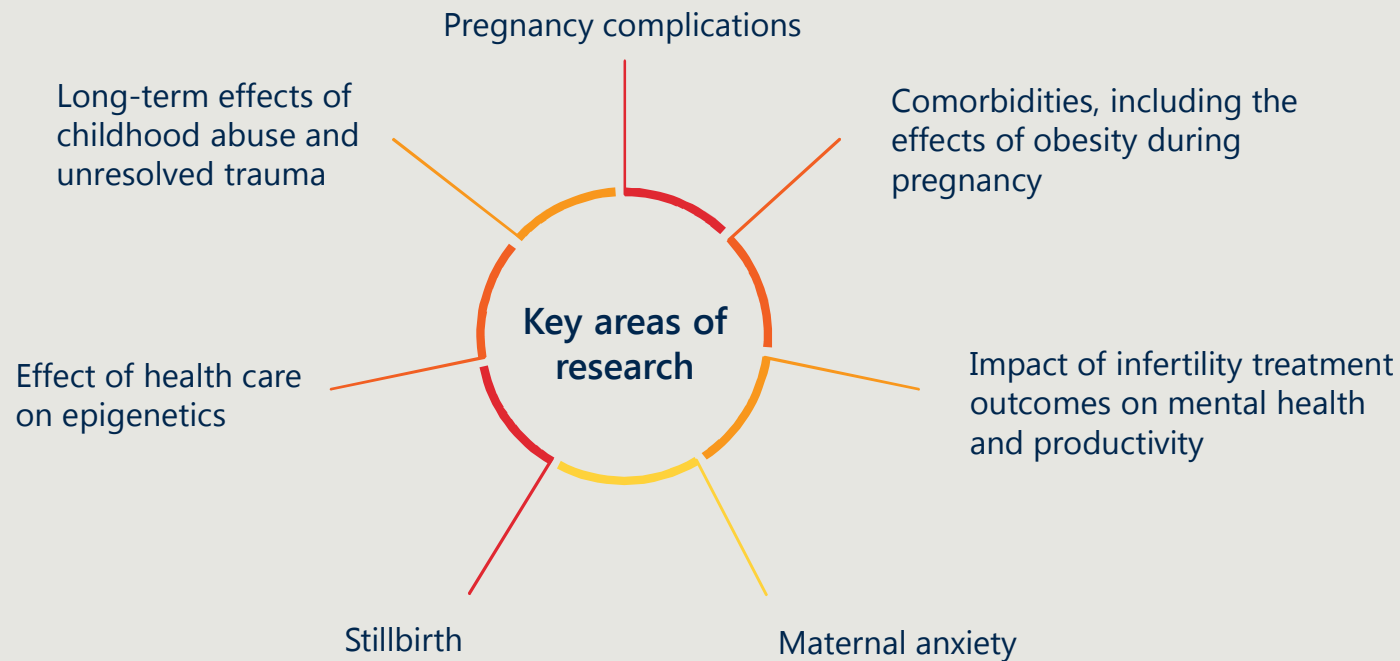
## Clinical support



- The Medicare Benefits Schedule should extend to 12 weeks for postnatal care
- Perinatal mental health needs to be a key priority
- Post-partum follow up should be improved to identify women at risk
- Greater incentives to ensure implementation of national guidelines – including sustainable accreditation criteria and standards

# Many actions focused on data and research, needed to form a more accurate understanding of maternal health.

These areas of focus indicate intersections with mental health as well as other physical conditions.



# Access to services was the central theme of discussion around conditions predominantly affecting women.

Health promotion and improved access were vital to improving sexual and reproductive health.

## Sexually Transmitted Diseases (STIs)

- Remote access to contraception and sexual health services needs to be improved
- Contraception should be made affordable and accessible to at-risk groups, including Indigenous women, disabled women, refugees and adolescents
- Rising notification rates of STIs, particularly among women aged under 30 years, Indigenous women and women living in remote areas

## Infertility

- Women should have equitable access to affordable infertility services
- The mental health of women with infertility should be screened and monitored

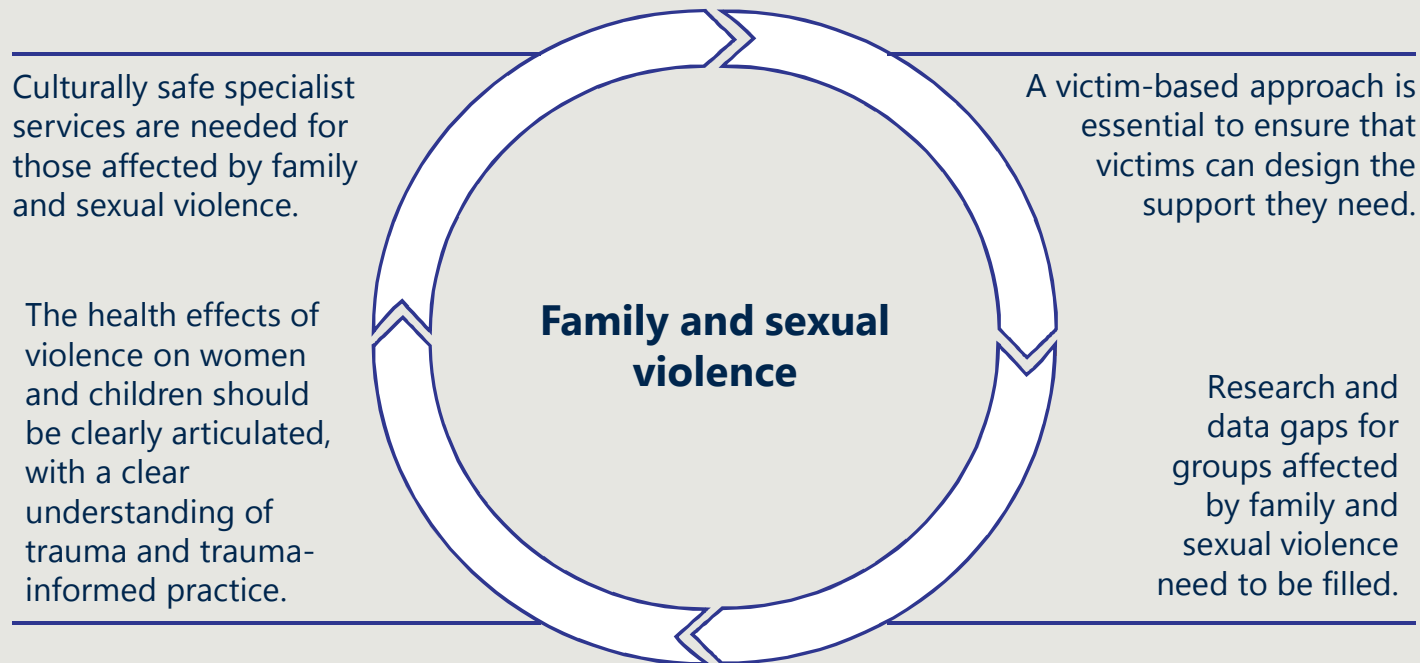
## Menopause

- Menopause should be viewed as a gateway opportunity to promote healthy ageing
- Access to specialised menopause services should be improved
- The impact of menopause on work needs to be considered
- The impact of early menopause and medically induced menopause on the physical and mental health of women needs to be examined



# Family and sexual violence was similarly emphasised, with a focus on adopting a health lens and victim-based approach.

Victims of family and sexual violence should be at the forefront of service design and research.



Conditions predominantly affecting women



# The healthy ageing discussion was framed around a life-course approach, with emphasis on early intervention.

Ageing well begins at an early age, and continues throughout the life course.

## Prevention and early intervention

- Healthy ageing should begin from a young age, while healthy, to cement a healthy approach to life
- Emphasise the need to actively manage medication, prevent falls, and treat frailty as an emerging indicator of poor health
- Self-care strategies for whole of life stages need to be improved
- Wellness activities play a role in contributing to disease prevention
- Target oral and dental health as a key burden and an indicator of ill health

## Ageing population

- Women need access to health care at all ages in their own community
- Invest in understanding how to respond to the impact of an ageing population on the health system
- Increase awareness of the increasing complexity of multimorbidities
- Align Medicare Benefit Schedule fees and primary care with older Australians' needs
- Removing the stigma of ageing is crucial

## Dementia

- The significant health burden of dementia for older women must be acknowledged, and our knowledge of how to manage it deepened
- Preventive activity needs to be promoted across the life course
- Ongoing research is needed to support treatment and care
- The role of women as carers needs to be recognised (for dementia and other conditions)

# In discussions throughout the day, participants drew out four overriding themes.

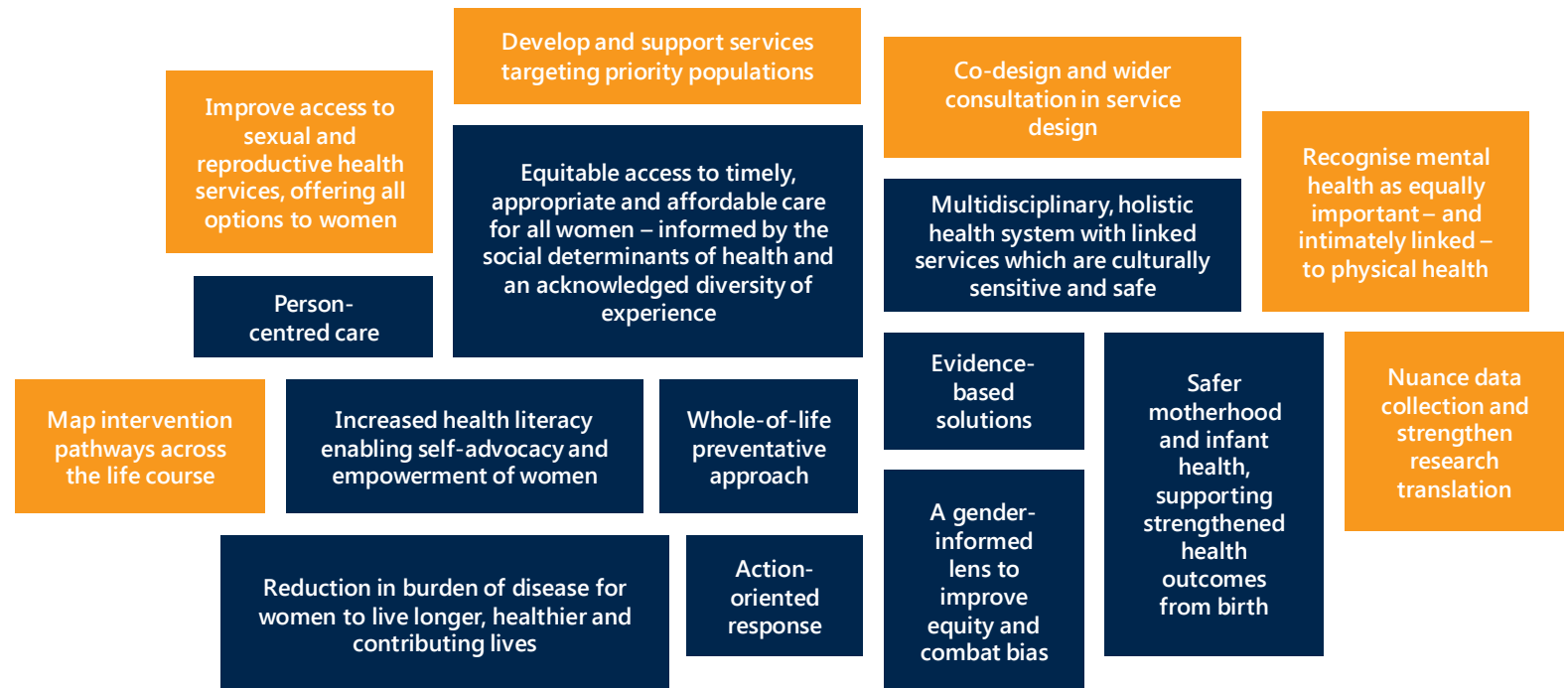
Across these five areas, participants returned to four key points. Each will inform the ongoing development of the Strategy:

- An emphasis, across the board, on investing in and prioritising prevention and early intervention.
- The necessity to engage with the social determinants of health and take a needs-based approach.
- A strong desire from participants to avoid silos and promote integration in health care, and to build a further understanding of the complexities of multimorbidities (that goes beyond acknowledging their existence and instead focuses on how to effectively target and treat them).
- A need to frame and understand the purpose of a *Women's Health Strategy*, so that the gender-informed lens is applied effectively, appropriately and inclusively.

# The Forum closed by reflecting on the key requirements for action, which also cut across each of the five areas.

Specifically, participants were asked to individually consider Minister Hunt's opening question: "What must we do to improve women's health in Australia?"

These final comments reiterated, reframed and built on the objectives expressed earlier in the Forum, adding to a bigger picture.



## Next Steps

The Department of Health, along with Jean Hailes for Women's Health, advised that the evidence review and this summary of outcomes would be circulated to participants in early September 2018.

The first draft of the Women's Health Strategy – based on the discussions in the Forum and the information summarised in this document – will be prepared in the coming month.

It will be released for public consultation and feedback in early October 2018. We welcome further input from yourselves and your networks at this time. This feedback will inform the development of a revised draft, to be completed by December 2018.