

# Women's Health Symposium

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## Summary communique

This communique provides a high-level summary of the inaugural Women's Health Symposium, convened by Jean Hailes for Women's Health, with the support of the Australian Government Department of Health and Amgen, held in Canberra on 22- 23 October 2019.

## Background and rationale

On 9 April 2019, the Minister for Health, the Hon Greg Hunt MP, launched the National Women's Health Strategy 2020-2030 (the Strategy). The Strategy was developed by the Department of Health, with assistance from Jean Hailes for Women's Health.

Based on extensive consultation with leading health experts, members of the health sector, policy-makers and the wider community, the Strategy outlines a national approach to improving health outcomes for all women and girls in Australia.

The Strategy highlights the range of factors, such as biomedical, behavioural, social, economic and environmental influences, that contribute to health outcomes; and key health inequities such as access to services, health literacy, stigma and gender inequality, that are experienced by many women and girls. It explores health inequality between diverse populations of Australian women and girls, identifies priority areas for women's health and aims to inform targeted and coordinated action at the national and jurisdictional levels to address the priority health needs of women and girls in Australia.

The aim of this inaugural Women's Health Symposium was to bring the women's health sector together to further explore and begin to address the priorities and actions identified in the National Women's Health Strategy.

A Symposium [Program](#) was developed to cover a broad range of topics in women's health. The Symposium explored the current women's health research and policy landscape in Australia, providing opportunities for researchers, clinicians, consumers and policy professionals to collaborate in setting future directions, priorities and policies.

## Women's Health Policy Alliance

In preparation for the Symposium, the [Women's Health Policy Alliance](#) (WHPA) was established. A series of open policy forums were held, focussing on the five priorities identified in the Strategy:

- Maternal, sexual and reproductive health
- Healthy ageing
- Chronic conditions and preventive health
- Mental health
- Health impacts of violence against women and girls

Following each of these policy forums, a [WHPA Communique](#) was released providing an overview of the discussions held. These forums in turn helped to shape the discussions at the Symposium.

The WHPA provides an ongoing opportunity for the sector to develop a collaborative and coordinated approach to policy development, advocacy, policy implementation and reform capability in women's health. The WHPA will be used as a mechanism to progress actions resulting from the Symposium.

## Symposium objectives

The objectives of the Symposium were to:

- Expand collaboration between research, clinical practice and policy development across women's health
- Provide a platform for discussion about the ways in which policies and practices in women's health can be improved so that the National Women's Health Strategy can be fully implemented
- Review and learn from the good practices found within women's health, in order to become equipped with this knowledge and generate ideas for the next steps

## Participation

More than 120 clinicians, researchers, consumers and policy professionals active in the field of women's health came together for two days to share their experiences and knowledge, and to build collaboration across the sector.

Ten sessions combined keynote speakers, presentations, panel discussions and Q&A opportunities, with over 50 presenters speaking across a range of topics relevant to women's health and identified within the priority areas of the National Women's Health Strategy.

The Symposium program, video links of presentations and panel discussions, presentation slides and priority session discussion points are available through the [Symposium website](#).

## Symposium reflections

This Symposium was the first of its kind for Jean Hailes for Women's Health, with a core focus on discussing ways to improve women's health within the framework of the National Women's Health Strategy. The ultimate objectives of the conference were to share experiences, inspire people, build networks and take action on improving health outcomes for women and girls in Australia.

The Symposium served as a platform for sharing experiences of improving women's health outcomes at different levels, from high-level policy considerations, through to emerging research and grassroots interventions. Women's health clinicians, researchers from a wide-range of academic institutions, policy makers and members of health organisations presented examples of good practice and lessons learned across the key priorities identified in the National Women's Health Strategy.

### Key themes

There were a number of clear themes that emerged throughout the two days of the Symposium, summarised as follows:

#### 1. Gender equity and gender competence

Gender equity must come first. One of the most pervasive forms of inequality is based on gender. Therefore, addressing gender inequality is a prerequisite for addressing health inequities experienced by women and girls.

Gender competence needs to be developed across the health care workforce and within policy fields, to recognise gender perspectives and work towards gender mainstreaming for all policies and programs.

#### 2. Recognising women as peers

Women as consumers of health care services need to be considered as peers in their health choices and own health care. We need to change the lexicon to think of, and activate, women as leaders and specialist advisors rather than passive recipients of care.

#### 3. Health workforce

Building workforce capacity, diversity and support must be prioritised across all health care providers critical to the implementation of the National Women's Health Strategy. We also need to explore opportunities to work with underutilised health care professional groups – we can do more if we fully utilise the skills of the whole health care workforce.

#### 4. Data collection, coordination and translation

We need to develop, access and link data sets to drive our case for change and influence *now* the planned integrated health survey.

Data collection and analysis needs to be disaggregated by sex. It also needs to be dynamic, responsive and effective to build a bigger picture of health outcomes and risk factors for women, with purposeful translation of data into useable information for clinicians and consumers.

## 5. Health literacy

Improving health literacy needs to be prioritised, particularly within identified vulnerable population groups, if we are to make any inroads towards addressing health inequities – we can empower women to take a more active role in their own health care if we provide the right tools and support to develop an understanding of, and the ability to advocate for, their individual health care needs.

## 6. Intersectionality of care and a life course approach

In order to truly take a life course approach to women's health, we need to recognise and take account of the varying life courses of women and girls in Australia, identifying differing health care needs and different points of intersection. This needs to include mapping of services to identify gaps affecting women's health and opportunities for better delivering tailored care at identified points in a woman's life.

This approach must also take into account the social, cultural, financial and environmental determinants that also affect women's lives more broadly.

## 7. Place-based and integrated care

To provide a joined-up agenda for women's health care, we need an approach that is collectively accountable to outcomes that reflect this. We need to recognise, and invest in, the importance of access to multi-level place-based care, and particularly, wrap-around services for vulnerable women.

Place-based care should bring organisations together around the populations they serve.

## 8. Evaluating existing interventions

To take an evidence-based approach to service delivery and design, we need to measure existing intervention outcomes. There are a lot of localised programs that are successful and could be scaled up and delivered more broadly – we need to scope what is currently being delivered.

Sometimes the most innovative thing we can do is to do more of what we know works. We need to identify what works - and equally as important, what doesn't.

## 9. Collaboration is key – 'together we are stronger'

We can achieve so much more if we choose to pool our resources, knowledge and experiences, to work together and support each other to improve the health and wellbeing of women and girls in Australia.

## Session summaries

Detailed information regarding each of the sessions covering each of the priority areas from the National Women's Health Strategy, including video links of presentations and panel discussions, presentation slides and priority session discussion points, are available through the [Symposium website](#).

## Next steps

The inaugural Women's Health Symposium provided an opportunity for key stakeholders to raise and discuss a wide range of issues affecting the health of women and girls in Australia, within the context of the National Women's Health Strategy.

Through the Women's Health Policy Alliance, we are committed to bringing the women's health sector together to take action to address the priority areas identified in the Strategy. Both the policy forums and the Symposium have identified a range of existing initiatives that can be built upon, where sector collaboration is required, what actions we can take now and who else needs to be involved. Refer to Appendix A for consideration of actions to drive systemic change and Appendix B for actions we can collectively and individually take.

Through the Alliance, we will create working groups to progress the actions identified in the appendices. This will include prioritising actions and exploring funding options where required. We will email members of the Alliance in February 2020, seeking participants for these working groups. These working groups will be open to all who are interested in participating and will provide regular progress updates to the broader membership of the Women's Health Policy Alliance.

Please visit [Women's Health Policy Alliance](#) for further information about the Alliance, or email [whpa@jeanhailes.org.au](mailto:whpa@jeanhailes.org.au) if you would like to register your interest in the working groups.

## Appendix A – Identified actions to drive systemic change

### Cross-government and sector involvement/advocacy

- Multiple health and relevant public policy strategies need to be mapped to connect to, and integrate within, the implementation of the National Women's Health Strategy.
- Work with housing and social services sector to ensure housing strategies include parity for women to improve access and equity across the priority populations
- Recognise that broad-based gender equality underpins every social and economic determinant
- Align big picture strategies with practice at a health system level and promote a multi-disciplinary approach
- Collaborate on projects that draw upon links between conditions rather than focusing on individual conditions and diseases
- What happens outside of health that impacts on health outcomes – who needs to be involved and how? For example, can we draw in the finance sector to collaborate on improving financial literacy for women.

### Workforce support

- Take a strategic approach to support the health care workforce to deliver the National Women's Health Strategy
- Support healthy ageing for the aged care workforce
- Pursue funding to support GP access to residential aged care facilities
- Develop mental health training and support for GPs, allied health professionals, specialists, pharmacists and nurses in rural and remote areas
- Provide greater support for the rural generalist pathway
- Assess the feasibility of developing a locum scheme that supports GPs undertaking training to deliver against the actions identified in the National Women's Health Strategy
  - modelled off the principles of the Rural Locum Scheme
- Explore opportunities to work with underutilised groups within the health care workforce such as primary health care nurses

### Data and research

- Coordinate, share and link data sources and research instruments across governments and organisations to build a clearer picture of health outcomes and risk factors for women
  - determine where government's focus investment in women's health
  - identify what data is needed
  - combine results from longitudinal studies and other data sources such as national screening programs or combining national registries

- shift the research focus and funding processes from being disease-specific to multi-disciplinary
- moving beyond a disease focus for data collection to identify and share data on common risk factors (i.e. impact of gynaecological surgery on increasing risk of heart disease)
- focus on addressing the correlation common risk factors
- Engage with AIHW on women’s mental health data and demographics (for example, older women and homeless women)
- Australian Health Study – link with gender specifics

## Equity of access and service delivery

- Create a map of services, with a place-based focus, that is easy for women to access
- Ensure equitable access to termination services nationally
- Build multi-modal and multi-lingual mechanisms and resources to improve health literacy for priority populations
- Identify and map the different key health intervention points across the priority populations to develop varying life course approaches for health care
- Service delivery collaboration across the sector to improve equity of health care access and high-quality outcomes
  - establish specialised Centres of Excellence for women
  - reduce variation in care for women in rural and remote areas
  - improve burden of disease for ATSI women by working with ACCHOs
- Cross-sector engagement focusing on primary prevention to deliver better support and resources for coordinated and responsive advocacy and DFV support services
- Collaboration across physical and mental health services around trauma and integrated care
  - early intervention with young girls to identify trauma, recognise the impact it will have and then work to improve health outcomes

## Evaluation of interventions

- Utilise the World Health Organisation’s [Innov8 Approach for Reviewing National Health Programmes to Leave No One Behind](#) resource to evaluate existing programs to address health inequities and support gender equality in program design and delivery
- Through the Alliance, evaluate and measure existing programs and interventions to determine what works and what doesn’t
  - interventions need to be evidence-based
  - conduct a structured scoping review to identify existing evidence-based projects suitable for scaling up

## Appendix B – Actions we can collectively and individually take

- Re-ignite the Parliamentary Friends of Women’s Health
- Expand the Specialist Training Program to include specialist training places for sexual and reproductive health
- Improve health literacy and education by leveraging off CALD health workers who are also leaders in their community
- Modify the PITCH strategy for dementia developed by NARI, for other settings, such as continence training
- Address ageism, sexism and stigma through positive modelling, messaging and myth-busting
- Develop mentoring schemes that utilise and promote the skills and knowledge of older women
- Recognise the burden of disease for stigmatised conditions, such as incontinence
- Explore the use of existing health intervention points to relay other information, for example, pregnancy ‘green books’ could include other health check information for women such as heart health risks with gestational diabetes and pre-eclampsia
- Identify the key messages that need to be included in technology platforms for general practitioners in order to recognise gender and female history risk factors
- Raise awareness of the need to screen for, and report on, breast density as part of national breast screening
- Create a definition for Centres of Excellence for Women’s Health
- Promote the use of Risk Checker through HealthDirect and explore expansion of this tool to include other conditions
- Address access to mental health diagnoses and care for older women, including in residential aged care facilities
- Address social isolation for women in aged care facilities and in the broader community
- Identify how best to target young women and girls with mental health issues
- Adapt the Centre of Perinatal Excellence (COPE) perinatal mental health initiatives for other areas of women’s mental health care
- Link with migrant and multi-cultural populations and faith-based organisations to support mental health education for women
- Work with health care providers to improve trauma informed care and understanding of the gendered drivers of domestic and family violence, utilising the Our Watch resources
- Adapt existing training programs and family violence resources produced by the RACGP and the AMA and provide training for all health care providers
- Include voices of those with lived experience as part of early training for medical students and other health professionals
- Increase visibility of other forms of violence against women and girls