



Government of **Western Australia**  
Department of **Health**

# Consultation Report:

## WA Women's Health and Wellbeing Policy, Women's Health Conference and Action Plans

Women and Newborn Health Network  
November 2019

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## Acknowledgements

Health Networks would like to thank the many individuals, organisations and service providers who contributed to the success of the consultation period, by advertising and promoting events to their many networks and providing feedback.

The process of harnessing the collective wisdom and expertise from the WA Women's health sector has been instrumental in the development of the Policy, the WA Women's Health Conference and the development of the draft WA Women's Health and Wellbeing Action Plans.

## Executive Summary

This Consultation Report provides a summary of the feedback received from the online and face-to-face consultations, which informed the development of the Western Australian Women's Health and Wellbeing Policy<sup>1</sup> (the Policy). It also includes the methodology and processes undertaken to host the WA Women's Health Conference and the planning of the draft WA Women's Health and Wellbeing Policy Action Plans.

The Policy is the result of extensive consultation with a broad range of community members and the WA health system through an online survey and targeted consultations. This builds on work done by the Women and Newborn Health Service (WNHS), North Metropolitan Health Service (NMHS) and previous consultations undertaken by the Women's Community Health Network, WA (WCHN).

This Consultation Report details the findings from the consultations and the methodology used for the development of the Policy.

Considered commentary was received from over 700 individuals and organisations across the State. In total:

- 305 responses were received via the online survey (four submissions were received via email)
- 436 responses from previous consultations by the WCHN and the Women and Newborn Health Service, WA Health
- targeted consultations with stakeholders internal and external to the Department of Health.

The Women and Newborn Health Network, in partnership with WCHN hosted the WA Women's Health Conference on Monday 02 September 2019 at the Perth Convention and Exhibition Centre.

With the theme of 'Lifting the profile on Women's Health', the Conference provided 216 attendees with the opportunity to consider the latest research and evidence in the field, and inform the WA Women's Health and Wellbeing Policy Action Plans (Action Plans) to aid in the implementation of the Policy.

The Conference had the following key objectives:

- launch the WA Women's Health and Wellbeing Policy
- knowledge translation and exchange
- uptake of current evidence into policy and practice
- purposeful networking
- inform the next steps to support the Policy.

The outcomes from the WA Women's Health Conference four concurrent workshop sessions were designed to inform the development of Action Plans.

The workshops key objectives were to:

- prioritise the specific actions contained in the Policy into short and long-term
- identify additional actions/initiatives
- identify enablers and key performance indicators to measure success.

# Section 1: WA Women's Health and Wellbeing Policy

## Background

The Policy was developed by the Women and Newborn Health Network, Clinical Excellence Division, WA Department of Health to demonstrate the WA health system's commitment towards achieving the shared vision and strategic priorities of the *National Women's Health Strategy 2020 – 2030*<sup>2</sup>.

The Policy builds on the WA Women's Health Strategy 2013-2017 and works in tandem with the *WA Men's Health and Wellbeing Policy*<sup>3</sup> and other related WA State policies and strategies. The Policy also aligns with the Department of Communities WA Women's Plan and 10 Year Strategy for Reducing Family and Domestic Violence in WA.

The Women's Health, Mental Health and Genetics Directorate of the Women and Newborn Health Service at NMHS commenced drafting the WA Women's Health Strategy 2018-2023 in 2017. Due to the introduction of the *Health Service Act 2016*, ownership was transferred to the Women and Newborn Health Network at the Department of Health in January 2019.

The purpose of the Policy is to provide a strategic, coordinated and gender-responsive approach by the WA Health system and its partners to drive equitable, accessible and appropriate services that optimise the health, safety and wellbeing of women and girls in WA.

## Purpose of engagement

Health Networks undertook consultations for the Policy to:

- obtain input from Health Service Providers (HSP), health services, non-government/community organisations, interested members of the community and other key stakeholders on the priority populations/areas of the Policy
- provide stakeholders with the ability to influence decision making for the Policy to ensure it reflects the health and wellbeing needs of women in WA
- provide stakeholders with the ability to influence decision making for the Policy through the provision of information, advice, and feedback via an online survey, meetings and/or participation in the Working Group
- understand needs and expectations of all stakeholders, especially in the context of Department of Health boundaries/scope for the Policy
- commence awareness raising of the existence of the document and encourage people to consider how they use it
- involve stakeholders in the development of the Policy to promote a sense of ownership over the Policy and its implementation
- gather information on how people intend to use the Policy so this can inform and guide plans for implementation, monitoring and evaluation.

## Methods of engagement

Consultations were conducted to ensure community members had an opportunity to contribute to the development of the Policy via an online survey, email submissions, and targeted consultations.



- 305 responses were received via the online survey (four submissions were received via email)
- Targeted consultations with stakeholders internal and external to the Department of Health
- 436 responses received as part of the previous consultations in 2017 by the Women’s Community Health Network WA and the Women and Newborn Health Service, WA Health.

Table 1 provides a timeline for the development of the Policy.

Table 1: Timeline for the WA Women’s Health and Wellbeing Policy

2017	
July - November	Community Women’s Health Survey by WCHN
2018	
February	Community Women’s Health Survey Report
2019	
January	Women and Newborn Health Network obtain ownership and carriage of the Policy
March - June	CitizenSpace online survey and email submissions
April	Working Group established
May - July	Targeted consultations
September	WA Women’s Health Conference

### Community Women’s Health Survey by WCHN

The Community Women’s Health Survey was a collaboration between the Women’s Community Health Network WA and the Women and Newborn Health Service to gauge women’s perceptions of their current health care needs, and factors impacting on their health.

An online survey was disseminated between July and August 2017, with supplementary face-to-face interviews conducted between October and November 2017. The survey tool was composed of 11 questions. Recruitment was undertaken through the Health Consumers Council, Mental Health Commission Consumer Network in addition to community based agencies providing services to women. A total of 436 surveys were completed.

For more information on the consultations, please refer to the Women’s Community Health Network Survey Report 2017 (<http://www.wchnwa.org.au/research-resources/publications/>).

## Online Survey

### Purpose

The purpose of the online survey was to obtain feedback on the Policy aim, strategic goals, priority populations, priority areas and actions, and current and future health services to identify exemplar services, service gaps, and recommendations for implementation.

### Targeted audience

Health professionals, health services, non-government/community organisations, researchers/academics, and consumers and carers.

### Use

Findings from the online survey were used to inform the development of the Policy.

### Method

The online survey was housed on CitizenSpace, WA Health's consultation hub. The online survey was open from 8 March (International Women's Day) to 28 June 2019. A link to the survey inviting individuals or organisations to participate was distributed via the following mechanisms:

- a [media statement](#) from the Minister's office announcing the consultation on 9 March 2019
- a [webpage](#) on the Department of Health website
- a Healthy WA [webpage article](#)
- Health Networks Bulletin
- email to the Women and Newborn Health Network Executive Advisory Group
- email to individual Health Network's officers to send to Health Network Executive Advisory Groups and Co-Leads
- email to the WA Women's Health and Wellbeing Policy Working Group members
- email to the WA Women's Health Conference Steering Committee members

In addition, social media (Facebook and Twitter) was used to advertise the online survey. The consultation was further promoted by the Women's Community Health Network WA update and [webpage](#), and the National Disability Services [webpage](#).

The online survey was developed in consideration of the draft National Women's Health Strategy 2020 – 2030, the draft WA Women's Health Strategy 2018 – 2023, and the draft WA Men's Health and Wellbeing Policy.

The consultation requested demographic information to capture the respondents' place of work, work role, location (metropolitan, regional WA, outside WA) and in what capacity the respondent was providing their views (i.e. individual or organisations). Respondents' were asked to indicate if they identified from the predetermined priority populations.

Respondents' were able to provide free-text responses to inform the Policy aim, strategic goals, and slogan.

The consultation requested feedback using a five-point Likert scale on:

- Priority populations
- Priority areas

Respondents' were able to provide free-text responses to suggest alternatives, provide comments, and identify specific actions for each priority area.

Via free-text boxes, the consultation requested information on examples of current health services, which adequately address the health needs of women, and suggestions that could improve health services design and/or delivery.

See [Appendix 1: CitizenSpace Survey](#) for more information.

## Findings

Data from the survey was downloaded and quantitative data was analysed using Microsoft Excel. Qualitative data was analysed using thematic analysis to identify recurring themes within the respondents' feedback.

A total of 301 responses were submitted via the online survey. Ninety-five per cent of respondents provided their views in the survey as an individual, with the remainder expressing views on behalf of a group or organisation.

## Populations Groups

To ensure a broad range of views were represented in the survey, respondents were asked to indicate if they identify as a person from the priority population groups, and were asked to select all that apply. Table 2 represents the demographic information of the survey respondents.

Table 2: Demographic information of survey respondents

Priority populations identified in online survey	% of respondents
Aboriginal women	3%
Members of the LGBTIQ community	4%
Pregnant women & their children	7%
Women affected by the criminal justice system	2%
Culturally and linguistically diverse women	10%
Women from low socio-economic backgrounds (including homeless women)	6%
Women from rural & remote areas	12%
Women living with disability & their carers	2%
None of the above	55%
Prefer not to say	5%

A further 17 responses were received from the Aboriginal Health Council of WA. In addition, Ishar Multicultural Women's Health Services undertook group responses from 97 attendees.

## Policy Aim & Strategic Goals

Respondents were asked to provide feedback on the appropriateness of the overarching aim of the Policy: *to address health issues impacting on health and wellbeing of all Western Australian women and girls, and address inequities between the health outcomes of women and men, and in population groups of women and girls.*

The majority of respondents (81%) agreed with the Policy aim, with 31 alternative suggestions. Respondents were asked to suggest strategic goals for inclusion in the Policy. These informed the Policy guiding principles and Policy pillars. One-hundred and twenty-two respondents provided suggestions for the Policy slogan, which directly informed the final slogan: lifting the health profile of women and girls.

### Priority Populations & Actions Areas for Women

Each respondent chose a level of priority using a five point Likert scale for the eight predetermined priority populations to provide a WA context, in addition to identifying alternative suggestions. Over 90% of respondents believed Aboriginal women, women from low socio-economic backgrounds, and women from rural and remote areas were either an essential or high priority population group of women for the Policy. Table 3 outlines the combined percentage of respondents who selected essential/high priority.

Table 3: Level of priority for population groups

Priority populations identified in online survey	% of respondents who selected essential/high priority
Aboriginal women	93%
Members of the LGBTIQ community	64%
Pregnant women & their children	89%
Women affected by the criminal justice system	74%
Culturally and linguistically diverse women	82%
Women from low socio-economic backgrounds (including homeless women)	91%
Women from rural & remote areas	90%
Women living with disability & their carers	86%

Based off the recommendations, amendments were made to the previously identified priority populations. Respondents were asked to suggest alternative priority populations for the Policy, resulting in the following priority population groups added:

- Women who experience violence, trauma, and/or abuse
- Women experiencing mental health related issues.

It was identified that many women would identify with more than one population group, which has a compounding effect on their health, safety, and wellbeing needs to be noted in the Policy. Respondents also highlighted the additional layer of poorer outcomes for women experiencing alcohol and other drugs misuse, whether their own or someone else's, as both a risk and consequence of other factors.

In addition, adolescents/young women and older women were identified as priority populations, and the need to consider women at each life stage. As a result, a life course approach was included as a Policy pillar to provide a framework for the development of the Policy itself and to guide implementation of actions outlined in the Policy.

A few respondents commented that all women should be treated equally and that individual priority population groups should not be singled out. The final priority populations are outlined in table 4.

Table 4: Policy priority populations

Priority populations identified in online survey	Final priority populations
Aboriginal women	Aboriginal women
Members of the LGBTIQ community	Members of LGBTI populations
Pregnant women & their children	Pregnant and postnatal women
Women affected by the criminal justice system	Women affected by the criminal justice system
n/a	Women experiencing mental health related issues
Culturally and linguistically diverse women	Women from culturally and linguistically diverse (CaLD) backgrounds
Women from low socio-economic backgrounds (including homeless women)	Women in low socioeconomic circumstances
Women from rural & remote areas	Women living in regional, rural and remote WA
Women living with disability & their carers	Women living with disability and carers
n/a	Women who experience violence, trauma, and/or abuse

Using a five-point Likert scale, respondents were asked to agree / disagree with the five proposed Policy priority areas. Respondents generally agreed with the priority areas. Table 5 presents the combined percentage of respondents who agree / strongly agree.

Table 5: Agreeance with priority areas

Priority areas	% of respondents agree/strongly agree
Mental health and wellbeing	93%
Chronic disease and preventive health	92%
Sexual health, body image, and reproductive health	87%
Conditions in which women are over-represented	83%
Healthy Ageing	86%

Feedback recommended the inclusion of reproductive health as a priority area. This was incorporated into the maternal, reproductive and sexual health priority area. Body image was reallocated into the mental health and wellbeing priority area based on respondents' feedback.

Respondents felt that there was a strong need to distinguish a separate priority area for violence against women. Thus, the priority area 'health and wellbeing impacts of gender-based violence' was created, encompassing family and domestic violence and sexual violence. Other conditions in which women are over-represented were incorporated into other priority areas. The final priority areas are outlined in table 6.

Table 6: Policy priority areas online survey and final version

Priority areas identified in online survey	Final priority areas
Chronic disease and preventive health	Chronic conditions and healthy ageing
Healthy Ageing	
Conditions in which women are over-represented	Health and wellbeing impacts of gender-based violence
Sexual health, body image, and reproductive health	Maternal, reproductive and sexual health
Mental health and wellbeing	Mental health and wellbeing

Within each priority area, respondents were asked to identify specific actions to be included in the Policy. These were categorised according to the policy principles, and directly informed the final actions in the Policy. Examples can be found in [Appendix 2](#).

Respondents provided examples of specific health services that adequately address the health needs of women and girls in WA. Examples ranged from public to private health care services and programs, specialty services, community resource centres, women's health centres, non-government organisations, community organisations, support groups, volunteer/ community based social groups. Respondents identified enablers necessary to improve health service design and/or delivery.

Multiple concerns were raised regarding resourcing and implementation of the Policy. This included the need for buy-in from Health Service Providers and the Department of Health as the System Manager. The need for sustainable, ongoing programs/services was identified.

## Feedback from e-mail submissions

Four e-mail submissions were received from organisations for consideration. The main themes that emerged from these submissions included:

- Gender as a determinant of health and wellbeing
- Social determinant of health approach, recognising the conditions in which people grow, live, work and age
- Improve gender equity, translating gender into all health policy and practice
- Greater focus on prevention of violence against women and trauma-informed approaches
- Focus on primary prevention, health promotion, and early intervention
- Aboriginal health to be addressed specifically and to recognise the essential role of Aboriginal Community Controlled Health Services for improving health outcomes for Aboriginal women
- Recognise the importance of collaboration and partners, including the women's community health sector
- Investments in research, knowledge translation and statewide data collection
- Monitoring, evaluation and implementation of the Policy

## WA Women's Health and Wellbeing Policy Working Group

A WA Women's Health and Wellbeing Policy Working Group was established in April 2019 to independently advise the Department of Health during the development of the Policy. Members were invited through an Expression of Interest (EOI) process and direct invitations to nominated stakeholders.

The Expression of Interest was open for a two week period from 29 March to 12 April 2019. A total of ten EOI's to participate on the Working Group were received. A Selection Panel composed of seven members internal and external to the Department of Health reviewed the applications in consideration of the selection criteria as outlined in the EOI Form. Six applications were successful and were invited to participate on the Working Group.

Direct invitations were sent to identified key stakeholders across the WA sector participate / nominate suitable representatives on the Working Group. This included representatives from each Health Service Provider, other State Government agencies, non-government/community organisations, including the women's community health sector and other peak professional bodies, and researchers/academics. Each Health Service Provider Chief Executive nominated a representative to the Working Group. In addition, the Minister for Health requested nominations from the Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services, the Minister for Education and Training, and the Minister for Emergency Services; Corrective Services. A full list of the Working Group members is provided in [Appendix 3](#).

Working Group meetings occurred between May and August. Meetings were scheduled for two hours. In addition, a Writing Group was established with interested Working Group members to contribute to the writing of the Policy. A total of six meetings occurred with an average of 76% of members in attendance.

A consultation overview and Policy shell were presented to the Working Group for discussion. The Policy vision, purpose, priority populations and priority areas were amended following feedback from the Working Group to incorporated suggestions from the consultations. In addition, Working Group members workshopped the Priority Area's to inform the actions for inclusion. Working Group members provided feedback on the draft Policy to confirm the content reflects the health, safety and wellbeing needs of women and girls in WA, and determine the

suitability for implementation. Feedback directly informed the final WA Women's Health and Wellbeing Policy.

### Targeted consultations

Individuals and organisations were consulted via targeted meetings, phone calls, and email correspondence to obtain specific feedback and input related to their expertise or organisation to inform the development of the Policy. Meetings occurred from May to August 2019 with internal and external stakeholders to the Department of Health.

External stakeholders included the Aboriginal Health Council of Western Australia, the Mental Health Commission WA, and the Heart Foundation. In addition, WNHN met with other State Government agencies, including regular meetings with the Department of Communities to ensure alignment to the WA Women's Plan and 10 Year Strategy for Reducing Family and Domestic Violence in WA.

Given the targeted nature of the information provided during these conversations and that they form a standard part of general project management, they have not been covered in this report.

## Section 2: WA Women's Health Conference

## WA Women's Health Conference

The Women and Newborn Health Network at the Department of Health, in partnership with the Women's Community Health Network, WA, hosted the WA Women's Health Conference during Women's Health Week on Monday 02 September 2019 at the Perth Convention and Exhibition Centre.

### Purpose

The event provided an opportunity for collaboration between the Department of Health and the women's community health sector.

The Minister for Health, the Hon Roger Cook MLA, launched the WA Women's Health and Wellbeing Policy at the full-day event with 216 in attendance, including representatives from the WA Health sector, other State Government agencies, community groups and non-governmental organisations, researchers/academics, and consumers.

A [media statement](#) from the Minister's office announced the launch of the Policy.

With the theme of 'Lifting the profile on Women's Health', the Conference provided attendees with the opportunity to consider the latest research and evidence in the field, and inform an action plan/s to aid in the implementation of the WA Women's Health and Wellbeing Policy.

### Targeted audience

WA Health employees, other State Government agencies, health services, community groups and non-governmental organisations, researchers/academics, advocates, consumers and carers.

### Use

Findings from the WA Women's Health Conference will inform the development of the WA Women's Health and Wellbeing Policy Action Plans.

### Method

#### Governance

A partnership was established between the Women and Newborn Health Network, Department of Health, and the Women's Community Health Network, WA, to host the full day event. A WA Women's Health Conference Steering Group was established to plan and facilitate the conference. The Steering Group was operational August 2018 to September 2019.

#### Registration process

Invitations for the event were promoted in a number of ways, including targeted emails to key stakeholders, as well as a broader invitation to over 1500 WA Women and Newborn Health Networks members. Registrations were received from 296 people, with 216 in attendance on the day of the event (73% of registrants). Conference attendees registered via the online event management website Eventbrite. The event was provided free of charge. Participants could advise of any dietary requirements and preference to be allocated to a workshop session through the registration process.

The Department of Health offered thirteen regional delegates travel sponsorships of up to \$1,000 to attend the conference via an EOI process to encourage and support participation from regional, rural and remote community members and health services. All received EOIs received a travel grant.

## Conference proceedings

The Conference was divided into four sections. The Conference agenda is provided in [appendix 4](#). A Conference Booklet provided attendees with information on the day's proceedings.

**Part A** included an engaging Welcome to Country by Ingrid Cumming, followed by the events official MC for the day, Megan Burley, Director, Health Networks, Department of Health, providing a welcome. The event was officially opened by Karen Bradley, Executive Director, Clinical Leadership and Reform, Department of Health, who set the scene for the day.

An informative presentation on '*The evidence and lived experiences of women's health and wellbeing*' was presented by Dr Alison Evans, Executive Officer, Women's Community Health Network WA, with Ms Renna Gayde providing a captivating lived experience. Dr Ellie Tighe from Ruah Community Services presented on the 100 Families project with a specific focus on the gendered drivers of poverty and their health impacts.

The keynote presentation for the day was delivered by Vicki 'O'Donnell, Chairperson, Aboriginal Health Council of WA; Chief Executive Officer, Kimberley Aboriginal Medical Services, on the topic of *Social Determinants and their impact on Families*.

**Part B** was a knowledge translation and exchange session with four breakout streams under four themes.

An Expression of Interest process was open to the public to present an oral or poster presentation at the conference, with a total of 38 abstract EOIs received. The selection of the presentations was by means of the Conference Steering Group, with the group assessing the suitability of the each abstract EOI utilising selection criteria.

Twelve oral presentations were delivered, see [appendix 4](#). Participations at the conference were able to move between streams to attend the presentations of interest to them. Eleven poster presentations were available for viewing at the conference, with participants encouraged to observe these in each of the session breaks. In addition the Conference hosted two promotional stalls from BreastScreen WA and Jean Hailes.

The following **Part C** session focused on **Collaboration** and included a Panel discussion on '*Working collaboratively across sectors to have a collective impact on women's health and wellbeing*'. The panel members were as follows:

- Helen Creed, Deputy Chair, Supporting Communities Forum
- Learne Durrington, Chief Executive Officer, WA Primary Health Alliance (WAPHA)
- Dr Jennie Gray, Deputy Chief Executive Officer, WA Council of Social Service (WACOSS)
- Vicki O'Donnell, Chairperson, Aboriginal Health Council of WA; Chief Executive Officer, Kimberley Aboriginal Medical Services
- Debra Zanella, Chief Executive Officer, Ruah Community Services

Dr Alison Evens, Executive Officer, Women's Community Health Network WA, chaired the panel and facilitated the discussion with the panel members.

The WA Women's Health and Wellbeing Policy was launched by the Hon. Roger Cook MLA, Minister for Health; Mental Health. Hard copies of the Policy were distributed to the participants at the event. An electronic copy of the Policy is available on the [Health Network website](#).

The final session, **Part D**, comprised of a workshop with the purpose of informing action plan/s to support the implementation of the WA Women's Health and Wellbeing Policy. They were conducted in four concurrent sessions in different breakout rooms, with each room being dedicated to one of the four priority areas under the Policy.

The four workshop topics were:

- Chronic conditions and healthy ageing;
- Health and wellbeing impacts of gender-based violence;
- Maternal, reproductive and sexual health;
- Mental health and wellbeing, including alcohol and other drugs.

The workshop ran in two rounds using the World Café method, an easy to use format to facilitate open conversation around a specific topic. This allowed participants to change topics between rounds. Each participant was given an opportunity to contribute to two of the priority areas which were pre-allocated and specified on their name tags. The selection and allocation of participants to the different workshops was based on the preferences they had expressed during registration.

Each of the workshops were allocated a room facilitator from Health Networks to set the scene and provide support to the table facilitators and participants throughout the workshop session. In addition, separate table facilitators from Health Networks and other service providers were preselected based on their expertise in the area to listen to the participant's discussion and paraphrase the responses. A table scribe recorded the information using a template provided.

Each table had a maximum of 10 participants per round, with each provided the actions identified under the respective priority area and asked to collectively prioritise actions into short- and long-term. The table also had an opportunity to identify any actions that they felt were missing to be included in the action plan. Following prioritising the actions, the participants were asked to identify enablers that would help in the successful implementation of the actions and key performance indicators that could be used to measure success. Workshop outcomes are presented in [Section 3: WA Women's Health and Wellbeing Policy Action Plans](#).

### Evaluation of the conference

In line with Health Network's practice of evaluating events, participants were encouraged to complete an evaluation form ([appendix 5](#)) at the end of the event. A total of 92 people completed evaluations forms (43% of conference attendees). Each respondent chose a level of agreement/satisfaction using a five point Likert scale.

The overall feedback was very positive, with 98% agreed or strongly agreed the event was a valuable use of their time. Table 7 presents the combined percentage of respondents agreement/satisfaction levels (selected agree / strongly agree and/or satisfied / very satisfied).

The Conference included an Involvement in Future Consultation - Expression of Interest Forms ([appendix 6](#)) for conference attendees to identify if they were interested in continuing to be involved in the development of the WA Women's Health and Wellbeing Policy Action Plan/s. These forms included contact details and priority areas of interest and will be used to issue invitations in the future.

Table 7. Evaluation measures and agreement/satisfaction levels.

Evaluation Measure	Agreement/Satisfaction levels
I was engaged by the presentations in the knowledge translation and exchange session.	93%
During the workshop I was given the opportunity to actively contribute.	92%
I believe my contributions to the workshop were valued.	89%
The table facilitators in the workshop assisted my group in formulating our suggestions and priorities.	86%
The Conference improved my understanding of opportunities for improving Women's Health in Western Australia.	91%
I was given the opportunity to network with other conference attendees.	97%
Attending the Conference was a valuable use of my time.	98%
Online registration process	87%
Information leading up to the event	71%
Time allocation throughout the day	89%
Suitability of the venue for the conference	93%
The catering of the conference	88%

The evaluation form requested respondents to provide feedback on the conference. Table 8 presents the main themes from the open text answers.

Table 8. Evaluation feedback.

1. What did you find most valuable about the WA Women's Health Conference?

- Inclusive format
- Networking and sharing of information, collaborating and learning from others
- Breaking down silos
- Knowledge translation and exchange breakout sessions
- The WA Women's Health and Wellbeing Policy
- Workshop sessions - opportunity contribute to the WA Women's Health and Wellbeing Policy Action Plans
- Engaging and diverse topics
- Inclusion of the lived experience
- Cost of the event - free
- Tailored to the attendee, attending as a regional attendee, variety of attendees
- Group discussions at the workshops
- Good facilitators
- Learnings to take back to the workplace
- Well organised

2. What did you find least valuable about the WA Women's Health Conference?

- Panel discussion was very broad
- More background on the Policy prior to the workshop session
- Directions for the workshop session was not clear
- More time for workshop section
- Wanted to attend more of the breakout sessions
- Too much food
- Lack of alcohol and other drugs focus

3. If a similar event was to occur in the future, what could be improved?

- Short breaks
- Make it a two day event
- Better workshop purpose and clarity
- Room layout
- Panel session questions could have come from the delegates
- More correspondence leading up to the event
- Longer workshop sessions
- Company name on name tags
- Make a small fee to attend to increase attendance rates
- More lived experience presentations
- Ensure broad representation of attendees to capture the diverse voices of women

4. Please provide any additional comments about the Women's Health Conference.

- Enjoyable and valuable day
- Excellent food
- Very well organised event
- Inspiring and informative
- Translating information to the workplace
- Great to have regional colleagues and community members in the room
- Looking forward to future opportunities to be involved

## Section 3: The WA Women's Health and Wellbeing Action Plans

## The WA Women's Health and Wellbeing Policy Action Plans

The outcomes from the WA Women's Health Conference four concurrent workshop sessions were shaped to inform the development of the WA Women's Health and Wellbeing Policy Action Plans.

The workshop objectives were to prioritise the specific actions contained in the WA Women's Health and Wellbeing Policy (the Policy) into short- and long-term, and identify additional actions for inclusion that could address the health, safety and wellbeing of women and girls in WA. The workshop attendees also identified enablers to aid in the implementation of the actions, and key performance indicators to measure success.

It is anticipated that the Policy's four priority areas will each have an accompanying action plan which sets out the agenda to achieve the overall aim, purpose, and intent of the Policy ([appendix 7](#)). Each action plan will build on current initiatives, address gaps in service delivery, and provide a platform to bring together efforts across the WA health system to improve the health, safety, and wellbeing of all women and girls living in WA. The workshops were an opportunity to come together to develop the next steps. The key themes for each workshop are summarised in [appendix 8](#).

### Overarching themes

There was significant overlap of topics identified across the four workshop sessions, with a number of overarching themes recurring. These strongly reflected the Policy's pillars and guiding principles, and will inform the Action Plans guiding principles.

Overarching key themes from the workshop sessions:

- Improve health literacy by ensuring all health promotional activity is age-appropriate, culturally appropriate, accessible, flexible and utilises empowering language
- Embed health and wellbeing education in school curriculum
- Community advocates and role models to champion for change
- Consideration of diversity e.g. culturally appropriate, accessible, age appropriate etc.
- Co-design is essential for the Policy and future Action Plans to be successfully embedded
- Provide patient-centred care e.g. mobile services to facilitate care closer to home
- Appropriately sited multimodal hubs with multidisciplinary teams for women to access services in one place
- Service directory providing up to date information on what services / programs are available to promote access
- Utilise and build on existing successful (evaluated) programs / initiatives
- Sustainable partnerships and collaboration across the sector, Government agencies, and community / non-government organisations to promote health, for example, schools, legal services, etc.
- Collaboration across the sector, reduce silos and increase efficiency
- Government leadership, irrespective of political cycles / changing agendas
- Health workforce training / upskilling to attract staff and increase staff retention
- Whole of Government approach, with policies / procedures to promote gender equity
- Advocate for legislative changes to support healthy environments e.g. introduce sugar tax, clear food/beverages labelling, protect victims of gender-based violence etc.
- Improvements in data sharing and increased access to integrated data
- Invest in research and transfer of knowledge in women's health into policy and practice
- Transparent monitoring and evaluation of health services and programs to ensure continuous improvement

## Burning questions

A burning questions box was available in each room all days for Conference attendees to write comments on to capture issues being brought up repeatedly.

Some burning questions were:

- Include a holistic view of health, such as wellbeing, spiritual, and cultural practices, not just the physical state
- Consider palliative care and quality of life for dying well, particularly for Aboriginal people
- A need for tailored response and actions for priority populations
- Utilise existing strategies, programs, and services
- Increase women's health research across the lifespan and translate into practice

## Next steps

The WA Women's Health and Wellbeing Policy Consultation Report will be circulated to WA Women's Health Conference participants. The workshop was the first step of the consultation process for the development of the Action Plan/s. The content from each workshop sessions will be closely analysed for theming and drafting of the Action Plans.

Further consultations will be undertaken to refine and confirm the outcomes of the workshops sessions to ensure they are practical, achievable, and supported by health services responsible for their implementation.

## References

1. Western Australian Department of Health. Western Australian Women's Health and Wellbeing Policy. Perth: Health Networks, Western Australian Department of Health; 2019.
2. Department of Health. National Women's Health Strategy 2020-2030. Canberra: Commonwealth of Australia Department of Health; 2018.
3. Department of Health WA. WA Women's Health Strategy 2013-2017. Perth: Women and Newborn Health Service, WA Department of Health; 2013.
4. Department of Health WA. WA Men's Health and Wellbeing Policy. Perth: Health Networks, Department of Health WA; 2019.

## Appendices

### Appendix 1: CitizenSpace (Online) Survey

## WA Women's Health and Wellbeing Policy Consultation 2019

### Overview

On Saturday 9 March 2019, the Minister for Health, the Hon Roger Cook MLA, opened the consultation for the Department of Health's new State Policy on Women's Health and Wellbeing under development by the Health Networks Unit.

Designed to complement the Western Australian Men's Health and Wellbeing Policy, the Western Australian Women's Health and Wellbeing Policy (the Policy) will focus on inequalities in health outcomes between women and men, and in population risk groups of girls and women.

The new Policy will identify action areas for WA that align with the priorities contained in the soon to be released National Women's Health Strategy 2020 – 2030 and the McGowan Government's Women's Plan, currently under development by the Department of Communities.

Health Networks have taken ownership of the development of the Policy. We acknowledge the significant work that has already contributed to the development of this Policy by North Metropolitan Health Service, Women's Health, Mental Health, and Genetic Directorate of the Women and Newborns Service.

This survey builds on previous consultations undertaken by Women's Community Health Network, WA.

### Why we are consulting

The purpose of this consultation is for interested community members, Health Service Providers, health services, and non-government and community organisations/agencies to inform the final WA Women's Health and Wellbeing Policy.

### Completing this consultation

Your privacy is important to us. Any personal information collected will remain separate from your responses. Your data will be stored confidentially and results from the survey will not be linked to you in any way.

When you have finished the survey, please press the SUBMIT button at the bottom of the last page.

If you have any queries or need assistance, please contact Health Networks either by email [healthpolicy@health.wa.gov.au](mailto:healthpolicy@health.wa.gov.au) or phone 9222 0200.

The survey contains 15 questions and will take approximately 10-15 minutes to complete. The survey will close on 11:59pm on Friday, 28 June 2019

To begin the survey please press the Online Survey link in the green box below.

## About You

Telling us a few things about yourself helps to ensure we gather a broad range of views when we consult with the public.

In what capacity are you providing your views for this consultation? (Required)

*Please select only one item*

- A consumer, patient or client of health services
  - A carer, parent or guardian of someone using health services
  - A volunteer within the health sector
  - A person working within the health sector
  - A researcher, academic or educator
  - Other (please specify below)
- 

What category best describes your PRIMARY place of work? (Required)

*Please select only one item*

- I do not have a primary place of work
  - WA Health- Child and Adolescent Health Service (CAHS)
  - WA Health- East Metropolitan Health Service (EMHS)
  - WA Health- North Metropolitan Health Service (NMHS)
  - WA Health- South Metropolitan Health Service (SMHS)
  - WA Health- WA Country Health Service (WACHS)
  - WA Department of Health- Royal St Divisions
  - Academic/ teaching/ research institution
  - Private Sector
  - Contracted Health Entities (including Community Controlled Health Services)
  - Other State Government agency (e.g. Police, Justice, Housing, Education, Child Protection)
  - Non-government agency
  - Other (please specify below)
-

What category best describes your PRIMARY work role in the health sector? (Required)

*Please select only one item*

- An individual member of the public
  - Hospital based clinical services
  - Community based clinical services (including general practice/general practitioner)
  - Social/community services
  - Administration (including policy development, planning or governance officer)
  - Management
  - Research/evaluation/academic
  - Other (please specify below)
- 

Are you providing your views as an individual or on behalf of a group/organisation? (Required)

*Please select only one item*

- My views are my individual opinion
  - My views are provided on behalf of a group/organisation (please specify below)
- 

Please indicate if you identify as a person from one of the following priority population groups.

The varying health outcomes experienced across priority population groups of women and girls will be a key focus of the WA Women's Health and Wellbeing Policy. *Please select all that apply*

- Aboriginal women
  - Pregnant women
  - Women from culturally and linguistically diverse backgrounds
  - Members of the LGBTIQ community
  - Women from socio-economically disadvantaged backgrounds
  - Women living in rural and remote areas
  - Women living with a disability & their carers
  - Women affected by the criminal justice system
  - No, none of the above
  - Prefer not to say
-

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Where do you currently live? (Required)

*Please select only one item*

- Metropolitan
  - Regional WA
  - Outside WA (please specify below)
- 

## **Policy Aim & Strategic Goals**

Aim: to address health issues impacting on the health and wellbeing of all Western Australian women and girls, and address inequalities between the health outcomes of women and men, and in population groups of women and girls.

Is the overarching aim of the Policy appropriate?

*Please select only one item*

- Yes
- No
- Unsure

If no/unsure, do you have an alternative suggestion? (20 word limit):

---

Please suggest one or more strategic goals you believe should be included in the WA Women's Health and Wellbeing Policy.

When suggesting strategic goals, please consider what you believe needs to be done, or to be achieved, to support the physical health and mental wellbeing of women and girls in WA.

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Please suggest wording or a short phrase for the Policy slogan.

A slogan is a simple and catchy phrase. The purpose of the slogan is to help make the document title more memorable and reflects the purpose of the document.

The document title will include the words 'WA Women's Health and Wellbeing Policy'. Please suggest a slogan that can be used with the title. Examples of a slogan in a policy title are: 'WA Youth Health Policy: Strong body, strong minds - stronger youth'.

The policy slogan could be...

---

## Priority Populations & Action Areas for Women

Within the Policy, what level of priority do you believe should be given to the following female population groups? *Please select only one item per population group*

	Not a priority	Low priority	Medium priority	High priority	Essential priority	Unable to answer
Aboriginal women						
Pregnant women & their children						
Culturally and linguistically diverse women						
Members of the LGBTIQ community						
Women from low socio-economic backgrounds (including homeless women)						
Women from rural & remote areas						
Women living with disability & their carers						
Women affected by the criminal justice system						

Can you suggest alternatives? (please explain your suggestion/s)

---

In general, do you agree with the following being priority areas for the Policy?

Please select only one item per priority area

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Unable to answer
Mental health and wellbeing						
Chronic disease and preventive health						
Sexual health, body image, and reproductive health						
Conditions in which women are over-represented						
Healthy ageing						

If disagree/strongly disagree was selected, please provide comments:

---

Within each priority area, what specific actions would you suggest could be implemented to promote and improve women's health and wellbeing in WA.

Mental Health & Wellbeing

Chronic disease and preventive health

Sexual health, body image, and reproductive health

---

Condition in which women are over-represented

Healthy ageing

## **Current and Future Health Services for Women**

Please provide examples, if you have any, of specific health services that adequately address the health needs of women and girls in WA. Please specify which priority population/area they target.

Please consider providing the details of organisations, groups, services and/or elements of services in your response.

---

What, if anything, is needed or could be used to improve health service design and/or delivery for women and girls in WA?

Please consider suggestions that could be used to improve:

- specific services, or elements of services
  - known service gaps
  - broad priority areas
  - the methodological / philosophical approaches that underpin services
  - sustainable and feasible implementation of the Policy
- 

Please provide below any additional feedback.

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## Appendix 2: Feedback – Actions for Priority Areas

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### **Mental health and wellbeing**

- Education and information dissemination for the general public and health professionals including health promotion, prevention strategies and early detection
- Greater provision of self-harm and suicide prevention training for peers in schools, universities, and other education institutions
- Promote resiliency programs, self-care, and positive body imaging messages
- Increase awareness in schools, more support in workplaces (i.e. targeted EAP initiatives)
- Community based programs for women to participate in - low cost, locally based, easy to access
- Local support groups that have a range of specialists working together to treat the woman as a whole person
- Increase in workforce delivering mental health services
- Access to support and deconstruction of stigma and shame
- Free and accessible mental health services for all women
- Improve seamless access to mental health services
- Culturally appropriate services
- Timely access to services
- Reducing loneliness - increasing social connectedness of women, recognise that alcohol use is a causal factor in a number of mental health conditions, including depression
- Improved counselling, advocacy and support services for women who are victims of sexual assault and sexual harassment
- More services provided to women with eating disorders

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### **Chronic disease and preventive health**

- Early detection saves lives / provide community resources to help limit and prevent chronic conditions
  - Nutrition education and community gardens to encourage healthy eating
  - Early childhood education on "home economics", learning food origin and preparation and the value and use of vitamins
  - Education and awareness raising for community and health care providers of preventive strategies
  - Educational opportunities be created to educate healthcare providers of the health needs of our ageing female population
  - Educate. Inform women of the implications of disease, how they can help themselves to stay healthy, show them lifestyle changes that will reduce disease burden
  - Coordinated teams of health care professionals to support the range of health issues arising from a chronic disease
  - Clear health promotion messages to identify programs/measures to prevent the contraction or development of disease
  - Support and funding for more preventative health and health promotion strategies that are targeted and community led
  - Community and environmental changes to improve dietary intake and level of physical exercise
  - Evidence based models of care to treat and 'manage' women with the disease so that they utilise community provided care for longer
  - Proactive education and support groups
  - Supporting the role of GPs in providing and coordinating services, funding allied
-

- health and other services
  - Improved access to integrated primary health care
  - Continuity of care
  - Increase access to cancer screening and immunisation programs
  - Design tailored campaigns and programs aimed at increasing knowledge and awareness of cancer screening
  - Promote chronic conditions self-management programs such programs
- 

### **Sexual health, body image, and reproductive health**

- Local support groups that have a range of specialists working together to treat the woman as a whole person
  - Better access to contraception and terminations
  - Increase awareness in schools, increase awareness in parents (via free parenting programs), training and development with healthcare providers (especially men and those who have been practicing a long time)
  - E-resources for women
  - A more central point for access to this information
  - Improved GP education for this information
  - Culturally appropriate safe sex education for Aboriginal girls and women
  - Family planning information and care/service options (this included contraception, respectful relationships, the fertility decline with age, menopause and diseases of the reproductive system)
  - Reproductive health management addressing prevention and screening for disease
  - Accessible and very low cost contraception, STI testing and treatment (including HIV), and abortion services
  - More education on conditions like endometriosis and adenomyosis, as well as more highly trained specialists to treat them
  - Access to free cervical cancer screening, STI, pregnancy and subsidised birth control/after morning pill
  - Bulk billed contraception and STI screening/treatment for women, Bulk billed abortion for women
  - Safe Schools implemented in all WA schools
  - More education in schools for boys and girls to promote positive body image
  - Safe access zones for abortion clinics are a must. It is shameful for WA to be the only state lacking these. More affordable abortion services, and general family planning services, are also needed
  - Provision of access to safe terminations without harassment
  - promotion of the importance of breastfeeding and acceptance and support of women breastfeeding in public for the health of the next generation
  - Education around infertility, public access to fertility services
  - Education and awareness raising for community and health care providers of preventive strategies, including the impact of social media on women's self body image
  - Access to midwifery care on an individual basis choices for women
  - Enhance the workforce capacity and capability through education and training to deliver culturally appropriate cancer screening services
- 

### **Conditions in which women are over-represented**

- Local support groups that have a range of specialists working together to treat the woman as a whole person
  - Education for health care providers to reduce the trend of health care providers' dismissing or diminishing women's health concerns
-

- Promote an awareness of women's over representation and factors regarding why this is the case, including women's reluctance to seek care, comply with treatment, as well as poor understanding by health providers regarding women's patterns of symptoms of illness
- Domestic violence and sexual assault
- Education and awareness raising for community and health care providers of the impact of domestic and family violence
- Domestic abuse - more services, easier access
- Funding for Prisons to assist with looking after the multitudinous issues facing prison health staff
- Increasing transparency with reporting to ensure all cases are genuine
- Research into why, women are over represented. So that changes can be made
- Conditions in which women are over-represented depends on good data underlying this -- it should be recognized that good health data is often lacking for women
- Women present with different clinical symptoms to men but are treated according to out-dated guidelines that are based on many years of clinical trials - on men!
- Educate the medical profession about the presentation of women and how they differ to men
- Improving communication and coordination of care through an individualised plan developed alongside the woman

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## Healthy Ageing

- More understanding of the accumulative affects on the body of certain behaviours from a younger age so that people can see the harm they are doing to their bodies over time
  - Work with "age-friendly" local governments to develop and deliver initiatives
  - Create supportive environments to support healthy choices
  - Preventative action in this area will reduce health care costs arising from our aging population
  - Early detection in 40s will improve quality of life years that remain and reduce risk of recurrence
  - Provide local community resources to support healthy ageing rather than spending everything on hospitals
  - Identify ageism and social isolation, lack of health literacy, limited education and employment opportunities, poverty, being Aboriginal or from a marginalised community, access to services are also the important social-determinants that impact on the prospect of health aging for women
  - Encouraging women aged 40 to 50 to see their GP regularly for health check ups. Improving health while still young can help with healthy ageing
  - Promotion of healthy eating and exercise
  - Importance of keeping women healthy, independent and in their own home for as long as possible
  - Better access to allied health professionals for preventative work and subsidised group classes to promote exercise and healthy lifestyle habits
  - Services that are responsive and don't have long waiting lists so women can stay in their own homes independently for longer
  - Promote access to choices, tolerance, activities and community engagement
-

## Appendix 3: Western Australian Women's Health and Wellbeing Working Group

Name	Organisation
Ann Blunden	Planning, Innovation and Commissioning, East Metropolitan Health Service
Pip Brennen	Health Consumers' Council WA
Rachael Carder	Youth Consumer Representative
Cheryl Clay	Department of Justice
Joanna Collins	Communicable Disease Control Directorate, Department of Health
Marie Deverell	Health Networks, Department of Health
Liz Dutton	Women with Disabilities WA
Alison Evans	Women's Community Health Network WA
Joanna Fagan	Public Health and Ambulatory Care, North Metropolitan Health Service
Stefanie Faraone	Health Networks, Department of Health
Chris Griffin	Health Networks, Department of Health
Denese Griffin	Aboriginal Health Strategy, East Metropolitan Health Service
Sajni Gudka	Urban Impact Project
Joanna Hamilton	Aboriginal Health Strategy, East Metropolitan Health Service
Kim Hawkett	Aboriginal Health Council of WA
Priya Jagadeesan	Health Networks, Department of Health
Selena Knowles	Health Service Planner, South Metropolitan Health Service
Nicole Lambert	Allambee Counselling Inc.
Jade Lyons	Women and Newborn Health Service, North Metropolitan Health Service
Katie McKenzie	Nursing and Executive Services, Child and Adolescent Health Service
Regina Michel-Huessy	Population Health, WA Country Health Service
Pamela Miller	Department of Education
Rel Morris	Department of Communities
Torna Moya	Research Fellow "Ngangk Yiri" Aboriginal Health Research, Birthing on Noongar Boodjar Murdoch University
Rachel Pearce	Ishar Multicultural Women's Health Services

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Sarah Renwick	WA Primary Health Alliance
Kate Reynolds	Health Networks, Department of Health
Joy Rowland	Department of Justice
Ebony Schroeder	Mental Health Commission WA
Gloria Sutherland	Researcher/ Consumer Representative
Belinda Whitworth	Clinical Service Planning and Population Health, South Metropolitan Health Service

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## Appendix 4: WA Women's Health Conference Agenda



Government of **Western Australia**  
Department of **Health**



**Women's Community  
Health Network WA**

### Lifting the profile on Women's Health

**Date:** 02 September 2019 **Time:** 08.30am to 4.30 pm  
**Location:** The Perth Convention and Exhibition Centre

#### Session Program

#### PART A – Setting the Scene

7.45 – 8.30	<b>Registration</b>
8.30 – 8.40	<b>Conference Opening</b> <i>Karen Bradley, Executive Director, Clinical Leadership and Reform</i>
8.40 – 8.55	<b>Welcome to Country</b> <i>Ingrid Cummings</i>
9.00 – 9.25	<b>The evidence and lived experiences of women's health and wellbeing</b> <i>Dr Alison Evans, Executive Officer, Women's Community Health Network WA</i> <i>Dr Ellie Thye, RUAH - 100 Families project</i> <i>Ms Renna Gayde</i>
9.25 – 9.45	<b>Keynote Speaker- Social Determinants and the impact on Families</b> <i>Vicki O'Donnell, Chairperson, Aboriginal Health Council of WA; CEO, Kimberley Aboriginal Medical Service</i>
9.45 – 10.20	<b>Morning Tea, Networking and Poster Viewing</b>

#### PART B – Knowledge Translation and Exchange – breakout sessions

10.20 –12.20	River View Room 5 Empowerment	Room M6 Continuous Improvement and Innovation	Room M7 Prevention, Promotion and Early Intervention	Room M8 Collaboration & Partnerships
<b>Session 1</b> 10.20-11.00	From Victim to Victor <i>Champo Ngweshe</i> <i>Dr Bernadette Wright</i>	Strengthening WA Country Health Service Response to Family and Domestic Violence  <i>Andrea Rieusset</i> <i>Jade Lyons</i>	Nurturing Families: A pilot of a modified version of the Parent-Child Assistance Program in Australia  <i>Dr Martyn Symons</i> <i>Natalie Raymond</i>	Health Justice Partnership  <i>Kim Broughton</i> <i>Alice Wong</i>
<b>Session 2</b> 11.00-11.40	The Gender Identity Burger: A youth Peer Education Approach to Diverse Gender & Sexuality Education  <i>Kai Schweizer</i> <i>Loma Graham-Geraghty</i>	Gender Responsive Sexual and Reproductive WA Health Services  <i>Dr Sajni Gudka</i>	Increasing breast screening participation among Aboriginal and Multicultural women in WA  <i>Sonya Schultz</i> <i>Kelly Cameron</i>	The Radiance Network: Together Anything Is Possible  <i>Anne Mackay</i> <i>CJ Heins</i>
<b>Session 3</b> 11.40-12.20	Eating disorders, lived experience and gender centred care  <i>Natalie Robertson</i> <i>Jemma Gaswell</i>	Heart disease in Australian women: making the invisible visible  <i>Shelley McRae</i>	Maximising cervical screening in vulnerable populations: Putting the spotlight on healthcare providers  <i>Kay Morton</i>	WANDAS & Women Inside  <i>Orla Peoples</i> <i>Renate McLaurin</i>

12.20-13.00	<b>Lunch, Networking and Poster Viewing</b>
<b>PART C – Collaboration and Launch</b>	
13.05-13.40	<p><b>Working collaboratively across sectors to have a collective impact on women's health and wellbeing</b></p> <p><i>Helen Creed, Deputy Chair – Supporting Communities Forum</i>  <i>Leanne Durrington, CEO WAPHA</i>  <i>Dr Jennie Gray, Deputy CEO WACOSS</i>  <i>Vicki O'Donnell, Chairperson, Aboriginal Health Council of WA; CEO, Kimberley Aboriginal Medical Service</i>  <i>Debra Zanella, CEO RUAH</i></p>
13.40-14.00	<p><b>The WA Women's Health and Wellbeing Policy launch</b>  <i>Hon. Roger Cook MLA, Minister for Health; Mental Health</i></p>
14.00-14.15	<b>Afternoon Tea, Networking and Poster Viewing</b>
<b>PART D – Workshop and Connect</b>	
14.20-14.30	<p><b>Evidence into Action: Aligning with the WA Women's Health and Wellbeing Policy</b></p> <p><i>Megan Burley, A/Director, Health Networks</i></p>
14.30-16.00	<ul style="list-style-type: none"> <li>▪ Chronic conditions and healthy ageing - River View Room 5</li> <li>▪ Health and wellbeing impacts of gender-based violence - Room M6</li> <li>▪ Maternal, reproductive and sexual health - Room M7</li> <li>▪ Mental health and wellbeing, including AOD - Room M8</li> </ul>
16.00-16.15	<p><b>Making the Connection in WA: Women's Health and Wellbeing Policy; Women's Plan; Strategy for Reducing Family and Domestic Violence</b>  <i>Hon. Simone McGurk MLA, Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services</i></p>
16.15-16.30	<p><b>Closing Address: Summary, next steps, acknowledgments</b>  <i>Karen Bradley, Executive Director, Clinical Leadership and Reform</i></p>

## Appendix 5: WA Women's Health Conference Agenda Evaluation Form



Government of **Western Australia**  
Department of **Health**



**Women's Community  
Health Network WA**

### Lifting the profile on Women's Health

To assist us in evaluating this event, and to plan future events, please take a few minutes to complete this form. All responses remain confidential.

1. Please rate the WA Women's Health Conference by ticking the box that corresponds to your level of agreement for each statement below.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A
I was engaged by the presentations in the knowledge translation and exchange session.						
During the workshop I was given the opportunity to actively contribute.						
I believe my contributions to the workshop were valued.						
The table facilitators in the workshop assisted my group in formulating our suggestions and priorities.						
The Conference improved my understanding of opportunities for improving Women's Health in Western Australia.						
I was given the opportunity to network with other conference attendees.						
Attending the Conference was a valuable use of my time.						

2. Please rate the WA Women's Health Conference by ticking the box that corresponds to your level of satisfaction with each element listed below.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Online registration process						
Information leading up to the event						
Time allocation throughout the day						
Suitability of the venue for the conference						
The catering for the conference						

Please turn over →



1. What did you find most valuable about the WA Women's Health Conference?

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2. What did you find least valuable about the WA Women's Health Conference?

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3. If a similar event was to occur in the future, what could be improved?

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4. Please provide any additional comments about the Women's Health Conference.

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THANK YOU for completing this form. Your time and participation is greatly appreciated.

## Appendix 6: Involvement in Future Consultation – Expression of Interest Form



Government of **Western Australia**  
Department of Health



**Women's Community  
Health Network WA**

### **Lifting the profile on Women's Health**

#### **Involvement in Future Consultation - Expression of Interest Forms**

This is the first of many opportunities to contribute to the development of the WA Women's Health and Wellbeing Policy Action Plan.

If you are interested in continuing to be involved, please provide your details here:

Name:

Position:

Organisation:

Email:

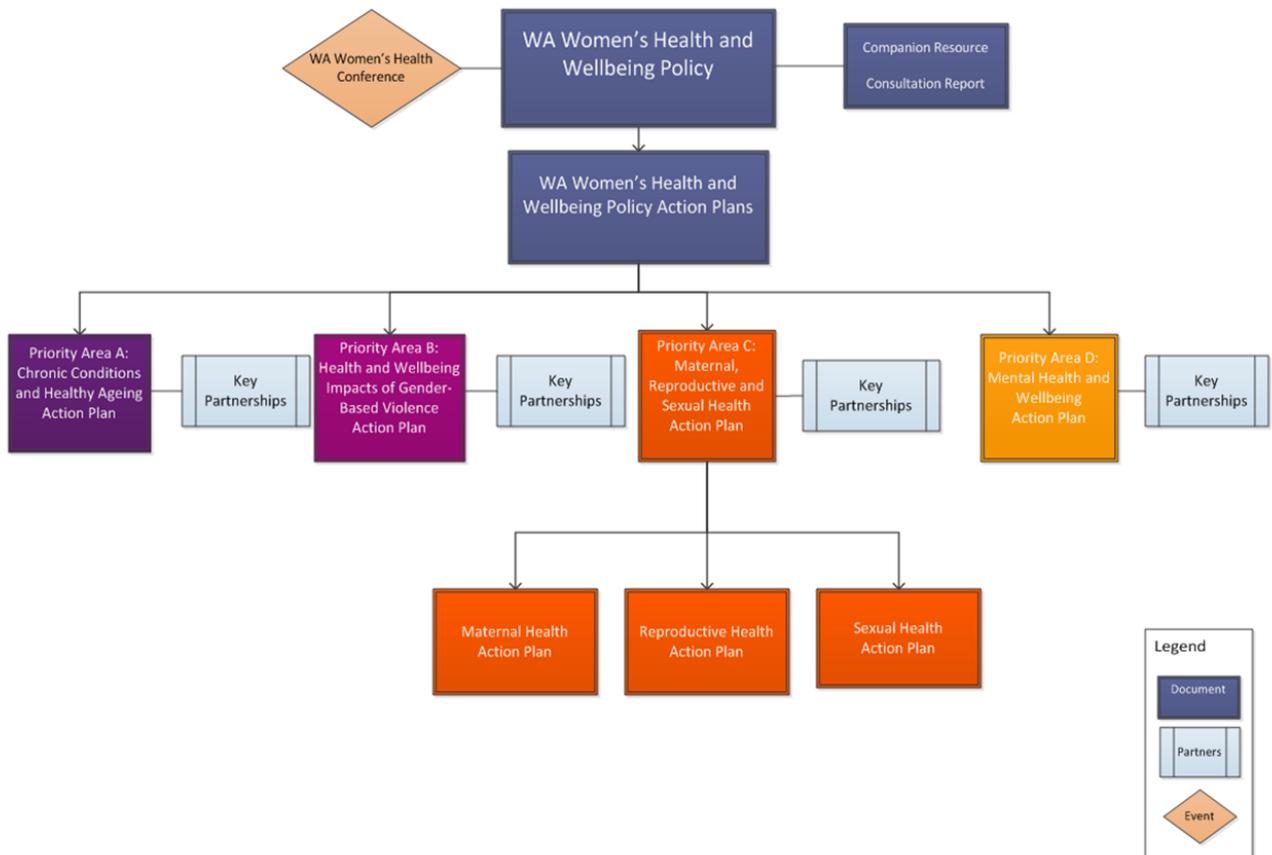
Phone:

Priority Area/s of interest: *(Please tick all that apply)*

<input type="checkbox"/>	A – Chronic conditions and healthy ageing
<input type="checkbox"/>	B – Health and wellbeing impacts of gender-based violence
<input type="checkbox"/>	C – Maternal, reproductive and sexual health
<input type="checkbox"/>	D – Mental health and wellbeing

THANK YOU for completing this form. Your time and participation is greatly appreciated.

## Appendix 7: WA Women’s Health and Wellbeing Policy Action Plans structure



## Appendix 8: WA Women's Health and Wellbeing Policy Action Plans summary

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### Priority Area A: Chronic conditions and healthy ageing

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#### Enablers for implementation:

- Ensure health promotional activity is age-appropriate, flexible and utilises empowering language
- Accessible information / resources to improve health literacy
- Health in all policies and procedures
- Sustainable partnerships and collaboration across Government agencies and sector to promote health, for example, schools, legal services, etc.
- Other agencies/organisations invest in their role in health
- Upskilling health and non-health workforce
- Structural and infrastructural changes
- Advocate for legislative changes to support healthy environments e.g. introduce sugar tax, clear labelling etc.
- Provide patient-centred care e.g. mobile services to facilitate care closer to home
- Actively promote screening / immunisation programs and health assessments
- Utilise medical specialist colleges and universities
- Enable health professionals to communicate appropriately with women to increase understanding
- Improve digital literacy, access and affordability
- Improve information sharing
- Health Services working together and increasing their knowledge

#### Indicators for success:

- Evaluation of health services and programs
- Short term reviews to keep track & to enable flexibility to adjust to need
- Health education embedded in school curriculum
- Reduced rates of people living with chronic health conditions
- Earlier diagnosis and assessment of chronic conditions
- Delivery of culturally competent care
- Attraction and retention of health staff
- Reduced hospitalisations and Emergency Department presentations
- Link in with the WA Healthy Weight Action Plan
- Measured improvements in quality of life
- Increase in women accessing screening programs
- Increase in women completing health assessments
- Increase in specialist services

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### Priority Area B: Health and wellbeing impacts of gender-based violence

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#### Enablers for implementation:

- Mandatory and consistent education and training for health workforce and other sectors e.g. education providers
- Promote open conversations to remove barriers and encourage speaking out and bring these issues to the forefront
- Community advocates and role models to champion for change
- Media campaign to increase community understanding
- Whole of Government approach, with policies / procedures to promote gender equity
- Appropriately sited multimodal hubs with multidisciplinary teams for women to access services in one place
- Service directory providing up to date information on

#### Indicators for success:

- Education becomes embedded in schools
  - Multimodal hubs with accessible services available in one place
  - Improved and streamlined referral pathways
  - Timely access to services, including women's refuges
  - Increase in number of service users
  - Ongoing funding of successful services / programs
  - Monitoring and evaluation of services / programs
  - Health navigator that can guide/support/advocate for
-

- what services / programs are available
- Improve digital technology and awareness of available apps
- Collective approach across sectors
- Consistent screening tool & guidelines across WA Health and other sectors
- Identify and utilise the experts on prevention of family and domestic violence
- Resource perpetrator change programs and residential rehabilitation programs
- Health services to identify a designated area to discuss FDV
- Address risk for FDV in the antenatal period
- Online reporting hotline to provide support and capture data
- Improve integration of data sources
- Data sharing across Government agencies
- Government leadership across sector

- women and families
- Women are informed of their options & can access services
- Screening tool utilised consistently
- Designated area in health services, emergency departments, urgent care clinics, to provide FDV support / referrals
- Less women are forced to leave their home and feel safe at home
- Consistency with National / State Policy, Action Plan/s
- Improvements in data sharing and increased access to integrated data
- Increase in reporting rates

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### Priority Area C: Maternal, reproductive and sexual health

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#### Enablers for implementation:

- Population based education campaign, peer education programs, and comprehensive education in schools to improve health literacy e.g. Pelvic Pain Education Program
- Education embedded into health professionals' courses and link in with existing training
- Development of a pregnancy pathway
- Expand scope of practice e.g. midwives, nurse practitioner
- Consider Aboriginal Maternity and Infant Care Workers being introduced
- Opportunity for Aboriginal people to be involved in the design of maternity care services to ensure these are culturally safe, secure and locally relevant
- Increase number of maternal alcohol and other drug services to reduce waiting times
- Ongoing services / programs to support appropriate breastfeeding practices and provide antenatal education on benefits of breastfeeding
- Advocate for safe spaces for breastfeeding in public and workplaces
- Increase availability of consumer friendly health information on maternal and newborn services
- Promote continuity of care e.g. midwifery care
- Remove stigma associated with Sexually Transmissible Infections (STI) testing and treatment, particularly for priority populations
- Consider alternative STI screening platforms e.g. sporting events, music festivals
- Promote the Human Papillomavirus Vaccination to

#### Indicators for success:

- Increase in knowledge / awareness of community
  - Timely access to services
  - Increase in self-reporting of health and wellbeing at first pregnancy appointments
  - Reduced incidence of gestational diabetes
  - Increased attendance at perinatal appointments
  - Increase in Aboriginal health workforce
  - Better engagement with Aboriginal women
  - Increased breastfeeding rates and duration
  - Increased use of alternative modes of communication, education and research
  - Increased access to perinatal mental health services
  - Increased rates of screening / testing services, particularly in priority populations
  - Decrease in rate of cervical cancer
  - Decreased rate of FASD
  - Decreased rates of STIs and blood-borne virus' (BBVs)
  - Earlier diagnosis and treatment
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- increase uptake
  - Increase Cervical Screening Test rates via self-collection strategies
  - Improve prevention and awareness on consequences of drinking and improvements in Fetal Alcohol Spectrum Disorder (FASD) diagnosis
  - Develop a health literacy hub with evidence-based information
  - Service directory providing up to date information on what services / programs are available
  - Ensure telehealth is accessible and culturally appropriate
  - Provision of comprehensive primary healthcare
  - Explore cross-sectional services and health professionals to enable multiple tests at a single presentation
  - Establish partnerships between Australian Research Council and Government

- of STIs & BBVs to prevent long term disease
- Decrease in Emergency Department presentations for reproductive health conditions and associated risk factors

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### Priority Area D: Mental health and wellbeing, including alcohol and other drugs

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#### Enablers for implementation:

- Incorporate mental health literacy resilience in workforce, including health and teachers
- Build strong relationships with Dept. of Education, Catholic education, Independent, Tafe, Universities etc/
- Deliver age appropriate education in schools and broader community mental health campaigns to improve mental health literacy, normalise experiences, and switch community dialogue to reduce stigma and discrimination
- Monitoring and evaluation to encourage continuous improvement of services / programs
- Consider including credentialed mental health practitioners in General Practices
- Upskill workforce to recognise and respond to mental health related illnesses, including social isolation and loneliness
- Consider professions outside of health as potential pathways to identify people in need
- Embed trauma informed practice in all settings
- Acknowledge the impacts of chronic conditions on mental health
- Maintain high levels of screening and advocate screening / early detection tool outside of mental health services
- Increase to Medicare funding e.g. 8 visits
- Consider alternative language in mental health – suggest social and emotional wellbeing to encompass a holistic view
- Promote innovative technology – apps for mental

#### Indicators for success:

- Education programs embedded into schools to raise awareness of social and emotional wellbeing
  - Active engagement of the broader community, encouraging help seeking behaviours and increasing confidence to access the services / programs
  - Increased mental health literacy – indicated by increased service use
  - Increased indicators of good social and emotional wellbeing
  - Decrease in Emergency Department presentations
  - Timely access to streamlined services
  - Integration of services
  - Decrease in suicide rates
  - Reduced stigma associated with mental health related issues
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## health services

- Reform of funding, such as a flexible funding model, reducing competitive tendering processes, distributing small funds to support grassroots groups, and investing in long term initiatives / programs
  - Integrate services (including childcare)
  - Streamline the referral pathways to ensure timely access to services
  - Develop tools for health professionals to ask the right questions and identify / address social determinants of health
  - Upskill health professionals to provide support for alcohol and other drugs misuse in service delivery (AoD trained nurses in hospitals) and respond without judgement to reduce stigma and shame
  - Recognise alcohol and other drugs misuse as a potential form of self-medication
  - Specialised services to address body image issues and eating disorders in the public health system, particularly for young women
  - Deliver health promotion campaigns supporting positive body images and normalising diverse body shapes, and deliver in schools
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