

## Submission Response

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Establishing a National Women's Health Strategy 2020 to 2030

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6 November 2018

### **BACKGROUND**

On 2 March 2018, Minister Hunt announced at the National Women's Health Summit in Sydney, the commencement of a process to establish a National Women's Health Strategy for 2020 to 2030.

The Strategy will take into account changes in the policy environment, identification of gaps and emerging issues so that health system resources at the national and jurisdictional levels are directed at efficiently addressing the health issues that affect women and girls.

The Strategy is being developed by the Australian Government Department of Health with assistance from Jean Hailes for Women's Health.

The below is AHCWA's response to the online survey.

### **Section B – The Structure of the Strategy**

#### **11. Is the overall structure of the Strategy appropriate and easy to follow?**

AHCWA considers the overall structure of the Strategy to be appropriate, well constructed, and easy to follow.

However, the Strategy is very detailed and comprehensive. To improve readability, we recommend the development of a summary document, to accompany the more detailed Strategy.

With respect to the design of the document, we recommend enhancing the graphic design of the document.

We also strongly recommend emphasizing the importance of ensuring culturally appropriate responses to Women's health policies throughout the Strategy. An example of this in action is the purpose of the Strategy should state that the Strategy intends to enhance the provision of "culturally" appropriate, accessible and equitable care.

### **Section C – Priority Areas**

AHCWA considers the priority areas to be appropriate and suitable.

## **19. Priority area 1 – Mental health and wellbeing**

AHCWA recommends the following amendments:

- There should be an enhanced focus on the impact of alcohol and other drugs.
- There should be an enhanced focus on the prevention of self-harm.
- There should be an enhanced focus on improving the cultural appropriateness of the mental health sector.

## **21. Priority area 2 – Chronic disease and preventative health**

AHCWA recommends the following amendments:

- Recognition that the rate of cervical cancer is much higher among Aboriginal women compared to non-Aboriginal women.
- Ensuring consistency and clarity when using “preventive” and “preventative”. Given there is no distinct difference in meaning, we recommend using “preventative” throughout.
- Ensuring that all relevant actions and details identified are “culturally appropriate and secure”.
- Figure 1 on page 16, the following sentence be amended to “Education should support system navigation and self-management, facilitated by regular access to health system gateways such as *mainstream clinics*, *ACCHSs*, GPs and pharmacists.”

## **23. Priority area 3 – Sexual and reproductive health**

AHCWA recommends the following amendments:

- There should be an enhanced focus on teenage pregnancy.
- Breaking down of statistics regarding women’s pregnancy to provide a clearer understanding of the issue.
- Figure 2 on page 20 to mention and discuss the importance of birthing on country for Aboriginal women.
- Ensuring hospitals are providing women with information about contraception and other choices available to them.
- Including Aboriginal Community Controlled Health Services under all the other primary care services mentioned on page 21, figure 3.

## **25. Priority area 4 – Conditions where women are overrepresented**

AHCWA recommends the following amendments:

- More detail should be included regarding specific conditions identified in this topic.
- Figure 1 on page 22 the following paragraph be amended to “Equip the workforce, particularly *GPs and primary health care employees* and community health organisations with tools and *culturally appropriate education* to provide support and links to services..”.
- Figure 2 on page 23 should also include the impact of elder abuse.
- Consider reconstructing the paragraph in the second Action to provide a clear and concise summary.

- The terms “family and/or sexual violence” are distinct forms of violence. They should be separated and not used in conjunction with each other.
- Figure 3 on page 23 refers to “schools”. To improve clarity, this should be amended to “other educational facilities”. A definition of other educational facilities should be included.
- Figure 3 on page 23, the last paragraph in the “Detail” sections be amended to “support existing *effective* community-based models...”

## **27. Priority area 5 – Healthy ageing**

AHCWA recommends the following amendments:

- There should be detail regarding information about advanced care planning for patients.
- There should be detail regarding the need for aged care homes to become more culturally and family appropriate.
- Dementia is mentioned frequently throughout the Strategy. It should be made clear that it is an umbrella term for number of neurological conditions.
- A greater focus on the importance of basic dietary and nutritional requirements that are appropriate for this population.
- A recognition in figure 3 on page 25, of the need for aged care facilities to focus on developing engaging social events and assisting its Aboriginal population to return to Country for visits, to improve general wellbeing.
- There should be detail regarding End of Life decision-making, including support the individual’s family.

## **Section D – Research, partnerships and progress**

AHCWA recommends the following amendments:

- Figure 1 on page 26, the first sentence in the Detail section, should be reworded to “Draw on existing longitudinal studies to *enhance* the understanding of long-term trends in mental health”.
- There should be greater focus on how the research agenda is driven by communities, and not by researchers. This will improve our ability to close the gap in health care.

Furthermore, AHCWA has recently developed a nation-first Western Australia Aboriginal Youth Health Strategy 2018-2023. The Strategy is the result of statewide consultations with Aboriginal children and young people, and the services that support them. The Strategy is underpinned by a detailed literature review. We strongly recommend that any approaches regarding young Aboriginal females, be guided by this Strategy.

## **Section E – Overall comments**

AHCWA welcomes the commitment made by the Commonwealth Government to develop a National Women’s Health Strategy 2020-2030.

However, WA ACCHSs continue to see a paucity of culturally appropriate services for Aboriginal women. Particularly programs that address the social determinants of health, and fundamentally focus upon early intervention and prevention.

Whilst the principles and priorities of the Strategy are satisfactory, we require a marked shift in funding towards culturally appropriate, community-led, best-practice holistic interventions for Aboriginal women. The draft Strategy does not address this appropriately.

To improve the health of Aboriginal women, AHCWA recommends the Commonwealth Government:

1. Develop a specific National Aboriginal Women's Health Strategy to accompany this Strategy. The specific Strategy would outline specific targets and implementation strategies.
2. Significantly increase funding for programs that address the social determinants leading to the gap in health outcomes between non-Aboriginal and Aboriginal women.

And as recommended in the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* and the accompanying *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*:

3. Significantly increase funding for Aboriginal women's health programs in Western Australia, including dedicated Women's spaces across ACCHSs.
4. Ensure the involvement of the WA ACCHSs Sector in the delivery of programs to Aboriginal women.

*The Aboriginal Health Council of Western Australia advocates on behalf of 22 Aboriginal Medical Services in Western Australia, to ensure that the health needs of the State's communities are represented at all levels.*