Consumers Health
Forum OF Australia

SUBMISSION

National Women's Health Strategy 2020-2030: Consultation Draft

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Contents

Introduction..4
Key Considerations...4
Conclusion..7

Introduction

Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health care consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. CHF appreciates the opportunity to provide a submission in response to the *National Women's Health Strategy 2020-2030: consultation draft* (the Strategy).

CHF welcomes the development of the Strategy and support the five priority areas identified. Our response addresses key considerations from the consultation questions, with a focus on the structure; priority area 4: conditions where women are overrepresented; priority area 5: healthy ageing; research and partnerships.

Key Considerations

The Structure of the Strategy: is the overall structure of the Strategy appropriate and easy to follow?

The overall structure of the Strategy is appropriate however CHF believe there is room for improvement to make it easier for readers to follow.

We noticed some inconsistencies throughout the priority areas of the Strategy. Priority areas 1-3 and 5, outline 'what's working well' and 'what needs more attention'. This was easy to follow and allowed the reader to quickly understand current gaps in that area of focus. Priority 4 however seems to have a different structure. While we recognise priority area 4 is covering two different 'conditions', we do see value in keeping the structure consistent throughout to make the Strategy easier to follow.

Furthermore, in each priority area that does outline 'what needs more attention', CHF believe the order in which they are mentioned should also be reflected in the order of actions listed. For example: priority area 5 states under the title "what needs more attention" highlights Aboriginal and Torres Strait Islander women are living 10 years less than non-Indigenous women, yet the first action is not specifically targeting this population.

Adequate context and background for the Strategy: is there anything missing or anything that should be changed?

Life Course Approach: CHF were surprised to find that the Australian longitudinal study on Women's Health[1] was not referenced in this section. This research is relevant, and the findings should be drawn upon in this section of the Strategy.

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[1] Australian Longitudinal Study on Women's Health, *Study Overview*, accessed 30 October 2018, https://www.alswh.org.au/

Strategy blueprint, Policy principles and Strategy objectives: Do these sections adequately frame the approach for, and intent of, the Strategy?

Overall, CHF believe the Strategy blueprint, Policy principles and Strategy objectives adequately frame the approach for, and intent of, the Strategy. However, we recommended the following:

Strategy blueprint

- The purpose states "continue to improve the health and wellbeing of all women and girls in Australia, providing appropriate, accessible and equitable care**, especially for those at the greatest risk of poor health".** Given the focus is "especially for those at greatest risk of poor health", that the policy principle 2 "Health equity between women" should be made policy principle 1 to reflect this as the priority.
- Furthermore, the Strategy blueprint could be made easier to navigate if each key priority is numbered accordingly, as done throughout the priority area sections throughout the Strategy.

Priority Area 4: Conditions where women are overrepresented Is anything missing, or should anything be changed?

We were concerned to see family and intimate partner violence and sexual violence referred to as a 'condition'. CHF believe this should be reworded appropriately, for example:

*"**Health issues arising** from family and intimate partner violence and sexual violence".*

Furthermore, under the third key priority area it states, "provide schools with easily accessible information about available services **for students at risk** of developing eating disorders". We wonder who and how someone determines who is at risk as this is not always obvious. CHF believe this information should be available **for all students**, particularly women and girls identified as "at risk".

Under key priority 2, we support the approach of using ordinary women and girls as advocates for their peers. We strongly believe this approach, including co-design should be embedded throughout the Strategy, particularly given "above all, action must be driven and owned by women", page 28. Within Priority Area 4, this could be reflected in the third key priority where women and girls with lived experience could "develop and deliver resources to be used in family and institutional settings to raise awareness of the risk factors and symptoms".

Finally, CHF recognise the importance to support existing community-based models for prevention and early intervention however these services need to be both affordable and accessible.

Priority Area 5: Healthy Ageing Is anything missing, or should anything be changed?

Under the title, 'what needs more attention', it highlights that Aboriginal and Torres Strait Islander women are living 10 years less than non-Indigenous yet what is this priority area doing to address this? Despite this significant gap in life expectancy, there are only two actions

specifically targeting Aboriginal and Torres Strait Islander women including neurodegenerative disorders and **non-fatal** burden of disease such as improving access to dental services for priority populations. While these are important areas to focus on, CHF believe more needs to be done to address this significant gap in life expectancy, particularly given this has been identified as an area that needs more attention. For example, the first action listed, "Build awareness that health ageing starts with young Australian women and girls to embed a preventative and health promotion approach through life", the detail should include a point specifically targeting Aboriginal and Torres Strait Islander women.

Furthermore, some of the 'action' statements are too vague and reflect a statement. For example, the words '**acknowledge'** and **'recognise'** are used throughout this priority area. It is easy to acknowledge something and do nothing about it. CHF recommends replacing these words with more powerful verbs, such as '**enable**' or '**build awareness'**. Also, we recommended reviewing the following as they reflect statements, not actions:

- "Through all stages of the life course, it is important to reduce stigma and normalise the conversation about aging as well as support whole-of-life preventative approaches that embrace wellness and self-care."
- "Coronary heart disease and conditions arising from shared risk factors."

Furthermore, we suggest rewording the second last action listed under the third key priority to "Encourage increased physical and social interactions and recognise loneliness experiences by older Australians as a key issue".

Finally, we suggest to re-think the word 'impact' as used in the third key priority, "Better manage the **impact** of an ageing population" as it sounds like this is a burden.

Overall, CHF recommend reviewing this priority area to ensure areas that need more attention are addressed and that all actions are actionable and not simply statements.

Research, Partnerships and Progress: Is anything missing, or should anything be changed?

CHF believe it is not only important to "draw on existing longitudinal studies" but to continue to fund this type of research into the future as they are an effective method in determining variable patterns over a long period of time.

Strengthening partnerships: does this section adequately outline that strong partnerships, between government, patient advocates, healthcare professionals and industry are necessary to implement the actions identified in the Strategy?

This section highlights that strong and continued collaboration is required between the health sector, government, **women and girls, their families, carers and advocates.** Yet women and girls are **not** mentioned as required partners for this strategy? While we recognise that co-design is mentioned sporadically throughout the strategy, CHF strongly believe it is also important to recognise women and girls as partners, particularly given the strategy emphasises the importance of collaborating with them. This section goes on to say, "above all, action must be **driven and owned by women**. CHF do not believe this approach is

adequately reflected. If this is the approach the strategy will be implementing, co-design needs to form the foundation of the strategy, women and girls need to be listed as partners, to avoid "collaboration" and "action driven and owned by women" simply being tokenistic.

Additional comments

CHF noticed there is an error on page 29 of the Strategy:

> *"In addition, regular reporting on health outcomes for women will enable the community to appreciate the extent to which the actions are contributing to its ultimate goal of improving the health and wellbeing of Australian women and girls. Regular reporting will enable the community to appreciate the extent to which the actions are contributing to its goals of improving the health and wellbeing of all women and girls in Australia".*

CHF recommend removing the second sentence from the Strategy as it is unnecessary and repetitive.

Conclusion

CHF acknowledge the hard work that has gone into the development of the draft Strategy and appreciate the opportunity to provide feedback on the draft Strategy. Overall, we recommend:

- Ensure the overall structure of the Strategy is consistent to ensure it is easier for readers to understand and follow.
- Ensure priority population groups / priority areas that need more attention, are reflected as a priority (listed in order of urgency) through the actions listed.
- Some actions were simply statements. Words such as 'acknowledge' and 'recognise' should be replaced with more powerful verbs such as 'enable' and 'build awareness'.
- Family, intimate partner and sexual violence should not be referred to as a 'condition'.
- Co-design should be embedded throughout the Strategy, rather than sporadically mentioned, particularly given the Strategy states, "above all, action must be driven and owned by women".
- Women and girls need to be listed as partners, and co-design be embedded throughout the Strategy to ensure collaboration and 'action driven and owned by women' is not simply tokenistic.