Women's Health Taskforce

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STAKEHOLDER ENGAGEMENT FORUM

A discussion on Priority Actions for Women's Health

Co-hosted by the Department of Health and the National Women's Council of Ireland on behalf of the Women's Health Taskforce

6th February 2020

An Roinn Sláinte
Department of Health

Representatives from health, women's & other civil society groups came together to discuss priority actions for Women's Health in Ireland

The purpose of this forum was to:

- Share information on the work of the Women's Health Taskforce to date
- Get feedback from stakeholders on the progress of the Women's Health Taskforce
- Learn from stakeholders about what is working well now for the women they represent
- Listen to experiences and ideas that will help shape the work of the taskforce going forward

Attendees:

Over 60 members of the National Women's Council of Ireland attended along with members of the Women's Health Taskforce and other staff from various units within the Department of Health.

Participants considered "If I could make one change to improve women's and girl's health in Ireland it would be…"

Access to and Improved Services
- Equal access to world class healthcare services that are inclusive of all women at all stages of life.
- Access guarantees to services, and consistency of services across regions.
- Improve access to gynaecology services.
- Training for GPs.
- Comprehensive analysis of needs at all stages of life.

Self Care & Exercise
- To get them to stop smoking.
- To promote the importance of exercise.

Mental Health
- Improve community Mental Health supports.

Education
- Improve school education and interventions for girls. School Nurses – Access to health advice.
- Encourage healthy balanced diet & education through schools & media.
- Full factual sex & menstrual education in schools for girls & boys.
- Comprehensive health education from childhood – Period, sexual education.
- Improved education & empowered decision making in healthcare.
- Endometriosis information campaigns.

Remove Stigma
- Remove the stigma and taboos surrounding women's health issues and concerns particularly post-natal chronic issues.

Waiting Times
- Reduction in waitlist times for mental health services - HSE Psychology.
- Address waiting lists for screening / diagnostics and psychological services.
- Reduce Gynae waiting list times.
- To integrate services better to reduce waiting times.

Menopause
- Improve professional awareness & approach.
- Support in Workplace for menopause.
- Change the predominantly negative story.
- Menopause awareness & training in the medical area.
- Targeted services for women in menopause.
- Acknowledging that the timing typically coincides with peak work & family stress.
- GP training, support services & research below par.

Marginalised Groups
- To make traveller women's health a priority. Equality of access to health services & positive experiences of these services for all Traveller women & girls.
- More support for women who are homeless and becoming mothers.

Taskforce Leads welcomed attendees and provided an overview of the work of the Taskforce so far

- The purpose of the Taskforce is to improve women's health outcomes and experiences of healthcare

- Peggy Maguire, Director General European Institute for Women's Health, Co-Chair of Women's Health Taskforce emphasised that Ireland can be a leader on women's health in an international context

- Orla O'Connor, Director of National Women's Council of Ireland & Taskforce Member welcomed members of the NWCI to this partnership approach to improving women's health

- Cliona Loughnane, Women's Health Co-Ordinator NWCI & Taskforce Member shared the evidence base for women's health

- Rhona Gaynor, Dept. of Health Women's Health Lead explained that the Taskforce is developing a two-year rolling Women's Health Action Programme engaging stakeholders through multiple channels

- Cliona and Rhona's presentations are available on the Women's Health Taskforce webpage

So what are the biggest opportunities in the next 2 years to make the biggest positive change?

Small groups of participants discussed this question with a focus on **4 key areas**:

Factors that influence Women's Health

Biological factors, Socio-economic factors, Participation in, experience of and satisfaction with health services, Participation in, experience of health and satisfaction with health services as advocates when acting as principal care-giver

Women in all groups

Urban/Rural, Women who are Carers, Women Living in Poverty, Women with a Disability, Traveller and Roma Women, Mothers/Non-mothers etc.

Women & girls in all stages of life

0-12, 13-25, 25-50, 50-65, 65+

Women in all settings

Home & Self Management, Community/Social Networks, Secondary/Acute/Specialist Services, Primary Care Services, Online

What are the biggest opportunities in the next 2 years to make the biggest positive change to factors that influence women's health?

Participants told us…

What are the big issues to work on?

- Stigma and prejudice
- Religion is still a factor in provision of services
- Alcohol
- Menstrual education
- Perinatal mental health
- Sexual violence and gender-based violence
- Lack of clinical knowledge/inclusion in research
- Dismissal of women's pain
- Lack of understanding of how men and women react to stress
- Cervical cancer rates increased in deprived areas and groups
- Paternalism in delivery of health services
- Women's constitutional role as care-givers, needs to be re-examined
- Supports to women in an caring role
- Impacts of digital/social media/online forums on mental health/physical health
- Insufficient resources
- Universal access to contraception
- Unequal access to services based on geography and ability to pay
- Breast Cancer and menopause linked, medically induced menopause
- Confusion around what is available and where
- Bed availability in maternity services
- Lack of support for carers of people with disabilities
- Lack of access to a female GP

What brilliant ideas and initiatives can we build on?

- Focus on listening and use the community structures that are available.
- Menstrual Education - See New Zealand & Australia education system
- Close diagnostic Gap
- Curriculum NCPE, Sex Education
- Perinatal Mental Health – "Enjoy your Baby" programme
- Sexual Violence – DRCC developing a programme (needs support)
- Education in Women's Health for clinicians
- BRCA – e.g. gynae & oncol clinics to provide access
- Opportunity to change the culture around women's health
- HPV vaccine campaign
- Information/education of women and girl's on their anatomy and health at all stages of life starts in secondary school
- More research and education
- Gerry Kelly centre in Drogheda (Cancer).
- Empowerment of women, hope
- Services that support women's specific & intersecting needs
- Improve trust in services
- Better access to affordable childcare
- Outreach clinics in rural areas
- Language training to allow assist migrants access jobs
- Mobile screening clinics

What are the biggest opportunities in the next 2 years to make the biggest positive change to women in all groups?

Participants told us…

What are the big issues to work on?

- Individuals who are disabled who reside in institutions
- Cultural barriers, culturally appropriate services
- Literacy
- Education and information
- Strengthen the structures that are there
- Name groups specifically in policy and programmes – e.g. "Pavee Mothers"
- Older Women
- Isolation
- Women experiencing fertility challenges
- Girls and young women in care (and after care),
- LGBTQI
- Women in homelessness
- Women with addiction issues
- Victims of sexual or domestic abuse
- Incarcerated women –access to healthcare
- Urban/rural - access to transport
- Supports for carers
- Disability - ISL/Braille provision, healthworker awareness
- Traveler and Roma- mental health, menopause, lack of trust
- Multifaceted needs of many women
- Prove that services are engagement-friendly
- Be careful with language
- Women in prostitution
- Travellers - 1% of the population, but 20% of the prison population
- Women in Poverty - Limited access to Care, affordability

What brilliant ideas and initiatives can we build on?

- Ambulatory care clinics
- Primary care and linkages to other settings
- Pavee pregnancy – website
- Work of voluntary organisations
- BelongTo toolkits and training (accredited) can be adapted to other groups of women e.g. migrant women.
- Patient support groups - Policy makers could tap into this expertise more. E.g. NISIG (infertility)
- Women experiencing trauma - international models, e.g. US ACES model, adapted for the Irish context, Irish evidence
- UN CRPD opportunity to increase awareness of disability
- Aware online Cognitive Behavioural Therapy programme Europa Donna have a secret Facebook group –breast cancer
- Care to drive – lifts to hospital
- Poverty – philanthropy, breakfast clubs in schools
- Social prescribing for mental health issues
- Ask representative groups to come together with a unified voice and prioritise. Too many bodies (tribal) – not viable. SafetyNet model for homeless women
- Irish Prison Service training on ethnicity
- For specific groups -work with the support groups, through primary health and dedicated support services.
- National Traveller Action Plan
- Support for women, not just babies in 6-week check-up.
- Students, Migrant, LGBTQI, Women in DP - access to specific services
- Migrant women – listening to women's needs & research done

What are the biggest opportunities in the next 2 years to make the biggest positive change to women in all stages of life?

Participants told us…

What are the big issues to work on?

- Pregnancy
- Incontinence throughout life
- Sláintecare based on need, don't understand women's needs
- Early access to diagnosis
- Stigma of reproductive health
- Wait times
- Physical activity and bone health across life – e.g. mandatory in schools
- National service gender identity and trans gender issues.
- 0-12 & 13-25 –emerging issues with mental health
- 13-25 – experience of sexual violence, The fall-off in physical activity in teenage girls
- 13-25 & 25-50 - Impact of social media and online forums
- All age groups – Gynaecological services
- 65+ - Isolation and frailty
- Lack of chronic disease awareness and management across the lifespan.
- All life: Mental Health across lifespan. Link between physical and mental health
- Resilience came up across all ages.
- Access to chronic disease management services
- Preventative exercises to start earlier through engagement
- Menopause - perimenopause not taught in sex-ed, little info on services around menopause, medication for women in menopause too prevalent

What brilliant ideas and initiatives can we build on?

- 'Check-list' for each stage of life
- Women's Health Library
- Patient Support Groups (e.g. Endo Ireland)
- Health education is gender sensitive for all clinicians
- Self-Management Programmes – see e.g. diabetes
- 'Holistic toolkit" for health professionals e.g. PHN that covers everything from breastfeeding to bone health.
- Initiatives should focus on age-specific (almost guaranteed) life events e.g. fertility, caring roles, bereavement etc.)
- 0-12 Gender equality training, start early for boys and girls.
- 0-12 & 13-25 – Better sex education, earlier, standardised, focus on interpersonal relationships not just biological,
- 13-25 – Understand the effects of sexual violence, and women's experience of sexual harassment, including online, key intervention time. Education on "age proofing their bodies" – fitness, nutrition
- 25-50: Baseline screening tests to determine what is normal for the individual
- 65+ Access to education
- Personalised breast screening
- Making every contact count is a positive start
- More info & education around Mental Health
- Education: in school, more comprehensive sex-ed including menopause & endometriosis
- More research on women's mental health across lifespan
- More options around social and physical interventions
- Nutrition education should begin early

What are the biggest opportunities in the next 2 years to make the biggest positive change to women in all settings?

Participants told us…

What are the big issues to work on?

- Standardised educational resource that can be delivered in multiple settings.
- Early education, prevention and management
- Lack of sensitivity/awareness of how to broach issues.
- Population health approach
- Current education system is a challenge for women who have children with additional needs
- Specific women focussed research to inform decision-making
- Healthcare professional training on gender-specific issues
- Community/Social Networks - Women without a particular group can feel marginalised, particularly older women.
- Online forums and social and digital media can be a trigger for mental health issues/self-harm, sexual harassment
- Supports have to happen in the community
- Lack of services to support menopause, no GP training on Menopause
- ICT in hospitals/GP practices is inadequate – the data needs to follow the patient.
- Lack of supports for aging in the workplace
- For any setting to work, must be resourced sufficiently
- Outreach/inreach of each setting could be improved – adopt a multi-agency approach.
- Eligibility and criteria for access.
- Girls dropping out of sport. Accessibility of sport
- After cancer treatment, confusion about where to get support.
- Social media training
- Access to services (specialists)
- Lack of access to female GPs in rural areas

What brilliant ideas and initiatives can we build on?

- Community workshops on women's health nationwide.
- Take a cross agency trauma informed approach
- Cultural competencies programme -healthcare professionals
- Piloting policy ideas/services and learning
- **Community/Social Networks –** Replicate good networks, like breastfeeding. Men's and women's sheds. Pavee Point is a great example. Increase awareness of existing local initiatives. National Collective for Women has adopted a multiagency approach to outreach and inreach. Menopause cafes, for empowerment, more options for activity
- **Online** - Our Path' NHS diabetes app, NHS 'Squeezee' app-prescribed GPs for pelvic floor. Social and digital media to disseminate information to support self-management
- **Secondary/Acute** - Provision of a central patient database, education on women's health issues for GPs, Practice nurses, specialist women's health providers (eg well woman), more PHNs + more services , PHNs should be HSE staff. ICT in hospitals/GP practices is inadequate, educate employers to enable them to support women in the workplace (e.g. periods, breastfeeding, menopause). Backup services after diagnosis / treatment of cancer
- **Primary Care** -Expand Lung cancer screening, Provide personalised screening, Sláintecare, Leaflets, websites updated regularly, module on Menopause for GPs, Better working arrangements for female GPs, Monthly clinics (rural), important role of social workers

So how can we best take forward the Taskforce's first 4 priority areas of action?

4 initial priority areas of action:

To improve support for women through menopause

To ensure effective approaches to mental health for women and girls

To improve gynaecological health for women and girls

To improve rate and level of physical activity for women and girls

We considered the following questions:

What's Working?

Who & What can we learn from?

How might different groups of Women experience this issue differently?

What else do we need to consider?

To improve support for women through menopause

Participants told us…

What's Working?

- Conversation and awareness
- Myth busting
- Women's groups
- Self-help sites/publications
- Women speaking openly
- GP supports for the physical- less so for the mental.
- Midlife women rock cafes- information, education, empower
- The Menopause Hub
- Bray Women's Health
- Dr Cathy Casey (Limerick)
- The Menopause counsellor – Diane Danzebrink
- Primary care is mixed
- Dr Deirdre Lundy

How might different groups of Women experience this issue differently?

- No standard experience- everyone experiences it differently
- Financial status / age impacts how you deal with menopause
- Non-mothers will experience it differently
- Other pressures to consider- own health needs get overlooked
- Surgical (Cancer induced menopause)
- Women harbouring a BRCA ½ mutation
- 80% experience symptoms - *45% moderate to severe*
- GMS patient access
- Premature ovarian insufficiency
- Rural access is poor
- Women with a history of pulmonary embolism
- Get stakeholders/ rep groups engaged and involved:
- Women in poverty, Migrant women Travelling/ Roma

Who & What can we Learn from?

- Cultural difference - respect for the menopause, celebrated
- Enhance health professional's understanding and response
- British menopause society well respected - Irish version needed
- Targeted campaigns – Education & Awareness in advance
- Learn from the successes of other initiatives like breast screening
- National Dexa scan (bone density)
- One stop shop for information
- Scotland Pausitivity campaign
- Northern Ireland BRCA: Gynae and breast combined unit
- Prof Martha Hicky – Menopause units (Australia)
- Dr. Christiana Northrup , Dr Louise Newson
- GP and other HCP Training (UK)
- Link with medical schools
- Work with Irish osteoporosis Society (1 in 2 women have osteo)
- Complimentary options
- Nurse practitioners
- Workplace support (UK)

What else do we need to consider?

- Welcoming women back to work post menopause is important
- Working women - need to facilitate retention
- How menopause is viewed Vs pregnancy
- Access to health supports covered by health insurers
- Enhance visibility of a positive menopause experience
- Personal Choice
- No clear advice on HRT use after prophylactic surgeries for BRCA
- HRT shortages
- Early intervention and education
- Get partners involved
- Dedicated menopause centres
- Education in secondary schools

To ensure effective approaches to mental health for women and girls - Participants told us…

What's Working?

- Economy of Wellbeing – Finland, New Zealand (Budget)
- HSE Perinatal Mental Health Model of Care
- Stigma Bursting – Mental Health Awareness
- HSE Public Patient Involvement – bring into mental health progs
- Women's Mental Health Network (NWCI, St. Patricks)
- Counselling in Primary Care – but issues about time limited
- Community Mothers – Longford
- Migrant Women – Community Groups – Access
- Greater Awareness
- Peer model – particularly in isolated communities / disability
- Start Programme

How might different groups of Women experience this issue differently?

- Groups connected by social deprivation – keep poverty lens
- Women in judicial service
- Middle aged women + suicide
- Migrant women and women in DP
- Young women – coercive control relationships
- Lone parents / carers – cant fit into terms of current progs.
- Traveller community - lack of trust in service. Suicide rate 5 times higher
- Women in active addiction (exposure to violence)
- Girls in care – exiting care
- Older women – longer life without family – dementia
- Rural Women – *Older, Isolate, Lack services, espc VAW*
- Homeless women
- Look at equality grounds – LGBTQI
- Women with disabilities & ID

Who & What can we Learn from?

- Outcomes models – international evidence
- Patient / person's outcomes – individualised care
- Digital Care in other countries Silvercloud CBT digital HSE
- Recruitment issues
- HSE Programme Mother & Baby
- Community Activities – by month
- UK Women's mental health Taskforce
- Traveller Mental Health Network & Traveller Organisations
- HSE Service user engagement – Engagement and recovery office (currently no gender)
- Trauma – informed approaches
- Learn about Mental Health de-stigmatisation from addiction
- Akidwa report women's mental health in DP
- VAW – Women's Aid,Too into You, Keep Appy
- Ethnic identifier needs to be standardised
- Voluntary Sector, Care Workers
- Social prescribing

What else do we need to consider?

- HSE Resources
- Women's engagement with services should pick-up issues
- Access – use of primary care pathway – standardised care
- Looking at intersection of other women's health issues (endo, menopause etc.)
- Resource of practice nurse - include Mental Health screening
- Collab across sectors, e.g. Violence against women
- Normalise mental health. As much a part of life a physical health.
- Listen to girls and women to understand
- Aware, Better Finglas, Enjoy your Baby – mums struggling to cope
- Prevention and support for victims of sexual violence

To improve gynaecological health for women and girls

Participants told us…

What's Working?

- Good community models in traveller women's health - need more
- Health information more readily available across different platforms.
- Media health literacy has greatly improved.
- St James' GUIDE Clinic – including (GUM) clinic for young people
- Specialist services for women in prostitution
- Patient advocacy for cervical screening in recent years.
- Patient advocacy groups working on the ground, often voluntary
- Primary care projects focussed on traveller women
- HPV Vaccine and extending to boys
- 8th Amendment – Broad discussion
- Awareness e.g. endometriosis
- Reduced shame & stigma
- Contraception Working Group & Access to Contraception
- Cervical Check steering committee
- Open disclosure
- Voices of Advocates & Women's Voices

Who & What can we Learn from?

- NICE guides (UK)
- Orgs with women experiencing services after policies implemented.
- Women themselves – "women are experts in their own health".
- Youth workers and frontline workers
- Accessible communication formats e.g. Instagram
- UN Convention on the Rights of Persons with Disabilities
- Community groups for marginalised women
- European partners in research
- Reliable evidence based information
- Research on access to contraception – Mid 2020
- FGM treatment service
- Centres for excellence for endometriosis – e.g. Tallaght
- Mayo Ambulatory Clinic – Roll out in 2020, Community Based
- Cancer Navigators
- Specialist aftercare clinics for gyne cancers - Dublin, Cork

How might different groups of Women experience this issue differently?

- Two-tier system – with no health insurance it can be difficult.
- Visibility of different groups a challenge e.g. women with disability.
- LBT women regularly told they don't need smear tests by GPs.
- Menopausal women report different experience depending on GP
- Women in prostitution experience different health impacts
- Cancer patients experience varying levels of psychological support.
- Recognise connection of oncology-gynae and general gynae health.
- Recognise link between ovarian cancer and BRCA (no register)
- Access to contraception – all ages
- NEEI women – Access to contraception – HPA, Well women, cost
- Health literacy support to speak up
- Pavee Mothers – pregnancy, sexual health awareness

What else do we need to consider?

- Women's sexual health is generally not given enough focus.
- Female sexual pleasure needs more open conversation.
- Need more sexual health clinics for young people nationally
- More focus on breaking down stereotypes is needed.
- RSE curriculum in schools needs updating esp.re LGBTQI issues.
- Breast reconstruction (post cancer) waiting lists are too long.
- Issues re. breast density to inform mammography policy and service delivery.
- HPV Screening – opportunity to educate around screening
- Community Gynaecology
- Self-Referral options
- Education – role for schools – Menstruation, reproduction
- Paternalistic Culture

To improve rate and level of physical activity for women and girls - Participants told us…

What's Working?

- Dragon Boat initiative for Breast Cancer Survivors
- Breast Health Day. Breast Cancer Month
- Women exercise classes in mosque (Clonskeagh)
- Schools (primary) prioritising P.E. for girls
- Women's Mini Marathon
- Visibility of Women's sport improved
- Moving Skirts (Bray) - Free dance classes on Thursday mornings
- Lot of paid opportunities to exercise (gyms, classes)
- Exercise equipment in parks
- Visibility of Health & Exercise
- Operation Transformation - Walking Groups for Women
- Charity Sports events e.g. Darkness into Light
- Park Runs movement
- 20x20 initiative for Women's Sport
- Emphasis on Everyday moving as opposed to exercise classes
- Age Action – positive initiative for older people

How might different groups of Women experience this issue differently?

- Economic pressures
- Lack of team sports for women over 25, Can be ageist
- "As a cancer survivor I realise the importance of exercise."
- Language barriers and Cultural barriers
- Lack of self-esteem (belief in physical ability)
- Can't have a stereotyped view of what "women's exercise" is in intervention.
- Think about how to incorporate physical activity into settings with vulnerable women e.g. homeless. Direct Provision
- How can we retain young girls in sport/physical activity?

Who & What can we Learn from?

- Role models (sport)
- Women and girls who challenge the stereotypes of fitness as feminine – mother, achiever
- Sonia O'Sullivan
- Scandinavia – Invest a lot in Physical education in Second Level
- Opportunity to bring into education curricula (TY)
- Southside Partnership – Blackrock office weekly walks
- "Men on the Move" but for women
- #ThisGirlCan movement in the UK
- Using physical activity as a form of engagement with clients
- Education of the importance of weight-bearing exercises
- Pelvic Floor App in the NHS
- Sanctuary Runners in Direct Provision Centres

What else do we need to consider?

- Investment in Women's sport
- Access to exercise facilities for those not in competitive sport.
- Sport / exercise for fun & wellbeing
- Not enough public swimming pools
- GP Awareness and Increased Pelvic Health Services
- Importance and place of patient advocacy in supporting policy development
- Importance of a multifaceted approach – root and branch
- Access to information on preventative benefits of exercise.
- Access to woman-centred exercise initiatives
- Reach out to women of all ages to join gyms/local exercise initiatives.
- Use Family Resource Centres to spread info on how physical activity interventions can be accessed.
- Sharing information about the importance of physical activity through non healthcare settings e.g. hairdressers, etc.

Before concluding "something I want the Taskforce to think more about is…."

Access to and Improved Services

- The geography of where women are in relation to access to services.
- Community based gynaecology services – not just ambulatory clinics.
- Women's health in primary care, Dublin well woman centre etc.
- Personalising healthcare.
- Aligning endometriosis care with emerging international best practice.
- Deeper inequalities for women with multiple needs.
- Inclusion and access to supportive services for all groups.
- BRCA mutations & hereditary cancer (Psych impact, integrated & model of care).

Education

- Education of women to ensure healthy lifestyle - physically and mentally.
- How to facilitate access to education / information.
- Educating from the ground up, exercise, communication.
- Better education for young women on their bodies & biological / gynaecological changes.

Self Care & Exercise

- Prevention - exercise, healthy eating.
- Language, literacy issues.
- Using exercise to prevent chronic disease.
- The importance of physical activity for women at all ages.
- How to engage young women to educate them to look after themselves into the future.
- The barriers to health and fitness that women experience including pre-post-natal care and education, namely pelvic floor health, physiotherapy and movement and exercise

Community & Voluntary Supports

- Work life balance and paternity leave.
- The voice of the community and voluntary sector.
- How to engage with voluntary organisations who work on women's issues – to draw in their experience to inform policy legislation etc.

Marginalised Groups

- Women in prison, pre-trial or serving short sentences, due to lack of mental health services and safe housing in community.
- Prison is being used as a place of refuge & respite for women.
- The voice of women experiencing homelessness, addiction & mental health issues.
- Include travellers in all aspects of info gathering. To be more culturally aware and appropriate.
- Physical exercise programmes for Muslim women (such as yoga, swimming).
- How stigma, prejudice and discrimination impact on groups of women's health outcomes and experiences of health services.

The Taskforce will develop an Action Programme starting with 5 initial action areas

A 2 Year (Rolling) Women's Health Action Programme

Phase 1 Sep – Dec 2019	Phase 2 Jan - Mar 2020	Phase 3 Apr - Jun 2020	Etc.
1 To listen to women and girls	2 To improve gynaecological health for women and girls	5 To ensure effective approaches to mental health for women and girls	Etc.
	3 To improve rate and level of physical activity for women and girls		
	4 To improve support for women through menopause		

How can you **help**?

- **Today – Thank you!**
- **Women's Health Weekly**
- **Information, evidence, research – what is working? what can we build on?**
- **Connecting us to the voice and experience of Women and Girls**
- **Staying in touch (and sharing the news)!**

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