Women’s Health Taskforce
The Women’s Health Taskforce

Second Meeting
Department of Health
31 October 2019
Taskforce members have started working on 6 preliminary areas before selecting priorities…

<table>
<thead>
<tr>
<th>Radical Listening</th>
<th>To include the voices of women in the Taskforce process and better understand women’s expectations and experiences of the health service.</th>
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<tbody>
<tr>
<td>Policy Platform</td>
<td>To map current policy impacting women’s health nationally and internationally</td>
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<tr>
<td>Leading the Way</td>
<td>To ensure that the Department has met all of its obligations and takes a leadership role with regard to gender equality internally</td>
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<tr>
<td>Women and Girls 0-25 Years</td>
<td>To understand health at each stage of the lifecycle to identify high priorities</td>
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<tr>
<td>Women 25-65 Years</td>
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<td>Women 65 + Years</td>
<td>To understand health at each stage of the lifecycle to identify high priorities</td>
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…the 6 groups shared their initial work and early insights

| Central Project Team | Women’s Health Weekly hosted speakers on urinary incontinence, perinatal, mental health, women with a disability.  
|• “If I could change one thing….“ 500+ responses, most frequent “to be heard”  
|• Meetings with WHO, Geneva with offers of support |
| Policy Platform | Implementation is critical  
|• Opportunity to explore a rights based approach  
|• Need analysis of equality budgeting  
|• Communication is essential |
| Leading the Way | Compare Dept. Health with wider Civil Service - How do we compare?  
|• HR policy essential e.g. flexibility and L&D e.g. unconscious bias  
|• Examine roles of women (leadership roles), men (participate ‘women’s issues’)  
|• Gender proofing policy |
| Women and Girls 0-25 Years | Policy must take account of gender differences across all areas  
|• Mental health crisis needs to be tackled  
|• Data is not disaggregated |
| Women 25-65 Years | Need to look at both reproductive and wider health picture  
|• How to reach ‘hard to reach’ groups?  
|• Lots of policies, need to measure their impact on this age group  
|• There is evidence for gender differences – e.g. cardiac care, mental health |
| Women 65 + Years | Support people to live at home for longer  
|• Prioritise uptake of physical activity  
|• Target social engagement and participation  
|• Active citizenship and empowerment |
Women are not a homogenous group. Three presenters shared their work with different groups of women with the Taskforce…

Ita Ward, Clinical Nurse Specialist – Health challenges faced by women in the Traveller community in Donegal

Dr. Deirdre Daly, TCD – Women as mothers

Caroline Munyi, Akidwa – Health challenges faced by migrant women
...helping Taskforce members to understand some key health challenges and experiences among these groups of women

<table>
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<tr>
<th>Women in the Traveller Community</th>
<th>Women as Mothers</th>
<th>Women in the Migrant Community</th>
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<tr>
<td>Important to listen directly to Traveller women</td>
<td>MAMMI - Maternal health and maternal morbidity study</td>
<td>Good experiences</td>
</tr>
<tr>
<td>Health problems occur earlier, lower life expectancy, mental distress &amp; risk factors for depression and suicide</td>
<td>A very difficult subject to talk openly about.</td>
<td>• Good relationship with GP</td>
</tr>
<tr>
<td>Low engagement with service providers</td>
<td>More questions about breastfeeding. These questions can sometimes feel like pressure questions.</td>
<td>• Good feedback of the health services</td>
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<td>Dependent on medication for very long periods</td>
<td>Differences between public and private care.</td>
<td>• Sharing experiences among women regarding the family planning services</td>
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<tr>
<td>In Donegal - avail of antenatal care but not antenatal education, high uptake of health screening service, access to primary care services is an issue</td>
<td>Is the profile of women studied reflective of the general population?</td>
<td>• Comprehensive counselling and information sharing on abortion</td>
</tr>
<tr>
<td>14 nurses designated to work with Travellers, only one ADPHN for Social Inclusion</td>
<td>Physical / Sexual abuse – about 6% experienced.</td>
<td>Challenges</td>
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<tr>
<td>Need data, multi-annual funding Peer-led education works</td>
<td>Hopefully this is a baseline to improve upon.</td>
<td>• Lack of understanding</td>
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<tr>
<td>Service providers - mandatory intercultural training and cultural competency works well</td>
<td></td>
<td>• Feeling misunderstood</td>
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Good experiences
- • Good relationship with GP
- • Good feedback of the health services
- • Sharing experiences among women regarding the family planning services
- • Comprehensive counselling and information sharing on abortion

Challenges
- • Lack of understanding
- • Feeling misunderstood
- • Miscommunication
- • Fear of the system – not knowing how to navigate
- • Impatience on the part of the health professionals
- • Mental Health Issues
- • Female Genital Mutilation
Planning is also underway for our **Radical Listening Exercise**

**What will be different?**

- We do lots of consultation but this will involve listening to women in a different way
- There may be a difference between what we want to know and what women want to tell us
- We need to draw on expertise and best practice in methods of radical listening
- We and other government Departments have some experience of excellent listening processes e.g. citizens’ assembly, we must align with Sláintecare plans for citizen engagement
- We must be open to what we hear
- We should used mixed methods including digital/analytics
- To change the Department’s behaviour our colleagues must be part of the listening process
- This will be an iterative process, we are starting a dialogue
Things we Liked (Green Team)
- Asking open questions is good
- Wide ranging cross section of women
- Very Ambitious
- Multi-channel approach will aid wide engagement

Constructive Criticism (Red Team)
- How will we reach out to all women?
- How will we manage expectations?
- How will we manage at risk people (referral protocol)?

Blue Sky Thinking (Blue Team)
- Are we engaging quickly enough? Could we be more digital faster?
- Utilise existing networks to connect to “Invisible Women”
- Utilise existing structures e.g. DCYA Youth Participation
Stepping back, Taskforce members considered whether we are going in the right direction.

September
Selecting initial focus areas

Are we Working in the Right Way?

October
Digging in, building a picture, forming a view

Are we Working on the Right Things?

Today
Collating work, Refining & redirecting

December
Decide first action areas for Jan – Mar 2020

- Time Commitment challenging but very positive overall
- How do we bring all the information together?

- All good but are we missing something fundamental?
- Exploratory focus great.

- A lot of informal crossover is great.
- Some duplication.
- Should marginalisation be treated separately?

- Too broad, need to prioritise.
- Process great, love engagement.
- Could we emphasize prevention and wellbeing?
- Scale.

- Huge positives.
- Need to connect cross streams.
- Time and co-ordination challenging, although clear strengths to approach.
The Co-Chairs gave Taskforce members **some advice** as they proceed with their work

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<tr>
<th>What we like so far…</th>
<th>We are wondering about…</th>
<th>We need to see more of…</th>
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<tbody>
<tr>
<td>Sláintecare emphasis</td>
<td>Are we overly medicalising our understanding of women’s health?</td>
<td>Ideas that focus on empowerment of women</td>
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<tr>
<td>Recognising gaps in and between policies</td>
<td>Are we drawn to a hospital focus – could we build in a stronger community focus</td>
<td>Looking at policy as a whole and ensuring policy coherence</td>
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<tr>
<td>Equity and prevention focus</td>
<td>Do we know enough about existing policy – is it implemented? What impact has it had?</td>
<td>Cross-governmental and public health approach</td>
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<tr>
<td>Focus on evaluation</td>
<td>Should we have one policy covering all of women’s health?</td>
<td>Focus on implementation (and culture of implementation)</td>
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<td>Capacity for policy mapping</td>
<td></td>
<td>Disaggregated data</td>
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<td>Good stakeholder engagement (65+ and young people 0-25 years)</td>
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<td>Achievable targets</td>
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<td>Leading the Way approach</td>
<td></td>
<td>A framework that balances rights with costs and benefits</td>
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<td>Life-course approach</td>
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<td>Distinct gender experience relation to others – make sure we’re looking at women’s health not whole population health</td>
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<td>Focus on social determinants</td>
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<td>Lots of work done – well done!</td>
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Homework for the Taskforce

- Continue working in 6 groups – work towards refining our understanding of key issues for each cohort to support identification of **priority areas**
- **Continue fieldwork** – make sure you are talking to stakeholders directly – these conversations will be focus of feedback at next meeting
- Department of Health members of the Taskforce are committing **4 days a month**
- The next meeting of the Taskforce will take place on **Tuesday 10th December**
- Share speaker suggestions for **Women’s Health Weekly**
Keep in Touch

- **Email**: Womenshealthtaskforce@health.gov.ie
- **Social Media**: #womenshealthIRL