Women’s Health Taskforce
The Women’s Health Taskforce

Third Meeting
10 December 2019
The purpose of the third meeting was to prioritise areas for action to be taken forward by the Women’s Health Taskforce in Q1 2020.

**Action Development**

1. Radical Listening Exercise
2. Mailbox and 1:1 Contact
3. Maximising Digital Opportunities
4. Maximising Policy Opportunities
5. Organising Meetings, Workshops on Key Issues
6. Maximising International Learning

**Listening and Engaging**

- Action 1: Radical Listening
- Actions 2, 3, 4 selected
- Actions 2, 3, 4 finalised
- Actions 5, 6, 7 selected
- Actions 5, 6, 7 finalised
- Actions 8, 9, 10 selected
- Actions 8, 9, 10 finalised
- Year 1 Review
Four presenters shared their work with the Taskforce, helping members to understand some of the latest data on women’s health.

| National Inpatient Experience Surveys  
Tracy O’Carroll, HIQA | HSE response to NPES  
June Boulger, HSE | Growing up in Ireland  
Aisling Murray, ESRI | Healthy Ireland Survey 2019  
Fiona Mansergh, DoH |
|---|---|---|---|
| Established in 2019 to encourage people to share their experiences of care and to use this information to improve the quality and safety of care services  
- Overall experience ratings for women were lower than men between 2017-2019  
- Overall experience was rated lower by younger participants  
- Overall experience was rated lower by women in all age groups  
Additional qualitative data is gathered through three free text questions  
A National Maternity Experience Survey will commence in 2020 | Responding to the findings of the National Inpatient Survey the HSE is focusing on  
- empowerment for women  
- cultural shift – paternalistic to partnership approach  

Staff are being trained to enhance their communication skills through the National Healthcare Communication Programme which focuses on patient empowerment and advocacy in healthcare | GUI collects physical and mental health data at multiple time-points between 9 months and 20 years (using two cohorts)  

All data can be classified by gender  
Females tend to fare worse on indicators of obesity and mental health, and this gap appears to widen with age  

Data are freely available to researchers; although some detail requires permission from the CSO  

Data from the most recent 20 year phase will be available in Spring 2020 | • Female smokers: 21% in 2015, 16% in 2019  
• 38% of women meet the adult NPAG, vs 54% of men  
• At the 15-24 age group, there is a 20% difference between women and men; 51% - 71%  
• Only 13% of children meet the children’s NPAG  
• 55% of women are overweight or obese  
• Obesity peaks for both genders in the 55-64 age range, with 70% of women and 82% of men overweight or obese  
• COSI, 2015, found that 30% of 3rd class girls were overweight or obese. |
Since September, Taskforce members have carried out extensive research and consultation to identify key issues in women’s health

The Taskforce has:

- Heard 15 presentations from experts through Women’s Health Weekly
- Posted 7 short videos online with key messages from WHW
- Heard 12 additional expert presentations at Taskforce meetings
- Reviewed the evidence base on women’s health outcomes
- Heard from 65+ women through the Taskforce mailbox
- Heard from 500+ women through our online engagement
- Engaged with 35+ additional stakeholders through 6 workstreams
- Engaged with colleagues in the World Health Organisation on a range of women’s health issues
- Engaged with members of the European Parliament and European agencies
- Engaged with colleagues in other Government Departments
The Women’s Health Taskforce received 500+ responses online.

“If I could make one change to improve health outcomes for women and girls in Ireland it would be…”
Together members reviewed more than 90 women’s health issues which have been identified as important.

<table>
<thead>
<tr>
<th>Health Category</th>
<th>Issues identified included…</th>
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<tbody>
<tr>
<td>Mental Health</td>
<td>Self-harm among younger women, stress, anxiety, depression, dementia, pain management, bullying, social isolation among older women +</td>
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<tr>
<td>Physical Health</td>
<td>Frailty, cardiovascular disease, urinary incontinence, menopause, obesity, female-specific cancers, bone health, palliative care +</td>
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<tr>
<td>Reproductive/ Maternal Health</td>
<td>Pregnancy preparation, gynaecological health, child/adolescent gynaecological health, consent, breastfeeding support, endometriosis, fertility treatment +</td>
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<tr>
<td>Culture of Care</td>
<td>To feel heard, outstanding issues with health services, empower women, elder abuse and safeguarding +</td>
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<td>Community, Education, Income, Status</td>
<td>Lower access to services, parenting support, homecare and nursing home access, transport to care, period poverty, membership of specific disadvantaged groups +</td>
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<tr>
<td>Equality, fairness, society</td>
<td>Stress associated with life roles, impact of caring roles, support research on women’s health, lack of disaggregated data, better childcare, gender-based violence +</td>
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Each issue was discussed and members identified **4 areas for action to be prioritised in Q1 2020. Other issues will be prioritised later in 2020**

<table>
<thead>
<tr>
<th>Area for Action</th>
<th>Description</th>
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<tr>
<td>Improve services for Gynaecological Health</td>
<td>There are long waiting lists for general gynaecological services, pathways may be unclear or hard to navigate, lack of access to services for specific issues (e.g. endometriosis), need for appropriate clinicians for different conditions, lack of gynae specific services, and services for children/adolescents.</td>
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<tr>
<td>Increase Physical Activity among women and girls</td>
<td>A low level of physical activity is a risk factor for a range of illnesses affecting women and girls across the lifespan. Low rates of physical activity particularly during adolescence. Physical activity delays ageing can combat/reverse frailty and can be helpful in reducing anxiety and depression.</td>
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<tr>
<td>Improve supports for Menopause</td>
<td>Menopause affects every woman, increasing in demographic terms, spectrum of support needed, appear to be few supports in place, direct symptoms and consequential health impacts apparent.</td>
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<tr>
<td>An Effective Approach to Mental Health for women and girls</td>
<td>The refreshed Vision for Change policy will provide the framework for services for mental health. The TF will ensure that mental health priorities are gender-sensitive, women’s mental health is specifically and sufficiently addressed in the implementation of the policy, and that equity to empower all mental health service users and their families is embedded and promoted in the approach</td>
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Taskforce members considered the available data, public appetite, service need and policy gaps to reach this decision.
Members agreed the work programme for the Women’s Health Taskforce for early 2020

- Project teams will develop actions to improve services and supports to gynaecological health, physical activity and menopause – 3 identified priority areas.

- A national radical listening exercise will launch in Q1 2020

- A project team will develop internal actions for DoH to lead the way on gender equality

- The taskforce will partner with the team producing A Vision for Change to ensure an effective approach to mental health for women and girls

- The Taskforce will continue their research and consultation to inform the prioritisation of additional areas for action later in 2020 - including those not included at this point

- Ongoing public and stakeholder engagement
Keep in Touch

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