Addressing Gender as a Social Determinant of Women's Health & Wellbeing

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Why Women's Health Matters

Dale Fisher Chief Executive
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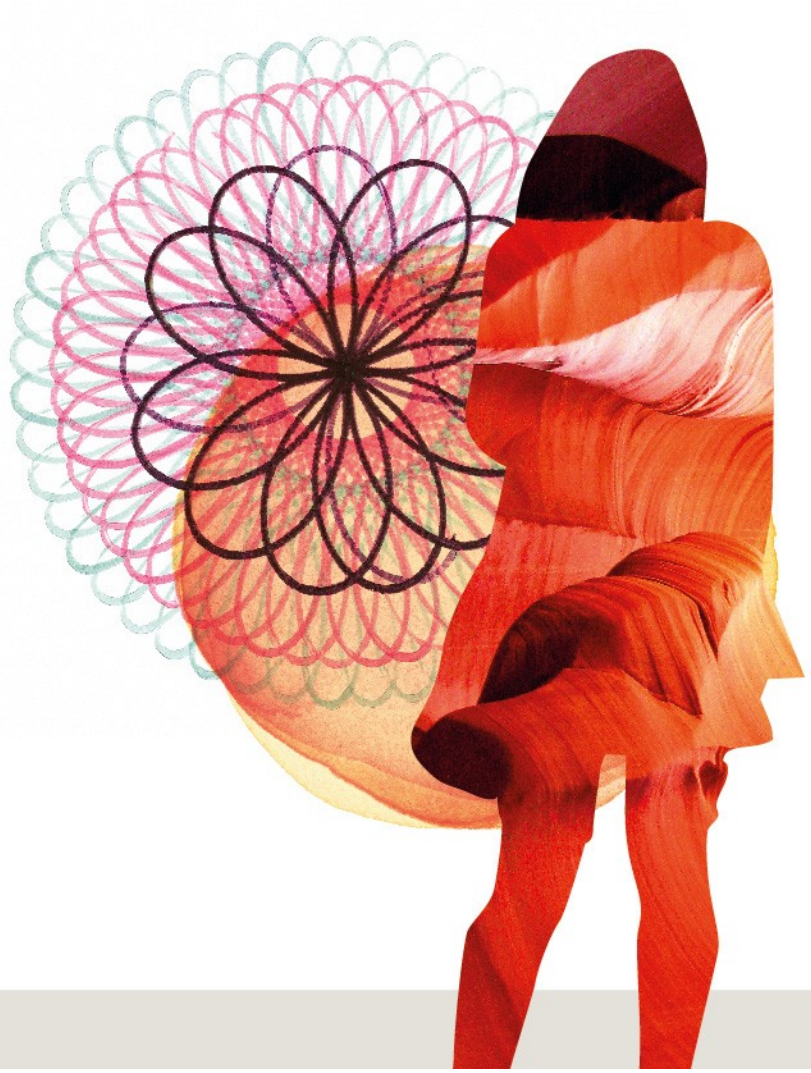

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The Women's

- Is a Health Service – not just a Hospital
- Is moving from a Mother and Baby Hospital to a comprehensive Women's Health service in order to support all stages of a woman's life
- Is Strategic about its Advocacy
- Wants to Redefine Innovation
- Demonstrate that Sex & Gender matters
- Uses a Population Health Approach

Why Population Health at the Women's

- We are a centre of excellence focussed on women and their babies
- We consider the social determinants of health
- Many women attend the Women's who are not ill – powerful time to influence behaviours
- Our business is structured around a population – women- and our goals include health not just illness
- We have a leadership role in innovation

Did you know?

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- Healthcare is designed for men and applied to women
- Universal lack of attention & funding to women's health & programs
- Most medical research does not take sex or gender into account

Consider this

- Only 1 in 4 women participate in drug trials in Australia
- Most medical research is conducted on male subjects

The consequence

- Women are likely to receive less health care interventions compared to men & have poorer outcomes for certain diseases e.g. heart

Sex & Gender Matter

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Women are biologically different from men – the **Sex** difference

- Women have different anatomy, physiology, hormones & genetics to men
- Some health issues affect women exclusively, and some health issues are more prevalent in women
- Women and men are affected differently by diseases
- Women respond differently to some medicines

Sex and Gender Matter

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Women are positioned differently in society from men - the **Gender** difference

Women are more likely than men to have

- Higher levels of socioeconomic disadvantage and poverty
- Lower income and lower participation in the paid workforce
- Higher exposure to discrimination and harassment, intimate partner and sexual violence
- Burden of caring responsibilities

Sex & gender differences have a profound impact on health & wellbeing

The Women's Social Model of Health

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Moving beyond the Biomedical Model

- Recognition of the broad social, economic & environmental determinants of health & illness (e.g. area disadvantage, housing, income, lifestyle)
- The importance of health promotion & disease prevention (1.5% discretionary spend at the Women's)
- The importance of working with sectors outside of health (justice, education, human services, women's & community centres)
- The value of community participation in decision-making
- Equity is not a vision it is a responsibility

A Life Course Approach within the Social Model of Health

- Women have different needs at different periods during life
- Our aim (consistent with National Women's Health Policy) is to prevent the accumulation of risk factors that lead to poorer health
- Key transition points in a woman's life:
  - Young women
  - Pregnancy and by extension a child's early years
  - Mid life
  - Older women (The later years)

Young Women

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Young women

- Period of rapid emotional, physical and intellectual change
- Face different health challenges to young men and to other women
- Biological – they are mostly healthy
- Gender – Social environment & behaviours impact on current and future health

Key Issues for Young Women

The Metrics

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- Personal safety/ violence: over-represented as victims of abuse, sexual assault, sexual exploitation & family violence. 68% have been bullied.
- Mental health: anxiety & stress, depression, suicidal thoughts & self harm
- Sexual and reproductive health: 33% sexually active aged ≤ 14 years; chlamydia most common STI among young people; more likely to talk to friends (68%) before GP (49%); proportion of pregnancies terminated ~50%
- Behaviours: smoking, alcohol and drugs, unprotected sex
- Body image: number one concern for young women; 38% are 'intermediate' or 'extreme' dieters; 31% overweight or obese and rising

Young Women's Strategy

- Our aim is to genuinely **engage** with young women to inform our work
- **Redesign** our Services
  - Age sensitive & targeted to meet the health issues young women face
- **Information** – the digital revolution is NOW
- A **power** shift
  - Evidence **informed** health information from a trusted source
  - **Accessible** in modes that young women are most likely to use
  - **Preventative** health care
  - Better informed health management decisions **by young women themselves**

Young Women's Strategy

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Phase 1 (completed)

- Maternity model of care for young women
- Pilot engagement with young women

Phase 2 (underway)

- Sexual and reproductive health
  - MOU between the Women's, Family Planning Victoria and Women's Health Victoria; focus is on preventing unplanned pregnancies
  - Improved sexual and reproductive health services at the Women's
  - The Women's @ regional
  - Engagement with young women for specific streams of work

Young Pregnant Women

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Socially complex

- Lower Body Mass Index (BMI)
- More likely to smoke during pregnancy
- Lower levels of education & socioeconomic status
- Mental health issues – pre-existing and post-birth
- More likely to be a single parent

Poorer outcomes for babies

- Low birth weight
- Admission to Neonatal Intensive and Special Care Unit
- Formula feeding
- At risk group for attachment and parenting issues

Young Women's Maternity Model of Care – the review

- Engagement with young women who have had a baby at the Women's
  - Non-judgemental support
  - More consistency with carers and the information they receive
- Literature review and review of models elsewhere
  - Few models provide specific adolescent services throughout pregnancy, birth and after having the baby
- Consultation with staff & key organisations that refer to the Women's

Young Women's Maternity Model of Care – the outcome

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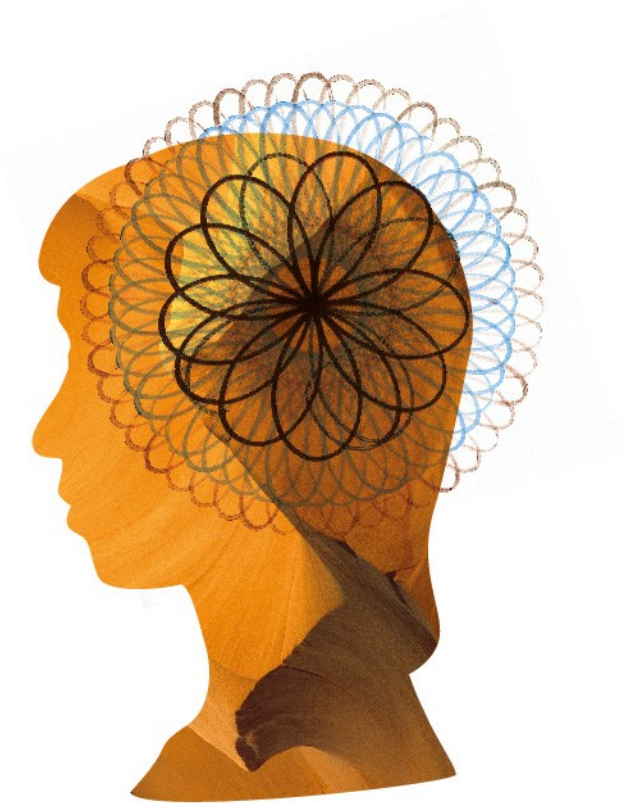
- Caseload (one-to-one) midwifery to provide same carer throughout pregnancy, birth and when they return home (~6 weeks post birth)
- Enhanced social support (including full time exclusive social worker) to prepare them for the additional demands of being a young mum
- Infant mental health intervention to improve mother-infant relationship
- Will improve health outcomes for two generations: the mother and the child
- Ongoing sexual and reproductive health care (Phase 2)

Centre for Women's Mental Health (CWMH)

Professor Fiona Judd
Director, Centre for Women's Mental Health
Royal Women's Hospital, Melbourne



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Why have a Centre for Women's Mental Health?

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- Mental health problems are more frequent in women v. men
- Mental health problems (anxiety and depression) are the leading cause of burden of disease and injury in women
- Gender lens and social model of health help understand mental health problems in women

Why pregnancy and the postnatal period?

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- Time of increased vulnerability to poor mental health
  - During pregnancy
    - Anxiety and depressive symptoms common
    - Increased risk of relapse of established disorders- schizophrenia, bipolar disorder and depression
  - Postnatal period
    - Depressive disorders are common
    - Bipolar disorder high rates of relapse
    - New onset psychosis
- Maternal mental health during pregnancy impacts on later cognitive, emotional and behavioural development of children

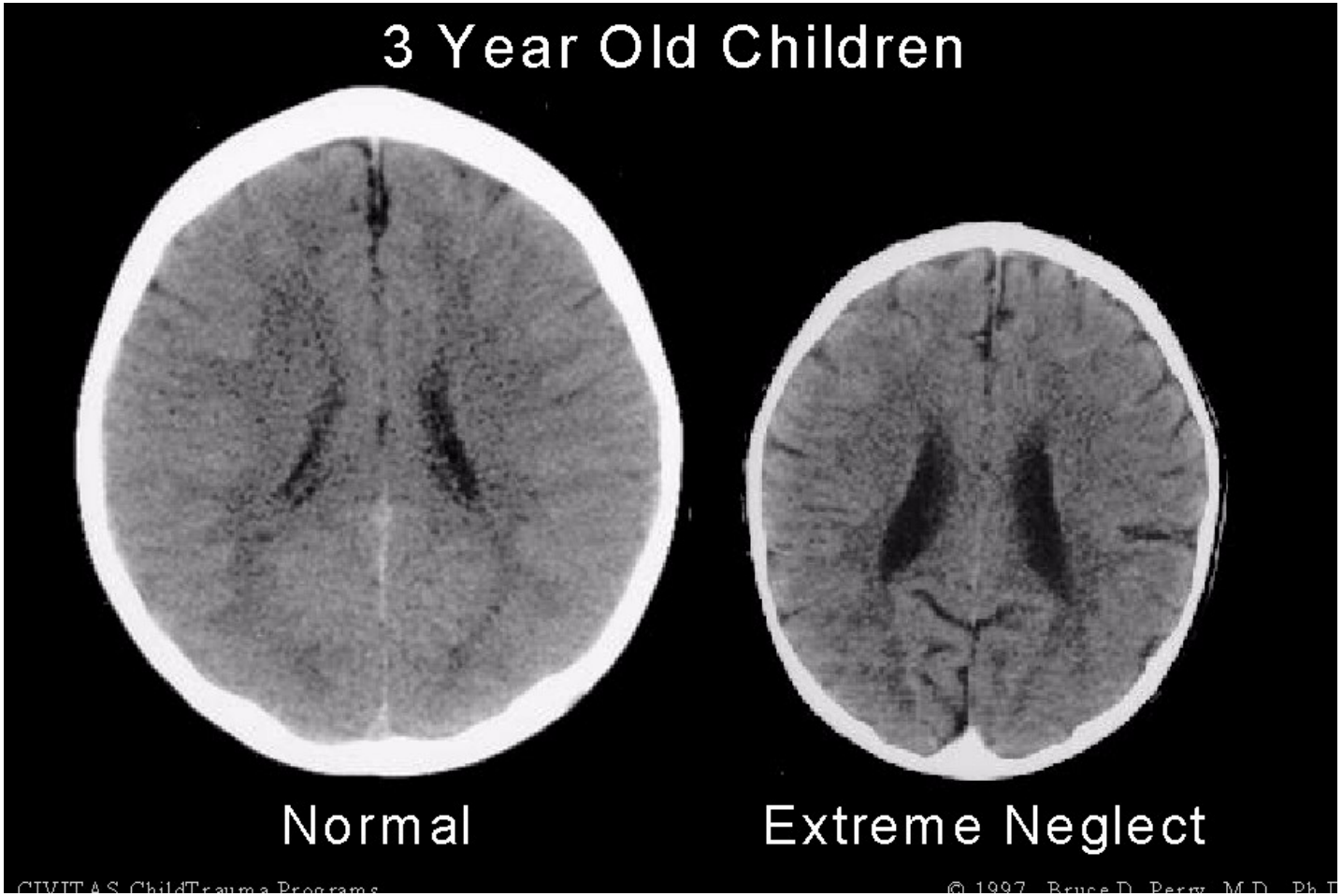
Why pregnancy and the postnatal period?

- Maternal antenatal anxiety/stress exerts persisting and significant influences on development that can be detected in the foetus, infant and child

Why pregnancy and the postnatal period?

- The social interactions and relationships between infants and their primary carers- ***early attachment relationships***- during the first years of life have a profound influence on subsequent mental and emotional development
  - A supportive and nurturing relationship that is sensitive and responsive to the infants needs optimises neurological and psychological development
  - Infants exposed to disrupted or traumatising early relationships may experience longer term difficulties in emotional interaction and development

Why pregnancy and the postnatal period?



What can we do?

- Make mental health an integrated part of maternity care for all women throughout the perinatal period
- Use a multidisciplinary approach informed by the social model of health
- Focus on prevention and early intervention
  - adolescent mothers, women affected by mental illness, women affected by substance abuse, families with a history of involvement with child protection services, families whose baby requires long-term specialist neonatal care
- Make support of the mother-infant relationship a priority and part of routine care

What do we do at the Women's?

- Multidisciplinary mental health care part of maternity and neonatal teams
- Early identification of women 'at risk'
- Preventive interventions during pregnancy
  - Group programs-
    - symptom management/coping skills/relapse prevention
    - Mindfulness *MindBabyBody*
  - Perinatal attachment intervention to improve quality of relationship women are able to form with their infant *AMPLE intervention*

What do we do at the Women's?

- 'Shared care' of women with pre-existing mental health conditions
  - Public and private community based clinicians/services
  - Birth plan including extended LOS, mother baby unit admission
  - Liaison with MCHN, GP, parenting centres , community agencies
- Identification and treatment of 'new onset' problems
- Always consider the mother-infant relationship
- Remember father
  - His own mental health
  - His role as primary nurturing parent
- Seek to meet the needs of, and optimise the health of, women their infant and their family

Social Determinants of Health at Midlife & Menopause

Professor Martha Hickey
Director, Women's Gynaecology Research Centre
Professor of Obstetrics & Gynaecology,
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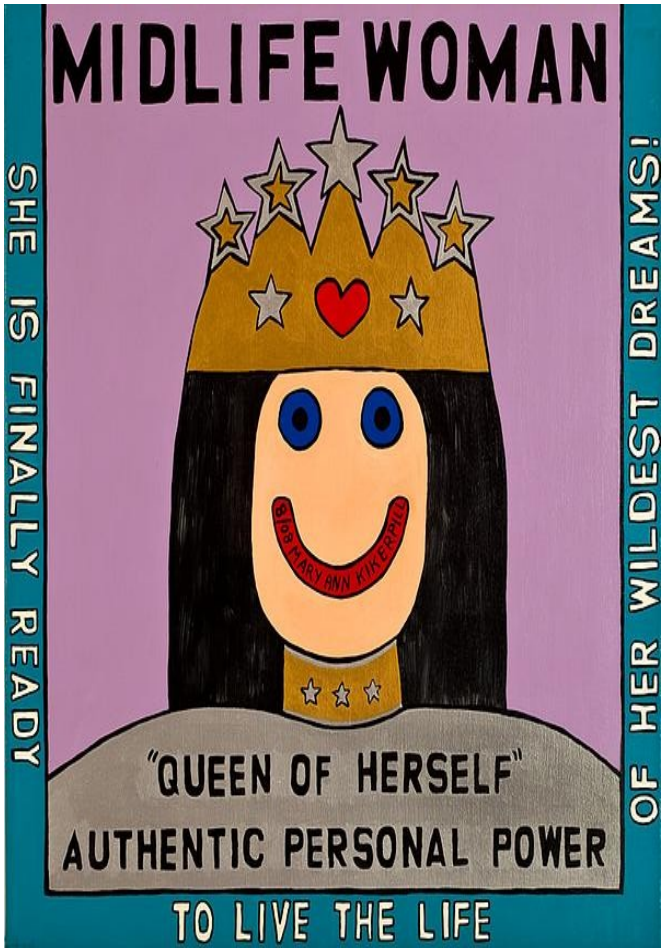
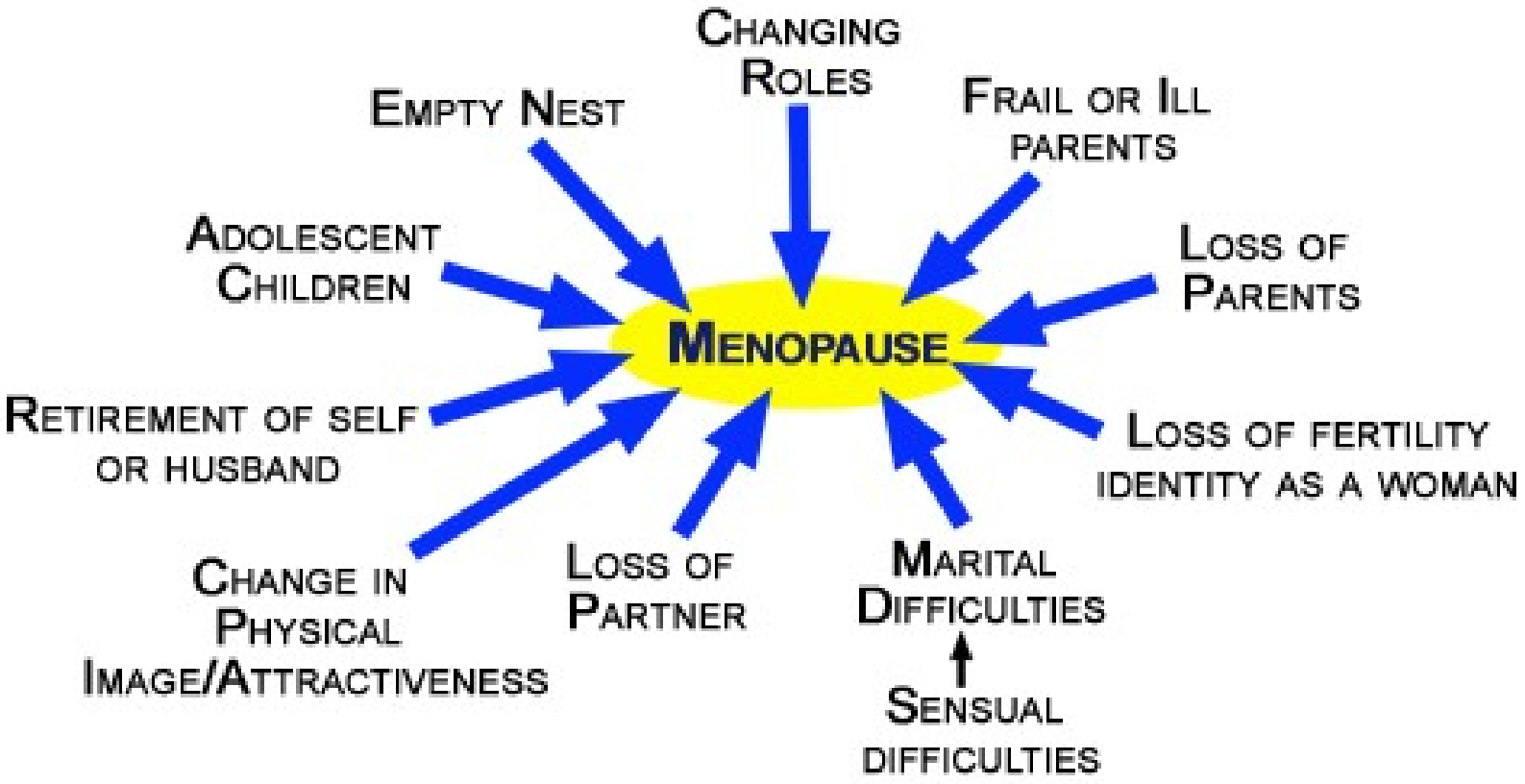
What is Midlife?

- Life expectancy for Australian women is 84 years – top 5 internationally!
- Midlife is loosely defined from around 45-55 years
- Midlife may bring many challenges, menopause is only one of them!



Midlife and Menopause



Other life events may be more significant but sudden or severe menopausal symptoms may be “the last straw”

What is Menopause?

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Menopause is the final menstrual period

- Normal event
- Happens to all women at around 51 years
- Transition from pre to post menopause can take 10-15 years
- Combination of midlife events and symptoms at menopause can have a synergistic effect

What are the Key Midlife Health Issues for Women?

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- Health and wellbeing
  - Obesity, diet and nutrition
  - Physical activity
  - Emotional wellbeing and mental health
  - Financial security
- Dealing with other life changes
- Social constructs of becoming an older woman

How Does Menopause Affect Women?

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Common menopausal symptoms

- Hot flushes
- Night sweats
- Vaginal dryness
- Mood changes: depressive symptoms
- Sleep disturbance
- Changes in sexual desire and sexual function

Understanding Menopause within a Social Model of Health

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- Recognising that midlife is a often time of profound personal and social change
- Recognising that improving health for women improves health and wellbeing for the whole community
- Being proactive: avoiding negative images and expectations of menopause because may make the symptoms more troublesome
- Challenging the medical model of menopause as an illness that requires a medical treatment
- Challenging the concept that HRT is anti-ageing and will resolve the problems of midlife

What are We Doing for Midlife Women?
The Women's Gynaecology Research Centre

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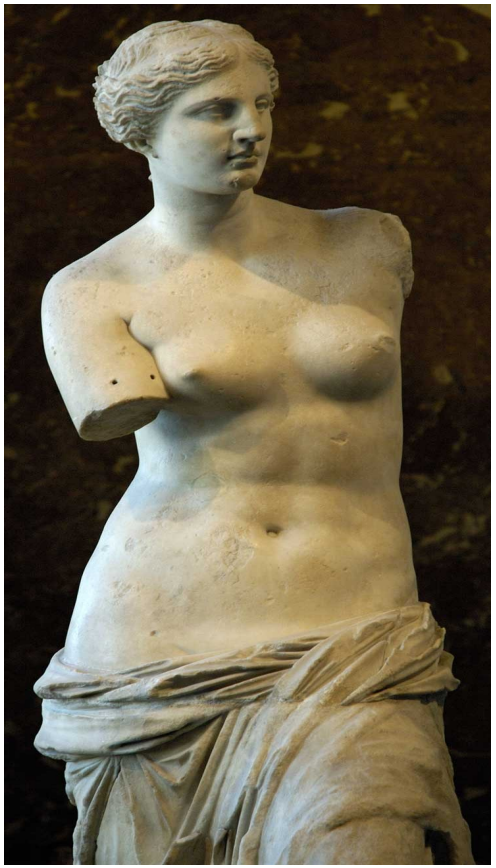
- Providing evidence-based clinical services for menopause advice and management
- Initiated dedicated services for cancer patients
- Finding new ways to treat menopausal symptoms without hormones
- Understanding how menopause after chemotherapy or surgery affects women
- Focus on disadvantaged groups: younger women, ethnic minorities
- Understanding the relationship between menopause and mental health and cognition



Working with the CWMH to improve outcomes in menopause and mental health

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Managing Menopause within a Social Model of Health

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- Empowering women and society by providing information about what is normal at menopause and what may represent a related condition (like depressive illness) that needs a different approach
- Recognising that is it the impact of symptoms rather than their number and severity that is important to women
- Offering treatment for troublesome menopausal symptoms
  - May include HRT: is effective and safe for most women
  - Vaginal oestrogens effectively for vaginal dryness
  - New non-hormonal treatments are also be effective
  - May include psychological treatments: can reduce the impact of hot flushes and sleep disturbance

Managing Menopause within a Social Model of Health

- Using a multidisciplinary approach to manage problems at menopause Gynaecologist/GP/Psychologist/Psychiatrist/endocrinologist
- Recognising that menopause is an important life stage but is not a disease
- Using midlife as an opportunity to review habits and lifestyle and to improve wellbeing in the future

Women live one third of their lives after menopause: it could be the best bit

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The Women's Plan

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- Strategic Advocacy – Why women's heath matters
- Maintain Independence
- Network beyond traditional relationships
- Women's Hospital's & Services working together
- Shift focus from obstetrics to life issues
- Population Health approach
- Sex & Gender matters in Research, Design & Delivery of health care

The Women's Declaration

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We recognise that sex and gender affect women's health and healthcare

We are committed to the social model of health

We will care for women from all walks of life

We will lead health research for women and newborns

We will innovate healthcare for women and newborns

We will be a voice for women's health

In everything we do we value courage, passion, discovery and respect

Thank you

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