Transcript

Online Launch of the 'Introduction to Gender-Responsive Health' e-Learning Course

19 June 2024

00:00:06.160 --> 00:00:32.110
Sally Moyle: So Hi, everybody, I think we're getting a quorum of people joining us this evening. I'd like to welcome you all to this online launch of the Introduction to Gender-Responsive Health and welcome to you all. We've got a great action packed evening for the next hour. And we will be planning on finishing promptly at 8 o'clock. So thank you all for coming.

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Sally Moyle: First, I'd like to introduce myself as the MC for this evening. I'm Sally Moyle. I am an Honorary Associate Professor at the Gender Institute, at the ANU, and the Chair of the National Foundation for Australian Women, and a number of other things I might have run into people on around the traps.

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Sally Moyle: 1st of all, I would like to pay my respects to the Traditional Custodians of the land on which we meet around this country. I personally am joining from Ngrarigo Land outside Canberra. I'd like to pay respects to elders, past and present and acknowledge the traditional folks who are meeting with us around this virtual table.

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Sally Moyle: A few housekeeping notes. We have Auslan interpreters, Leanne and Clare. They come from Sweeney interpreting.

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Sally Moyle: If you would like to draw on their services in particular, you can spotlight them throughout the course of this, even when we're sharing the screen so.

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Sally Moyle: and they will be. They will have their video on, of course, all throughout this session.

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Sally Moyle: So thank you to Leanna, Clare, and they will tell me if I speak too quickly, I know. So this is webinar, so only the speakers will be visible this evening. And able to go off mute. You can put questions into the QA if you would like. If there's any technical different difficulties, please reach out to the team via that QA function

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Sally Moyle: and

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Sally Moyle: if you wish to access the live caption, you can do that from your own toolbar.

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Sally Moyle: If you're using social media and would like to use that, the hashtag that we're using is #GenderResponsiveHealth. All one word.

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Sally Moyle: So that's the introduction that I had. I also want to thank our colleagues at the Australian Women's Health Alliance in particular, Sienna and Jana, who have done so much work to get us here now, and thank you so much for inviting us all.

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Sally Moyle: So, without any further ado, I'd like to pass over to Heidi La Paglia Reid, who is with us this evening. She's a board member of the Australian Women's Health Alliance, and she's joining us from Lutriwita in Hobart.

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Sally Moyle: She's a consultant and a disability and women's rights advocate with extensive personal experience, navigating chronic health conditions and disability. So Heidi's going to give us a few short introduction words about the course itself and about the Australian Women's Health

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Sally Moyle: Alliance. So thank you, Heidi.

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Heidi La Paglia Reid: Great. Thank you, Sally. And Hi, everyone. So as Sally said, my name is Heidi. I'm a board member of the Australian Women's Health Alliance as well as a consultant and disability rights advocate, including in the area of women's health. I will 1st just acknowledge that I'm calling in from muwinina country in nipaluna/Hobart.

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Heidi La Paglia Reid: I acknowledge that the land I live and work on belongs to the muwinina and palawa people, and that as a white person I hold significant privilege that cannot be unlinked from my experiences.

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Heidi La Paglia Reid: as a board member as well as an autistic, disabled woman and mum with multiple chronic illnesses, I could not be more pleased to welcome you today to the Alliance's launch of our module on gender-responsive health.

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Heidi La Paglia Reid: As someone that has been navigating health and medical systems regularly since I was about 15 years old, I know firsthand how, being a woman and being disabled, can be detrimental

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Heidi La Paglia Reid: to the experience of accessing healthcare.

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Heidi La Paglia Reid: One key example of this I wanted to raise is the fact that I am autistic. However, my autism wasn't actually diagnosed until I self referred for an assessment at the age of 27.

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Heidi La Paglia Reid: This was, despite engaging in health systems for over a decade prior, with fairly stereotypical

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Heidi La Paglia Reid: autism symptoms, and a fairly stereotypical autistic presentation.

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Heidi La Paglia Reid: As well as a number of medical and psychosocial conditions which are commonly co-occurring in autistic women.

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Heidi La Paglia Reid: The key here is that

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Heidi La Paglia Reid: I wasn't a male or I wasn't a boy at the time, and the autism was and is still not well understood in women, girls and gender diverse people.

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Heidi La Paglia Reid: As the national voice for Women's Health, all of us at the Australian Women's Health Alliance know that my experience is not mine alone, but it is representative of many women, girls and gender diverse people who struggle to be taken seriously or to gain timely and appropriate diagnosis and care for a variety of conditions.

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Heidi La Paglia Reid: By providing our new course, we're trying to combat this by providing professionals in health and social care, including clinicians, administrators, and policy makers, with information to incorporate agenda lens into all of their work.

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Heidi La Paglia Reid: The course will include 5 modules, and today we are launching the 1st module that you can access immediately.

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Heidi La Paglia Reid: The course is also interactive and engaging with features such as videos quizzes and activities, because we know that a multimedia approach is the best way to communicate messages, especially when people, as we know, have many different learning styles and accessibility needs.

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Heidi La Paglia Reid: In developing this module and launching it,

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Heidi La Paglia Reid: the Alliance would like to thank the Department of Health and Aged Care, and all of the people and organisations that contributed, including our expert reviewers,

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Heidi La Paglia Reid: graphic designer, copy editor, and everyone who attended a co-development session or tested our draft materials.

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Heidi La Paglia Reid: You can visit our website, the Women's Health Hub

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Heidi La Paglia Reid: where we have acknowledged some of the many people and organisations involved in shaping this course.

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Heidi La Paglia Reid: I would also like to thank everyone for attending the webinar today and encourage each and every one of you to engage with our

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Heidi La Paglia Reid: e-learning, and share with your healthcare providers, local members of Parliament, and broader networks.

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Heidi La Paglia Reid: I will now pass on to Sienna,

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Heidi La Paglia Reid: our Senior Project Officer, to give you the 1st tour of our course. So over to you, Sienna.

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Sienna Aguilar: Thanks, Heidi! Hi, everyone! I'm Sienna, my pronouns are she her and I'm the Senior Project Officer at Australian Women's Health Alliance. So, as Heidi said. I'm here to give you an overview about the course we're launching today.

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Sienna Aguilar: Now, women and gender diverse people experience health, illness and health care differently to men.

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Sienna Aguilar: The Women's Health Hub, which is funded by the Australian Government Department of Health and aged care, is a national resource for people who want to help improve women's health outcomes.

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Sienna Aguilar: You may be involved in policy or advocacy, research, health care or play a different role in your community.

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Sienna Aguilar: This course is part of the suite of Prevention and Practice resources that we want to make freely available and easy to access. It aims to increase understanding about these gendered differences and how gender-responsive approaches can improve health equity.

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Sienna Aguilar: And I think some of you who are joining us today have been involved in shaping our course one way or another, or if this is the 1st time you're learning about it, welcome. The Women's Health Hub and e-learning course is for workplaces with health practitioners, professionals, and policy makers

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Sienna Aguilar: across a range of sectors. So whether you're in the public sector, in government funded health peaks or professional associations, or you work at the local hospital or primary care setting.

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Sienna Aguilar: You might work in the community sector. So, social and community services, non-government organisations, whether it's supporting people experiencing homelessness to domestic and family violence or allied health. We hope this is a course that that you can gain something from as well.

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Sienna Aguilar: Or you might be from the business sector or private, working at a private hospital, think tanks or private health organisations, or you might run your own practice or business, you know, work in the health and fitness, industry, for instance.

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Sienna Aguilar: And also academia and education.

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Sienna Aguilar, she/her, Australian Women's Health: Whether you're from a university, school, involved in health research translation, this course is available to everyone.

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Sienna Aguilar, she/her, Australian Women's Health: And we also recognise that prevention

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Sienna Aguilar: not only happens through services and work, but also in the community. So learners may include individuals in the wider public, including those studying or entering the health workforce young people, community-based advocates and lived experienced practitioners, health consumers, and also leaders from community and cultural settings, interested in the health and wellbeing of their community.

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Sienna Aguilar: So even if you don't work in a health setting or organisation, you can still complete this course.

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Sienna Aguilar: Now, we started developing it after feedback from people that said, there's a really a need to provide resources to help

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Sienna Aguilar: workplaces and practitioners to understand just what gender-responsive health is

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Sienna Aguilar: With users at the centre, this course was co-developed through many different activities over the last 12 months, and engaged people from different professions, backgrounds and geographic locations, where

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Sienna Aguilar: we identified training needs. Did some user experience planning. And hopefully, some of you here attended some of our co-development sessions or focus groups, or even took part in our user testing.

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Sienna Aguilar: Through all of this different themes came up, such as:

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Sienna Aguilar: How do we incorporate intersectionality across health to illustrate gendered differences, and how they intersect with diverse lived experience? Especially considering the barriers that women and gender diverse people face in getting support for their health. So we've incorporated these into scenarios, reflective questions and suggestions in our example, resources and tools.

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Sienna Aguilar: Accessibility was another aspect. So we've tried to use plain language as much as possible.

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Sienna Aguilar: Mix up content to, yeah, to suit different learning styles,

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Sienna Aguilar: and also, and also having a trauma informed lens as well, both for professionals and individuals, in the process of completing the e-learning, but also ideas to help integrate that gendered approach with

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Sienna Aguilar: actions that are also trauma informed as well.

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Sienna Aguilar: Now I'm sure you're excited to see the course, so I am just going to take a moment to start sharing my screen.

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Sienna Aguilar: and there should also be some links in the chat very soon.

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Sienna Aguilar: I might just see if I can pop them in

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Sienna Aguilar: if you can just bear with us one second

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Sienna Aguilar: so that you can follow along as well.

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Sienna Aguilar: So welcome to the

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Sienna Aguilar: e-learning platform for the Women's Health Hub.

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Sienna Aguilar: To get started,

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Sienna Aguilar: you can

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Sienna Aguilar: fill in the form

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Sienna Aguilar: to create an account and start your learning journey.

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Sienna Aguilar: and then you can access the course Introduction to Gender-Responsive Health in our Course Catalogue.

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Sienna Aguilar: So

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Sienna Aguilar: just get into that in a moment.

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Sienna Aguilar: Now, as Heidi mentioned, it's a self-paced course made up of 5 modules, approximately 30 to 40 min each,

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Sienna Aguilar: with optional resources to read, watch, and download in the future.

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Sienna Aguilar: Tonight we are launching the 1st module: 'What's Gender Got to Do with It? Understanding Gender-Responsive Health.' And if you enrol, you'll be able to see, as future modules are released, in this section as well.

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Sienna Aguilar: So if we have a look

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Sienna Aguilar: at the course.

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Sienna Aguilar: you will see a navigation pane which also shows the progress that you're making

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Sienna Aguilar: and

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Sienna Aguilar: you can see as well as been mentioned. We've tried to incorporate a mix of different activities, videos and things that you can take with you, not just when you're doing it. But also, if you're wanting to take things back to your workplace or team or community groups, you can download resources

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Sienna Aguilar: to use for future as well as take time to reflect on different activities and different learnings.

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Sienna Aguilar: So in terms of professional development, we're really hoping this helps connect theory with practical scenarios, provides that reflective learning space to relate to your own experience and settings

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Sienna Aguilar: and also develop that shared language, because we know there's so much jargon that exists across health and different systems, and by having an introductory module, we hope that this can help, I guess, provide some of that shared language depending on who you work with, who you're advocating with, or yeah, or the funders that you're wanting to apply for funding for, for example.

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Sienna Aguilar: I'm just going to stop sharing my screen in a moment. But actually, let's see if I can show you this while we are live.

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Sienna Aguilar: As you go through as well, there'll be badges and a certificate that you'll receive when you complete all of the modules

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Sienna Aguilar: that you can add to your professional portfolio.

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Sienna Aguilar: you'll also have ongoing access to the platform as well. So if it was something that you were interested in. You know whether it's for a workplace induction for new staff, for professional development days or for volunteering. You know.

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Sienna Aguilar: activities and things like that. You can do it on your own or in a group. And we're also looking at ways that this can count towards continuous professional development.

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Sienna Aguilar: So if you do have any questions about that, please let me know. I can pop my details in the chat as well.

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Sienna Aguilar: Other ways that you can introduce this training into your workplace or community is actually by sharing this webinar to prospective workplaces or your colleagues, because we know that you know,

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Sienna Aguilar: trust is really important, and being able to share something that is evidence-based with people that you know, we would love for you to help spread that message as well.

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Sienna Aguilar: So on that note I will hand it back over to Sally. And yeah, I look forward to continuing this conversation with yourselves and the panel over to you, Sally.

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Sally Moyle: Thank you, Shenna, and that's a great overview. I've had a chance to have a look at the course, and I think it will be a really useful resource for the sector. So thank you for doing that work. It's a fabulous contribution.

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Sally Moyle: And now, right on time, we have a chance to have a conversation with our fabulous panelists, so I'll introduce the 3 panelists that we have this afternoon, and then we can. We'll have a bit of a chat, they might be an opportunity for some questions. So if you do have questions, put them into the QA. And Sienna and Jana will monitor that

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Sally Moyle: we may find ourselves running out of time, though, because we've got so little time and so much to say, I know. So I'll launch in. And 1st of all introduce Dr.

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Sally Moyle: Samara McNeil, who joins us here from Broome. She's an Aboriginal medical doctor with ancestral times ties to the Nukunu people, and was raised on Dharawal Country. She's currently training as a GP and has just finished her sub specialty training in obstetrics, gynaecology, and women's health. She's the Chair of Violence Prevention Australia. Welcome, Samara, thank you for joining us.

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Sally Moyle: Second, we have Kate May. Kate's a health promotion and communications consultant based in Melbourne. She works with public, private and not for profit organisations to support health, promotion, research communications, and engagement projects. She's also a strong advocate for women's health, using her understanding of public health and lived experience of chronic illness to drive change.

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Sally Moyle: And thirdly, we have Katherine Lim, Hi, Katherine. Katherine's, based in Naarm Melbourne, and has a background in gender equality, international development, public health, online learning and creative communications. She currently works at The Equality Institute, where she has recently been leading the fabulous, Finding the Joy feminist leadership incubator for women of colour leading change. Lovely for you to join us, Katherine. Thank you.

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Sally Moyle: So first, I'd like to ask each of you, what does success look like for you? How will you know if we've achieved, landed where we need to land? What does a health system that works effectively for all genders and for everyone look like. And I might start if I could, with you, Samara given, I introduced you first. What does success look like for you?

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Samara McNeil: Thanks, Sally. I think that's a great question to start on. For me. I think it's you know, a healthcare system where clinicians as well as everyone working in the space is aware of their inherent biases and so aware that they can intervene so that they don't influence their interactions with patients.

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Samara McNeil: I, I see this as something that's very proactive. Focusing on education from a young age for men and women about women's health issues as well as more of a focus on appropriate research into medical conditions and medications, and how they differ in the female body.

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Samara McNeil: But essentially, I feel that a truly kind of gender responsive healthcare system would respond would result in in healed communities. I think that women, given the care that they need would cause, you know, strong self determination and confidence when seeking healthcare, and this would result in better health for them as well as their communities.

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Sally Moyle: Thank you. That's a really important answer. And I agree with you. I think that gender-responsive health delivers system, wide benefits. So thank you. Kate, what? What's your vision of success?

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Kate May: Thanks, Sally. For me, an effective health system is one where services are equitably available to men, women, and gender diverse folk based on need, evidence and kindness and care as well, really far away from stereotypes or outdated gender-based assumptions.

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Kate May: So, for me, chronic illness is my area of interest. Particularly public health. And I'm interested in statistics. And what's happening at that population level? We know that across the lifespan women experience higher rates of chronic illness and more loss of healthy years of life. Compared to men, they face conditions unique to female anatomy, like endometriosis or reproductive conditions.

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Kate May: They also face conditions that disproportionately affect women like migraine or fibromyalgia, 2 conditions that I live with myself.

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Kate May: And then there are also a lot of conditions that have different risk factors or symptoms or interventions, and based on sex or gender differences.

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Kate May: So we know that there are sex and gender differences in health and medicine, but we have a history of basing our knowledge and treatment on men, or outdated or untrue gender biases. So particularly what I'm looking at, at the minute is pain, and women sometimes have this stereotype of being hysterical and not taken seriously because of their pain. We know that inaccuracies mean that people don't receive the care they need.

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Kate May: They might miss a diagnosis of a pain condition and spend more time in their life in pain. So what does success look like? It looks like improved health. And at that public health level we'd be seeing reduced gaps between the rights of chronic illness and preventable ill health between men and women.

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Sally Moyle: Succinct. Thank you. Thanks very much. Tell you what, I'm not a health specialist. I'm a gender specialist, but I cannot tell you how shocked I am at how poorly it seems! The health system is engaging on gender issues. So I think this course is so, so much needed. And these, this conversation is so much needed. And I think I'm seeing it starting across Australia now, which is fabulous, Katherine, what does success look like for you?

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Katherine Lim: Thanks so much, Sally, but also just want to. Absolutely support and echo everything that Kate and Samara have said. I agree 100%. I'll try not to overlap too much, but perhaps to add to that

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Katherine Lim: to me, a successful gender-responsive health system is really about leaving nobody behind.

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Katherine Lim: At The Equality Institute, we talk about intersectionality and what it actually takes to apply an intersectional approach in practice. And I can probably expand more on that below.

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Katherine Lim: But really, it's about understanding that

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Katherine Lim: actually the fastest way to remove barriers for everybody in a set in a health system is to focus on those of us who are the most excluded by it 1st

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Katherine Lim: and by centring their voices. It's actually in the process, automatically removing the barriers for everybody else. So it's actually kind of the quickest, closest, most efficient way to create gender equitable health systems, for everybody is to focus on the women who are most excluded by them.

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Katherine Lim: And again, like Samara said, taking that really positive strengths based and proactive approach, understanding that health is about more about more than the treatment of disease. It's about building a society that supports wellbeing

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Katherine Lim: and really understanding the power that we have in this room as practitioners, as change makers, as policy makers, etc. Like, really a successful health system which has a gender-responsive lens has so much power to actually create opportunities that undo disadvantage and inequality rather than reinforcing and compounding them.

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Katherine Lim: And I guess

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Katherine Lim: also, on a slightly more negative note, reinforcing the risk of not having a gender responsive lens on health.

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Katherine Lim: And I guess we can expand on this more, perhaps, in the coming panel. But just

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Katherine Lim: the systems and the structures that we

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Katherine Lim: are operating in are far from neutral.

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Katherine Lim: And a lot of them through the way that they operate are compounding and reinforcing inequality and harm.

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Katherine Lim: And I'm sure we'll have an opportunity to talk more about that by below. After this.

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Sally Moyle: Thank you, Katherine. I really wanna emphasize the point that you make that a system that works for the people who are most excluded, for the people who are most disadvantaged is gonna work for everybody, and then we've got to flip the script, because at the moment it seems to be designed for the people who

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Sally Moyle: most included most privileged, really unfortunate. So I might go back the other way and start again with you. Then, Katherine, and so

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Sally Moyle: does our does our health system currently have the capacity to deliver gender-responsive healthcare?

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Sally Moyle: What do we need to do.

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Katherine Lim: A hundred percent. Yes, and I mean.

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Katherine Lim: I think it can be challenging sometimes when we open up this can of worms, because it can really seem like there's so much to do. It's you know, it's important to acknowledge the ways that the system is currently failing to provide this as a way to

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Katherine Lim: understand and create the solutions and in that process sometimes it can feel a bit overwhelming. And sometimes it can be easy to feel like wherever we're working from, like, we're just kind of small cogs in the system, and we don't have the power to really change anything.

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Katherine Lim: but it's absolutely achievable. And what we are drawing from is a really strong and powerful evidence base. If you've had a chance to do the course. It is really great at

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Katherine Lim: providing that translating role between the current and evidence base and best practice and your current work to apply it wherever you are, in the health system. But we know what works, and we're learning more about it every day.

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Katherine Lim: It will take resourcing. It will take time. It will take work. But with the will and with everybody working from all angles and all levels, it is a hundred percent possible.

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Katherine Lim: And you know, one of the 1st steps is the one that everyone's taking tonight is really engaging with these issues and getting curious and learning more about it. Start from where you are. You don't have to know everything, but just through taking small steps like courses like this, engaging with alliances like this.

00:27:10.500 --> 00:27:23.489
Katherine Lim: you can learn to see from these gendered perspectives. And apply them in your day to day to your work and health. And really, when amplified, these can have a huge impact.

00:27:26.000 --> 00:27:52.600
Sally Moyle: Absolutely. I mean, I clearly, we need investment. Clearly, we need attention. Clearly, we need research, and we need a lot of it. It's we're so far behind. But I really agree with you that our cultures and our institutions are built by the small daily behaviours of each of us right? And we can all start now. So I think that's a really important message, Katherine. Thank you, Kate. What's your thoughts about, do we have? Can we change? Are we, is there a pathway for us?

00:27:53.120 --> 00:28:16.120
Kate May: Of course there always is, and I think the way I like to reframe it or to sell it is that a gender-responsive system is a more effective and efficient system. You hear a lot in the health space of that capacity. Or, you know, we've got a stretch system. There's too much going on. That's in the 'too hard' basket. But I really think that's not the way to look at it, because this is a way that can open up

00:28:16.120 --> 00:28:26.989
Kate May: the system. And we have to remember that systems aren't inherent immovable objects. They're made up by people and the decisions that people make. So anything changes always possible.

00:28:27.474 --> 00:28:49.189
Kate May: I think an example of how it can be more efficient and effective is to go back to what I was talking about before with endometriosis or chronic conditions that have really long diagnostic periods. For example, something like endometriosis can take an average of 7 years to diagnose. If we have better knowledge, skills, access to diagnostic and treatment services for women

00:28:49.190 --> 00:29:12.529
Kate May: who have those debilitating symptoms like chronic health pain, the diagnosis delay can reduce, and women can get the treatment and tools they need to help manage that condition better to actually be opening up capacity in our health system instead of keeping women and our services and health professionals in the cycle of misdiagnosis and ineffective care that takes a toll on us all so absolutely and I would

00:29:12.827 --> 00:29:15.500
Kate May: excited to see more of this work unfold.

00:29:17.030 --> 00:29:26.380
Sally Moyle: Thank you. And Samara. What are your thoughts? Can we change? Do we have the capacity to have a gender-responsive health system?

00:29:28.104 --> 00:29:52.740
Samara McNeil: I think, yes and no. I think like you, said Sally. Currently our healthcare system, you know, stems from and was built by the majority. Which isn't the majority anymore, but is very, you know, male focused and it's causing failure. But, as you say, Kate, I think every system does have the capacity to change. And I wonder if our current framework for our healthcare system is too paternalistic.

00:29:53.121 --> 00:30:13.109
Samara McNeil: You know, I think, in order to have more women in positions of power. And in order to get that, I think the current workforce design is just obstructive for women. And I think for true complete gender, responsive healthcare. The system needs to be based on a matriarchal framework, and that's a big shift. But I think that that could have flow on effects for healthcare workers

00:30:13.432 --> 00:30:38.269
Samara McNeil: as well as patients and their communities. I think we just really need to be aware of, you know, the work that women doing, caring for their families and communities, and all the unpaid work, and reinforcing what Katherine said, you know, including the most excluded people. In those

positions of power is gonna result in a more inclusive and healing space in and a more healing healthcare workforce.

00:30:40.220 --> 00:30:45.345
Sally Moyle: I look, I really agree with you. I think that the health system was developed on that

00:30:45.943 --> 00:31:11.700
Sally Moyle: Cartesian system that says human beings as machines, right? And if you've got a broken arm, or you know a mechanistic problem with your body, it probably works pretty well, right. But a lot more. We're saying, the systems problems that affect a lot of, you know, a lot of women, a lot of the healthcare problems that women have with chronic pain a systems problem, and that health system just does not seem to respond effectively. So I agree with you. I think there's always room

00:31:11.700 --> 00:31:24.530
Sally Moyle: for change, but it's a it's a long path, I think. But talking about that pathway, I might start with Kate this time and ask Kate, what do we need to do now to start us down the pathway towards

00:31:24.710 --> 00:31:28.260
Sally Moyle: a more holistic and gender sensitive health system.

00:31:29.150 --> 00:31:50.989
Kate May: Well, good start attending a session like today and getting involved in in the topic. My background wasn't at all in gender or it's not what I studied at Uni, and I think my own journey has been listening, getting involved. And now I'm obviously so captivated in it. It's a big part of my work. But I think what health services professionals, other stakeholders

00:31:51.277 --> 00:32:03.029
Kate May: need to do is to be open to challenging themselves and challenging their biases because we all have them there. They're everywhere. And that's okay. But we need to relearn a better way forward. And it's okay to make mistakes and get it wrong.

00:32:03.030 --> 00:32:03.480
Sally Moyle: And.

00:32:03.480 --> 00:32:10.539
Kate May: But talking and engaging in these conversations is something you can do now, and I do want to share one example. That's

00:32:11.170 --> 00:32:37.430
Kate May: I've really been enjoying watching, unfold and looking forward to the future. And that's the current Women's Pain Inquiry that's going on in Victoria by the Victorian Government. I've been working a little bit in creating a submission for that. And it's a great example of listening to the 1st voices of women living with pain and examining those gaps in the health system. So you can create

better policies that respond to those gaps. And that's an example of what is being done, and what the more examples like that that can be done.

00:32:39.260 --> 00:32:51.570
Sally Moyle: Absolutely, absolutely. I really, I think this is really groundbreaking work, and it is a real start of a different way of seeing things. So I thank you for raising that Victorian inquiry into chronic pain. I think that's super important.

00:32:52.074 --> 00:33:00.150
Sally Moyle: And Samara, what's your thoughts about the next steps towards the pathway towards a gender-responsive and holistic health system.

00:33:01.326 --> 00:33:16.973
Samara McNeil: I guess you know, echoing what Kate said. More of this. You know this resource. And this module is so great, and it starts those conversations. We just need more people talking about the problem, sharing solutions and being aware of their biases and exploring that

00:33:17.611 --> 00:33:42.109
Samara McNeil: as I've said before, as well, I think just having women in positions of power. Particularly women with lived experience. Making these, you know, big decisions. And particularly in the in the in any space. Indigenous women with lived experience. Particularly making decisions about our communities. And I think, as well on, you know. At the grassroots level, I think so much harm is done by

00:33:42.110 --> 00:33:46.329
Samara McNeil: women or by people in admin positions.

00:33:46.622 --> 00:34:03.320
Samara McNeil: And I think these are also people who need to be doing this training. You know the 1st interaction a patient has in any clinical setting is often with the Admin staff. So if they're up to date with this with this training, I think that's gonna help just people's interactions and engagement as well.

00:34:05.780 --> 00:34:16.479
Sally Moyle: Absolutely, absolutely. Can you just expand a little bit on your thoughts about a matriarchal head? Health care system? Is it more than just having women in positions of leadership, and women with lived experience.

00:34:17.010 --> 00:34:40.889
Samara McNeil: Yeah, look, I think you know my interpretation is less of that kind of positions of power, and constantly having one person above the others. I think, sharing power and sharing experience. And having an more even playing field amongst hopefully, more women. But just removing that kind of position of power.

00:34:40.900 --> 00:34:42.799
Samara McNeil: I think would have. Yeah.

00:34:42.850 --> 00:34:52.309
Samara McNeil: such a great effect. We shared the decision making and shared implementation. Without the that is that that kind of

00:34:52.480 --> 00:34:57.360
Samara McNeil: you know that position of power one person in charge can just create.

00:34:58.900 --> 00:35:16.881
Sally Moyle: Yeah, I hear you. But I call those relations, you know dominance relations. And I mean, this power is a great thing. If you've got it right so long as you use it right, and if you use it to dominate and silence others, then of course, you're not using it right, but if you use it to share and open doors for others, then

00:35:17.550 --> 00:35:31.330
Sally Moyle: it, it is a wonderful thing. And you're a living example of that Samara as a indigenous woman doctor in in in the, you know, far north of Western Australia. It's a it's that's a demonstration of that approach. So thank you

00:35:31.430 --> 00:35:37.399
Sally Moyle: and Catherine. What are your thoughts about? The 1st next steps along the pathway towards success?

00:35:38.120 --> 00:35:44.809
Katherine Lim: Thank you, Sally. Everyone on this panel is so smart. Just echoing what everybody said. 100%

00:35:45.247 --> 00:36:04.609
Katherine Lim: in terms of what we can do. I know that we've got a really diverse sort of range of people in the room. So really, just some things that people can do from wherever they are, no matter what your role in the health system. And of course, as we've touched on like learning to apply these 'gendered glasses' is key.

00:36:05.017 --> 00:36:20.900
Katherine Lim: Really, some great places to start for me are like, in really, just like developing our skills for empathy. So just like, wherever you are getting really curious about the actual lived experiences that people have within the health system.

00:36:21.307 --> 00:36:23.599
Katherine Lim: In the corner that you're working in?

00:36:24.026 --> 00:36:40.270
Katherine Lim: How are they experiencing your admin staff, your care, your policy that you're developing, and things like that? Particularly the people who are frequently left out of the room, you know, just always be asking yourself the question, who's not here?

00:36:40.520 --> 00:37:07.459
Katherine Lim: And do we? Am I making assumptions about what they need and what they think and feel, or do I actually have something to back that up with? And if you don't try and make contact, try and learn something, have some conversations, but have them with respect and a bit of humility. I know that sometimes as technical experts, you know, people who have studied for years like, often

00:37:07.590 --> 00:37:12.039
Katherine Lim: we're used to being the experts somewhat and just really

00:37:12.170 --> 00:37:20.729
Katherine Lim: centring. So there's this, there's technical expertise. And then there's the deep wisdom and expertise of lived experience which comes with

00:37:20.770 --> 00:37:31.639
Katherine Lim: somebody through their entire lifespan. So there's so much that you can learn if you, if you take the space to listen. And so I would probably advise that.

00:37:32.518 --> 00:37:41.290
Katherine Lim: Echoing what Sally said just in terms of yeah. Looking at your own power and privilege, and continuing to examine

00:37:41.713 --> 00:37:46.630
Katherine Lim: the spaces that you're holding and how you can use the power that you have for good.

00:37:48.890 --> 00:37:57.800
Katherine Lim: Understanding that this gender lens like similar to that conversation about the admin staff. It's not just in the obvious places.

00:37:58.221 --> 00:38:18.829
Katherine Lim: It's like a pair of glasses that you would put on and look at literally all angles and levels of a health system. Right? So, it's not just in the patient who's seeking care. It's like, how sustainable are the roles of the carers? How is the admin being done? What are the HR policies? It's like

00:38:18.840 --> 00:38:24.689
Katherine Lim: taking that gendered and intersectional approach, and literally looking at everything and being like.

00:38:25.040 --> 00:38:26.359
Katherine Lim: 'Is this

00:38:26.400 --> 00:38:33.270
Katherine Lim: excluding people? Is it causing harm, or is it are we using it as an opportunity to undo that harm.'

00:38:33.755 --> 00:38:39.095
Katherine Lim: And you'll be surprised at what you find in the opportunities there.

00:38:40.310 --> 00:38:46.361
Katherine Lim: And linked to that. Really, it's anyway, I'm going to go on a rant, but really

00:38:46.760 --> 00:38:47.889
Katherine Lim: using it

00:38:48.150 --> 00:38:52.471
Katherine Lim: as an opportunity like, I guess, and like. The final point, I would add, is,

00:38:52.770 --> 00:39:14.347
Katherine Lim: one of the conversations we have a lot with the women of color in leadership that I support is really like. Often people are undecided, maybe going to your point, Samara, about whether we should continue to fight for change within the systems where we're at or whether we should whether we just need new systems, whether the systems are broken.

00:39:14.820 --> 00:39:34.950
Katherine Lim: I don't know the answer to that, you know, like it's a really hard question. But taking some time to dream up things, dream up new things. I I got my start like my very 1st job out of uni was working with an organization called the Fred Hollows Foundation. White Guy, doctor, you know. Say what you want about that. But, like

00:39:35.250 --> 00:39:41.960
Katherine Lim: what I learned from that experience is as a professor in medicine. Fred Hollows really

00:39:42.320 --> 00:39:48.089
Katherine Lim: took the time A) to listen and B) to, but to dream about stuff that didn't exist yet.

00:39:48.894 --> 00:40:10.259
Katherine Lim: And to make a noise to use his power and privilege, as a medical professional, as someone with visibility, as someone with access to power and resources in Australia to really shine a light on, you know the appalling conditions in First Nations remote communities.

00:40:10.578 --> 00:40:30.330
Katherine Lim: In our region, you know. And you know, I health niche right? But really it's about equality. And so you might think that you're not at the centre if you're not working, say, in women's health or whatever. But wherever you are, if you put that lens of equality on it. You can use that to amplify this conversation.

00:40:32.400 --> 00:40:35.649
Sally Moyle: Thank you, Catherine. That's a really, that's a really important point.

00:40:35.980 --> 00:40:38.710
Sally Moyle: One thing I want to ask Samara if I could.

00:40:38.910 --> 00:40:59.860
Sally Moyle: as somebody who is working on the coal face of the health system, you know. It's 1 thing to say, 'You can make a difference in the way you behave, and in the empathy that you bring in the people that you identify as not being at the table and not having a voice and engaging more sensitively.' And you know, recognising that we build the culture by the way we engage with people. But

00:41:00.190 --> 00:41:14.830
Sally Moyle: but the system also. I mean, we ask a lot of our health professionals, right? Working in a system that does not do any of that stuff. How do you navigate that where you're trying to make a change from within. But you're working in a system that

00:41:15.110 --> 00:41:16.930
Sally Moyle: clearly rejects a lot of

00:41:16.980 --> 00:41:21.699
Sally Moyle: oh, those principles! It doesn't operate all the time, at least on those principles.

00:41:24.227 --> 00:41:33.299
Samara McNeil: Yeah, Sally, interesting question. You know, I've come from almost 3 years working in women's health. And

00:41:33.971 --> 00:41:55.658
Samara McNeil: that's been quite an interesting experience. You know. Women's health is at the forefront. You know, seen some great recent events, advances with endometriosis guidelines which are new, and this. You know, new sort of questioning into and pelvic pain as well. And all of these, you know.

00:41:56.937 --> 00:42:02.649
Samara McNeil: lots of things that are just becoming the forefront essentially, which is great. Recently, having stepped

00:42:03.080 --> 00:42:05.460
Samara McNeil: into the GP world.

00:42:05.937 --> 00:42:15.992
Samara McNeil: I do see a bit more of this kind of I guess sexism at at the forefront, unfortunately, and it is tricky.

00:42:16.620 --> 00:42:25.140
Samara McNeil: again. There's you know, within the health care, within health workforce. It's difficult already. We've got

00:42:26.850 --> 00:42:49.480
Samara McNeil: positions of power. I'm under supervisors, things like that, which make things difficult. But I think it's just questioning people and it's like Katherine mentioned just sort of reminding people of that empathy and that interest and that wondering why. And you know I do see it a lot. People the diagnoses missed

00:42:50.008 --> 00:42:56.429
Samara McNeil: and I just try to remind people around me. You know, 'Why is she

00:42:56.440 --> 00:43:24.269
Samara McNeil: coming in and presenting multiple times. Have we missed something? Is there something else going on here?' You know, and putting it back on us. And just putting that empathy into it because I've seen some really horrible things missed, and I've seen some long chronic diseases managed by women, independently because, you know, that diagnosis has been missed. So I think that's how I battle it. I'm new to the space so trying. But

00:43:24.584 --> 00:43:29.305
Samara McNeil: yeah, it's an it's an interesting place to be, and it's still a very paternalistic

00:43:29.620 --> 00:43:41.150
Samara McNeil: space in as well. So yeah, I think what Katherine said is just right up right up my alley. And what I do day today is just think why, and have that information.

00:43:41.150 --> 00:43:41.850
Sally Moyle: Absolutely.

00:43:42.980 --> 00:44:11.109
Sally Moyle: Thank you. So we've got a little bit of time for some questions. If people have any before you're thinking of those? We might have time for one or 2 questions, but I saw in the QA before, a question about class. It was in the context of the development of the course. But I wonder if I might ask each of you. You know, I personally think class is a really important disaggregater that we often overlook. And in the health system.

00:44:11.432 --> 00:44:20.789
Sally Moyle: It can create. Really, I mean, clearly, it creates really different outcomes. How do you see that playing out? Do you think we overlook class too much?

00:44:23.940 --> 00:44:27.449
Sally Moyle: Whoever wants to answer whoever might have an answer about that.

00:44:28.080 --> 00:44:40.889
Kate May: I mean, I can try. I think I agree. It's a very, it's a very overlooked issue, and incredibly important, I think, from my perspective. Looking at population level or in my Comms work, we often analyse

00:44:41.388 --> 00:44:51.429
Kate May: how effective a health message is, and we might try and break it down by socioeconomic status. And the 1st thing is, it's hard to define or measure. So when that comes across in my work,

00:44:51.530 --> 00:44:56.425
Kate May: it's hard to exactly know how to respond to it.

00:44:57.350 --> 00:45:18.279
Kate May: yeah. And it also can be on the risk of running into stereotypes that you might have if you're at that population level, and you step back and look at a statistic. But when you're far away from what that actually means, and I'm sorry. That's quite a vague answer. But I think that's how it plays out in my work that I'm often wondering if we can do a better job with that, and wondering if the information that I get

00:45:18.380 --> 00:45:24.150
Kate May: at population level or based on survey responses is actually being measured correctly, or

00:45:24.180 --> 00:45:28.379
Kate May, she/her: or what's what really is best practice in that space. So that's my reflection on that.

00:45:38.850 --> 00:45:40.450
Sally Moyle: Sienna, yeah, Sienna.

00:45:41.040 --> 00:45:42.189
Sally Moyle: was it Sienna?

00:45:44.800 --> 00:45:47.370
Sally Moyle: Or did someone else have any thoughts on that question?

00:45:47.895 --> 00:45:53.030
Sienna Aguilar: I'm happy to pull up a few questions afterwards. But I think, Katherine, you had a thought.

00:45:56.210 --> 00:45:58.089
Katherine Lim: I'm not sure if I've lost it.

00:45:58.692 --> 00:46:01.588
Katherine Lim: But yeah, I definitely do think that

00:46:02.250 --> 00:46:05.810
Katherine Lim: class is an important factor. And maybe just

00:46:06.140 --> 00:46:10.129
Katherine Lim: I wonder if this is helpful context. I think we

00:46:12.010 --> 00:46:18.819
Katherine Lim: if we're looking, maybe through an intersectional lens we're looking at, you know, each of us has

00:46:19.470 --> 00:46:25.580
Katherine Lim: some like a unique little cocktail of experiences

00:46:25.610 --> 00:46:32.530
Katherine Lim: and identities, and some of them give us privilege, and some of us give, some of them give us disadvantage.

00:46:33.473 --> 00:46:35.180
Katherine Lim: And so

00:46:35.440 --> 00:46:45.199
Katherine Lim: potentially, you could have someone who experiences a lot of disadvantage in other areas

00:46:45.350 --> 00:46:51.100
Katherine Lim: because of their class, their experience. Yeah, they are held back.

00:46:51.471 --> 00:46:55.810
Katherine Lim: And I think it's also important to note that

00:46:55.860 --> 00:47:23.491
Katherine Lim: people, we people are showing up in our health systems, not just as you know, from perspective, like their class, or their gender, or their nationality, or their ethnicity, or religion, or

anything they're showing up as people. They're showing up as whole people who are a mix of all of these things. So really, yeah, I think it's a really important conversation to have and just to keep broadening your

00:47:24.400 --> 00:47:31.290
Katherine Lim: perspectives on the ways that different kinds of experiences and identities can

00:47:31.370 --> 00:47:34.110
Katherine Lim: change things is really important-

00:47:34.140 --> 00:47:52.189
Katherine Lim: change people's experiences and going back to yeah, what Samara and Kate said, how that leads to things being missed. Simply because we are not sensitive to perhaps class or gender, or any other factors, and how they interact together, that leads to things being missed in systems.

00:47:53.500 --> 00:48:18.130
Sally Moyle: Hmm, I really agree. And I think one of the things that we often miss is the impact of trauma. And really complex life experiences on people's health. And so, you know, we say that a lot with Indigenous communities, I think somewhere that, people suffer the health impact of colonisation in their bodies. Right? But it's not easily able to be diagnosed in

00:48:18.130 --> 00:48:34.980
Sally Moyle: by, the mechanistic health profession. Could you have any comments about how complex it is for people who are suffering that kind of intergenerational trauma, whether it's through class disadvantage, or, you know, in the colonisation experience of Indigenous folks?

00:48:35.270 --> 00:48:38.136
Samara McNeil: Yeah. Look, I mean,

00:48:38.760 --> 00:48:42.749
Samara McNeil: just briefly on the class comment. I think

00:48:42.860 --> 00:49:05.039
Samara McNeil: we know that being a female, and being from a certain post code are 2 independent risk factors for cardiovascular disease, heart attacks and strokes. And so having them combined, puts you at higher risk. And that's because, being female, you know, we have different symptoms. And I think the class aspect comes into play in that.

00:49:05.120 --> 00:49:31.860
Samara McNeil: you know. No matter how much work you've done, there's always that background like you speak of Sally and that intergenerational trauma and to go right back to the basics, you know. You know our. We were all present in our grandmothers' wombs in our mum's ovaries. So the trauma that she went through is a part of us. And I just think that that plays such a role

00:49:31.860 --> 00:49:39.100
Samara McNeil: in how we interact with the world. And I know for lots of Indigenous people this year is

00:49:39.100 --> 00:50:07.070
Samara McNeil: really tough, with a lot of major Indigenous dates coming up. And you know, NAIDOC week and Reconciliation Week, and things like that after the vote. So I think it's just so palpable. And again, just having that empathy and having that awareness can really change that. But I don't think it's a quick fix, obviously, but it manifests in physical disease. Unfortunately.

00:50:07.070 --> 00:50:12.210
Sally Moyle: It does. Yeah, yeah. And it's a sorry, Katherine. Did you have some thoughts.

00:50:12.380 --> 00:50:30.091
Katherine Lim: Oh, nice Samara just covered. I just wanted to echo that. And just like add the point of just like colonisation, gender inequality, all kinds of things, inequalities that we think of, perhaps, as social issues are actually also health shoes and hugely expensive ones in the system.

00:50:32.040 --> 00:50:32.580
Katherine Lim: Yeah.

00:50:32.580 --> 00:50:55.760
Sally Moyle: The interrelation between bodies and minds and histories is something that we need to do a lot more thinking about. I think, as we move down that pathway towards a gender-responsive and equitable health system. But, Sienna, did you? We? We haven't got any more questions on the QA. But were there any questions that came through that you'd like to just quickly brief us on before we start wrapping up.

00:50:55.980 --> 00:51:05.419
Sienna Aguilar: Yeah, sure. So there were some questions that came through in the registration process. So thank you, everyone. And I guess

00:51:05.480 --> 00:51:07.905
Sienna Aguilar: there's a couple that I'll combine

00:51:08.370 --> 00:51:13.180
Sienna Aguilar: And you've already touched on things like misdiagnosis and

00:51:13.360 --> 00:51:21.889
Sienna Aguilar: and trauma informed approaches on that big level of recognising that these social issues are also health

00:51:21.940 --> 00:51:25.477
Sienna Aguilar: issues. And so health solutions are also needed.

00:51:26.160 --> 00:51:53.320
Sienna Aguilar: how can gender responsive care be embedded into our health services and become business as usual? You've all touched on this in some way, shape or form, but I guess on a practical level. For instance. How can we encourage local health districts or local government services to make this core standard for workers or practical actions become business as usual or practical gender responsive actions, as business as usual?

00:51:54.940 --> 00:52:24.750
Sally Moyle: Thank you, Sienna, and we've got a question here. That absolutely reflects the conversation we've been having, that it's 1 thing for practitioners in the system to take the, to have the empathy, and to do things in a different way. But we're in a system that that manages our time so closely, and we haven't often got the time to devote to a particular patient how much support from the government have you experienced, and I might start with Samara there. Does the government, does the structures

00:52:25.180 --> 00:52:26.919
Sally Moyle: help or hinder us?

00:52:28.120 --> 00:52:45.810
Samara McNeil: Hinder I think, working in the workforce. Myself. Our current mandatory training is difficult to complete as it is. Recently there's been more of a push towards doing it in our paid time, which is very helpful, but I think

00:52:45.880 --> 00:53:15.120
Samara McNeil: wholeheartedly I think that this module should be part of our mandatory training in in, you know, any healthcare system particularly, which is a good way to sort of capture a large audience. I don't know exactly how that gets implemented or made mandatory, but you know, there's lots of training that I've been involved in, that are things that I would never reach out for by myself, and have really appreciated the training in. And I think, having that be done in paid time is very, very helpful.

00:53:15.710 --> 00:53:16.300
Sally Moyle: Well.

00:53:16.300 --> 00:53:21.950
Samara McNeil: Overworked workforce. So I think that's the only way you can do it. I don't know how this sorry I don't have the answer for that.

00:53:22.580 --> 00:53:28.430
Sally Moyle: Yeah. And you know we are. We are facing an under resourced health system, of course. So it's 1 thing to say. You need to take the time

00:53:28.770 --> 00:53:31.559
Sally Moyle: to be able to devote to the complex

00:53:31.810 --> 00:53:44.291
Sally Moyle: health issues of patients. But, you know, it's a, the system is rolling on. So I recognise that we're asking a lot of individuals with a will, I think.

00:53:44.840 --> 00:53:50.099
Sally Moyle: with that, unless there's any final thoughts. Yes, I might start wrapping up. But, Katherine, you have a final thought.

00:53:50.100 --> 00:53:56.493
Katherine Lim: Sorry. Sorry. There, I'll be very, very quick. One small practical thing that people can perhaps do is

00:53:57.110 --> 00:54:24.139
Katherine Lim: do something like an audit. In Victoria, we've got something called like agenda impact assessment, which is just being rolled out as law in the Victorian public sector. What it really does. It's a bit of like a checklist for sort of going through everything you're doing. Your operations, your procurement, your policies, your interfacing with your patients bloody and asking some

00:54:24.470 --> 00:54:26.020
Katherine Lim: core questions about

00:54:26.520 --> 00:54:49.909
Katherine Lim: what does that look like? You know how, how, what is like, sort of the gender-responsive like, how we doing? And when you kinda look at that, you can sort of say some gaps and find some clear priorities for action. I'll give a give Sienna a link to share around to a training we did on that topic which maybe we can share in in the notes afterwards. And also just doing the course which will give you some clear priorities in that area as well.

00:54:51.220 --> 00:55:18.250
Sally Moyle: Thank you, Katherine, and I mean, I often say, the way we're looking at gender in that very broad systemic way in this course, suggests to us that and how often say gender is about everything, and everything is about gender. So it's you're right. We have to look at every aspect of our health system, not just the interface with patients, but much more broadly about the way we allocate time resources, staffing, training.

00:55:18.250 --> 00:55:26.399
Sally Moyle: And so with that I might start wrapping up if I could, and on the training point. This course is aimed at filling that particular gap

00:55:26.909 --> 00:55:53.399
Sally Moyle: that we've been discussing. So please all register for module one. I think Sienna has provided the link for it. Also share that link with your workplace University. Your volunteer group in rolling out the course. It's available to everybody. As I say, I've had a look at it, and I think it's a really valuable contribution contact Sienna at the Australian Women's Health Alliance. If your workplace or community group is interested in exploring this further and in more detail.

00:55:53.400 --> 00:56:18.329
Sally Moyle: and with that I'd like to thank the participants this evening. 1st of all, let me thank our Auslan interpreters Leanne and Clare, if you've done an amazing job. Thank you, and I think you've kept up with us. So that's great. Thank you so much to Heidi for giving us the opening, and to our fabulous panelists, Katherine, Kate, and Samara. It's been a really rich conversation, and I think, given a taste of

00:56:18.490 --> 00:56:42.469
Sally Moyle: the depth to which we need to start thinking if we're going to have a gender-responsive health system. So thank you so much. And, Jana, thank you for your backroom support, and of course, to Sienna, who is an amazing colleague and friend, and has done most of the work in in pulling the course together, and in certainly in in bringing us together this evening. So thank you, Sienna, and I hope it's the start of

00:56:42.500 --> 00:56:53.640
Sally Moyle: a really long and deep relationship with gender-responsive health. I think we've got a moment in time in Australia. Now, there's some interesting things happening in the health system

00:56:53.640 --> 00:57:15.109
Sally Moyle: in gender impact analysis at various jurisdictions. And I think it's up to all of us to make sure that this 1st steps down this pathway. Open more opportunities and create more opportunities to have a more gender sensitive health system that will benefit us all and be, as others have said, more efficient and effective.

00:57:15.110 --> 00:57:24.159
Sally Moyle: So, thank you, Sienna, did you have any final things to share with us, are we good? I think you've said that there's a survey that's going to come up.

00:57:24.410 --> 00:57:35.944
Sienna Aguilar: So. Yes, any feedback will be excellent and just, you know, ideas of how we can share this with the people that you think should be doing this course as well. So thanks everyone for coming, and please fill in the survey as well.

00:57:37.680 --> 00:57:51.119
Sally Moyle: Thank you with that. And without further ado, thank you all very much for your participation tonight, and thank you to my fellow panelists. So I had a great, great conversation. I thought I'd learned so much from you all, and thank you for your wisdom.

About us

Australian Women's Health Alliance provides a national voice on women's health. We highlight how gender shapes experiences of health and health care, recognising that women's health is determined by social, cultural, environmental, and political factors.

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