



Government of **Western Australia**
Department of **Health**

Western Australian Women's Health and Wellbeing Policy

Lifting the health profile of women and girls

Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today¹.

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Acknowledgements

The *Western Australian Women's Health and Wellbeing Policy* (the Policy) is the result of extensive consultation and considered commentary from a large number of organisations and individuals across the Western Australian (WA) health system and community.

We would like to sincerely thank all those who contributed, especially the members of the Policy Working Group (refer to Appendix 1), who provided content expertise and insight, community linkages, strategic guidance, and a commitment to optimise the health, safety and wellbeing outcomes of women in WA.

Health Networks would like to acknowledge the significant work that contributed to the development of the Policy by the Women and Newborn Health Service, North Metropolitan Health Service and the Women's Community Health Network, WA.



Foreword by the Minister for Health

I am pleased to introduce the *Western Australian Women's Health and Wellbeing Policy*.

This Policy is the result of extensive consultation and considered commentary from more than 700 individuals and organisations across the State.

It will provide direction to the WA health system and its partners on how best to deliver strategies that optimise the health, safety and wellbeing of women and girls in WA, particularly those at greatest risk of poor health.

The Policy works in tandem with the Western Australian Men's Health and Wellbeing Policy, and provides a strategic, coordinated and gender-responsive approach by the WA health system and its partners.

Women's experiences of health and wellbeing differ to that of men and are influenced by the circumstances in which they grow, live, work and age.

While women are more likely to live longer than men, they experience higher incidence and prevalence of non-fatal health problems, resulting in increased years lived with morbidities and disability.

It is essential to recognise gender as a determinant of health, as well as a risk factor for chronic conditions such as cardiovascular disease and cancers, which are the leading causes of death in Australian women.

For example, symptoms of heart disease are less likely to be recognised and diagnosed in women, meaning it is less likely that they will receive appropriate care.

Nationally, one in six women experience physical or sexual violence by a current or former partner, and one in four women has experienced emotional abuse. This is particularly concerning in WA, which reports the second highest rate of physical or sexual violence against women.

Women are over-represented in mental health related issues, including post-traumatic stress disorder, eating disorders, perinatal anxiety, depression and postpartum psychosis.

This Policy identifies four priority areas for action, which are aligned with the priorities contained in the *National Women's Health Strategy 2020 – 2030* and the State Government's Women's Plan, currently under development by the Department of Communities.

Continuing to improve health outcomes for women will require a shared commitment and strong partnerships among government agencies, non-government organisations, the women's community health sector, communities, women and their support networks.

I would like to thank everyone who contributed to this Policy, in particular, the Women and Newborn Health Network, the Women and Newborn Health Service and the Women's Community Health Network WA for its role in developing this Policy.

I look forward to working together to produce real gains, tangible actions and health improvements for women and girls across our State.

Hon Roger Cook, MLA
Deputy Premier; Minister for Health; Mental Health

Snapshot of the Western Australian Women's Health and Wellbeing Policy

Our vision

To drive continuous improvement in the health, safety and wellbeing of women and girls in WA, particularly those at greatest risk of poor health

Our purpose

To provide a strategic, coordinated, and gender-responsive approach by the WA health system and its partners to drive equitable, accessible and appropriate services that optimise the health, safety and wellbeing of women and girls in WA

Policy pillars

1. The social determinants of health

2. Gender equity and intersectionality

3. A life course approach

Guiding principles

- Women centred, individualised care
- Inclusion and respect
- Health equity and access
- Continuous improvement, research and innovation
- Workforce capacity building
- Collaboration and partnerships
- Prevention, promotion, and early intervention

Priority populations among women

- Aboriginal women
- Members of LGBTI populations
- Pregnant and postnatal women
- Women affected by the criminal justice system
- Women experiencing mental health related issues
- Women from culturally and linguistically diverse (CaLD) backgrounds
- Women in low socioeconomic circumstances
- Women living in regional, rural and remote WA
- Women living with disability and carers
- Women who experience violence, trauma, and/or abuse

Priority areas

- A. Chronic conditions and healthy ageing**
- B. Health and wellbeing impacts of gender-based violence**
- C. Maternal, reproductive and sexual health**
- D. Mental health and wellbeing**

Policy in Context

Women are significant contributors to building healthy, safe and thriving communities. The Policy recognises that women's experiences of health and wellbeing differ to men's and that health and wellbeing outcomes are shaped by biomedical and genetic factors, health behaviours and the health system in which they live.

In WA, while women are more likely to live longer than men, they experience higher incidence and prevalence of non-fatal health problems, resulting in increased years lived with morbidities and disability.

To improve the overall health, safety and wellbeing of women in WA, the WA health system needs to embed structures, policies, and processes which empower women to be informed and part of the decision making process. The Policy reflects a continuing commitment to partner with key stakeholders to reduce inequalities and enhance the responsiveness of the health system to meet the needs of all women.

The three pillars listed below provide a framework for both the development of the Policy itself and to guide implementation of actions outlined in the Policy.

1. The social determinants of health

The Policy recognises that health is 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'². The social determinants of health (Figure 1) significantly contribute to inequities in health outcomes experienced by women across WA. These key drivers are influenced by the circumstances in which we grow, live, work and age as well as the systems constructing daily lives³.

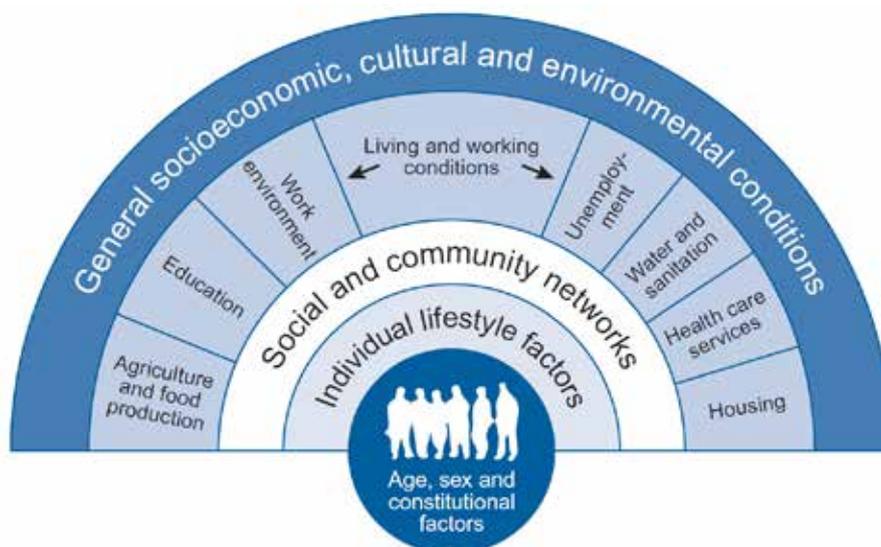


Figure 1. The social determinants of health³

Women's health, safety and wellbeing can be improved by addressing the social determinants of health, including: socioeconomic characteristics, geographical location, the social, political and physical environment elements, and cultural factors.

2. Gender equity and intersectionality

The Policy highlights gender as a key determinant of women’s health and wellbeing. Gender intersects with other factors influencing health outcomes such as race, ethnicity, religion, culture, Aboriginality, immigration status, disability, geographical location, socioeconomic circumstances, age, sex characteristics and sexuality.

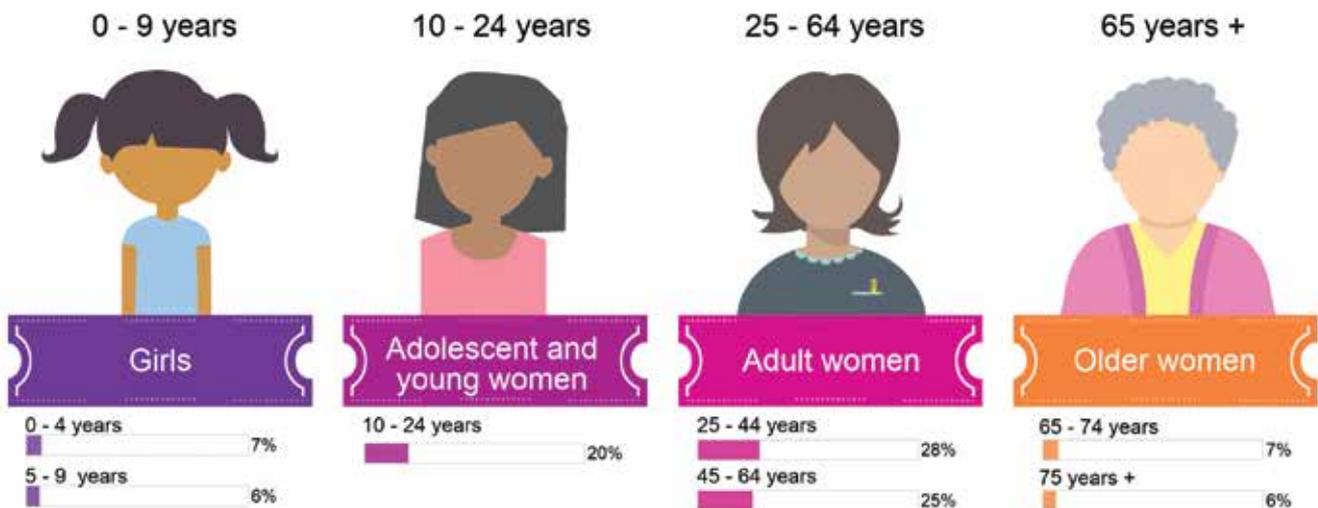
Achieving gender equality often requires gender specific programs and policies to address existing inequities. By considering the needs of women and men, a more targeted approach to improving the health and wellbeing of the whole community can be undertaken and greater results will be achieved.

3. A life course approach

The Policy advocates for a comprehensive approach focusing on the vital periods of growth, development and transition points across the life course to increase the effectiveness and applicability of health programs and services.

There is a need for the development of age appropriate health programs and services that recognise and respond to the changing health and wellbeing needs of women at the different life stages to positively influence health and wellbeing outcomes and experiences.

Stages across the life course



¹Figure 2. The age distribution of women in WA.

Policy Overview

The *WA Women's Health and Wellbeing Policy* was developed by Health Networks at the Department of Health to demonstrate the WA health system's commitment towards achieving the shared vision and strategic priorities of the *National Women's Health Strategy 2020 – 2030*⁴.

For the purpose of the Policy, the term 'women' refers to women of any age, including girls. It is acknowledged that there is diversity in sex characteristics, gender and sexuality.

The Policy builds on the *WA Women's Health Strategy 2013-2017*⁵ and works in tandem with other related WA State policies and strategies. These include:

- *WA Men's Health and Wellbeing Policy*⁶
- *WA Youth Health Policy 2018-2023*⁷
- *WA Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Health Strategy 2019-2024*⁸
- *WA Aboriginal Health and Wellbeing Framework 2015-2030*¹
- *WA Disability Health Framework 2015-2025*⁹
- *WA Health Promotion Strategic Framework 2017-2021*¹⁰
- *Sustainable Health Review Final Report*¹¹.

The Policy also aligns with the Department of Communities WA Women's Plan and 10 Year Strategy for Reducing Family and Domestic Violence in WA.

The Policy aims to drive continuous improvement in the health, safety and wellbeing of women and girls in WA, particularly those at greatest risk of poor health. The Policy provides a strategic, coordinated and gender-responsive approach by the WA health system and its partners to drive equitable, accessible and appropriate services that optimise the health, safety and wellbeing of women and girls in WA.

It is essential for women to be partners in the decision-making to ensure the planning, development and delivery of services are gender-responsive. The Policy will provide a platform to articulate the voices of women across WA.

The Policy is the result of extensive consultation with a broad range of community members and the WA health system through an online survey and targeted consultations. This builds on previous consultations undertaken by Women's Community Health Network, WA. The information from these consultations have directly informed the Policy and provided details on how services can be most responsive to women's health, safety and wellbeing needs.

The Policy outlines four priority areas for action relating to the health and wellbeing needs for WA women to achieve improvements in health equity:

- A. Chronic conditions and healthy ageing**
- B. Health and wellbeing impacts of gender-based violence**
- C. Maternal, reproductive and sexual health**
- D. Mental health and wellbeing.**

The Policy supports existing efforts across WA health services and communities to achieve the best possible women’s health and wellbeing outcomes. Moving forward, the Policy advocates for strong partnerships and interagency collaboration in order to continue to improve outcomes for all women. These partners include, but are not limited to:

- individuals, carers, families, support networks and communities
- cross-sector agencies
- non-government organisations, community and advocacy sectors
- the public and private health sectors
- industry
- Aboriginal Health Council of WA and Aboriginal Community Controlled Health Services
- research and academic institutions.

Improvements in research and data collection on the health and wellbeing of WA women, particularly those at greatest risk of poor health, are essential to inform evidence-based practice. Monitoring and evaluation at a program and system level adds rigour and informs service planning to support the development of safe, high quality and sustainable health services. Investments in research, innovation and translation activities will enable the development, testing and knowledge transfer of initiatives across the WA health system.

The Policy is the responsibility of many agencies and departments beyond the WA health system. This is an initiating document to guide the development of new policies, programs, research, and service planning and delivery to drive equitable, accessible and appropriate services.

Refer to the Glossary of terms for a comprehensive list of key terms and their intended meaning within the context of the Policy.

The demographics of WA women can be found in figure 3.

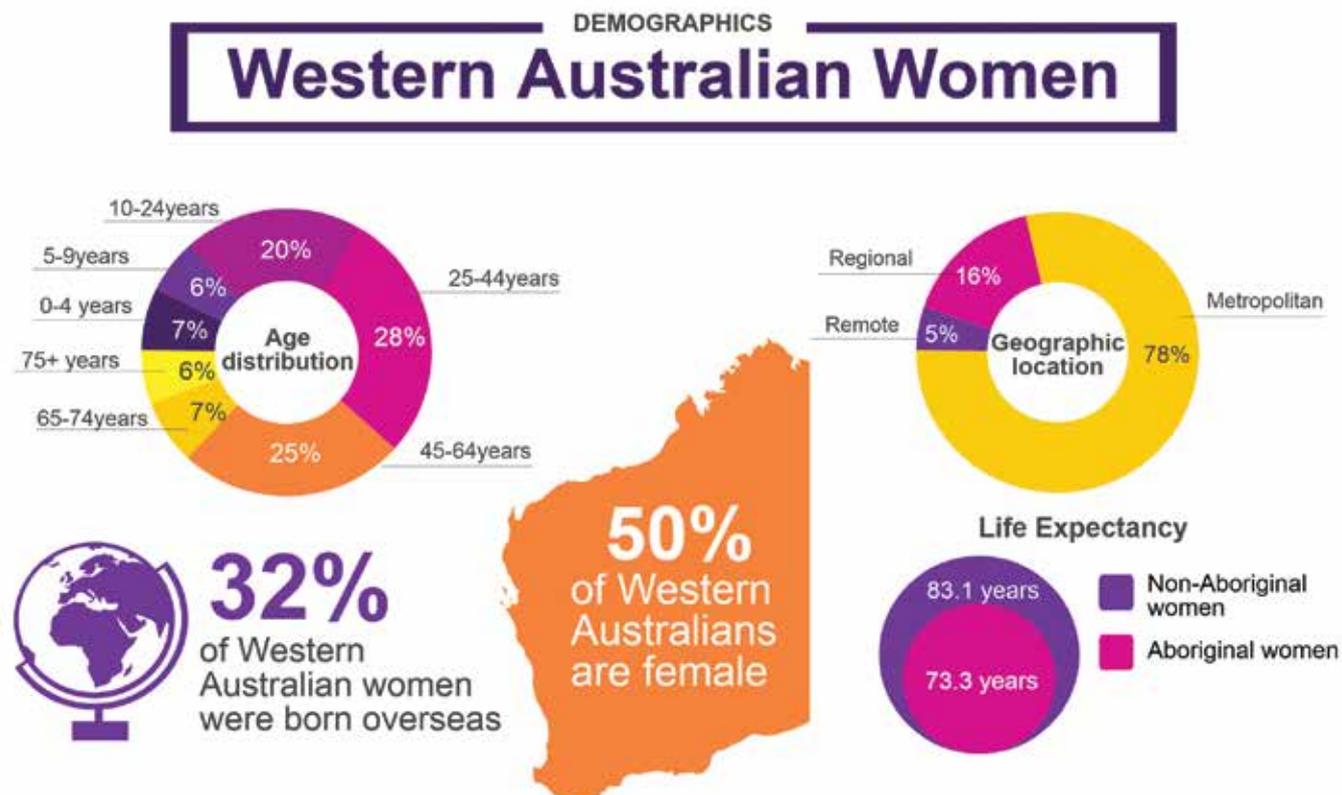


Figure 3. The demographics of WA women

Using the Policy

Audience

The Policy recognises the interdependencies that exist between primary, secondary and tertiary health care, and their connection to social care.

The primary audience of the Policy is the WA health system which is expected to support the implementation of the Policy.

The WA health system is comprised of the WA Department of Health and Health Service Providers, which includes:

- Child and Adolescent Health Service
- East Metropolitan Health Service
- Health Support Services
- North Metropolitan Health Service
- PathWest
- Quadriplegic Centre
- South Metropolitan Health Service
- WA Country Health Service

The WA health system also encompasses commissioning bodies including the Mental Health Commission, the WA Primary Health Alliance and other contracted health entities which provide health services to the State.

Improvements in women's health, safety and wellbeing are the joint responsibility of a range of agencies beyond the WA health system working collaboratively to achieve common goals. The Policy provides useful guidance on how all women, their families and carers, community and advocacy groups, health professionals and those who provide services for women can work collectively towards improving women's health, safety and wellbeing. It is recommended the approaches outlined within the Policy are supported across multiple sectors, including, but not limited to:

- charitable organisations
- commonwealth government agencies, including the Department of Health
- educational bodies
- non-government organisations, including the women's community health sector and other peak professional bodies
- Aboriginal Health Council of WA and Aboriginal Community Controlled Health Services
- other WA government agencies including the Department of Premier and Cabinet, Department of Communities; Department of Education; Department of Justice; Department of Planning, Lands and Heritage; Department of Local Government, Sport and Cultural Industries; Department of Fire and Emergency Services; Public Transport Authority; WA Police; and Equal Opportunity Commission.

Putting the Policy into practice

The Policy outlines the key elements to improve health services for women, including:

- attitudes (e.g. cultural factors, stigma)
- building knowledge through education/awareness (of conditions, risks, treatment, health impact and services)
- achieving equitable health outcomes
- access to services (e.g. location, cost, availability of health services)
- collecting comprehensive data
- building skills for effective interactions with all women
- community support and intervention (e.g. carers, family, friends, colleagues).

It is the intent of the policy to inform local planning, delivery and evaluation strategies for health services and programs including targeted approaches for priority populations at higher risk of poor health.

To achieve the greatest effect, it is recommended that:

- the WA Department of Health, Health Service Providers and health services develop implementation plans to deliver the recommended actions of the Policy
- women are meaningfully involved in the development of the implementation plans and the subsequent measurement of their impact
- for the greatest benefits, it is recommended that the policy is adopted as a multi-agency approach.

The Policy works in tandem with a range of other agency and health service policies, frameworks and strategies. Some of these are listed in Appendix 2.

Future Vision

It is envisaged that Implementation Plans for the Policy will be developed, involving high-level cross-government collaboration, to ensure women in WA have optimal health, safety and wellbeing.



The health and wellbeing of women in Western Australia

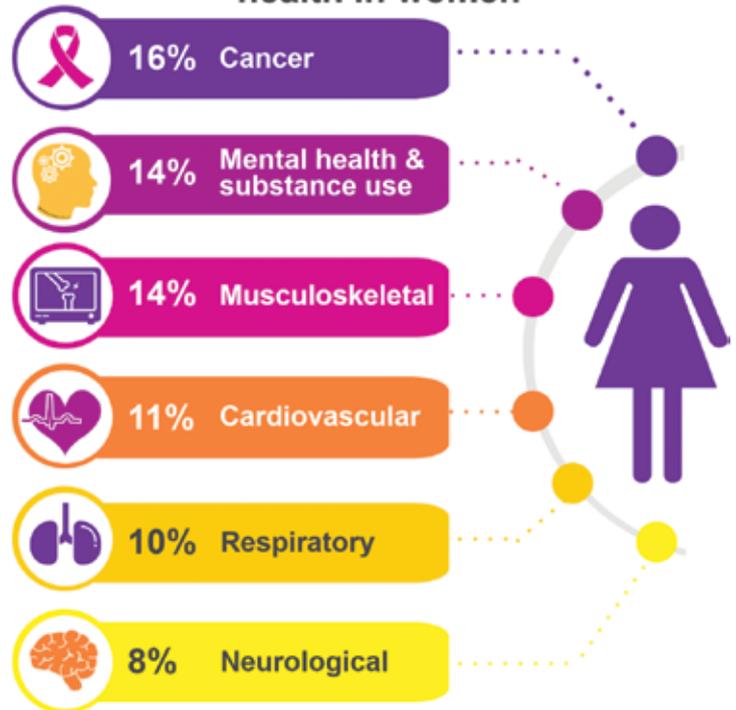
Women's Health & Wellbeing

In Western Australia

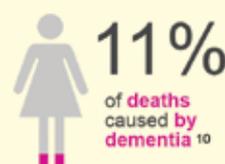
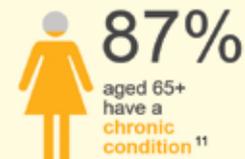
Health Risk Factors ¹



Top 6 contributors to ill health in women ²



In Australia



See Appendix 3 for references.

Quotes from consultations

'Provide women and girls the information they need to make informed decisions about their own health, in a respectful and non-judgemental way.'

'Using our existing workforce more innovatively.'

'Women face the stigma of having to do everything and doing it perfectly. We need to provide young women with the tools, knowledge, alternative social discourse, and access to the physical supports (services and programs) that allows them to challenge this fake image of womanhood.'

'Ensure all women and girls are educated and supported in having safe sex feel respected and valued in sexual relationships and are empowered to say no to any sexual activities that they do not wish to partake in.'

'Build confident girls through gender equality.'

'Support women and girls in improving their self-esteem, in defining their identity as separate to social media and in not feeling pressured to conform to a certain type of physical appearance.'

'Women need to be treated as whole people – mental and physical health is inextricably linked, and this has to be considered in the woman's socio-economic context. We need to be smarter and more connected in our thinking.'

'To date when I see people talking about women's health it usually includes pictures of very vibrant and healthy looking women. Often there is little diversity in the women chosen, and there is never any woman with disabilities. People on oxygen, in wheelchairs, or with chronic progressive diseases are still interested in maintaining their health. If you don't start including these groups we will always be something to be stared at and hidden away.'

'Inform and educate women and girls about how to access services in a timely manner by providing clear pathways into health care services, especially in relation to gynaecological, sexual and mental health, which are highly stigmatised.'

'Impact of violence has an effect on both physical and mental wellbeing of women. This means that gendered violence is not strictly a health issue, but requires that health is framed within psychosocial conditions in which women live.'

'Women and girls need to feel they are valued and respected as individuals with each service provider in health services. This includes customer services staff in surgeries and clinics.'

'The main issue is not necessarily the existing services but the coordination of services and integration of these is lacking.'

'Engaging with women and allowing them to be part of the process of design of new services or feedback on current services will help to shift cultures and create effective programs.'

'A lot more collaboration between health services and community non-government and government organisations, businesses and legal services.'

'Confidence, self-determination and most importantly self-worth are key for young girls and women. It is mind, body and spirit that need to be strong.'

'Honour the unique biology of women and to support them across their whole lives without shame, disadvantage or retribution.'

'Chronic disease and preventative health needs to start early from conception onward.'

Guiding principles

The following guiding principles set the foundation for the intent of the Policy and guide the delivery of health care for women. They exist to provide an overarching set of values and standards to ensure that women are supported and empowered to strive for and maintain good health, safety and wellbeing.

Women centred, individualised care

It is essential to recognise that each woman is unique with individual health needs shaped by the context in which they live. Women are to be encouraged to voice their needs to inform services and enable a gender-responsive health system. Women are to be educated and supported to meaningfully participate in the co-planning, design and evaluation of health programs and services.

Health services should aim to deliver programs and services that provide women with choices and appropriate care options, placing women at the centre of their own health, safety and wellbeing. The provision of health services should be flexible, respectful and responsive to the preferences and needs of the individual woman and the cultures of their communities.

Inclusion and respect

The WA health system should aim to embed structures, policies and processes to achieve inclusive and respectful programs and services that are physically and culturally accessible to all women, encompassing their holistic needs.

It is necessary to recognise the importance of the cultural determinants of health and all forms of diversity. It must be acknowledged that some population groups experience stigma, discrimination and/or racism, which are a significant barrier to health system access and negatively impact on health outcomes. In this context, it is important to provide culturally secure services and improve the cultural and language competency of mainstream health services to meet the health needs of all women in WA.

Health equity and access

Inequities in health outcomes between women and men and between populations of women need to be addressed and reduced.

It is important to promote equitable access to programs and services to positively contribute to the health, safety and wellbeing of all women. It is essential to recognise that certain population groups among women have different health outcomes and experiences of health services. These gaps in service delivery need to be addressed, targeting those at greatest risk of poor health.

Continuous improvement, research, and innovation

The WA health system should aim to adopt a system-wide approach to innovation and service improvement. Continuous improvement processes must be undertaken to drive safe, high quality and sustainable programs and services to meet the changing and diverse needs of women. Data is to be routinely collected to determine and prioritise the diverse needs of women.

It is necessary to promote effective and collaborative research, data collection, monitoring and evaluation to support a strong and emerging evidence-based service delivery.

Knowledge transfer across organisations, jurisdictions and subject areas to achieve quality programs and services for women must be encouraged. Programs and services must be transparently monitored and evaluated to ensure their continued relevance, responsiveness, effectiveness and sustainability.

Workforce capacity building

There needs to be a focus on building the capacity of the current and emerging workforce to improve health service delivery by providing appropriate education, training and professional development opportunities. It is necessary to develop a strong and skilled workforce that is competent, confident and responsive to the needs and expectations of women. Health professionals and support staff should be encouraged to undertake professional development to acquire the necessary skills to effectively engage with women.

Staff engagement and satisfaction must be increased to promote a positive culture and support health and wellbeing in the workplace. The WA health system should support their employees by promoting personal wellbeing and continuing to provide accessible and confidential support services.

Collaboration and partnerships

It is essential to include women as partners in decision-making to ensure programs and services are responsive to their health, safety and wellbeing needs.

There should be a shared commitment and collective responsibility to improve women's health, safety and wellbeing across multiple government agencies, non-government organisations, including the women's community health sector, communities, women and their support networks. Strong and continued interagency collaboration and cross-sector engagement must be encouraged to improve the broader social determinants of health and deliver coordinated care.

Prevention, promotion, and early intervention

It is necessary to address health risks through the development and delivery of prevention and early intervention initiatives tailored to the health needs of women.

Health literacy and education initiatives to raise awareness, promote healthy behaviours, and equip women with the knowledge and skills to make informed decisions to support good health and wellbeing must be encouraged.

Priority populations among women in Western Australia

Whilst acknowledging the Policy is for all women in WA across the life course, many specific groups of women experience inequities in health and wellbeing outcomes and may have complex needs.

The priority populations highlight women who are at higher risk of:

- poorer health and wellbeing outcomes
- poorer social outcomes, such as stigma and discrimination
- inequitable access to quality health care
- high health risk behaviours.

The priority populations listed in the Policy are not exhaustive and the populations are not homogenous groups. Populations may overlap and encompass varying characteristics and experiences.

Each priority population status has a singular impact on a woman's experience of health and wellbeing. Many women identify with one or more of the identified priority population groups, contributing to a compounding effect on their health and wellbeing needs and outcomes.

The development of gender-responsive and targeted health policies, programs, research and services focusing on the health needs and circumstances across the life course will improve health equity for women in WA.

The priority populations among women in WA include:

- Aboriginal women
- Members of LGBTI populations
- Pregnant and postnatal women
- Women affected by the criminal justice system
- Women experiencing mental health related issues
- Women from Culturally and Linguistically Diverse (CaLD) backgrounds
- Women in low socioeconomic circumstances
- Women living in regional, rural and remote WA
- Women living with disability and carers
- Women who experience violence, trauma and/or abuse.

Priority areas

There are four priority areas for action that are identified within the Policy that can drive improvements in the health and wellbeing outcomes and experiences for women in WA across the life course. These priority areas have been developed in consideration of the *National Women's Health Strategy 2020 – 2030*⁴ and directly through the consultation process to apply to the specific needs of women in WA.

The priority areas are interrelated and of equal importance. Progress within each priority area is essential to achieve the overall aim, purpose and intent of the Policy. A holistic, gender-responsive approach is addressed within each priority area.

The four priority areas are:

- A. Chronic conditions and healthy ageing**
- B. Health and wellbeing impacts of gender-based violence**
- C. Maternal, reproductive and sexual health**
- D. Mental health and wellbeing.**

Due to the complex intersectionality between the priority areas, links have been applied throughout the document to reduce repetition.



Priority area A: Chronic conditions and healthy ageing

The term ‘chronic conditions’ refers to a broad range of chronic and complex conditions across the spectrum of health, including mental health related issues, trauma, disability and genetic disorders¹².

Healthy ageing is ‘*the process of developing and maintaining the functional ability that enables wellbeing in older age*’¹³. This includes the strength and resilience of the individual, and the environment in which they live, that enables them to be and do what they have reason to value.

Why is this a priority?

- In Australia, chronic conditions such as cardiovascular disease and cancers are currently the leading causes of death among women¹⁴. Chronic respiratory conditions, musculoskeletal disorders and neurodegenerative disorders are prominent contributors to the burden of disease in women and result in significant morbidity and disability¹⁵.
- Chronic conditions account for 54 per cent of all potentially preventable hospitalisations in WA¹⁶. There is a need to increase prevention and early detection of chronic conditions and modify health behaviours and risk factors that contribute to their development.
- Majority of chronic conditions in women share common risk factors such as tobacco smoking, risky alcohol consumption and substance abuse, poor nutrition, inadequate physical activity and obesity¹⁴.
- Despite a decline in tobacco consumption, tobacco smoking remains a leading preventable cause of death and disease¹⁷.
- Trends in overweight and obesity show an increase, particularly in girls, young women and Aboriginal women¹⁴.
- Gender is a determinant of health, as well as a risk factor for chronic conditions in women.
- Symptoms of heart disease in women are less likely to be recognised and diagnosed resulting in women being less likely to receive appropriate care for heart disease¹⁸.
- Gestational diabetes increases the risk of type 2 diabetes seven fold and gestational hypertension and pre-eclampsia increases the risk of chronic hypertension two to four times^{19, 20}.
- Increased life expectancy among Australian women has led to women living longer²¹. A greater focus on the non-fatal disease burden and associated risk factors is required to continue to improve and promote healthy behaviours and healthy ageing.

Future priorities and actions

Future actions identified within this priority area align with the *National Strategic Framework for Chronic Conditions*¹², the current *WA Health Strategic Intent*²² and a range of other strategies and emerging condition-specific Action Plans.

1. Promote healthy behaviours and healthy ageing in all women to prevent development of risk factors associated with chronic conditions

No.	Action
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A1 Promote and actively support healthy behaviours and healthy ageing to prevent the development of risk factors. This could be achieved by:

- public health promotion initiatives targeting the various intervention points across the life course of a woman
- school-based programs to promote awareness for girls and young women.

A2 Create supportive and safe environments to encourage healthy behaviours among women through a settings-based approach, such as:

- cross-government partnerships to increase availability of affordable healthy food options in schools, educational institutes, workplaces, community and regional settings
- aligning to the Aboriginal Community Controlled Health Services delivery of chronic condition prevention and management services to Aboriginal women collaborating with community to advocate for safe, active travel options.

A3 Build primary healthcare workforce capacity to move towards a preventive approach to care. For example, health professionals routinely promote healthy eating and physical activity in women and use every consultation as an opportunity for brief intervention.

A4 Adopt innovative models to enable older women to choose the environment they want to age in. This could include providing care closer to home and exploring opportunities for age friendly communities where older women are respected, valued and actively engaged in their community.

2. Prevent the development of chronic conditions in women by targeting associated risk factors

No.	Action
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|-----------|--|
| A5 | <p>Increase messaging to women about modifiable risk factors associated with the development of chronic conditions promoting current initiatives, such as:</p> <ul style="list-style-type: none">• the Cancer Council WA's Make smoking history²³ campaign to tackle smoking• the LiveLighter²⁴ campaign in promoting healthy body weight and reducing overweight and obesity• Diabetes WA²⁵ in raising awareness of the role of a healthy diet and physical activity to prevent diabetes• the Alcohol.Think Again²⁶ campaign to reduce risky alcohol consumption in addition, support the development of future campaigns, which could include:<ul style="list-style-type: none">• increasing awareness around the role of obesity, alcohol and smoking in the development of hypertension• delivering educational campaigns on acute rheumatic fever and subsequently rheumatic heart disease. |
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| A6 | <p>Increase health workforce capability to provide support for women to manage risky health behaviours, utilising a strengths-based approach to foster change.</p> |
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- | | |
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| A7 | <p>Develop supportive environments to reduce risk factors associated with chronic conditions and promote healthy ageing through cross-sectoral collaboration and partnerships. This could be achieved by:</p> <ul style="list-style-type: none">• developing initiatives to reduce social isolation and loneliness (refer to action D7 for further recommendations)• encouraging provision of safe arrangements in aged care facilities• promoting housing initiatives to consider the needs of women experiencing homelessness and those in unstable housing. |
|-----------|--|
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3. Prevent progression of chronic conditions in women through early detection and intervention

No.	Action
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A8 Promote and enhance the uptake of screening for early detection of chronic conditions, including:

- cardiovascular disease
- chronic liver conditions
- dementia
- diabetes or hypertension
- renal disease
- respiratory conditions including chronic obstructive pulmonary disease.

A9 Increase education on, and access to, cancer screening and immunisation programs to improve the diagnosis and treatment of cancers, including alignment to:

- Breast Screen Australia²⁷
- National Cervical Screening Program²⁸
- National Bowel Cancer Screening Program²⁹.

This would include promoting awareness of, and access to, genetic screening as well as more frequent screening schedules for women with a strong family history of cancer, or who have an identified increased risk in developing cancer.

Please refer to action C8 and C13 for further recommendations regarding reproductive health and sexual health screening and immunisation programs.

A10 Educate and train healthcare workforce to detect and diagnose chronic conditions in women by recognising gender specific differences in presentation and symptoms.



4. Provide holistic care and management to support women

No.	Action
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A11 Empower, encourage and support women to cultivate a better understanding of how to manage their own health-care needs. This could be achieved through appropriate platforms (face to face and online) and programs for peer support groups, cultivating health literacy, information sharing and community support services.

A12 Provide equitable access to evidence-based holistic care and management, including community-led services. For example:

- innovative approaches and assistive technologies to support women living with disabilities
- expanding telehealth services and interactive technologies for women living in regional, rural and remote WA
- increase access to interpreters and translated health information
- integrating care for women living with chronic conditions and multimorbidities
- increase utilisation of allied health.

A13 Health services to educate and support women with chronic conditions in navigating the health system by providing information on available services and embedding streamline referral pathways.

A14 Decrease morbidity resulting from non-fatal disease burden in women through provision of specialised services, such as:

- audiology and hearing devices
- dental services
- mesh clinics for incontinence and prolapse
- ophthalmological and optometric services
- palliative care services
- physiotherapy services and relief medications for musculoskeletal conditions
- services for neurodegenerative conditions including dementia
- trauma care for falls and injuries.

Priority area B: Health and wellbeing impacts of gender-based violence

Gender-based violence is a broad term that encompasses family and domestic violence (FDV) and sexual violence, including sexual harassment, sexual assault, stalking, female genital mutilation/cutting and interpersonal violence³⁰. It includes any act of violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life³⁰.

Why is this a priority?

- Nationally, one in six women have experienced physical and/or sexual violence by a current/former partner, and one in four women have experienced emotional abuse³¹. WA has the second highest rate of reported physical and sexual violence against women³².
- The priority populations at elevated risk of experiencing gender-based violence include young women, pregnant women, women from CaLD backgrounds, women living with disability, members of LGBTI populations, women affected by the criminal justice system, women in low socioeconomic circumstances, and women who experience violence, trauma and/or abuse as a child. In addition, women living in regional, rural or remote locations have higher prevalence of gender-based violence than women in urban settings³³. Furthermore, Aboriginal women experience gender-based violence 3.1 times the rate of non-Aboriginal women³¹.
- FDV has significant impacts on the health, safety and wellbeing of women, including mental health related issues, substance misuse, reproductive ill-health, injury, illness, suicide, self-inflicted injuries, homicide, homelessness, poverty and economic disadvantage³¹.
- Gender-based violence may contribute to low levels of access and engagement with preventive health services, further contributing to negative health outcomes.
- There are significant gaps in crisis care and transitional housing for women and their children to access safe accommodation, particularly for women living in regional, rural and remote WA.
- Between 2009-2015, the total cost of FDV was \$51.9 million across all WA Health for people admitted to hospital for assault related injuries caused by a domestic partner or family member³⁴.
- There are limited gender-responsive programs and services to meet the current and future demand for women experiencing gender-based violence.
- There is a lack of recognition and response to address the behaviours contributing to gender-based violence, in addition to the impacts of gender-based violence on women's mental, physical and social health and wellbeing.
- Currently, there is no standardised approach to the collection of data identifying gender-based violence.
- Women often experience a lack of continuity of care due to a siloed approach to responding to FDV resulting in disjointed service delivery.

Future priorities and actions

The future priorities and actions align with the *National Plan to Reduce Violence against Women and their Children 2010-2022*³⁵ and subsequent action plan(s), in addition to WA State Government's *Stopping Family and Domestic Violence Policy*³⁶ and 10 Year Strategy to Reduce Family and Domestic Violence in WA now under development by the Department of Communities.

1. Strengthen community understanding and awareness of gender-based violence

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| B1 | <p>Promote and invest in prevention and early intervention initiatives to build community awareness of the diverse forms of gender-based violence and the associated health impacts.</p> <ul style="list-style-type: none">• This could be achieved through peer education campaigns and school-based programs including information on informed consent, bodily autonomy, and safe, equal, ethical and respectful relationships. |
| B2 | <p>Work in partnership with organisations and gender equity experts to build the knowledge, skills and capacity of individuals, communities and organisations to challenge social norms, support perpetrator accountability, and change attitudes and behaviours that lead to gender-based violence.</p> |

2. Address health and related impacts of gender-based violence by delivering accessible, inclusive and responsive services

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| B3 | <p>Prioritise service provision towards innovative strategies, such as community-led initiatives, that address the health impacts of gender-based violence, particularly for priority populations at risk.</p> |
| B4 | <p>Improve access to evidence-based prevention, intervention support and advocacy services for women experiencing gender-based violence and direct women to these services.</p> |
| B5 | <p>Health services to improve and streamline referral pathways to ensure women experiencing gender-based violence have timely access to appropriate support services.</p> <p>Refer to Priority Action item D9 for mental health screening.</p> |
| B6 | <p>Empower women experiencing gender-based violence to safely utilise technologies to access information and link in to services.</p> |

3. Health services to prioritise the delivery of safe, trauma informed services for women experiencing gender-based violence

No.	Action
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B7 Acknowledge the need to contribute to funding and resourcing to reduce gender-based violence and the impact on women's health and wellbeing, especially where disparities exist.

B8 Educate the health workforce about signs and risk factors of gender-based violence, and how to offer support to accessible, inclusive and responsive services. This could include equipping health professionals to:

- recognise and respond to violence, trauma and/or abuse via adhering to best practice for routine, system-wide guidelines for screening, assessment and referrals, and ensure that this is age appropriate for girls, women and older women
- provide trauma informed care in a private and confidential environment.

B9 Support partnerships with organisations with gender equity expertise to provide gender-based violence education, training and capacity building in health services and community settings.

B10 Facilitate cross-sector partnerships and integration of services to enable collaborative and coordinated care. This would encourage:

- the avoidance of duplication or siloed approaches to service delivery
- addressing data gaps and improving data linkage
- information sharing.

B11 Ensure evidence-based practices and systems are in place to support perpetrators to develop sustainable attitude and behavioural change including the delivery of culturally specific programs.

B12 Strengthen initiatives by aligning with existing structures, strategies and mechanisms at both a State and National level.

B13 Improve the evidence-base via enhanced monitoring, data quality and research into gender-based violence, including physical and non-physical violence (emotional abuse/coercive control) and the associated health impacts, to directly inform service provision and resourcing.

Priority area C: Maternal, reproductive and sexual health and wellbeing

The Policy promotes maternal, reproductive and sexual health programs and services for women across the life course from young girls to older women. The need to enhance opportunities and choices for health care information, diagnosis, treatment and services is essential in the social and cultural context of women's lives.

Why is this a priority?

- Some women have restricted control over their own bodies and reproductive choices, with limited access to safe, non-judgmental, effective, and affordable health and support services.
- There are significant disparities in maternal, reproductive and sexual health outcomes in WA.
- The incidence and impact of sexually transmissible infections (STIs) and blood-borne virus' (BBVs) is uneven, with some women facing far more significant health impacts.
- There are limited gender-responsive and culturally secure health programs and services. This includes a lack of inclusive health services considering the diversity of sex characteristics, genders and sexualities, as well as the importance of a woman's individual needs and preferences.
- Improvements in maternal, reproductive and sexual health literacy and consistent terminology are necessary to empower women to make informed decision on their health care choices.



Future priorities and actions

The future priorities and actions align with the National Strategic Approach to Maternity Services, the *WA LGBTI Health Strategy 2019-2024*⁸ and the *WA Sexual Health and Blood-borne Virus Strategies 2019-2023*³⁷.

1. Enhance and support equitable access to: maternal health services

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| C1 | Promote safe and optimal preconception for women planning pregnancy and perinatal health, including evidence-based health education and services, to promote healthy lifestyles behaviours. |
| C2 | Improve awareness of pregnancy complications, pregnancy loss and infertility risks by promoting holistic health campaigns and support health services to provide preconception and perinatal health care. |
| C3 | Invest in and develop culturally safe and secure maternity care services for Aboriginal women and their families. |
| C4 | Build and strengthen the maternity health workforce capacity by: <ul style="list-style-type: none">• supporting health professionals' education and ability to provide specialist services such as fertility education and genetic counselling• increasing opportunities for a strong, skilled Aboriginal health workforce supported by a culturally safe work environment• providing Aboriginal cultural education and training opportunities for the non-Aboriginal workforce. |
| C5 | Promote evidence-based initiatives facilitating appropriate breastfeeding support to assist mothers and their support persons to make informed decisions, particularly in the first six weeks postnatally. |
| C6 | Improve health and wellbeing outcomes by increasing access to care in the perinatal period and by ensuring access to evidence-based consumer information about maternity and newborn services across the continuum of perinatal care. This could include: <ul style="list-style-type: none">• a map of maternal, newborn, perinatal mental health and child health services• implementing formalised referral pathways between health service providers• statewide maternal and newborn care policies and consumer information• ensuring access to antenatal and postnatal care where birthing services are not provided• ensuring access for Aboriginal women to culturally secure maternity care services. |

2. Enhance and support equitable access to: reproductive health services

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C7 Continually work towards providing and promoting equitable access to affordable reproductive health services responsive to the woman's individual needs and preferences. These should be delivered in a non-judgmental and safe environment without fear of harassment or intimidation, while maintaining patient safety and privacy.

C8 Continue to promote culturally secure health screening/testing services, including:

- the 5-yearly Cervical Screening Test³⁸ to support the delivery of the WA Cervical Cancer Prevention Program³⁹
- the Human Papillomavirus Vaccination⁴⁰ to prevent cervical cancer
- perinatal mental health screening
- brief interventions for smoking and alcohol
- for prevention of sudden unexpected infant death syndrome.

C9 Enhance reproductive choices and services for women including contraceptive options, unplanned pregnancy counselling programs, ultrasound, and medical and surgical termination of pregnancy.

C10 Provide equitable access to affordable fertility services including evidence-based in vitro fertilisation treatment and expand and improve family planning information and care/services.

C11 Upskill health professionals with current, best practice methods and approaches to improve diagnosis and treatment of reproductive health conditions and their associated risk factors.

Topics to include: endometriosis, polycystic ovarian syndrome, adenomyosis, chronic pelvic pain conditions, pelvic inflammatory disease, uterine fibroids, gynaecological cancers, infertility, gestational trophoblastic disease, menopause, breast health, infertility, urinary and faecal incontinence, pelvic organ prolapse and STIs and BBVs.

3. Enhance and support equitable access to: sexual health services

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C12 Improve health literacy by increasing visibility of, and access to, comprehensive and evidence-based health prevention and promotion initiatives on women's sexual health that range across the life course. Some examples include:

- education on the short- and long-term impacts of STIs and BBVs
- school programs that include information on respectful relationships, puberty and menstrual cycle, safe and consensual sex, diversity of sexuality, contraception and sexual health.

C13 Continually work towards providing and promoting accessible, inclusive and culturally secure sexual health services including screening/testing services.

C14 Develop and promote innovative approaches and tools (e.g. technology and interactive learning) to encourage self-education, self-management and informed health-seeking behaviours for women's sexual health needs.

C15 Increase opportunity and options that address access barriers to timely, appropriate and affordable sexual health services, and improve the continuity of care through clear referral pathways.

C16 Strengthen cross-collaboration partnerships across community, government, non-government and industry sector to:

- determine new strategies that could improve the uptake of sexual health services in priority populations that are under-screened, or at risk, or who face systemic barriers to accessing sexual health services
- understand and minimise the reported experience of stigma in relation to sexual health.

C17 Build health workforce capacity and capability through education including how to approach diagnosis and care to continue to develop a responsive health system.

For example, increasing sexual health knowledge for Aboriginal Health Workers and others working with Aboriginal people, such as the Birds and the BBVs Training⁴¹.

C18 Promote and encourage research in sexual health to enable better quantification of disease burden, investigation of risk factors/causes, barriers to access and treatment options/preferences.

Priority area D: Mental health and wellbeing

Mental health is defined as a state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community⁴².

The Policy acknowledges that Aboriginal women and their communities have a holistic view of mental health and prefer the use of the term social and emotional wellbeing including connection to body, mind and emotions, family and kinship, community, culture, language, country, spirit and ancestors⁴³.

It is identified that women experiencing difficulties with their own or someone else's alcohol and other drugs (AOD) misuse adds an additional layer of poorer social outcomes, such as stigma and discrimination, and is both a risk and consequence of other factors.

Why is this a priority?

- Life expectancy for women experiencing mental health related issues has been found to be 12 years lower than the general population of WA⁴⁴. In Australia, one in five women experience depression and one in three women experience anxiety during their lifetime⁴⁵.
- One fifth of WA women who completed suicide were found to have been discharged from a psychiatric treatment facility on the same day, and one third within one month of discharge⁴⁶.
- Women are at risk of experiencing mental health related issues throughout their life span, with heightened points during puberty, the perinatal period, motherhood and menopause¹⁴.
- Women are also at greater risk of anxiety and depression resulting from negative experiences such as violence, trauma and/or abuse, racism, intergenerational trauma, discrimination, infertility, perinatal loss, relationship breakdowns, carer responsibilities, loneliness and isolation, and socioeconomic disadvantage.
- Women are over-represented in mental health related issues such as post-traumatic stress disorder (PTSD), eating disorders, perinatal anxiety, depression and postpartum psychosis.
- Marginalised and disadvantaged population groups of women are identified to be at greater risk of experiencing mental health related issues. In Australia, one in three Aboriginal women are reported to have a mental health related issue and are three times more likely to experience high levels of psychological distress in comparison with non-Aboriginal women^{47, 48}.
- The rate of suicide and self-inflicted injuries is higher in women living in regional, rural and remote locations⁴⁹. There is a clear need to increase access to mental health services in these regions.
- Prevalence of mental health issues is found to be higher in LGBTI populations, women from CaLD backgrounds, women experiencing homelessness, and women living with chronic conditions⁵⁰⁻⁵³.

Future priorities and actions

Future actions identified within this priority area, align with the current Mental Health Commission's *WA Mental Health, Alcohol and Other Drug Services Plan*⁵⁴ and *WA Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025*⁴³, along with the WA State Government's current *Suicide Prevention Strategy*⁴⁶ and subsequent action plan(s).

1. Enhance gender-responsive mental health and wellbeing education, awareness and primary prevention initiatives

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D1 Deliver mental health and wellbeing initiatives to improve mental health literacy. To achieve this primary, secondary and tertiary education programs could include age appropriate information on:

- AOD
- body image and eating disorders
- diversity of sexuality and gender identity
- mental health and wellbeing including perinatal
- resilience building (to cope with stress and anxiety)
- gender-based violence
- suicide prevention.

D2 Facilitate collaboration between a range of agencies to provide culturally secure, locally relevant programs to increase awareness about mental health related issues and AOD misuse in the broader community and work environment, with emphasis on:

- public education campaigns aimed at promoting mental health and wellbeing, such as Act Belong Commit⁵⁵, Think Mental Health⁵⁶, and the Strong Spirit Strong Mind Metro Project⁵⁷
- aligning with National initiatives like BeyondBlue⁵⁸ aimed at preventing suicide and self-harm
- creating flexible, sustainable and supportive work environments to support a healthy work-life balance, such as the Thrive at Work⁵⁹ initiative.

D3 Deliver targeted awareness initiatives aimed at decreasing the stigma and discrimination experienced by women with mental health related issues to increase social inclusion. For example:

- inclusive health services that are non-discriminatory and de-stigmatising for women experiencing mental health related issues
- community and peer support groups
- dissemination of positive mental health messages to challenge stigmatising attitudes
- normalising everyday conversations around stigmatised topics.

2. Focus on early intervention, diagnosis and access to mental health care

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| D4 | <p>Build health workforce capacity and capability to identify women at risk of mental health related issues and ensure they are equipped with resources and tools to provide appropriate services to:</p> <ul style="list-style-type: none">• provide trauma informed care and practice• offer support, counselling and referrals• recognise and appropriately respond to women exhibiting suicidal behaviour or self-harm. |
| D5 | <p>Promote screening and early detection of women at risk of developing mental health related issues, such as:</p> <ul style="list-style-type: none">• perinatal depression, anxiety and psychosis• PTSD, panic disorders, anxiety and depression in women who present with signs of gender-based violence• mental health multimorbidities in women experiencing chronic conditions and pain. |
| D6 | <p>Improve access to mental health services for all women by delivering services that are both universal and equitable, including:</p> <ul style="list-style-type: none">• community support services and evidence-based 'first aid' training in mental health• online mental health services and tele-psychiatry services• culturally secure mental health services• a streamlined referral system for continuity of mental health services• alignment with the statewide Specialist Aboriginal Mental Health Service. |
| D7 | <p>Recognise and respond to loneliness and social isolation experienced by women across the life course by:</p> <ul style="list-style-type: none">• providing evidence-based health promotion and social support initiatives encouraging community-based activities and support programs to promote physical and social interactions• supporting community resource centres to facilitate social inclusion activities. |

3. Address risk factors associated with mental health related issues

No.	Action
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D8 Identify and address the social determinants of health and their impact on mental health and wellbeing through cross-sector collaboration and partnerships. This could include:

- recognition of gender as a determinant of mental health and wellbeing, and development of gender-responsive resources and delivery of support services
- the delivery of non-judgmental and inclusive services to address the mental health and wellbeing impacts for women experiencing stigma, discrimination, and/or racism
- supporting the development of a community based specialised statewide homelessness program.

D9 Facilitate collaborative service delivery between community organisations, health care services and legal services to address the mental health impacts of gender-based violence, including appropriate referral mechanisms and mental health support.

D10 Promote current programs and initiatives targeting AOD dependence and its misuse to decrease associated health and wellbeing impacts. This could include:

- enhancing links between currently available perinatal services across the State with the Women and Newborn Drug and Alcohol Service
- delivering AOD information and resources to women planning pregnancy and perinatal women to prevent fetal alcohol spectrum disorders
- providing equitable access to AOD diversion programs for women affected by the criminal justice system.

D11 Provision of dedicated programs and services designed to address body image issues and eating disorders in women including anorexia nervosa, bulimia nervosa and binge eating disorders. Examples include:

- health promotion programs to increase community knowledge and awareness
- reducing weight/shape stigma
- enabling and supporting women to manage and maintain a healthy weight
- promoting healthy, positive body images and normalising different body shapes.

Monitoring the Policy

The WA Department of Health will support the implementation of the Policy by communicating it broadly across the WA health system and to all relevant external stakeholders. It will be available via the WA Department of Health website.

The WA Department of Health will measure the reach and level of awareness of the Policy as a form of evaluation. Potential uses for the Policy include:

- advocacy at an individual and organisational level to promote a shared understanding of the importance of addressing women's health and wellbeing
- promotion of key messages and use as an aspirational document
- to inform education and training for consumers and professionals
- to support policy, legislation and program and service design and provision
- to direct, prioritise and drive relevant research
- a networking tool to assist services to work collaboratively by sharing knowledge and resources and building systemic relationships.

Users of the Policy can build in measures of success into their individual implementation plans to review their activity and progress under the priority areas.



Glossary of terms

Aboriginal	Within WA, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of WA. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community ¹ .
Access	Within the Policy, access refers to physical environment and attitudinal accessibility. When reviewing accessibility, consideration needs to be given to how well a person can be engaged to participate.
Adult women	For the purpose of the Policy, adult women are defined as women aged 25-64 years.
Carer	Carers are people who provide ongoing unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged ⁶⁰ . A carer may also refer to a person who provides care for a child residing in out-of-home care. Carers can be of any age.
Chronic conditions	The term 'chronic conditions' refers to a broad range of chronic and complex conditions across the spectrum of health, including mental health related issues, trauma, disability and genetic disorders ¹² .
Disability	Disability is the result of the interaction between people living with impairments and barriers in the physical, attitudinal, communication and social environment ⁹ .
Equity	Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.
Gender	A person's sense of identity defined in relation to the social roles, attributes and behaviours customarily ascribed by society to 'women' and 'men'. For many people, biological sex and gender identity (birth assigned) are aligned ⁶¹ .
Gender-responsive	Creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives, and is responsive to the issues of the clients ⁶² .
Girls	For the purpose of the Policy, girls are defined as women aged 0-9 years.

Health	The Policy adopts the holistic World Health Organisation definition of health: ‘complete physical, mental and social wellbeing and not merely the absence of disease and infirmity’. It also recognises the spiritual dimensions of health and wellbeing.
Health literacy	How people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it.
Health services	<p>A service for maintaining, improving, restoring or managing people’s physical and mental health and wellbeing. It may include:</p> <ul style="list-style-type: none"> ■ a health service that is provided to a person at a hospital or any other place ■ a service dealing with public health, including a program or activity for: <ul style="list-style-type: none"> ■ the prevention and control of disease or sickness; or ■ the prevention of injury; or ■ the protection and promotion of health ■ a support service for a health service ■ the provision of goods for a health service.
Health Service Provider	Established under section 32 of the <i>Health Services Act 2016</i> and may include: Child and Adolescent Health Service, East Metropolitan Health Service, Health Support Services, North Metropolitan Health Service, PathWest, Quadriplegic Centre, South Metropolitan Health Service and WA Country Health Service.
Health workforce	Health workforce are those employed to provide services for the purpose of maintaining, improving, restoring or managing the health and wellbeing of an individual. This includes medical practitioners, nurses, social workers, psychologists, psychiatrists, all other allied health workers and Aboriginal Health Workers. Additionally, it includes administrative and other support staff who may interact with consumers through their role, for example, medical reception and clerical staff.
Healthy ageing	Healthy ageing is ‘the process of developing and maintaining the functional ability that enables wellbeing in older age’ ¹³ . This includes the strength and resilience of the individual, and the environment in which they live, that enables them to be and do what they have reason to value.

Intersectionality	Intersectionality is taking an approach that considers the complexity of a person’s lived experience. It considers the multiple forms of discrimination that can be experienced as they relate to a person’s identity (or many identities), and how systems and structures interact to reinforce the discrimination ⁶³ .
LGBTI	Throughout this document the acronym LGBTI is used to refer to lesbian, gay, bisexual, transgender, intersex or otherwise diverse people in sex characteristics, gender and sexuality. It is recognised that many people and populations have additional ways of describing their distinct histories, experiences and needs beyond this acronym. The use of this acronym is not intended to be limiting or exclusive of certain groups ⁸ .
Mental health	A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
Older women	For the purpose of the Policy, older women are generally defined as women aged 65 years and older to align with the <i>National Women’s Health Strategy 2020 – 2030</i> .
Priority populations	<p>The term priority populations is used within the Policy to highlight women who are at higher risk of poorer health and wellbeing outcomes, experience inequitable access to quality health care and/or higher health risk behaviours.</p> <p>The priority populations are not exhaustive and are not homogenous groups. Populations may overlap and encompass varying characteristics and experiences.</p>
Sex characteristics	The biological and physiological characteristics associated with medical norms ‘female’ and ‘male’. This includes chromosomal configuration, hormonal profile, reproductive organs, and secondary sex characteristics such as breasts, body hair and voice ⁶ .
Sexuality	The feelings or self-concept; direction of interest; or emotional, romantic, sexual or affection-related attraction towards others ⁶¹ .

Sexual violence	Sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work ⁶⁴ .
WA Health System	<p>The WA health system is comprised of the Department of Health, Health Service Providers including:</p> <ul style="list-style-type: none"> • Child and Adolescent Health Service • East Metropolitan Health Service • Health Support Services • North Metropolitan Health Service • PathWest • Quadriplegic Centre • South Metropolitan Health Service • WA Country Health Service <p>and to the extent that contracted health entities provide health services to the State, the contracted health entities.</p>
Wellbeing	<p>Wellbeing is 'the state of being comfortable, healthy or happy'. It is a much broader concept than moment-to-moment happiness as it also includes how satisfied people are with their life as a whole, their sense of purpose and how in control they feel⁶⁵.</p> <p>Wellbeing has also been defined as '...how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole⁶⁶.</p>
Women	For the purpose of Policy, the term 'women' refers to women of any age, including girls. It is acknowledged that there is diversity in our bodies, sex characteristics, gender and sexuality.
Young women	For the purpose of the Policy, young women are defined as adolescents and young women aged 10-24 years to align with the <i>WA Youth Health Policy 2018-2023</i> .

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Appendices

Appendix 1: WA Women's Health and Wellbeing Policy Working Group members

Name	Organisation
Ann Blunden	Planning, Innovation and Commissioning, East Metropolitan Health Service
Pip Brennen	Health Consumers' Council WA
Cheryl Clay	Department of Justice
Joanna Collins	Communicable Disease Control Directorate, Department of Health
Rachael Carder	Youth Consumer Representative
Marie Deverell	Health Networks, Department of Health
Liz Dutton	Women with Disabilities WA
Alison Evans	Women's Community Health Network WA
Joanna Fagan	Public Health and Ambulatory Care, North Metropolitan Health Service
Stefanie Faraone	Health Networks, Department of Health
Chris Griffin	Health Networks, Department of Health
Denese Griffin	Aboriginal Health Strategy, East Metropolitan Health Service
Sajni Gudka	Urban Impact Project
Joanna Hamilton	Aboriginal Health Strategy, East Metropolitan Health Service
Kim Hawkett	Aboriginal Health Council of WA
Priya Jagadeesan	Health Networks, Department of Health
Selena Knowles	Health Service Planner, South Metropolitan Health Service
Nicole Lambert	Allambee Counselling Inc.
Jade Lyons	Women and Newborn Health Service, North Metropolitan Health Service
Katie McKenzie	Nursing and Executive Services, Child and Adolescent Health Service
Regina Michel-Huessy	Population Health, WA Country Health Service
Pamela Miller	Department of Education
Rel Morris	Department of Communities
Torna Moya	Research Fellow "Ngangk Yiri" Aboriginal Health Research, Birthing on Noongar Boodjar Murdoch University
Rachel Pearce	Ishar Multicultural Women's Health Services
Sarah Renwick	WA Primary Health Alliance
Kate Reynolds	Health Networks, Department of Health
Joy Rowland	Department of Justice
Ebony Schroeder	Mental Health Commission WA
Gloria Sutherland	Researcher/ Consumer Representative
Belinda Whitworth	Clinical Service Planning and Population Health, South Metropolitan Health Service

Appendix 2: Complementary policies and strategies

The Policy complements a range of policies and strategies that address other aspects relevant to women's health in WA. These include:

National Women's Health Strategy 2020-2030.

This document outlines Australia's national approach to drive continuing improvement in the health and wellbeing of all women in Australia, particularly those at greatest risk of poor health. It identifies specific actions to address the health issues that affect women and girls throughout their lives and aims to reduce inequities in health outcomes between men and women, and between sub-population groups of women and girls.

[https://www1.health.gov.au/internet/main/publishing.nsf/Content/AF504671BA9786E8CA2583D6000AFAE7/\\$File/National%20Womens%20Health%20Strategy%202020-2030.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/AF504671BA9786E8CA2583D6000AFAE7/$File/National%20Womens%20Health%20Strategy%202020-2030.pdf)

WA Health Strategic Intent 2015–2020.

This document outlines WA's strategic priorities to deliver a safe, high quality, sustainable health system for all Western Australians.

http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/About%20WA%20Health/wa_health_strategic_intent14052015.pdf

WA Men's Health and Wellbeing Policy

This policy demonstrates the WA health system's commitment towards achieving the priority areas of the National Male Health Policy: Building on the strengths of Australian males and the action areas of the draft National Men's Health Strategy 2020 – 2030.

<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Health%20Networks/Mens-Health-and-Wellbeing-Policy.pdf>

WA Youth Health Policy 2018-2023

This policy demonstrates the WA health system's commitment towards achieving the shared vision and strategic priorities of the Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health.

<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Youth-Policy/PDF/Youth-policy.pdf>

WA Lesbian, Gay, Bisexual, Transgender, Intersex Health Strategy 2019-2024

This strategy provides direction to the WA health system and health services on policy development and service delivery to achieve optimal health and wellbeing outcomes for lesbian, gay, bisexual, transgender and intersex people in WA.

WA Aboriginal Health and Wellbeing Framework 2015-2030.

This framework identifies key guiding principles, strategic directions and priority areas for 2015-2030, to improve the health and wellbeing of Aboriginal people in Western Australia.

https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/12853_WA_Aboriginal_Health_and_Wellbeing_Framework.pdf

Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015 – 2030.

This guide is a companion document to inform the application and use of the WA Aboriginal Health and Wellbeing Framework 2015-2030.

<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/13283-implementation-guide-final.pdf>

WA Health Aboriginal Workforce Strategy 2014 – 2024.

This strategy aims to develop a strong, skilled and growing Aboriginal health workforce across WA Health including clinical, non-clinical and leadership roles.

https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/workforce_strategy.pdf

WA Disability Health Framework 2015-2025

Improving the health care of people with disability. This framework and toolkit provides direction to WA Health and its partners on policy development and service delivery to achieve improved health outcomes for people with disability.

<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Health%20Networks/Disability/PDF/WA%20Disability-Health-Framework-2015-2025.pdf>

WA Health Promotion Strategic Framework 2017-2021.

This framework is a five year plan to reduce preventable chronic disease and injury in WA communities.

<https://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/HPSF/WA-Health-Promotion-Strategic-Framework-2017-2021.pdf>

WA Sexual Health and Blood-borne Virus Strategies 2019-2023

The Sexual Health and Blood-borne Virus Strategies include:

- WA Aboriginal Sexual Health and Blood-borne Virus (BBV) Strategy
- WA Hepatitis B Strategy
- WA Hepatitis C Strategy
- WA Human Immunodeficiency Virus (HIV) Strategy
- WA Sexually Transmitted Infections (STI) Strategy

These Strategies emphasise the importance of partnerships with non-government and community organisations to reduce the transmission and impact of STIs and BBVs in our community.

WA Carers Strategy 2016.

This strategy builds on the foundations laid by the Carers Recognition Act 2004 and other supportive legislation and policies. It outlines outcomes to support Western Australian carers.

<https://dlgc.communities.wa.gov.au/Publications/Documents/WA-Carers-Strategy.pdf>

WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025.

This plan outlines the optimal mix and level of mental health, alcohol and other drug services required to meet the needs of Western Australians from 2015-2025. It is the Mental Health Commission's key planning tool for the mental health, alcohol and other drug sector.

<http://www.mentalhealth.wa.gov.au/ThePlan.aspx>

Suicide Prevention 2020, Together We Can Save Lives.

This document provides a strategy for prevention based on suicide statistics in Western Australia, contributing factors to suicide across life stages and evidence-based prevention and intervention approaches.

<https://www.mhc.wa.gov.au/media/1220/suicide-prevention-2020-strategy-final.pdf>

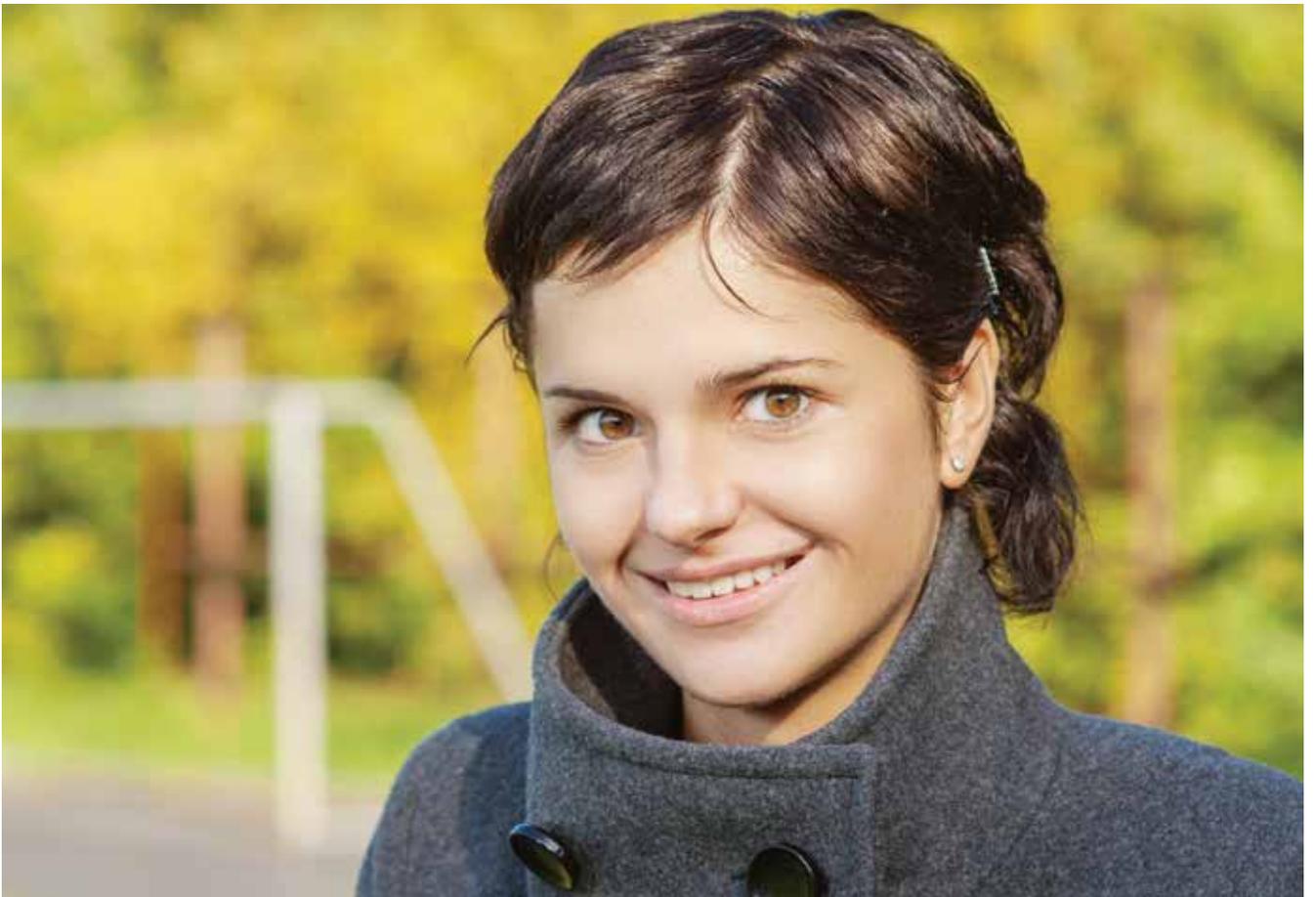
Sustainable Health Review Final Report

This document is to guide the direction of the WA health system to deliver patient-first, innovative and financially sustainable care.

https://ww2.health.wa.gov.au/~/_media/Files/Corporate/general%20documents/Sustainable%20Health%20Review/Final%20report/sustainable-health-review-final-report.pdf

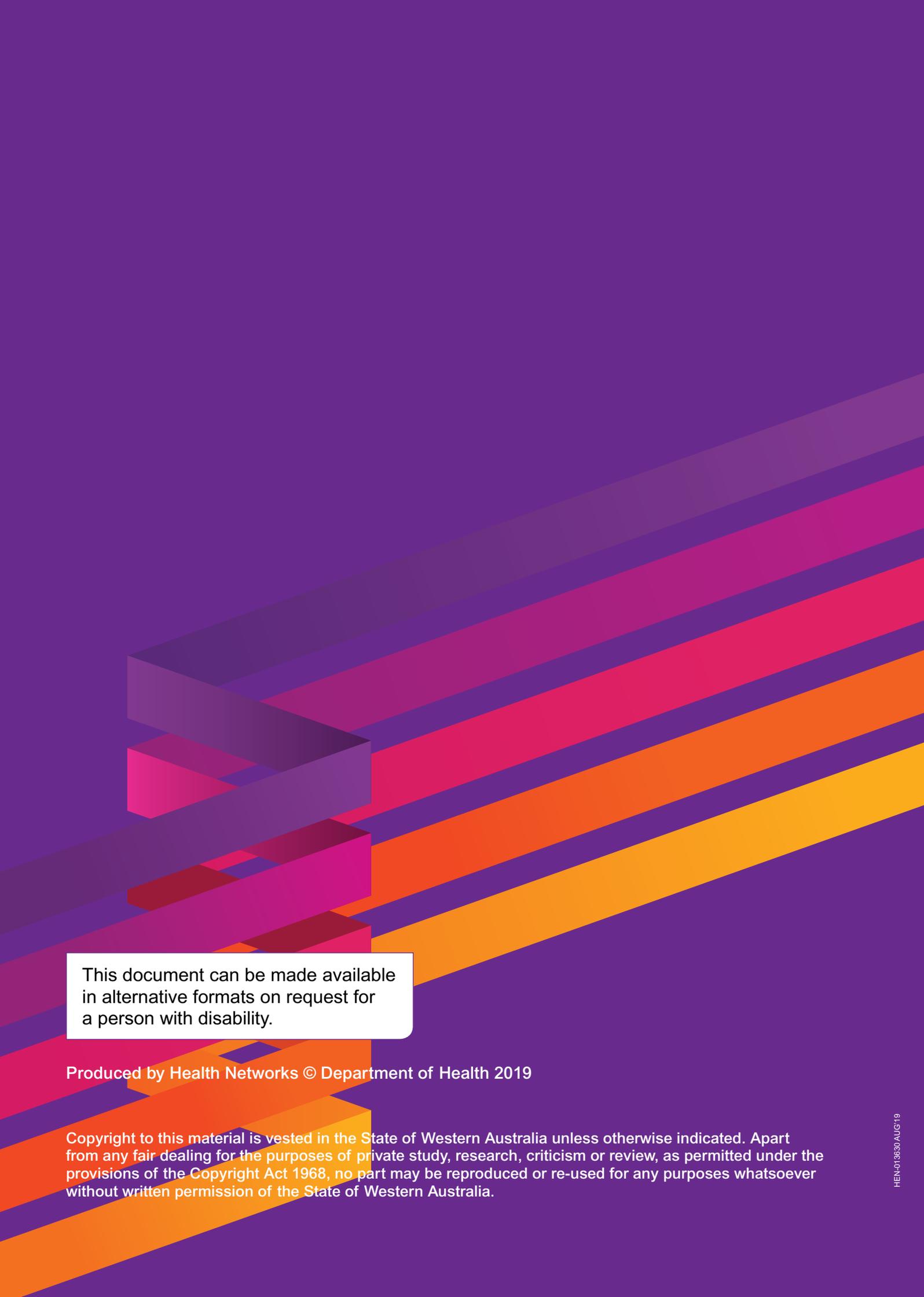
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