05 November 2018

Preventive Health

National Women's Health Strategy 2020-2030

Dear Secretariat,

The Australian Healthcare and Hospitals Association (AHHA) is pleased to provide this submission in response to the National Women's Health Strategy 2020-2030.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

The National Women's Health Strategy 2020-2030 - Consultation Draft (*Draft Strategy*) sits within a complex combination of existing policies and strategies, which are intended to improve Australia's health and the health of Australian women.

AHHA agrees with the *Draft Strategy's* five broad strategic objectives:

1. **Gender equity:** Highlight the significance of gender as a key determinant of women's health and wellbeing and support "women's health in women's hands" to strengthen gender-sensitised services and women's and girls' engagement with the health system.
2. **Health equity between women:** Acknowledge the different health needs of priority populations and target those women's population groups where the worst outcomes are experienced.
3. **A life course approach to health:** Develop health initiatives that focus on healthy lifestyles and target risk factors across the life course, to support women's health from preconception through to old age.
4. **A focus on prevention:** Invest in positive prevention and early intervention from childhood, with a focus on holistic person-centred care.
5. **A strong and emerging evidence base:** Support effective and collaborative research, data collection, monitoring, evaluation and knowledge transfer to advance the evidence base on women's health.

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The *Draft Strategy* sets out to address these broad level objectives through specific priorities and actions, including:

1. **Mental health and wellbeing**
2. **Chronic disease and preventive health**
3. **Sexual and reproductive Health**
4. **Conditions where women are overrepresented**
5. **Healthy aging**

AHHA welcomes the opportunity to contribute to this consultation. The *Draft Strategy* and the policies and actions outlined within, provide the opportunity to make crucial progress in improving the health of Australian women.

AHHA supports the five strategic objectives identified in the *Draft Strategy*. However, to remove the contribution of gender inequity to poorer health outcomes, a perspective broader than health system accessibility must explicitly underpin the entire strategy. Research shows that nearly all women are able to easily attend their doctor or local health service, know where to access local healthcare and understand information provided to them.[1] Barriers and enablers that go beyond the health system, which are specific to the particular desired health outcome or behaviour, must be recognised and guide priorities and actions throughout the strategy. This includes initiatives that support responses to economic (e.g. pay gap, retirement superannuation gap) and social determinants (e.g. violence against women, caring responsibilities for disabled, dementia).

The five specific priority areas identified have substantial overlap in focus, for example between 'Healthy ageing' and 'Chronic disease and preventive health'. There are also inconsistencies in the level of focus for some disease states, for example eating disorders presented as a priority outside 'Mental health and wellbeing', while there is minimal attention to dementia despite its significant impact as leading cause of death in women and third leading cause of disability. While all priority areas are important, it is unclear the intent behind the divisions. There would be value in ensuring there is clarity and consistency.

The *Draft Strategy* would also benefit from including an approach to monitoring and evaluation, rather than just seeing this as a 'next step'. There would be great value in defining desired outcomes and indicators first, such that measures are meaningful and do not become a measurement of pre-determined actions. National and local leadership and coordination will need to be ensured, with accountability for reporting against the Strategy.

## 1. Mental Health and well-being

Improving the mental health of Australian women requires policies and services to be gender informed, co-designed by women and supported by clear and accountable leadership.

[1] Jean Hailes Women's Health Survey 2017. At: https://jeanhailes.org.au/survey2017/report_2017.pdf

## 2. Chronic disease and preventive health

Socio-economic disadvantage underpins many of the chronic health issues faced by women and girls in Australia. Tackling socio-economic inequality should receive greater emphasis within the *Draft Strategy* to ensure that the healthcare needs of all Australian women are met.

The *Draft Strategy* states the need for women from priority populations to 'connect with services to address the social determinants of health, including education, welfare, employment and participation'. However, the *Draft Strategy* does not include tangible actions for implementing these service connections.

Other issues that affect the wellbeing and long-term health of Australian women, include:

- Women from low-income or disadvantaged groups are often unable to afford basic sanitary supplies for menstruation. This is to the detriment of women's health and has a direct impact on women's emotional wellbeing. Making sanitary products easily accessible to those who need them, but cannot afford them, would be a sensitive and dignified approach to improving the health of Australian women from low-income or disadvantaged groups.
- Women are overrepresented in lower paid, low-skill employment; [2],[3] and perform the greater share of domestic labour and unpaid care for children and older or disabled relatives. This gender pay gap and unrecognised workload has a negative impact on the mental health and emotional wellbeing of women and girls. The Commonwealth Government should commit to a strategy for reducing gender segregation and pay inequality in Australia.

- Women from low socio-economic areas are less likely to undertake of cancer screening and have lower rates of screening follow-ups, despite having higher rates of positive screening results, increasing the chances of cancer going undetected. Ensuring equal access throughout the screening process, minimises the inequalities that women experience in both uptake and screening adherence. The *Draft Strategy* should address this issue.

## 3. Sexual and reproductive health

The *Draft Strategy* recognises that significant stigma and misinformation exists around mental health, both within the community and among healthcare workers. The *Draft Strategy* also recognises that this negative messaging is a barrier to receiving optimal healthcare.

However, the *Draft Strategy* does not clearly take into account the gendered nature of stigma associated with sexual and reproductive health services, particularly when some girls, unmarried women and members of the LGBTQI community have been shown to avoid making use of such services.

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[2] Gender workplace statistics at a glance 2018.
https://www.wgea.gov.au/sites/default/files/Stats_at_a_Glance.pdf

[3]https://www.humanrights.gov.au/sites/default/files/AHRC_Submission_Inquiry_Gender_Segregation_Workplace2017.pdf

Strategies for overcoming this barrier include reframing stigmatised areas of discussion through positive conversations; and empowering women and girls so that they are able to make healthy choices and take control of their own healthcare. In Australia, this could occur through high-quality, early, age appropriate reproductive health education.

**4. Conditions where women are overrepresented**

The *Draft Strategy* highlights violence against women and eating disorders as 'conditions' where women and girls are overrepresented. Further consideration should be given to the appropriateness of violence against women being identified as a 'condition'. It may be appropriate to incorporate actions relating to violence against women in other priority areas, e.g. as a priority population for mental health and wellbeing and in accessing sexual and reproductive healthcare.

This priority area could instead focus on the breadth of health and welfare issues that predominantly affect Australian women's and girls' health, targeting those conditions that cause women the greatest burden of disease or mortality.

The *Draft Strategy* requires greater focus on:

- Osteoporosis
- Gynaecological health and disorders (including infertility and menopause)
- Heart disease
- Dementia

**5. Healthy aging**

Dementia is a national health priority area, the leading cause of death for women, the second leading cause of death overall and the third leading cause of disability. Yet despite its significant and far reaching impact, dementia has lagged behind other national health priority areas for decades and its specific impact on gender often goes unrecognised.

Given that dementia covers a full spectrum of social and clinical challenges, the *Draft Strategy* overlooks a number of key issues associated with dementia that particularly affect women—from understanding the cause, to risk reduction and prevention, impact on carers and family, quality of life issues, social isolation, disease management, care and treatment.

Greater recognition in the *Draft Strategy* around establishing integrated services to respond to the complex needs associated with women with dementia will help to improve women's health and the health of Australia more generally.

**Investing in research**

The identification of gender identity and sexual orientation is important to the provision of high-quality care, especially due to the significant documented health disparities for the LGBTQI population. In Australia, large administrative data sets often contain accumulated data on sex, but indicators relevant to gender or sexual orientation are rarely collected.[4]

[4] Diverse gender, sex and sexuality: Data collection and population health. http://www.himaa2.org.au/HIM-I/sites/default/files/2%20-%20KBH.pdf

Given that both biological factors (sex) and socio-cultural factors (gender) shape health, the *Draft Strategy* needs to give greater consideration to the implications of not collecting and using sex and gender in health research[5].

Health researchers cannot expect to make more nuanced examinations of sex and gender when data tools do not adequately incorporate these concepts. This means that the challenges of obtaining relevant data for analysing sex and gender cannot be yet fully realised.

While the *Draft Strategy* promotes the use of innovative and non-traditional ways of gathering data, and AHHA agrees that data sets should be expanded to collect information beyond clinical indicators, a current major concern with identified and de-identified data collections that include sexual orientation is privacy. Addressing respondent's privacy concerns will lead to improvements in data accuracy.

Yours sincerely

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[5] https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30209-7/fulltext