



Women's Health Tasmania

Response to Our Healthcare
Future Consultation Paper

12 FEBRUARY 2021



EQUITY
CHOICE
IMPACT

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About Women's Health Tasmania

Women's Health Tasmania (WHT) provides health promotion and health services to Tasmanian women. It is a charity largely funded by the Tasmanian Department of Health, and its work is guided by the World Health Organisation's definition of health – "Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity".¹ WHT's work is focussed on increasing the range of services to women vulnerable to inequitable health outcomes due to social or economic determinants. WHT acknowledges the impact of societal influences such as income, education, gender, sexual orientation, ethnicity, disability, and isolation on health outcomes, and seeks to reduce the negative effects of these factors on individual women.

Women have both general population and specific health needs. Women's Health Tasmania (WHT) has taken a proactive approach to ensuring both these areas of needs are addressed through the range of programs and services it offers. This means that in addition to population wide health promotion work WHT provides a safe, supportive environment for individual women coming to its Hobart centre for health services or health promotion activities. WHT also works to develop policy and best practice.

Response to Our Healthcare Future

We welcome the opportunity to respond to the Consultation Paper, which raises important questions about the future of Tasmania's health care system. WHT's response focuses on the needs of women, particularly women vulnerable to poor health outcomes, and to the opportunities that exist for community-based health promotion and preventative health work through initiatives. There is a strong argument for greater investment in initiatives tackling the needs of Tasmanian women.

This submission addresses:

Reform initiative 1 in its discussion of targeted investment to improve health outcomes for women through investment in policy; health promotion, injury prevention and health literacy initiatives

Reform initiative 3a In its discussion of the potential for partnership working in the regions it

Reform initiative 3c in ensuring health system reform responds to gender inequities.

1. Women's health needs

Tasmania has a problem with women's health. As Tasmanian women emerge out of the difficulties of 2020 and move into 2021, women's health needs are a priority for policy makers for the following reasons.

Tasmania has the highest proportion of people with low socio-economic status of all Australian jurisdictions and there are significant inequities in health outcomes between population groups

within Tasmania and between Tasmania and Australia. Those with the least resources suffer the most illness, pain, chronic disease, and reduced life expectancy. Tasmanians with the lowest household incomes are significantly less likely to report very good or excellent health than Tasmanians with the highest household incomes. They also report significantly higher rates of poor or fair health compared to those with the highest household incomes.ⁱⁱ

Within this picture there are further inequities. While many Tasmanian women may live longer than men, they are not likely to be healthier. Research shows they live their longer life in poverty with a disabling chronic disease.ⁱⁱⁱ

Tasmanian women bear an unequal burden of Tasmania's poor health status. For example:

- In 2006, 57.8% of Tasmanian women **self-assessed their health status** as excellent or very good. By 2016 this figure had dropped to 35.8%^{iv}
- Dementia, Alzheimer's disease, and ischaemic heart disease were the joint **leading causes of death** for women in Tasmania in 2016^v
- Across Australia, **intimate partner violence** contributes to more death, disability and illness in women aged 15 to 44 than any other preventable risk factor^{vi}
- 16% of Tasmanian women experienced high or very high levels of **psychological distress**^{vii}
- More than one in ten Tasmanian women are '**risky**' drinkers^{viii}, **10.5%**
- 15.9% of Tasmanian women **smoke tobacco** compared to the national rate of 12.4%^{ix}
- Around 16% of Tasmanian **mothers smoke during pregnancy**. This is 5% higher than the national average.^x For pregnant women under 20 the rate is 34.9%.^{xi}
- 61% of Tasmanian women have a BMI classification of **overweight or obese**.^{xii}

Among groups of women things are even more unfair.

- Nationally, Aboriginal women live on average 17-20 years less than other Australian women.
- Women with disabilities experience high rates of poverty, are over-represented in institutional care, and experience difficulties in accessing health services.
- Refugee women have multiple complex health problems including chronic diseases; reproductive health issues; blood disorders such as anaemia; the physical and mental health consequences of rape and sexual assault; anxiety and grief.

Women are the majority of health consumers^{xiii} but Australian health care is often designed blind to their unique needs. Over half of them (55%) would not recommend their general practitioners to other people.^{xiv}

The need for targeted services to address issues of concern to Tasmanian women, particularly those from priority population groups, is paramount. This need is even more pressing when the gender specific effects of COVID-19 are considered.

2. A Statewide Women's Health Service

Women's Health Tasmania is funded to provide health services and health promotion activities for women, particularly those at risk of poor health outcomes. While WHT's work reaches a broad demographic, we have been particularly successful in providing health information, advocacy, health

literacy support, referrals and physical activities to older women, particularly older women who are socio-economically disadvantaged, have chronic conditions and disabilities. In 2020 WHT was Finalist in the Tasmanian Community Achievement Awards for its physical activity programs.

A recent independent review of the organisation included a review of the organisation by stakeholders: funders, community service and health service providers, and clients. The overwhelming view was that WHT provides excellent health promotion activities and services but that it needs to evolve to meet the emerging needs of Tasmanian women and to provide greater reach into rural and regional Tasmania. It is evident that WHT does not receive funding at a level that would enable it to perform the range of services required by Tasmania women to meet their health needs, or to keep pace with the changes occurring in the health and wellbeing policy and programs a state and national level. In the next few years this situation will be exacerbated by a loss of revenue from WHT's business activities, fundraising and donations, which is not likely to be short term. Economists predict that COVID-19 is likely to have a lasting impact on the growth rate of wages and therefore on revenues from donations and other philanthropic activity.^{xv}

3. What a statewide Women's Health organisation could do

An appropriately funded statewide Women's Health organisation could play its part to improve women's health, policy and practice by:

- Growing the evidence base of best practice health promotion and injury prevention initiatives which could be delivered around the state through partnerships with key stakeholders.
- Identifying gaps in the health care system and finding solutions to address them
- Providing advice on research, policy and practice to Government and other key stakeholders
- Building workforce capacity through gathering, collating and sharing information and evidence on women's health.
- Growing the evidence base of what is best practice through the development and publication of women's priority health issue resources

4. Women's health is under-resourced in Tasmania

Tasmania is the only jurisdiction in Australia without a peak body in the area of women's health. Peak bodies play a critical role in advocacy, policy development and workforce development.

There are peak bodies for women's health in Victoria, New South Wales, Queensland and Western Australia.

Women's Health Victoria is a state-wide women's health promotion, advocacy and support service. WHV is an independent, not-for-profit organisation.

Women's Health NSW is the peak body for 21 non-government community-based women's health centres in New South Wales.

Queensland Women's Health Network Inc is a state-wide women's health promotion service. It is the peak body for women's health organisations in Queensland.

The Women's Community Health Network WA (WCHN) is the peak body for community-based

women's health and community services across Western Australia.

The Northern Territory and South Australia do not have women's health peak bodies. However, both these jurisdictions have dedicated units within Government. The Northern Territory has the **Women's Health Strategy Unit**. South Australia has The Office for Women, which runs the **Women's Information Service**. Priorities for these units include family violence prevention, transgender policy development, child and adults sexual assault prevention and abortion law reform.

Tasmania is the only jurisdiction in Australia which does not have a peak body OR a dedicated Government unit.

Women's Health Tasmania is funded through the Tasmanian Department of Health, Public Health Services to deliver health promotion services and activities, and to provide those peak body roles which relate to consumer engagement and the development of policy and best practice. The second of its three funded activities is to:

Represent and promote the health and wellbeing needs of women in Tasmania by supporting the development of evidence-based policy and practice, providing consultancy services and advice, and participating in key networks, partnerships and collaborations.

However, the level of funding provided to the organisation does not allow for this to occur consistently alongside the other activities undertaken by WHT. Nor does it receive sufficient funding to run health promotion services to the population it services (the first of its three funded activities).

The table below shows the funding provided to state women's health peak bodies, and to women's health organisations which provide health promotion services to similar population sizes as that serviced by Women's Health Tasmania. The information is taken from reports lodged with the Australian Charities and Not for Profits Commission.

Income (2019 Financial Year)		
Organisation	Total	Government Funding
State Peak Bodies		
Women's Health Victoria	5,114,348	4,923,643
Women's Health NSW	316,325	228,500
Women's Health Queensland	939,920	928,534
Local Women's Health Services		
Women's Health Grampians	1,557,526	1,170,916
Wagga Women's Health Centre	1,178,752	1,177,730
Gladstone Women's Health Centre	1,223,075	1,103,000
Midland Women's Health Care Place WA	697,390	593,525
Women's Centre for Health Matters ACT	652,573	620,000
Women's Health Tasmania ¹	769,064	517,626

¹ This does not include \$120,000 Women's Health Fund brokerage fund which is committed to client costs.

5. Three areas of service delivery

Following are three examples of areas of service delivery where greater investment in women's health is needed.

Sexual and reproductive health

It is estimated that almost half of all pregnancies in Australia are unplanned^{xvi} and that half of those unplanned pregnancies are terminated^{xvii}. It is also estimated that between one quarter and one third of Australian women will experience a termination in her lifetime^{xviii}.

The women's health movement has spearheaded advocacy around legislative change and public policy to improve women's access to reproductive choices; access to information, contraception and termination services.

Access to sexual and reproductive health services remains an ongoing challenge in Tasmania, with poor information, cost, service delays and poor access to bulk billing doctors often cited. Poor information flows and inaccessible services delay access to abortion services, meaning women seeking terminations go past the gestational limit for medical terminations and must enter the hospital system for surgical terminations.

A best practice system would see women access information readily and services in a timely way. The outcome of this would be a decline in unplanned pregnancies and an uptake of appropriate contraceptive options. Less would be required of our hospital system.

Women's Health Tasmania currently manages the Women's Health Fund. This is a fund to assist low income and financially disadvantaged women to meet the costs of termination services and long acting reversible contraceptives outside the public health system. While this has been endorsed by the Government as an important part of its response to reproductive health issues^{xix}, the future of this Fund is currently uncertain. WHT also provides a phone line and counselling support for women seeking information and advice about pregnancy and contraception options – the future of this service is also uncertain.

Further investment would enable WHT to:

- Provide an appropriately promoted one stop shop for Tasmanian women for information about contraception, pregnancy options, sexual health information and pathways, combined with a wrap around service providing counselling around pregnancy and birth preparation, recovery from birth trauma, and non-directive pregnancy counselling
- Develop initiatives to promote health professional awareness of reproductive coercion, particularly in instances of family violence
- Develop health promotion initiatives to build the health literacy of women from CALD communities to understand and navigate the health system, and access accurate and evidence-based information about contraception and pregnancies

- Provide peer-led health promotion programs focussing on sexual and reproductive health with international student and short term visa communities
- Provide support for women accessing medical terminations (who without support may seek surgical terminations)

The gendered impact of mental ill health

Promotion of mental health for women has always been a building block of the women's health movement. Women experience higher rates of many mental health conditions than men. In fact, around 1 in 6 women in Australia will experience depression and 1 in 3 women will experience anxiety during their lifetime. Women also experience post-traumatic stress disorder and eating disorders at higher rates than men. Depression and anxiety can affect women at any time in their life but there is an increased chance during pregnancy and the year following the birth of a baby. Up to 1 in 10 women experience depression while they are pregnant and 1 in 6 women experience depression during the first year after birth. Anxiety conditions are thought to be as common with many women experiencing both conditions at the same time.^{xx}

The overstretched primary, secondary and tertiary mental health sector, plus the context of the COVID-19 pandemic, continues to demand that this issue is also addressed in the women's health sector. Barriers for women to access mental health services include the 'gap' cost between Medicare funding and the cost of services from private psychologists and psychiatrists and difficulty finding available professionals. Accessing specialist services is also challenging due to difficulty accessing clinical mental health services for certain diagnoses such as personality disorders or eating disorders.^{xxi}

WHT's counselling services fill a critical gap. Women can access up to three free counselling sessions with a psychologist or social worker. Women often use this to manage mental health crises while they are waiting to access mental health plans.

Further investment would enable WHT to:

- Expand the hours of its counselling service.
- Provide gender sensitive policy advice on women's mental health and recommendations for action, ensuring that policy responses do not further entrench current systemic gender bias and inequities.
- Promote a gender lens in health service delivery (eg a program to screen for depression as part of the new heart health checks)^{xxii}
- Work to enhance emotional health through self-esteem and empowerment programs for women and young women
- Provide programs to promote social connection and health and wellbeing for women (eg relaxation and exercise groups, nutrition information, counselling, virtual coffee and chat groups)
- Provide programs to build community capacity to tackle racism and gender inequity (by building women's capacity to tackle the social and economic consequences of COVID-19)
- Provide programs to raise employers' awareness of domestic and family violence as a potential work health and safety issue when working from home
- Provide support for women who have experienced family violence during the pandemic

Chronic conditions

The consultation document outlines the challenges Tasmania faces in addressing the rise in chronic conditions. WHT's core health promotion services offer a useful model for working with women with chronic conditions. For many of these women their chronic health problems are not their major focus; their time and energy is directed towards surviving a context of poverty, poor transport options, possible homelessness and histories of trauma.

Through the Women's Health Information Line, brief intervention counselling and some limited case management WHT's Health Workers provide support to develop self-management skills and health literacy, which supports women to proactively manage their chronic conditions.

WHT also provides low impact physical activities designed for women which are accessible to people with health conditions and disabilities and which also offer opportunities for social connection, to build friendships, to move past bereavement and to help resolve histories of trauma. Through partnership working these initiatives could be replicated around the state. For example, WHT currently has a submission before the Department for consideration for a partnership with Neighbourhood Houses in Rosebery, St Helens and Geeveston to provide WHT's physiotherapist-designed small weights course. Part of the project funding would be used to equip the Neighbourhood Houses with free weights sets and train and mentor local trainers.

Further investment would enable WHT to

- Expand its intake service so that the Women's Health Information Line is available beyond its current 22 hours/week.
- Develop partnerships and programs to be delivered in areas of greatest need and/or disadvantage
- Develop statewide support groups online and face to face
- Extend online services to increase access
- Develop training programs focused on gender responsive service delivery, health literacy, the prevention of violence against women

6. Understanding the needs of Tasmanian women in the COVID-19 recovery

In our service delivery over 2020 we have seen long standing economic inequities experienced by women exacerbated by the pandemic. The events of the last year have disproportionately affected women, particularly women's employment. Women are the majority of workers in the sectors most subject to health restrictions (such as accommodation and food services, and arts and recreation).²

² Employment in these sectors in Tasmania fell by 30% between mid-March and the second half of April, and while it has recovered thanks to JobKeeper and the lifting of restrictions, the number of jobs in these two sectors are still 12% and 10% respectively below their pre-pandemic levels (TCCI 2020) JobKeeper also exposed the gender pay disparities - initially set at

WHT's counselling and phone lines exposed us to the high levels of financial insecurity and consequent anxiety and physical vulnerability that women were experiencing as a consequence of this.

WHT is also seeing the significant impact of homelessness and housing insecurity on women's physical and mental health. This has been exacerbated by the end of supports (COVID supplements, rent moratoriums, access to former Air BNBs and hotels for accommodation) which has seen an increase in anxiety among homeless women and women who know they are at risk of becoming homeless. The levels of poor mental health that we were seeing among women who were homeless or at risk of homelessness has led WHT to produce a report on the health needs of homeless women (released Feb 2021). This report has highlighted how the restrictions of the homelessness service system itself is contributing to poor mental health among homeless women.^{xxiii} This is an important example of work that contributes to policy and service improvements, but WHT is not properly funded to do it. Investment is needed to ensure that providing advice on the needs of women during the COVID recovery do not draw resources away from service delivery.

There is also broader work to be done to understand the impact of the context in which women live on their health; the social determinants of health (SDH).

Gender is a social determinant of health, and it also is a lens through which other determinants need to be understood.

WHT's programs are designed recognising factors such as transport inequality, poverty, histories of trauma, gender inequality, poverty, education, housing, equity of access, sexual identity etc.

Further responses that an appropriately funded statewide women's health service could provide:

- Partnerships to take primary health care services to at risk groups
- Projects to build community capacity to address the risk of gender-based violence associated with social distancing and isolating at home
- Projects to build women's capacity to tackle gender inequity through self-advocacy.

7. Conclusion

Tasmania is facing many challenges with its health system, but it has always been acknowledged that a large part of the answer to this lies in funding health promotion and injury prevention services. A specialist service which can focus on delivering services to women in population groups that are most at need around the state through the economies of partnerships could play an important role in helping people manage their health.

\$1500 a fortnight, JobKeeper covered over 80% of women's average wages as opposed to only 58% of mens wages (TCCI 2020)

Endnotes

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