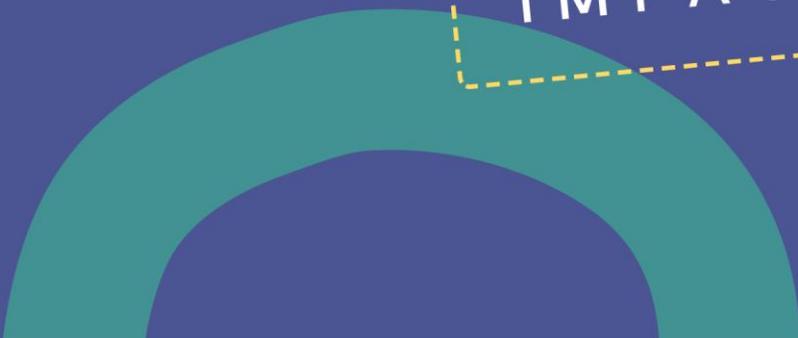




Women's Health Tasmania

Women's Health
Survey Report
2019

EQUITY
CHOICE
IMPACT



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Women's Health Tasmania

Women's Health Tasmania (WHT) is a health promotion charity funded by the Tasmanian Department of Health. It 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"ⁱ.

WHT provides a range of health promotion activities in different locations, and health services from its centre in North Hobart. It also provides evidence-based policy advice on issues that impact on women. While it is a universal service, it has a concern for women vulnerable to poor health

WHT's vision is for Tasmanian women to be informed, supported and active decision-makers in their own health and well-being. As a result, WHT has also been a key advocate on issues such as a woman's right to make informed choices about her health. Our leadership has been evident in a wide range of health policy, in social justice and gender equity. WHT consistently advocates on behalf of women with both State and Commonwealth governments, on a range of legislation and policies impacting on women's health. In recent years, WHT has broadened its service delivery component by undertaking outreach activities and offering a state-wide information telephone line and using social media. It currently provides services to women from 74 different postcode areas.

WHT is part of a national network of women's health services.

Women's Health Survey

In June 2019 Women's Health Tasmania ran an online survey asking Tasmanian women about their health. Our goal was to gather information to support a series of consultations being held with women around Tasmania but the survey itself provided such a rich bounty of information that we decided to release a separate report on its findings.

Because the health of women is dependent on many factors, the survey questions took a social determinants approach and sought to go beyond learning about what health services work for women to what social and cultural factors worked to help them be well, and what affected their ability to be active decision makers in their own health and wellbeing.

Key Findings

The key issues to emerge from this survey were

- The problems in the primary health care system – women need better access to affordable general practitioners
- The need for health and community services that local, accessible, affordable – for example locally provided low- and no-cost low impact exercise opportunities
- The need for the health system to respond to the gendered needs of women, especially their responsibilities as carers – for example, by providing childminding services

Overall, we found that most Tasmanian women feel that more can be done to meet the specific health needs of women.

Who did we talk to?

462 women responded to our survey. The women who responded represented a wide cross-section of the Tasmanian community.

- They ranged age from 20 to 79. The majority (56%) were aged between 30 and 49.
- They lived in 70 different postcodes – from Tullah to Table Cape to Dover.
- 3% were Aboriginal
- 8% had a disability
- 44% had had a diagnosed mental illness at some point in their lives
- 20% were Concession Card holders
- 17% were LGBTIQ+

The survey did not reach well into the culturally and linguistically diverse communities. Only 1% of respondents to the survey told us they did not speak English at home. We look forward to learning more about the concerns of these women through focus groups and interviews.



What works well?

“Love the breast check bus!”

Services that are women-focussed

Services that are women-focussed are strongly valued by Tasmanian women.

What women mean by describing a service as women-focussed reflects strongly their care responsibilities. Services were praised for:

- providing childcare
- enabling women to take their children to appointments
- having play facilities
- being ‘pram friendly’
- offering out of hours services for working women

Services that provided childcare were particularly highly valued.

Services were also described as women-focussed if they responded to the needs of working women and provided appointments outside working hours.

Many of those that were named as positive examples of women-focussed services were services or activities which addressed both the physical and mental wellbeing of women. For example, yoga and pilates were repeatedly given as positive examples of health activities which addressed both physical and mental health needs.

Services that are local, affordable and accessible

Women also valued mobile outreach services very highly, especially the access it gives them to diagnostic services in their local area.

Women identified that a major factor in maintaining good health and wellbeing was a good relationship with their GP. They said the characteristics of a good relationship with a GP are:

- the GP has time to talk

- the GP builds a professional relationship with their patients over time
- the GP has an interest in the health concerns relevant to the patient

Women were very positive about GPs in local communities who bulk bill, who can provide appointments within one week and who had the time to listen to their patients.

They also said that GPs who had local information were particularly helpful as this provides access to community and health services that could be reached locally.

Opportunities for social connection

Friendship, social connection, opportunities to volunteer, a feeling of belonging in the community – all these were named up by Tasmanian women as positive contributors to their good health and wellbeing.

Health services, community services, health promotion activities, support groups and low impact exercise opportunities which provided social connection were highly valued, especially where they also provided the opportunity for social connection with other women. A very important component of these opportunities was that the activities were free or low cost.



What are the barriers?

Cost

The impact of low incomes and high cost of living was seen in a very broad range of topics raised by women as barriers to their health and wellbeing. Women cited the unaffordable cost of health care, of medications, of visits to the GPs, of allied or ancillary health care. Women pointed out that the problems with affordability across a range of essential goods and services were particularly acute for people on income support payments, and particularly for single mothers.

Specifically, in terms of living a health and active lifestyle, women reported that they had little or no access to affordable, or free, and inclusive physical activity resources (gyms, parks, programs).

The cost of gender specific health needs such as gynaecological check-ups, necessary pharmaceuticals, menstrual products was identified as a barrier.

The cost of nutritious food, particularly fruit and vegetables, was highlighted as a barrier to achieving good health.

The cost of transport to get to appointments, or to purchase food, or to participate in activities was also highlighted.

And finally, the cost of seeing a dentist meant that oral health care was beyond the reach of many women responding to the survey.

Gender

“Doctors don’t take women’s pain seriously.”

In their responses women raised issues around family violence and trauma, which affected their health. They also discussed difficulties in accessing services, particularly for mental health support.

Survey responses repeatedly reported women’s feelings that, separate to the time pressures on GP appointments, doctors don’t listen to women patients and doctors particularly don’t listen to women talking about pain. A number of women reported feeling dismissed by GPs about health issues/pain.

The failure of services to meet the needs of women by providing child-friendly services or options for appointment times was also noted.

Women commented on the lingering stigma and embarrassment around the delivery of sexual and reproductive health services and the barriers this created to them getting the access they needed. It was also noted that sexual and reproductive health services need to include information for, and be welcoming of, people of all sexualities and genders.

It was also noted that some women specific services were missing or not available in parts of Tasmania. The lack of access to pregnancy termination services was commented on by women across the state but was a particularly strong theme among women living in rural and regional areas.

The stigma and misinformation which surrounds the delivery of termination services was also clear - a surprisingly high number of respondents said they wanted to see terminations made legal in Tasmania. (These women were obviously not aware that terminations were removed from the Criminal Code in 2014.)

“Women’s health concerns are dismissed, downplayed and disregarded.”

Gaps in the support system for mothers were also evident in the survey responses. Women in rural areas had to travel long distances for pre-natal and post-natal care and some women reported that they felt they had been rushed out of hospital after difficult births.

A fragmented health system

While access to a supportive GP was identified as a critical factor in maintaining health and wellbeing, many women identified that this was a luxury they did not enjoy.

Most respondents reported waiting 2-3 weeks to get an appointment with a GP, and a lack of time with the GP when they did get there. Many reported that they did not have a GP who had time to listen.

Women reported that they wanted more access to women GPs, and time for those GPs to do holistic women’s health checks.

Women said that different parts of the system work in silos. Some reported that they wanted to self-manage chronic conditions but could not get access to the information or allied health support that they needed to do so. Others reported that when they could get mental health plans from their GPs they then had difficulty finding mental health professionals

who could deliver the plans at an affordable price. The lack of support around mental health needs for women and their children was a dominant theme of the survey, particularly accessing mental health services in rural and regional areas.

There was also a lack of confidence that there would be access to acute services in a crisis – many women made references to long waits for emergency department access.

Time, stress and isolation

Women reported having very little time to put towards their health and wellbeing. They said that their lives were busy with responsibilities for children, for sick partners, for elderly relatives, and with work – women reported the impact of working shifts in general and particularly night shifts. Casual workers reported that they could not get time off work for appointments and had no sick leave entitlements.

Women reported that even if they could get an appointment, they didn't have time to go to the doctor. It was repeatedly stated that there was no time to exercise, no time to travel to appointments 'because women always put themselves last'. The lack of childcare impacts heavily on women and stops them participating in health activities and even seeing doctors.

A number of women also said that the gaps in services for children and young people, particularly those at risk, affects women heavily as it is the parents who carry the stress of the young people's concerns, often unsupported.

Women said they often felt stressed.

What needs to start?

Women recommended the development of community-based health services which offered primary health care and other health services as well as exercise and child care to address the access and affordability issues that affect so many Tasmanians.

They also requested more free health promotion and physical activity initiatives – walking groups, exercise classes, meditation etc – and more preventative programs, particularly around mental health to promote better health outcomes.

They also recommended women’s health services that can reach into the North and North West to address the health needs of women in an holistic way.



ⁱ Constitution of the World Health Organisation, April 1948 <https://www.who.int/about/who-we-are/constitution>