

# NSW Health Framework for Women's Health 2013



Health

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# Minister's foreword

Women's health experiences and the delivery of health services and programs designed for them are different to those affecting men.

Some services are targeted to women because of biology, such as maternity services and cervical cancer screening programs. And others are used primarily by women because of the gendered roles women play in society. For example, women interact with the Health system not only as consumers, but as carers, because more women than men have primary care responsibilities for children, people with disability and older people.

For many years women in NSW have advocated for specialised services for women's particular health needs, and programs which support women's full engagement in society by supporting good health through the stages of life.

For the first time in NSW, a Women's Health Framework has been developed which focuses action not only within the Health system, but also promotes opportunities for the co-ordination and delivery of NSW Government services and programs with the potential to enhance the health of all women across the state.

This Framework brings together these aspects – highlighting the different needs of populations of women, the evidence for investment in health priorities, and the framework for collaboration across government and non-government sectors to deliver appropriate services and programs for the diverse needs of women in all of our communities.

NSW Health invites partners in industry, the non-government sector and academia to use the NSW Women's Health Framework to design and deliver programs and services which are relevant to women's physical, mental and social needs, and to improve engagement with women consumers of health and other services.

Most importantly of all, I invite women in NSW to consider their own health, and to access the broad range of opportunities which are available to enhance health throughout life.



A handwritten signature in black ink that reads "Jillian Skinner". The signature is written in a cursive, flowing style.

Hon Jillian Skinner MP  
Minister for Health  
Minister for Medical Research

# Framework at a glance

## Goal

To deliver services and foster environments in NSW which help women to meet their physical, social and economic potential, by increasing opportunities for women to be healthy at every stage in their lives and preventing avoidable detrimental health outcomes such as chronic disease.

## Purpose

To identify health needs particular to women (whether biological or social); to deliver appropriate healthcare and health-promoting services; and to monitor the impact of interventions on groups of women at most risk of poor health.

## Approach

The framework focuses on issues where the detrimental health impact is disproportionately experienced by women, or where the response is different for women than for men. The framework places women at the centre of decision-making for their own health and acknowledges women's health is impacted by many factors including housing, rural living, employment and access to services. As health outcomes are influenced by the cumulative effect over time of social determinants, a life stage approach is used to structure opportunities for enhanced delivery of services and programs.

## Values

NSW Health's CORE values are the guiding principles for implementation of women's health strategies. The CORE values are: Collaboration, Openness, Respect and Empowerment.

## Priority populations

While the Women's Health Framework is for *all* women, it is recognised that there are certain population groups which experience poorer health and/or due to their circumstances may require focused attention to better address their health needs. Examples of priority populations in women's health include:

- Aboriginal women
- Women from culturally and linguistically diverse communities, migrant and refugee women
- Women who are socio-economically disadvantaged
- Women with disability
- Women who are primary or secondary carers for other people
- Women who experience violence (sexual, domestic and family violence)
- Women living in rural and remote areas
- Lesbian, bisexual, trans-gender and inter-gender women.

These priority populations are similarly identified by the National Women's Health Policy<sup>1</sup>. Working to advance women's health also requires working with the communities in which women live.

## Partnerships

Improving health outcomes for all women will require an across-government and multi-sectoral approach. NSW Health has funded a range of community-based services supporting women's health and arrangements for evidence-based service delivery will remain important into the future. As well, agencies will need to build strategic partnerships with other organisations which are not funded by the health system. This framework identifies the partnerships between NSW Government agencies which contribute to the infrastructure, services and programs supporting women's good health.

# What we know about women's health

## 1. Health priorities for women

While women living in NSW generally live longer than men, are less overweight and obese than men and smoke tobacco less frequently than men<sup>2</sup>, around Australia and in many comparable nations women experience a greater prevalence of some key health risk factors.

This framework considers a broad range of health priorities, including:

- Lifestyle-related chronic disease
- Mental health and social wellbeing
- Nutrition and physical activity/healthy weight
- Screening
- Reproductive and sexual health
- Tobacco, drugs and alcohol
- Violence.

## 2. Priority populations

Some groups of women experience greater prevalence of health risks, poorer engagement with healthcare and poorer health outcomes<sup>3</sup>. Examples of priority populations in women's health in NSW are described in 'Framework at a Glance' and targeted actions are highlighted in Tables 2-5.

## 3. The impact of social determinants

A range of issues impact on everyone in society but have particular relevance for women and health. For example, access to housing, economic participation, transport and caring responsibilities directly impact on women's opportunities for better health<sup>4</sup>. These factors, called the **social determinants of health**, are influential throughout the life course for women. The *Australia's Health 2012*<sup>5</sup> report developed a framework for the social determinants of health which is reproduced in Figure 1.

“ My journey has taught me that our very survival depends on our ability to stay awake, to adjust to new ideas, to remain vigilant and to face challenges to change...

*I am so lucky to live in a country that has given me a peaceful life with security, liberty, and freedom as a woman. I now live in a learning environment where opportunities are not defined by the boundaries of the past, but by the limits of imagination.*

NAJEEBA WAZEFADOST, GRANVILLE, WOMEN OF THE YEAR FINALIST 2013



#### 4. The importance of access to services, prevention and early intervention

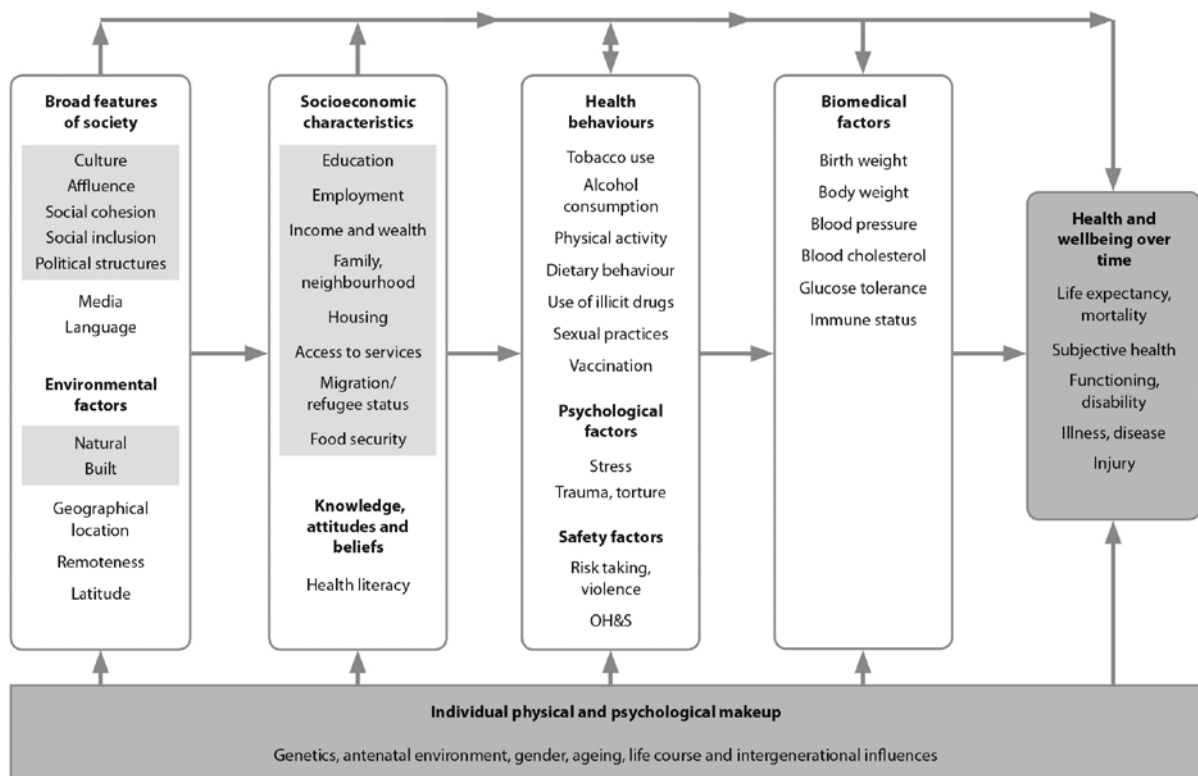
Two important factors considered throughout this document are women’s access to services and programs which directly or indirectly impact on their health and the contribution prevention and early intervention in health issues can make to length and quality of life over the long term.

#### 5. Caring responsibilities

Women take on a range of caring responsibilities, which extend through the various stages of life. Women typically care for children. By middle age, one quarter of all women are caring for an ill, frail or disabled person<sup>6</sup>. Evidence shows there are significant impacts on a carer’s health.

- Caring is significantly correlated with depression in the carer<sup>7</sup>.
- Women carers are less likely to be in paid employment and are more likely to reduce employment, leading to concerns about financial security in retirement<sup>8</sup>.

Figure 1. Social Determinants of Health



Reproduced from Australia’s Health 2012, Australian Institute of Health and Welfare ([www.aihw.gov.au](http://www.aihw.gov.au))



# Women's health priorities across the life stages

Table 1 summarises the range of health risks and needs of women through the stages of life. As women's needs for health-supporting services and programs are defined by their experiences of key life events and circumstances which together make up a life course, the framework has not defined life stages by age. However, for guidance, an approximate age range for each life stage is presented in Table 1.

Table 1. Mapping priority women's health issues across the life stages

Health Issue	Young Women (approx. 12-24 years)	Adulthood (approx. 25-49 years)	Healthy Ageing (approx. 50-65 years)	Older Women (approx. 65 years & over)
Lifestyle-related Chronic Disease	<ul style="list-style-type: none"> <li>■ Poor nutrition, inadequate physical activity and/or overweight and obesity</li> <li>■ Tobacco, alcohol and other drug use</li> </ul>	<ul style="list-style-type: none"> <li>■ Poor nutrition, inadequate physical activity and/or overweight and obesity</li> <li>■ Tobacco, alcohol and other drug use</li> <li>■ Prevention and risk reduction related to chronic disease, such as Type 2 diabetes and respiratory disease</li> </ul>	<ul style="list-style-type: none"> <li>■ Poor nutrition, inadequate physical activity and/or overweight and obesity</li> <li>■ Tobacco, alcohol and other drug use</li> <li>■ Onset and management of chronic disease such as heart disease and chronic pain</li> <li>■ Prevention of cardiovascular and musculoskeletal conditions</li> <li>■ Falls prevention (target group)</li> </ul>	<ul style="list-style-type: none"> <li>■ Inadequate nutrition / physical activity</li> <li>■ Management of chronic disease, including onset of cardiovascular and musculoskeletal conditions</li> <li>■ Falls prevention</li> </ul>
Mental Health and Social Wellbeing	<ul style="list-style-type: none"> <li>■ Adolescence and transition to young adulthood</li> <li>■ Psychological distress</li> <li>■ Suicide prevention</li> <li>■ Early psychosis identification and treatment</li> <li>■ Eating disorders</li> </ul>	<ul style="list-style-type: none"> <li>■ Maternal depression</li> <li>■ Psychological distress</li> <li>■ Suicide prevention</li> <li>■ Borderline personality disorders and anxiety disorders</li> <li>■ Eating disorders</li> <li>■ Mental and social wellbeing in transitions eg. new parenting</li> </ul>	<ul style="list-style-type: none"> <li>■ Depression</li> <li>■ Psychological distress</li> <li>■ Suicide prevention</li> <li>■ Mental and social wellbeing in transitions eg. relationship breakdown, menopause</li> </ul>	<ul style="list-style-type: none"> <li>■ Cognitive decline, including dementia and Alzheimer's</li> <li>■ Depression</li> <li>■ End of life planning (women as carers)</li> <li>■ Access to inclusive and culturally appropriate aged care services</li> <li>■ Mental and social wellbeing in transitions eg. partner's death</li> </ul>
Reproductive and Sexual Health	<ul style="list-style-type: none"> <li>■ Reproductive and sexual health education, including healthy relationships</li> <li>■ Onset of menarche (periods)</li> <li>■ Human papillomavirus (which can cause cervical cancer) vaccination</li> <li>■ Sexually transmitted infections (STIs) and safe sex</li> <li>■ Lesbian, bisexual, trans-gender and inter-sex health (LBTI) (especially STIs, safe sex and fertility options)</li> <li>■ Prevention and management of unplanned/unwanted pregnancies</li> <li>■ Fertility options for women with disability</li> <li>■ Contraception, fertility and family planning, pre-conception health</li> <li>■ Gestational health eg. weight, smoking status and pregnancy care options</li> <li>■ Miscarriage and stillbirth</li> <li>■ Vaginal birth and birthing options</li> <li>■ Breastfeeding support (see also screening)</li> </ul>		<ul style="list-style-type: none"> <li>■ Menopause</li> <li>■ LBTI health (especially STIs and safe sex)</li> <li>■ STIs and safe sex</li> </ul>	<ul style="list-style-type: none"> <li>■ LBTI health (especially STIs and safe sex)</li> <li>■ STIs and safe sex</li> <li>■ Role of women elders in promoting reproductive and sexual health</li> </ul>

The NSW Health Framework for Women's Health now goes on to describe key health issues and strategies to address them across the life stages. Where issues/strategies are relevant to more than one life stage, the framework only describes them once and so readers are referred to earlier tables. Readers should be mindful that the health issues and strategies to address them are just as important for young women as they are for older women and the cross-referencing of tables has only been done for conciseness.



# Adolescent and young adult women

This life stage is crucial to women's long-term health and quality of life, as health status and behaviours among young people are strongly associated with health outcomes and behaviours in adult life<sup>9</sup>. Mental health and sexual activity are key issues at this life stage.

In a medical sense, adolescence is the period following the onset of puberty in which a child turns into an adult – but adolescence is vastly more complex and is experienced in many different ways.

Young women tend to be enthusiastic adopters of new technologies, which has important implications for health service delivery for this target group. For example, the Cancer Institute NSW developed 'I Can Quit', a new technology approach to quitting smoking. The 'I Can Quit' website ([www.icanquit.com.au](http://www.icanquit.com.au)), online community and tools have been taken up by young women more often than older women.

## Mental health

Mental health refers to a broad range of health issues which affect psychological wellbeing. Adolescent women are at greater risk of a number of mental health problems than adolescent men.

- The rate of hospitalisation for self-harm in females aged 15-24 years reached a peak in 2004-05 (482.3 per 100,000 in 2004-05) and remains higher than the rate in males aged 15-24 years (358.1 per 100,000 population compared to 165.1 in males in 2010-11) and in all age groups (154.4 per 100,000 population compared to 101.1 in males in 2010-11)<sup>10</sup>.
- This rate is increased more than two-fold for Aboriginal adolescent women (733 per 100,000)<sup>11</sup>.
- 73% of NSW women aged 12-17 years experience unhappiness, sadness or depression, whilst 79% report feelings of nervousness, stress or pressure and 15% describe high psychological distress<sup>12</sup>.
- The development of depression in adolescent women has been linked with discontinuity in life generally (such as frequent changes in school, residence and guardianship) alongside specific factors (such as recent residential relocation and low parental education<sup>13</sup>).



## Sexual activity

- In 2008 (the most recent available data), most secondary school students surveyed (78%) had experienced some form of sexual activity, with students in Year 12 more likely than those in Year 10 to be sexually active (88% vs 70%). Of the sexually active students, half reported 'always' using condoms when they had sex in the previous year, 43% reported using condoms 'sometimes' when they had sex and 7% 'never' used condoms when they had sex in the previous year<sup>14</sup>.
- Same-sex attracted people are more likely to be sexually active than heterosexual youth, with rates of sexually transmitted infections (STIs) at 10% – five times higher than heterosexual youth in secondary schools<sup>15</sup>.
- NSW has a higher estimated rate of termination of pregnancy (24.3 per 1,000, all ages) than other Australian jurisdictions<sup>16</sup>.

## Teenage pregnancy

- The NSW teenage fertility rate is 13 per 1,000. This is higher than the ACT (9.7 per 1,000) and Victoria (9.9 per 1,000) but lower than all other states<sup>17</sup>.

## Key strategies for the health of adolescent and young adult women

Table 2

<b>Support healthy lifestyles, including nutrition, physical activity and prevention of smoking, risky alcohol use and drug use</b>	
<ul style="list-style-type: none"> <li>■ Continue to up-scale healthy weight, nutrition and physical activity programs in schools and workplaces through the <i>NSW Healthy Children Initiative</i> and the <i>NSW Healthy Workers Initiative</i>, including the <i>NSW Get Healthy Information and Coaching Service</i> (<a href="http://www.gethealthynsw.com.au">www.gethealthynsw.com.au</a>) and ensure targeted programs in communities with poorer health.</li> <li>■ Expand delivery of the Quit for New Life program to provide evidence-based smoking cessation care to pregnant Aboriginal women and their families through the <i>Aboriginal Maternal and Infant Health Services</i> and <i>Building Strong Foundations</i> program.</li> <li>■ Continue to deliver and promote prevention programs and cessation services for tobacco smoking, alcohol and drugs in community and in-patient settings, including NSW Quitline, with mainstream, Aboriginal and multicultural services and <i>ICanQuit.com.au</i>, and <i>NSW Alcohol and other Drug Information Service</i>, and <i>Drug and Alcohol Specialist Advisory Service</i>.</li> <li>■ Under the <i>NSW Tobacco Strategy 2012-2017</i>, minimise exposure to environmental tobacco smoke in public outdoor places through new regulation and community education.</li> <li>■ Ensure tobacco control initiatives continue to support young women to avoid taking up smoking and recognise the effect of 'peer pressure'.</li> </ul>	
<b>Partners</b>	
Ministry of Health	Medicare Locals
Office of Preventive Health	Department of Education and Communities
NSW Kids and Families	Department of Family and Community Services
Local Health Districts	Aboriginal Community-Controlled Health Services and Aboriginal Health and Medical Research Council (AH&MRC)
Cancer Institute NSW	Non-government organisations and non-government health services
Multicultural Health Communications Service	
<b>Promote good mental health and provide early intervention and specialised treatment</b>	
<ul style="list-style-type: none"> <li>■ Continue to strengthen pathways to care to address mental health issues for adolescents at school.</li> <li>■ Deliver mental health interventions for individuals assessed under the <i>Suicide Risk Assessment and Management Protocols</i> in community, in-patient mental health and Emergency Department settings.</li> <li>■ Implement the <i>Youth Mental Health Services</i> model, the youth-focussed <i>NSW Early Psychosis Program</i> to assist a rapid and complete recovery and programs to support for children of parents with a mental illness.</li> <li>■ Continue to identify and treat eating disorders in at-risk groups of women 12-20 years of age, using the <i>NSW Health Eating Disorders Toolkit</i>.</li> <li>■ Complete development of clinical guidelines for the early identification of adult eating disorders and provision of appropriate specialised treatment in general wards.</li> <li>■ Maintain routine screening for domestic violence in mental health services.</li> <li>■ Conduct routine screening for post-natal depression among women attending child and family health services in the community to identify early issues and provide patient-centred pathways to support recovery.</li> <li>■ Improve service access for Aboriginal and CALD women with mental illness and their families and carers.</li> </ul>	
<b>Partners</b>	
Ministry of Health	Department of Education and Communities
Local Health Districts	Department of Family and Community Services
NSW Kids and Families	Medicare Locals
Centre for Eating and Dieting Disorders	Non-government health services
Multicultural Health Communications Service	Aboriginal Community-Controlled Health Services and AH&MRC

## Provide reproductive and sexual health prevention, screening, treatment and education and provide women with options for managing fertility

- Continue to deliver the *NSW Cervical Screening Program* across NSW and the *NSW Pap Test Register*, with targeted strategies for at risk groups:
  - Maintain promotion of cervical cancer screening from 18 years of age
  - Promote cervical screening in community languages to support access to the program by women from CALD communities
  - Promote cervical cancer screening to women with disability
  - Promote cervical cancer screening to Aboriginal women
  - Improve data collection to inform strategies for at risk groups.
- Sustain and promote vaccination rates for Human papillomavirus (which can cause cervical cancer):
  - Conduct Human papillomavirus vaccinations for Year 7 girls as part of the *NSW School Based Vaccination Program* (three doses)
  - Promote vaccination in community languages
  - Monitor vaccination rates to maintain rate at 80% first dose and 70% last dose
  - Promote vaccination to Aboriginal communities.
- Continue to provide family planning information and options:
  - Promote the use of contraception
  - Support provision of reproductive and sexual health information and referral advice to communities across NSW, particularly rural and remote NSW
  - Support provision of culturally-appropriate family planning services for Aboriginal women
  - Support pregnancy option information and clinical pathways for unplanned pregnancies.
- Deliver *Maternity – Towards Normal Birth*:
  - Support and promote vaginal birth where clinically appropriate
  - Develop, implement and evaluate strategies to support women to have a positive experience of pregnancy and birth
  - Ensure that midwives and doctors have the knowledge and skills to support women who choose to give birth without technological interventions unless necessary, use non-pharmacological interventions, use birthing pools and different positions for labour and birth.
- Continue to promote prevention and testing for sexually transmitted infections (STIs), including infectious syphilis, gonorrhoea and chlamydia:
  - Maintain the *Sexual Health InfoLine* (1800 451 624)
  - Promote awareness of sexual health and prevention strategies, (eg. using condoms) to all populations, including through social media
  - Provide sexual health checks and treatment through a range of service options
  - Provide services which are inclusive and responsive to same-sex attracted women.
- Continue to deliver and support the mandatory Personal Development, Health and Physical Education syllabus from Kindergarten to Year 10 in secondary school and the Crossroads program in Years 11 and 12. Sexual health education in schools provides information about sexual behaviour, reproduction, STIs and sexual choices and consequences. This learning is supported by a foundation of inclusiveness, learning about self-respect, feelings, attitudes and being a responsible member of society.
- Progress reproductive and sexual health education in other settings eg. to support education of newly arrived communities (women and men).
- Continue to manage the impacts of Female Genital Mutilation (FGM):
  - Support greater training of general practitioners, nurses and health workers
  - Provide services to women who have undergone FGM to encourage access to reproductive and sexual health services.

### Partners

Ministry of Health	Department of Education and Communities
NSW Kids and Families	Medicare Locals
Cancer Institute NSW	Aboriginal Community-Controlled Health Services and AH&MRC
Local Health Districts	Non-government organisations and non-government health services
Multicultural Health Communications Service	NSW Education Program on FGM

*I am a woman, a mother, a partner, who has been living with HIV for 12 years. I have evolved with this virus into a self-aware, confident, grateful and resilient woman who is excited about each and every day that I enjoy with my loved ones.*

DIANE NYONI, NSW

## Support maternal, infant and family health in target populations

- Maintain delivery of culturally-appropriate maternal and infant health services to Aboriginal communities, including through the *Aboriginal Maternal and Infant Health Services* and the *Aboriginal Family Health Strategy*.
- Deliver midwifery continuity of care.
- Continue to implement the *Breastfeeding: Promotion, Protection and Support Policy*, including supporting Baby Friendly Hospital Initiative accreditation for NSW Health facilities.
- Sustain programs to support early management of drug addiction in pregnant women and their babies.
- Continue to provide mental and physical health services for adolescent and young adult women who have significant caring responsibilities, either for their own children or other family members, including people with disability.
- Implement the *NSW Carers (Recognition) Act 2010* and the *Carers Charter*.
- Sustain the virtual elimination of mother-to-child transmission of HIV.
- Continue to implement sustained home visits for at-risk families.
- Progress implementation of the *NSW Aboriginal Nursing and Midwifery Strategy* to increase the number of Aboriginal midwives and nurses working in rural and regional NSW.
- Promote increased access to post-natal contraception.
- Maintain routine screening for domestic violence in mental health services.
- Continue to provide influenza, whooping cough and human papillomavirus vaccination programs to young women at school and women parents/carers of young children and older people.
- Deliver co-ordination of child and family health services through NSW Kids and Families.

### Partners

Ministry of Health	Medicare Locals
NSW Kids and Families	Aboriginal Community-Controlled Health Services and AH&MRC
Local Health Districts	Non-government health services
Children's Hospital Specialty Network	Department of Family and Community Services
Multicultural Health Communications Service	Department of Education and Communities

## Improving responses to sexual, domestic and family violence against women

- Continue to address child sexual assault in Aboriginal communities.
  - Implement the *Safe Families Program*, an early intervention and community engagement program
  - Train NSW Health workers to enhance culturally competent service provision
  - Maintain Aboriginal child sexual assault counselling positions located in Local Health Districts.
- Continue to provide state-wide sexual assault services.
  - Maintain sexual assault services across NSW
  - Develop and implement the NSW jurisdictional implementation plan under the *National Plan to Reduce Violence against Women and their Children 2010-2022*
  - Improve access to culturally-safe services for Aboriginal women
  - Promote strategic and operational links between justice and human service agencies and non-government health services.
- Maintain routine screening and integrated approaches for domestic violence.
  - Provide routine screening for domestic violence to all women across NSW attending ante-natal, early childhood, mental health and alcohol and other drugs services
  - Support routine screening undertaken in funded non-government health services
  - Promote education, early intervention, preparation for leaving violence and recovery from violence counselling options
  - Promote strategic and operational links between justice and human service agencies and non-government organisations and health services.
- Continue efforts to provide an integrated approach to family violence in Aboriginal communities.
  - Integrate the *Aboriginal Family Health Model of Care* within mainstream health service planning and provision including strategic leadership, effective service delivery, culturally competent workforce and strong community capacity.

### Partners

NSW Kids and Families	Medicare Locals
Local Health Districts	Department of Family and Community Services
Multicultural Health Communications Service	NSW Police Force
	Department of Attorney-General and Justice
	Office of the Director of Public Prosecutions
	Department of Premier and Cabinet
	Aboriginal Community-Controlled Health Services and AH&MRC

### Promote access to services

- Continue to recognise the needs of different groups and age groups of women, providing appropriate services matched to population needs analysis and community consultation.
- Support youth-friendly service delivery by using the checklist in the *NSW Youth Health Policy 2011-2016: healthy bodies, healthy minds, vibrant futures*.
- Promote access to services, particularly among young and 'hidden' carers who may not know how to access human services. ([www.youngcarers.nsw.gov.au](http://www.youngcarers.nsw.gov.au))

#### Partners

Ministry of Health	Medicare Locals
NSW Kids and Families	Aboriginal Community-Controlled Health Services and AH&MRC
Cancer Institute NSW	Department of Family and Community Services
Local Health Districts	Department of Education and Communities
Multicultural Health Communications Service	Non-government organisations eg. youth housing
	Non-government health services

### New technologies

- Progress development of the electronic personal health record (ePHRs) program with the Commonwealth Government to support delivery of health information and records to young women.
- Provide education, information and brief interventions to women using acceptable social media and new technologies, including supporting Aboriginal women's access to technologies to improve health literacy.
- Under the *National Strategic Framework for Rural and Remote Health*, effective and reliable information technologies are especially important in rural and remote areas and can be used for accessing secondary advice, managing outpatient presentations, clinical education and skills development.

#### Partners

HealthShare NSW	Commonwealth Government
Health Education Training Institute	Medicare Locals
Local Health Districts	Non-government health services
Multicultural Health Communications Service	

### Supporting women with caring responsibilities

- Continue to provide mental and physical health services for adolescent and young adult women who have significant caring responsibilities, either for their own children or other family members, including people with disability.
- Recognise and respond to the needs of different groups of carers.
- Implement the *NSW Carers (Recognition) Act 2010* and the *Carers Charter*<sup>18</sup>.

#### Partners

Ministry of Health	Office for Carers and Ageing, Department of Family and Community Services
NSW Kids and Families	Disability and Home Care, Department of Family and Community Service
Local Health Districts	Non-government organisations eg. housing for people with disability
	Non-government health services

### Sun protection

- Under the *NSW Skin Cancer Prevention Strategy 2012-2017*:
  - Continue informing young women in relevant media and social media and in primary health about the health risks of tanning in the sun or in solaria and the best sun protection behaviours. ([darksideoftanning.com.au](http://darksideoftanning.com.au))
  - Ensure that Aboriginal women are included in skin cancer prevention strategies.
  - Continue to support prohibition on commercial solaria and monitor melanoma rates and sun behaviours.

#### Partners

Cancer Institute NSW	Medicare Locals
Ministry of Health	Non-government organisations and non-government health services
NSW Kids and Families	Aboriginal Community-Controlled Health Services and AH&MRC
Local Health Districts	Department of Education and Communities

# Adult women

During this life stage:

- Healthy lifestyles established in youth may be eroded, resulting in established overweight and obesity and greater chronic disease risk (especially heart disease)
- The early health consequences of smoking tobacco, drinking alcohol and using drugs become apparent
- Women experience greater rates of high or very high psychological distress compared with men<sup>19</sup>.

Examples from the literature about the interplay of social determinants with health outcomes for adult women include:

- Women who are obese, who receive social support, current smokers, report childhood sexual abuse and experience anxiety symptoms are less likely to participate in cervical screening<sup>20</sup>
- Caring responsibilities are one of the major causes of loss of access to employment for women and social exclusion, anxiety and depression are more prevalent in carers<sup>21</sup>
- Socially disadvantaged women and women who live in rural and remote areas report less access to pregnancy options
- Aboriginal women experience substantially higher rates of diagnosis of STIs, including chlamydia, gonorrhoea and infectious syphilis<sup>22</sup>
- Women of lower socio-economic status and those in remote areas have higher rates of cervical cancer. Cervical cancer mortality for Aboriginal women is five times that of non-Aboriginal women, reflecting lower cervical screening rates<sup>23</sup>
- Aboriginal women experience nearly 40% higher rates of ovarian cancer mortality than non-Aboriginal women<sup>24</sup>
- 20.7% of lesbian women report never having a Pap test<sup>25</sup>.

## Sexual, domestic and family violence

Sexual, domestic and family violence are experienced by women at greatly increased rates. Many women who experience violence do so in a recurring way and sexual and domestic violence are often experienced together. Family violence is a key issue in Aboriginal communities<sup>26</sup>.

- Between one in four and one in six adult women has experienced actual or threatened physical or sexual violence perpetrated by a partner<sup>27</sup>.
- A greater proportion of Aboriginal women than non-Aboriginal women experience sexual, domestic and family violence<sup>28</sup>.
- A greater proportion of CALD women than non-CALD women have trouble accessing services for domestic violence<sup>29</sup>.
- Women with disability are the most high risk group for domestic violence<sup>30</sup>.
- In NSW in 2011 there were 20,579 female victims of recorded domestic-violence assaults and women were more than twice as likely as men to experience domestic violence<sup>31</sup>.
- In 2011 more than 5% of women who were screened under the Routine Screening for Domestic Violence program identified themselves as being victims of domestic violence in the last year. This rate remained relatively stable between 2003 and 2011<sup>32</sup>.
- In NSW in 2010 there were more than 5,400 recorded sexual assaults against women and women were more than five times more likely to be sexually assaulted than men.
- Health outcomes for women experiencing violence at the hands of their partner include depression, anxiety, suicide, physical injury, eating disorders, STIs, cervical cancer and death<sup>33</sup>.

The NSW Government, through Women NSW and human service and justice agencies, is developing a multi-layered and multi-agency response to domestic and family violence, which is expected to be implemented from 2013. NSW Health is a key partner in this initiative, which will build on existing responses to violence against women.

## Key strategies for the health of adult women

Table 3

<b>Support healthy lifestyles, including nutrition, physical activity and prevention of smoking, risky alcohol use and drugs</b>	
See Table 2	
<b>Promote good mental health and provide early intervention and specialised treatment</b>	
See Table 2	
<b>Provide reproductive and sexual health prevention, screening, treatment and education and provide women with options for managing fertility</b>	
See Table 2	
<b>Support maternal, infant and family health in target populations</b>	
See Table 2	
<b>Improving responses to sexual, domestic and family violence against women</b>	
See Table 2	
<b>Promote awareness of the risks of chronic disease to women and support health, thereby preventing avoidable hospitalisations</b>	
<ul style="list-style-type: none"> <li>■ Work in partnership with the non-government sector and Medicare Locals to inform NSW women of the risk factors for chronic disease particular to or more prevalent in women.</li> <li>■ Provide screening and brief interventions to women as part of routine delivery of care and in the community, such as in pharmacies.</li> <li>■ Implement the <i>NSW Chronic Care Management Program</i> targeting women at high or very high risk of unplanned hospitalisation or Emergency Department presentations for chronic diseases, including Chronic Obstructive Pulmonary Disorder, coronary artery disease, diabetes, hypertension and congestive heart failure.</li> <li>■ Provide access to prevention, treatment and fertility services for women living with HIV.</li> </ul>	
<b>Partners</b>	
HealthShare NSW	Commonwealth Government
Health Education Training Institute	Medicare Locals
Local Health Districts	Non-government health services
Multicultural Health Communications Service	

“Juggling a family of 5 kids and full time employment as a child-care worker in a pre-school, Helen needed that little extra bit of support on her journey to get healthy. Helen joined the Get Healthy Information and Coaching Service ([www.gethealthynsw.com.au](http://www.gethealthynsw.com.au)) and made some bold lifestyle choices for her and her husband which paid off in the long run. Helen lost 55kgs and her husband lost 40kg in 18 months.

*Helen admits the process was a huge learning curve for her, especially when it came to a balanced meal. Aside from the fact that Helen and her husband lost a vast amount of weight, the real success comes from the health benefits the whole family achieved. At 37 years of age, Helen acknowledges that the damage could have been far worse and more serious, “had I not taken it in hand with the service, I would be in a lot worse way.”*

HELEN, NSW GET HEALTHY INFORMATION AND COACHING SERVICE GRADUATE



# Healthy ageing

As women age, their health profile changes.

- Physical changes are brought about by menopause and ageing more generally.
- The impact of health behaviours, such as smoking and poor nutrition, become established chronic disease which requires management, such as Type 2 diabetes and heart disease.
- New risks emerge, such as falls injury.



Anxiety and depression are the leading causes of burden of disease for women up to the age of 65 years, with women experiencing more than double the burden of males (10% vs. 4.8%)<sup>34</sup>.

- The highest suicide rate for women is in the 45 to 54 year age group<sup>35</sup>.
- Higher rates of mental health conditions are reported for middle aged Aboriginal women than non-Aboriginal women, with higher rates of related hospitalisation and mortality<sup>36</sup>.

Social determinants for women's health are also important at this life stage. For example, women in this life stage are more likely to suffer from economic hardship and financial insecurity as a result of declining health, separation or relationship breakdown, sole parenting and reduced workforce participation. Evidence also shows women in remote locations and women with low socio-economic status are much more likely to be diagnosed with advanced breast cancer than their metropolitan counterparts<sup>37</sup>.

Social inclusion is a major health-related issue at this stage of the life course. Women may lose their partner to separation or relationship breakdown or ill health, requiring adjustment of lifestyle and behaviours to a newly single (or single parent) life. Women's participation in the workforce declines through this stage, reducing the normal opportunities for social engagement. Finding new opportunities to interact with the community in a healthy and positive way can facilitate mental and physical wellbeing.

*I'd had regular mammograms in the past, which so far had revealed nothing of significance. But the reminder letter prompted a voice in the back of my mind, which was only satisfied when I was in the car and on the way to the local BreastScreen NSW after making an appointment. It turned out to be one of the luckiest car trips I have ever made... Don't put it off. Mammograms are able to detect early what cannot be seen by the naked eye or felt by the human hand. The mammogram really is a woman's best friend.*

ROSALIND WINTERTON, BREAST CANCER SURVIVOR

## Key strategies for women's healthy ageing

Table 4

<b>Support healthy lifestyles, including nutrition, physical activity and prevention of smoking, risky alcohol use and drugs</b>	
See Table 3	
<ul style="list-style-type: none"> <li>■ Include supportive strategies for women experiencing menopause, in health-promoting workplace programs.</li> </ul>	
<b>Promote good mental health and provide early intervention and specialised treatment</b>	
See Table 3	
<b>Provide reproductive and sexual health prevention, screening, treatment and education and provide women with options for managing fertility</b>	
See Table 3	
<ul style="list-style-type: none"> <li>■ Promotion of breast cancer screening from 50 years of age, with targeted strategies for at risk groups:             <ul style="list-style-type: none"> <li>– Deliver the <i>BreastScreen NSW</i> service to provide free screening mammograms to women aged 50 to 69, which is the highest risk age group for breast cancer</li> <li>– Promote <i>BreastScreen NSW</i> in community languages to support access by women from CALD communities</li> <li>– Promote <i>BreastScreen NSW</i> to Aboriginal women</li> <li>– Provide accessible facilities for women with disability to utilise breast screening.</li> </ul> </li> </ul>	
<b>Support maternal, infant and family health in target populations</b>	
See Table 3	
<b>Improving responses to sexual, domestic and family violence against women</b>	
See Table 3	
<b>Identify chronic disease and improve health care for women with chronic disease</b>	
See Table 3	
<b>Provide support for women with disability and women caring for a person with a disability</b>	
<ul style="list-style-type: none"> <li>■ Provide better education and referral pathways for clinicians partnering with women with disability to ensure their health needs are met.</li> <li>■ Engage with the National Disability Insurance Scheme Launch Transition Agency to increase access to appropriate services for women in NSW.</li> <li>■ Continue to deliver <i>Stronger Together: a new direction for disability services NSW 2011-2016</i> to:             <ul style="list-style-type: none"> <li>– establish increased capacity in community based disability services, with greater focus on person-centred support</li> <li>– improve flexibility in respite care, enhancing opportunities for women carers to take time for their own good health.</li> </ul> </li> </ul>	
<b>Partners</b>	
Ministry of Health	Medicare Locals
Local Health Districts	National Disability Insurance Scheme Launch Transition Agency
	Department of Family and Community Services



## A personal story

*“ I met Mei-lin after her general practitioner telephoned me to explain Mei-lin didn't speak English, was afraid and that there were complex issues. I suggested we meet at the GP's surgery instead of having Mei-lin come to our service.*

*The first thing I noticed was that Mei-lin was tiny, looked very young and was covered in bruises the size of 50 cent pieces. With the GP acting as interpreter, I discovered Mei-lin and her professional husband lived with his parents. When her husband was out, Mei-lin was very lonely. He had forbidden her to leave the house and was punitive with money. What began as pinching escalating to life-threatening violence. Leaving him seemed impossible.*

*Mei-lin's GP and I talked with her about a safety plan. We developed the understanding of what she would do if threatened again and she would keep in regular contact with the GP. She also decided her options might improve if she learnt English, so she enrolled at TAFE. Eight weeks passed. Then one night he went too far. Mei-lin decided she would speak with police. An application for an Apprehended Violence Order was instigated and her husband would be charged with assault. Mei-lin spent that night in a homeless men's accommodation on Sydney's outskirts before eventually being relocated to a women's domestic violence refuge in Sydney's eastern suburbs.*

*She started coming to our women's health centre for counselling, was checked for depression and sexually transmitted infections and we taught her techniques to manage her (debilitating) anxiety. She was very alone and without hope. When I asked her 'What in your most wonderful dreams would you like to do?' She answered that she would love to be a nurse.*

*For four years, Mei-lin's husband was an invisible presence. Recovering emotionally Mei-lin was successful with the AVO but the police were unsuccessful in securing a conviction. The social worker at the University helped Mei-lin secure housing and social security, and in November 2012 Mei-lin graduated as a registered nurse.*

*Working in a women's health environment presents many challenges – but mostly, with the client's determination we see positive changes. For Mei-lin her own strength and bravery; our centre's flexibility and, critically, the collaboration between 'systems' led to a wonderful outcome – a strong, bright young woman is working in the health system.*

*WORKER'S NAME WITHHELD, CLIENT'S NAME CHANGED.  
LEICHHARDT WOMEN'S COMMUNITY HEALTH CENTRE*

## Older women

Women tend to live longer than men. Consequently, they experience significantly more disability, primarily due to dementia and musculoskeletal disease<sup>38</sup>. Major health issues faced by older women at a disproportionate rate to men include cardiovascular diseases, mental health, musculoskeletal conditions and some cancers<sup>39</sup>.

Social determinants impact women's health in older age. Older women are more likely than men of the same age to:

- be widowed
- live alone or in residential care
- experience financial insecurity
- suffer from chronic illness
- have multiple disabilities
- utilise health services<sup>40</sup>.

With an ageing population in NSW, delivering effective health services to older women will become increasingly important. A balance is required between effort in delivering acute services to this group and investing in health-promoting lifestyles and environments at earlier ages to support sustainable service delivery in the longer term.



### Delivering health services

With an ageing population in NSW, delivering effective health services to older women will become increasingly important. As women's life expectancy is greater than men's, and older age is associated with greater rates of disability and disease, a greater proportion of the total burden of disease in NSW is related to women in this age cohort. Social factors including living independently after the loss of a partner, the weaker financial position many women experience in older age due to lower superannuation savings (for example), and the 'social invisibility' reported by many older women combine with poorer general health to impact significantly on women's health outcomes in older age.

NSW Health has a responsibility in supporting women's health at this life stage, not only to address the physical and mental health needs of women, but to pay particular attention to the manner of engaging this group. In studies, older women regularly report feeling disempowered and experiencing insufficient respect as persons, and this is likely to translate to the health system as well. The importance of NSW Health's CORE values of collaboration, openness, respect and empowerment are key here, and the patient-centred focus of clinical care delivery will also support the improvement of the ways in which older women experience health and engagement with the health system in NSW.

A balance is also required between effort in delivering acute services to this group and investing in health-promoting lifestyles and environments at earlier ages to support sustainable service delivery in the longer term.

## Dementia

Dementia is an umbrella term for a variety of diseases that cause a decline in multiple areas of cognition such as in memory, judgment, communication and a decline in abilities to carry out activities of daily living. Older people fear it more than any other health condition. Care is mostly provided by carers and family members who can become physically and emotionally overwhelmed and socially isolated for extended periods.

There are, however, examples internationally and locally of people being able to “live well” with dementia, with continued meaning, enjoyment and a good quality of life, of good health care and of carers being well supported.

- It is estimated that 25% of women aged 75 years and older have dementia, as compared to 17% of men<sup>41</sup>, with predictions of a 320% increase in the incidence of dementia in NSW by 2050<sup>42</sup>.
- Dementia and Alzheimer’s disease were the third ranked cause of death for women compared to sixth for men in 2010<sup>43</sup>. These conditions ranked as the fifth contributor to the burden of disease in women and are the leading cause of disability amongst the elderly in Australia.
- Alzheimer’s disease is the most common cause of dementia and accounts for between 50% and 70% of cases<sup>44</sup>.

## Osteoarthritis and falls

The prevalence of osteoarthritis is higher in women than men and increases with age<sup>45</sup>. Women are at greater risk of developing osteoporosis after menopause due to accelerated bone-loss as a result of decreased circulating oestrogen (this also increases heart disease risk).

Osteoarthritis has a considerable effect of an older woman’s quality of life due to pain and limited mobility, which in turn has an impact on self-care and ability to socialise with others. Limited mobility also increases the likelihood of a fall and, inversely, fear of falling decreases mobility. Vitamin D deficiency is relatively common for women in this age group and leads to poor calcium uptake and bone mineralisation, increasing the risk of fractures<sup>46</sup>. Duration of hospital stay after injury is also longer for women than men in this age group, reflecting higher rates of hip replacement in women<sup>47</sup>.

## Key strategies for older women’s health

Table 5

Support healthy lifestyles, including nutrition, physical activity and prevention of smoking, risky alcohol use and drugs	
See Table 4	
<ul style="list-style-type: none"> <li>■ Programs will target people aged 65 years and over as part of the 2021 Plan commitment to increase participation in sport and recreation by 10% (<i>NSW Ageing Strategy</i>).</li> <li>■ Provide a register of physical activity programs for older people, which includes an evidence-based falls prevention component.</li> <li>■ Support older women following bereavement to maintain or re-establish lifestyle skills for physical and mental health, including social determinants such as encouraging engagement with financial services.</li> </ul>	
Partners	
Ministry of Health	Medicare Locals
Office of Preventive Health	Aboriginal Community-Controlled Health Services
Local Health Districts	Department of Family and Community Services
	Non-government organisations and non-government health services
Provide specialist mental health services for older people	
<ul style="list-style-type: none"> <li>■ Implement the <i>NSW Service Plan for Specialist Mental Health Services for Older People 2005-2015</i> targeting those older people who develop a mental illness in later life, those with recurring or lifelong mental illness, and adults with severe dementia symptoms.</li> <li>■ Support women carers of older people with mental illness by including them in the health care and social support team and improving admission/discharge and follow-up pathways.</li> </ul>	
Partners	
Ministry of Health	Department of Family and Community Services
Local Health Districts	Medicare Locals
	Non-government health services
	Aboriginal Community-Controlled Health Services



### Provide support for women with disability and women caring for a person with a disability

See Table 4

### Provide appropriate aged care services

- Implement the *NSW Ageing Strategy* to provide inclusive services to lesbian, bisexual, trans-gender and inter-sex women who are seeking to include sexuality in aged care decision making such as residence and involvement of partners in end of life care.

#### Partners

Ministry of Health	Department of Family and Community Services Non-government organisations (eg. housing) Non-government health services
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### Improving responses to sexual, domestic and family violence against women

See Table 3

### Prevent falls injury in hospitals and the community

As part of the *NSW Falls Prevention Plan*:

- Implement falls prevention and management best practice guidelines in clinical settings
- Deliver evidence-based falls prevention education and physical activity programs which build strength, confidence and knowledge to reduce falls, in the community.

#### Partners

Ministry of Health	Medicare Locals
Agency for Clinical Innovation	Non-government health services
Clinical Excellence Commission	Department of Family and Community Services
Local Health Districts	

### Deliver patient-centred end of life care which supports women's involvement in their own care and supports women carers to participate in the care of others

Implement the *NSW Government Plan to Increase Access to Palliative Care (2012-2016)* including:

- Expanding community-based palliative care services, especially in rural areas and for CALD and Aboriginal populations
- Increase access by people with life-limiting conditions to domestic assistance programs to sustain families and carers

#### Partners

Ministry of Health	Medicare Locals
Clinical Excellence Commission	Non-government health services
Local Health Districts	Department of Family and Community Services
Multicultural Health Communications Service	





# The structure for improving women's health in NSW

People and organisations, strategic policy and programs, monitoring and data and research and evaluation all provide a structure for improving women's health in NSW.

## People and organisations

In the NSW Government, the Premier, Minister for Health and Minister for Medical Research, Minister for Mental Health and Minister for Healthy Lifestyles, and the Minister for Women are key advocates for women. Many other ministers hold portfolios which impact directly on women's lives and their health.

- The Department of Premier and Cabinet is responsible for developing and co-ordinating strategic policy and program initiatives across agencies.
- Women NSW, within NSW Families and Communities, provides leadership on action to improve the lives of women in NSW. It does this by developing policy and working with other government agencies, businesses and the community on projects that benefit women.
- A number of our largest public sector agencies support women's health in a range of ways. Transport, education, housing and health agencies play a major role in women's health. Many of these agencies have developed specific strategies for delivering services and programs to meet women's needs in appropriate ways.

As well, NSW Government agencies partner with a range of non-government organisations and other providers to deliver services and programs to the people of NSW.



## Strategic policy and programs

The NSW Government has established a strategic policy framework, one component of which is this Women's Health Framework. In *NSW 2021: A plan to make NSW number one*, the NSW Government committed to a range of goals, targets and indicators to advance policy development and improve service delivery across the state. Many of these goals are directly or universally supportive of women's good health.

The NSW Government goals and targets guide investment and program development in agencies including NSW Health, the Department of Family and Community Services and NSW Police. A series of strategic policies and programs have been developed for delivery of services across human services and justice agencies and their non-government partners to achieve the NSW 2021 plan targets. A number of these are referenced in this framework. For goals, targets and indicators for women's health, see the Appendix.

Table 6. Health organisations contributing to women's health in NSW<sup>48</sup>

<b>Functions of organisations contributing to the Health System in NSW</b>	
<b>Organisation</b>	<b>Role</b>
Ministry of Health	The Ministry supports the executive and statutory roles of the NSW Minister for Health and Medical Research and monitors the performance of the NSW public health system, known as NSW Health.
<b>The Pillars of the NSW Health System</b>	
Agency of Clinical Innovation (ACI)	ACI is the primary agency for engaging clinical service networks and designing and implementing new models of care.
Bureau of Health Information (BHI)	The role of BHI is to provide independent reports on the performance of the NSW public health system.
Cancer Institute NSW (CI NSW)	The CI is a state-wide, government funded cancer control agency.
Clinical Excellence Commission (CEC)	The role of the CEC is to build capacity for quality and safety improvement and to provide leadership in clinical governance.
Health Education Training Institute (HETI)	HETI has leadership responsibility for the education and training of all clinicians, management and support staff in NSW Health. HETI partners with LHDs and SHNs to develop and deliver education and training across the NSW public health system.
NSW Kids and Families	NSW Kids and Families champions the health interests of children and young people whether they are at home, in the community or in or out of hospital. This includes health services for babies, children, adolescents, mothers, parents and children.
<b>Local Health Districts/Specialty Networks</b>	
Local Health Districts (LHDs)	LHDs are responsible for the delivery of healthcare services to a geographically defined, local population, across a wide range of settings, and within the framework of a Service Agreement with the Ministry of Health, for the purpose of maximising the health of its local population.
Specialty Health Networks (SHNs)	SHNs are responsible and accountable for governing health service delivery across their specialty network. There are three specialty networks within NSW, the Children's and Paediatric Services Network, Justice and Forensic Mental Health Network and a network covering public health services provided by three Sydney facilities operated by St Vincent's Health.
<b>Partners</b>	
Aboriginal Community-Controlled Health Services (ACCHSs)	An incorporated Aboriginal organisation, initiated by and based in a local Aboriginal community, that delivers a holistic and culturally appropriate health service to the community that controls it.
Aboriginal Health and Medical Research Council of NSW (AH&MRC)	The AH&MRC is the peak representative body of Aboriginal communities on health in NSW. AH&MRC represents their Members, the Aboriginal Community-Controlled Health Services.
Commonwealth Department of Health and Ageing	The Department's role is to achieve the Australian Government's priorities (outcomes) for health and ageing. It does this through the development of policies, funding of primary health care and other services, management of programs and undertaking research and regulatory activities.
Medicare Locals	Established by the Australian Government, Medicare Locals are a national network of primary health care organisations. Medicare Locals are intended to encourage integration of primary health care, aged care sectors and hospitals.
Not for profit/non-government organisations	There are numerous NFPs/NGOs that provide health services and programs at the state and community level. These organisations can receive funding from government and other sources.
Private sector	There are numerous private providers of health services that can include general practitioners, medical specialist, allied health providers and hospitals.



## Monitoring and data

Implementation of the strategies in this framework will be monitored by responsible NSW Government agencies through a mix of program, process and outcome indicators. Co-ordination of data collections is evident in the development of the annual *Women in NSW* report by Women NSW, Families and Communities<sup>49</sup>, which uses national and state collections across health, welfare, education and employment issues. NSW Health maintains an extensive population health data collection, which is freely available online to the public through *Health Statistics NSW* ([www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au)). The Bureau of Health Information (BHI) provides regular information to help build the evolving picture of hospital performance and patient use of public hospitals in NSW. *Hospital Quarterly* provides regular information to help build the evolving picture of hospital performance and patient use of public hospitals in NSW. More than 80 NSW public hospitals are individually profiled, looking at patient activity, elective surgery and emergency department performance. The BHI's *Healthcare in Focus* annual performance report compares the NSW Health system within Australia and overseas.

However, there are some important gaps in available data which reduce the overall power of such information to improve women's health outcomes.

- Many surveys do not currently publish disaggregated data on sex/gender. While the collection of sex/gender data is becoming more routine, it is important to provide disaggregated data for analysis, rather than making decisions based partly on data which relates to women and men, or is extrapolated to women from male data.
- Similarly, collections should aim to collect data on identified or potential target groups to facilitate a better understanding of population needs and evidence-based responses. In particular, it is important to publish population data disaggregated by Aboriginality. For example, NSW Health is collecting data on Aboriginal and non-Aboriginal smoking rates, as well as data on pregnant Aboriginal and non-Aboriginal women who smoke. An improvement in identification of Aboriginal women in health data needs to be supported by culturally-appropriate healthcare which empowers women to identify as Aboriginal.
- A report by the Australian Institute of Health and Welfare for the Heart Foundation<sup>50</sup> has pointed to some important data gaps in relation to cardiovascular (heart) disease, which may provide important lessons for other health issues. For example, 'it is difficult to know how much the differences in rates of procedures between the sexes reflects differences in rates or severity of cardiovascular disease and how much they reflect a difference in the way men and women are treated within the health system'.<sup>51</sup> These and other research questions could support the development of a more sophisticated evidence base relevant to women's health.

# Appendix – Goals, targets and indicators toward improved women’s health outcomes

## NSW 2021 goals

The following selection of the 32 goals of the *NSW 2021: a plan to make NSW number one* has particular relevance to women’s health through health promotion, health care delivery and supporting the social determinants of health. The range of agencies responsible for these goals demonstrates the broad nature of impacts on women’s opportunities for good health.

Table 7. 2021 Goals relating to women’s health

Goal No.	NSW 2021 Plan goal	Responsible NSW Government agency
1	Improve the performance of the NSW economy	Department of Trade and Investment, Regional Infrastructure and Services
5	Place downward pressure on the cost of living	Department of Finance and Services
6	Strengthen the NSW skill base	Department of Education and Communities
11	Keep people healthy and out of hospital	Department of Health
12	Provide world class clinical services with timely access and effective infrastructure	Department of Health
13	Better protect the most vulnerable members of our community and break the cycle of disadvantage	Department of Family and Community Services
15	Improve education and learning outcomes for all students	Department of Education and Communities
16	Prevent and reduce the level of crime	NSW Police Force
20	Build liveable centres	Department of Planning and Infrastructure
24	Make it easier for people to be involved in their communities	Department of Education and Communities
25	Increase opportunities for seniors in NSW to fully participate in community life	Department of Family and Community Services
26	Fostering opportunity and partnership with Aboriginal people	Department of Education and Communities
30	Restore trust in state and local government as a service provider	Department of Premier and Cabinet

## NSW targets and indicators

The NSW 2021 Plan and other NSW Government agency strategic plans set ambitious targets for service and program delivery. The achievement of these targets will support women’s personal health, as well as the health of their families and communities and the opportunities for women to engage in society to their highest potential.



Table 8. Targets and indicators for women's health

Target/Indicator
<b>NSW 2021 Plan</b>
Grow employment by an average 1.25% per year to 2020
Increase the number of women completing apprenticeships in non-traditional trades
Improve housing availability and affordability by delivery of 25,000 new dwellings in Sydney per year
50% increase in the proportion of people aged 20-64 with qualifications at Certificate iii and above by 2020
20% of undergraduate enrolments are students from low SES backgrounds by 2020
Minimise public transport waiting times for customers / meet reliability targets between 92-98.5%
Increase walking (to 25% of mode share) and cycling (double mode share) by 2016
Reduce smoking rates by 3% by 2015 for non-Aboriginal people and by 4% for Aboriginal people
Reduce the rate of smoking by non-Aboriginal pregnant women by 0.5% per year and by 2% per year for pregnant Aboriginal women by 2015
Stabilise overweight and obesity rates in adults by 2015, and then reduce by 5% by 2020
Reduce total risk drinking to below 25% by 2015
Halve the gap between Aboriginal and non-Aboriginal infant mortality rates by 2018
Reduce the age-standardised rates of potentially preventable hospitalisations by 1% and by 2.5% for Aboriginal people by 2014/15
Reduction in the number and rate of people experiencing repeat homelessness (including women and children escaping domestic violence)
Reduce domestic violence
Reduce alcohol related assaults
Increase confidence in Police
Increase the proportion of the NSW population involved in local community organisations, to exceed the national average by 2016
Increased proportion of people who feel able to have a say on issues that are important to them



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