Women's Health Tasmania

Response to the Inquiry into Rural Health Services

12 MARCH 2021

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About Women's Health Tasmania

Women's Health Tasmania (WHT) provides health promotion activities 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".[i] 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 the Inquiry into Rural Health Services

We welcome the opportunity to respond to the Inquiry. WHT's response draws on consultations held with women living in rural and remote areas of Tasmania in May-June 2019 and again in May 2020, plus the responses to an online survey of women's health needs conducted in June 2019. The consultations were held on the south, east, north-west and west coasts of Tasmania. The survey received 462 responses from 70 postcodes. 35% of these women were living outside Hobart and Launceston.

Women's health needs

WHT's response to the inquiry has a focus on women's health. 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 should be 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.

Response to the Terms of Inquiry

Availability and timeliness of health services

Primary care, allied health and general practice services

Access to bulk billing GPs is also extremely difficult across Tasmania, and it is a significant barrier to accessing services. In most of our consultations the inability to afford primary health care is named as the number one barrier to maintaining good health.

For those attending GP appointments, many women reported not being able to get an appointment with a GP in less than 2-3 weeks – a significant issue in areas with no 24-hour medical services, and which are a long way from ambulance base services.

Some rural areas rely heavily on locum GPs. In our consultations women talked at length about the importance of having the same person providing general practitioner services over time; building trust and an understanding of their health. Women felt there is a great need for local and consistent GP services in rural communities.

In our consultations some women told us they had access to periodic mobile service delivery or diagnostic services, oral health services or outreach allied health services and spoke very highly of these. For example, The Bone Bus, mobile breast cancer services and the Vitamin D bus were all commended. However, some of these services only go to regional centres and women in more remote parts of the start must drive long distances to reach them.

Women also raised the lack of access to allied health services, which play a key role in chronic disease management. Many allied health services in rural Tasmania are provided from clinics in regional centres to reduce travel time for the clinicians. However, transport is required for people to be able to access these clinics; this can be a significant barrier to access.

Women also raised the lack of access to GPs who had a special interest women's health or in other particular areas such as LGBTIQ+ health or specific serious illnesses, and a lack of access to sexual and reproductive health care, specifically termination services. Currently only 5 GP practices outside urban centres offer access to medical terminations to patients. These are in Devonport, Longford, New Norfolk, Richmond and Huonville. Combined with limited regional access to surgical termination services (see the discussion under non-GP specialist medical services) this makes access to these services constrained and costly.

Non-GP specialist medical services

For women living in rural areas getting appointments with specialists presents two specific problems. The first is getting appointments. The second is getting appointments at times when they can get community or even public transport to attend them. Long waiting lists for appointments with specialists mean that these service providers offer little flexibility about appointment times.

Transgender women report that endocrinology appointments for support around hormone therapy are difficult for people not living in Launceston or Hobart. Transgender women have reported to us that they highly value the Sexual Health Service – the main publicly funded access point for transgender people who want to explore medical gender affirmation. Through this service women report they can access endocrinology specialists, psychiatry, and other support. (Although based in Hobart and Launceston the Sexual Health Service offers an outreach service in the north west.)

The lack of services in rural areas has serious consequences. The inability of women outside Hobart to access surgical terminations of pregnancy is a significant issue raised by women living in rural and regional areas in our surveys. Currently the public hospitals in Burnie and Launceston provide no access to women for non-medical surgical terminations. These procedures are only available through private providers in Hobart and at North West Private Hospital, and to a limited degree through the Royal Hobart Hospital. Difficulties accessing information about these services and in accessing these services is a significant, ongoing problem.

Women have also raised the absence of services to support rural people living with serious illness, that is, people living with medical conditions which are serious and complex and carry a degree of impairment or disability. People with serious illness need comprehensive care management. Women report a lack of access to diagnostic services, to speciality care, and to specific treatment, which had potentially serious consequences for them both as patients and as carers of patients.

Maternity, maternal and child health services

Women also told us that there is a lack of support for mothers with young children in some rural areas with consequences for the mental health of young mothers. The Child Health and Parenting Service and playgroups are valued, but women report that their access to local maternity services, childcare services, Child and Family Centres, respite services, family support services and child and adolescent mental health services is severely constrained.

Palliative care services

Women on the West Coast also told us about the experiences of family members with terminal illness needing palliative care who were transferred out of small communities to Burnie. This caused significant stress for them and their families.

Other

Mental health services

Across the board, women told us about the lack of coordination between health services, and between health and allied services which made complex care management difficult. Women around Tasmania often contact Women's Health Tasmania seeking mental health professionals who will bulk bill to deliver GP initiated mental health plans. These professionals are extremely rare, and in addition psychologists have long waiting lists.

Women reported high levels of mental ill health in their communities, particularly identifying grief, loneliness, anxiety and depression. Rural women also report that mental health issues still carry significant stigma in rural areas, which impacts on the mental health of individuals. Other forms of stigma, such as that associated with socio-economic disadvantage and LGBTIQ+ identity also affect the mental health of individuals.

The women we consulted wanted initiatives to help support good mental health in rural communities. Their suggestions included initiatives to promote positive mental health and prevent mental health problems, early intervention when problems developed, better access to mental health services, and action to address the stigma experienced by particular groups of people.

Women living substantial distances from emergency departments have also reported to us their worry about the potentially significant consequences of emergencies and the additional stress this places on them as parents of infants and young children. People in the areas of Central Highlands, Derwent Valley, Geeveston/Dover, Triabunna/Bicheno and Forestier/Tasman are more than 50 kilometres from the nearest emergency department and the emergency departments they are nearest to are located within rural facilities, staffed by generalist providers.[xv]

Telehealth

The Federal Government's move to broaden the Medicare Benefits Schedule around telehealth schedules in response to the pandemic was a positive move. Medical professionals report many positives of the growth in telehealth services during the COVID crisis. WHT's own telehealth services also took off in this period, as clients' confidence about this form of service delivery increased.

The increased access to telehealth services was particularly beneficial for rural patients as it gave patients more choice in the doctors they consult around services. It was a huge boon for people seeking services that

their regular GP might not provide. It was particularly important for people seeking the medical termination of pregnancy and STI testing and treatment.

This was wound back in July, making it only possible to access Medicare funded telehealth with your regular GP or practice, and only if you have been an active patient with that practice within the last 12 months. This restricted access for women seeking sexual and reproductive health services. GPs practices in rural areas may not offer specialist sexual and reproductive health services. Few rural GPs have done the additional training required to deliver specific sexual and reproductive health services. Women may live in rural areas where the local GP is a conscientious objector to the provision of certain women's health services. The long term impact of policy decisions such as this is women seeking terminations being unable to access services in a timely way. Medical terminations, which are more affordable and can be administered in a woman's own home, are only available up to 9 weeks gestation. Women whose pregnancies are further advanced are forced into the hospital system to seek a surgical termination.

Any other matters incidental thereto

Other health promoting factors supporting good health outcomes

Women told us that they highly valued low impact, accessible, affordable or free exercise opportunities, but these tended to be confined to regional centres. The importance of affordability to enable access meant that often these programs had to be subsidised by grants, delivered as pilots, or innovations – so they appeared and disappeared in local areas.

Where women could get reliable internet access and they also had digital literacy skills, the support available through online forums and from health information websites was commented on positively.

The Patient Transport Access Scheme provides important support to address the financial cost of travel for rural and remote women. Acknowledging the limitations of the support available, women who had been able to utilise this scheme pointed to it as a valuable help to access health services.

Community transport was also highly valued but in high demand. Community transport is low cost, but participants pointed out that this is not the same as being affordable.

Other barriers to good health outcomes

The women we consulted reported numerous health promotion initiatives that had worked well in their communities, particularly physical activity initiatives, that had stopped 'when the funding ran out'. These included locally run low impact exercise opportunities. This had an impact on older people in their communities who needed subsidised or free activities in accessible venues and people with chronic conditions. (Physical inactivity is a risk factor for several chronic conditions including type 2 diabetes, cardiovascular disease, some cancers and mental health disorders.)

Low levels of health literacy are also an issue for some rural women. To make decisions and manage their health and health care women need to be able to access information, understand it and use it. In our discussions with women living in rural and remote Tasmania, they told us they had great difficulty in getting access to information. They had difficulty getting:

- understandable written health information
- information about mobile service visits
- information about support services
- Information about health promoting community events

Understanding information so it can be used to inform decision making was also an issue. On the West Coast women told us they would like locally based health workers who could work with people face to face and help them develop their health literacy. (Specifically, help them find and understand information and find and access services.)

The majority said they relied on their GPs to tell and interpret things for them, but they had difficulty getting GP appointments.

Many of the women WHT works with, and many of those we have consulted do not have access to computers or smartphones, and many tell us they have low or non-existent digital literacy skills. This was particularly common in our discussions on the West Coast, where two-thirds of the women we consulted did not have computer access, or the skills to use the public computers in the Neighbourhood House. The unreliability of the internet in some rural areas is a significant barrier to finding health information online or receiving public health messages. The move to online booking systems for some GP practices was causing issues for some women.

The difficulties in accessing affordable fresh food is also an issue raised by women in some rural areas, particularly the Huon Valley and on the West and East Coasts. These are areas in which the consumption of fruit and vegetables is at particularly poor levels,[xvi] well above the general poor and declining levels across the state.[xvii] Although more women than men meet the fruit and vegetable eating guidelines, women are often the gatekeepers of the family's diet so their difficulties accessing fruit and vegetables raises concerns for their households, including children. Insufficient healthy food is responsible for several chronic conditions and diseases, including obesity, heart disease, diabetes and some cancers.

Women also repeatedly reported to us that the inability to access childcare impacts on women's ability to do the activities required to manage chronic conditions (such as physical activity) or to attend health appointments.

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. There are clear priorities for specific interventions and activities in local areas to help rural people.

Women tell us that more is needed in regional and remote areas to help people prevent and manage chronic ill health, including mental health problems. They want affordable primary health care, access to GPs, more time to talk to them in appointments, and greater continuity of care with their GPs.

Women tell us they want community and health services that are inclusive, and that understand their lives holistically, and they want these services to develop approaches that reflect this. Central to this was the importance of social connection and engagement as part of a health service model.

Women also told us that improving the health of women in rural and remote areas requires a 'gender focus' in service delivery. For example, they said that attention needs to be given to ensure flexible appointment times are available to cater for childcare needs and working women, that services are 'child friendly' and that health promotion activities build childcare into their models.

Endnotes

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