NSW Women's Health Framework

NSW GOVERNMENT

Contents

Throughout this Framework we use the word 'Aboriginal' to refer to both Aboriginal and Torres Strait Islander people.

Secretary's foreword

Many women and girls have different health and wellbeing needs and experiences than those that tend to affect men and boys. We have an important role in helping women and girls to fulfil their potential at every stage of their lives through the services we deliver, the environments we create, and the organisations we staff. Some differences in health and healthcare are driven by biological factors, such as those affecting maternity services and cervical cancer screening. Other differences are driven by gender-based roles, behaviours, and attitudes that affect how women and girls access and experience services both directly and as carers for others.

The women and girls in NSW are diverse, and some groups are more likely to have additional health and wellbeing vulnerabilities than others. We need to do more to support these women and girls to ensure that everyone has access to high quality health and wellbeing services and outcomes.

The vision for NSW Health is a sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled. This includes improving the outcomes and experiences for all women and girls in NSW. This Framework is aligned with a range of current reforms which support the system to adopt a focus on value, take a holistic view of people and understand how the services we provide impacts them.

That is why this Framework recognises the many intersections between NSW Health and the broader health and wellbeing system. The Framework provides NSW Health and our stakeholders with a meaningful overview of our priorities and the different health and wellbeing needs of women and girls throughout their lives. It is a clear signal to our colleagues, our delivery partners, and the communities we serve, that we are responding to evidence so that we can continue to improve over time and place patients at the centre of health care delivery

I congratulate everyone who contributed to the extensive consultation process that underpins this updated NSW Health Women's Health Framework. The goals and strategies the Framework articulates for the future respond to the strong themes that emerged from consultation with women and girls who use, and work in, our health system.

I believe these goals and strategies point NSW Health and its delivery partners in the right direction to strengthen the services we provide for women and girls. We will monitor and report on the implementation of this Framework over time and will continue to learn and adapt what we do to improve the health and wellbeing of all women and girls in NSW.

Framework on a page

Vision: Better health and wellbeing for all women and girls in NSW.

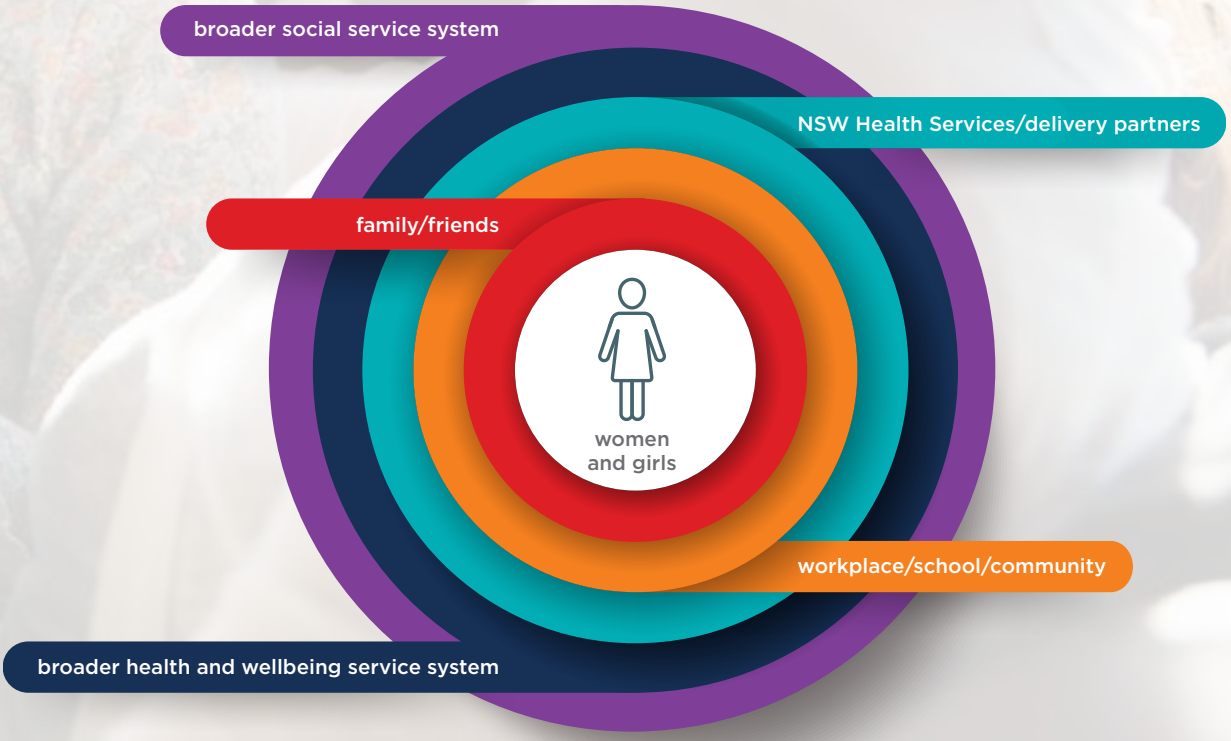
Purpose: To deliver services and foster environments in NSW that help women to meet their physical, emotional, social and economic potential by increasing opportunities for women and girls to experience better health and wellbeing at every stage of their lives.

Scope: This Framework applies across the NSW Health system and across the intersections with the broader health and wellbeing system including private sector organisations, not-for-profit organisations, and other government agencies. It recognises and provides an overarching perspective and principles to combine and apply the wide range of frameworks, strategies, policies, and plans that seek to improve or affect the health and wellbeing of women and girls.

Goals & strategies:

Goals – All women and girls in NSW have:					
healthy relationships	healthy minds	healthy lifestyles	healthy bodies	safety and support	integrating care
Strategies – All women and girls in NSW are:					
• *informed* about healthier relationships • *empowered* to make healthier choices • *engaged* with families, peers, and communities	• *supported* to build resilience • *supported* through major life changes • *empowered* to feel more confident and comfortable with their bodies • *informed* about mental health and wellbeing and support services • *supported* by appropriate mental health and wellbeing services	• *informed* and able to access high quality health and wellbeing information • *empowered* and supported to make healthier choices	• *supported* to have better reproductive and sexual health • *provided* with access to contraception and maternal support • *engaged* in prevention and early intervention to reduce illness • *supported* to prevent or manage chronic illnesses	• *protected* and helped to recover from violence and the effects of trauma • *able to access* sensitive and approachable services • *supported* with caring responsibilities • *informed,* confident and safe using technology • *able* to access stable housing, adequate financial resources and other support services	• *able* to access services in a convenient time and place • *able* to access services and information that they can understand and that understand them • *able to access* services that are safe and trauma informed • *engaged* with health and wellbeing services

Stakeholders essential to the success of the Women's Health Framework



Snapshot of women and girls

Who we are

50.7% of the population
almost **3.8 million** women and girls in NSW

25.6% (974,365)
live in rural or remote regions[1]

38.4 years
median age[2]

30.6 years
the average age that women give birth for the first time[3]

77% completed Year 12 in 2014[4]

59.9% of undergraduate completions
60.1% of postgraduate completions[5]

4.6% unemployment
low for women in 2018[6]

56% of all carers
68% of primary carers in NSW[7]

3.4% of women residing in NSW are Aboriginal[8]

28% born overseas
26.5% of households speak a language other than English[9]

2396 refugee women and children
were settled in NSW in 2018[10]

18.2% (693,800 of women and girls in NSW have a disability[11]

What we have achieved

Life expectancy of NSW women has increased from **84 years** in 2006 to **85.2** in 2016[12]

93.5%
or more of children aged 12-months and 60-months were fully immunised in 2017[13]

83.1%
of girls aged 15 were fully immunised against HPV in 2015-16[14]

566,000 women 50-74 screened by BreastScreen in 2016-2017. 120,000 more than 2011-2012[17]

Smoking in pregnancy **reduced** from **12.7%** in 2007 to **8.8%** in 2017[18]

Smoking in secondary students **reduced** from **16%** in 2002 to **7.7%** in 2017[19]

Challenges that remain

Women and girls were hospitalised more than **1.5 million times** in 2016-17[21]

Hospitalisations for dialysis have **increased by 31%** since 2000[22]

Leading causes of deaths

ischaemic heart disease e.g. heart attack (10.63%)
cerebrovascular disease e.g. stroke (8.64%)
organic mental disorders e.g. dementia (8.3%)[23]

1 in 5 girls aged 5-15 years are overweight or obese[24]

49.1% of women aged over 16 years were in the healthy weight range for BMI; **4.3%** were underweight; **25.3%** were overweight; **21.3%** were obese[25]

12.3%

of NSW women over 16 years of age smoke[26]

17.3% of women in NSW experience high or very high psychological distress[27]

1 in 4 women
(23% or 2.2 million experienced violence by an intimate partner, compared with **1 in 13 men** (7.8% or 703,000)[28]

1 in 5 women
women have been sexually assaulted and/or threatened, compared with **1 in 20 men**[29]

Intimate partner violence

abuse and neglect contributes an estimated **5.1%** women and girls in NSW of the burden of disease (death, disability, ill-health) for **women aged 18-44 years**[30]

1 in 10 women are affected by endometriosis[31]

Chlamydia cases in NSW

increased substantially between 2008 and 2017 from **5,370** to **8,122**

Hepatitis C cases in NSW increased by **11.6%** between 2008 and 2017[33]

2.5%

2.5% of pregnancies between 2013-2017 occurred in girls aged 15-19[34]

The percentage of women fully breastfeeding their babies on discharge from hospital decreased from **79.8% in 2013 to 72.6% in 2018**

31%

The number of older homeless women increased between 2011 and 2016[36]

Guiding principles

Six principles guide this Framework:

- taking a holistic view of the health and wellbeing of women and girls
- recognising the social determinants of health and wellbeing
- taking a gendered approach and promoting health equity for all women
- adopting a life course approach
- empowering women and girls to play an active role in their health and wellbeing
- improving access and engagement in health services and programs for all women.

Taking a holistic view of the health and wellbeing of women and girls

Health and wellbeing are more than the absence of disease. They are the combination of a range of biological, social, political, economic, cultural, emotional and spiritual factors that interact throughout the lives of women and girls. Because of these interactions between individual, societal and environmental factors, barriers to improved health and wellbeing cannot be overcome by the health system alone. Medical treatment is important, but so are other determinants of health outcomes, like social factors such as positive relationships and connections to community, and personal practices, such as exercise, hobbies, mindfulness and meditation.

Not all women and girls have the same health and wellbeing advantages, and this Framework recognises the critical importance of treatment and healing to improve the health of women and girls who have suffered or are suffering from psychological distress, violence, illness and trauma, including intergenerational trauma. Prevention helps to reduce the occurrence of illness and injury; however, recovery is also important to improving overall health and wellbeing.

The themes in this Framework recognise the broad factors that will contribute to better health and wellbeing for women and girls, including:

- healthy relationships
- healthy minds
- healthy lifestyles
- healthy bodies
- safety and support
- integrating care.

Recognising the social determinants of health and wellbeing

Health and wellbeing cannot be considered in isolation from wider social factors, and the social determinants of health are widely recognised by public health institutions. The Australian Institute of Health and Welfare (AIHW) recognises several social determinants that influence the ability to "stay healthy or to become ill or injured":[37]

- Socioeconomic position – the extent to which an individual can access and achieve education, stable occupation and income generates opportunities to engage with wider options for health and wellbeing choices and services.

Guiding principles

- Early life – healthy and stable physical, cognitive and emotional development increases the likelihood of future economic and social participation, as well as better health and wellbeing.
- Social inclusion – access to resources and opportunities, freedom from violence and social skills affect participation within society.
- Social capital – social connections and relationships between an individual and others support mental and physical wellbeing.
- Employment and work – access to employment, financial pressure, competing job hours, scope of control and employment conditions affect long-term health and wellbeing.
- Housing – unpredictable or precarious living arrangements induce health stresses associated with poor physical and mental health.
- Residential environment – reasonable access to services and local resources supports equity in health and wellbeing.
- Barriers such as geographic isolation or understaffed facilities affect an individual's ability to access and use health services.

Taking a gendered approach and promoting health equity for all women

There are differences between the health and wellbeing of men and women on many measures. These are driven by a mix of sex-specific biological differences and gender-based roles, behaviours, attitudes and environments. Gender is also the product of the laws and social customs that determine male and female roles and shape the learned behaviours, relationships, attitudes and expectations that society ascribes to men and women. Gender is linked to inequality and poverty, which can affect health outcomes.

The following principles have been identified as key factors by the World Health Organisation in gender-based inequities in health:

- social stratification and how to improve women's status relative to men
- different exposures to health-damaging factors
- different vulnerabilities leading to inequitable health outcomes
- different economic and social consequences of illness and reproductive health needs
- engendering health systems and health research.[38] There are also differences in health and wellbeing outcomes and experiences among different groups of women. For example, Aboriginal women experience poorer health outcomes than the average for all women. We aim to work harder to recognise and address health inequities experienced by the First Peoples of Australia as well as women living in rural and remote areas, women from migrant or refugee backgrounds, women living with disability, transgender women and non-gender conforming people with female body parts.

Adopting a life course approach

A life course approach recognises the continuity of health and wellbeing throughout a person's life. This helps to improve health by emphasising a "healthy start to life" and addressing health and wellbeing needs at critical periods throughout life.[39] The life course approach also recognises social determinants of health, gender, equity and human rights and the pattern of health needs for newborns, girls and young women, women of reproductive age, healthy ageing and older women.

Early life experiences, such as good or poor health or exposure to trauma in childhood, affect health and wellbeing later in life. People who have adverse experiences in childhood are more likely to experience physical and mental illnesses as adults, and their illnesses are also less likely to respond to treatment.[40]

NSW Health recognises the importance of a good start to life in key documents and programs, including:

- The First 2000 Days: Conception to Age 5 Framework
- NSW Youth Health Framework 2017-2024.

We also recognise the importance of a good end to life, including through the End of Life and Palliative Care Strategic Framework 2019-2024.

Key challenges to health and wellbeing vary across the life course of women and girls.

Guiding principles

Girls and young women (approx. 0-24 years)

Suicide is the leading cause of death among young women in NSW aged 15 to 24 years,[41] and 1 in 5 women aged 16 to 24 experience high or very high psychological distress.[42]
Half of all mental illnesses arise in children aged less than 14 years, and three quarters in people aged 25 years or less.[43]

Young women aged 15 to 24 years make up 57% of all hospitalisations with a principal diagnosis of eating disorder.[44]

About 1 in 5 girls aged 5-15 and 1 in 4 young women aged 16-24 are overweight or obese. Only 18% of girls aged 5 to 15 years do enough physical activity, compared to 29.9% of boys.[45]

Adult women (approx. 25-44 years)

Suicide is the leading cause of death for women aged 25 to 44 years,[46] and the 35 to 44 years age group has the highest rate of suicide for women.[47]

High or very high psychological distress is experienced by more adult women (12.3%) than men (9%).[48]

Domestic and family violence contributed to more burden of disease (illness, disability and premature death) than any other risk factor for adult women.[49]

Only 1 in 2 adult women do enough physical activity.[50]

Women in middle adulthood (approx. 45-64 years)

1 in 8 women will be diagnosed with breast cancer in NSW and 1 in every 15 women will be diagnosed with bowel cancer. Breast cancer is the leading cause of death for women aged 45 to 64 years.[51]

Women aged 45 to 64 years make up the largest proportion of primary carers.[52]

The highest proportion of women aged 45 to 54 years experienced high or very high psychological distress (13.2%) compared with other age groups and compared with men (11%).[53]

Only 41% of women aged 55 to 64 years do enough physical activity.[54]

Older women (approx. 65 years & over)

Cancer and circulatory diseases are the leading causes of death for older women. Older women are 10% more likely than older men to suffer from coronary heart disease.[55]

Older women are also more likely to experience osteoporosis, which affects 25.8% of women aged over 75, compared with 7.2% of men the same age.[56]

The risk of conditions like Alzheimer's disease and dementia increases with age. Dementia is more common among older women (25%) than older men (17%).[57]

Close to 70% of older women aged 65 to 84 are overweight or obese, the highest rate of all the age cohorts,[58] and only 1 in 4 older women do enough physical activity.[59]

Guiding principles

Empowering women and girls to play an active role in their health and wellbeing

Women and girls are the key decision-makers about their own health and wellbeing, particularly for proactive prevention, maintenance and screening. Helping women and girls to build health literacy as a resource to engage positively with their own health and wellbeing is a key enabler of this Framework.

Key areas for improvement include:

- increasing the health literacy of women, girls, and health and wellbeing service providers
- improving the mental health and wellbeing of women and girls
- increasing rates of health screening
- reducing rates of overweight and obesity
- reducing rates of smoking, drinking and abuse of other drugs
- improving access to health services for vulnerable groups
- improving access to trauma informed health services.

We are supporting women and girls to play an active role in their health and wellbeing, such as through the NSW Healthy Eating and Active Living Strategy, but we need to do more. That means giving women and girls relevant, easy to understand information explaining the actions that will help them to live longer and healthier lives, recognising their place at the centre of decisions about their health and wellbeing, helping them to heal or manage past trauma or existing health conditions and making sure our services are high-quality, responsive, accessible and appropriate to the needs of women and girls in NSW.

Improving access and engagement in health services and programs for all women

Evidence-based health services and programs are only effective if the people they are designed to help know how to access and engage with them. There are many reasons why people avoid or delay accessing services, including:

- not having enough time
- not being able to afford it
- feeling nervous, embarrassed or unsafe
- being busy with caring responsibilities
- services being geographically far away or otherwise difficult to reach
- appropriate services not being available.

None of these should be reasons why a woman or girl in NSW does not access a health or wellbeing service that she needs. We need to do more to overcome these barriers to access by ensuring that our health and wellbeing services are appropriate and accessible.

Focus communities

This Framework aims to improve health and wellbeing for all women and girls in NSW. We recognise, however, that we need to focus our efforts to support some women and girls who are more likely to have additional health and wellbeing vulnerabilities. These include women and girls who are:

- Aboriginal
- culturally and linguistically diverse (CALD)
- lesbian, bisexual, transgender, intersex and queer
- living with disability
- living in rural or remote areas
- experiencing socioeconomic disadvantage
- carers.

Many women and girls are members of more than one focus community and may experience compounding health and wellbeing vulnerabilities. This is not an exhaustive list, and other groups of women and girls, such as women in custody or with chronic illnesses, also tend to have additional health vulnerabilities.

Aboriginal women

Aboriginal people are the First Peoples of Australia and have strong cultures and communities. More Aboriginal people live in NSW than in any other Australian state or territory. The Aboriginal community takes a broad perspective on health, with mental, physical, cultural and spiritual health being considered holistically in terms of wellbeing and not as distinct concepts.[60] The resilience of Aboriginal people and their kinship relationships provide the foundation upon which to improve health.

Aboriginal women's health has been affected by historical circumstances, including dispossession, the interruption of culture and intergenerational trauma, and their contemporary effects. These factors contribute to and combine with others, such as socioeconomic factors, environmental factors, social and political factors, lack of access to primary health care and specific health risk factors such as poor nutrition, hazardous alcohol use, high tobacco use and low levels of physical activity.[61]

Some diseases or risk factors are more common among Aboriginal women, such as circulatory disease and diabetes. Aboriginal women are hospitalised at higher rates for circulatory disease (2667.6 per 100,000) and diabetes (549.9 per 100,000) than the averages for all women in NSW (1352.1 and 132.7 respectively).[62]

A higher percentage of Aboriginal women also experience high or very high psychological distress (23.3%) compared with the average for all women in NSW (15.1%).[63] Participation rates in breast screening for Aboriginal women are increasing over time (40.2% for Aboriginal women aged 50-69 years), but are still lower than the average for all women in NSW (52.1% for women aged 50 to 69 years).[64]

NSW Health is committed to working in partnership with Aboriginal people, Aboriginal community controlled organisations and other government agencies to improve the health outcomes of Aboriginal people. This commitment has been formalised in key documents and programs, including the:

- NSW Aboriginal Health Plan 2013-2023
- NSW Health Statement of Commitment to Aboriginal People
- Close the Gap Statement of Intent
- NSW Aboriginal Health Partnership Agreement 2015-2025
- NSW Aboriginal Maternal and Infant Health Strategy
- Aboriginal Family Wellbeing and Violence Prevention Strategy 2019-2023 (in development)
- Strategic Framework for Suicide Prevention 2018-2023
- NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022
- NSW Cancer Plan 2016-2020.

Culturally and linguistically diverse women

CALD women identify as having cultural or linguistic affiliations with their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. NSW is one of the most multicultural states in Australia, with 28% of women having been born overseas, and 26.5% of households speaking a language other than English,[65] coming from a wide range of language and cultural backgrounds.

A person's ethnic, religious and linguistic background influences their physical and mental health. These influences are particularly strong during settlement in a new country, especially for groups like refugees, who experience a wide range of health risks, issues and needs and often have higher needs for support.

Focus communities

In general, people born overseas are healthier than the general population. This is known as the 'healthy migrant effect' and is particularly true for new migrants, who tend to need better health to meet eligibility criteria and be able to move to a new country. There is evidence, however, that the experience of migration and settlement in a new country and changes such as adopting less healthy local diets can adversely affect the health of migrants.[66]

Some diseases and risk factors are also more common among people born overseas. For example, diabetes, both pre-existing and in pregnancy, is more widespread among women from CALD backgrounds.[67] While 12.6% of all women in NSW develop gestational diabetes,[68] this rate is much higher for mothers with a background in Southern Asia (26.6%), Melanesia, Micronesia and Polynesia (22.6%), and South East Asia (21.3%). Women from non-English speaking countries are also more likely to engage in low or insufficient levels of physical activity (49.6%) than women from English speaking countries (37.6%) and women born in Australia (44.6%).[69]

Some women from CALD backgrounds may experience challenges in accessing and engaging with health services. The NSW Government has made access and equity the guiding principles for the development of government policy and the delivery of social services. To support these principles, the NSW Health system has policies, strategies and services to ensure quality health care for all people living within our culturally and linguistically diverse society. Services for culturally, religiously and linguistically diverse communities are primarily delivered through Local Health Districts, which have tailored strategies for their communities based on local need and demographics.

Specialist state-wide multicultural services target specific populations, such as victims of Domestic and Family Violence (DFV), refugees, people living with HIV and those needing mental health services, or specific areas of work, such as communication, media campaigns and translations. Professional Health Care Interpreter Services are also available across NSW Health facilities and services.

NSW Health is committed to working in partnership with CALD communities and other government agencies to improve the health outcomes of CALD people.

This commitment has been formalised in key documents and programs, including the:

- NSW Plan for Healthy Culturally and Linguistically Diverse Communities 2018-2023
- Refugee Health Plan
- Standard Procedures for Working with Health Care Interpreters
- NSW Hepatitis B, Hepatitis C and HIV Strategies 2014-2020.

Lesbian, bisexual, transgender, and queer women, and intersex people

Lesbian, bisexual, transgender, queer or intersex (LGBTQI) people should not have different health and wellbeing outcomes. Unfortunately, prejudice, abuse, and violence disproportionately affects the mental and physical health of members of these groups. LGBTQI populations experience higher rates of mental health issues and suicidal behaviour and younger lesbian, bisexual and queer women are more likely to exhibit poorer mental health and self-harm than heterosexual women.[70]

Lesbian, bisexual, transgender and queer women also have lower rates of screening for some cancers, including cervical screens. The Sydney Women and Sexual Health (SWASH) survey found that women who had never had sex with a man were 2.5 times more likely to have never been screened (32% compared to 13% who had ever had sex with a man). Lower screening in these women may be due to a misperception that lesbian women are at lower risk of cervical cancer, a perception that has also been reported among Australian healthcare providers.

The same survey found lower self-reported rates of HPV vaccinations than are reported by the general population.[71]

Rates of tobacco[72] and illicit drug use[73] are also higher among members of this group than in the general population, particularly among younger women.

NSW Health is committed to working in partnership with lesbian, bisexual, transgender, and queer women, and intersex people to improve the health outcomes of this focus community.

Focus communities

This commitment has been formalised in key documents and programs, including:

- Strategic Framework for Suicide Prevention 2018-2023
- NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022
- NSW Sexually Transmissible Infections Strategy 2016-2020
- NSW Cancer Plan.

Women with disability

Australian data on the life expectancy of people with a disability are limited; however, the data that exist suggest that people with disability generally live shorter lives than those without a disability.[74] In NSW, 18.5% of all women have a disability, which is about the same rate as men.[75] Women and girls with a disability experience greater limitations on their wellbeing, however, than men and boys with a disability, as well as greater limitations than female peers without a disability. These include limited access to educational opportunities, participation in the labour market, earnings from employment, and social and other activities.[76] Women and girls with a disability are also more likely to be victims of violence and assault,[77] including violence in both institutional and residential settings.[78] We need to do more to make sure our health system has the skills, flexibility and empathy to understand and appropriately respond to the needs of women and girls with disability.

The likelihood of living with disability increases with age; 31% of people aged 55 to 64 live with disability. Almost nine in ten people (88%) aged 90 and over live with disability.[79] Aboriginal people are also more likely to be living with disability or restrictive long-term health conditions (45%).[80] Close to eight percent (7.7%) of Aboriginal people live with severe or profound disability.[81]

NSW Health is committed to working to improve the position and health outcomes of women and girls with disability in NSW. This commitment has been formalised in key documents and programs, including the:

- NSW Health Disability Inclusion Action Plan 2016-19
- Living Well: A Strategic Plan for Mental Health in NSW 2014-2024
- expansion and enhancement of specialised intellectual disability health services.

Women living in rural and remote areas

People living in rural and remote areas tend to have shorter lives, higher levels of disease and injury, and poorer access to and use of health services compared to people living in metropolitan areas. A range of factors contribute to poorer health outcomes in rural and remote areas, including disadvantages in access to education and employment opportunities, income and health services.[82] Despite poorer health outcomes for some, Australians living in towns of fewer than 1,000 people and non-urban areas generally experienced higher levels of life satisfaction compared to those living in major cities.[83]

Respondents to a survey in rural and remote areas reported spending an average of 1 hour travelling to see a doctor for a non-emergency reason, with some travelling for 5 or more hours.[84] Travelling long distances with high transport costs for medical and oral care or to give birth is costly and disruptive to the lives of women and girls, as well as to their continuity of care. Aboriginal women may experience additional stress due to being separated from land and community, the cultural impact of not giving birth on country, language barriers, isolation, the fear of asking for culturally appropriate birthing options and the challenge of negotiating an unfamiliar health system.[85]

Choice of service, and access to out of hours services, is often reduced in regional and remote areas. Remoteness and distance are also challenges for workforce recruitment and health service delivery, particularly to serve populations that are widely dispersed or isolated.

Compared with people in major cities, people in outer regional and remote areas have higher rates of daily smoking, risky alcohol consumption, physical inactivity, dental disease, and overweight and obesity. People living in rural and remote areas may also have more occupational and physical risks, for example from farming work or transport-related accidents.[86]

The incidence of cancers is higher for people in regional areas compared with people living in major cities. There is a significantly higher incidence of bowel cancer and melanoma (associated with sun exposure) for people living in regional areas. The incidence of cervical cancer, lung cancer (associated with smoking) and cancer of unknown primary site are significantly higher in those living in remote areas.[87]

Focus communities

NSW Health is committed to working to improve the position and health outcomes of women living in rural and remote areas in NSW. This commitment has been formalised in a number of key documents and programs, including the:

- NSW Health Rural Plan Towards 2021
- NSW Health Professionals Workforce Plan 2012–2022
- The Rural Doctors Network Outreach Program
- Isolated Patients Travel and Accommodation Assistance Scheme Policy Framework
- Strategic Framework for Suicide Prevention 2018-2023.

Women experiencing socio-economic disadvantage

People in lower socioeconomic groups have higher rates of illness, disability and death, and live shorter lives than people from higher socioeconomic groups. Increasing levels of socioeconomic advantage are correlated with better health and wellbeing. This is sometimes called the 'social gradient of health'.[88]

Socioeconomic disadvantage not only directly affects health, but also exposes women and girls to experiences and psychological and social conditions that further damage their health and wellbeing, such as homelessness or insecure housing. Low income and unemployment, for example, often contribute to social isolation and exclusion, both of which adversely influence health.[89] There is also a correlation between low socioeconomic household status and an increased risk of interpersonal violence.

Lower socioeconomic status also increases barriers to accessing health promotion services.[90] People in the lowest socioeconomic group have higher rates on almost all risk factors than people in the highest socioeconomic group, except for lifetime risk of harm from drinking alcohol. People in the lowest socioeconomic group are also 2.7 times more likely to have chronic obstructive pulmonary disease and 2.6 times as likely to have diabetes.[91] Adults who are socially disadvantaged or on a low income have more than double the rate of poor oral health.[92]

NSW Health is committed to working to improve the position and health outcomes of women experiencing socioeconomic disadvantage in NSW. This commitment has been formalised in key documents and programs, including:

- financial hardship policies, such as the NSW Ambulance Patient Hardship Policy
- Sustaining NSW Families Program
- NSW Refugee Health Service.

Carers

A carer provides ongoing, unpaid support to a family member, neighbour or friend who needs help because of disability, terminal illness, chronic illness, mental illness and/or ageing.

Being a carer can have economic and social effects on women and girls that can also affect their access to health services. Carers benefit society by supporting others, which can be beneficial for their self-esteem,[93] but the additional responsibilities on carers can limit their access to other opportunities. Labour participation rates among carers in Australia are lower, for example, and many carers are also people with disability.[94] Limited access to opportunities like workforce participation, combined with increased physical and mental stress, often leads to poorer physical and mental health for carers. This can include women on maternity leave and stay-at-home mothers as well as women caring for partners or relatives.

Rates of poor health are higher for female carers (28.5%) compared with females in the general population (18.3%). Higher levels of support provided by carers correlate with greater negative effects on the health of carers. Carers of a person with disability who has low care needs report lower rates of poor physical health (24.4%) than carers of a person with disability with high care needs (37.6%).[95]

NSW Health is committed to working to improve the position and health outcomes of carers in NSW. This commitment has been formalised in key documents and programs, including the:

- NSW Health Recognition and Support for Carers: Key Directions, 2018-2020
- NSW Carers Strategy – NSW Health leads and supports projects under the priority areas of Health and Wellbeing, Information and Community Awareness, and Carer Engagement
- NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022.

Healthy relationships

Social connectedness is good for human health and wellbeing, while social isolation and exclusion adversely affect health and wellbeing. Healthy relationships offer direct health and wellbeing benefits and indirect benefits from opportunities to share information and wisdom. Women and girls do important work building and maintaining social connections, such as in Aboriginal communities, where women are the keepers of knowledge and the cornerstone of families. Strategies to support healthier relationships include reducing violence against women, promoting healthy sexuality, reducing prejudice and improving interpersonal connections in health services and the community.

Most victims of physical, emotional, and psychological violence and abuse are women or girls, and most violence happens within existing relationships. Close to 80% of female victims of homicide were killed by a person in a domestic relationship with them.[96] Violence against women and girls has immediate negative effects on health and wellbeing, as well as contributing to worse long-term outcomes, reduced quality of life and lower use of health services, even after the violence has ended. Intimate partner violence contributes to the burden of disease for homicide and violence, suicide and self-inflicted injuries, early pregnancy loss, depressive disorders, anxiety disordersand alcohol use disorders.[97]

Girls who experience physical or sexual abuse before the age of 15 are more likely to experience partner violence after the age of 15. For women aged 25–44, family, domestic and sexual violence causes more illness, disability and premature death than any other risk factor.[98]

Some women and girls are at greater risk. Women and girls with disability experience more violence, particularly sexual violence, from a greater number of perpetrators compared to their peers.[99] Refugee and migrant women may be subject to greater control and power exerted by partners over their sexuality and access to contraception.[100] Women aged 15 and over living outside capital cities are more likely to experience intimate partner violence (21%) compared with women in urban areas (15%).[101] Some literature attributes these higher rates of violence in rural and remote areas to higher Aboriginal populations, but the top 10 localities for DFV in NSW include some "predominately white, agricultural areas".[102]

DFV in Aboriginal communities is both a cause and effect of social disadvantage and intergenerational trauma. Aboriginal women are 32 times more likely to be hospitalised due to family violence than non-Aboriginal women,[103] and 76% of people victimised by a family member are Aboriginal women or girls.[104] To deliver effective preventive health strategies for DFV, we need to connect with Aboriginal communities and families to balance mainstream and community specific programs.[105]

A survey of LGBTQI people in Sydney suggests a significant rate of abuse in relationships, with 45% of women reporting that they, at some point, have been in a relationship where a partner had physically or emotionally abused them.[106] Heteronormative ideas about intimate partner violence, which is often viewed as male perpetrators abusing women, may prevent some victims from understanding their experience as intimate partner violence.[107]

Some acts of violence within relationships are specific to the LGBTQI community including:

- threatening to 'out' them to family, friends or at work, isolating them from support networks
- controlling access to medical treatment (e.g. preventing a transgender person from accessing surgery)
- pressuring a partner to act or appear more 'male' or 'female' or conform to gender stereotypes.[108]

Homophobic abuse and rejection are associated with feelings of shame, isolation and low self-esteem, and may contribute to higher rates of self-harm, depressed mood and suicidal behaviour.[109]

Relationships and their effects on health and wellbeing change throughout the lives of women and girls. This includes healthy sexuality, safe sex and regular testing for sexually transmitted infections (STIs) in sexually active women of all ages. Major life events can also have significant effects on relationships. Many new mothers adjusting to life with a newborn or young child must navigate relationship changes, including changes in relationships with partners, family and friends, in addition to bonding physically and emotionally with their child or children. This can be more challenging for migrant or CALD mothers establishing their families in NSW.

Healthy relationships

The Circle of Security in Northern NSW is a group program for mothers (and fathers) of children under the age of 5 years who have recently 'lost care of' or are 'at risk of losing' their children. All referrals received have come directly from FACS. The program is based on 40 years of attachment research and aims to improve relationships between parents and children by improving parents' capacity to reflect on their own parenting and keep the child at the forefront of their minds. We know that if a parent can improve their capacity to reflect, then their relationship with their child will be better. We also know that a child's future relationships are based on the initial relationships formed with their parents.

Older adults are more vulnerable to social isolation than the rest of the population and may also experience abuse from family members and carers. Social connectedness extends beyond families and domestic relationships to include connections with communities, including workplaces and other organisations. Older women with stronger social connections are healthier and live longer than socially isolated older women.[110]

The Kitchen Project, developed by the Bankstown Women's Health Centre, connects older women from CALD communities by encouraging them to come together to prepare and have a meal. Participants include women who experience socio-economic disadvantage, disability, homelessness, social isolation, and other physical and mental health issues. The Kitchen Project provides access to fresh, free, nutritious food and addresses social isolation by making the women feel more connected and valued in the community, building a sense of belonging and empowerment. In 2016-2017, participants in the Kitchen Project reported that:

- **95% felt more connected to their communities**
- **90% felt reduced social isolation**
- **80% felt improved mental health**
- **84% felt improved standard of living**
- **100% felt they could create affordable and nutritious meals at home.**

Strategies

More women and girls in NSW will experience healthy relationships if they are:

1. *informed* about healthier relationships
2. *empowered* and supported to make healthier choices
3. *engaged* with families, peers, and communities.

1. We will help women and girls to be informed about healthy relationships by providing and promoting:
   - age-appropriate information and education about topics such as DFV, contraception and consent for girls and young women
   - information about topics such as parenting, DFV and sexual harassment and assault for adult women
   - information about DFV and caring for ageing relatives to women in middle adulthood
   - information about abuse of older people and maintaining social connectedness to older women.
2. We will help women and girls to be empowered and supported to make healthier choices by encouraging:
   - regular STI testing in sexually active girls and young women
   - safe sex at all ages
   - non-violent relationships at all ages.
3. We will help women and girls to be engaged with families, peers, and communities by promoting the importance of safe, respectful, and positive relationships at all ages.

Healthy minds

Mental health and wellbeing affects the physical health and lifespan of women and girls. People who have experienced mental illness have more physical health problems, more complex comorbidities, worse health outcomes and shorter lives than people who have not.[111] Strategies to support healthier minds include helping women and girls to build resilience, manage anxiety, be comfortable and confident with their bodies, manage major life changes and reduce stigma associated with mental illness.

Stigma and discrimination associated with mental illness contributes to the suffering of people with lived experience of mental illness. This effect is compounding for groups that already experience discrimination, such as Aboriginal people, people from CALD backgrounds, people with intellectual disability, and people identifying as lesbian, bisexual, transgender, intersex or queer.

For young women in NSW aged 15-24 years, intentional self-harm is the leading cause of death.[112] Almost one in two transgender young people have attempted suicide, twenty times higher than other adolescents aged 12 to 17 years.[113] Among adolescents, young women aged 16 to 17 years have the highest rates of major depressive disorder.[114] Eating disorders, which disproportionately affect young women, are associated with high rates of premature death.[115] Children and young people have increased risk of mental illness if they have a parent with a mental illness, have experienced abuse and/or neglect, have a coexisting developmental disability, identify as LGBTQI or are Aboriginal.[116]

Roughly one quarter to one third of women aged over 16 experience high or very high psychological distress.[117] Women with caring responsibilities experience higher rates of depression, with 51% of female carers reporting that they had been depressed for 6 months or more since they started caring. The stress of caring responsibilities also affects other family members, with 27.3% of partners, 12.1% of parents and 10.6% of offspring of carers experiencing a depressive episode of 6 months or more since caring began.[118]

Aboriginal people are five times more likely to experience mental illness than other Australians.[119] There is also a higher rate of suicide among Aboriginal women (7.0 per 100,000) than the average for all women (5.2) in NSW.[120] Services addressing mental health of Aboriginal women should consider the importance of spirituality among Aboriginal women and introduce non-pharmacological therapies such as cultural programs that support women to visit sacred sites and share their knowledge.[121]

Lesbian, Gay and Bisexual people aged 16 and over were twice as likely to have symptoms that meet the criteria for a mental health disorder in the past 12 months (41.1%) than the general population of women (22.3%).[122]

Many new mothers adjusting to life with a newborn or young child experience substantial changes, including hormonal and mental health issues, body image, self-care, sleep and exhaustion. Among Australian women, 9% experience antenatal depression and almost 16% experience postnatal depression.[123]

The Young Women's Clinic (YWC) was established by the Blue Mountains Women's Health and Resource Centre to offset the underrepresentation of young women aged 12 to 25 years in the usual appointments system. The YWC addresses a range of health issues, including for the large proportion of young women who are experiencing psychological distress. The YWC builds on the role of GPs in providing trauma-sensitive care for young women affected by trauma and adversity and in preventing and managing long-term health consequences. The YWC facilitates early intervention by providing easy access to appropriate care through drop-in appointments with counsellors and health practitioners. The service is funded by Medicare bulkbilling at no cost to the young women.

The New Leaf group is a skills-based group in Northern NSW that aims to equip young women who have experienced some form of sexual violence in their life with skills in managing the symptoms and issues related to the effects of the sexual abuse. It was developed and is facilitated by a Community Mental Health Clinician and a Sexual Assault Counsellor in Lismore and draws on a range of psychological interventions. The core philosophy of this group is that whether it is the beginning of a new chapter in a book or a new leaf on an old tree, we can all start a new journey, embrace a new beginning or grow as a person.

Healthy minds

Between 10 and 20 per cent of women develop a mental illness during pregnancy or within the first year after having a baby.[124] Migrant women generally experience higher rates of postnatal depression compared with women from non-migrant women populations. Refugee and migrant women are also less likely to access services for postnatal depression due to language barriers and misconceptions about services, avoidance or reluctance to deal with emotional issues, and discomfort with services.[125]

Mental illness often presents differently in older age and co-occurs with physical health conditions. Mental health therapies are effective in older people, although older people may have complex care needs, respond differently to medications and take longer to recover.[126]

Strategies

More women and girls in NSW will experience healthy minds if they are:

1. *supported* to build resilience
2. *supported* through major life changes
3. *empowered* to feel more confident and comfortable with their bodies
4. *informed* about mental health and wellbeing and support services
5. *supported* by appropriate mental health and wellbeing services.

1. We will help women and girls be supported to build resilience by helping them to learn skills to manage challenging experiences throughout their lives, such as:
    - bullying and anxiety for girls and young women
    - parenting for adult women
    - caring responsibilities for women in middle adulthood
    - grief and loss for older women
    - discrimination, racism, homophobia, and violence at all ages.
2. We will help women and girls to be supported through major life changes such as:
    - puberty and leaving home for girls and young women
    - birthing and parenting for adult women
    - caring responsibilities for women in middle adulthood
    - retirement and becoming dependant for older women
    - coming out for LGBTQI people of all ages.
3. We will empower women and girls to be more confident and comfortable with their bodies at all ages.
4. We will help women and girls to be informed about mental health and wellbeing and support services at all ages.
5. We will help women and girls by supporting them with appropriate mental health and wellbeing services for mental health issues such as:
    - depression, anxiety, eating disorders, self-harm and suicidal thoughts for girls and young women
    - anxiety, perinatal and post-natal depression for adult women
    - depression for women in middle adulthood
    - dementia, social isolation and loneliness in older women.

Healthy lifestyles

Healthier lifestyles are key drivers of better health and wellbeing throughout the lives of women and girls. Strategies to support healthier lifestyles include encouraging better nutrition and increased physical activity to maintain healthy weight and helping to reduce risky behaviours such as smoking, drinking alcohol and using other drugs.

Nutrition

The five Australian Dietary Guidelines are consistent with food choices that contribute to better health and wellbeing outcomes:

- achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs
- enjoy a wide variety of nutritious foods from the five groups every day
- limit intake of foods containing saturated fat, added salt, added sugars and alcohol
- encourage, support and promote breastfeeding
- care for your food; prepare and store it safely.[127]

In NSW, only 8.9% of girls aged 2-15 years eat the recommended daily amount of vegetables and 69.6% eat the recommended daily amount of fruit.[128] Among women aged 16 years or older, 10.1% of women eat the recommended daily amount of vegetables and 50.2% eat the recommended daily amount of fruit.[129]

Physical activity

Australia's 2014 guideline for adults aged 18 to 64 years recommends moderate and vigorous activity on most or all days of the week, strength training on at least 2 days each week and minimising the amount of time spent in prolonged sitting.[130] Guidelines for older Australians aged 65 years and over recommend 30 minutes of moderate physical activity on most, or preferably all days.[131]

In NSW, only 18% of girls aged 5-15 years get adequate physical activity, compared with 29.9% of boys.[132] Among women aged 16 years or older, 54.8% get adequate physical activity, with 9.8% doing no moderate activity each week.[133]

Members of some focus communities, such as women with disability and women experiencing socioeconomic disadvantage are less likely to engage in sufficient physical activity than the general population.[134] Almost three quarters of people living in outer regional and remote areas do not get enough exercise.[135]

Healthy weight

Body Mass Index (BMI) is calculated by dividing weight in kilograms by height in metres squared. For most adults over 18, a healthy BMI is between 18.5 and 25. Another measure that is commonly used to supplement the BMI is waist circumference. Waist circumference gives a measure of abdominal fat mass and is a good predictor of the risk of diseases such as cardiovascular disease, type 2 diabetes and cancer. A waist measurement of less than 80 centimetres is associated with reduced risk of disease for women.

BMI in children changes with age and can differ with gender and ethnicity. Any BMI calculation for children and adolescents must be adjusted for age and sex, which can be done by using resources such as the BMI percentile charts developed by the Center for Disease Control in the US for assessing children's weight. Children who are overweight or obese are at greater risk of developing chronic conditions such as asthma and type 2 diabetes and may experience negative effects on social and mental wellbeing, both in childhood and as adults.

The Get Healthy in Pregnancy program is a free, confidential telephone-based coaching service established in 2016 as part of the NSW Get Healthy Information and Coaching Service. The service is delivered by university qualified health coaches including dietitians, exercise physiologists and nurses. Participants receive 6 months of tailored support during pregnancy, such as nutrition and exercise recommendations, which help participants to achieve healthy gestational weight gain. They are also supported to abstain from alcohol during pregnancy. Get Healthy in Pregnancy is available at all public maternity sites across NSW. Over 16,270 women have been referred to the Service since December 2016.

Healthy lifestyles

Excess weight in adults is associated with increased risk of chronic illnesses and premature mortality, including physical health issues such as cardiovascular disease, type 2 diabetes, asthma and some cancers, and mental health issues such as depression, anxiety, and low self-esteem. In addition, being overweight can hamper the ability to control or manage chronic disorders. Healthy gestational weight gain is also important for the health and wellbeing of mothers and babies.

In NSW, 1 in 5 girls aged 5-15 years is overweight or obese. Among women aged 16 years or older, 49.1% are in the healthy weight range for BMI, 4.3% are underweight, 25.3% are overweight, and 21.3% are obese.[136]

Alcohol and other drugs

Women tend to have fewer substance use disorders than men, but this gap is narrowing, particularly among younger adults.[137]

Smoking contributes to 36% of respiratory diseases, 22% of cancers, 12% of cardiovascular diseases and 3.5% of endocrine disorders in NSW.[138] Rates of smoking have declined over time but have been relatively stable since 2015. It is estimated that 12.3% of women aged 16 years or older in NSW smoke daily.[139]

Wide ranging public health initiatives that contributed to reduced rates of smoking overall do not appear to have been as effective for some groups, such as lesbian, bisexual, trans, intersex and queer women,[140] people with disability, women experiencing socioeconomic disadvantage,[141] women in outer regional or remote areas[142] and Aboriginal women.[143]

Smoking-attributable hospitalisations for Aboriginal women (1345.3 per 100,000) are significantly higher than the average for all women (418.3 per 100,000).[144] Smoking during pregnancy is also higher among Aboriginal mothers (41.3%) than the average for all mothers (8.3%).[145]

The Quit for New Life program supports pregnant Aboriginal women and their family members to quit smoking. From 2013 to 2017, it supported more than 4,650 Aboriginal clients, including 2,229 pregnant women, 909 postnatal women and 1,513 family members.
https://www.health.nsw.gov.au/tobacco/Pages/quit-for-new-life.aspx

The guidelines to reduce health risks from drinking alcohol, published by the National Health and Medical Research Council (NHMRC) in 2009, state that the lifetime risk of harm from alcohol-related disease or injury is reduced by drinking no more than two standard drinks on any day when drinking alcohol and drinking less frequently (e.g. drinking weekly rather than daily).[146]

Alcohol attributable hospitalisations occur at a higher rate among Aboriginal women (1,004.5 hospitalisations per 100,000) compared with the average for all women (543.4 hospitalisations per 100,000). Women with higher socio-economic status also have higher rates of alcohol attributable hospitalisations, with the top two quintiles of socioeconomic status including 46% of hospitalisations.[147]

There has been an increasing trend in use of illicit drugs among women. Drug induced deaths among younger people have declined in recent years, but have increased among older people, especially women aged 45 to 64. More women used illicit drugs in their 30s in 2016 (16.1%) compared to 2013 (12.1%). Benzodiazepines are the most common substance found in drug related deaths in women and the early 40s is the peak age for women's involvement in Benzodiazepines.[148] The majority of women in prisons in NSW have a history of illicit drug use, which is frequently associated with their offending and imprisonment.

Healthy lifestyles

Strategies

More women and girls in NSW will experience healthy lifestyles if they are:

1. *informed* and able to access high quality health and wellbeing information
2. *empowered* and supported to make healthier choices.

1. We will help women and girls to be informed and able to access high quality health and wellbeing information by providing and promoting:
    - age-appropriate health and wellbeing information and education for girls and young women
    - information about healthy gestational weight gain in pregnancy to adult women
    - information about healthy nutrition for the whole family to adult women
    - information about maintaining health and wellbeing to women in middle adulthood
    - information about recognising and responding to symptoms, e.g. symptoms of heart attack or type 2 diabetes for older women.
2. We will help women and girls to be empowered and supported to make healthier choices by encouraging them to:
    - build habits of physical activity and healthy eating for girls and young women
    - prioritise physical activity and healthy eating and drinking despite caring responsibilities for adult women
    - maintain and modify nutrition and physical activity for women in middle adulthood
    - adapt or adopt regular moderate intensity exercise and nutrition for older women
    - avoid misuse of drugs and alcohol at all ages
    - adopt good oral hygiene habits at all ages.

Healthy bodies

Some types of health conditions predominantly affect women. This may be primarily due to biological differences or due to socio-cultural factors. Strategies to support healthier bodies include helping women and girls to access good reproductive and sexual health, access contraception and maternal support, engage in prevention and early intervention and prevent or manage chronic illnesses.

Reproductive, sexual, and maternal health are important throughout the lives of women and girls. Good sexual and reproductive health means making sure women and girls have the knowledge, skills and ability to make informed choices. This includes access to safe, effective, and affordable contraceptive methods and the ability to choose if and when they reproduce.

Health in middle adulthood and for older women reflects earlier life events, including those related to fertility, pregnancy and birthing. Some chronic conditions such as fibroids and endometriosis can also be debilitating and distressing for younger and adult women. The effects of earlier reproductive health issues can accumulate over time and manifest as later health issues, such as incontinence.[149] Maintaining pelvic health, including through targeted treatment and physiotherapy before, during, and after childbirth, can reduce the prevalence of incontinence among women (estimated at 38% of all women for urinary incontinence and 10% for faecal incontinence).[150]

Refugee and migrant women's engagement with sexual and reproductive health care in NSW suggests that cultural and religious issues or limited knowledge of screening are often a barrier to women caring for their own sexual and reproductive health. These women have lower rates of cervical screening and STI testing and perceive cervical screening as an intrusion of privacy or as unimportant for younger, unmarried women.[151]

The Afghan Refugee Women and Antenatal Care Program in Hunter New England Local Health District is aimed at Afghan refugee women. The District's Multicultural Health Service, in collaboration with John Hunter Hospital Maternity Services, worked to improve poor attendance at antenatal care. The proportion of Afghan refugee women attending the minimum number of antenatal visits at John Hunter Hospital rose from 46% to 100% after the program.

Routine and regular screening for early signs of conditions such as blood borne viruses, STIs and cancers, particularly cancer of the breast, cervix, and bowel,[152] are highly effective in detecting and responding early to major health concerns.

LGBTQI women also have lower rates of STI and cervical screening, with 35% of LGBTQI women reporting never having an STI screening. Rates for cervical screening were also relatively low, with 19% of LGBTQI women in one survey having never been screened.[153]

The most common cancers in women are breast, bowel, melanoma, lung and uterine.[154] Some women are more affected by cancer than others, including Aboriginal women and women from some CALD communities. Women from the most socioeconomically disadvantaged areas and in outer regional/remote areas have an increased risk of cancer death compared with women in the least socioeconomically disadvantaged areas and major cities, and the gap appears to be widening over time.[155]

Just Checking is a targeted health project delivered by Family Planning NSW and funded by the Cancer Institute NSW to promote cervical, bowel and breast screening among people with intellectual disability. Website content was developed collaboratively, and features common terms, videos and social stories about routine screening for people with intellectual disability and their carers. Visit fpnsw.org.au/justchecking.

Symptoms of heart attack in women are less likely to be recognised than in men, and women are less likely to receive appropriate treatment for heart disease.[156]

Healthy bodies

Many women experience chronic illnesses such as heart disease and diabetes, but some diseases are more common among members of focus communities. Diabetes-related deaths, for example, are higher among Aboriginal women (55.8 per 100,000) than the average for all women (22.2 per 100,000). Diabetes as a principal diagnosis in hospitalisation is also higher among Aboriginal women (549.9 per 100,000) compared with the average for all women (132.7 per 100,000).[157]

'Fully immunised' vaccination coverage for children in NSW at the 12-month and 60-month milestone is greater than 93%, and is higher for Aboriginal children than non-Aboriginal children.[158] Infectious diseases are often affected by environmental conditions and can include respiratory infections, gastrointestinal infections, skin infections, and eye and ear infections. More Aboriginal women are hospitalised due to acute respiratory infections (1497.6 per 100,000) compared with the average for all women (677.2 per 100,000) in NSW.[159] One in nine rural Australians have asthma,[160] and women in rural areas aged 75 years and over are almost three times more likely to die from asthma than their male counterparts.[161]

Healthy ageing and death are part of living well. End of life and palliative care recognises the diverse social, cultural, spiritual and economic environments and backgrounds of women in NSW and provides services that can be equitably accessed and received by different groups of women.

Strategies

More women and girls in NSW will experience healthy bodies if they are:

1. *supported* to have better reproductive and sexual health
2. *provided* with access to contraception and maternal support
3. *engaged* in prevention and early intervention to reduce illness
4. *supported* to prevent or manage chronic illnesses.

1. We will help women and girls to have better reproductive and sexual health by supporting them with information and services relating to:
   - puberty, menstruation, and contraception for girls and young women
   - fertility and birthing for adult women
   - pregnancy options including termination of pregnancy
   - menopause for women in middle adulthood
   - healthy sexuality at all ages.
2. We will help women and girls to have access to contraception and maternal support by providing:
   - age-appropriate information and access to contraception for girls and young women
   - access to contraception and support to recover from childbirth for adult women
   - support to maintain and manage continence for women in adulthood, middle adulthood, and older women.
3. We will help women and girls to be engaged in prevention and early intervention of illness by encouraging:
   - vaccinations for girls and young women
   - participation in screening programs and STI testing for adult women, women in middle adulthood and older women
   - access to end of life planning for older women.
4. We will help women and girls prevent or manage chronic illnesses by supporting them to:
   - make healthier choices, such as avoiding sugary drinks, for girls and young women
   - make healthier choices, such as healthier eating and regular physical activity, for adult women
   - manage chronic illnesses such as diabetes for women in middle adulthood
   - manage chronic illnesses such as cardiovascular disease for older women
   - reduce cancer risk by drinking less alcohol, minimising sun exposure and quitting smoking at all ages.

Safety and support

Health and wellbeing are not just functions of the health system. Women and girls who are not safe and supported are less able to access the services they need and have less time and resources to take care of their own health and wellbeing. Women and girls experiencing violence, poverty or insecure housing or who are not adequately supported to care for others not only suffer worse health and wellbeing outcomes, but are also more likely to become victims of other negative experiences.[162] Strategies to provide better access to safety and support for women and girls include protection from violence and the effects of trauma, access to sensitive and approachable services, support with caring responsibilities, skills to be informed, confident and safe using technology, and access to stable housing and adequate financial resources.

Gendered violence affects too many women in NSW. Most domestic assault victims are women (69.3%), and most domestic violence related assault perpetrators are men (81.4%).[163] Some women are at greater risk, such as women with disability, who experience DFV and sexual violence at higher rates and over longer periods. Some women with disability may be unaware of their rights or may not know that DFV is a crime. Information about DFV also may not be available in accessible formats (e.g. easy English, Auslan, or Braille).[164]

The DV Project: 2650 is a multi-faceted DV prevention program delivered by the Wagga Women's Health Centre. The Project is contributing to reducing the rate of DFV in Wagga Wagga, which is 29% higher than the NSW average. The project aims to change social attitudes, norms and structures by educating community sectors on DV issues, addressing gender inequality and changing existing stereotypes though a collective, community approach.

Women from migrant and refugee backgrounds are less likely than women from non-migrant backgrounds to report family and domestic violence. This may be due to limited support in addressing housing needs, limited knowledge of the Australian law,[165] social isolation, language and communication difficulties, financial dependence, the impact of immigration status on service eligibility, fear that they will not be able to remain in Australia if they leave a violent relationship and the influence of family and community attitudes.[166]

A Domestic Violence Routine Screening in Paediatrics program in Sydney Local Health District is aimed at screening eligible mothers/female carers for domestic violence at the Children's Ward at Royal Prince Alfred Hospital. In the first 46 weeks, 557 screens were completed. There were 22 disclosures of DV. All were offered support and free legal advice through the Health Justice Partnership.

Women in NSW provide the majority of caring for other people, but one in five carers receives no assistance from others in providing that care. Almost one in three female carers aged 50 or less will separate or divorce after they start caring, compared with one in seven after they stop caring. Carers who feel they need a lot more support are 1.8 times more likely to have poor physical health (39.9%) than carers who indicate that the support they receive is about right (22.2%). Almost half of carers do not access any support services, with the most commonly used services being respite care (13%) or a general practitioner (11%).[167]

Technology has many benefits for the lives, health and wellbeing of women and girls. It is also associated with new risks, ranging from texting while driving and cyber-bullying for girls and young women to risks of online fraud and identity theft for adult and older women. It is also a potential source of misleading or even dangerous misinformation about health and wellbeing. Technology is both an important way of delivering accessible health information and services and a new environment that women and girls need help to use safely.

CALD women and their families often experience difficulties finding safe and culturally appropriate accommodation that makes it possible to remain connected with their family and community.[168] Women born in non-English speaking countries also experience higher rates of food insecurity (6.3%) than women born in English-speaking countries (4.7%).[169]

Safety and support

Strategies

More women and girls in NSW will experience safety and support if they are:

1. *protected* and helped to recover from violence and the effects of trauma
2. *able to access* sensitive and approachable services
3. *supported* with caring responsibilities
4. *informed*, confident and safe using technology
5. *able* to access stable housing, adequate financial resources and other support services.

1. We will help women and girls to be protected and to recover from violence and the effects of trauma by:
   - recognising and responding to DFV, child abuse and neglect of girls and young women
   - recognising and responding to DFV and sexual assault against adult women
   - recognising and responding to DFV against women in middle adulthood
   - recognising and responding to abuse of older women
   - preventing violence, abuse and neglect at all ages.
2. We will help women and girls to be able to access sensitive and approachable services by taking a zero tolerance approach to racism and providing age-appropriate and gender-appropriate services for all ages.
3. We will help women and girls to be supported with caring responsibilities through targeted responses, such as:
   - flexible working arrangements for all ages
   - childcare services collocated with health services for adult women
   - support to care for older parents for women in middle adulthood
   - support to care for an ageing partner for older women.
4. We will help women and girls to be informed, confident and safe using technology in areas such as:
   - health literacy to recognise reliable sources of health and wellbeing information for all ages
   - cyber-bullying and sexting for girls and young women
   - avoiding online fraud and identity theft for adult, middle adult, and older women.

5. We will help women and girls be able to access stable housing, adequate financial resources, and other support services by recognising and referring women experiencing financial hardship to appropriate sources of support.

Integrating care

Integrating care is a system-wide approach that encompasses "population health, acute, non-acute, and community services". Streamlining sometimes fragmented and siloed approaches to health care helps to make the health system easier to use, navigate and access and more responsive to the needs of local communities. Integrating care places women and girls at the centre of their care and involves families and carers, providing more choice and opportunities to actively engage with the health system.[170] Consistent with the NSW Health Strategic Framework for Integrating Care, strategies for better integrating care for women and girls include providing care that is available at a convenient time and place and is safe and trauma informed.

Women and girls encounter a wide range of barriers to accessing appropriate health and wellbeing services. By focusing on integrating care, many of these barriers can be identified, addressed, and overcome by making services more convenient and appropriate for women and girls.

BreastScreen NSW is delivering a 'pop up' screening clinic in Albury for women 50 – 74 years. Women are engaged by the Community Health Worker at Gateway Health, a provider of primary health and welfare services to people at highest risk of poor health outcomes. Groups of 10 or more women are booked in with BreastScreen for an education session about cancer screening, and a mammogram. When possible, the local Women's Health nurse also attends to offer cervical screening.

NSW Health operates within a broader system of health and wellbeing services. That system includes a wide range of non-acute and community service providers that are often the first point of contact for women and girls accessing health and wellbeing services. Patients consult GPs more than any other health professional, and women and girls tend to consult female GPs more often for psychological, women's health, pregnancy, and family planning services. Most patients have a regular GP (75%), but there are "no formal mechanisms in place to encourage continuity of care".[171]

A Women and Children Health Saturday Service was introduced by the Social Work Department of South Western Sydney LHD, supporting inpatient and antenatal clinic referrals to allow patients to be discharged earlier.

Aboriginal people access 10% more GP services than non-Aboriginal Australians but 43% fewer specialist services, partly because higher proportions of Aboriginal people live in rural and remote communities with limited access to specialists.[172] NSW Health programs and services are working in partnership with Aboriginal community controlled health services and other Aboriginal community organisations toward integrating care at all levels of the system.

People with disability generally use health and community services more than people without disability,[173] but some service providers have not yet developed the skills to fully support women and girls with disability. A survey of 65 mainstream domestic violence services in NSW found that services lacked an understanding of gender, sex and sexuality in relation to intersex and transgender clients. Less than 20% rated themselves "fully competent" to work with LGBTQI clients, and less than 5% with transgender or intersex clients.[174]

Clinicians and other service providers need the skills to recognise and respond appropriately and sensitively to the needs of all women and girls, particularly women and girls who are members of focus communities or who have experienced DFV. The health and wellbeing needs of every woman and girl are different, and integrating care provides a framework for responding appropriately to those needs in partnership with the patient or client.

Western NSW LHD is working collaboratively with Family Planning NSW to provide services in rural and remote regions of the LHD, to ensure equity of access for women of all ages living in these regions. This approach is increasing cervical screening participation and improving health and wellbeing of women living in rural and remote areas of the LHD.

Integrating care

As more people survive cancer, its impact on the healthcare system will increase. This includes the need for long-term follow-up after treatment, ongoing rehabilitation and improved palliative care. End of life and palliative care requires particular sensitivity to the needs and preferences of women and girls and their families and carers. An integrating care approach, based on the individual's unique and holistic needs, empowers women to have an equal voice in key decisions about their care and treatment.[175]

Strategies

More young women and girls in NSW will experience integrated care if they are:

1. *able* to access services in a convenient time and place
2. *able* to access services and information that they can understand and that understand them
3. *able* to access services that are safe and trauma informed
4. *engaged* with health and wellbeing services.

1. We will help women and girls to be able to access care that is available in a convenient time and place by providing more services where people are, such as:
   - online and via telehealth for all ages
   - through schools and existing community networks for girls and young women
   - with convenient opening hours and outreach through existing community networks for adult women
   - in coordination with other services, including transport, for older women
   - in aged care facilities for older women.
2. We will help women and girls to be able to access services and information that they can understand and that understand them by adopting audience-appropriate communication strategies, such as:
   - age-appropriate communication for girls and young women
   - simple English and community language versions of documents for all ages
   - access to interpreters for all ages
   - accessible formats for all ages.
3. We will help women and girls to be able to access care that is safe and trauma informed by exchanging information and collaborating with other parts of the health system to reduce the need to retell stories for all ages.
4. We will help women and girls to be engaged with health and wellbeing services by implementing all the strategies in this Framework to improve the quality, relevance and accessibility of our services.

Implementing the Framework

The Ministry of Health will collaborate with Local Health Districts, pillars, Specialty Health Networks, NGOs, other delivery partners such as Primary Health Networks and the Aboriginal community controlled health sector, and other parts of the health system to implement this Framework. All partners will work together toward the common goals set out in this Framework. Implementation will be managed via local implementation plans, which will set out local priorities that align with this Framework and related policies, strategies and plans. Local implementation plans will include specific actions with clear timeframes and responsibilities, and measurable indicators of progress on local priorities that align with the goals of this Framework. An annual planning and reporting cycle will facilitate recognising, sharing and celebrating success, as well as ensuring accountability for implementation.

This Framework will be a living document that will change over time to reflect new information and new developments in the health and wellbeing of women and girls. New treatments and vaccines will reduce some public health issues in the same way, for example, as the human papillomavirus (HPV) vaccine is reducing the incidence of cervical cancer.[176] Other public health concerns, like non-communicable diseases, may continue to challenge our health system for years to come.

Implementation of the Framework will happen at three levels: healthier individuals, healthier communities, and healthier institutions and systems.

Healthier individuals

This Framework recognises the role and responsibility of every service provider at every level, every individual and every community to contribute to better health and wellbeing outcomes for women and girls in NSW. Individual clinicians and other service providers will make decisions many times each day that will contribute to achieving the goals of this Framework. They will develop skills, plan services and deliver care in ways that are sensitive and responsive to the health and wellbeing needs of individual women and girls. Individual women and girls will make decisions many times each day that will contribute to their own health, wellbeing and healing. Their knowledge and health literacy will improve, and we will work to make it easier for them to play an active role in their health and wellbeing.

Local implementation plans will respond to the health needs of the local community, including recognising and responding to the needs of members of focus communities. Programs and services should be planned and delivered in partnership with women and girls, including women and girls from focus communities. The strategies in this Framework are deliberately broad and flexible to give Local Health Districts the space they need to develop targeted, relevant, local implementation plans.

Healthier communities

Although every individual has a role to play in improving health and wellbeing outcomes for women and girls in NSW, health is not just a function of individual decisions. Health and wellbeing are profoundly affected by communities and environments that either help or hinder improved health and wellbeing.

Many of the communities we live in have features that discourage good health and wellbeing, such as:

- the marketing, availability and lower cost of foods and drinks that are energy dense and nutrient poor
- urban design that reduces the energy we expend in daily life
- perceptions that the community is unsafe, limiting opportunities for outdoor physical activity
- economic and consumer changes, such as an increase in the number of women in paid work, decreased food literacy and increased use of convenience and takeaway foods.[177]

We will work with communities and local stakeholders like Councils, schools and NGOs to help communities and individuals to heal and become healthier. This includes:

- supporting communities to change the environment so that they promote healthy eating and active living, e.g. through availability of affordable healthy foods, safe streets, walkability and transport to health and wellbeing services
- supporting communities to stand up for the equality of women and men and to oppose violence against women and their children
- planning our services in partnership with communities and other organisations so that we make it easier for women and girls to have better health and wellbeing.

Implementing the Framework

Healthier institutions and systems

NSW Health is a large and complex system within a much larger and more complex health and wellbeing system. There are many steps that we can take to improve the health of our institutions and systems, starting by improving our connections with other parts of the broader health system. To shift our focus from the volume of care we provide to providing better value care means we need to be better integrated with our delivery partners. This includes non-acute and community service providers, who are often the first point of contact for women and girls accessing services. It also includes other institutions, such as schools and prisons.

Patients consult a General Practitioner more than any other type of health professional, and most will see a GP more than once per year.[178] This makes GPs a critically important source of information and advice for patients, as well as being key partners in ensuring continuity of care that is responsive to the needs of individual women and girls.

We will establish a culture of support and learning, where institutions and systems learn from one another's experiences and from the experiences of the women and girls we serve. We will design and refine our programs and services in collaboration with the women and girls who use those services. If we do this well, we will improve experiences for people, families and carers, improve experiences for service providers and clinicians, improve health outcomes for the population and improve the cost efficiency of the health system.

We will embed the goals of this Framework into our agreements with delivery partners to foster collaborative and integrated implementation of the Framework.

Monitoring the Framework

Every year, our Local Health Districts, pillars and Specialty Health Networks will set local priorities and develop or refresh concrete plans to achieve the goals of this Framework for the women and girls they serve.

Every year, the Ministry of Health will track progress, highlight successes and provide opportunities to learn from women's health focused initiatives. The Ministry will report annually to Women NSW on progress against this Framework, consistent with NSW Health's obligations under the NSW Women's Strategy 2018-2022. The Ministry will also publish an annual snapshot of progress against the Framework

Evaluation

To determine that we are achieving health outcomes that matter to women and girls, the Ministry will lead an evaluation of the Framework that will:

- consult with women and girls who use, and work in, our health system
- assess the effectiveness of NSW Health initiatives against the strategic directions of the Framework
- identify areas that require additional focus to enhance service delivery and improve women's health outcomes.

Policy context

In April 2019, the Australian Government released the National Women's Health Strategy for 2020 to 2030, which builds on the National Women's Health Policy 2010. The strategy highlighted five principles:

- gender equity
- health equity between women
- a life course approach to health
- a focus on prevention
- a strong and emerging evidence base.

The Strategy also identifies five priority areas:

- maternal, sexual and reproductive health
- healthy ageing
- chronic conditions and preventive health
- mental health
- health impacts of violence against women and girls.

Related policy efforts by the Australian Government to address emerging population health concerns include:

- the National Perinatal Depression Initiative (2008)
- the National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- the National Mental Health and Suicide Prevention Plan (2017)
- the National Strategic Framework for Rural and Remote Health (2016)
- the National Strategic Framework for Chronic Conditions (2017).

Women's health policy in NSW

In 2013, NSW Health established the first State-wide NSW Women's Health Framework that addresses the specific vulnerabilities and health priorities for women in the community. It provided a framework for evaluating the impact of interventions on key vulnerable groups of women most at risk of poor health.

The NSW State Health Plan establishes the vision and future direction of key health and wellbeing services for the entire NSW community. It focuses on three broad directions that affect and inform delivery of health services, listed below.

- Keeping people healthy – the increased incidence of preventable diseases among the Australian population, in particular the higher incidence of potentially avoidable death among vulnerable groups is a growing concern for the health system. The Plan seeks to ensure that the NSW health system can address the high incidence of preventable diseases through early interventions to reduce risky health behaviours such as smoking and consumption of tobacco, obesity, drug misuse and alcohol consumption.
- Providing world class clinical care – building better systems that leverage existing networks and technologies to create a connected system. This acknowledges the influence of establishing partnerships beyond the public health system and encourages collaboration between clinicians and managers.
- Delivering truly integrated care – identifies the potential to empower patients in their engagement with the health system. The Plan encourages and supports patients by identifying opportunities for integrated care models that empower and enable patients to confidently navigate their way through the health system.

Other publications commissioned from government-funded organisations, such as the Australian Women's Health Network (AWHN), have further contributed to the discussion on women's health and reform:

- Doing Better – Gender Transformative Public Health Messages (2014)
- Women and Non-Communicable Diseases (Chronic Conditions) (2014)
- The Impact on Women Health of Climatic and Economic Disaster (2014)
- Health & Primary & Secondary Prevention of Violence Against Women (2014)
- Women's Health: Meaningful Measures for Population Health Planning (2013)
- Women and Health & Wellbeing Position Paper (2012)
- Women and Health Reform Position Paper (2012)
- Women and Sexual and Reproductive Health Position Paper (2012)
- Women and Mental Health Position Paper (2012)
- National Tobacco Strategy.

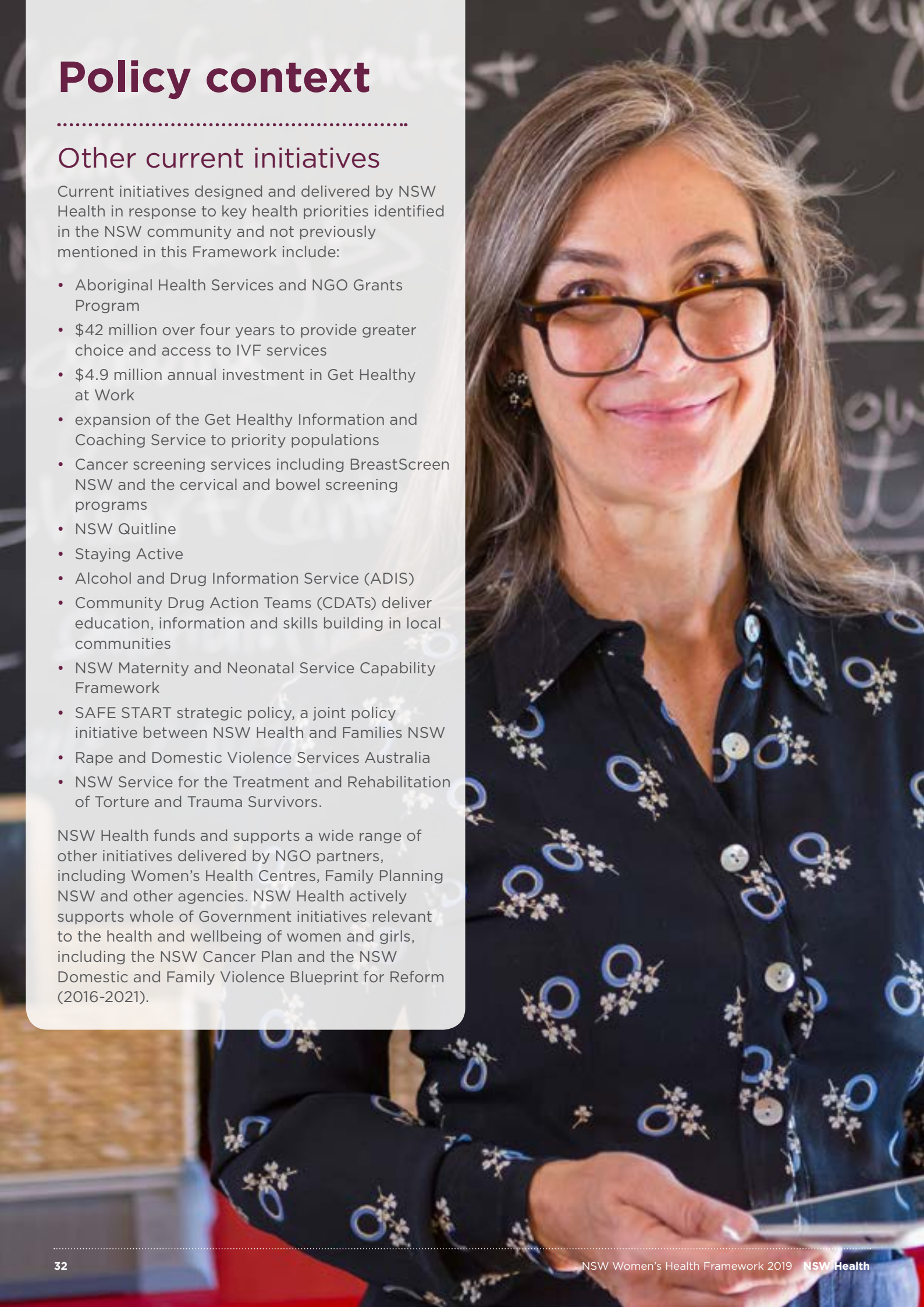
Policy context

Other current initiatives

Current initiatives designed and delivered by NSW Health in response to key health priorities identified in the NSW community and not previously mentioned in this Framework include:

- Aboriginal Health Services and NGO Grants Program
- $42 million over four years to provide greater choice and access to IVF services
- $4.9 million annual investment in Get Healthy at Work
- expansion of the Get Healthy Information and Coaching Service to priority populations
- Cancer screening services including BreastScreen NSW and the cervical and bowel screening programs
- NSW Quitline
- Staying Active
- Alcohol and Drug Information Service (ADIS)
- Community Drug Action Teams (CDATs) deliver education, information and skills building in local communities
- NSW Maternity and Neonatal Service Capability Framework
- SAFE START strategic policy, a joint policy initiative between NSW Health and Families NSW
- Rape and Domestic Violence Services Australia
- NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors.

NSW Health funds and supports a wide range of other initiatives delivered by NGO partners, including Women's Health Centres, Family Planning NSW and other agencies. NSW Health actively supports whole of Government initiatives relevant to the health and wellbeing of women and girls, including the NSW Cancer Plan and the NSW Domestic and Family Violence Blueprint for Reform (2016-2021).



References

1. HealthStats NSW, "Population by remoteness from service centres," last updated 19 June 2018, http://www.healthstats.nsw.gov.au/Indicator/dem_pop_aria/dem_pop_aria
2. Australian Bureau of Statistics (ABS), "Population by Age and Sex, Regions of Australia, 2017," accessed 20 June 2018, http://www.abs.gov.au/ausstats/abs@.nsf/mf/3235.0
3. Centre for Epidemiology and Evidence, *NSW Mothers and Babies*, (North Sydney: NSW Health, 2017), https://www.health.nsw.gov.au/hsnsw/Publications/mothers-and-babies-2016.pdf
4. NSW Ministry of Health, *Women in NSW Education and Learning Report 2016*, (North Sydney: NSW Health, 2016) https://www.women.nsw.gov.au/__data/assets/pdf_file/0018/382050/education-and-learning-report.pdf
5. NSW Ministry of Health, *Women in NSW Education and Learning Report 2016*, (North Sydney: NSW Health, 2016) https://www.women.nsw.gov.au/__data/assets/pdf_file/0018/382050/education-and-learning-report.pdf
6. ABS, "Labour Force, Australia, Dec 2018," last updated 24 January 2018, http://www.abs.gov.au/ausstats/abs@.nsf/mf/6202.0
7. ABS, "Disability, Ageing and Carers, Australia: Summary of Findings, 2015," last updated 2 November 2018, http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4430.0Main%20Features402015?opendocument&tabname=Summary&prodno=4430.0&issue=2015 &num=&view=
8. ABS, "Estimates of Aboriginal and Torres Strait Islander Australians, June 2016," last updated 18 September 2018, http://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001
9. Women NSW, "NSW Women's Strategy 2018-2022," accessed 5 October 2018, https://www.women.nsw.gov.au/__data/assets/pdf_file/0007/628315/NSW-Womens-Strategy-2018-2022.pdf
10. data.gov.au, "Settlement Reports," last updated 15 January 2019, https://www.data.gov.au/dataset/ds-dga-8d1b90a9-a4d7-4b10-ad6a-8273722c8628/details
11. ABS, "Disability, Ageing and Carers, Australia: Summary of Findings, 2015," last updated 2 November 2018, http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02015?OpenDocument
12. HealthStats NSW, "Life Expectancy," last updated 14 August 2018, http://www.healthstats.nsw.gov.au/Indicator/bod_lexbth
13. Alexandra Hendry, Brynley Hull, Aditi Dey, Su Reid, Sonya Nicholl, Frank Beard, and Kristine Macartney, NSW Annual Immunisation Coverage Report 2017 (Sydney: NSW Health, 2017), https://www.health.nsw.gov.au/immunisation/Documents/2017-annual-coverage-report.pdf
14. Australian Institute of Health and Welfare, "HPV immunisation rates 2015:16," updated 22 March 2018, https://www.myhealthycommunities.gov.au/our-reports/HPV-rates/march-2018/explore-the-data
15. NSW Cancer Institute Data, Unpublished.
16. Cancer Institute NSW, "Higher risk areas for breast cancer in NSW," Last updated 10 September 2019, https://www.cancer.nsw.gov.au/how-we-help/screening-and-early-detection/breast-cancer-screening/higher-risk-areas-for-breast-cancer-in-nsw
17. Cancer Institute NSW, "Breast cancer screening participation rates and numbers," last updated 21 November 2018, https://www.cancer.nsw.gov.au/how-we-help/quality-improvement/reporting-for-better-cancer-outcomes)
18. HealthStats NSW, "Smoking in Pregnancy," last updated 11 December, 2018, http://www.healthstats.nsw.gov.au/Indicator/mab_smo_cat/mab_smo_cat?&topic=Smoking&topic1=topic_smoking&code=smo
19. HealthStats NSW, "Current smoking in secondary school students," last updated 20 November 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_smostud_age/beh_smostud_age?&topic=Smoking&topic1=topic_smoking&code=smo
20. NSW Health, *NSW HIV Strategy 2016-2020*: Quarter 3 2018 Data Report (Sydney: NSW Health, 2018), https://www.health.nsw.gov.au/endinghiv/Publications/q3-2018-nsw-hiv-data-report.pdf
21. HealthStats NSW, "Hospitalisations by category of cause", last updated 26 February 2018, http://www.healthstats.nsw.gov.au/Indicator/bod_hos_cat/bod_hos_cat_age_snap?&topic=Overviewofhospitalisations&topic1=topic_hos&code=bod_hos
22. HealthStats NSW, "Hospitalisations by category of cause", last updated 26 February 2018, http://www.healthstats.nsw.gov.au/Indicator/bod_hos_cat/bod_hos_cat_age_snap?&topic=Overviewofhospitalisations&topic1=topic_hos&code=bod_hos
23. ABS, "Causes of Death, Australia, 2016", last updated 25 September 2018, http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02016?OpenDocument
24. HealthStats NSW, "Overweight and obesity in children," last updated 8 May 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_bmikid_cat/beh_bmikid_cat?&topic=Overweight%20or%20obesity&topic1=topic_bmi_OO&code=beh_bmi
25. HealthStats NSW, "Body mass index by category," last updated 8 May 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_bmicat/beh_bmicat
26. HealthStats NSW, "Current smoking in adults," last updated 21 May 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_smo_age/beh_smo_age_snap?&topic=Health-related%20behaviours&topic1=topic_beh&code=beh

References

27. HealthStats NSW, "High or very high psychological distress in adults", last updated 5 June 2018, http://www.healthstats.nsw.gov.au/Indicator/men_distr_age/men_distr_age?&topic=Mental%20health&topic1=topic_men&code=men[_]%20bod_dementhos
28. ABS, "Personal Safety, Australia, 2016," accessed 6 February 2019, http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0
29. AIHW, *Family, domestic and sexual violence in Australia 2018*. Cat. no. FDV 2 (Canberra: AIHW, 2018), https://www.aihw.gov.au/getmedia/d1a8d479-a39a-48c1-bbe2-4b27c7a321e0/aihw-fdv-02.pdf.aspx?inline=true
30. White Ribbon Australia, "Accurate use of key statistics," accessed 6 February 2019, https://www.whiteribbon.org.au/wp-content/uploads/2018/07/ANROWS_VAW-Accurate-Use-of-Key-Statistics.1.pdf
31. Department of Health, "National Action Plan for Endometriosis, July 2018," accessed 5 February 2019, https://www.health.gov.au/internet/main/publishing.nsf/Content/58AD1EF08402AC9FCA2582D5001A271E/$File/National%20Action%20Plan%20for%20Endometriosis.pdf
32. HealthStats NSW, "Chlamydia notifications," last updated, 22 January 2019, http://www.healthstats.nsw.gov.au/Indicator/com_chlamnot/com_chlamnot?&topic=Sexually%20transmissible%20infections&topic1=topic_com&code=com_chlam%20com_gono%20com_hepc%20com_hiv
33. HealthStats NSW, "Hepatitis C notifications," last updated, 22 January 2019, http://www.healthstats.nsw.gov.au/Indicator/com_hepcnot/com_hepcnot?&topic=Sexually%20transmissible%20infections&topic1=topic_com&code=com_chlam%20com_gono%20com_hepc%20com_hiv
34. Centre for Epidemiology and Evidence, *NSW Mothers and Babies*, (Sydney: NSW Ministry of Health, 2018), https://www.health.nsw.gov.au/hsnsw/Publications/mothers-and-babies-2017.pdf
35. HealthStats NSW, "Infant feeding at discharge by type of feeding", last updated, 15 October 2019 http://www.healthstats.nsw.gov.au/Indicator/mab_feed_cat/mab_feed_cat_trend
36. ABS, "2049.0 - Census of Population and Housing: Estimating homelessness, 2016," last updated 16 April 2018, http://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0
37. AIHW, *Australia's health 2018*, (Canberra: AIHW, 2018), https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true
38. World Health Organisation (WHO), "Women and gender equity," accessed 9 June 2018, http://www.who.int/social_determinants/themes/womenandgender/en/
39. WHO, "Life-course approach," accessed 8 October 2018, http://www.euro.who.int/en/health-topics/Life-stages/pages/life-course
40. Centers for Disease Control and Prevention, "About Adverse Childhood Experiences," accessed 8 October 2018, https://www.cdc.gov/violenceprevention/acestudy/about_ace.html
41. ABS, "Causes of Death, New South Wales, 2017, Table 2.3: Underlying cause of death, Selected causes by age at death, numbers and rates, New South Wales, 2017," last updated 26 September 2018, http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02017?OpenDocument
42. Women NSW, *Health and Wellbeing: Women in NSW Report Series 2017*, (Strawberry Hills: Women NSW, 2017), https://www.women.nsw.gov.au/__data/assets/pdf_file/0011/535727/Women-in-NSW-Health-and-Wellbeing-Report-2017.pdf
43. NSW Ministry of Health, *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022*, (North Sydney: NSW Health, 2018) https://www.health.nsw.gov.au/mentalhealth/resources/Publications/mh-strategic-framework.pdf
44. AIHW, *Australia's health 2018* (Canberra: AIHW, 2018), https://www.aihw.gov.au/getmedia/ab86db9d-410a-4c93-89c4-99c8bdbdf125/aihw-aus-221-chapter-3-13.pdf.aspx
45. HealthStats NSW, "Overweight and obesity in children," last updated 8 May 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_bmikid_cat/beh_bmikid_cat?&topic=Overweight%20or%20obesity&topic1=topic_bmi_OO&code=beh_bmi
46. HealthStats NSW, "Overweight and obesity in adults," last updated 30 July 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_bmi_age/beh_bmi_age_trend
47. Women NSW, *Health and Wellbeing: Women in NSW Report Series 2017*, (Strawberry Hills: Women NSW, 2017), https://www.women.nsw.gov.au/__data/assets/pdf_file/0011/535727/Women-in-NSW-Health-and-Wellbeing-Report-2017.pdf
48. Women NSW, "NSW Women's Strategy 2018-2022", accessed 5 October 2018, https://www.women.nsw.gov.au/__data/assets/pdf_file/0007/628315/NSW-Womens-Strategy-2018-2022.pdf
49. Julie Ayre, et al., *Examination of the burden of disease of intimate partner violence against women in 2011: Final report* (Sydney: Australia's National Research Organisation for Women's Safety Limited (ANROWS), 2016), https://dh2wpaq0gtxwe.cloudfront.net/s3fs-public/BoD%20Horizons.pdf
50. AIHW, "The health of Australia's females", accessed 8 October 2018, https://www.aihw.gov.au/reports/men-women/female-health/contents/lifestyle-risk-factors

References

51. HealthStats NSW, "Deaths by category of cause," last updated 14 August 2018, http://www.healthstats.nsw.gov.au/Indicator/bod_dth_cat/bod_dth_cat_sexage_snap
52. Carers NSW, "Female Carers", accessed 8 October 2018, https://www.carersnsw.org.au/Assets/Files/Female%20Carers.pdf
53. Australian Institute of Health and Welfare 2018. *Australia's health 2018* (Canberra: AIHW, 2018), https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/indicators-of-australias-health/psychological-distress
54. Australian Institute of Health and Welfare 2018. *Australia's health 2018* (Canberra: AIHW, 2018), https://www.aihw.gov.au/reports/men-women/female-health/contents/lifestyle-risk-factors
55. A. Steel, et al., *Women's health in NSW – a life course approach: a rapid review* (Haymarket, NSW: Sax Institute, 2013), https://www.saxinstitute.org.au/wp-content/uploads/Womens-health-in-NSW2.pdf
56. ABS, "Arthritis and osteoporosis," accessed 11 October 2018, http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Arthritis%20and%20osteoporosis~8
57. AIHW, *Australia's health 2018* (Canberra: AIHW, 2018), https://www.aihw.gov.au/getmedia/ab86db9d-410a-4c93-89c4-99c8bdbdf125/aihw-aus-221-chapter-3-13.pdf.aspx
58. AIHW, *Australia's health 2018* (Canberra: AIHW, 2018), https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/indicators-of-australias-health/proportion-of-people-obese-and-overweight
59. AIHW, "The health of Australia's females", accessed 8 October 2018, https://www.aihw.gov.au/reports/men-women/female-health/contents/lifestyle-risk-factors
60. Mental Health Commission of NSW, *Medication and Mental Illness: Perspectives*, (Sydney: Mental Health Commission of NSW, 2015), https://nswmentalhealthcommission.com.au/sites/default/files/publication-documents/Medication%20and%20mental%20illness%20perspectives%20-%2012%20Feb%202016.pdf
61. HealthStats NSW, "Aboriginal health," accessed 8 October 2018, http://www.healthstats.nsw.gov.au/Indicatorgroup/indicatorViewList?code=atsi+dqi+hlp&topic=topic_aboriginal_health&name=Aboriginal%20healthTopic
62. HealthStats NSW, "Circulatory disease hospitalisations," accessed 5 November 2018, http://www.healthstats.nsw.gov.au/Indicator/cvd_projhos/cvd_hos_atsi_snap?&topic=Aboriginal%20health&topic1=topic_aboriginal_health&code=atsi%20dqi%20hlp, and "Diabetes as principal diagnosis: hospitalisations," accessed 5 November 2018, http://www.healthstats.nsw.gov.au/Indicator/dia_pcohos/dia_pcohos_atsi?&topic=Aboriginal%20health&topic1=topic_aboriginal_health&code=atsi%20dqi%20hlp
63. HealthStats NSW, "High or very high psychological distress in adults," accessed 5 November 2018, http://www.healthstats.nsw.gov.au/Indicator/men_distr_age/men_distr_atsi_trend?&topic=Aboriginal%20health&topic1=topic_aboriginal_health&code=atsi%20dqi%20hlp
64. Cancer Institute NSW, "Breast cancer screening participation rates and numbers," published 23 June 2017, https://www.cancer.nsw.gov.au/cancer-plan/performance-index/breast-cancer-screening-participation-rates
65. Women NSW, "NSW Women's Strategy 2018-2022", accessed 5 October 2018, https://www.women.nsw.gov.au/__data/assets/pdf_file/0007/628315/NSW-Womens-Strategy-2018-2022.pdf
66. NSW Ministry of Health, *Plan for Healthy Culturally and Linguistically Diverse Communities 2018-2023*, September 2018, (UNPUBLISHED DRAFT)
67. HealthStats, "Maternal medical conditions", accessed 3 October 2018, http://www.healthstats.nsw.gov.au/Indicator/mab_mmedi_cat/mab_mmedi_cat_cob?&topic=Mothers%20and%20babies&topic1=topic_mab&code=mum%20mab
68. NSW Health, *NSW Mothers and Babies*, (North Sydney: NSW Health, 2017), https://www.health.nsw.gov.au/hsnsw/Publications/mothers-and-babies-2016.pdf
69. HealthStats NSW, "Physical activity in adults," accessed 3 October 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_phys_age/beh_phys_cob_snap?&topic=Country%20of%20birth&topic1=topic_cob&code=cob
70. Ruth McNair, et al., "The mental health statues of young adult and mid-life non-heterosexual Australian women," Aust NZ J Public Health 29 (2005), no. 3, 265-71.
71. Julie Mooney-Somers, et al., *Women in Contact with the Sydney Gay and Lesbian Community: Report of the Sydney Women and Sexual Health* (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016, https://www.acon.org.au/wp-content/uploads/2017/07/SWASH-2016-Report-v4.pdf
72. Julie Mooney-Somers, et al., *Women in Contact with the Sydney Gay and Lesbian Community: Report of the Sydney Women and Sexual Health* (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016, https://www.acon.org.au/wp-content/uploads/2017/07/SWASH-2016-Report-v4.pdf
73. Lynne Hillier, et al., "The association between licit and illicit drug use and sexuality in young Australian women," *Medical Journal of Australia* 179 (2003), no. 6, 326-327.

References

74. Victorian Health Promotion Foundation, *Disability and health inequalities in Australia* (Carlton South, VIC: Victoria Health, 2012), 3, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/VH_Disability-Summary_web.pdf?la=en&hash=3347870D3B7ADF0227C5B7B831E02A2ED27AE31E.
75. Women NSW, Women in NSW 2015: *Annual report on women's progress towards equality in NSW* (Sydney: Women NSW, 2016), https://www.women.nsw.gov.au/__data/assets/pdf_file/0015/340800/Women-in-NSW-2015-Report.pdf
76. Salthouse, Sue and Carolyn Fromader. "'Double the Odds' – Domestic Violence and Women with Disabilities." Paper presented at the 'Home Truths' Conference, Sheraton Towers, Melbourne, September 15-17, 2004 http://wwda.org.au/issues/viol/viol2001/odds
77. People with Disability Australia, *Women with Disability and Domestic and Family Violence: A guide for policy and practice* (Strawberry Hills: People with Disability Australia, 2015), http://dvnsw.org.au/pwd_doc1.pdf
78. Disabled People's Organisation's Australia, Report from the United Nations Human Rights Committee 121st Session, *Review of Australia's Compliance with the International Covenant on Civil and Political Rights* (Sydney: Disabled People's Organisation's Australia, 2017), 26, http://wwda.org.au/wp-content/uploads/2017/12/DPO_Australia_ICCPR_Review_2017_Report.pdf,
79. Australian Network on Disability, "Disability Statistics." Accessed October 3 2018, https://www.and.org.au/pages/disability-statistics.html
80. AIHW, *Australia's health 2018* (Canberra: AIHW, 2018), https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true,
81. First People's Disability Network Australia, "First People's Disability Network Australia," accessed October 3 2018, https://fpdn.org.au/
82. AIHW, "Rural and remote health," accessed October 3, 2018. https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/rural-health
83. Wilkins R., *The Household, Income and Labour Dynamics in Australia Survey: selected findings from waves 1 to 12*, (Melbourne: Melbourne Institute of Applied Economic and Social Research, 2015)
84. Bishop, L., Ransom, A., and Laverty, M. *Health care access, mental health, and preventative health: Health priority survey findings for people in the bush* (Canberra: Royal Flying Doctor Service of Australia, 2017) https://www.flyingdoctor.org.au/assets/documents/RN032_Healths_Needs_Survey_Result_P1_U0FsohZ.pdf
85. P. Wyndow and T. Jackiewicz, *Identifying and supporting pregnant Aboriginal women and their families during their patient journey through services and across geographical areas: A feasibility study* (Subiaco, Western Australia: Telethon Kids Institute and the University of Western Australia, 2014).
86. AIHW, "Rural and remote health," accessed 3 October 2018. https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/rural-health
87. National Rural Health Alliance, Fact Sheet 8: Cancer in rural Australia (Deakin West, ACT: National Rural Health Alliance, 2012), http://ruralhealth.org.au/sites/default/files/publications/fact-sheet-08-cancer-rural-australia.pdf
88. AIHW, *Australia's health 2018*, (Canberra: AIHW, 2018), 256, https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true
89. VicHealth, *Research Summary: Key Influences on health inequalities*. (Carlton: VicHealth, 2008), https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/key_influences.pdf?la=en&hash=DB6D8E25A32BC368BE2D7526239EA5F3F928D907
90. The Garvan Reseach Foundation, *Medical Research and Rural Health* (Darlinghurst: The Garvan Research Foundation, 2015) https://www.garvan.org.au/news-events/files/medical-research-and-rural-health-garvan-report-2015.pdf
91. AIHW, *Australia's health 2018*, (Canberra: AIHW, 2018), https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true
92. COAG Health Council, *Healthy Mouths Healthy Lives Australia's National Oral Health Plan 2015–2024*, (Adelaide: COAG Health Council, 2015), https://www.mah.se/PageFiles/1541119092/Australias-National-Oral-Health-Plan-2015-2024_uploaded-170216.pdf
93. Co-operation and Development (OECD), *The Impact of Caring on Family Carers* (Paris: OECD, 2011) http://www.oecd.org/els/health-systems/47884865.pdf
94. ABS, "Disability, Ageing and Carers, Australia: Summary of Findings, 2015," accessed 8 June 2018, http://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0
95. Ben Edwards, et al., *The Nature and Impact of Caring for Family Members With a Disability in Australia* (Melbourne: Australian Institute of Family Studies, 2008), https://aifs.gov.au/sites/default/files/publication-documents/rr16.pdf
96. Women NSW, *Safety and Justice: Women in NSW Report Series 2016* (North Sydney: NSW Health, 2016), https://www.women.nsw.gov.au/__data/assets/pdf_file/0007/387799/safety-and-justice-report.pdf

References

97. AIHW, *Family, domestic and sexual violence in Australia 2018* (Canberra: AIHW, 2018) https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/data
98. AIHW, *Australia's health 2018: In brief* (Canberra: AIHW, 2018) https://www.aihw.gov.au/getmedia/fe037cf1-0cd0-4663-a8c0-67cd09b1f30c/aihw-aus-222.pdf.aspx?inline=true (p 27)
99. Disabled People's Organisation's Australia. *Report from the United Nations Human Rights Committee 121st Session*, Review of Australia's Compliance with the International Covenant on Civil and Political Rights (Sydney: Disabled People's Organisation's Australia, 2017) http://wwda.org.au/wp-content/uploads/2017/12/DPO_Australia_ICCPR_Review_2017_Report.pdf
100. J.M. Ussher, J. Perz, C. Metusela, A. Hawkey, M. Morrow, R. Narchal, J. Estoesta, M. Monteiro, *Sexual and Reproductive Health of Migrant and Refugee Women* (Sydney: Western Sydney University, 2017)
101. Australian Institute of Family Studies, *Domestic and family violence in regional, rural and remote communities* (Melbourne: AIFS, 2015), https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-resource-dv-regional.pdf
102. S. Owen, and K. Carrington, "Domestic violence service provision and the architecture of rural life: An Australian case study," *Journal of Rural Studies*, (2014), 39, 229–238, doi: 10.1016/j.jrurstud.2014.11.004
103. Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia 2018*. Cat. no. FDV 2 (Canberra: AIHW, 2018), https://www.aihw.gov.au/getmedia/d1a8d479-a39a-48c1-bbe2-4b27c7a321e0/aihw-fdv-02.pdf.aspx?inline=true
104. ABS, "Victims of Crime", Indigenous Status", accessed 3 October 2018, http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4510.0~2017~Main%20Features~Victims%20of%20Crime,%20Indigenous%20status~5
105. H. Blagg, N. Bluett-Boyd, E. Williams, *Innovative models in addressing violence against Indigenous women: State of knowledge paper* (Alexandria: ANROWS, 2015), https://anrows.org.au/sites/default/files/Ff%20150806%20-%208_4%203%20Indigenous%20Women.pdf
106. Julie Mooney-Somers, et al., *Women in Contact with the Sydney Gay and Lesbian Community: Report of the Sydney Women and Sexual Health* (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016 (Sydney: ACON & Sydney Health Ethics, University of Sydney, 2017), https://www.acon.org.au/wp-content/uploads/2017/07/SWASH-2016-Report-v4.pdf
107. The Australian Institute of Family Studies, *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities* (Melbourne: AIFS, 2015), https://aifs.gov.au/cfca/sites/default/files/cfca-resource-dv-lgbti.pdf
108. Gay and Lesbian Rights Lobby, Response to NSW Government's Public Consultation Paper, *The Blueprint for the domestic and family violence response in NSW,* (Gay and Lesbian Lobby: Sydney, 2016), http://domesticviolence.nsw.gov.au/__data/assets/pdf_file/0004/379885/gay-lesbian-rights-lobby.pdf
109. NSW Mental Health Commission, *Living Well: Putting people at the centre of mental health reform in NSW* (Sydney: NSW Mental Health Commission, 2014), https://nswmentalhealthcommission.com.au/sites/default/files/Living%20Well_A%20Report_website%20accessible.pdf
110. Malta, Sue. "Social Connectedness and Health Amongst Older Adults." Paper presented at the TASA Conference, University of Tasmania, 6-8 December 2005.
111. NSW Ministry of Health, NSW Strategic Framework and Workforce Plan for Mental Health, (North Sydney: NSW Health, 2018) https://www.health.nsw.gov.au/mentalhealth/publications/Publications/mh-strategic-framework-p1.pdf
112. ABS, "Underlying causes of death (NSW)" accessed 4 October 2018, http://www.abs.gov.au/ausstats/abs@.nsf/0/47E19CA15036B04BCA2577570014668B?Opendocument
113. Telethon Kids Institute. "Trans Pathways Summary" accessed 4 October 2018, https://www.telethonkids.org.au/globalassets/media/documents/brain--behaviour/trans-pathways-summary.pdf
114. NSW Ministry of Health, *NSW Strategic Framework and Workforce Plan for Mental Health*, (North Sydney: NSW Health, 2018) https://www.health.nsw.gov.au/mentalhealth/publications/Publications/mh-strategic-framework-p1.pdf
115. Beyondblue, "Perinatal depression," accessed 5 November 2018, https://healthyfamilies.beyondblue.org.au/pregnancy-and-new-parents/maternal-mental-health-and-wellbeing/depression
116. NSW Health, *NSW Strategic Framework and Workforce Plan for Mental Health*, (North Sydney: NSW Health, 2018) https://www.health.nsw.gov.au/mentalhealth/publications/Publications/mh-strategic-framework-p1.pdf
117. HealthStats NSW, "High or very high psychological distress in adults", accessed 4 October 2018, http://www.healthstats.nsw.gov.au/Indicator/men_distr_age
118. Ben Edwards, et al., *The Nature and Impact of Caring for Family Members With a Disability in Australia* (Melbourne: Australian Institute of Family Studies, 2008), https://aifs.gov.au/sites/default/files/publication-documents/rr16.pdf
119. First People's Disability Network Australia. "First People's Disability Network Australia". Accessed October 3 2018, https://fpdn.org.au/

References

120. HealthStats NSW, "Suicide", accessed 2 October, 2018, http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_atsi?&topic=Aboriginal%20health&topic1=topic_aboriginal_health&code=atsi%20dqi%20hlp
121. Mental Health Commission of NSW, *Medication and Mental Illness: Perspectives*, (Sydney: Mental Health Commission of NSW, 2015), https://nswmentalhealthcommission.com.au/sites/default/files/publication-documents/Medication%20and%20mental%20illness%20perspectives%20-%2012%20Feb%202016.pdf
122. ABS, "National Survey of Mental Health and Wellbeing 2007", accessed 8 October 2018, http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/6AE6DA447F985FC2CA2574EA00122BD6/$File/National%20Survey%20of%20Mental%20Health%20and%20Wellbeing%20Summary%20of%20Results.pdf
123. Perinatal Mental Health Consortium, *National Action Plan for Perinatal Mental Health 2008–2010*, Full Report (Melbourne: beyondblue, 2008)
124. Mental Health Commission of NSW, *Medication and Mental Illness: Perspectives*, (Sydney: Mental Health Commission of NSW, 2015)
125. Schmied V,. Black E., Naidoo N., Dahlen HG., Liamputtong P., "Migrant women's experiences, meanings and ways of dealing with postnatal depression: A meta-ethnographic study". *PLoS ONE* 12(3), 1-27. https://doi.org/10.1371/journal.pone.0172385
126. Mental Health Commission of NSW, *Medication and Mental Illness: Perspectives*, (Sydney: Mental Health Commission of NSW, 2015)
127. National Health and Medical Research Council, *Australian Dietary Guidelines* (Canberra: National Health and Medical Research Council, 2013) https://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf
128. HealthStats NSW, *Fruit and vegetables: recommended daily consumption by country of birth group and year*, (Sydney: NSW Ministry of Health, 2018).
129. HealthStats NSW, "Fruit and vegetables: recommended daily consumption by adults", last updated 8 May 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_veg_statage/beh_veg_statage
130. Australian Department of Health, "Move more, Sit less, Be Active for life!" Accessed October 3 2018. http://www.health.gov.au/internet/main/publishing.nsf/content/F01F92328EDADA5BCA257BF0001E720D/$File/brochure%20PA%20Guidelines_A5_18-64yrs.PDF
131. WJ Brown, GE Moorehead, and AL Marshall, *Choose Health: Be Active: A physical activity guide for older Australians* (Canberra: Commonwealth of Australia and the Repatriation Commission, 2008) http://www.health.gov.au/internet/main/publishing.nsf/Content/3244D38BBBEBD284CA257BF0001FA1A7/$File/choosehealth-brochure.pdf
132. HealthStats NSW, "Physical activity in children by behaviour type", last updated 22 May 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_physkid_age/beh_physkid_age
133. HealthStats NSW, "Physical activity levels," accessed 5 November 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_physcat/beh_physcat?&topic=Physical%20activity&topic1=topic_phys&code=beh_phys%20physstud
134. AIHW, *Australia's health 2018*, (Canberra: AIHW, 2018), https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true ,256
135. Australian Institute of Health and Welfare. "Rural and remote health." Accessed October 3, 2018. https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/rural-health
136. HealthStats NSW, "Body Mass Index by category," accessed 3 October 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_bmicat/beh_bmicat
137. AIHW, Drugs in Australia, (Canberra: AIHW, 2010) https://www.aihw.gov.au/getmedia/d16e697d-c685-4bbe-bdc9-7c4976429ab3/11153.pdf.aspx?inline=true
138. HealthStats NSW, "Overweight and obesity in children," last updated 8 May 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_bmikid_cat/beh_bmikid_cat?&topic=Overweight%20or%20obesity&topic1=topic_bmi_OO&code=beh_bmi
139. HealthStats NSW, "Current smoking in adults", updated 21 May 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_smo_age/beh_smo_age_snap
140. Julie Mooney-Somers, et al., *Women in Contact with the Sydney Gay and Lesbian Community: Report of the Sydney Women and Sexual Health* (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016 (Sydney: ACON & Sydney Health Ethics, University of Sydney, 2017), https://www.acon.org.au/wp-content/uploads/2017/07/SWASH-2016-Report-v4.pdf
141. AIHW, *Australia's health 2018*, (Canberra: AIHW, 2018), https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true , 280
142. HealthStats, 2017, "Current smoking in adults", last updated 21 May, 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_smo_age/beh_smo_age_snap?&topic=Health-related%20behaviours&topic1=topic_beh&code=beh
143. HealthStats, "Smoking attributable hospitalisations." Last updated 2 August, 2016. http://www.healthstats.nsw.gov.au/Indicator/beh_smoafhos
144. HealthStats, "Smoking attributable hospitalisations." Last updated 2 August, 2016. http://www.healthstats.nsw.gov.au/Indicator/beh_smoafhos

References

145. HealthStats, "Smoking in Pregnancy", accessed 3 October 2018, http://www.healthstats.nsw.gov.au/Indicator/mab_smo_cat/mab_smo_cat_atsi_snap?&topic=Aboriginal%20health&topic1=topic_aboriginal_health&code=atsi%20dqi%20hlp
146. National Health and Medical Research Council (NHMRC), *Australian Guidelines: To reduce Health risks from drinking Alcohol*, (Canberra: NHMRC, 2009), https://nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol#block-views-block-file-attachments-content-block-1
147. HealthStats NSW, "Alcohol attributable hospitalisations," accessed 20 June, 2018. http://www.healthstats.nsw.gov.au/Indicator/beh_alcafhos/beh_alcafhos_age_snap?&topic=Health-related%20behaviours&topic1=topic_beh&code=beh
148. ABS, "Causes of Death, Australia, 2016," updated 25 September 2018, http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Drug%20Induced%20Deaths%20in%20Australia~6
149. United Nations. "Guidelines on Reproductive Health." Accessed 4 October 2018. http://www.un.org/popin/unfpa/taskforce/guide/iatfreph.gdl.html
150. Deloitte Access Economics, *The economic impact of incontinence in Australia* (Sydney: Deloitte Australia, 2011).
151. J.M. Ussher, J. Perz, C. Metusela, A. Hawkey, M. Morrow, R. Narchal, J. Estoesta, M. Monteiro, "Negotiating Discourses of Shame, Secrecy, and Silence: Migrant and Refugee Women's Experiences of Sexual Embodiment," *Archives of Sexual Behavior* 2017. https://doi.org/10.1007/s10508-016-0898-9
152. Cancer Institute NSW, "Cancer Screening", accessed 8 October 2018, https://www.cancer.nsw.gov.au/how-we-help/reports-and-publications/2016-cancer-control-in-nsw-annual-performance/cancer-screening
153. Julie Mooney-Somers, et al., *Women in Contact with the Sydney Gay and Lesbian Community: Report of the Sydney Women and Sexual Health* (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016 (Sydney: ACON & Sydney Health Ethics, University of Sydney, 2017), https://www.acon.org.au/wp-content/uploads/2017/07/SWASH-2016-Report-v4.pdf
154. Cancer Council, "FAQ", last updated 21 June 2018, https://www.cancer.org.au/about-cancer/faq.html
155. Hanna E. Tervonen, et al., "Cancer survival disparities worsening by socio-economic disadvantage over the last 3 decades in New South Wales, Australia," *BMC Public Health 17* (2017), no. 691, https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4692-y
156. Jean Hailes, *Women's Health Survey 2018* (Melbourne: Jean Hailes, 2018), https://jeanhailes.org.au/contents/documents/News/Womens-Health-Survey-Report-web.pdf
157. HealthStats NSW, "Diabetes-related deaths", accessed 2 October 2018, http://www.healthstats.nsw.gov.au/Indicator/dia_dth/dia_dth_atsi_snap?&topic=Aboriginal%20health&topic1=topic_aboriginal_health&code=atsi%20dqi%20hlp
158. Alexandra Hendry, Brynley Hull, Aditi Dey, Sue Campbell-Lloyd, and Frank Beard, *NSW Annual Immunisation Coverage Report 2016* (Sydney: NSW Health, 2017), https://www.health.nsw.gov.au/immunisation/Documents/2016-annual-coverage-report.pdf
159. HealthStats NSW, "Acute respiratory infection hospitalisations", accessed 2 October, 2018, http://www.healthstats.nsw.gov.au/Indicator/res_acreshos/res_acreshos_atsi?&topic=Aboriginal%20health&topic1=topic_aboriginal_health&code=atsi%20dqi%20hlp
160. AIHW, "Asthma Snapshot", last updated 24 July 2018. https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma/data
161. The Garvan Reseach Foundation, *Medical Research and Rural Health* (Darlinghurst: The Garvan Research Foundation, 2015) https://www.garvan.org.au/news-events/files/medical-research-and-rural-health-garvan-report-2015.pdf
162. Women NSW, *Safety and Justice: Women in NSW Report Series 2016* (North Sydney: NSW Health, 2016), https://www.women.nsw.gov.au/__data/assets/pdf_file/0007/387799/safety-and-justice-report.pdf
163. Women NSW, *Safety and Justice: Women in NSW Report Series 2016* (North Sydney: NSW Health, 2016), https://www.women.nsw.gov.au/__data/assets/pdf_file/0007/387799/safety-and-justice-report.pdf
164. People with Disability Australia, *Women with Disability and Domestic and Family Violence: A guide for policy and practice* (Strawberry Hills: People with Disability Australia, 2015), http://dvnsw.org.au/pwd_doc1.pdf
165. Department of Families, Housing, Community Services and Indigenous Affairs, "National Plan to Reduce Violence Against Women and their children: Progress Report 2010-2012," accessed 5 October 2018. https://www.dss.gov.au/sites/default/files/documents/05_2013/final_edited_report_edit.pdf
166. Women NSW, "It Stops Here: Standing together to end domestic and family violence in NSW", accessed 8 October 2018, https://www.women.nsw.gov.au/__data/assets/file/0003/289461/It_stops_Here_final_Feb2014.pdf
167. Ben Edwards, et al., *The Nature and Impact of Caring for Family Members With a Disability in Australia* (Melbourne: Australian Institute of Family Studies, 2008), https://aifs.gov.au/sites/default/files/publication-documents/rr16.pdf
168. Domestic Violence NSW, "Responses to the Blueprint Public Consultation Paper – Reducing and Responding to Domestic and Family Violence in NSW", accessed 2 October 2018, http://domesticviolence.nsw.gov.au/__data/assets/pdf_file/0011/379883/dvnsw.pdf

References

169. HealthStats NSW, "Food insecurity", accessed 2 October 2018, http://www.healthstats.nsw.gov.au/Indicator/beh_foodsec_age/beh_foodsec_cob
170. NSW Ministry of Health, *Strategic Framework for Integrating Care*, https://www.health.nsw.gov.au/integratedcare/Pages/strategic-framework-for-integrating-care.aspx
171. The Royal Australian College of General Practitioners. *General Practice: Health of the Nation 2018*. East Melbourne, Vic: RACGP, 2018.
172. AIHW, "Indigenous access to health services," accessed 5 October 2018. https://www.aihw.gov.au/getmedia/01d88043-31ba-424a-a682-98673783072e/ah16-6-6-indigenous-australians-access-health-services.pdf.aspx
173. AIHW, *Australia's Health 2018*, (Canberra: AIHW, 2018), https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true, 281
174. Australian Institute of Family Studies, *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities* (Melbourne: AIFS, 2015), https://aifs.gov.au/cfca/sites/default/files/cfca-resource-dv-lgbti.pdf
175. NSW Ministry of Health, *End of Life and Palliative Care Strategic Framework 2019-2024*, August 2018 (UNPUBLISHED DRAFT) https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30189-0/fulltext
176. Iacopo Baussano, "Modelling Cervical Cancer Elimination", The Lancet Public Health vol. 4, iss.1(2018), https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30189-0/fulltext
177. National Health and Medical Research Council, *Australian Dietary Guidelines* (Canberra: National Health and Medical Research Council, 2013) https://www.eatforhealth.gov.au/sites/default/files/content/n55_australian_dietary_guidelines.pdf
178. ABS, *Patient experience in Australia: Summary of findings, 2016–17*. Cat no. 4839.0 (Canberra: ABS, 2017)
179. Australian Department of Health, *National Women's Health Strategy 2020-2030 – Consultation Draft* (Canberra: Department of Health, 2018), https://consultations.health.gov.au/population-health-and-sport-division-1/establishing-a-national-womens-health-strategy/supporting_documents/National%20Womens%20Health%20Strategy%20%20Consultation%20draft%20accessible%20version_Final%203.pdf

NSW Ministry of Health
100 Christie Street
ST LEONARDS NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

Produced by: NSW Ministry of Health

SHPN (HSP) 190148
ISBN 978-1-76081-098-6 (Print)
ISBN 978-1-76081-099-3 (Online)

Further copies of this document can be downloaded from the NSW Health website www.health.nsw.gov.au

August 2019


NSW
GOVERNMENT