Women's Health and Equality Queensland Submission:

Queensland Women's Health Strategy Consultation January 2023

Women's Health and Equality Queensland would like to thank Queensland Health for the opportunity to provide a submission for the Queensland Women's Health Strategy. As a not-for-profit organisation, we are committed to advancing the health and wellbeing of all Queensland women[1], by increasing access and health equity, influencing change, and building capacity. We are grateful to contribute to this Strategy, and once again, would like to thank you for your consideration of our submission.

Contextually, Queensland is geographically large, and socially and culturally diverse. There is special attention that should be paid to the diversity of culture and disparity of population density, and the impact this has on healthcare and health outcomes for women. To achieve health equity and an improvement in the health and wellbeing of Queensland women, the following recommendations must be included in the Queensland Women's Health Strategy. With the aim of supporting the publication of a holistic, comprehensive, and actionable Strategy, we speak to the access of healthcare, service design and capacity building, and provide context with reference to evidence-based programs and resources.

Recommendations[2]:

1. **Resource the Queensland Women's Health Strategy with effective funding**
2. **Improve healthcare access for Queensland women and girls, with a particular focus on priority communities**
3. **Increase health equity among Queensland women and girls, and embed an intersectional lens to the healthcare system**
4. **Create a health system that effectively delivers trauma-informed and person-centred care and is gender-informed and responsive.**
5. **Invest in evidence-based programs that support the health and wellbeing of Queensland women.**
6. **Create equal and inclusive workplaces**

1.0 Resource the Queensland Women's Health Strategy with effective funding

To ensure the Queensland Women's Health Strategy is effective, it is imperative that it is resourced with funding. Investing in initiatives that increase health equity and access for women, and in particular marginalised groups of women, will create a cost benefit for government through early intervention and prevention reducing the burden on hospitals. Gender is a determinant of health, with women experiencing poorer health and higher levels of comorbidities (Australian Institute of Health and

[1] Throughout this submission, we acknowledge that whilst the language used is binary (using terms such as women and girls), we do encompass all non-binary, transgender and gender diverse people that the contents of this submission are relevant for.

[2] A full summary of recommendations is available on Page 13.

Welfare, 2022) which is evidenced to increase health care costs and hospitalisation rates (Dobson A, 2020). Women also experience clinical bias, including significantly longer diagnostic times and frequent dismissal of health complaints. Funding investment in initiatives able to bridge social and clinical disadvantage will provide long term financial savings to the health system by reducing the disease burden and hospitalisations for women in Queensland. A Queensland Women's Health Strategy must be effectively funded.

2.0 Improve healthcare access for Queensland women and girls, with a particular focus on priority communities

Whilst the driver of the Queensland Women's Health Strategy calls to improve health equity for women and girls from priority communities, Women's Health and Equality highlights the importance of access. It is imperative that this Strategy comprehensively understands the social determinants of health that are specific to women, spanning geographic, economic, cultural, and educational factors that impact access to healthcare. Women have a higher burden of care and are less likely to prioritise their own health needs, are more likely to be unpaid domestic workers, have higher rates of casual and part time employment (resulting in less leave and sick pay entitlements), and are paid less (Workplace Gender Equality Agency, 2022) (Australian Women's Health Network, 2019). Low levels of health literacy result in reduced access to healthcare services, poorer health management, and social isolation (Australian Institute of Health and Welfare, 2022). These factors create and increase some of the biggest barriers that women face in accessing healthcare because women do not have the time, financial or educational capacity to seek healthcare (Workplace Gender Equality Agency, 2022).

To ensure equitable access to healthcare, primary care services require strengthening. This can be achieved through nurse- and midwife- led care (Moulton, Withanage, Subasinghe, & Mazza, 2022). These models of care increase access to healthcare particularly in regional, rural, and remote regions of Queensland where there are shortages of doctors, and overcome challenges that have arisen from changes in the health system. Furthermore, nurses and midwives are known to empower patients and, through their understanding of the needs of local communities, target interventions that meet the wider social determinants of health (Allen, Allen, Hogarth, & Marmot, 2013).

Religion and conscientious objection create a biased barrier towards women, particularly with respect to pregnancy termination. Whilst conscientious objection is an individual choice and does not apply to whole facilities (Chavkin, Swerdlow, & Fifield, 2017), studies imply that there is a significantly higher proportion of medical professionals in Queensland refusing pregnancy termination on these grounds than what is actually reported (Black, 2022). This is presumably a result of the stigma associated with providing abortion services in the healthcare workforce. Not only does this limit access to pregnancy termination services for women, it violates section 37 of the Queensland Human Rights Act (Parliament of Queensland, 2019) and contradicts the World Health Organisation's Abortion Care Guidelines wherein access and continuity of comprehensive abortion care is recommended to be protected against barriers created by conscientious objection (World Health Organization, 2022).

To address determinants of health and the barriers and challenges of accessing healthcare services, Women's Health and Equality suggest the following actions to be included in the Strategy:

2.1 Build and develop partnerships with not-for-profit organisations and community services that support women's health

- Support and improve the visibility and capacity of organisations and community services to increase access to health information and health services, particularly for priority communities and women in regional, rural, and remote areas.
- Improve health literacy and access to healthcare, to reduce the burden of disease for Queensland women and girls.

2.2 Increase access to telehealth services and General Practitioner appointments, and advocate for broadened MBS billing

- Increase availability and affordability of telehealth services and General Practitioner appointments to promote and improve access to healthcare, particularly for priority communities.
- Expand scope of telehealth & MBS billing items to increase access for women living in regional and remote communities.

2.3 Increase nurse- and midwife- led care, and endorse their capacity to work to full scope

- Invest in nurse- and midwife-led models of care to increase the accessibility of healthcare services. Outcomes of these models include an improvement in patient care and satisfaction, a reduction in health inequities in primary care, and assistance in the delivery of culturally appropriate and relevant healthcare (Moulton, Withanage, Subasinghe, & Mazza, 2022).
- Endorse nurses and midwives to have full scope which encourages continuity of care, thus improving overall health outcomes for women.

2.4 Ensure all women in Queensland can access local affordable pregnancy termination and reproductive health services

- Improve access to pregnancy termination services for women in Queensland to reduce the risk of unsafe abortion, mental ill health and the current burden and barrier associated with travelling long distances.
- Implement accountability of health service facilities that are receiving publicly funded money to provide public health services regardless of religious beliefs to improve access to pregnancy termination and reproductive healthcare services.
- Destigmatise pregnancy termination services among healthcare workers to help promote increased access and improved patient experiences.
- Increase contraceptive access and advocate for the promotion of all available contraceptive options.

3.0 Increase health equity of Queensland women and girls, and embed an intersectional lens to the healthcare system

The improvement of health equity requires an understanding the specific health needs, presentations and experiences of women and marginalised groups. With this, we raise awareness to the importance of diversity and representation of women, intersex, transgender and gender diverse people in clinical trials and research. In Australian research, there is an underrepresentation of women in specialties considered to be male patient dominated, such as cardiology and nephrology (Merone, Tsey, Russell, & Nagle, 2022). Furthermore, there is a lack of data and research on women's health (specific to sexual and reproductive health), which translates to inadequate information and resources within the health system to respond to and treat the sexual and reproductive health needs of women. This encourages health inequity by reinforcing gender stereotypes, and harms women due to the lack of a comprehensive understanding of women's health needs.

Intersectional approaches to healthcare provide a lens to analyse how social and cultural determinants of health contribute to health advantage and disadvantage, understand the drivers of health inequity, and allows consideration of the implications for marginalised groups (McCollum, et al., 2019). An intersectional lens also provides the solutions to creating health equity; it is reported that 40% of health outcomes are determined by socio-economic factors, 30% by health behaviours and 10% by the physical environment. Therefore, a collaborative approach is required across multiple sectors to achieve health equity (Brown & Hamilton, n.d.). It is imperative that the model of healthcare in Queensland is responsive to, and designed to address the factors of health disadvantage, including gender, race, ethnicity, sexuality, religion, and disability. Women who experience racism, bias, discrimination, or are simply unable to get on to an examination table due to poor design and inaccessibility face unreasonable and avoidable healthcare barriers. It is therefore essential that the healthcare system is embedded with an intersectional lens to tackle the inequities faced by these women.

Women with disabilities (WWD) experience difficulties in accessing healthcare services and are not receiving equitable treatment in Australia. Reported gendered barriers to accessing the right support for WWD include confidence, negotiation and self-advocacy, gendered discrimination in diagnosis and the medical system, and support for and recognition of caring roles (Yates, Carey, Hargrave, Malbon, & Green, 2021). A review from Women with Disabilities Victoria has highlighted WWD's feelings of inadequate and non-responsive health services; not feeling respected, not being involved in the decisions that affect their health care and treatment, not being able to get on to the examination table, and the recurrent focus on their disability, rather than their health concerns (Petrony, Horsley, & Kavanagh). Furthermore, there are alarming rates of violence against WWD; WWD over the age of 15 are twice as likely to experience physical and sexual violence (Royal Commission in Violence, Abuse, Neglect and Exploitation of People with Disability, 2021).

We call for the Strategy to increase health equity by understanding, addressing, and delivering culturally appropriate healthcare. It is reported that in 2018, of the Aboriginal and Torres Strait Islander peoples who did not access health services when they needed to, 1 in 3 indicated that this was due to cultural reasons, such as language problems, discrimination and lack of cultural appropriateness (Australian Institute of Health and Welfare, 2022). Furthermore, Queensland has consistently ranked

lower than other states in data reporting on culturally appropriate healthcare services and resources relevant to Aboriginal and Torres Strait Islander peoples (Australian Institute of Health and Welfare, 2022). It is imperative that the healthcare system embeds an intersectional lens that protects Aboriginal and Torres Strait Islander Traditional Knowledge, and preserves and promotes cultural integrity.

Women from Culturally and Linguistically Diverse backgrounds are reported to have low access to health services, and face challenges in the multilevel health and social systems (Khatri & Assefa, 2022). These challenges include individual and family level challenges (affecting interacting social and health conditions, poor health literacy, multimorbidity and diminishing healthy migrants' effect), and community and organisational level challenges (resulting in language and communication problems, inadequate interpretation services and poor cultural competency of providers) (Khatri & Assefa, 2022). We highlight the importance of culturally aware and appropriate healthcare and urge healthcare practitioners and the system to be considerate of cultural differences, and responsive to the needs of Culturally and Linguistically Diverse women.

Incarcerated women have a higher prevalence of health problems and concerns compared to non-incarcerated women, such as higher rates of chronic and communicable diseases, mental health problems and substance abuse (Norris, Allison, Fradley, & Zielinski, 2022; Australian Institute of Health and Welfare, 2019). Women in prison often come from disadvantaged backgrounds, with a history of poverty, domestic violence, social deprivation, and childhood trauma (World Health Organisation, 2014). In Australia, Aboriginal and Torres Strait Islander peoples in Queensland prisons are overrepresented at approximately 38% (Australian Institute of Health and Welfare, 2018) which is cause for concern, with the knowledge that Aboriginal and Torres Strait Islander women already face disadvantages in healthcare. The system of healthcare in prisons does not effectively respond to the needs of women, nor provide adequate care. Equal access to healthcare is a human right; to achieve health equity, there is a need for system change, including greater oversight of prison-based healthcare, improved access to medical specialties in prisons, and healthcare professional training on the care needs of incarcerated and previously incarcerated women.

Ultimately, it is the responsibility of health services and the health system to ensure, that the model of healthcare adapts and actively works to create effective, non-judgemental and responsive health services for all people. Furthermore, achieving health equity can only be ensured through the inclusion of cultural factors as an integral component of strategies.

With consideration of priority communities and the need for intersectionality in healthcare, and current research and data that informs healthcare decisions and design, we make the following recommendations:

3.1 Redesign the healthcare system to allow equal access for women with disabilities and ensure women with disabilities are cared for responsively, respectfully and in a person centred way

- Shift the model of healthcare to adopt an intersectional lens to address health inequities faced by WWD caused by lack of accessibility, particularly with respect to equipment.
- Eliminate ableism in healthcare and educate healthcare professionals to respect patient choice of WWD.
- Address the rate of medical and gendered violence and abuse against WWD.

3.2 Expand funding for Aboriginal and Torres Strait Islander community-controlled healthcare and programs such as "birthing on country", increase workforce pathways, improve cultural safety and eliminate racism.

- Upscale First Nations enterprises and invest in Aboriginal and Torres Strait Islander community-controlled health services and programs to reduce maternal and perinatal death and improve health outcomes for Aboriginal and Torres Strait Islander women and girls (Ireland, et al., 2022).
- Protect and promote Traditional Knowledge, family, culture, and kinship to contribute to community cohesion and personal resilience.
- Redesign and embed cultural safety in the health system to promote cultural determinants of health, such as self-determination, freedom from discrimination, and freedom from assimilation and destruction of culture.
- Embed knowledge and respect of Aboriginal and Torres Strait Islander peoples connection to, custodianship, and utilisation of country and traditional lands, such as via formal acknowledgement and validation of cultural knowledge and practices.
- Invest in workforce development and training to support Aboriginal and Torres Strait Islander peoples to meet the health needs of their communities.

3.3 Improve health equity for Culturally and Linguistically Diverse Women by redesigning the healthcare system to provide culturally appropriate care

- Educate and train healthcare professionals and practitioners to provide culturally appropriate and accessible care for Culturally and Linguistically Diverse women that is holistic, comprehensive, and responsive.
- Ensure free interpreter services are easily accessible, and culturally and situationally appropriate to improve equitable access to healthcare for priority groups.
- Train health practitioners to offer interpreting services, educate practitioners on the importance of interpreters, and invest in cultural advisors.

3.4 Reform prison health systems to provide effective and comprehensive care for incarcerated women and implement alternate justice approaches

- Incarceration of women has profound detrimental effects on the health and wellbeing of individuals and families and further inflates health inequalities, alternative justice approaches must be prioritised to improve health equity.
- Implement a human-rights based framework to the prison healthcare system to ensure equitable access to healthcare for incarcerated women.
- Improve healthcare services and increase healthcare programs in prisons for incarcerated women, with a particular focus on mental wellbeing, pain, chronic health conditions, reproductive and sexual health.
- Reduce barriers and stigma to accessing healthcare for incarcerated and previously incarcerated women.
- Train healthcare professionals on the nuances of care provision for, and the healthcare needs of incarcerated and previously incarcerated women.
- Improve confidentiality for women accessing healthcare in prisons as this is a big barrier for women to seek the care they need.

3.5 Increase funding of health data and research that is specific to women

- Increase research specific to women's health to create a better understanding of health needs, presentations, conditions, treatment, and disease prevention.
- Reduce health inequities through holistic data and research that fully encompasses the health differences between genders to inform the effective design of healthcare in Queensland.

4.0 Create a health system that effectively delivers trauma-informed and person-centred care and is gender-informed and responsive.

In Australia, 1 in 3 women over the age of 15 are reported to experience intimate partner violence (including violence in cohabiting and non-cohabiting relationships, and emotional abuse), and over half of Australian women aged 24-30 have experienced sexual violence (Australian Institute of Health and Welfare, n.d.). The negative health outcomes that stem from experiences of gendered violence include poor mental health, issues with pregnancy and birth, alcohol and drug use, suicide, injuries, and homicide. Gendered violence contributes to the disease burden in women aged 18-44 more than any other risk factor, and affects Aboriginal and Torres Strait Islander women and girls five times more than non-Indigenous women (Webster, 2016). The World Health Organisation recognises violence and trauma as a public health issue, and trauma-informed GPs can increase health outcomes by providing emotional and physical safety, creating long-term trusting relationships, practicing shared decision-making with patients, facilitating informed choices, ensuring consent and patient control within gynaecological consultation, and adopting a strengths-based approach in which the impact of the trauma is addressed while personal resources and the potential for recovery are emphasised (Brooks, Barclay, & Hooker, 2018). Furthermore, the National Women's Health Strategy acknowledges the importance of trauma-informed care services in the context of the ageing population, emergency departments and front-line health services, systemic capacity building and professional development, and the continuation of education and awareness-raising for health professionals (Department of Health, 2019). To advance the quality and accessibility of healthcare services in Queensland, we highlight the importance of building the capacity of healthcare providers to consistently provide gender specific and trauma-informed care.

Due to the cultural diversity in Queensland, it is imperative that the design of healthcare services meets the needs of diverse cohorts. There are many social and cultural determinants of health which impact the accessibility, uptake, and continuity of care for women in Queensland. To ensure the effective provision and delivery of healthcare, we recommend that the design of healthcare is done with consultation of the target population and a person-centred lens. Furthermore, we recommend that women are equipped and empowered to navigate healthcare in Queensland and can advocate for their needs without discrimination.

With the challenges of healthcare professional shortages affecting access to healthcare, particularly in regional, rural, and remote regions of Queensland, we highlight the importance of increasing access to postgraduate training for healthcare professionals. It is proven that postgraduate training and qualifications can equip healthcare professionals with tools to deliver better care. Furthermore, this training can increase access to specific healthcare that would otherwise be delayed

due to a lack of qualified workers. One example is with respect to forensic nurses, wherein it is proven that existing forensic services are inadequate to sufficiently address gender-based violence (Lynch, 2011). Comprehensive postgraduate education and training facilitates improved management of crises and access to healthcare services (Lynch, 2011). This is particularly beneficial in instances of gender-based violence where trauma-informed care and time is of essence.

To create an effective healthcare system in Queensland, we make the following recommendations:

4.1 Create gender responsive healthcare that is trauma-informed and person-centred

- Address attitudes and bias that health professionals may hold and provide training in trauma-informed person-centred care to all staff.
- Measure patient experience, provide opportunities for feedback after every appointment and implement continuous improvement based on patient feedback.
- Embed patient choice and autonomy and ensure healthcare practitioner decisions are made without bias and discrimination.
- Eliminate obstetric violence and create accountability for the respect of women's choices during pregnancy and childbirth.

4.2 Co-design healthcare with the people it is for and ensure service design and delivery meets the needs of diverse cohorts

- Implement culturally safe healthcare service design and delivery through advice and information on the diversity of women, appropriate delivery models, and cultural norms.
- Encourage and prioritise cultural safety training throughout all aspects of healthcare services.
- Embrace advice and expertise from Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse women to develop culturally safe and appropriate healthcare.

4.3 Equip women to understand and effectively navigate the health system, and advocate for their needs

- Provide resources for and encourage Queensland women to engage and participate in improving their health literacy, particularly women from priority and disadvantaged communities.
- Educate Queensland women on their rights in engaging with the healthcare system, and how to advocate for their health needs.

4.4 Increase access to postgraduate training for healthcare professionals

- Empower and encourage postgraduate training for healthcare professionals to increase the accessibility of priority and specialty services, thus reducing back logs in healthcare access and health disadvantage among marginalised and priority communities.

4.5 Increase local and accessible support, and invest in integrated models of care for women and girls with experiences of domestic, family, intimate partner and sexual violence

- Increase support and recovery for women who have suffered from gendered violence to reduce the chronic health impacts that result from experiences of violence.

- Fund and support not-for-profit organisations that provide specialist services for women with experiences of gendered violence, and partner to deliver integrated care models that address physical, mental and emotional wellbeing.

5.0 Invest in evidence-based programs that support the health and wellbeing of Queensland women.

Women's Health and Equality Queensland have delivered health and wellbeing services to Queensland women for over forty years. This has included specialised women's health promotion and health literacy (particularly for target cohorts), a state-wide women's health information and referral service, clinical services, practitioner education, and the successful midwife check-in state-wide phone service. The Queensland Women's Strategy 2022-2027 highlighted women's experience of discrimination and lack of specified support in the health system. This includes limited understanding of, and effective care options for female-specific health conditions. It is imperative that Queensland has a state-wide women's health service able to provide specialised support to women, identify and respond to emerging trends, increase healthcare connectivity, deliver targeted prevention and early intervention initiatives and bridge clinical/social/cultural gaps to improve health outcomes and reduce social and gender determinants.

One example of Women's Health and Equality Queensland's important work in this space is Midwife Check-in. The Midwife Check-in service allowed all Queensland women to access midwifery led care during the important perinatal period encompassing health information, counselling and mental wellbeing support using a continuity of care model. The service was particularly successful during the Covid-19 pandemic, with a 48% increase within 3 months in service and referrals across the state. Following a shift in government priorities, funding for this service unfortunately ceased, leaving a gap in service provision for women and families in Queensland. Key outcomes from this service included prevention and/ or early identification of mental ill health, identification and a warm referral point for women experiencing domestic, family, and sexual violence, improved mental wellbeing during the perinatal period when women are at higher risk of developing mental ill health, increased healthcare access for geographically and socially isolated women, improved parenting experiences, better mental health outcomes and healthier children and families. The leading cause of maternal death in Queensland is suicide (Humphrey, Colditz, Ellwood, Flenady, & Whelan, 2015) and we strongly urge the reinstatement of funding for this important service as soon as possible.

Prevention and health promotion for young women is an essential component to the improvement of the health and wellbeing of Queensland women, particularly with respect to sexual and reproductive health. Sexual and reproductive health education is central to the global public health agenda, which aims to reduce risks of sexually- transmitted infections, unplanned pregnancies, and prepare adolescents for adulthood (Walsh-Buhi, 2018; Williams & Davidson, 2004). Broad in scope, sexual and reproductive health encompasses puberty, pregnancy, sexuality, and menstrual health, with the understanding that being sexually and reproductively healthy and educated is considered a human right, and is essential to health and survival, to sustainable economic development, and to the overall wellbeing of humanity. The 2018 Guttmacher- Lancet Commission (Starrs, et al., 2018) presented a

single holistic definition for sexual and reproductive health. Also framed within a human rights lens, they acknowledge the notion that all people should have access to counselling and care related to sexuality, sexual identity, and sexual relationships, and that all people should be able to receive accurate information about the reproductive system (Starrs et al., 2018). Whilst the current Queensland Sexual Health Strategy does acknowledge the importance of improving sexual and reproductive health education, it is not sufficiently action focussed nor holistic and comprehensive. To support women, and their health and wellbeing, it is crucial that sexual and reproductive health education is holistic, comprehensive, and consistently delivered to young Queensland women. Furthermore, to guarantee this education is delivered with consistency and without relying on schoolteachers' capacity and confidence, we recommend that nurses, midwives, and specialist women's services are the education providers.

To ensure gender equality is achieved, it is imperative that women are empowered to have control over their bodies and lives, particularly their right to appropriate sexual and reproductive health.

Drawing on a compelling evidence base and Women's Health and Equality's forty years of expertise as the state-wide health service developed "by women, for women" we make the following recommendations:

5.1 Re-fund Women's Health and Equality Queensland to provide state-wide women's health information, support, referral, counselling, and health promotion directly to Queensland women, alongside working with the health system to build capacity, coordination and connectivity, and unique data sets.

- This will significantly increase the delivery of evidence-based gender-responsive women's health care using a lens that encompasses the intersects of physical and mental wellbeing, and the social determinants of health, including domestic, family and sexual violence.
- More women will be able to access health information and services, there will be increased health literacy, particularly for priority populations.
- Health practitioners will be better equipped to provide women-centred health care.
- Investment in prevention and early intervention will reduce chronic health conditions and hospitalisations creating significant savings for the health system.

5.2 Invest in prevention, health literacy and health promotion for young women

- Fund the development and delivery of comprehensive and holistic sexual and reproductive health education for young Queensland women. Education should encompass all aspects of sexual and reproductive health, including puberty, pregnancy, sexuality, and menstrual health, and should be delivered by trained nurses, midwives, and specialist women's services.
- Ensure sexual and reproductive health education is available in all school settings, and is available to young Queensland women who do not attend mainstream school.
- Ensure health promotion and education materials are delivered via multi-media means to capture and include young girls who primarily communicate with means other than English (including non-English speaking backgrounds, girls and women with communication difficulties, and the d/Deaf community.

5.3 Invest in health services that allow women to access trauma-informed continuity of care healthcare via phone and virtual means, including Midwife check-in.

- Midwife Check-in substantially increases access to supports for geographically and socially isolated women during the perinatal period, providing prevention, early intervention and response to mental ill-health, alongside intervention for women and children experiencing domestic and family violence.
- Long term outcomes include healthier families, reduced rates of depression, anxiety and lowering of Queensland's maternal death rate through suicide prevention.

5.4 Invest in gender responsive and gender specific mental health services, delivered by specialist women's services.

- Gender inequality such as domestic, family and sexual violence (DFSV), unpaid caring work, higher hours of work with lower rates of pay, low social status, lack of access to reproductive rights, housing scarcity and financial insecurity all lead to higher rates of mental ill health in women and girls. 1 in 3 women experience anxiety (Australian Bureau of Statistics, 2018) and women are almost twice as likely as men to experience a mood disorder (depression, bipolar) (Australian Bureau of Statistics, 2008).
- All women in Qld must be able to access free and affordable continuity of care mental health support, delivered in safe supportive environments, by services that have a nuanced understanding of women's experiences.

6.0 Create equal and inclusive workplaces

Whilst diverse and inclusive workplaces are higher performing and more innovative (Queensland Health, 2015), it is evidenced that socially constructed gender norms continue to form the basis of inequality for women in the workplace (Gauci, Peters, O'Reilly, & Elmir, 2022). In this section, we highlight the importance of a gender-informed and responsive workplace, one that is diverse, measures pay and seniority gaps, staff wellbeing and patient experience, and the impact this has on women's health in Queensland.

Cultivating a workplace environment that is gender-informed and responsive is essential to reduce inequalities in the workplace. The healthcare workforce is female dominated, however, women in healthcare earn roughly 24% less than their male colleagues – a larger gap compared to other economic sectors (World Health Organisation, 2022). Daudu et al. (2020) reports that the largest deterrents women have towards pursuing a surgical career include the lack of female role models, the presence of unconscious gender biases and incompatibility with a rewarding family life. Furthermore, the caring responsibilities and unpaid domestic work that disproportionally affect women influence the pay gap that exists between women and men, which currently stands at 14.1% in Australia (Workplace Gender Equality Agency, n.d.). The pay gap and disproportionate carer responsibilities harms women's health and wellbeing, particularly with respect to mental wellbeing, exacerbates the risk of chronic disease such as hypertension and diabetes, and creates challenges in maintaining good health due to financial and time constraints (Southwick, 2022).

Some of the recommendations summarised by the Australian Medical Association from the gender equity summit include; establish targets for gender diversity in representation and leadership, actively encourage women to apply for leadership roles, improve access and uptake of parental leave and flexible work and training for all genders, implement transparent selection criteria and processes that disarm gender bias in entry into training and employment, and provide access to breastfeeding facilities and childcare at exams, conferences, and work (Australian Medical Association, 2019). We identify and acknowledge the importance of these recommendations and highlight how they can inform the Women's Health Strategy. To ensure equality in the workplace, it is essential that there is responsiveness to the health and childcare needs of parents returning to work, as well as parental leave entitlements. Furthermore, the diversity and inclusiveness of workplaces plays a crucial role in ensuring equity. Therefore, it is imperative that the pay gap is reduced, gender equity is embedded in workplaces, and hospital and health services and workplaces have active diversity and inclusion plans.

With equal and inclusive workplaces, not only are there beneficial outcomes towards workplace productivity and staff wellbeing, but the pay gap is reduced, and patient experience is enhanced, ultimately improving health outcomes for women. Therefore, we make the following recommendations:

6.1 Cultivate a workforce that is gender-informed and responsive

- Support women at work with their health needs to improve health outcomes, and embed flexibility for those with high caring burdens.
- Take active measures to eliminate unconscious gender biases.
- Advocate for the legislation of paid menstrual and menopause leave.

6.2 Embed gender equity, and diversity and inclusion plans in each hospital and health service and workplace in Queensland, with strong accountability measures

- Monitor and reduce pay inequality.
- Embed and promote diversity and inclusion plans across Queensland workplaces.
- Create leadership pathways for women and a diversity of leaders.
- Ensure healthcare services and workplaces in Queensland are committed to gender equity, diversity and inclusion and are kept accountable through regular reporting and monitoring.

Summary of Recommendations:

1. **Resource the Queensland Women's Health Strategy with effective funding**
2. **Improve healthcare access for Queensland women and girls, with a particular focus on priority communities**
   - 2.1. Build and develop partnerships with not-for-profit organisations and community services that support women's health.
   - 2.2. Increase access to telehealth services and General Practitioner appointments, and advocate for broadened MBS billing.
   - 2.3. Increase nurse- and midwife- led care and endorse their capacity to work to full scope.
   - 2.4. Ensure all women in Queensland can access local affordable pregnancy termination and reproductive health services.
3. **Increase health equity among Queensland women and girls, and embed an intersectional lens to the healthcare system**
   - 3.1. Redesign the healthcare system to allow equal access for women with disabilities and ensure women with disabilities are cared for responsively, respectfully and in a person centred way.
   - 3.2. Expand funding for Aboriginal and Torres Strait Islander community-controlled healthcare and programs such as "birthing on country", increase workforce pathways, improve cultural safety and eliminate racism.
   - 3.3. Improve health equity for Culturally and Linguistically Diverse Women by redesigning the healthcare system to provide culturally appropriate care.
   - 3.4. Reform prison health systems to provide effective and comprehensive care for incarcerated women and implement alternate justice approaches
   - 3.5. Increase funding of health data and research that is specific to women.
4. **Create a health system that effectively delivers trauma-informed and person-centred care and is gender-informed and responsive.**
   - 4.1. Create gender responsive healthcare that is trauma-informed and person-centred.
   - 4.2. Co-design healthcare with the people it is for and ensure service design and delivery meets the needs of diverse cohorts.
   - 4.3. Equip women to understand and effectively navigate the health system, and advocate for their needs.
   - 4.4. Increase access to postgraduate training for healthcare professionals.
   - 4.5. Increase local and accessible support, and invest in integrated models of care for women and girls with experiences of domestic, family, intimate partner and sexual violence
5. **Invest in evidence-based programs that support the health and wellbeing of Queensland women.**
   - 5.1. Re-fund Women's Health and Equality Queensland to provide state-wide women's health information, support, referral, counselling, and health promotion directly to Queensland women, alongside working with the health system to build capacity, coordination and connectivity, and unique data sets.
   - 5.2. Invest in prevention, health literacy and health promotion for young women.
   - 5.3. Invest in health services that allow women to access trauma-informed continuity of care healthcare via phone and virtual means, including Midwife check-in.

5.4. Invest in gender responsive and gender specific mental health services, delivered by specialist women's services.

6. Create equal and inclusive workplaces

6.1. Cultivate a workforce that is gender-informed and responsive.

6.2. Embed gender equity, and diversity and inclusion plans in each hospital and health service and workplace in Queensland, with strong accountability measures.

Response to consultation questions in brief:

1. What, if any, would be the key barriers have you experienced, or seen, for women and girls accessing health services?
   - Absence of health services in their geographical area
   - Absence of health services available virtually
   - Absence of free health services
   - Absence of appropriate and trauma informed health services
   - Gender bias – 1 in 3 women have health concerns dismissed
   - Pain bias – women are less likely to receive treatment for pain than men.
   - Poor health literacy
   - Poor service design
   - Lack of cultural safety
   - Lack of accessibility - geographically, socially and with respect to women with disabilities

2. What, if any, do you think are the main enablers that would support women and girls to access health services and improve health equity?
   - Increased availability of healthcare and reduced out of pocket expenses
   - Healthcare that is co-designed with community and community services
   - Trauma-informed and person-centred care
   - Improved health promotion services and preventative care

3. From your experiences, please indicate Queensland Health services that you believe need more support to improve health equity for women and girls.
   - Pregnancy termination services
   - Improved women-centred maternal health services

4. From your experiences, please indicate activities outside of direct health service delivery that you believe would have the largest impact on improving health services for women and girls.
   - Refunding of the state-wide women's health service to deliver health promotion, health literacy, life stage approaches, information, referral, health and midwifery counselling, community programs, prevention activities and campaigns.
   - Refunding of the state-wide women's health service to increase health system capability and connectivity in relation to women's health, including multi-directional information sharing, identification of trends and consumer engagement in solutions.

- Refunding of Midwife Check-in to address the leading cause of maternal death (suicide), the high rates of mental ill health, and high rates of domestic violence during the perinatal period.
- Investment in prevention and health promotion for young women and girls who are one of the most at-risk populations across many domains including sexual violence (51% have an experience), poor mental health (20% increase in emergency department presentations over the last two years), eating disorders and high rates of STI's. Women's Health and Equality's *My Body, My Choice: empowering the health of young women* is a pilot program covering four key risk areas for young women:
    1. Navigating women's health (understanding your body, the why/how/when of health screenings, where to access services, preventative healthcare)
    2. Mental wellbeing (understanding mental health, accessing support, trauma impacts, self-regulation and coping with stress, prevention)
    3. Body image and the media (navigating online spaces, understanding marketing techniques, exploring body positivity, neutrality and embracing diversity)
    4. Sex, consent and relationships – how to practice respectful, equal and safe relationships, set boundaries, recognise red flags, and be an ally to others.

We recommend Queensland Health returns to investment in Women's Health and Equality Queensland to support women's wellbeing through gender-responsive women's health programs using a lens that encompasses the intersects of physical and mental wellbeing, and the social determinants of health.

5. Have we got the potential core driver, elements and focus areas for a Queensland women's health strategy right?
    - Core driver needs to include improving health access as well as equity, and core elements are not sufficiently action focussed.
6. Are there any programs and services that could be enhanced?
    - Many
    - Integrated and outreach approaches to healthcare delivery through partnership between clinical health services and community and women's sector services. This is crucial for women who have experienced trauma, have mental ill health, and/or previous experience of poor healthcare delivery.

7. What have we missed?
    - Sexual and reproductive health education and promotion for young Queensland women
    - Shift the priority from preventing hospitalisations to preventing ill health through health promotion and prevention
    - Only use the term 'female' when necessary to classify or refer to a reproductive function. To be more inclusive, there should be consistency of using 'women' as opposed to 'female' throughout the strategy and an active effort to limit the exclusion of intersex, transgender and gender diverse people.

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