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Women's Health Strategy
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RURAL WOMEN NEW ZEALAND (INC) SUBMISSION

Women's Health Strategy

Introduction

Rural Women New Zealand (RWNZ) welcomes the opportunity to provide a submission to Manatū Hauora – Ministry of Health on the Women's Health Strategy.

Comments

RWNZ endorses the Women's Health Strategy focus on healthy futures for all women in Aotearoa New Zealand. The focus of our submission is the needs of rural women.

RWNZ acknowledges the intersectionality between the Women's and Rural Health Strategies, with the overlapping complexity of personal and community needs making it difficult to separate the issues into specific strategies. While RWNZ will be contributing to both the Women's and Rural Health Strategies, we advocate strongly that investment in women's health is an investment in family and community wellbeing. For this reason, we envision a health system that considers both individual outcomes for women and the wider economic and societal benefits that result when there is sufficient investment in positive women's health outcomes.

RWNZ identifies the following priorities for the Women's Health Strategy:

1. Equity of access to services
2. Intergenerational health
3. Workforce capacity and capability
4. Research funding and focus

Equity of access to services

1. Rural women's health needs are under-served, particularly in relation to equity of access to health services. Rural women need health services that are available at the same level and quality as is provided to urban populations.
2. RWNZ recognises there are significant issues to achieving equity of access to health services that need to be addressed. The most obvious is the distance many women are from the nearest appropriate health service. This distance can have substantial implications that impact or potentially prevent women from receiving the health care they need.
3. For those women living remotely, sourcing their transport to services, allowing additional time for travel, and finding an available support person to travel with them is difficult, especially when it can take all day to get to an appointment in town and back.
4. Living remotely also limits flexibility for booking specialist appointments and being waitlisted for referrals. Health outcomes for medical emergencies and mental health crises are impacted when the response team is delayed by distance.
5. Another equally significant issue is connectivity – the availability of reliable and comprehensive mobile and internet coverage. The growth and uptake of Telehealth by practitioners and patients is to be commended but connectivity can have a major impact on this being an option for rural women. Video calls rely on the relevant technology being effective and functioning for the person operating the system. Rural women may have difficulty interacting across the 'digital divide'.
6. Use of Telehealth may also face some resistance due to privacy concerns and the lack of a personal connection with the health service provider on the other side of the screen.
7. The roll out of further Telehealth services needs to consider not just the technical aspects of providing a consistent service but the wider support framework that will assist access to this option to achieve its full potential. For example, through including support for those unfamiliar with or uncertain in using technology and use of local hubs with consistent connectivity for those who do not have this available in their home.
8. As well as Telehealth services, suggested practical solutions supporting equity of access include:
 - Receiving results from diagnostic tests on same day or in line with other appointments where testing has necessitated travel to an appointment.

- Increased use of mobile medical services such as the breast-screening bus, that can travel to remote locations. We suggested a target of diagnostic services being within 30-60 minutes' drive.
9. Developing and providing equitable health services for women should be based on the principles of:
- a) Being community led, and
 - b) Taking a multi-disciplinary holistic approach.
- An example of such community lead and integrated health care specifically in a rural area is Golden Bay Community Health - Te Hauora o Mohua
<https://www.gbhealth.org.nz/>

Intergenerational health

10. Meeting women's health needs means supporting women's health and wellbeing throughout their lifespan. A generational perspective shows how women's health needs can change with time:
- Childhood (0-10 years): infant welfare; vaccinations; development assessments; disability support; play injuries; dental care
 - Youth/adolescence (11-18 years): puberty issues; mental health (especially self-image, eating disorders)
 - Adulthood (18-30 years): maternity services including midwifery support, lactation advice and maternal mental health; diagnostic services; family care (children, partner); relationship wellbeing (financial stress; farm-related suicide, family violence)
 - Mid-life (30-60 years): cervical/breast screening; family care (parents, grandchildren); chronic conditions (e.g., diabetes especially where requiring dialysis)
 - Older age (60+ years): degenerative conditions (e.g., arthritis, dementia)

Note: The health needs list is not exhaustive or exclusive to each age group. Health issues cannot be 'pigeon-holed' into a specific demographic. For example, endometriosis can affect women at a young age and remain a lifelong debilitation. The need for access to screening services starts early in a women's lifespan and continues beyond mid-life into older age.

11. Intergenerational issues are of key concern and should be the focus of integrated care and services set out in the Women's Health Strategy. These include:
- Mental health services – increased demand resulting from raised awareness is not matched by availability of services especially in rural areas. This is exacerbated further by the stresses of coping with a pandemic, adverse events such as cyclones, and other climatic impacts like drought.

- Disability support/Home care – rural locations face challenges in sourcing adequate services for assisted living. Examples from our members include the variable quality of services resulting from the way services are contracted.
- Health diagnostics and education services – the benefits of early intervention include reduced costs to the national health system.

12. RWNZ supports the focus of the Women's Health Strategy on examining avoidable and unfair gender differences and differences between groups of women. We draw particular attention to the need to address inequitable access to health services in rural New Zealand. Rural women are often isolated and over-burdened as a result of limited support and remoteness of location. This can lead to neglect and further deterioration in their health and wellbeing.

13. Affordability to access health services is an underlying issue for women's health. There is often significant cost involved for rural women in travelling from remote locations – both in terms of fuel and time away from work. Women are also more likely to prioritise spending on food and general living costs for their families where budgets are tight. These factors can result in women's health and wellbeing needs being disregarded or unaddressed because there is reduced or no financial capacity to allow for access to health services.

Workforce capacity and capability

14. Achieving a successful health system that delivers good outcomes for rural women, and rural communities, depends on a healthy rural workforce. We note that women should, and do, make up a significant portion of the health workforce, which further highlights the importance of focusing on the health of women based in rural communities.

15. A crucial workforce component is attracting and retaining skilled medical staff and health care workers. The health strategy needs to consider how they can best be incentivised to move to and remain in rural locations. This could originate with access to training for rurally based students as well as those doing placements from main centre tertiary institutes.

16. Rural women also need equitable access to home-based support services to enable people to remain in their own home in the same way that is encouraged and made available in urban settings.

Research funding and focus

17. Research funding and attention needs to be focused on women's health conditions and illnesses. Similarly, access to pharmaceuticals and medications should be equally cognisant of women's health needs/concerns. The Women's Health Strategy

should provide a benchmark standard for ensuring women's health and wellbeing receives sufficient recognition in this sphere.

Closing

Improving the health of women in rural communities is fundamental to supporting the health of rural families and communities which benefits both society and the economy.

RWNZ's legacy on this issue is the depth of our voice. We have consistently raised issues regarding women's health over a number of years supported by research data from member survey results reflecting lived experiences. While our concerns have been acknowledged, many are still yet to be addressed. The Women's Health Strategy is an opportunity to rectify this.

Thank you for the opportunity to provide input. We look forward to further engagement as the Women's Health Strategy is developed.

About Rural Women New Zealand

Rural Women New Zealand (RWNZ) is a not-for-profit, member-based organisation that reaches into all rural communities to provide a credible and respected voice on rural environment, health, education, technology, business and social issues.

RWNZ strives to ensure that all rural residents, workers and families have equitable access to services, inequalities are addressed by Government, and the wellbeing of rural communities is considered from the beginning of all policy and legislative development.

RWNZ is affiliated to the Associated Country Women of the World and as such upholds all United Nations, International Labour Organisation (ILO), Food and Agriculture Organisation (FAO) and World Health Organisation (WHO) conventions and outcome statements as they relate to women and rural women in particular.

Nāku iti noa, nā



Gabrielle O'Brien
Chief Executive