

Women's Health Strategy

Medium and long-term direction, 2023



New Zealand Council Of
Christian Social Services

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| Contact Name: | Nikki Hurst Kate Hamlin |
| Organisation Name: | New Zealand Council of Christian Social Services (NZCCSS) |
| Ko wai au Who we are: | <p>The New Zealand Council of Christian Social Services (NZCCSS) welcomes the opportunity to provide feedback for the medium and long-term direction of the Women's Health Strategy.</p> <p>NZCCSS has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches.</p> <p>Through this membership, NZCCSS represents over 230 organisations providing a range of community, health and social support services across Aotearoa. We believe in working to achieve a just and compassionate society for all, through our commitment to our faith and Te Tiriti o Waitangi. Further details on NZCCSS can be found on our website www.nzccss.org.nz.</p> |

Tirohanga Whānui | Overview

We support the kaupapa to create Aotearoa New Zealand's first Women's Health Strategy by Manatū Hauora | Ministry of Health. We stand alongside the many organisations within our membership and across the community, health and social services sector who will be participating in this opportunity.

In aiming to be most useful, we are choosing to focus our submission on the needs of older women, while noting that their needs are largely representative of all women. Throughout this submission when we refer to women we also include gender diverse people who experience these health issues and support your inclusion of these groups in your strategy.

Our main points are:

1. Ensure that older women are visible within the strategy

The diverse needs of older women must be highlighted and catered for throughout the strategy.

2. Make funding of research into older women's health a priority

It is vital that funding of research into targeted areas including older women's health is prioritised.

3. Enactment of Te Tiriti must be foundational in this strategy

We agree that “honouring and upholding Te Tiriti o Waitangi for wāhine Māori” is absolutely crucial in order to achieve the Pae Ora aim of “health equity for Māori”.

4. The approach must also be intersectional

We support your focus of “identifying gender bias and discrimination in the health system” but urge you to take this a step further so the strategy also takes an intersectional approach.

5. Consideration about how this strategy intersects with other strategies is vital

Manatū Hauora must be aware of how the Women’s Health Strategy intersects with other strategies.

Taunakitanga | Recommendations

We raise the following points and recommendations for consideration:

1. Ensure that older women are visible within the strategy

The diverse needs of older women must be highlighted and catered for throughout the strategy. We tautoko your assertion that the women’s health strategy will “(examine) avoidable and unfair gender differences, and differences between groups of women, in experiences of health and barriers to health and wellbeing”.

Echoing the Ministry of Social Development’s Better Later Life Strategy¹, we would advocate that this strategy actively considers the disparity in wellness and life expectancy between different demographic groupings. Taking that stance has seen MSD’s strategy focus on the needs of Māori and Pacific People from 50+, with other ethnic groups remaining 65+. We would argue that this lens be applied to other demographic groups as needed, with a clear rationale for its need to be widely understood and embraced across Manatū Hauora.

This strategy must provide for women aging well and those aging with complexity. We note that older people are only mentioned four times in Te Pae Tata and each time is through the lens of disease. This is not a true reflection of the health needs of all older women and does not fully embody the Minister of Health’s priority of “improving wellbeing through prevention”. Older women must have access to resources and support to maintain their physical and mental health, including preventative healthcare and support for healthy lifestyles. This education, awareness and support must start when women are young and in mid-life and is especially important in preparation for New Zealand’s increasingly aging population.

Older women aging with complexity must also be highlighted and provided for within the strategy. Many older women experience complex health issues, including chronic conditions and disability. Historically, men’s health issues have taken priority over women’s which means that conditions unique to women (such as menopause), more prevalent in women (e.g. osteoporosis) and those which affect women differently than men (e.g. cardiovascular disease) have not had the visibility or understanding they need in order for women to receive the care they deserve.

¹ <https://officeforseniors.govt.nz/better-later-life-strategy/action-plan/>

Our members report a number of issues which they repeatedly see for the older women they support. They observe that older women are often not listened to by their healthcare providers (“treated like they haven’t a brain”) and this can be compounded by hearing loss, especially when other barriers are present (e.g. masks preventing lipreading; difficulty replacing small batteries in hearing aids due to arthritis). Members also note the importance of good dental care for older women and the flow-on effect that this can have. Gums are more likely to recede as we age, requiring dentures or plates; where these are poorly fitted it affects the ability to eat which impacts nutrition and therefore overall health.

Similarly, the development of some form of public health education relating to menopause is long overdue. As is a commitment to equity in this space – both in relation to access and to knowledge.

Recommendation Proposal 1: A Women’s Health Strategy that addresses needs across the lifespan.

2. Make funding of research into older women’s health a priority

We support your point that the strategy must “*(identify) gendered gaps in health and wellbeing evidence and research*” but it is vital that you take this further and prioritise funding of research into targetted areas including older women’s health. It’s impossible to effectively support and improve older women’s health when we do not fully understand it.

There is not, and has never been, enough research done into women’s health. As Criado Perez (2019) found, since its inception most medical research has focussed on men as “default human” leading to the assumption that women are simply “smaller men”. This does not allow for the difference in body composition, or hormonal make-up, or indeed the fluctuations in hormones which women experience throughout their lives. Where women are included in research, a persistent lack of sex-aggregation in data makes it difficult to draw conclusions specifically for women.

We support your aims to “*(examine) major causes of poor health, disability and death for women (and how these) differ between genders and different groups of women*” and suggest that this can only happen with commitment to significant funding for in-depth research over the long-term. This research must include older women as they are more likely than any other group to experience poor health, disability and death.

Further, with Vote Health holding the core funding for mental health, it is important to consider how trauma may affect different groups of women. Women are more likely than men to experience significant violence in their lives and this likelihood is increased for those who experience other forms of discrimination at the same time as sexism. For example, older women in New Zealand are more likely to experience elder abuse than older men, because they are experiencing both sexism, ageism and, in some cases, disablism (Waldegrave, 2015). How might this experience of trauma affect women’s physical health, mental health and how they respond to healthcare? How could healthcare adapt to best support these women? This is another area where funding for ongoing research is vital.

Recommendation Proposal 2: We suggest a clear commitment to broad and comprehensive research funding.

3. Enactment of Te Tiriti must be foundational in this strategy

We support your focus of *“honouring and upholding Te Tiriti o Waitangi for wāhine Māori”* and believe doing so is absolutely crucial in order to achieve the Pae Ora aim of *“health equity for Māori”*. Article Two of Te Tiriti speaks to tino rangatiratanga and the right for Māori to have leadership over their own affairs and active participation within society, whilst Article Three upholds their full rights as citizens. Honouring and upholding Te Tiriti requires that the aims of these articles are met.

Giving full consideration to how mātauranga Māori will be reflected, woven into and upheld by a system dominated by Western science must be an important part of the strategy. We applaud the work done already to establish He Korowai Oranga | Māori Health Strategy, Whakamaua | Māori Action Plan 2020-2025 and Te Aka Wai Ora | Māori Health Authority and recommend the learnings from this significant mahi be integrated into this strategy.

A commitment to ongoing training for all staff about Te Tiriti, te ao Māori, mātauranga Māori and anti-racism must be a key part of this strategy. It’s important that all people within the health system have the opportunity to embed the aims of the strategy in relation to Māori, as well as continually learn and self-reflect on how their own actions contribute to this. This training should start with basic knowledge for those who haven’t encountered it before (particularly important given the high number of migrant staff) and be able to be built upon as people develop their understanding.

Recommendation Proposal 3: We acknowledge the commitment to Te Tiriti, and advocate strongly for the enactment of these commitments in clear and tangible ways.

4. The approach must also be intersectional

We support your focus of *“identifying gender bias and discrimination in the health system”* but urge you to take this a step further so the strategy also takes an intersectional approach. Alongside a commitment to Te Tiriti, it’s important to honour all women in Aotearoa New Zealand and understand, combat and minimise the ongoing effects of colonisation and the compounding effects where sexism intersects with ageism, racism, homophobia, transphobia, disableism etc... This is an area where funding for research and training could be prioritised in order to best serve all women, but especially those currently experiencing the worst health outcomes.

Recommendation Proposal 4: We suggest a strong intersectional lens is applied to the strategy.

5. Consideration about how this strategy intersects with other strategies is vital

We support your view that women *“experience inequities in the things that influence health... as well as health access, experience and outcomes”* and suggest that because of this it is vital for Manatū Hauora to consider how the Women’s Health Strategy will intersect with other strategies, both within the ministry but also across Government.

As well as being affected by the Women’s Health Strategy, women will also be under the umbrella of other strategies which will contribute to Pae Ora – Hauora Maori, Health of Disabled

People, Pacific Health, Rural Health, Health Workforce etc... It's important therefore that these strategies all complement each other and work together so women can be fully supported with their health. This may avoid some of the infuriating gaps that our members observe affecting the women they support – for example the difficulty of obtaining a dementia diagnosis for women who are intellectually disabled which leads to ineffective care, or in-home care not being available which affects quality of life and leads more quickly to a worsening condition which then requires more intensive (and expensive) care.

It's also important for this strategy to interact with social strategies from other ministries as the outcome of these strategies can affect women's health. For example, in New Zealand older women are more likely to be impoverished than older men. This is due to a number of factors over their lifetimes, such as the gender pay gap (worse if you are a woman of colour), less savings (including Kiwisaver and other super annuation schemes) due to maternity leave and other caring responsibilities, dropping out of the workforce due to work policies not supporting them during menopause, gendered ageism when they are older workers preventing promotion. There is also a distinct lack of suitable accommodation for people to be able to age in place.

Providing solutions to these issues does not fall to Manatū Hauora, but having an holistic view of how they impact older women's health and ways to support accordingly are. For example, our members report that while disabled people are able to have modifications made to rented accommodation, older people who could benefit from modifications are not and that this affects older women more as they are more likely to be in unsuitable rented accommodation due to less financial reward over their working lives. Prioritising greater funding for non-profit aged residential care is one way Manatū Hauora could respond to this.

Recommendation Proposal 5: We suggest careful consideration is given to how this strategy will intersect and tautoko existing strategies.

Tohutoro | References

Criado Perez, Caroline (2019). *Invisible Women: Exposing data bias in a world designed for men*. Chatto and Windus.

Waldegrave, C. (2015). *Measuring elder abuse in New Zealand: Findings from the New Zealand Longitudinal Study of Ageing*. NZLSA.