# “We contribute…”

*ACT older women’s views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health*

Amber Hutchison

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# ACKNOWLEDGEMENTS

Thank you to those women who participated in the health and wellbeing information survey and who gave their time to contribute their insights, experiences and opinions to this research. We hope that through documenting your views and experiences, local ACT responses can be improved so that older women's health and wellbeing needs in the ACT are better understood and will be better met in the future.

We would like to acknowledge the support from COTA ACT in promoting the survey through their networks.

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**About Women's Centre for Health Matters Inc.**

The Women's Centre for Health Matters Inc. (WCHM) is a community based organisation which works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that the environment and life circumstances which each woman experiences affects her health outcomes. WCHM focuses on areas of possible disadvantage and uses research, community development and health promotion to provide information and skills that empower women to enhance their own health and wellbeing. WCHM undertakes research and advocacy to influence systems change with the aim to improve women's health and wellbeing outcomes. WCHM is funded by ACT Health.

The findings and discussion presented in this report are those of WCHM, and not necessarily those of the ACT Health Directorate.

**About the Author**

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# Introduction

Women experience health, and use health services and supports differently due to gendered disparities.[1] And women have different experiences related to social and economic disadvantages. Yet nationally and locally most studies relating to health access, barriers and needs have focussed on the broader population, and very few have included local ACT data about women.

That is why the Women's Centre for Health Matters has been undertaking a series of reports over several years to explore the views of ACT women - and of different cohorts of women - about their health and wellbeing; their health needs; their access to services, supports and information; and the barriers that they experience to maintaining their health.

This report is the fifth in that series and looks at the views and experiences of older ACT women, with the aim of understanding what impacts on their health and wellbeing and to identify options for improvements within the ACT.

The ACT Government has released *Age-friendly Canberra – A vision for our city* which acknowledges the contribution that older people make to Canberra and the importance of older people 'being able to access health and wellbeing services that effectively support them to live a good life':

> *"They work, volunteer, assist family and friends and undertake advisory roles. Older Canberrans have the highest rates of volunteering and caring nationally and are the most educated in the country. They bring significant resources to the social, community and economic life of our city."* [2]

The *ACT Women's Plan 2016-26* also recognises that "health issues, and manifestations of health issues, are impacted by gender" and that:

*"A gender lens must therefore be applied to health care services in the ACT to differentiate between requirements for health related matters for males, females and those of diverse gender identities, and to ensure that affordable and accessible gender and culturally-sensitive health services are provided across the ACT."*[3]

Despite this, older ACT women still face many challenges to health-related matters as they age. They may need to rely on others more, need more support from health and community services[4] and to experience more chronic illness or disability than other age groups.[5]

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[1] Hoban E, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health, Women's Centre of Health Matters, Canberra, 2018.
[2] ACT Government Community Services, *Age-friendly Canberra a vision for our city*, Canberra, 2020, viewed on the 17th of April 2020; https://www.communityservices.act.gov.au/__data/assets/pdf_file/0005/1324355/CSD-Age-Friendly-Canberra-Statement-of-Direction-2019.pdf
[3] The Legislative Assembly for the Australian Capital Territory, *The ACT Women's Plan 2016-26*, Canberra, 2016, *retrieved on the 26th of February 2018;* http://www.communityservices.act.gov.au/__data/assets/pdf_file/0019/1108306/ACT-Womens-Plan_Report_2016_2026.pdf
[4] Australian Institute of Health and Welfare, Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra, 2014, retrieved on the 24th of April 2020; https://www.aihw.gov.au/getmedia/19dbc591-b1ef-4485-80ce-029ff66d6930/6_9-health-ageing.pdf.aspx
[5] Australian Institute of Health and Welfare, *Older Australia at a glance Australian Institute of Health and Welfare,* Canberra, 2017, retrieved on the 29th of July 2019; https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/health-functioning/health-and-disability-status

Women's Health Matters, with the input of COTA ACT, conducted this research to obtain the views of older women because knowing and understanding their views will help to improve responses for older women in the ACT.

The following report collates and summarises the views of the 194 older ACT women who participated in the survey and the narratives of the 29 older women who participated in the focus groups.

The report has numerous parts: the methodology which describes how the research was carried out, followed by a literature review about the health needs and health and wellbeing of older women. The literature review also focuses on relevant past research and explores health services and supports and potential barriers, and older women's access to information specific to their health.

The next section of the report presents the findings of the survey and focus groups. This part includes a description of the demographics of the older women who responded and explores their experiences, their barriers and their access to health services and health information, their social connection, and their incomes and housing concerns. The discussion explores the main themes that were found in the findings and compares and contrasts these responses to key relevant literature.

The conclusion outlines the overall key findings from the feedback from both the survey and focus group respondents.

It is WCHM's hope that this report will improve understanding of the needs of older women in the ACT, in order to facilitate better responses to their specific health and wellbeing needs, and to identify opportunities to improve local responses.

# Executive Summary

ACT women comprise the majority of the ACT population who are 15 years and over at 50.5%.[6] The ACT's population is ageing, with the proportion of the population aged 65 to 84 years expected to increase by 18 per cent, and the population aged 85 years by 16 per cent between 2017 and 2022.[7]

Because ACT women live longer than men [8] they are more likely than men to live with disability and chronic conditions.[9] Older women are also more likely to have unique health concerns and issues that relate to their gender and their life roles which will impact on their conditions.[10] This means they will use health services and medicines more frequently, and over a longer period of time. [11]

So health and wellbeing responses in the ACT need to support older women so that they can remain as healthy as possible for as long as possible, while providing timely treatment and support if needed.

That is why it is important to consider gender differences in access to health services and supports and to ensure that responses are designed to be gender sensitive. And to understand the barriers that older women in the ACT face.

So that WCHM could provide more updated information to inform consultations and changes in the ACT, WCHM conducted a consultation survey to explore older ACT women's experiences, and to include their views to inform specific responses that meet their needs.

This report's findings demonstrate that older women's barriers still include availability, affordability, accessibility and appropriateness when accessing health services, supports and information — including for preventive health. These are part of the social determinants of women's lives that can lead to health inequalities.

Our findings also highlight older ACT women's social inclusion and connection to community life and demonstrates that for older women in the ACT there is a strong link between good social connectedness and good physical and mental health. The opportunity to contribute to and be valued by their communities was fundamental to them feeling truly socially connected. And women spoke of the benefits that came from being able to contribute to the community in meaningful ways.

But the report findings also show that their social connectedness is negatively impacted by poor health status, poor financial status, housing and living arrangements and by lack of access to transport in the ACT. This highlights the importance of ensuring that the ACT city services and infrastructure meet the needs of older women – as well as health and wellbeing

[6] Australian Bureau of Statistics, Quarterly Population Estimates (ERP), by State/Territory, Sex and Age, Canberra, 2020.
[7] ACT Population Projections: 2018 to 2058, Produced by the Chief Minister, Treasury and Economic Development Directorate, Canberra, 2019.
[8] ABS 2019d. Life tables, states, territories and Australia, 2016–18. cat. no. 3302.0.55.001. Canberra: ABS.
[9] Australian Institute of Health and Welfare 2017. *Life expectancy and disability in Australia: expected years living with and without disability*. Cat. no. DIS 66. Canberra: AIHW.
[10] Commonwealth of Australia (Department of Health), *National Women's Health Strategy for 2020-2030*, Canberra, 2018, p 8.
[11] Australian Institute of Health and Welfare 2018. *Older Australia at a glanc*e. Cat. no. AGE 87. Canberra: AIHW, p59.

responses which are integrated and easy to navigate (across the settings of 'prevention in the community, care in the hospital and the management of care back in the community')." [12]

WCHM hopes that this feedback from older ACT women will provide a better understanding about the differences they experience, and can inform responses and improvements that enable them to be better supported to improve their overall health and wellbeing.

[12] ACT Health, 'Draft ACT Health territory-wide health services framework, 2017-2027', Canberra 2017, retrieved on the 16th of October 2017: https://www.health.act.gov.au/sites/default/files//Territory%20Wide%20Health%20Services%20Framework%20%28TWHSF%29-18Sept17-with%20draft.pdf

# Recommendations

1. WCHM to work with ACT Government to ensure a focus is maintained on providing community based primary care that is supplementary to both GP practices and hospital emergency departments, and in locations that are accessible to older ACT women.
2. WCHM to work with ACT Government to ensure that the voices of older ACT women are included in informing the development of it's Age-Friendly City Plan.
3. WCHM to work with ACT Government to ensure that the design of the ACT's physical environment, including pathways, buildings, open spaces and roads and transport system, is informed by the safety needs of older ACT women so that they can remain active, healthy and involved.
4. WCHM to work with the ACT Office for Mental Health to ensure an understanding of the mental health needs of older women and that recognises the differences to the needs of men.
5. WCHM to work with the Capital Health Network to explore opportunities for working together to inform more affordable and accessible options for health services and support that are applicable to older women's needs.

# Methodology

The research design used both quantitative and qualitative methods to collect and interpret information on the views and experiences of older women's health needs and access to health services.

An initial online survey was conducted from the end of August to October 2019 to consult with older ACT women and to collect quantitative and qualitative data.

The survey sought to answer the following research questions:

- How and where older ACT women are accessing health and wellbeing services?
- Whether there are barriers to that access?
- How they access information about their health and wellbeing?
- Their social inclusion and engagement in community life; and
- Their housing and income situation.

Respondents qualifying for the survey were women aged 55 and over and living or working in the ACT or Queanbeyan.

The online survey provided all participants with information about the project and an indication that, by completing and submitting the form, they were consenting to their information being stored and used for the purposes of this research.

The online survey was available via a link on the WCHM website and distributed through WCHM and COTA ACT email networks and through those of other community organisations, services providers and the Community Development Network. It was also promoted through the WCHM and COTA ACT newsletter and Facebook. Paper surveys were also available for women to fill out if needed.

The survey was open for 7 weeks. A total of 194 valid surveys were collected.

The online survey was also used to directly recruit participants for the focus groups. The final question asked women to indicate if they would like to participate, and if so to provide contact details.

The focus groups aimed to explore in greater detail the findings identified in the analysis of the survey responses. Five focus groups were held in February and March 2020. Twenty nine women participated in the focus groups, with most of the women put into focus groups by age categories. There was also one focus group specifically for women with disabilities and another conducted with women accessing a food bank service.

The quantitative and qualitative answers were then analysed and coded using Microsoft Excel.

As with all surveys conducted to date by WCHM, we used a non-probability convenience sample. This means that the survey was widely promoted and all women were welcome to

participate. As a result, the numbers of women in our sample does not reflect the population of older women in the ACT as a whole and it is therefore not representative.

Rather, the findings laid out in this report captures themes from the sample and provide an indication of the issues that exist for older women in the ACT.

# Literature Review

## Objectives

The objectives of the literature review were to explore the recent available research on:

- Older women's understanding of health and wellbeing, and their self-rated status of physical and mental health
- The top health and wellbeing issues for older women, and their experiences of managing these
- Groups of older women that are vulnerable
- Older women's use and experiences of particular health and wellbeing services and supports and information sources such as GP's, specialists ect.
- How older women access and use health and wellbeing services, supports and health information, including which services and what barriers were experienced to that access
- Older women's social inclusion and engagement in community life; and
- Older women's housing, income and transport situations.

### Older women's understanding of what good health means

How women understand what good health means is impacted by their life circumstances, societal factors and age.[13] Many women in WCHM's 2018 ACT women's health study, described good health as holistic, encompassing a combination of physical and mental health, while others focussed on mind, body, and the spiritual aspects of wellbeing. Being physically active, eating well or overall fitness were seen as important to good health. Women also considered that autonomy, the absence of illness, ability to fulfil life roles, having access to health care services, and maintaining social connection was important when defining what good health means.[14]

While there is little or no research looking at older women and what good health means to them, there are principles of successful ageing. The three principles from Rowe and Kahn's work are *"(i) maintaining high levels of physical and mental functioning; (ii) an absence of risk for disease and disease-related disabilities; and (iii) being actively engaged with life through involvement with other people and/or paid or unpaid activities that are of economic benefit to the community."*[15] Rowe and Kahn's principles of successful ageing have come under criticism due to the strong focus on functionality rather than spirituality.[16]

Researchers in a qualitative study on older women's view of successful ageing found three key themes: personal agency which involves adaptability, nature, health, life of the mind, finance, spiritual and self-expression; social value which involves interpersonal generativity, affiliations, and value; and quality of life/quality of death involving life quality, spirituality, death, autonomy, and authenticity.[17]

### Self-rated health

Poor self-rated health is a known indicator of predicting morbidity, mortality,[18] and increased health service utilisation.[19] [20] [21] It is used to determine a person's health at a point in time.[22] Studies over multiple countries that use the self-rated tool show that poor health is impacted by age and the social determinants of health.[23]

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[13] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health*, Women's Centre of Health Matters, Canberra, 2018.
[14] Ibid
[15] J W Rowe & R L Kahn, 'Successful aging', *Gerontologis*t, vol. 37: 1997, pp. 433–440.
[16] P McCann Mortimer, L Ward, &H Winefield, 'Successful ageing by whose definition? Views of older, spiritually affiliated women,' *Australasian Journal of Ageing*, vol. 27, no. 4, 2008, pp. 200-204
[17] P McCann Mortimer, L Ward, &H Winefield, 'Successful ageing by whose definition? Views of older, spiritually affiliated women,' *Australasian Journal of Ageing*, vol. 27, no. 4, 2008, pp. 200-204
[18] K A Sargent-Cox, K J Anstey & M A Luszcz, 'The choice of self-rated health measures matter when predicting mortality: evidence from 10 years follow up of the Australian longitudinal study of ageing', BMC Geriatrics, vol. 10, no. 18, 2010, pp. 1-12.
[19] M Jylha, 'What is self-rated health and why does it predict mortality? Towards a unified conceptual model', *Social Science and Medicine*, no.69, 2009, pp. 307-316.
[20] M Bopp, J Braun, F Gutzwiller & D Faeh, 'Health risk or resource? Gradual and independent association between self-rated health and mortality persists over 30 years', *PLoS One*, vol. 7, issue 2, 2012, pp. 1-10.
[21] P M Smith, R H Glazier & L M Sibley, 'The predictors of self-rated health and the relationship between self-rated health and health service needs are similar across socioeconomic groups in Canada', *Journal of Clinical Epidemiology*, vol. 63, 2010, pp. 412-421.
[22] Australian Bureau of Statistics, *National Health Survey: first results 2014-15*, ABS cat No. 4364.0.55.001. Canberra, 2015, retrieved on the 23rd of April 2019; http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4364.0.55.001Explanatory%20Notes12014-15?OpenDocument
[23] A Hosseinpoor et al, 'Social determinants of self-reported health in women and men: Understanding the role of gender in population health', *PLoS one*, vol. 7, no. 4, 2012, pp.1-10.

Poor self-rated health correlates with increases in age,[24] [25] and the better self ratings of health has been found to have 'an incremental association with survival' for older Australian women.[26] Poor self-rated health and poor health behaviours were strong predictors of poor survival in a study of older Australian women.[27] Vos et al found that poor self-rated health was correlated with chronic disease, and older women tended to rate their health poorer the more co-morbid chronic diseases they had.[28]

In the 2011 WCHM report which explored ACT older women's social connectedness and the link between social isolation and mental and physical health and wellbeing, sixty eight per cent of women over age 65 years rated their physical health and wellbeing as excellent, very good, and good, whereas 32% rated it as fair or poor. Emotional health and wellbeing status were rated by women as mostly excellent, very good and good (75%) and twenty five per cent rated it as fair and poor.[29] The report showed a link between good social connectedness and good physical and mental health. It also found the reverse to be true: that good physical and mental health facilitates good social connectedness.

The most recent WCHM data on older women in the ACT showed that they generally rated their physical health as good. Just under seventy per cent of ACT women over 55 years old rated their physical health good or excellent and around 30% rated their physical health as fair, poor or very poor.[30]

Researchers have found that, as older Australian women aged, there were increases in positive self-rated mental health.[31] This is supported by the WCHM's 2018 study where close to 90% of older women rated their mental health good or excellent, whereas only 10% rated their mental health as fair, poor or very poor.[32]

## Older women's health

Most older Australians live into their old age with good health and wellbeing.[33] Women have a longer life expectancy than men, so make up more than half of the older adult population.[34] In the ACT, the proportion of women compared to men increases as older adults age. The largest

[24] K J Anstey et al, 'The value of comparing health outcomes in cohort studies: An example of self-rated health in seven studies including 79 653 participants', *Australasian Journal on Ageing*, vol 26, No 4, 2007, pp. 94–200
[25] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.
[26] J McCallum, B Shadbolt and D Wang, 'Self-rated health and survival: a 7-year follow up study of Australian elderly,' *American Journal of Public Health*, vol. 84, no. 7, 1994, pp. 1100-1105.
[27] J Ford, M Spallek and A Dobson, 'Self-rated health and a healthy lifestyle are the most important predictors of survival in elderly women,' Age and Ageing, vol. 37, 2008, pp. 194-200.
[28] H M M Vos et al. 'Multimorbidity in older women: The negative impact of specific combinations of chronic conditions on self-rated health', *European Journal of General Practice*, vol. 19, 2013, pp. 117-122.
[29] K Darlington and A Carnovale, Older women and social connectednes The strongest predictor of death was 'poor' or 'fair' self-rated health s, a snapshot of the ACT, Women's Centre for Health Matters, Canberra, 2011.
[30] E Hoban, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health, Women's Centre for Health Matters, Canberra, 2018.
[31] C Seib et al, 'Predictors of mental health in midlife and older Australian women: A multilevel investigation', *Health care for Women International*, vol. 37, no. 12, pp. 1263-1276.
[32] E Hoban, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health, Women's Centre for Health Matters, Canberra, 2018.
[33] Australian Institute of Health and Welfare, Older Australia at a glance Australian Institute of Health and Welfare, Canberra, 2017, retrieved on the 17th of June 2019; https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/summary
[34] Australian Institute of Health and Welfare, Older Australia at a glance Australian Institute of Health and Welfare, Canberra, 2017, retrieved on the 17th of June 2019; https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/summary

proportion of women is at age 85 years old (65%).[35] Women can live on average another 22 years past the age of commencing the pension at age 65 years.[36]

Groups susceptible to vulnerabilities

There are some groups of older women who are particularly vulnerable to health issues at older age. Aboriginal and Torres Strait Islander women, women with culturally and linguistically diverse backgrounds, those that are homeless or at risk of being homeless and those who identify as part of the LGBTIQ community may be more susceptible to health issues due to health service access, and life-long discrimination and stigma.[37]

Aboriginal and Torres Strait Islander people have reduced health and wellbeing outcomes. They have reduced life expectancy and increased incidence of poor health with more chronic disease such as cardiovascular disease, diabetes, and respiratory disease.[38] [39] [40] Nine out of ten Aboriginal and Torres Strait Islanders over 55 years old have long term health conditions.[41] Older Aboriginal and Torres Strait Islander women may have experienced high amounts of trauma and intergenerational violence over their lifetime.[42] Even though most Aboriginal and Torres Strait Islander women live in urban areas they still have barriers to accessing health services and health screening. Barriers may be due to health provider knowledge, health knowledge of the patient, affordability, logistics such as access to transport or distance of services, and cultural barriers such as having distrust and discomfort with mainstream health services.[43] [44]

Older women from cultural and linguistically diverse backgrounds are not a homogenous group. They are associated with their culture by their families, social groups, community, education, experiences, and language.[45] Migrant women of any age may have trauma from experiences of migrating from unsafe countries.[46] They may have difficulties settling in Australia and they may have significant barriers to access health service such as language barriers, health literacy, issues with navigating the health system and time barriers.[47] They are

[35] Population Health Division ACT Health, Health and wellbeing of older persons in the Australian Capital Territory, Health series number 63, ACT Government, Canberra, 2016, retrieved on the 17th of September 2019; https://stats.health.act.gov.au/sites/default/files/Health%20and%20Wellbeing%20of%20Older%20Persons%20in%20the%20ACT%20Report.pdf
[36] Australian Institute of Health and Welfare, Older Australia at a glance Australian Institute of Health and Welfare, Canberra, 2017, retrieved on the 17th of June 2019; https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/summary
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[38] Australian Institute of Health and Welfare, The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015. Cat. no. IHW 147. Canberra, 2015, retrieved on the 16th of September 2019; https://www.aihw.gov.au/reports-data/health-welfare-overview/indigenous-health-welfare/overview
[39] Australian Institute of Health and Welfare, *Older Australia at a glance Australian Institute of Health and Welfare*, Canberra, 2017, retrieved on the 17th of June 2019; https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/summary
[40] Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey, 2014–15. ABS cat. no. 4714.0. Canberra, retrieved on the 4th of October 2019; https://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0
[41] Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey, 2014–15. ABS cat. no. 4714.0. Canberra, retrieved on the 4th of October 2019; https://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0
[42] T Broe, *What do Aboriginal Australians want from their aged care system community connection*, The Conversation, 2019, retrieved on the 4th of October 2019; https://theconversation.com/what-do-aboriginal-australians-want-from-their-aged-care-system-community-connection-is-number-one-118913
[43] J Reath & M Carey, 'Breast and cervical cancer in indigenous women: overcoming barriers to early detection', *Australian Family Physician*, vol. 37, no. 3, 2008, pp. 178-82.
[44] Department of Health, Actions to support older Aboriginal and Torres Strait Islander people; a guide for aged care providers, Australian Government, ACT, 2019.
[45] Department of Social Services, National ageing and aged care strategy, for people for Culturally and Linguistically Diverse (CALD) backgrounds, ACT, 2015, retrieved on the 21st of October 2019; https://agedcare.health.gov.au/sites/default/files/documents/07_2015/dss1582_aged_care_strategy_cald_a4_vaccessible.pdf
[46] L Redwood-Campbell, et al, 'Understanding the health of refugee women in host countries: lessons from the Kosovar re-settlement in Canada', *Prehospital Disaster Medicine*, 2008; vol. 23, 2008, pp. 322-327.
[47] D E Stewart & B N Do, 'Health needs of migrant Vietnamese women in south-west Brisbane', *Australian Journal of Social Issues, vol. 38, no. 2,* 2003, pp. 247- 261.

more likely to experience psychological stress compared to men.[48] Migrant women may also have low rates of having health screening in the past.[49] Older people joining their family in a new country may have difficulties learning the language and with fitting in with the society. They may have issues settling in due to separation from peer and social support and community networks. Seniors may also have difficulty accessing services and supports due to language and mobility issues, and difficulties finding work or productive hobbies.[50]

Not having safe and secure housing impacts on an older women's health, wellbeing, social connection and their access to health services and health care.[51] [52] Women who have been homeless or are currently experiencing homelessness often have many health issues.[53] They may have limited access to quality food; disrupted sleep; and be at risk from chronic conditions, exposure to weather, stigma and discrimination, unstable housing situations and domestic violence.[54] But most older women don't consider themselves as homeless as they are less likely to be living on the street, and more likely to be couch surfing or living in their cars.[55] [56] [57]

Lesbian, gay, bisexual, trans, intersex, and queer (LGBTIQ) women have specific health needs and experiences which are specific to their sexual orientation, their gender and the other ways they live their lives.[58] Older LGBTIQ people are likely to have faced significant discrimination, rejection, persecution, stigma, family rejection, social isolation, suffered from fear of rejection and persecution over their lifetime.[59] They may have significant fears about accessing health services due to the way they have been treated by health services and the wider population.[60] And aged care can be a source of fear for older LGBTIQ women, where they fear they may be mistreated. For transwomen, the fear of not being able to defend oneself or not receiving gender affirming health care in older age is a deterrent for seeking aged care.[61]

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[52] R Amarasingham, S H Spalding, & R J Anderson, 'Disease conditions most frequently evaluated among the homeless in Dallas,' *Journal of Health Care for the Poor and Underserved, vol.* 12, 2001, pp. 162-176.
[53] Australian Institute of Health and Welfare, *Older Australia at a glance Australian Institute of Health and Welfare – Diverse groups of older Australians,* Canberra, 2017, retrieved on the 29th of July 2019; https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/diverse-groups-of-older-australians/people-at-risk-of-homelessness
[54] R Amarasingham, S H Spalding, & R J Anderson, 'Disease conditions most frequently evaluated among the homeless in Dallas,' *Journal of Health Care for the Poor and Underserved, vol.* 12, 2001, pp. 162-176.
[55] Mercy Foundation, *Retiring into poverty, A National plan for change: Increasing housing security for older women*, Australia, 2018, retrieved on the 20th of April 2020; https://www.mercyfoundation.com.au/wp-content/uploads/2018/08/Retiring-into-Poverty-National-Plan-for-Change-Increasing-Housing-Security-for-Older-Women-23-August-2018.pdf
[56] Mercy Foundation, *Older women and homelessness*, Sydney, 2017, retrieved on the 23rd of April 2020; https://www.mercyfoundation.com.au/our-focus/ending-homelessness-2/older-women-and-homelessness/
[57] M Petersen and C Parsell, *Older Women's Pathways out of Homelessness in Australia*, Mercy Foundation, Institute of social sciences research, The University of Queensland, Queensland, 2014.
[58] A Hutchison, *"This is what the real experience is like…"The views of same sex attracted women in the ACT about their health; their health needs; their access to services, supports, and information; and the barriers to maintain their health*, Women's Centre for Health Matters, Canberra, 2019.
[59] Department of Health and Ageing, National lesbian, gay, bisexual, transgender and intersex (LGBTI), Ageing and aged care strategy, ACT, 2012, retrieved on the 21st of October 2019; https://agedcare.health.gov.au/sites/default/files/documents/08_2014/national_ageing_and_aged_care_strategy_lgbti_print_version.pdf
[60] A Hutchison, *"This is what the real experience is like…"The views of same sex attracted women in the ACT about their health; their health needs; their access to services, supports, and information; and the barriers to maintain their health*, Women's Centre for Health Matters, Canberra, 2019.
[61] T M Witten, 'Elder transgender lesbians: Exploring the intersection of age, lesbian sexual identity, and transgender identity,' *Journal of lesbian studies*, vol. 19, no. 1, 2015, pp. 73-89.

Chronic disease and disability

Even though older women have similar amounts of disability to older men, they are often living with more severe limitations on their activities of daily living (ADL).[62]

Disability increases with age in older women. Only thirty-six per cent of Australian women aged 65-69 years old have disability, whereas 80% of women aged 85 plus have disability.[63] Forty seven per cent of older women in the 2011 WCHM older women and social isolation report were living with a disability or long-term health condition.[64] Poor physical health can lead to significant consequences promoting mortality.[65]

The Australian Institute of Health and Welfare reports that musculoskeletal and neurological conditions are higher in older women than men, and women also experience arthritis, diabetes, sleep problems and incontinence.[66] Conditions like urinary incontinence can be debilitating for older women, however, urinary incontinence that is associated with social dysfunction is likely due to other compounding health issues.[67]

Seventy seven per cent of older women (over 55 years old) in WCHM's 2018 ACT report on women's health said that chronic conditions was one of their top three health issues. The most common chronic condition that they mentioned was skeletal issues such as arthritis. Respiratory conditions, cancer and gastrointestinal issues were also identified by the women in the study. the identification of chronic conditions by women respondents increased in the older age groups [68]

In a study of Australian older women heart disease, stroke, low iron, diabetes, cancer (nonskin), bronchitis/emphysema, and Alzheimer's disease there were correlations between those conditions and increases in health service use.[69]

The WCHM report on younger women with chronic disease called *"I don't have the spoons for that…"* found that the top four conditions women reported were; mental health conditions (40%), autoimmune diseases (39%), musculoskeletal conditions (39%), and endocrine conditions (39%).[70] The conditions that women mentioned are lifelong illnesses and will have a significant impact on their health into old age.

[62] Australian Institute of Health and Welfare, Older Australia at a glance Australian Institute of Health and Welfare, Canberra, 2017, retrieved on the 17th of June 2019; https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/summary
[63] Australian Institute of Health and Welfare, *Older Australia at a glance Australian Institute of Health and Welfare,* Canberra, 2017, retrieved on the 29th of July 2019; https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/health-functioning/health-and-disability-status
[64] K Darlington and A Carnovale, Older women and social connectedness, a snapshot of the ACT, Women's Centre for Health Matters, Canberra, 2011.
[65] R A Burns et al, 'Trajectories of terminal decline in the well-being of older women: the DYNOPTA project', Psychology and Aging, vol. 29, no. 1, 2014, pp. 44-56.
[66] Australian Institute of Health and Welfare, Older Australia at a glance Australian Institute of Health and Welfare, Canberra, 2017, retrieved on the 17th of June 2019; https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/summary
[67] V Kha, P M Forder, & J E Byles, 'Urinary incontinence and social function in older Australian women,' *Journal of the American Geriatrics Society*, vol. 64, no. 8, 2016, pp. 1646-1650.
[68] E Hoban, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health, Women's Centre for Health Matters, Canberra, 2018.
[69] L Tooth et al, 'Weighted multimorbidity indexes predicted mortality, health service use, and health-related quality of life in older women,' Journal of Clinical Epidemiology, vol. 61, 2008, pp. 151-159.
[70] A Hutchison, *"I don't have the spoons for that…" The views and experiences of younger ACT women (aged 18 to 50 years) about accessing supports and services for chronic disease*, Women's Centre for Health Matters, Canberra, 2018.

*Bone disorders*

Bone conditions are painful and debilitating. Osteoporosis is a serious chronic condition which often impacts older women due to the morbidity and mortality caused by having a bone fracture.[71] Older women are not fully aware of the fracture risk that osteoporosis presents.[72] [73] One qualitative study shows that older women think "osteoporosis is a salient disease" and therefore aren't that concerned about it.[74] However, one in every two women above 60 years in Australia are likely to experience a fracture due to osteoporosis.[75]

Rheumatoid arthritis is a condition that impacts older women. Women tend to get rheumatoid arthritis at double to rate of men. It has been found to be debilitating and correlated with high levels of psychological stress, mental health issues and other chronic conditions.[76]

*Cancer*

Cancer diagnosis increases with age in ACT older women, and between 2006 and 2010 there were 1,389 new cancers in older ACT women. The most frequently diagnosed cancers among ACT older women were breast cancer, colorectal cancer, lung cancer, and melanoma.

Breast cancer was highest in women aged 65-69 years old.[77] Breast cancer rates peak in the mid 60's but remains high until older age.[78] In an older study by Haigney et al, older women often didn't receive breast cancer screening examination by their GPs, even with the high prevalence of breast cancer.[79] In the 2018 Jean Hailes for women's health survey 85% of women aged 51-79 years old had mammograms as they rated it in their top 5 health checks, but women aged 80 plus did not rate it in their top 5 health checks.[80]

Weight, diet, and fitness

The importance of healthy eating and physical activity for older adults is well researched. Even small increases in daily physical activity, and fruit and vegetable intake can lead to improvements in health in older adults.[81] [82] And healthy eating and participating in physical activity reduces the risk of health conditions such as diabetes or cardiovascular disease, helps

[71] Australian Institute of Health and Welfare, *Osteoporosis*, Canberra, 2019, retrieved on the 4th of October 2019; https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/osteoporosis/related-material
[72] Siris et al, 'Failure to perceive increased risk of fracture in women 55 years and older: the Global Longitudinal study of Osteoporosis in Women (GLOW)', *Osteoporosis International*, vol. 22, 2011, pp. 27-35.
[73] A Taylor et al, 'A population perspective of osteoporosis. How common? What impact? How modifiable?', *Health Promotion Journal of Australia*, vol. 14, 2003, pp. 61-65.
[74] Otmar et al, 'A cultural models approach to osteoporosis prevention and treatment', *SAGE Open*, 2012, pp. 1-16.
[75] Australian Bureau of Statistics, *National Health Survey 2007-08*, Canberra, 2009, in: R Otmar et al, 'A cultural models approach to osteoporosis prevention and treatment', *SAGE Open*, 2012, pp. 1-16.
[76] Australian Institute of Health and Welfare, Rheumatoid arthritis, Canberra, 2019, retrieved on the 4th of October 2019; https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/rheumatoid-arthritis/contents/who-gets-rheumatoid-arthritis
[77] Population Health Division ACT Health, Health and wellbeing of older persons in the Australian Capital Territory, Health series number 63, ACT Government, Canberra, 2016, retrieved on the 17th of September 2019; https://stats.health.act.gov.au/sites/default/files/Health%20and%20Wellbeing%20of%20Older%20Persons%20in%20the%20ACT%20Report.pdf
[78] Australian Institute of Health and Welfare & Cancer Australia, *Breast cancer in Australia: an overview*, Cancer series no. 71. Cat. no. CAN 67, Canberra, 2012, retrieved on the 1st of October 2019; https://www.aihw.gov.au/getmedia/5a35b0e1-c1fe-4842-8ad7-c33b2fad39ce/14225.pdf.aspx?inline=true
[79] E Haigney et al, 'Breast examinations in older women: questionnaire survey of attitudes of patients and doctors', *British Medical Journal*, vol. 315, 1997, pp. 1058.
[80] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.
[81] M Sodergren et al, 'Associations between fruit and vegetable intake, leisure-time physical activity, sitting time and self-rated health among older adults: cross-sectional data from the WELL study', BMC Public Health, vol. 12, no. 551, 2012, pp. 1-9.
[82] W J Brown et al, 'Physical activity and all-cause mortality in older women and men', *British Journal of Sports Medicine*, vol. 46, 2012, pp. 664-668.

to maintain mobility and reduces risk of falls into older age.[83] [84] TV watching and sedentary time have been found to be associated with metabolic syndrome in older Australian women, and physical activity has a protective effect.[85] Improvement in muscle mass, balance, adequate nutrient consumption are all benefits of good nutrition and physical activity in older age.[86] Older women who have lower levels of physical activity have been found to have greater social isolation.[87] Older women who exercise have less hospitalisations and reduced hospital and health care costs.[88]

The 2018 ACT women's health study by WCHM showed that 42% of women over 55 years old reported weight, diet and fitness as one of their top three health issues. Forty eight per cent of those 55-64 year old reported weight, diet and fitness, and mentioned mostly concerns about their weight or the need to manage their weight. Thirty two per cent of women aged 65 years plus were concerned about weight, diet and fitness. They mostly talked about physical activity such as strength and balance training or maintaining exercise and fitness. Some said both physical activity and weight was their top health concern.[89]

The Jean Hailes women's health survey 2018 found that 76% of women aged 66-79 were doing at least two hours of moderate physical activity per week, compared to 67% of 80 plus women.[90] Whereas, Dao-Tran et al found that only 62% of Australian older women who participated in their research partook in exercise.[91]

In a study by Cassidy et al, older Australian women from Perth aged 70 years and above who did physical activity were half as likely to be depressed, than those who didn't.[92] In another Australian study, older women 74-78 years old were less likely to have anxiety or depression if they participated in regular walking or leisure activity exercise.[93]

Women reported that they had barriers to not eating well in the Jean Hailes 2018 women's health survey. The top barriers for older women aged 66 plus were not being motivated to eat a healthy diet; lack of partner's support to eat a healthy diet; cost; not enjoying healthy foods; not having the time or the skills to plan shop for, prepare or cook healthy foods; and no children's support to eat a healthy diet.[94]

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[83] M Sim et al, 'Vegetable and fruit intake and injurious falls risk in older women: a prospective cohort study', *British Journal of Nutrition*, vol. 120, 2018, pp. 925-934.
[84] W J Brown, 'Physical activity and all-cause mortality in older women and men', *British Journal of Sports Medicine*, vol. 46, 2012, pp. 664-668.
[85] P A Gardiner et al, 'Associations between television viewing time and overall sitting time with the metabolic syndrome in older men and women: The Australian diabetes obesity and lifestyle study', *Journal of American Geriatric Society*, vol. 59, 2011, pp. 788-796.
[86] Better Health Channel, *Physical activity for seniors, Department of Health & Human Services*, State Government of Victoria, Australia, 2018, retrieved on the 30th of September 2019; https://www.betterhealth.vic.gov.au/health/healthyliving/physical-activity-for-seniors?sc_trk=per_link
[87] S Schrempft et al. 'Associations between social isolation, loneliness, and objective physical activity in older men and women', *BMC Public Health*, vol. 19, no. 74, 2019, pp.
[88] G Peters et al. 'Associations between physical activity, medical costs and hospitalizations in older Australian women: Results from the Australian Longitudinal Study on women's health', *Journal of Science and Medicine in Sport*, vol. 21, 2018, pp. 604-608.
[89] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health*, Women's Centre for Health Matters, Canberra, 2018.
[90] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.
[91] T Dao-Tran et al, 'A cross-cultural comparison of health-related quality of life and its associated factors among older women in Vietnam and Australia', BMC Research Notes, vol. 11, no. 174, 2018, pp. 1-7.
[92] Cassidy et al, 'Association between lifestyle factors and mental health measures among community-dwelling older women', *Australian and New Zealand Journal of Psychiatry,* vol. 38, 2004, pp. 940-947.
[93] K C Heesch, N W Burton & W J Brown, 'Concurrent and prospective associations between physical activity, and walking mental health in older women', Journal of Epidemiological Community Health, vol. 65, 2011, pp. 807-813.
[94] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.

WCHM found in it's study about women and health behaviours, that the way that women feel about their own behaviours and bodies influence how they are able to participate in healthy behaviours such as doing physical activity and healthy eating.[95]

Mental health

Women experience mental health conditions differently to men and have different needs regarding mental health care. Many mental health conditions predominantly or only impact women due to either biological factors or social factors, such as violence and trauma, poverty, substance abuse and gender inequity.[96]

> *"Good mental health for women includes the absence of mental illnesses plus involvement in community activities; supportive relationships; self-esteem and self-efficacy; access to education and employment; an increased sense of belonging; improved physical health; and enhanced long-term well-being."*[97]

Older women report having less mental health issues than younger women. In WCHM's 2018 ACT women's health survey, 35% of older women (55 years old plus) listed mental health as their top three health concerns, which was lower than younger women.[98] Thirty five per cent of women older than 55 years in the 2019 ACT same sex attracted women's health survey also reported mental health as one of their top health issues.[99] The 2017 Jean Hailes survey found that older women were less likely to be anxious than younger women.[100]

But other research shows that poorer mental health is a growing concern in older women.[101] Nutrition and physical activity,[102] social relationships, general health, coincidental adverse life events and experiences of interpersonal violence may contribute to mental health of older women.[103] [104] Social isolation paired with loneliness can lead to anxiety and depression. And older women living alone or with housing stress were more likely to report worry and anxiety.[105] Relationships between mental health and health indicators are rarely straightforward and are usually part of a set of interacting factors.[106]

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[95] A Hutchison, *Physical activity and health eating promotion to ACT women. A guide to getting it right*, Women's Centre for Health Matters, Canberra, 2018.
[96] J Kulkarni, *Women and Mental Health, Position Paper 2012*, Australian Women's Health Network, Victoria, retrieved on the 4th of October 2019; http://awhn.org.au/wp-content/uploads/2015/03/100_AWHNWomenMentalHealthPositionPaper2012.pdf
[97] J Kulkarni, *Women and Mental Health, Position Paper 2012*, Australian Women's Health Network, Victoria, retrieved on the 4th of October 2019; http://awhn.org.au/wp-content/uploads/2015/03/100_AWHNWomenMentalHealthPositionPaper2012.pdf
[98] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health*, Women's Centre of Health Matters, Canberra, 2018.
[99] A Hutchison, *"This is what the real experience is like", The views of same sex attracted women in the ACT about their health; their health needs; their access to services, supports, and information; and the barriers to maintaining their health,* Women's Centre for Health Matters, Canberra, 2019.
[100] Jean Hailes for Women's Health, Women's Health Survey 2017: Understanding health information needs and health behaviour of women in Australia, Melbourne, 2017.
[101] S Feldman & H Radermacher, Vital conversations. Giving older women in greater Melbourne a voice, Lord Mayor's Charitable foundation, Melbourne, 2019
[102] Cassidy et al, 'Association between lifestyle factors and mental health measures among community-dwelling older women', Australian and New Zealand Journal of Psychiatry, vol. 38, 2004, pp. 940-947.
[103] T Tran et al. 'Mental health trajectories among women in Australia as they age', *Aging & Mental Health*, vol. 23, no. 7, 2019, pp. 887-896.
[104] C Lee & ALSWH team, *Summary report from the Australian Longitudinal Study on Women's Health, The Australian Longitudinal Study on Women's Health*, Newcastle, retrieved on the 4th of October 2019; https://www.alswh.org.au/images/content/pdf/synthese_reports/mentalhealth_summary.pdf
[105] S Feldman & H Radermacher, Vital conversations. Giving older women in greater Melbourne a voice, Lord Mayor's Charitable foundation, Melbourne, 2019
[106] C Lee & ALSWH team, *Summary report from the Australian Longitudinal Study on Women's Health, The Australian Longitudinal Study on Women's Health*, Newcastle, retrieved on the 4th of October 2019; https://www.alswh.org.au/images/content/pdf/synthese_reports/mentalhealth_summary.pdf

## Social Connectedness and inclusion

Being socially connected and included are important aspects of ageing. Social connectedness and inclusion have impacts on health and wellbeing, and mental and physical health indicators.[107] The Age-friendly Canberra vision is for older people to be social included and engaged in community life "*including in employment, volunteer, and advisory roles."*[108]

Social connections include relationships such as friendships, family, neighbours and partners. The quality rather than the quantity of relationships is important to reduce loneliness.[109] Older people who have a confidant or at least one friend that they can turn to feel less alone or lonely.[110] Having social connections can have significant impacts on mental health, such as conditions like depression and dementia.[111] An Australian study also showed the impact of a reduction of confidants over time leads to a decline in memory in older adults.[112] Additionally social connectedness is linked to housing, financial security, health and wellbeing and technical literacy. [113]

Social connectedness and inclusion can be impacted by a variety of factors. In a qualitative study of older women in Melbourne, participants explained that a sense of belonging was important but physical abilities and lack of independence reduced ability to maintain social connections.[114] Transport accessibility improves social connectedness for older women.[115] [116] Neighbourhoods and built public areas need to be safe and accessible for older people to ensure they have the ability to use public transport and stay socially connected.[117] Poor financial status limits social connectedness, placing strain on relationships.[118] [119] Moreover, housing stress leaves older people with limited money left over for social interactions or outings with friends.[120]

[107] K Darlington & A Carnivale, *Older women and social connectedness. A snapshot of the ACT*, Women's Centre for Health Matters, Canberra, 2011.
[108]ACT Government Community Services, *Age-friendly Canberra a vision for our city*, Canberra, 2020, viewed on the 17th of April 2020; https://www.communityservices.act.gov.au/__data/assets/pdf_file/0005/1324355/CSD-Age-Friendly-Canberra-Statement-of-Direction-2019.pdf
[109] H Douglas, A Georgiou, & J Westbrook, 'Social participation as an indicator of successful aging: an overview of concepts and their associations with health', Australian Health Review, vol. 41, 2017, pp. 455-462.
[110] L Grenade & D Boldy, 'Social isolation and loneliness among older people: issues and future challenges in community and residential settings', *Australian Health Review, vol.* 32, no. 3, 2008, pp. 468 – 478.
[111] H Douglas, A Georgiou, & J Westbrook, 'Social participation as an indicator of successful aging: an overview of concepts and their associations with health', Australian Health Review, vol. 41, 2017, pp. 455-462.
[112] L C Giles, K J Anstey, R B Walker, M A Luszcz, 'Social networks and memory over 15 years of followup in a cohort of older Australians: results from the Australian Longitudinal Study of Ageing', Journal of Aging Research, vol. 2012, 2012, pp. 1–7.
[113] S Feldman & H Radermacher, Vital conversations. Giving older women in greater Melbourne a voice, Lord Mayor's Charitable foundation, Melbourne, 2019
[114] S Feldman & H Radermacher, Vital conversations. Giving older women in greater Melbourne a voice, Lord Mayor's Charitable foundation, Melbourne, 2019
[115] K Darlington & A Carnivale, *Older women and social connectedness. A snapshot of the ACT*, Women's Centre for Health Matters, Canberra, 2011.
[116] Australian Ageing Agenda, *Loneliness leading concern for older people*, 2013, retrieved on the 22nd of April 2020; http://www.australianageingagenda.com.au/2013/09/12/loneliness-leading-concern-for-older-people/
[117] Aged and Community Services Australia, Social Isolation and Loneliness Among Older Australians: A Discussion Paper, Issue paper no. 1, Canberra, 2015, retrieved on the 22 of April 2020; https://www.acsa.asn.au/getattachment/Publications-Submissions/Social-Isolation-and-Loneliness/1015-Social-Isolation-and-Loneliness-Paper.pdf.aspx?lang=en-AU
[118] K Darlington & A Carnivale, *Older women and social connectedness. A snapshot of the ACT*, Women's Centre for Health Matters, Canberra, 2011.
[119] S Feldman & H Radermacher, Vital conversations. Giving older women in greater Melbourne a voice, Lord Mayor's Charitable foundation, Melbourne, 2019
[120] A Morris & A Verdasco, *I really have thought this can't go on loneliness looms for rising numbers of older private renters*, The Conversation, retrieved on the 12th of June 2019; https://theconversation.com/i-really-have-thought-this-cant-go-on-loneliness-looms-for-rising-numbers-of-older-private-renters-118046

Lack of social connectedness and inclusion can lead to social isolation and loneliness. Studies suggest that social isolation and loneliness is likely to impact 30-40% of older adults.[121] [122] [123] Ten per cent of those feel loneliness most or all of the time.[124] Social isolation is measured by the lack of time and quality of contact with other people, whereas loneliness (a subjective term) is a rating the feeling of loneliness. A person can have a large social network but still be lonely, and likewise a person can be alone, or have few social connections and not feel lonely.[125] Social isolation and loneliness increase morbidity and mortality risk. People who rate their physical health poorly feel lonelier.[126] Social isolation and loneliness can negatively impact the physical and mental wellbeing of older women, and can lead to chronic health issues, depression, cognitive decline, and mortality.[127]

Social participation

Social participation refers to a person's participation in community or society. Social participation has been an important part of successful ageing and has substantial impacts on the older persons health and wellbeing.[128] It has been found to influence mortality,[129] morbidity[130] and quality of life.[131] Social participation is defined in three parts: social connections, informal social participation, and volunteering.

Social connections and having confidants have significant impacts on mental health[132] and influence financial security, housing, and health and wellbeing. [133] Informal social participation is defined as attending social activities or involvement with community groups, or church groups. Both physical and mental health have been positively influenced by social participation.[134] And volunteering has been found by many studies to have positive benefits to health and wellbeing,[135] including helping to reduce loneliness,[136] increasing quality of life, and improving social support.[137]

[121] N Savikko, 'Predictors and subjective causes of loneliness in an aged population', *Archives of Gerontology and Geriatrics,* vol. 41, 2005, pp. 223-33.
[122] C R Victor, S J Scrambler, A Bowling, & J Bond, 'The prevalence of, and risk factors for loneliness in later life: A survey of older people in Great Britain', *Ageing and Society*, vol. 25, 2005, pp. 357-375.
[123] T F Smith & J P Hirdes, 'Predicting social isolation among geriatric psychiatry patients', International psychogeriatrics, 2009, vol. 21, no. 1, pp.50-59.
[124] D Edelbrock et al. 'Social support, social networks and social isolation: the Sydney older persons' study', Australas Journal of Ageing, vol. 20, 2001, pp. 173-8
[125] D Edelbrock et al. 'Social support, social networks and social isolation: the Sydney older persons' study', Australas Journal of Ageing, vol. 20, 2001, pp. 173-8
[126] J Iparraguirre, *Predicting the prevalence of loneliness at older ages*, AgeUK, UK, 2016, retrieved on the 12th of June 2019; https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/predicting_the_prevalence_of_loneliness_at_older_ages.pdf
[127] E Courtin & M Knapp, 'Social isolation, loneliness and health in old age: a scoping review', *Health and Social Care in the Community*, vol. 25, no. 3, 2015, pp. 799-812.
[128] H Douglas, A Georgiou, & J Westbrook, 'Social participation as an indicator of successful aging: an overview of concepts and their associations with health', Australian Health Review, vol. 41, 2017, pp. 455-462.
[129] L F Berkman, 'The role of social relations in health promotion', *Psychosomatic Medicine*, vol. 57, 1995, pp. 245–254.
[130] L F Berkman et al, 'From social integration to health: Durkheim in the new millennium,' Social Science & Medicine, vol. 51, 2000, pp. 843–57.
[131] H Douglas, A Georgiou, & J Westbrook, 'Social participation as an indicator of successful aging: an overview of concepts and their associations with health', Australian Health Review, vol. 41, 2017, pp. 455-462.
[132] H Douglas, A Georgiou, & J Westbrook, 'Social participation as an indicator of successful aging: an overview of concepts and their associations with health', Australian Health Review, vol. 41, 2017, pp. 455-462.
[133] S Feldman & H Radermacher, Vital conversations. Giving older women in greater Melbourne a voice, Lord Mayor's Charitable foundation, Melbourne, 2019
[134] H Douglas, A Georgiou, & J Westbrook, 'Social participation as an indicator of successful aging: an overview of concepts and their associations with health', Australian Health Review, vol. 41, 2017, pp. 455-462.
[135] P D Pilkington, T D Windsor & D A Crisp, 'Volunteering and subjective well-being in midlife and older adults: The role of supportive social networks', *The Journal of Gerontology Series B: Psychological Sciences and Social Sciences*, vol. 67, no. 2, 2012, pp. 249–260.
[136] Australian Institute of Health and Welfare, *Social isolation and loneliness,* Canberra, 2019, retrieved on the 22nd of April 2020; https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness
[137] L Parkinson, J Warburton, D Sibbritt, & J Byles, 'Volunteering and older women: psychosocial and health predictors of participation', *Aging Mental Health*, vol. 14, 2010; pp. 917–927.

## Access to health services

Due to an increase in health issues related to ageing, older people are frequent users of health care services.[138] They access health services far more than other age groups.[139] The Age-friendly Canberra Vision acknowledges that older people should be *"able to access health and wellbeing services that effectively support them to live a good life."*[140]

In the 2018 WCHM women's health survey, survey respondents in older age groups were the most likely to access health services in the last 12 months. This reflects the fact that 96% of that age group identified having a chronic condition.. Nationally, women access GPs at a similar rate, and this doesn't differ between age groups.[141] Compared to men, women are more likely to access a GP.[142] And they are likely to prefer to see a doctor that is a woman.[143] But women in the 65+ age group were less likely to use telephone helplines in the previous 12 months.

Older women need to access other health professionals to address health issues and ensure they are in good health. In the 2018 WCHM women's health study over 80% of older women filled a prescription and a significant majority of older women visited a dentist in the last 12 months.[144]

## Barriers to accessing health services

Available, affordability, appropriate and accessible services for older women are important to help them maintain their health and wellbeing. [145] [146] [147]

### Availability of health services

Availability of appointments is a barrier to health services. Appointment availability may mean that women delay the appointment to get in at a better time or end up not seeing the health professional at all. In addition, some health services have long wait lists which may mean that older women wait a long time for an appointment. They may have to make the decision about staying in Canberra and waiting for an appointment or travelling interstate.[148] [149] Delaying

[138] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.
[139] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.
[140] ACT Government Community Services, *Age-friendly Canberra a vision for our city*, Canberra, 2020, viewed on the 17th of April 2020; https://www.communityservices.act.gov.au/__data/assets/pdf_file/0005/1324355/CSD-Age-Friendly-Canberra-Statement-of-Direction-2019.pdf
[141] Jean Hailes for Women's Health, Women's Health Survey 2017: Understanding health information needs and health behaviour of women in Australia, Melbourne, 2017.
[142] Australian Bureau of Statistics, *Patient experiences in Australia: Summary of findings,* 2015-16, ABS cat no. 4839.0 Canberra, 2016.
[143] Jean Hailes for Women's Health, Women's Health Survey 2017: Understanding health information needs and health behaviour of women in Australia, Melbourne, 2017.
[144] Hoban E, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health, Women's Centre of Health Matters, Canberra, 2018.
[145] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health*, Women's Centre of Health Matters, Canberra, 2018.
[146] A Carnovale, *It goes with the territory! The views of older ACT women about health and wellbeing information. A companion report It goes with the territory! ACT women's views about health and wellbeing information (July 2010),* Women's Centre for Health Matter's, Canberra, 2011.
[147] ACT Government Community Services, *ACT Active Ageing Framework 2015-2018*, Canberra, retrieved on the 8th of October 2019; https://www.communityservices.act.gov.au/__data/assets/pdf_file/0009/795258/Active-Ageing-Framework_4.pdf
[148] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in* Australia, Melbourne, 2018.
[149] Hutchison A, "I don't have the spoons for that…" The views and experiences of younger ACT women (aged 18 to 50 years) about accessing supports and services for chronic disease, Women's Centre for Health Matters, Canberra, 2018.

appointments and waiting for services is detrimental for diagnosis, treatment and pain management and reduction.[150]

Older women who participated in the 2018 WCHM women's health study identified long wait times to health services and supports as a significant barrier with it being the top issue for the 55-64 age group and second for the 65+ age group.[151]

In the 2019 Jean Hailes for women's health survey, 27% of women 51 to 65 years, 12% of women 66 to 79, and 7% of women 80 years weren't able to see a health professional when they needed.[152] And in the 2018 COTA report, *State of the older nation*, older adults experiencd barriers to health services with 26% reporting long waiting lists.[153]

Health services availability and wait times vary between the types of services. Surveyed GP clinics in Australia reported that most of their patients could get access to a GP either the same or the next day. Fifty per cent of GP clinics had after hours services.[154] In the ACT, wait times for public health specialists vary, the minimum time adult patients need to wait was just over month for the ear, nose and throat specialist and the longest wait time for rheumatologists is 16 months.[155]

Affordability of health services

Affordability of health services is a significant barrier for women of all ages.[156] Women who participated in the WCHM 2018 women's health survey highlighted the cost of GPs and health professionals as being the biggest barrier.[157] In contrast, only 17% of older women in the 2011 WCHM survey mentioned high cost as a barrier for general practitioners, although only twelve per cent of older women in that study reported not being able to find a GP who bulk bills.[158] Some reports show that Canberra has one of the lowest rates of bulk billing in Australia.[159] And while bulk billing rates are higher for older adults in Canberra, rates are still lower than the rest of Australia, 67% compared to 90%.[160] [161]

Wolkom, Loxton & Robertson found that women of all ages had affordability barriers to health care. Women have affordability issues accessing services if they missed thresholds for

[150] Hutchison A, "I don't have the spoons for that…" The views and experiences of younger ACT women (aged 18 to 50 years) about accessing supports and services for chronic disease, Women's Centre for Health Matters, Canberra, 2018.
[151] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.
[152] Jean Hailes for Women's Health, National women's health survey 2019: A healthier future for all women in Australia, Melbourne, 2019.
[153] Council of the ageing and Newgate research, *State of the older nation*, Canberra, 2018, retrieved on the 23rd of April 2020, https://www.cota.org.au/wp-content/uploads/2018/12/COTA-State-of-the-Older-Nation-Report-2018-FINAL-Online.pdf
[154] M F Harris et al 'Access to same day, next day and after-hours appointments: the views of Australian general practitioners', Australian Health Review, vol. 36, 2012, pp. 325–30.
[155] T Maddocks, Canberra's health worsening due to long waits for specialists, ABC News, Canberra, 2020, retrieved on the 23rd April 2020; https://www.abc.net.au/news/2020-02-26/canberras-health-worsening-due-to-long-waits-for-specialist/12000134
[156] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health*, Women's Centre of Health Matters, Canberra, 2018.
[157] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health*, Women's Centre of Health Matters, Canberra, 2018.
[158] A Carnovale, *It goes with the territory! The views of older ACT women about health and wellbeing information. A companion report It goes with the territory! ACT women's views about health and wellbeing information (July 2010),* Women's Centre for Health Matter's, Canberra, 2011.
[159] ACT Health, More access to GP bulk billing in Canberra's South, Canberra, 2018, retrieved on the 12th of December 2019; https://www.health.act.gov.au/news/more-access-gp-bulk-billing-canberras-south
[160] Steering Committee for the Review of Government Service Provision. Report on Government Services 2013. Chapter 11 attachment tables, Table 11A.27. Canberra: Productivity Commission, 2013. In: Population Health Division ACT Health, Health and wellbeing of older persons in the Australian Capital Territory, Health series number 63, ACT Government, Canberra, 2016, retrieved on the 17th of September 2019; https://stats.health.act.gov.au/sites/default/files/Health%20and%20Wellbeing%20of%20Older%20Persons%20in%20the%20ACT%20Report.pdf
[161] Australian Government Productivity Commission, Report on Government Services 2017, Canberra, 2017, retrieved on the 12th of December 2019; https://www.pc.gov.au/research/ongoing/report-on-government-services/2017/health/primary-and-community-health

subsidised care for example low-middle income earners and self-funded retirees, and those on low incomes may have issues paying co-payments.[162] In the 2018 COTA report, *State of the older nation*, older adults reported experiencing affordability barriers to health services. Thirty one per cent reported the cost of services, 13% report cost of medicines and 6% the cost of transport as affordability barriers.[163]

In the 2018 Jean Hailes for women's health survey, 20% of women 50 years old and above, reported not being able to afford to see a health professional when they needed to.[164] Whereas, in the 2019 Jean Hailes for women's health survey, 16% of women 51 to 65 years, 10% of women 66 to 79, and 7% of women 80 years weren't able to afford to see a health professional when they needed. They noted that women who reported that they were finding it difficult to get by were more likely not be able to afford a health professional when they needed it.[165]

Affordability is a barrier for older people with chronic conditions or multi-morbidity due to high health care use.[166] Those with chronic conditions must pay for multiple costs for their condition, including; costs of health professionals, medications and various therapies, such as specialised food or treatments, making it difficult to afford all necessary costs.[167] [168] [169] [170] [171] In some cases they may choose to skip buying health care in preference for paying for essential services such as rent or bills.[172] [173]

Appropriateness of health services

Older women need services that are appropriate for their health needs and health providers that treat them appropriately. It is acknowledged in the Age-friendly Canberra Vision that "*ageism is addressed by changing community attitudes and perceptions, showing respect, and affording dignity and agency to older people."*[174]

[162] E J Wolkom, D Loxton & J Robertson, 'Cost of medicines and health care; A concern for Australian Women across the ages', *BMC Health Services Research*, vol. 13, no. 484, 2013, pp. 1-9.
[163] Council of the ageing and Newgate research, *State of the older nation*, Canberra, 2018, retrieved on the 23rd of April 2020, https://www.cota.org.au/wp-content/uploads/2018/12/COTA-State-of-the-Older-Nation-Report-2018-FINAL-Online.pdf
[164] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.
[165] Jean Hailes for Women's Health, National women's health survey 2019: A healthier future for all women in Australia, Melbourne, 2019.
[166] D van Gaans & E Dent, 'Issues of accessibility to health services by older Australians: a review', *Public Health Reviews,* vol. 39, no. 20, 2018, pp. 1-16.
[167] A Hutchison, *"I don't have the spoons for that…" The views and experiences of younger ACT women (aged 18 to 50 years) about accessing supports and services for chronic disease*, Women's Centre for Health Matters, Canberra, 2018.
[168] V Tran et al., 'Taxonomy of the burden of treatment: a multi-country web-based qualitative study of patients with chronic conditions', *BMC Medicine,* vol. 13, no. 115, 2015, pp. 1-15.
[169] L M Hunt, M Kreiner, H Brody, 'The changing face of chronic illness management in primary care: a qualitative study of underlying influences and unintended outcomes', *Annals of Family Medicine*, vol. 10, no. 5, 2012, pp. 552-560.
[170] Jeon et al., 'Economic hardship associated with managing chronic illness: a qualitative inquiry', *BMC Health Services Research*, 2009, vol. 9, no. 182, pp. 1-11.
[171] A Kemp et al. 'How much do we spend on prescription medicines? Out-of-pocket costs for patients in Australia and other OECD countries,' *Australian Health Review*, vol. 35, no. 3, pp. 341-9.
[172] E J Callander, L Corscadden & J Levesque, 'Out-of-pocket healthcare expenditure and chronic disease – do Australians forgo care because of the cost?' *Australian Journal of Primary Health*, vol. 23, no. 1, 2017, pp. 15-22
[173] Jeon et al., 'Economic hardship associated with managing chronic illness: a qualitative inquiry', *BMC Health Services Research*, 2009, vol. 9, no. 182, pp. 1-11.
[174]ACT Government Community Services, *Age-friendly Canberra a vision for our city*, Canberra, 2020, viewed on the 17th of April 2020; https://www.communityservices.act.gov.au/__data/assets/pdf_file/0005/1324355/CSD-Age-Friendly-Canberra-Statement-of-Direction-2019.pdf

Older women can experience both ageism and sexism from health professionals.[175] Discrimination of any kind leads to poor physical and mental health due to minority stress and internalised feelings of worthlessness.[176] [177]

Ageism can be a major concern for older adults. When ageism is experienced in health care it can reduce health care utilisation[178] which leads to implications for health and wellbeing. Ageism can be explicit or implicit. An example of explicit ageism is a health professional not wanting to treat elderly patients because they feel it's not worth the hassle, and an example of implicit ageism is a GP not treating an easily treatable condition because it is seen as "part of normal ageing".[179] Ageism may also be seen in the direct treatment of older people such as using "baby talk", not talking directly to the patient and addressing a third party instead, discussing patient care in front of the patient, or not explaining treatment plans or procedures.[180] This can make older patients feel powerless and not in control of their own health.[181]

There is a long history of the medical profession not believing or not diagnosing women. This is due to women's health not being studied and the false belief about women's bodies being the same as men.[182] Studies show that this bias may lead to misdiagnosis, lack of treatment and poor patient outcomes.[183] [184] Older women are less likely to get preventative care, especially for conditions that have different symptoms than men, such as for cardiovascular disease.[185] Therefore women have to ensure that when attending a health appointment that they make their symptoms *"socially visible, real, and physical,"* otherwise they may not get the treatment that they require.[186] Moreover when women appear to be vulnerable, they are less likely to get adequate care.[187] Accessing health services when ageing isn't all negative - in the *Jean Hailes* women's health survey, how confident women were with asking a GP questions and discussing health issues that concerned them increased with age.[188]

Williams et al found three themes for successful health care visits for older people that related to communication of information to patients: information conveyed in an appropriate way, the

[175] A Lyons et al, 'Experiences of ageism and the mental health of older adults', *Aging & Mental Health*, vol. 22, no. 11, 2018, pp. 1456-1464.
[176] J C Chrisler, A Barney, & B Palatino, 'Ageism can be hazardous to women's health; Ageism, sexism, and stereotypes of older women in the healthcare system', Journal of Social Issues, vol. 72, no. 1, 2016, pp. 86-104.
[177] A Lyons et al, 'Experiences of ageism and the mental health of older adults', *Aging & Mental Health*, vol. 22, no. 11, 2018, pp. 1456-1464.
[178] J C Chrisler, A Barney, & B Palatino, 'Ageism can be hazardous to women's health; Ageism, sexism, and stereotypes of older women in the healthcare system', Journal of Social Issues, vol. 72, no. 1, 2016, pp. 86-104.
[179] K M Ouchida & M S Lachs, *Not for doctors only: Ageism in health care*, American Society on Ageing, America, 2015, retrieved on the 21st April 2020; https://www.asaging.org/blog/not-doctors-only-ageism-healthcare
[180] R T Higashi et al, 'Elder care as "frustrating and "boring": Understanding the persistence of negative attitudes towards older patients amongst physicians-in-training", Journal of Ageing Studies, vol. 26, issues 4, 2012, pp. 476-483.
[181] J C Chrisler, A Barney, & B Palatino, 'Ageism can be hazardous to women's health; Ageism, sexism, and stereotypes of older women in the healthcare system', Journal of Social Issues, vol. 72, no. 1, 2016, pp. 86-104.
[182] G Baggio et al., 'Gender medicine: a task for the third millennium', Clinical Chemistry and Laboratory Medicine, vol. 51, no. 4, 2013, pp.713–727.
[183] J C Frich, K Malterud & P Fugelli, 'Women at risk of coronary heart disease experience barriers to diagnosis and treatment: A qualitative interview study', Scandinavian Journal of Primary Health Care, 2006, vol. 24, pp. 38-43.
[184] M Moradi et al., 'Impact of endometriosis on women's lives: a qualitative study', BMC Women's health, vol. 14, no. 123, 2014, pp. 1-12.
[185] J Lowe, 'Yentl resurgat: inadequate management of cardiovascular risk in women', *Internal Medicine Journal*, vol. 41, issues 11, 2011, pp. 713-715.
[186] A Werner & K Malterud, 'It is hard work behaving as a credible patient: encounters between women with chronic pain and their doctors', *Social Science & Medicine*, vol. 57, 2003, pp. 1409–1419.
[187] S L Williams, K B Haskard & M R DiMatteo, 'The therapeutic effects of the physician-older patient relationship: Effective communication with vulnerable older patients', Clinical Interventions in Ageing, vol. 2, no. 3, 2007, pp. 453-467.
[188] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.

right amount of information, and patient centred information.[189] Older people need enough time to ask questions and not feel rush. They need the health provider to take time to listen and be interested.[190] Older women also need doctors to be responsive to patient concerns."[191]

Accessibility of health services

Transportation is a significant barrier for health care access. Studies show that *"transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use."*[192] [193] [194] This may lead to poor management of health issues and poor health outcomes. [195] The 2018 COTA report *State of the older nation* found that 17% of older adults experience barriers regarding travel distance, 6% reported lack of transport, and 6% reported cost of transport.[196]

Community transport is an option for some people, and it is essential to assist patients to and from health services, particularly people who are older or have a disability. However, community transport is often under-funded and there are many people who are turned away.[197] Disability access to health services is also important. There needs to be ramps, wide enough doors, adequate paths leading to the service and enough disability parking for those that need it.[198] [199]

Those who have multiple points of potential vulnerabilities, such as older people on low incomes, people from CALD and Aboriginal and Torres Strait Islander communities may have greater barriers to transport options and hence lower access to health services and reduced social inclusion.[200] [201]

**Health information seeking**

An age friendly city ensures that *"access to information, services and supports for older people to engage in the life of the community is provided."* And that *"older people are assisted in their use of digital technology."*[202]

[189] S L Williams, K B Haskard & M R DiMatteo, 'The therapeutic effects of the physician-older patient relationship: Effective communication with vulnerable older patients', Clinical Interventions in Ageing, vol. 2, no. 3, 2007, pp. 453-467.
[190] J N Vieder, et al. 'Physician-patient interaction: What do elders want?' *Journal of American Osteopath Association*, vol. 102, no. 2, 2002, pp. 73–8.
[191] A L Fitzpatrick et al, 'Barriers to health care access among the elderly who perceives them', *American Journal of Public Health*, vol. 94, 2004, pp. 1788-1794.
[192] D Denmark, A Hurni, B Cooper, *No transport, no treatment,* Cancer Council, Sydney, 2011, retrieved on the 23rd of April 2020; https://www.cancercouncil.com.au/wp-content/uploads/2011/10/No-Transport_No-Treatment.pdf
[193] S T Syed, B S Gerber, & L K Sharp, 'Travelling towards disease: transportation barriers to health care access', *Journal of Community Health,* vol. 38, no. 5, 2013, pp. 976–993
[194] D van Gaans & E Dent, 'Issues of accessibility to health services by older Australians: a review', *Public Health Reviews,* vol. 39, no. 20, 2018, pp. 1-16.
[195] S T Syed, B S Gerber, & L K Sharp, 'Travelling towards disease: transportation barriers to health care access', *Journal of Community Health,* vol. 38, no. 5, 2013, pp. 976–993
[196] Council of the ageing and Newgate research, *State of the older nation*, Canberra, 2018, retrieved on the 23rd of April 2020, https://www.cota.org.au/wp-content/uploads/2018/12/COTA-State-of-the-Older-Nation-Report-2018-FINAL-Online.pdf
[197] D Denmark, A Hurni, B Cooper, *No transport, no treatment,* Cancer Council, Sydney, 2011, retrieved on the 23rd of April 2020; https://www.cancercouncil.com.au/wp-content/uploads/2011/10/No-Transport_No-Treatment.pdf
[198] ACTCOSS, Disability and access to health services Factsheet, Canberra, 2012.
[199] Australian Institute of Health and Welfare, *People with disability in Australia*, Canberra, 2019, retrieved on the 23rd of April 2020; https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/health/access-to-health-services
[200] D Denmark, A Hurni, B Cooper, *No transport, no treatment,* Cancer Council, Sydney, 2011, retrieved on the 23rd of April 2020; https://www.cancercouncil.com.au/wp-content/uploads/2011/10/No-Transport_No-Treatment.pdf
[201] G Currie et al, 'Investigating links between transport disadvantage, social inclusion and wellbeing in Melbourne – Preliminary results', *Transport Policy,* vol. 16, no. 3, 2009, pp. 97-105.
[202] ACT Government Community Services, *Age-friendly Canberra a vision for our city*, Canberra, 2020, viewed on the 17th of April 2020; https://www.communityservices.act.gov.au/__data/assets/pdf_file/0005/1324355/CSD-Age-Friendly-Canberra-Statement-of-Direction-2019.pdf

Women seek health information for their general health needs and for specific illnesses. They actively seek health information from a variety of sources including health websites, telephone helplines and health professionals, while also inertly absorbing health promotion campaigns, information from the media and through conversations daily.[203] Some studies show that older women prefer to get their health information from their GP.[204] [205] [206] And older adults who distrust online sources are less likely to use them.[207]

In the last 20 years or so there has been a shift, where patients are no longer passive and are now active consumers that seek out information, including from online sources.[208] As active consumers, older people can search and review multiple sources of health information, so that they have a "smorgasbord" of choices.[209] Maslen and Lupton found that women sought health information online for a number of reasons: to self-screen, to prepare for and following up a consultation, for selective engagement, when caring for others, when creating and sharing new information and to challenge medical authority.[210] Medlock et al found that older women were more likely, when compared to men, to collect online sources of health information after an appointment with a health professional.[211]

According to the *2019 Jean Hailes* women's health survey, women in older age groups prefer to get their health information via face to face, followed by either websites or fact sheets, compared to younger groups who preferred websites first.[212]

In the *2018 Jean Hailes* for women's health survey, 57% of women in all age groups looked for health information online before attending a health professional. Whereas older women were far more likely to look for health information from their nurse or GP first, 43% of 66-79 year olds and 60% of 80 plus.[213]

In the *2011 WCHM* report on older women and health information, women reported that they mostly sought information from a GP (93%), and that they were more likely to get information from pharmacists than the internet. Sixty per cent of older women reported that they went to a GP for general health information in the last 12 months. Forty per cent of women went to a

[203] M Murphy, B Murphy & D Kanost, Access to women's health information: A survey of Victorian women as information seekers, Women's Health Victoria, Melbourne, 2003.
[204] A Pettus et al, 'Internet-based resources for disease self-care among middle aged and older women with chronic conditions', *Journal of Women's Health*, vol. 23, no. 3, 2017, pp. 222-233.
[205] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health*, Women's Centre for Health Matters, Canberra, 2018.
[206] A Carnovale, *It goes with the territory! The views of older ACT women about health and wellbeing information. A companion report It goes with the territory! ACT women's views about health and wellbeing information (July 2010),* Women's Centre for Health Matter's, Canberra, 2011.
[207] D M Zulman, M Kirch, K Zheng & L C An, 'Trust in the Internet as a Health Resource Among Older Adults: Analysis of Data from a Nationally Representative Survey', Journal of Medical Internet Research, 2011, vol. 13, no. 1.
[208] M McMullan, 'Patients using the Internet to obtain health information: How this affects the patient–health professional relationship', Patient education and Counselling, vol. 63, issues 1-2, 2006, pp. 24-28.
[209] A Turner et al, 'A closer look at health information seeking by older adults and involved family and friends: Design consideration for health information technologies, AMIA annual symposium proceedings, 2018, pp. 1036-1045.
[210] S Maslen & D Lupton, '"You can explore it more online": a qualitative study on Australian women's use of online health and medical information', BMC Health Serv Res, 2018, vol. 18, no. 1, pp 916.
[211] S Medlock et al, 'A Health Information–Seeking Behavior of Seniors Who Use the Internet: A Survey', Journal of Medical Internet Research, 2015, vol. 17, no. 1.
[212] Jean Hailes for Women's Health, National women's health survey 2019: A healthier future for all women in Australia, Melbourne, 2019.
[213] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.

pharmacist for general health information.[214] Ninety seven per cent reported that they sought information for their own health needs.[215]

In the WCHM *2018* women's health report just over 50% of older women over 55 years old reported that they sought information from their GP as their first preference for general health information. And approximately 35% of them reported that their second preference was online. For specific health information, approximately 70% of the older women sought information from their GP, and about 20% of them sought information online.[216]

Older women look for a range of health information. In the Jean Hailes women's health survey, women 51 to 79 years old listed weight management as the top health issue that they would like more health information on. Bone health/osteoporosis and menopause were listed by women aged 51 and older in the top three health issues that they would like more health information on. Women who were 51-65 also listed them as one of the top three health issues they would like information on whereas women aged 66 plus said they wanted more information on cardiovascular health.[217]

[214] A Carnovale, *It goes with the territory! The views of older ACT women about health and wellbeing information. A companion report It goes with the territory! ACT women's views about health and wellbeing information (July 2010),* Women's Centre for Health Matter's, Canberra, 2011.
[215] A Carnovale, *It goes with the territory! The views of older ACT women about health and wellbeing information. A companion report It goes with the territory! ACT women's views about health and wellbeing information (July 2010),* Women's Centre for Health Matter's, Canberra, 2011.
[216] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health*, Women's Centre for Health Matters, Canberra, 2018.
[217] Jean Hailes for Women's Health, *Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia*, Melbourne, 2018.

## Housing and financial security

Secure housing is an essential contributor to optimal health and wellbeing.[218] In the age-friendly Canberra Vision one of the key principles is to ensure that; *"older people are consulted about, and have access to, affordable and accessible housing options that are close to transport and community services and suited to their needs."*[219]

Census data shows that there has been a 31% increase in older women who were homeless between the years 2011 and 2016 in Australia.[220] In the ACT, 83 older women were estimated to be homeless in 2016, with 43% were living in supported accommodation for the homeless.[221] There are many more older women who may be on the verge of homelessness should something happen.[222]

Older women are often invisible in homelessness statistics as many of them are not sleeping on the streets and don't access homeless services and so are not recorded.[223] Older women who are homeless are more likely to be couch surfing with friends and family or sleeping in their cars,[224] [225] or they may be in crowded dwellings and could be under the threat of violence and in hiding.[226] Moreover, they may be experiencing homelessness for the first time, having lived conventional lives[227] and some of them may not even consider themselves homeless.[228]

Older women are susceptible to housing insecurity due to swapping paid work for unpaid caring work, insecure employment, disproportionate pay disparities, insufficient superannuation, having a relationship breakdown and increases in the cost of living.[229] [230] [231] [232] [233] The cost of housing is a significant factor in older women's homelessness, secure and affordable housing "*establishes a base from which to secure income, freeing up income for*

[218] Mercy Foundation, *Retiring into poverty, A National plan for change: Increasing housing security for older women*, Australia, 2018, retrieved on the 20th of April 2020; https://www.mercyfoundation.com.au/wp-content/uploads/2018/08/Retiring-into-Poverty-National-Plan-for-Change-Increasing-Housing-Security-for-Older-Women-23-August-2018.pdf
[219] ACT Government Community Services, *Age-friendly Canberra a vision for our city*, Canberra, 2020, viewed on the 17th of April 2020; https://www.communityservices.act.gov.au/__data/assets/pdf_file/0005/1324355/CSD-Age-Friendly-Canberra-Statement-of-Direction-2019.pdf
[220] Australian Bureau of Statistics, 2049.0- Census of population and housing: estimating homelessness, 2016, Australian Government, Canberra, 2018, retrieved on the 12th of September 2019, https://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0
[221] Australian Bureau of Statistics, 2049.0 Census of Population and Housing: Estimating homelessness, 2016. Refer to State and territory of usual residence, Sex by age of person Datacube: Excel spreadsheet 2018. Findings based on use of Datacube. In Australian Human Rights Commission, *Older Women's Risk of Homelessness: Background Paper*, Canberra, 2019.
[222] Australian Bureau of Statistics, Census of Population and Housing: Estimating homelessness: State and territory of usual residence, Sex by age of person, 2016, Data cube: Excel spreadsheet, Cat. No. 2049.0 2018, In Australian Human Rights Commission, In Australian Human Rights Commission, *Older Women's Risk of Homelessness: Background Paper*, Canberra, 2019.
[223] A Sharam, A predictable crisis: older, single women as the new face of homelessness, Swinburne Institute for Social Research, Melbourne, 2010, http://apo.org.au/system/files/22195/apo-nid22195-13601.pdf
[224] Mercy Foundation, *Older women and homelessness*, Sydney, 2017, retrieved on the 23rd of April 2020; https://www.mercyfoundation.com.au/our-focus/ending-homelessness-2/older-women-and-homelessness/
[225] M Petersen and C Parsell, *Older Women's Pathways out of Homelessness in Australia*, Mercy Foundation, Institute of social sciences research, The University of Queensland, Queensland, 2014.
[226] M Petersen and C Parsell, *Older Women's Pathways out of Homelessness in Australia*, Mercy Foundation, Institute of social sciences research, The University of Queensland, Queensland, 2014.
[227] M Petersen, C Parsell, R Phillips, and G White, *Preventing first time homelessness amongst older Australians*, AHURI Final Report No. 222, Australian Housing and Urban Research Institute Limited, Melbourne, 2014, retrieved on the 23rd of April 2020; https://www.ahuri.edu.au/research/final-reports/222.
[228] Mercy Foundation, *Older women and homelessness*, Sydney, 2017, retrieved on the 23rd of April 2020; https://www.mercyfoundation.com.au/our-focus/ending-homelessness-2/older-women-and-homelessness/
[229] Kliger B, Sharam A & Essaber F, *Older women and homelessness, a literature review*, City of Boroondara, 2010.
[230] D Batterham et al, Ageing out of place: The impact of gender and location on older Victorians in homelessness, Hanover Welfare Services, Melbourne, 2013, retrieved on the 30th of July 2019, https://www.launchhousing.org.au/site/wp-content/uploads/2013/01/Ageing-Out-of-Place-FINAL-REPORT.pdf
[231] McFerran L, *It could be you: Female, single, older and homeless,* Homelessness NSW, Sydney, 2010, retrieved on the 30th of July 2019, http://www.ownnsw.org.au/wp-content/uploads/2013/08/ItCouldBeYou.pdf
[232] Tually S, Faulkner D, Cutler C, & Slatter M, Women, domestic and family violence and homelessness: A synthesis report. Flinders Institute for Housing Urban and Regional Research, Prepared for the Office for Women Department of Family, Housing, Community Services and Indigenous Affairs, 2008, retrieved on the 30th of July 2019; https://www.dss.gov.au/sites/default/files/documents/05_2012/synthesis_report2008.pdf
[233] A Sharam, A predictable crisis: older, single women as the new face of homelessness, Swinburne Institute for Social Research, Melbourne, 2010, http://apo.org.au/system/files/22195/apo-nid22195-13601.pdf

*other life essentials including food, healthcare and community activity."*[234] Canberra is becoming a more difficult place to live a comfortable life due to the increasing cost of living specifically cost of utilities such as rates and energy. Many women fear financial insecurity in retirement.[235]

Addressing homelessness for older women not only needs systemic issues addressed but an improvement in integration of aged care, homelessness, health, social service and disability systems; early detection and intervention; and appropriate services.[236]

Older people are spread across Canberra, according to a 2016 report, however the number of residents of people aged 65 years or older are increasing in areas of Belconnen and Tuggeranong.[237] In the WCHM 2011 report on older women and social connectedness, 90% of women owned their own home, 5% rented and 1% were in public housing.[238] While only 4.5% per cent of older people in the ACT live in residential care, women made up almost three-quarters (72.8%) of the residents overall, however this increased with age—from 49.1% of those aged 65-69 years to 83.2% of those aged over 95 years.[239] In the ACT, as like many states in Australia, there are many older people on the waiting list for aged care housing. Data from the resident queue showed that in June 2018 there was 1,595 older adults in the ACT waiting for aged care housing.[240]

## Conclusion

We have examined current Australian research in this literature review to explore how older women access health services and supports, the barriers that they face in accessing health services, and their access to information for their health. We also explored conditions that may impact on women's health and wellbeing as they age, including their housing and the impact of social connection and the converse, social isolation, and how important social participation is. It is important that older women live well into older age, as the impact of poor health has costs to the individual, to society and the health care system. Therefore, it is necessary to explore the aspects of older women's health and wellbeing specific to the ACT.

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# Findings

### Demographics: the women who completed the survey

One hundred and ninety four older women completed a valid response to the survey in the 7 week period in August to September 2019. Table 1 shows the age groups of the women who responded to the survey.

| Age | Number | Per cent |
|---|---|---|
| 55-64 years old | 88 | 45.4% |
| 65-74 years old | 60 | 30.9% |
| 75-84 years old | 39 | 20.1% |
| 85 plus years old | 7 | 3.6% |

*Table 1: Ages of women who responded to the survey.*

One woman identified as Aboriginal (but not Torres Strait Islander). One woman preferred not to answer if she was Aboriginal and/ or Torres Strait Islander.

Seven women spoke a language other than English at home. Two women did not say.

Fifty six women reported they were living with a disability, accounting for 28.9% of the respondents. Two women did not say.

Ten women identified as a lesbian, gay, bi, trans or intersex women, accounting for 5.2% of the respondents. Two women did not say.

Figure 1 shows where respondents reported that they lived. The highest number of respondents lived in Belconnen (n= 48, 24.7%), followed by Tuggeranong (n=29, 14.9%), and the Inner North (n=26, 13.4%).

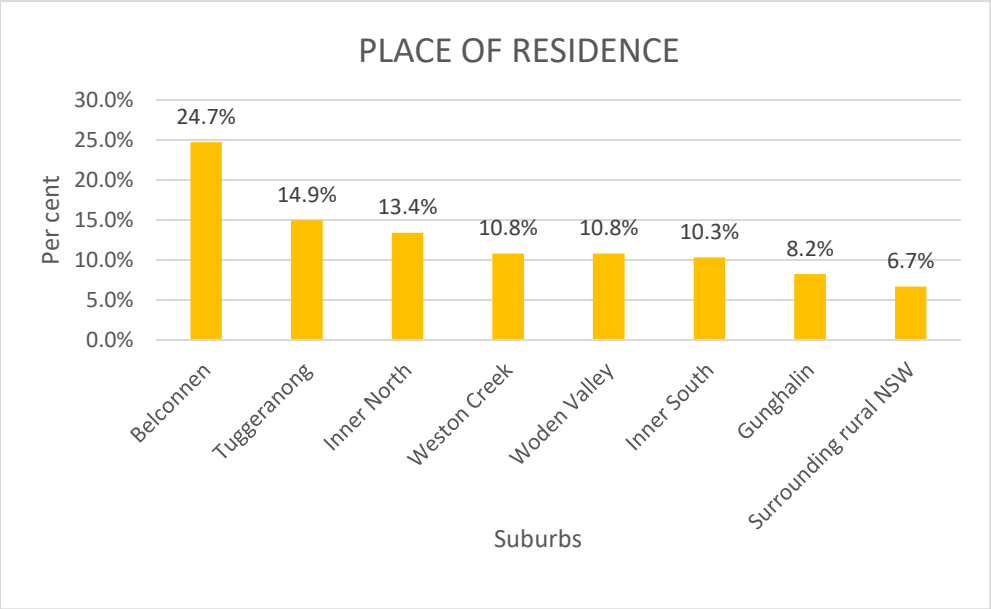


*Figure 1: Place of residence of respondents. Per cent total does not add up to 100% due to rounding.*

### Older women's understanding of what good health means

Survey participants were asked to describe what good health meant to them. One hundred and eighty two older women completed this question. Most women talked about a combination of factors for good health, and so multiple themes were found.

Many of the women said that good health meant being active, motivated, and engaged. They expressed that good health meant being independent and free to live a good life.

> *"Being able to fully participate in life and to look forward to a lot more of it."*
>
> *"The ability to live independently and do the things I want to do."*
>
> *"Good health means being able to live your daily life to the full."*
>
> *"Good health means to me - the ability to live my best life and do the things I want and need to do!"*

Many of the women also talked about wanting and hoping to live disease free and pain free with good mobility, as the definition of good health.

> *"The capacity to be able to move freely, without pain and to have the stamina to do the basic day to day functions."*
>
> *"Doing what I want without pain and movement limitation."*
>
> *"An absence of disease or disability and sense of well being in my life. Ability to manage stress and recover from minor ailments."*

There were some women who acknowledged that good health meant a combination of being active and free to live a good life and living without pain and with good mobility.

> *"Good health is being able to live a meaningful, engaged, active, thriving life without excessive pain and isolation."*
>
> *"freedom from pain, discomfort and annoying symptoms and so feeling able to enjoy a lifestyle of my choice."*
>
> *"Not having any ongoing ailments; being able to walk easily and do all the active things I want to."*
>
> *"To be able to do all that I want to do without my physical health placing limitations on me, being active and pain free."*

Women also mentioned good health as a being socially connected to friends, family and community. Participating in social activities were important to them.

> *"Being able to function well in my home while caring full time for my 90 year old husband who has dementia plus other serious health problems. To be able to get around easily to retain social interaction. To be able to exercise more."*
>
> *"Being pain free. Able to participate in work and social activities."*
>
> *"well enough to enjoy life, capable of looking after oneself and family, be productive whether through paid or unpaid employment, volunteering, hobbies), exercise, socialise, travel to name a few."*

Some mentioned that good mental health was essential. Inner peace and confidence was one definition of good health for some of the respondents.

> *"Being strong, agile, healthy, in control of my life and in a good mental health space are important to me. Continuing life long learning to enhance personal growth is also necessary."*
>
> *"Having the ability to participate in physical and mental activities"*
>
> *"social, family health and education employment, and basic income, mental health and well being, listen to voices for help."*

Other themes for what good health meant included:

- A combination of physical and mental health

> *"having the capacity to do what I want to do with joy and a sense of being capable. that requires physical and mental wellbeing, and confidence to keep pushing myself to get healthier."*

- Ability to do exercise

> *"Able to maintain function- walking, exercise"*

*"That I can participate in social activities, exercises, and family activities."*

- Happiness and enjoyment

*"Being happy and healthy."*

*"Able to live a happy healthy and fulfilled life!!!"*

- Being strong and agile

*"Feeling positive and happy. Having strength and energy."*

*"Good health means to me - the ability to live my best life and do the things I want and need to do! Being strong, agile, healthy, in control of my life…"*

## Self-rated health

Women were asked to rate their physical health, as shown in Figure 2. Fifty one per cent of women rated their physical health as either excellent or good (n=99). Other women rated their physical health as fair (n=62, 32.0%), poor (n=26, 13.4%) or very poor (n=7, 3.6%).

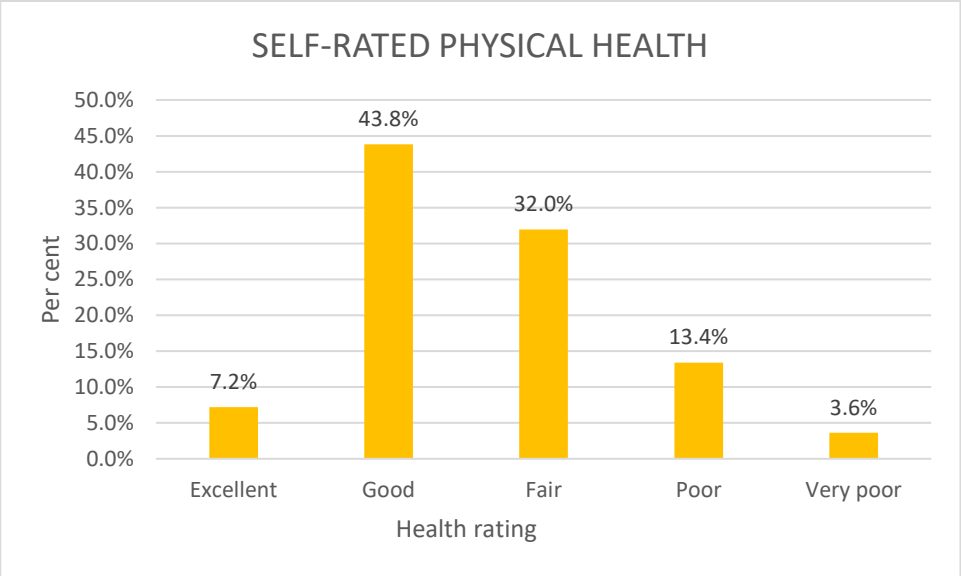


*Figure 2: Self-rated physical health.*

Women were asked to rate their mental health, as shown in Figure 3. Just under sixty five per cent of women rated their mental health as excellent or good (n=126). Twenty six point three per cent rated their mental health as fair (n=51), whereas 6.7% rated it as poor (n=13) and 2.1% rated their mental health as very poor (n=4).


*Figure 3: Self-rated mental health.*

There were differences in self-rated physical and mental health between age groups. Just over fifty four per cent of 75 plus year old's self-rated their physical health as excellent and good (n=25), see Figure 4. In contrast, 36.4% of women in the 55-64 year old group rated their physical health as excellent and good (n=32).

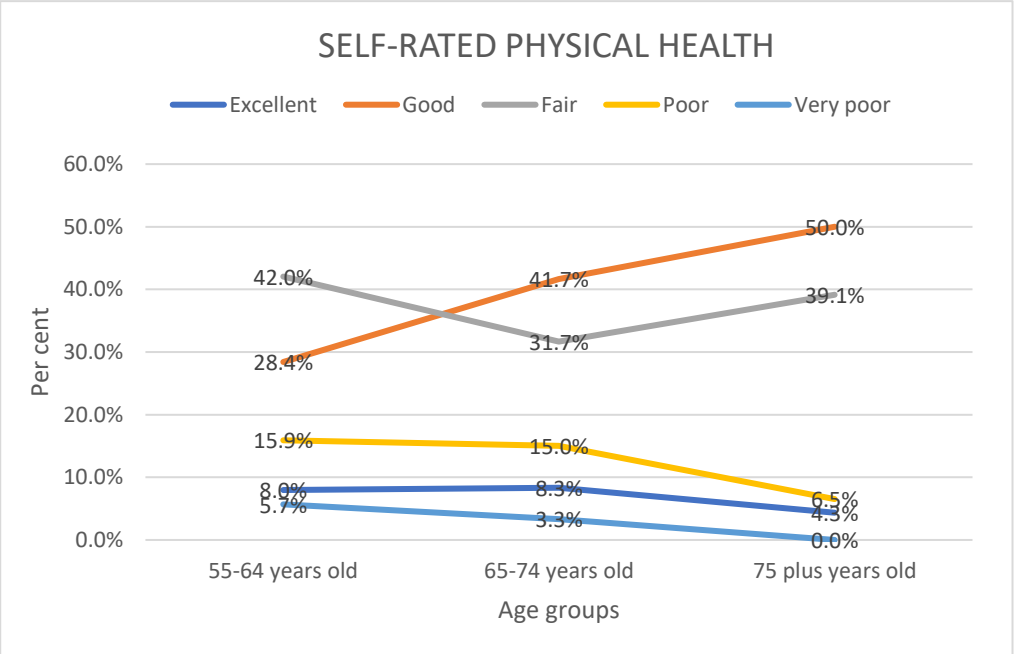


*Figure 4: Self-rated physical health disaggregated by age.*

Women aged 75 plus had higher self-rated mental health than other age groups. Eighty point four per cent of those aged 75 plus rated their mental health as either excellent or good (n=37), see Figure 5. Whereas 55.7% of 55-64 year olds rated their mental health as excellent or good (n=49).

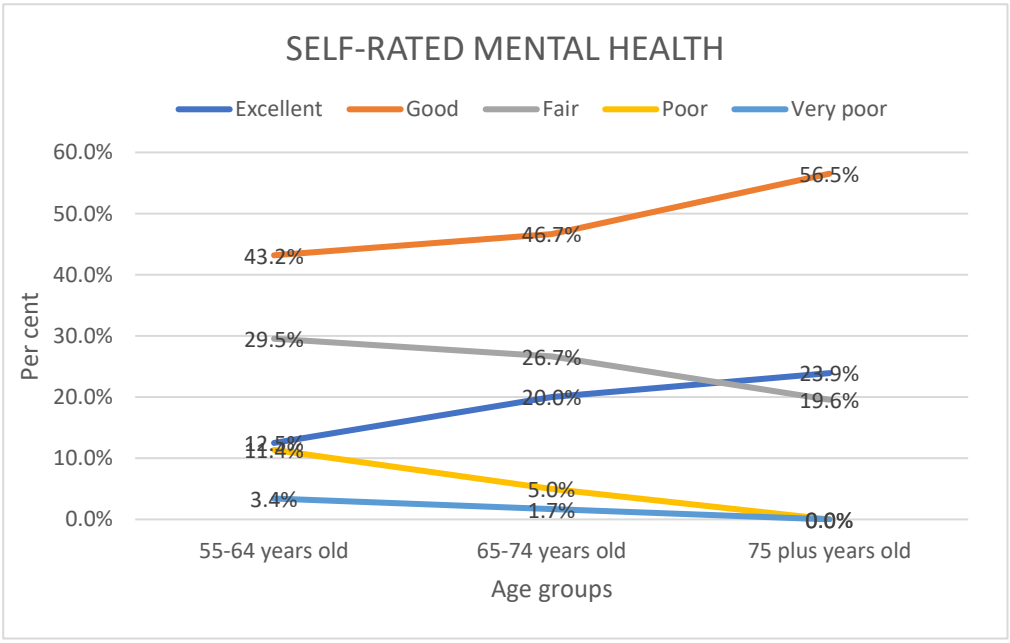


*Figure 5: Self-rated mental health disaggregated by age.*

Figure 6 shows older women's self-rated mental health compared to self-rated physical health. Women who reported that they had excellent or good mental health mostly reported excellent or good self-rated physical health, whereas those who reported poor or very poor mental health rated their physical health fair or poor or very poor.

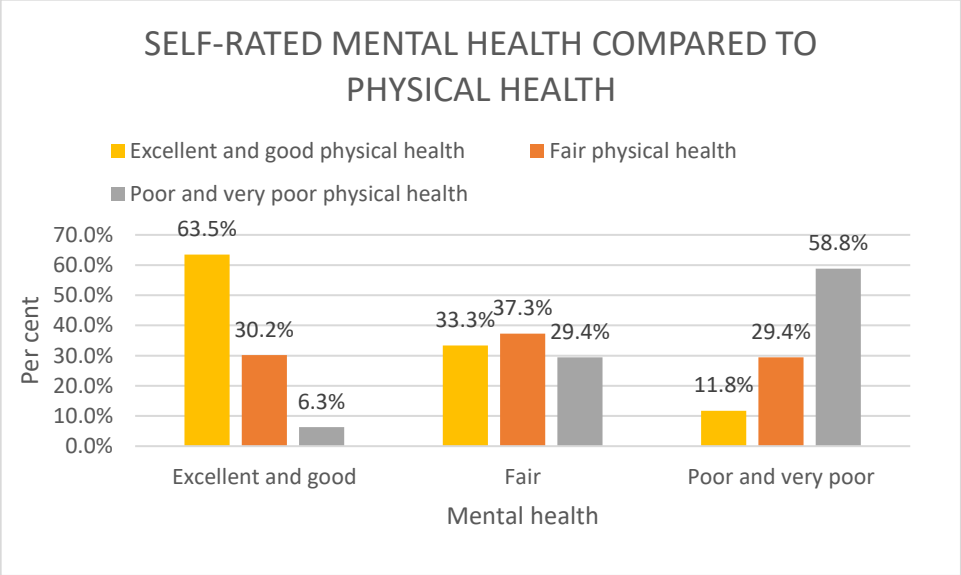


*Figure 6: Self-rated mental health compared to physical health.*

**Mental and physical wellness**

We asked women in the focus groups what they needed to feel mentally and physically well. Some of the women said they needed to have a strong sense of who they are and a purpose in life.

> *"I know from when I was really unwell my sense of identity, because at first I was identifying as a sick person and I was identifying as someone who has a lot of deficit. But now I'm identifying as who I am, not what happens to me."*

> *"To feel as though you have a purpose"*

A few women talked about having the financial resources to ensure a comfortable life and to have their health needs met.

> *"Having the financial resources to be able to stop work, I was heading down a completely different track health wise and work was really stressful, I was very unhealthy, being able to have a choice I guess. Money doesn't buy happiness but it does buy choices and being able to do things. And also its allowed my to buy a gym membership so now I can go to the gym. But I'm very aware that that's a privilege because most people my age are still slugging it out…"*

Some women talked about the importance of exercise for mental and physical health, whether it was swimming, walking or an exercise class. They also talked about exercise as a social activity.

> *"Exercise is my 'go to' every time, and nature. Working up a sweat, luckily I'm still fortunate enough to be able to do that. I feel terror at not being able to get out of the chair and exercise…some contact with another human being during the day is really important."*

Others mentioned leisure activities such as gardening, watching movies at home or at the cinema, reading a good book, eating out, meditating and playing card games like bridge.

Friendships were important for most of the women in the focus groups, and activities with friends were seen as really important to maintain wellbeing.

> *"I have a friend who rings at 6pm every night to check if I'm still alive."*

> *"My friend and I send a text. If you haven't heard from each other by 12oclock than we ring up and see if they are alright and they haven't just forgotten to send the text."*

> *"When you get older they say you lose all your friends, but you don't you make new friends."*

## The health services that ACT older women accessed

Most women reported that they were able to find services in Canberra that helped them to obtain and maintain good health (n=129, 66.5%). Forty women responded that they could not, and 20 reported that they didn't know or hadn't tried. Three women did not say, and two preferred not to answer.

Women accessed a range of health services in Canberra in the last twelve months. GPs were the most accessed health service (n=183, 94.3%), followed by filling a prescription (n=178, 91.8%) and attending a dentist (n=143, 73.7%) as shown in Figure 7. Only one woman did not attend a health service.

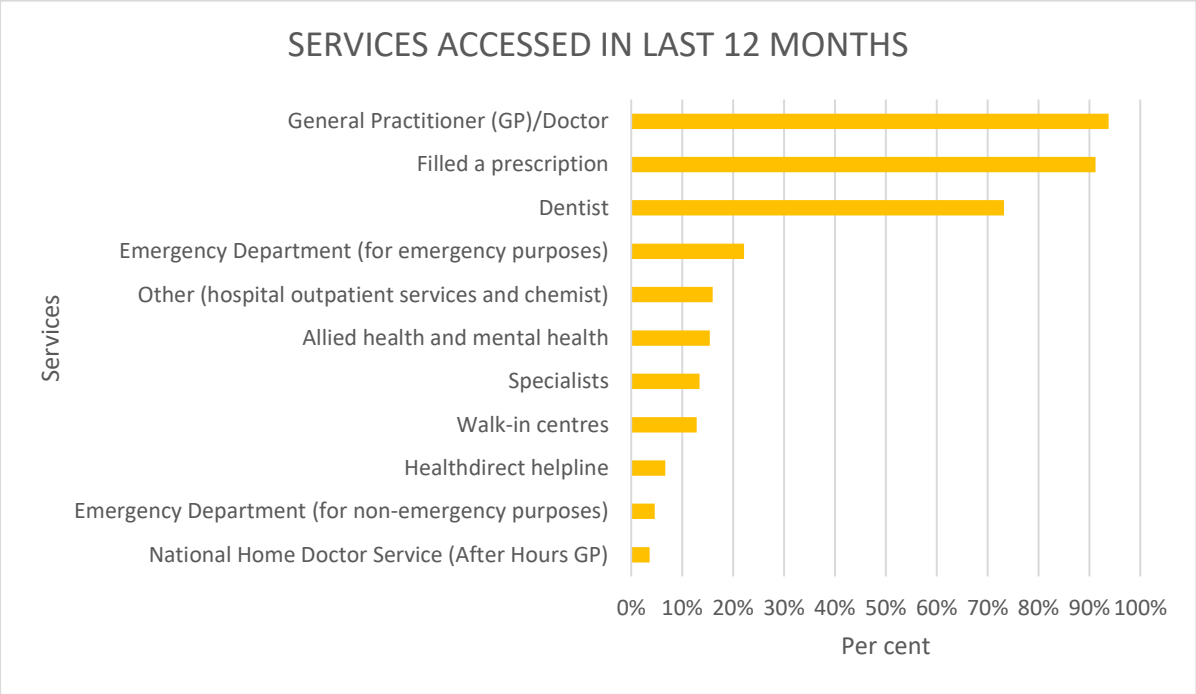


*Figure 7: Services accessed by respondents in the last 12 months.*

There were some differences in service use between each age group. Women aged over 75 used the emergency department (for emergency purposes) twice as much (n=18, 39.1%) in the last 12 months as 55-64 year olds (n=11, 12.5%). Women aged 65-74 had used the dentist approximately 10% more than the other age groups. Twenty six point seven per cent of 65-74 year olds had used allied and mental health professionals in the last 12 months which was approximately twice as much as other age groups, as shown in Figure 8.

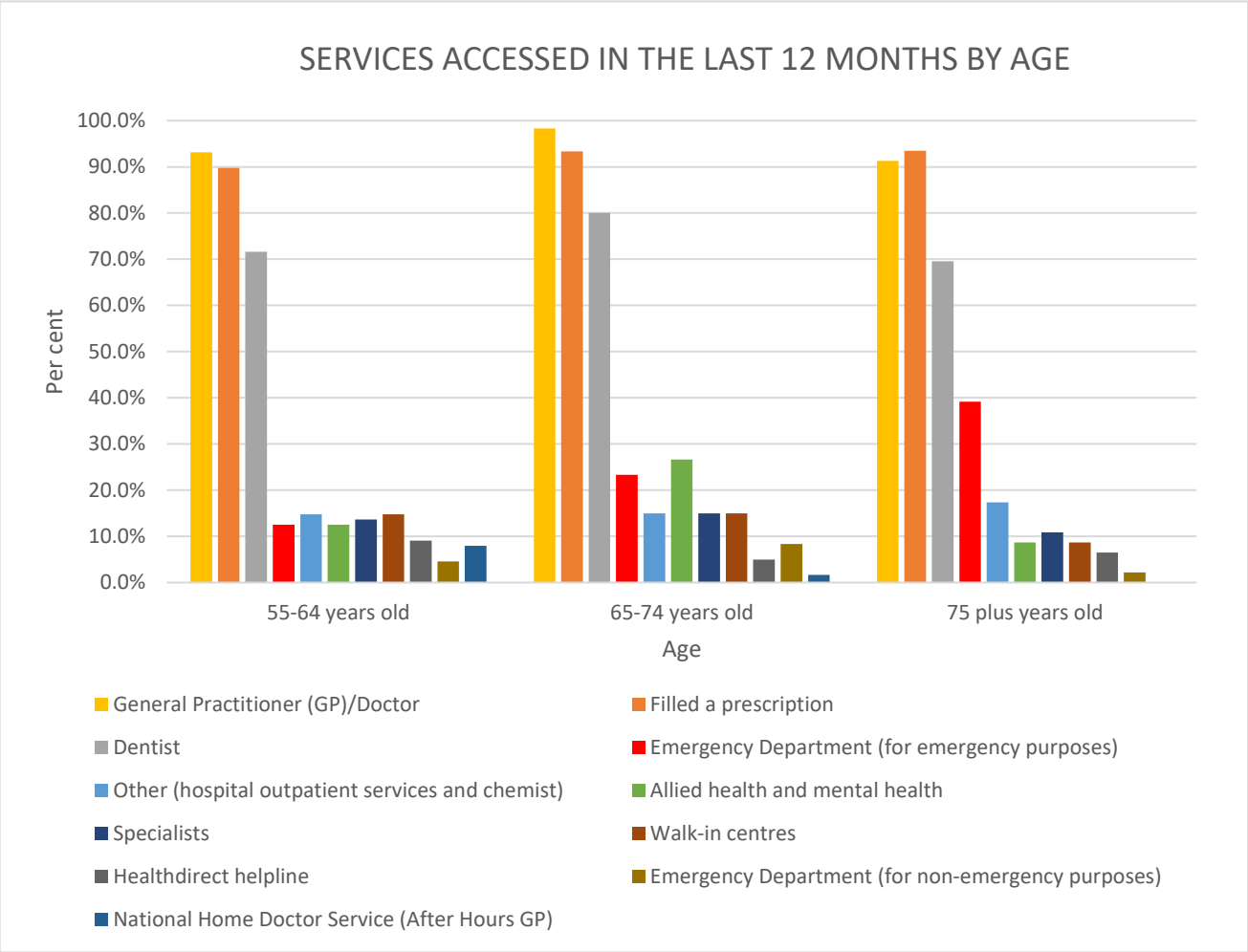


*Figure 8: Services accessed by respondents in the last 12 months disaggregated by age.*

Most women went to see a health professional for themselves (n=182, 93.8%). Just under a quarter of respondents attended health services for their partner (n=46, 23.7%), 10.8% accessed services for their child or children (n=21), 6.7% accessed services for a family member, 5.2% accessed services for their parents (n=10) and 1.5% access it for their friends (n=3). Six women did not say.

### Barriers or difficulties experienced when accessing health services

Survey respondents were asked if they experienced any difficulties or barriers when accessing health services. Respondents were given a list of barriers and could select any that were applicable to them. There was also space to give alternative answers to what was listed.

One hundred and twenty women mentioned barriers to health services. The top listed barriers were appointment availability (n=61, 31.4%), affordability (n=60, 30.9%) and long wait times (n=50, 25.8%) as shown in Figure 7. Nineteen women reported no barriers and 55 women did not say if they had barriers. Respondents who selected 'other' identified barriers of travel and distance, lack of services and dissatisfaction with services.

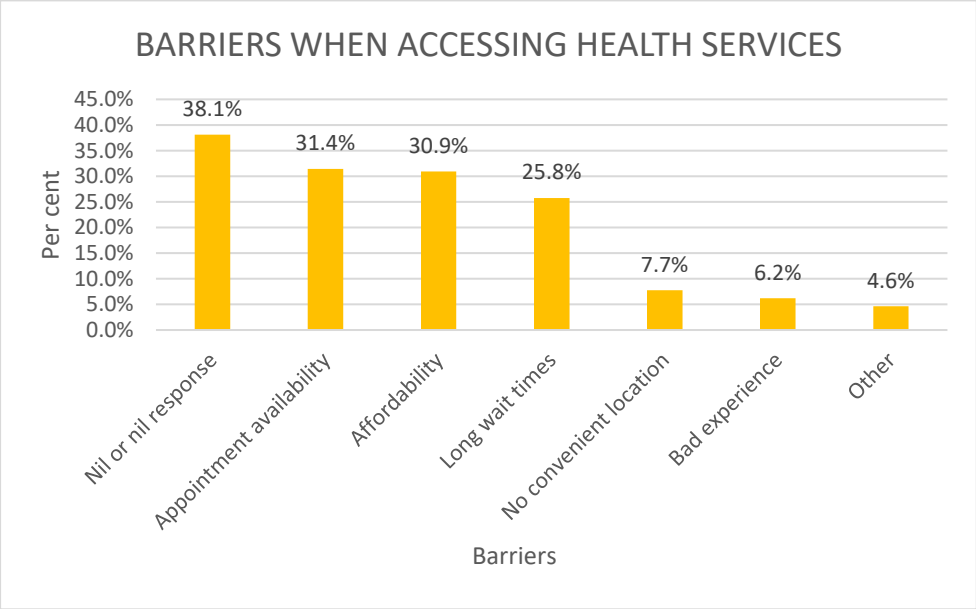


*Figure 9: Barriers to health services.*

Fifty eight women provided further comments regarding their access and their experiences with health services in the ACT.

There were thirteen women who talked about their positive experiences with health services in the ACT, often naming specific health providers as giving good quality care.

> *"I have a very good GP and a very good dentist and the chemist is local and good."*
>
> *"I have had no problems accessing health services because I am able to afford the fees. I also have a very helpful GP."*
>
> *"….. were most helpful when I first used their practice and with follow up visits."*

Twelve respondents reported negative experiences with health services in the ACT. Commenting on care that they weren't happy with, and that they at times felt disrespected.

> *"I wish that the Calvary Hospital or the UC Hospital had more specialist and capacity so I would not have to travel so far with the bus. Also about the OMS, I believe that more bariatric operations should be offered. They were very discouraging. may I go as far as to say that they are guilty of age discrimination."*

*"The 80 year old neighbour waited 2.5 years for a hip replacement …. They were discharged without a management plan for home: no rehab, no physio, no community nurse checking in, and no referral to support services eg. No case management/ social worker/ social worker, I had to arrange all of this as a friend and retired social worker. The service was a disgrace, the client has survived but "good health" is not a description I'd use for this case."*

Some respondents also talked about how unaffordable they felt some services were. They were frustrated with the lack of bulk billing services or gap fees for GP services.

*"Emergency was great, follow up for chronic problems is harder. Expensive, inconvenient and worst of all, as yet no diagnosis."*

*"Drs are just too expensive even with the rebate."*

*"Services I've accessed are very good but expensive. Medicare provides rebates but you need to have money to pay up front before receiving the rebate. Not enough doctors bulk bill. Often those that do have very short appointments and will only deal with one issue per visit when a patient might have more than one issue to be dealt with. Longer appointments that may only be for 10 minutes may not cover all health needs either. Would rather pay up front for a good doctor and know I am in good hands. Top level private health insurance does not cover nearly enough for dentists and other "extras" like physiotherapy and podiatry. I have to plan when I use these services to make sure I have enough money. Private health insurance premiums are astronomical, but I keep paying it because I am afraid that I may need another hip replacement. I was $8,000 out of pocket on the first one even with private cover."*

*"The gap payment between medicare and GP is around $50 now, so I only go if I absolutely have to. I know there are bulk billing doctors, but very few if you don't have a health care card. I work as a disability carer and don't have a high income."*

Other respondents discussed services that they felt were not addressing their needs, had poor appointment availability, long wait times to get an appointment, and that they needed more services, such as aged care services.

There were differences in the barriers to health services and supports between age groups. The 55-64 year olds reported more barriers than any other age group. They made up half of the women that reported an affordability barrier (n=30, 36.4%) And the 75 plus year olds reported the least barriers as shown in Figure 10 below. (Note the percentages do not add up to 100 as women were able to choose all barriers applicable to them).

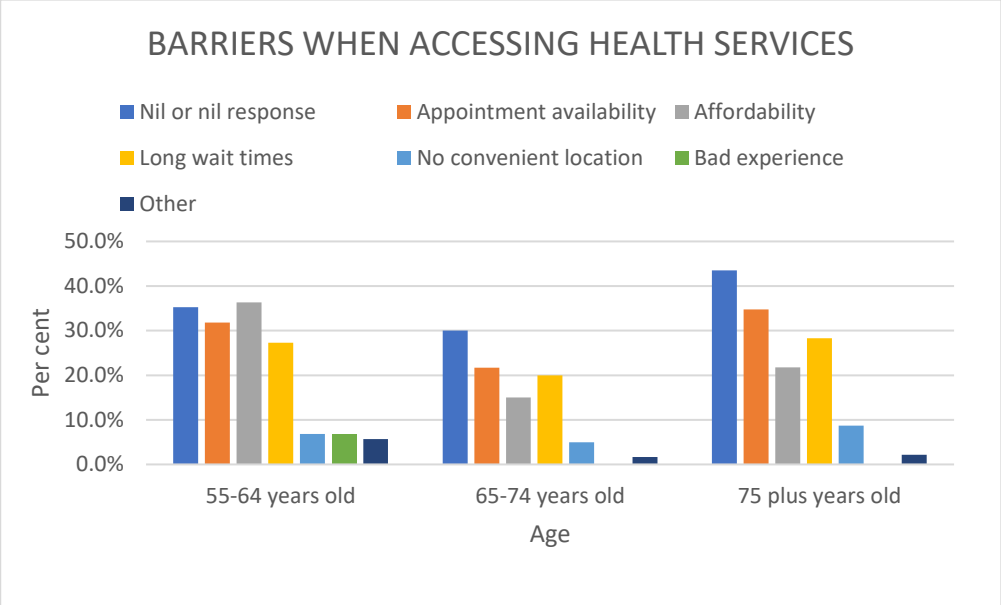


*Figure 10: Barriers to health services disaggregated by age.*

Age impacts on access to health care

Women in the focus groups reported that age and ageing impacted on their access to health services. Two common themes were found affordability and their treatment from health professionals.

Some of the women talked about how affordability was an issue for them now that they were older, and how they may have limited resources to attend to their health.

> *"Yes from a fiscal point of view, cause I'm currently on a health pension. There are some costs that are quite prohibitive to actually accessing different things."*

> *"If you have a long-term medical condition that needs continuous monitoring, menopause for instance, you have to pay for that particular test. It is kind of not fair."*

> *"When you are older you can't work basically, you can't bring in more income."*

Multiple focus groups discussed how age impacted the treatment from health professionals. Women reported that they weren't believed by health professionals and some talked about having no autonomy or choices when they accessed health services.

> *"When you are sick you feel out of control – everyone else is making the decisions for you – no power."*

> *"If you are a woman, male doctors don't see or believe you."*

> *"…I was having an angiogram, before I had it I said to him go in the left side not the right "no no no we go in the right cause its easier, all the machine is set up for on the right", "look at my records you've got to go in the left". "oh we haven't got*

*time for that", and he went in and of course there was massive problems, and he came back later and apologised "I'm sorry we should have gone in the left", I was so angry, it created other problems, because he didn't listen to me. I was just a woman who didn't know what I was talking about."*

*"I had an unfortunate experience just before Christmas. If I have pain that is uncontrolled I take my booster pain relief, if that doesn't work within an hour I take another one. If that doesn't work I call an ambulance. And that's my protocol. I called an ambulance middle of the night, they were amazing and good, went to the hospital they were amazing initially – I don't need to be fussed over I just need treatment. And then the staff changed and the nurse came in and it was a disaster. I was lying flat cause that's how I have to be. "The pain is extreme – its still a 20 out of 10". "I'll go get you some Panadol". She got me two Panadol and handed me a glass of water. And so I attempted to have this because I was in no place to argue. And I coughed and spluttered and she said "do you have a swallow reflex problem" I said "no have you ever tried to drink lying down?"*

*"… two years ago I was sick for eight months, with a cough… it wasn't even a moist cough and then I got gunk on my chest and I went to the doctor for eight months and it never got fixed… coughing up all this green stuff and finally I went to the hospital cause I was so sick…and I realise that I wasn't mismanaged but I wasn't managed at all with my GP – my GP just kept giving me antibiotics…"*

There were also differences between age groups in the focus groups. Older age groups talked more about how often they accessed health services but with less concern about future health issues.

*"You see more doctors as you get older."*

*"If I get breast cancer I will let it just develop…If you have had cancer before you kind of used to the idea that you are going to die someday."*

*"Whatever happens, happens."*

*"They don't do some tests if you are over a certain age… they don't do bowel cancer test over a certain age."*

Younger age groups reported they had more time to use health services now that they weren't working. They commented on how, in the past, they had to negotiate health needs with their employment, health care appointment times, and other responsibilities that women might have.

*"A) you've got time, and B) you can attend appointments during the day. Because there are so many health places that only consult between 9 and 5. And it can be incredibly difficult to get to appointments if you're working."*

*"Which makes you neglect yourself, I know I did when I was working. I was too busy - "no I can't take an extra long lunch or leave early to do this and that"."*

*"or if it means taking a whole morning, will I talk to a supervisor about that? How am I going to be responded to if I do?"*

*"I remember having a list when I finished work of different health conditions that I was going to take to the doctor which I just ignored for a long time."*

### Connection with health services

Women in the focus groups were asked if they felt connected to services in the ACT. They talked about feeling connected to GPs who saw them as a whole person, and who were respectful and caring.

*"My GP retired a few years ago and it was really hard to find someone I connected with, but I've finally found a really nice lady."*

*"It's great to have the same GP, they know you, they know your history. They know a bit about your family…on the rare occasion that you see someone else in the same practice "you don't know anything about me" ".*

*"I changed GPs and now my GP is amazing - looks at me like a whole person"*

*"The wonderful medico referred me and suddenly I got a text message saying would you like to have this [asthma] coaching – this is good."*

Women who did not feel connected to GPs and other health professionals identified that they weren't thorough and didn't have enough time to care for them properly.

*"Never enough time."*

*"Nurses were good, but they had no time."*

*"If you are just seeing anyone, I do think it can have some negative impacts, because generally they are so busy they don't have time to read your whole thing before you come in. So my experience is it can lead to bad outcomes."*

## Women's top health issues

Older women were asked to identify their top three health issues. One hundred and ninety one women responded to this question. Three women did not say.

Respondents were able to add their own answers, and therefore there was a large variety of responses. Just over 80% of women listed chronic conditions, weight, diet and fitness and mental health as one of their top three health issues (80.9%). Chronic conditions were listed more than any other theme, as per Table 2.

| Main health issues | Number of women | Per cent of women |
|---|---|---|
| Chronic conditions | 116 | 59.8% |
| Weight, diet and fitness | 57 | 29.4% |
| Mental health | 40 | 20.6% |

*Table 2: Top three health issues mentioned by women.*

Respondents also listed issues other than chronic conditions, including weight, diet and fitness and mental health. The fourth most reported health issue was pain and chronic pain (n=34) which was followed by skeletal and soft tissue injury (n=23), as shown in Figure 11.

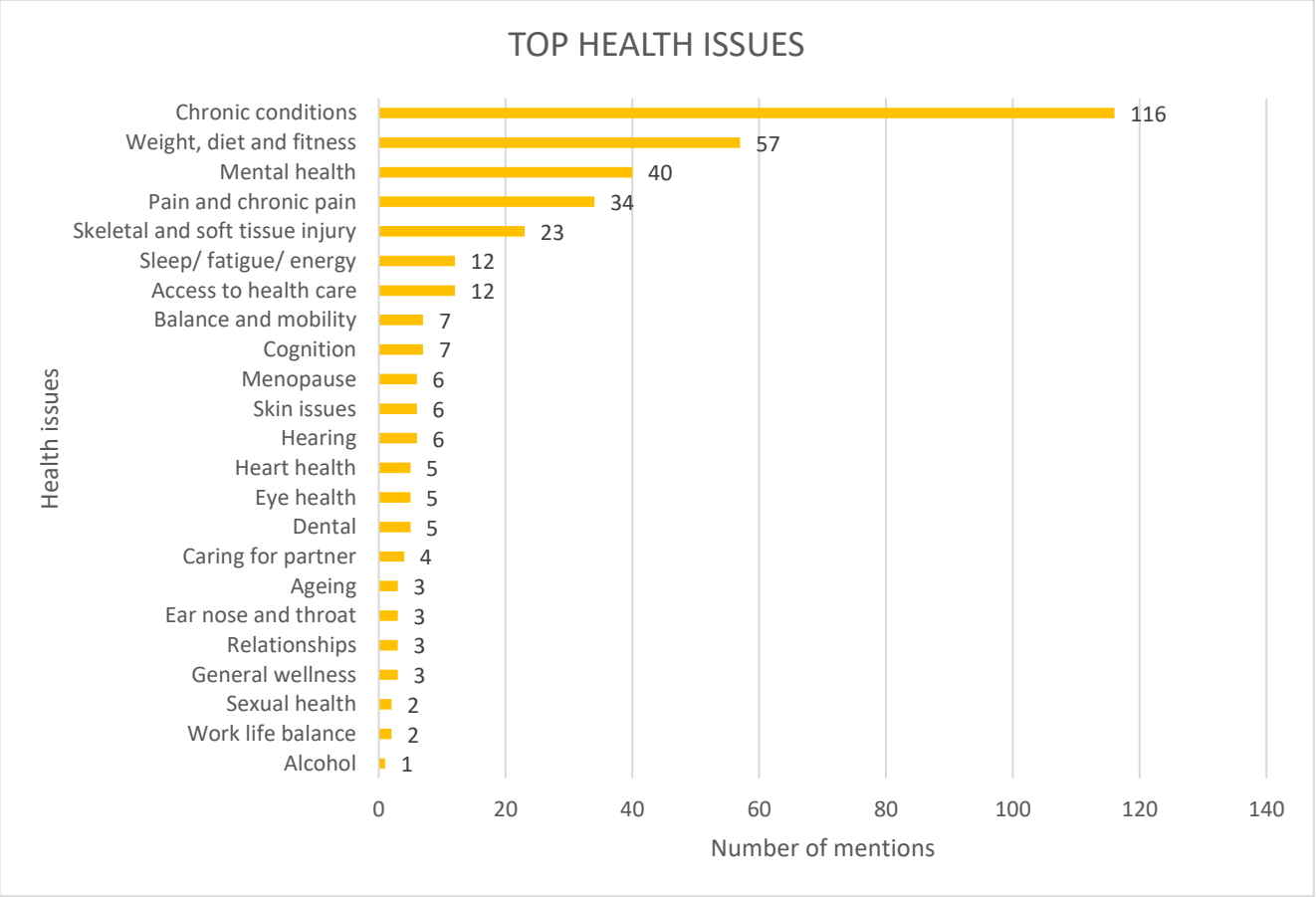


*Figure 11: Top health issues for older women.*

There were differences between the different age groups of older women regarding their health issues. The 65-74 year old age group reported chronic conditions as their top health condition more than the other age groups (Figure 12). And the 55-64 year old group listed weight, diet and fitness more than the other two age groups.

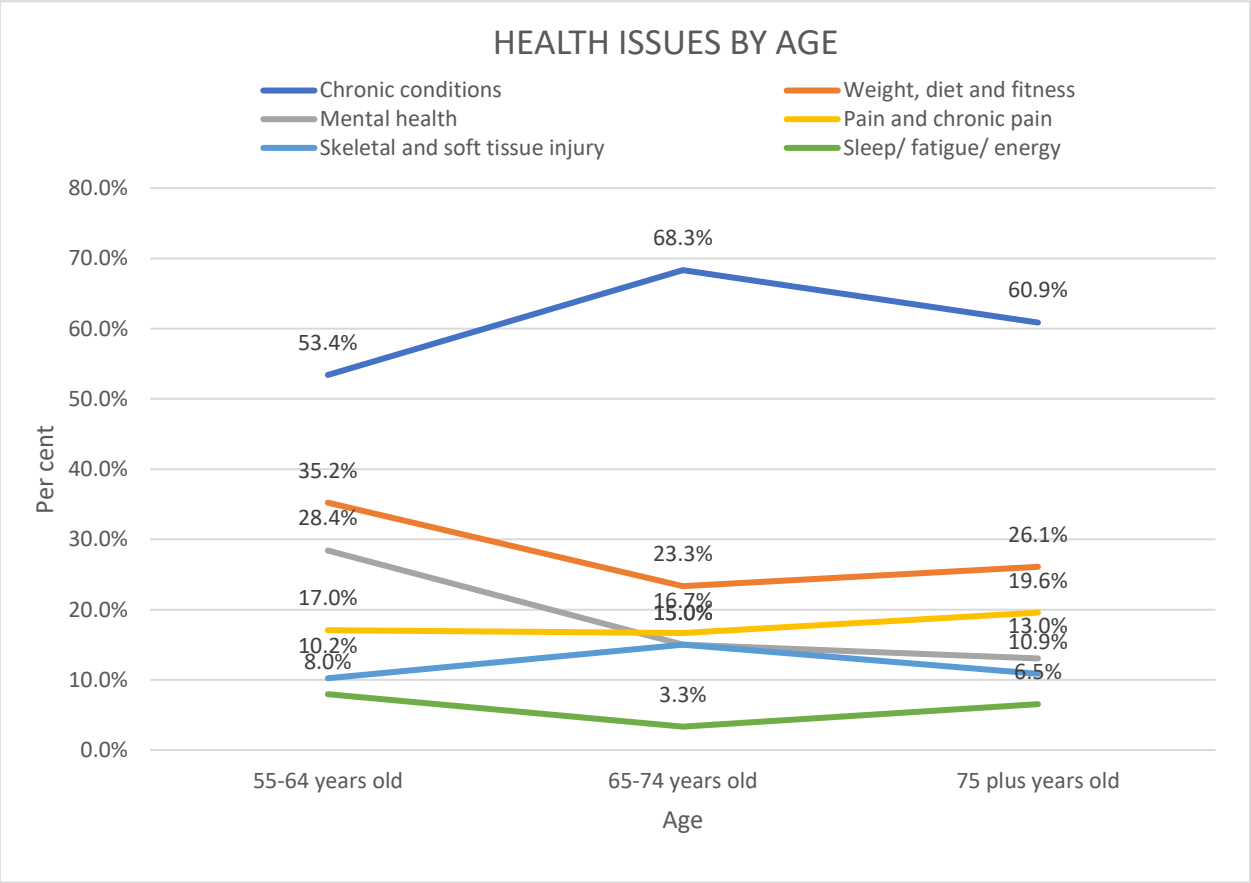


*Figure 12: Top health conditions disaggregated by age.*

## Chronic conditions

One hundred and sixteen women reported chronic conditions as one of their top three health conditions. Sixty three women reported two chronic conditions and 15 women reported three conditions as their top health conditions. The highest listed chronic conditions were bone conditions (n=56, 28.9%), circulatory conditions (n=40, 20.6%), and endocrine disorders (n=26, 13.4%), as shown in Figure 13.

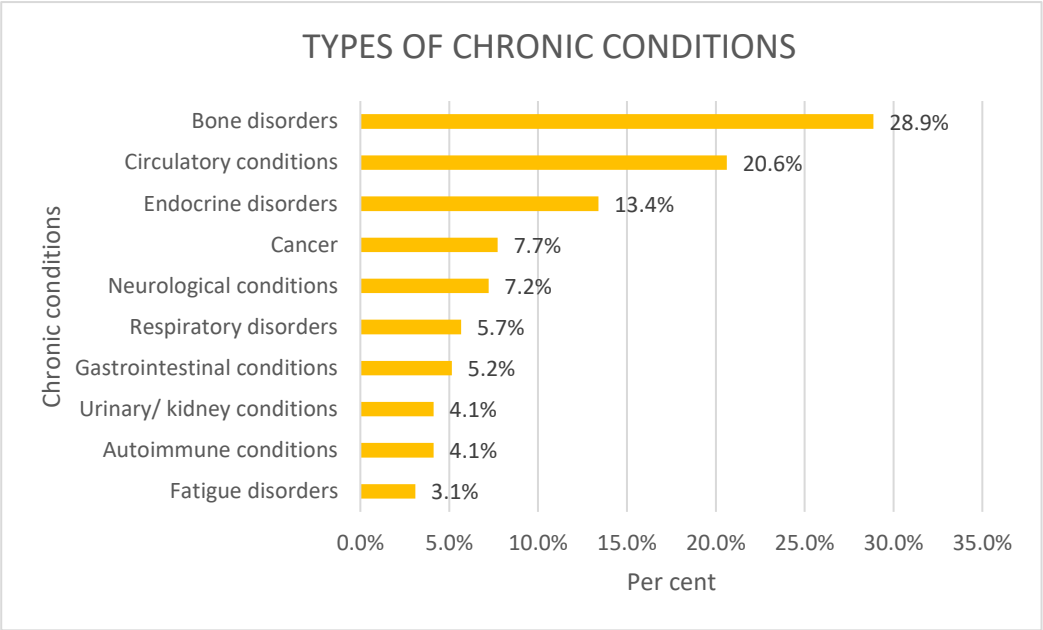


*Figure 13: Per cent of chronic conditions listed by women.*

Bone conditions listed by respondents included osteoarthritis, rheumatoid arthritis, osteoporosis, and osteopenia. Circulatory conditions included heart issues such as atrial fibrillation, heart stents, angina, and general heart disease, and other issues that concern the circulatory system such as lymphoedema and high blood pressure. Endocrine disorders included type 1 & 2 diabetes, thyroid issues and lipoedema.

Weight, diet & fitness

Fifty seven older women reported weight, diet and fitness in their top three health issues (29.4%). They reported physical fitness and mobility (n=20, 10.3%), being overweight / obese (n=16, 8.2%), and weight -loss/gain or weight in general- (n=12, 6.2%) as their top three health issues, as seen Figure 14.

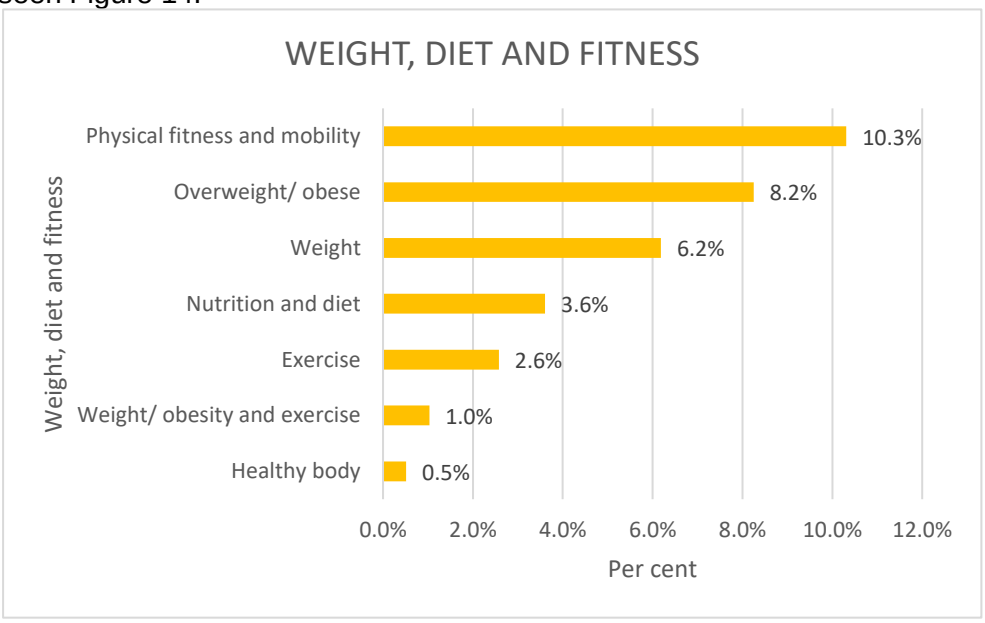


*Figure 14: Per cent of weight, diet and fitness.*

Mental health issues

Forty older women reported mental health issues as one of their top three health issues (20.6%). The most reported mental health issue was ‘mental health’ (n=13, 6.7%). Depression was mentioned by 5.7% of respondents (n=11), 3.6% mentioned anxiety and 2.6% mentioned stress (n=5), as shown in Figure 15.

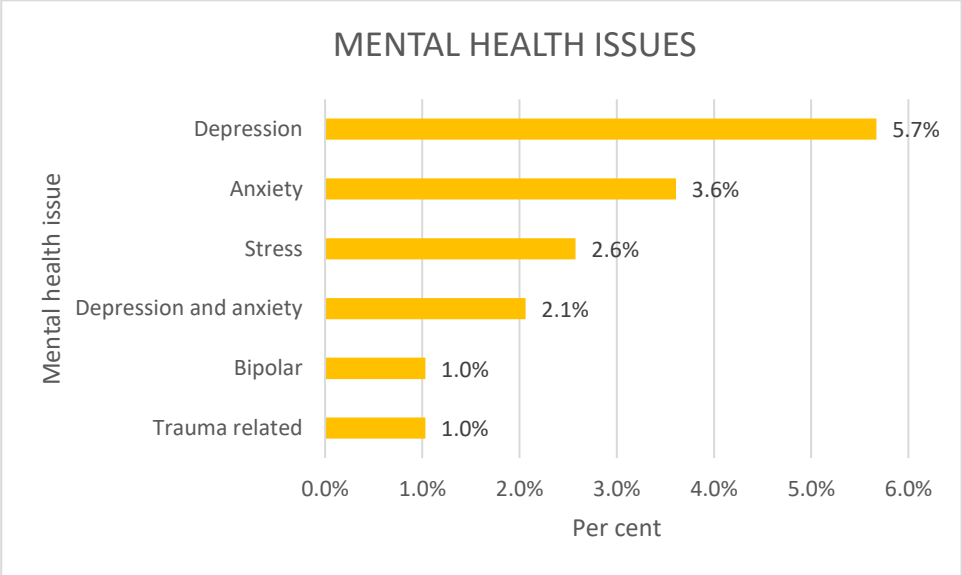


*Figure 15: Per cent of mental health issues.*

## Services and supports for the top three health issues

One hundred and eighty four women responded to the question of whether they had supports for their top three health issues. Ten women did not say.

Chronic conditions

There were one hundred and eighty six responses about access to services or supports for chronic conditions. Table 3 shows that 76.3% of respondents replied that they were able to access services and supports for chronic conditions.

| Services and supports for chronic conditions | Number of responses | Per cent |
|---|---|---|
| Yes there were services or supports | 142 | 76.3% |
| No there were not services or supports | 28 | 15.1% |
| No services or supports needed | 6 | 3.2% |
| Prefer not to say | 2 | 1.1% |
| I don't know | 8 | 4.3% |

*Table 3: Services and supports for chronic conditions.*

Weight, diet and fitness

There were fifty eight responses about access to services or supports for weight, diet and fitness issues. Table 4 shows that 63.8% of respondents replied that they were able to access services and supports for weight, diet and fitness issues.

| Services and supports for weight, diet and fitness | Number of responses | Per cent |
|---|---|---|
| Yes there were services or supports | 37 | 63.8% |
| No there were not services or supports | 13 | 22.4% |
| No services or supports needed | 1 | 1.7% |
| Prefer not to say | 1 | 1.7% |
| I don't know | 6 | 10.3% |

*Table 4: Services and supports for weight, diet and fitness.*

Mental health issues

There were forty eight responses about access to services or supports for mental health issues. Table 5 shows that 58.1% of respondents replied that they were able to access services and supports for mental health issues.

| Services and supports for mental health issues | Number of responses | Per cent |
|---|---|---|
| Yes there were services or supports | 25 | 58.1% |
| No there were not services or supports | 9 | 20.9% |
| No services or supports needed | 1 | 2.3% |
| Prefer not to say | 5 | 11.6% |
| I don't know | 3 | 7.0% |

*Table 5: Services and supports for mental health issues.*

Specific positive experiences to accessing services and supports

Below are some of the responses from women about their positive experiences with supports and services to manage their conditions.

> *"Hydrotherapy is the only source of relief I have found for my pain management. Arthritis ACT does a fantastic job in providing lots of services but need to be supported by local government in order to provide these services to the people of Canberra."*

> *"I regularly use a hydrotherapy pool which helps with fitness but especially chronic pain."*

> *"In relation to bone pain, I am managed by medication which my GP needs to get authority to prescribe. Also by physical therapies such as hydrotherapy and yoga which are limited by the availability of sessions offered by Arthritis ACT. In relation to anxiety I am managed by medication and by accessing counselling and therapy sessions offered by ACT Health through their cancer services."*

> *"…the other specialists needed are here and I have good access to them - Cardiologist, neurologist, gastroenterologist, respiratory specialist, physiotherapist, etc. NDIS provides a range of other supports including home assistance."*

> *"I manage all three through a combination of maintaining fitness and flexibility, taking medication (including supplements such as joint vital and turmeric), and seeking treatment ie having regular physio treatment (monthly) counselling (when required), GP and Dentist (when necessary)."*

*"My experiences are positive. I have learnt taking responsibility for managing your health and relevant providers is key."*

*"I attend a physio group to improve my balance two mornings a week, and when the course is over I hope to attend an exercise class at the local community centre."*

*"I have good knowledge of health services in the ACT as well as activities to remain physically active. I feel mental acuity is somewhat in the lap of the 'gods'"*

*"Overall my health is excellent. I am able to manage my own health and address any other issues with doctors at Canberra Region Cancer Centre. I am able to find resources I need and ask for support."*

*"Cancer treatment is generally very good, and I have had positive nursing and treatment of my cancer."*

Women appreciated when they had good care from their GPs.

*"I finally found a GP who is responsive, does not make me feel guilty for being overweight, is patient when I have lots of issues and does not get 'bored' with the same issue not going away."*

*"I have an excellent GP who monitors all these issues for me."*

*"I have a good GP. The problem is, it seems to be one thing after another, so I feel like a hypochondriac."*

*"I worry constantly about a recurrence of cancer. Not good for my mental health. But I have a great GP, good specialists, and a good network of family and friends."*

*"I have a great GP who responds comprehensively to any of my questions relating to health issues."*

*"I have a very good doctor who knows who to put me in touch with, to help me manage all my physical problems."*

*"My GP is excellent and across all these issues."*

## Barriers in accessing supports for the top three health issues

One hundred and eighty five women told us that they experienced barriers in accessing health services and supports for their top three health issues. Ten women did not say.

Chronic conditions

There were one hundred and eighty five older women who responded to the question about whether they experienced barriers in accessing services or supports for chronic conditions. Table 6 shows the results.

| Barriers to services and supports for chronic conditions | Number of responses | Per cent |
|---|---|---|
| Yes there were barriers | 62 | 33.5% |
| No there were not barriers | 114 | 61.6% |
| No services or supports needed | 0 | 0% |
| Prefer not to say | 0 | 0% |
| I don't know | 9 | 4.9% |

*Table 6: Barriers for chronic conditions.*

Weight, diet and fitness

There were fifty nine respondents who responded to the question about whether they had experienced barriers in accessing services or supports for weight, diet and fitness. Table 7 shows the results.

| Barriers to services and supports for weight, diet and fitness | Number of responses | Per cent |
|---|---|---|
| Yes there were barriers | 27 | 45.8% |
| No there were not barriers | 27 | 45.8% |
| No services or supports needed | 0 | 0% |
| Prefer not to say | 0 | 0% |
| I don't know | 5 | 8.5% |

*Table 7: Barriers for weight, diet and fitness.*

Mental health issues

There were thirty nine respondents who responded to the question about whether they had experienced barriers in accessing services or supports for mental health issues. Table 8 shows the results.

| Barriers to services and supports for mental health issues | Number of responses | Per cent |
|---|---|---|
| Yes there were barriers | 25 | 56.8% |
| No there were not barriers | 14 | 31.8% |
| No services or supports needed | 0 | 0% |
| Prefer not to say | 0 | 0% |
| I don't know | 0 | 11.4% |

*Table 8: Barriers for mental health issues.*

Specific barriers to access services and supports for the top three health conditions

Affordability was the most discussed barrier for accessing services and supports for health issues in the ACT. Women reported that some services and supports could be expensive, especially if there were ongoing costs.

> *"…there are some great supports for my Osteoarthritis in knees such as Arthritis ACT including their GLAD Program and other water aerobics activities at Gold Creek through AQUATOTS but both services cost money and not covered by Medicare."*

> *"Criticism at every appointment when I am paying about $100 per visit does not encourage me to attend, especially when there is not help given."*

> *"…costly chemotherapy drugs ($10,000 for 3 months) and refusal to acknowledge immune support approach that I fund which costs me $10,000 per annum and keeps me alive and well despite a prognosis of 6 months to live in 2015."*

> *"Despite having top medical/hospital insurance there are still phenomenal out-of-pocket/gap payments expected when seeking access to private medical & hospital care."*

> *"Counselling is only available either short term through the public system or through exorbitant costs through the private system irrespective of the time."*

> *"…finance is an issue; health services available but not all covered by financial assistance."*

> *"My neurologist has used all of the medications available for someone who suffers chronic migraines and after Botox and Lidocaine now has me on a trial of Aimovig which costs $850 an injection and is not on the PBS .I am a pensioner and I finish*

*this trial next month and do not know what can be used after this if the Aimovig is not put on the PBS."*

*"Can't afford knee surgery  Thyroid condition is chronic  Can't really afford a gym membership."*

*"I still have more pain than I would like, but I am taking steps to obtain more help. I recently had to have a MRI scan and was horrified to discover that it was not covered by Medicare, in spite of the fact that it would expose me to less radiation than the alternatives. I have private health care but had already used up my "bonuses" for this year because I had had other procedures, so I had to pay the whole thing out of my own pocket."*

Those older women with multiple conditions or conditions which needed a variety of different types of treatments reported having issues with affordability due to paying for multiple services and supports.

*"The main one is financial. I can't afford the doctor as often as I should go. I don't buy unnecessary things like diabetes test kits because of the additional cost. I recognise that I need a holistic clinical support team to manage my weight, diabetes and rheumatoid arthritis, but I simply can't afford it and try to do my best on my own. I'm 55 still have $225K to pay off on my mortgage and while I'll have it paid by the age of 67 (god willing if I can keep working), I will have no savings and just a small amount of Super to live on with the aged pension. I can barely afford my rates etc now, let alone "extras" like appropriate health care."*

*"Money. Physio is expensive and is not solving the pain issue. Neurologist is expensive and in Sydney."*

*"The cost of compression garments is extremely expensive.  Bearing in mind these garments are to be updated every six months.  I have had to rent a machine to help with compression massage.  Even that is expensive.  To also pay for a massage therapist trained in Manual Lymphatic Drainage is needed minimum once a week and once again this is not cheap."*

*"Difficulty in obtaining affordable assistance to manage, especially garden. Expense in providing health meals and medical etc support for husband."*

Older women felt they were hindered in their treatment and care if they experienced treatment that they weren't happy with. Some reported that health professionals at times did not listen, belittled them and misdiagnosed their conditions leading to inadequate health outcomes and high costs.

*"I find that the chronic disease packages available at GPs railroad me into making ill-informed choices.  Most GPs are always critical of overweight issues. Criticism at every appointment when I am paying about $100 per visit does not encourage me to attend, especially when there is not help given. GPs don't always share*

*information that is necessary for individuals to make decisions about their health. Across the ACT there seems to be a delay in patients accessing their own test results until the medical officers have cleared them."*

*"What works? Avoid Canberra Hospital and Calvary as the experience with the ACT system was so distressing - misdiagnosis, wrong recommendations, refusal to listen to client, reactions to drugs, lack of empathy or support, costly chemotherapy drugs ($10,000 for 3 months) and refusal to acknowledge immune support approach that I fund which costs me $10,000 per annum and keeps me alive and well despite a prognosis of 6 months to live in 2015."*

*"Doctors don't really know how to help heartburn except with drugs, which don't work for me."*

*"Staff are either overworked, underpaid and not happy with situation they are in or incompetent. The complaint systems are useless. Health staff more interested.in protecting their butts than solving issues."*

*"…My Second GP has just retired and has been replaced by a very junior GP with no experience in complex medical issues and the aged and never checks if a newly prescribed drug is suited / contraindicated when used with another drug or with certain medical conditions... The elderly just take what doctor says and don't challenge the Dr, or let them know if side effects occurred. Pharmacies are not explaining a medication or asking if it's new for the patient..."*

*"Women's sexual health is not always easily accessed. Not advertised and most GPs advertise that they are interested in the health of babies and families. Menopause and older women's issues are rarely a GP's area of advertised expertise."*

*"Anytime I see a health professional the conversation starts with my weight. I know I am overweight, I have been since I was six years old. I am also active, have healthy blood results and run regularly. I am not taken seriously when I raise health concerns. I am concerned I have some worrying gynaecological symptoms but find it hard to discuss with my Dr/ any Dr because of previous times of not being taken seriously. My experiences of trauma mean that things such as dental, exams, or physical examinations are stressful and yet if I mention this I am told not to be silly. Trauma informed care would be helpful."*

Some of the older women blamed themselves for not getting the services and supports for their health needs, with many discussing how they would like to make healthy decisions but are not motivated to do so.

*"I find that losing weight and, in particular, maintaining that weight loss is very difficult for a whole range of reasons. I find I need personal support to help lose weight, but most support programs are either online or expensive. My work and*

*leisure time activities tend to be sedentary so difficult to get required physical exercise. Also find it difficult to stick to strict diets."*

*"The main barrier is my own lack of motivation to stay at exercise, to remain on healthy eating plan and watch my BGL always."*

*"Motivation to address these issues is definitely lacking."*

*"I need to do some exercise, and exercises, but they don't come naturally to me and I tend to put them off and forget them. I mustn't!"*

*"The mental agility and forgetfulness and anxiety are not severe so think I should be able to deal with the situation by just getting on with life. May try and find a counsellor if situation worsens."*

Others were limited by transport issues or difficulty accessing services due to their location in the ACT.

*"The only other barrier is access to transport to and from treatment at Cancer Centre."*

*"Firstly, I have to be well enough and have enough energy to attend, and I have to have available finances and transport to access. This precludes anything spontaneous. And transport and finances are always an issue."*

*"One barrier is the lack of clinics in central Canberra or the inner north, requiring me to organise public transport to outlying suburbs for tests etc."*

*"I have been to the pain clinic 3 times and I went to Sydney to have nerve treatment (implanted device.) I was lucky my husband drove me to Sydney, however, he has since had died. It would be much more difficult now because I would have to take a bus and that would be challenging with the pain and I would not have the emotional support, so I imagine these would be barriers for other women."*

*"Transport is my main issue. I can't drive so it is not easy for me to get to sports facilities or clubs etc."*

*"Transport is an issue after the recent bus timetable changes."*

*"Hydrotherapy is the best form of therapy for me but I have found that TCH is a nightmare to access with all the building that is going on. There are not enough car spaces (disabled included) and when you are unable to firstly find a car park (can take up to 20 mins) then to have to walk a distance to get to the pool makes it hard to find the initiative to even go."*

Other women talked about how being undiagnosed, treated as not urgent, or having no solutions for their top health issues was distressing.

*“Losing weight is problematic, so many fad diets, what works, how to do this?? I don't know. I am going to physio for hip bursitis, can I afford this, I don't know, will it work?? a problem is knowing what will work.”*

*“With Lipoedema, it is yet to be recognised by the Federal Government. Some professionals do not take it seriously as I guess it is not recognised.”*

*“The barrier is that there does not appear to be any adequate treatment. Because this kind of thing is not life threatening and it appears to not attract attention.”*

*“With the obesity I have been going to the Obesity management Service and was put forward for bariatric surgery by my doctor at the service but the committee knocked me back, saying that a younger person would be of better use to society than me, if they had the bariatric surgery. I was 55 at the time.”*

*“I was in crisis at the beginning of 2018 and needed to see mental health professionals. I had to wait over a month and even then they weren't much help. Also last year I had a medical condition requiring an ambulance. One of the ambos had never heard of my particular mental health condition. Then when my husband arrived at the hospital the receptionist in emergency ignored the urgency of his need to provide me with support.”*

*“Resistance to bone density scans even though I have risk factors including strong family history. Diagnosed after 5 year repeat scan I pushed for. I have to see a holistic doctor who comes to Canberra regularly. I'm hypothyroid following a total thyroidectomy, management not well catered for. Generally no real successful treatment, however Canberra lacks a really good ENT physician. My GP wanted to send me to a surgeon - not indicated.”*

## Access to health information

The older women were asked about their health information seeking in the ACT. They were asked specifically about where they sought information for their general health issues and for their specific health issues.

General health issues

One hundred and eighty five women responded to this question. Most of the women advised that their first choice for seeking general health information was their GP (n=111, 60.3%), followed by seeking information online (n=54, 29.3%). Nine women did not say.

For their second choice women advised they sought information online (n=56, 33.5%), followed by their GP (n=41, 24.6%).

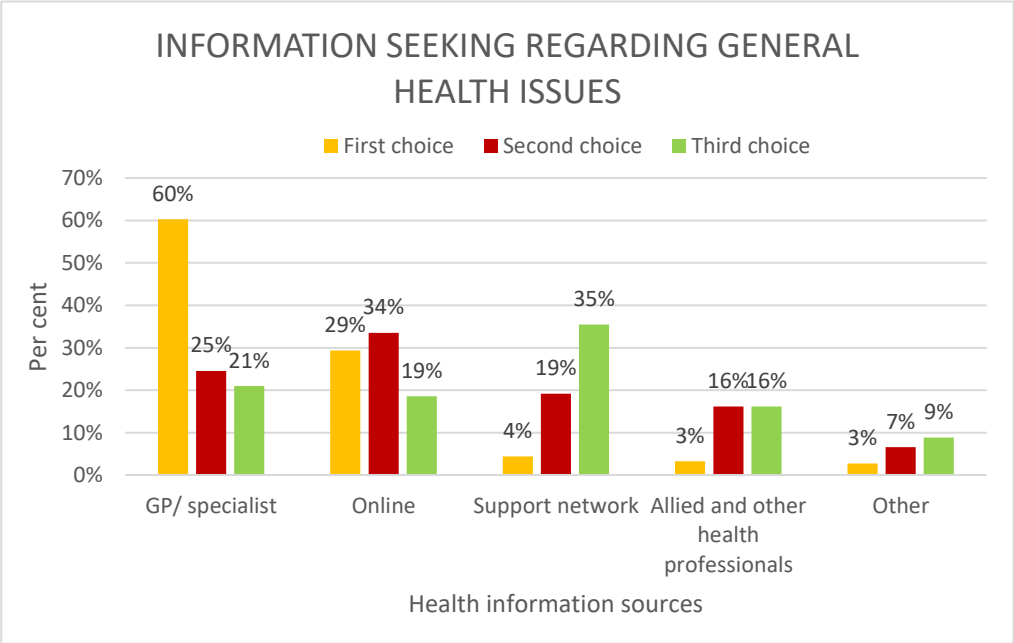


*Figure 16: Where older women get their health information for general health issues.*

Specific health issues

One hundred and eighty one older women told us where they sought health information (in order of preference) for their specific health issues. Most of the women identified their first preference for seeking health information for specific health issues as their GP (n=129, 71.3%), followed by seeking information online (n=42, 23.2%). Thirteen women did not say.

For their second choice, they identified online (n=58, 37.9%), followed by their GP (n=45, 29.4%).

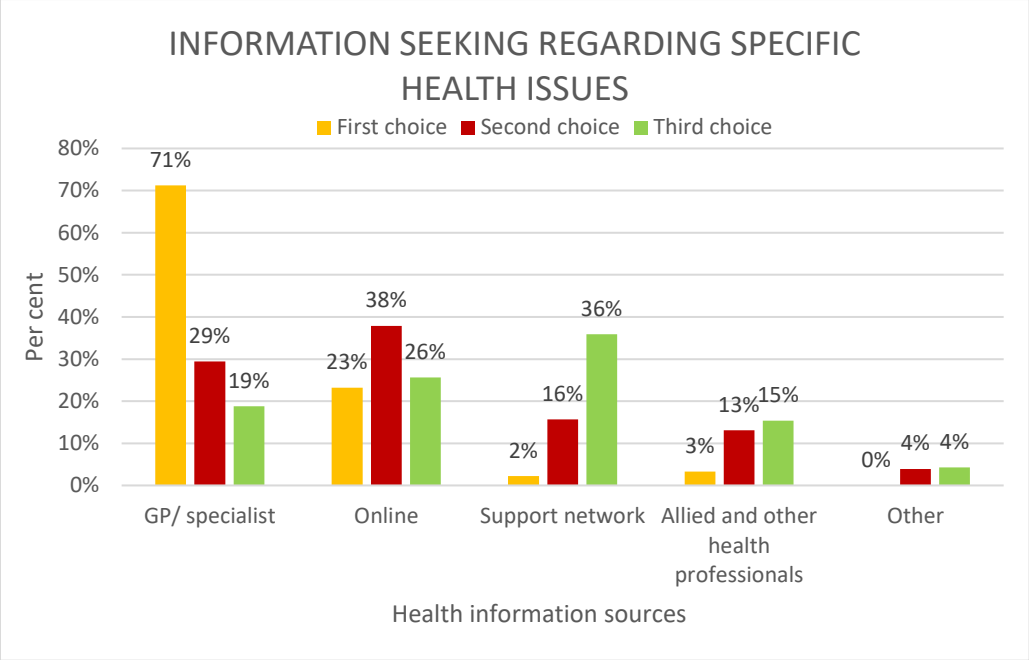


*Figure 17: Where older women get their health information for specific health issues.*

Difficulty obtaining health and wellbeing information

Most older women reported that there was no health and wellbeing information that they were not able to obtain (n= 147, 75.8%). Seventeen point five per cent reported that there was health information that they were not able to obtain (n=34), and 6.7% did not say (n=13).

Forty five comments were made about the health and wellbeing information which older women were not able to obtain. Older women advised that they found it hard to find information about lesser known conditions, and to know which information is trustworthy. Others commented on how information was not easily accessed.

> *"About less common conditions."*
>
> *"Access to information about a rare genetic disease from a qualified medical practitioner in the ACT."*
>
> *"I have had two health issues, trigeminal neuralgia and bursitis in my hip, both diagnosed by google, tried several doctors for my neuralgia, no-one could figure out what the problem was, google did and have had it confirmed by taking medication."*
>
> *"Some information is not accessed easily. My GP is not good at educating me on my condition."*
>
> *"I was pro-active and went online seeking services in ACT. Googled The Blind Society and on webpage was an entry for The Canb. Blind Society. I emailed and phoned - to date I've not received a reply. Emailed Vision Australia - it was a few days before they responded. On the same webpage, an entry for Guide Dogs*

*NSW/ACT and I emailed them and they replied promptly next day, and have since sent out an Orthoptics person, an Orientation specialist, and I am awaiting an OT visit. In the past in Canberra, any health crisis needing ongoing assistance would have been referred to an appropriate agency (now read service provider). Fortunately, I am resourceful and pro-active, I live alone now and I needed help. Whilst I can manage indoors, outdoors is "treacherous". I just wanted someone to come in and give me tips on how to manage. And this was not available."*

Health information - focus group discussion

Older women in the focus group advised that while they might use their GP for health information, it was in addition to other sources. They reported using a variety of different health information sources and wanted to be very informed about their health.

Some of the women talked about getting health information from their GP and then finding other sources to help them understand the issue. Others tried to find out a lot about the issue before attending the GP.

*"I think the GPs still, apart from Dr Google, either give you an idea of what you are heading towards or confirm what you have been told by getting a bit more information – it is about the only obvious source there is still. The state and territory health departments, some of them have reasonable information."*

*"I think most people these days do their Dr Google search before they go, they have got a fair idea of what it is, and going to the GP confirms. For me anyway, the GP will do some tests. You know, I was tired, I thought I had low iron, yes she looks at your eyes and everything, she says let's do a blood test. The results are you are low in iron, take your iron tablets. That kind of thing is more confirmation, I think its reassurance that you haven't missed anything on Dr Google. They have done the training. I have faith in my GP but I still like to do my own research. I like to have the knowledge of what the options are."*

*"I have got a really great doctor and he does bulk bill. When he has told me certain things, I have gone to doctor google and found out more about what that actually means. Because they are not used to talking in laymen's terms. And sometimes they give you all this information and you still are clueless what it actually means in practical terms, like what are you supposed to do to manage that particular thing."*

One woman advised that she found treatment options on the internet because her GP at the time didn't give her any health information about treatment.

*"I had untreated polymyalgia rheumatic for six months, sold my car - I couldn't operate the gear change. My doctor said it's just what we used to call rheumatism, you just have to put up with it. Till I eventually found someone who knew about it PMR, now everybody knows about PMR. It was so painful and*

*so unnecessary. Once I was treated, unfortunately with prednisone, they taper it off…It was one of the other doctors [in the clinic], actually I googled it I found out what I thought it was and suggested it."*

Older women talked about seeking health information that was from a trustworthy source. They spoke about how they found trustworthy information, including viewing multiple sources to corroborate information. Women also sought websites they felt were trustworthy, for example government websites, Better Health Channel, Mayo Clinic, and the Cochrane Review.

*"You have to look at several sites… you need to look at four or five different ones and take a general view."*

*"Look at the doctor ones."*

*"There is one website I go to. It is the Vic Gov website called the Better Health channel and that has nice laymen's English and it doesn't scare the bejesus out of me."*

*"I feel like that is a common problem [a health condition not being managed properly]. I think most of us have to take the initiative ourselves... I've used Dr Google quite a lot but I think I have developed enough savvy to know what is reliable information, looking at the website."*

They also talked about receiving support from peers whether it be through a formal group or a family member or friend. Older women tended to go to other women they felt were empathetic and trustworthy.

*"We go to arthritis group, we have been doing it for years, it's got nothing much to do with arthritis at all, but if someone's got something new to talk about or if a new member comes we all talk about it. Who's on what, we talk about all sorts of things."*

*"Sometimes I think it's good to share the symptoms or the side effects with other people and how you overcome that, it can be quite encouraging."*

*"The arthritis group is quite supportive, I was only in it for a short time but they are quite generous these people with resources."*

*"We have got quite older friends and we quite like to talk about our ailments. It's the sort of thing we would complain about that our parents do… But now you would like to because "you've got this thing or that thing" ooh maybe that's the same thing I've got."*

*"As women we talk to each other, but as older women we can safely share all that without people going not more of that you know. It's actually ok, its acceptable."*

Some women also talked about getting their health information from other sources, such as exercise classes, complimentary medicine practitioners, media sources and community groups.

> *"There's a lot of community organisations that do a huge amount."*

> *"I go to fitness classes at least 6 days a week and I get most of my health information, if I don't read about it, from different friends. "This is the way to go for this one, and Dr x is brilliant for this and avoid that one.""*

## Relationship status, income and housing

We asked a number of questions about the relationship status, income and housing situations of the older women respondents.

Relationship status

When asked about their relationship status, the largest group of older women reported that they were married, followed by being divorced and single, as shown in Table 9.

| Relationship status | Number | Per cent |
|---|---|---|
| Married | 79 | 40.7% |
| Divorced | 45 | 23.2% |
| Single | 25 | 12.9% |
| Widowed | 20 | 10.3% |
| Defacto | 10 | 5.2% |
| Did not say | 9 | 4.6% |
| Other | 6 | 3.1% |

*Table 9: Relationship status of respondents.*

Income sources

In relation to their source of income, the largest number of respondents reported that they were supported either by superannuation (n=81, 41.8%) or by paid employment (n=50, 25.8%), as shown in Figure 18.

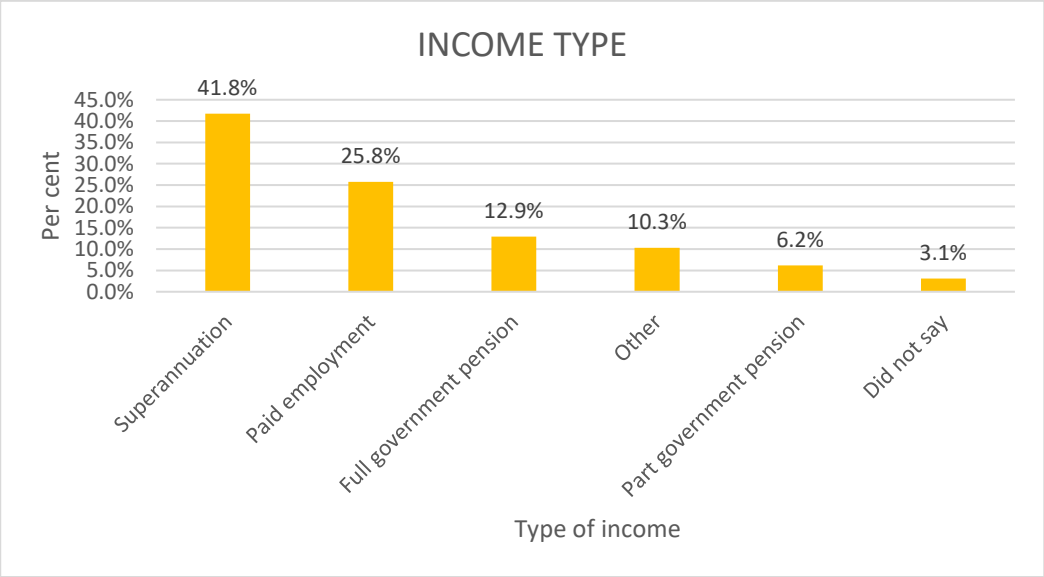


*Figure 18: Income of respondents.*

Income sources differed over the age groups. More respondents age 55-64 years were supported mainly by paid employment (n=47,53.4%). For the other two age groups, more respondents were supported by superannuation as their main income, as shown in Figure 19.

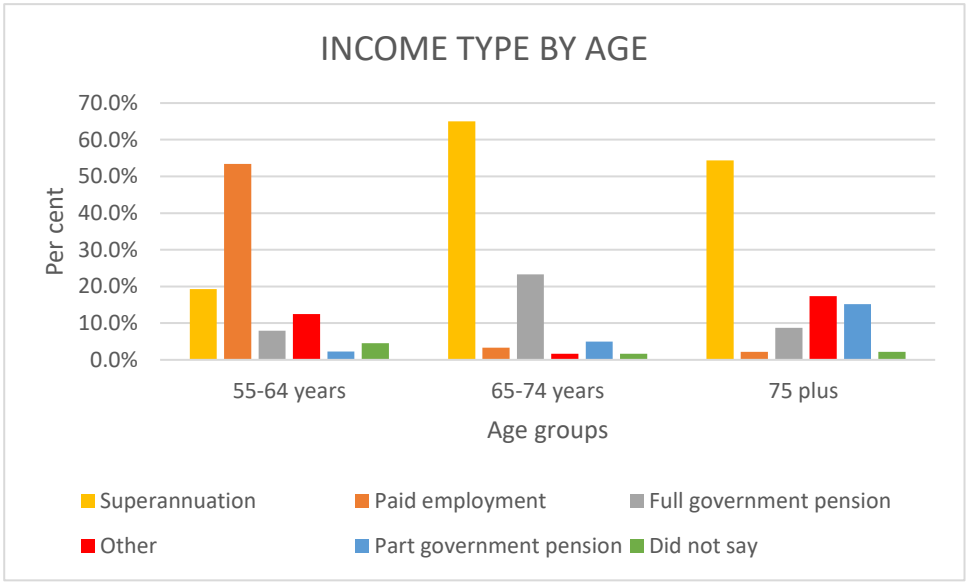


*Figure 19: Income of respondents by age group.*

The majority of older women responding to the survey felt that they had enough income to cover their needs (n=143, 73.7%). But almost a quarter, 23.7%, of the women reported they did not have enough income to cover their needs (n=46). Five did not say.

Women were able to comment on why they did not have enough income to cover their needs. Some older women discussed that they had no income or very little (n=14).

> *"Not really. I don't get a pension, I hardly have any super so don't access it yet, my husband is on a small DEFENCE retirement fund based on rank (not great)."*

*"The Age Pension doesn't cover all my needs. Especially after I have paid my accounts and prescriptions."*

*"As energy prices and rates rise, we are finding it far tighter managing our budget."*

Some older women talked about having just enough money to cover their needs but that they were worried about the future if costs rose or a cost that they weren't expecting came up (n=10).

*"Yes, for current needs but concerned that expenses may rise considerably as I age and possibly my health declines."*

*"It's difficult to save money on the Age Pension, which means I don't have the resources to cover unexpected large expenses eg. replacing white goods, unexpected repairs to my car, or travel interstate to support sick or aged family members."*

*"However, there are no luxuries such as going to movies or shows or quality clothing purchased. I rarely eat out. I feel very isolated."*

Some women advised that unaffordable health costs was the reason why they did not have enough income to cover their needs (n=8).

*"I have used ALL my superannuation in my cancer treatment over the last 15 months. Although I have access to some free or subsidised services, some are not. For example a PET scan which I need every 3 months is just under $1000."*

*"We have sufficient income to cover a very modest lifestyle ie no travel or interstate holidays, rarely dining out etc, however finances are put under great strain when I have to access expensive medical care."*

*"I am able to cover most needs but health costs are a major concern."*

A few women discussed the cost of living as being higher than they could afford (n=2).

*"Weekly rent 1 bedroom flat average $320-400. Pension $507."*

*"As energy prices and rates rise, we are finding it far tighter managing our budget."*

Others discussed a combination of issues as the reason that they did not have enough income to cover their needs:

*"Had to retire early due to poor health. Inadequate superannuation due to being a single mother raising three kids for thirty years despite working full time in professional capacity. HECS debt had to be repaid as well as support for family. No extra funds for super or savings."*

*"I had to retire 15 years earlier than planned due to health issues and as a divorced single mother of three, it was difficult to accumulate much super. I have had to*

*access what I had but that runs out long before I turn 67 and I am unable to work. Disability pension is almost impossible to get approved."*

Over half of the women who reported that they did not have enough income to cover their needs reported affordability as a barrier for their access to health services (n=26, 56.5%).

Housing and living arrangements

Seventy five point eight per cent of the older women advised they were living in privately owned accommodation (n=147). The others advised they were living in publicly supported accommodation (n=15, 7.7%), rental accommodation (n=13, 6.7%), living in a retirement village (n=9, 4.6%), living in other types of accommodation (n=5, 2.6%) and five women did not say (2.6%).

The highest number of older women reported living alone (n=81, 41.8%), followed by living with a partner (n=66, 34.0%) and living with other family members (n=18, 9.3%), as seen in Figure 20.

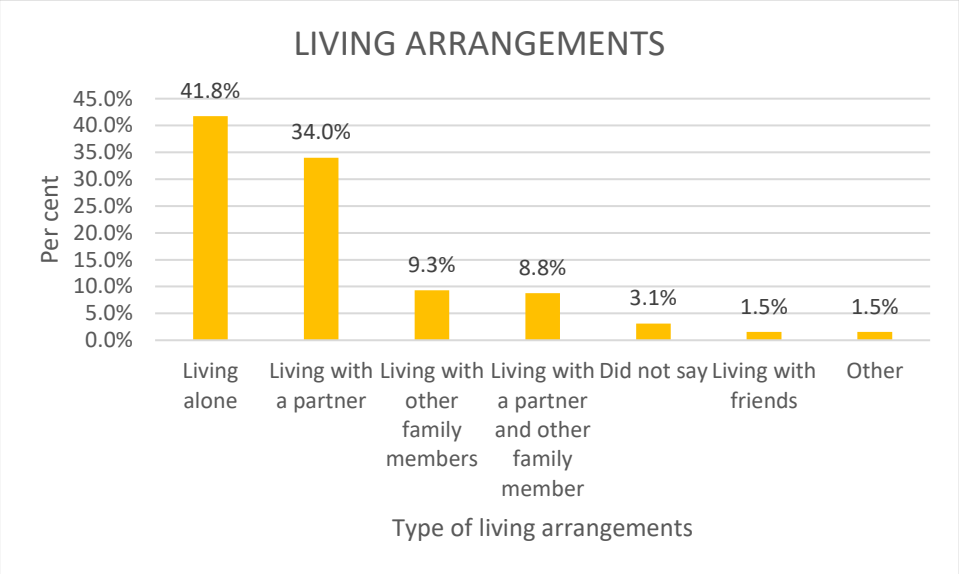


*Figure 20: Living arrangements of respondents.*

The graph below shows the differences in the age groups and their living arrangements. Many women over 65 were living alone (n=59), whereas women in the 55-64 year old group were more likely to be living with a partner (n=34) than living alone (n=23).

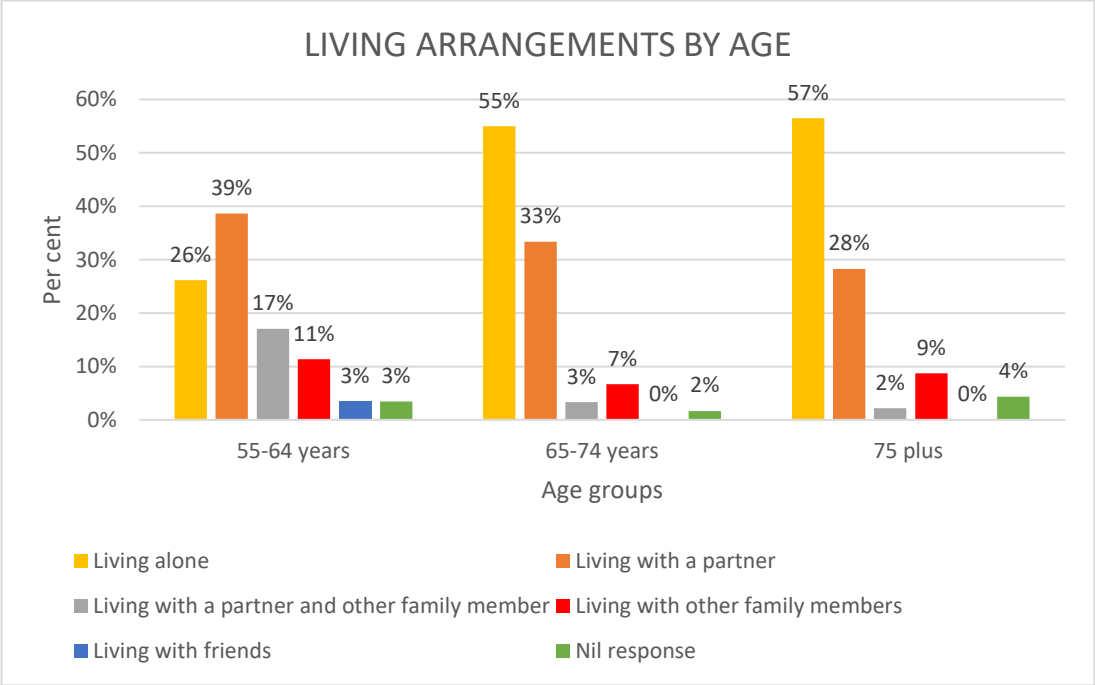


*Figure 21: Living arrangements of respondents disaggregated by age group.*

Older women told us about whether they could afford their current accommodation. One hundred and sixty two women felt that they could afford their current accommodation (83.5%). Twenty seven women reported that they could not afford their current accommodation (13.9%), and five women did not say.

Those that could not afford their current accommodation reported that the main issues for them were that their current income was not enough - or not close enough - to cover the rising housing costs, as well as electricity and heating costs.

> *"The cost of energy bills and strata management fees are 3x what they were when I moved into Canberra."*
>
> *"Because of extreme increase in rates over $6,000 pa when we were pioneers of the area (now central south side) and both in late 80s."*
>
> *"Everything is getting more expensive ie rates, gas, electricity yet if we sold the house and wanted to buy something smaller, it will probably cost the same, and there would probably renovations needed."*
>
> *"Rates very high and no discounts for older citizens (rate rises are a concern), very high utility bills (the main problem), now we face needing help in garden and around the house. All these are very expensive and may force us to move as they constantly go up while our income does not."*

Others were worried that their income in the future would not be enough to cover any debt, rates, electricity and heating costs.

*"We have had financial loss in our life together and desperately trying to pay it off before we are too old to work."*

*"It is affordable now, but it will be a struggle or maybe not even possible when I can no longer work in paid employment. It is a property I own but the hikes in rates, utilities and living expenses make it hard on a single wage."*

*"At the moment I can, but I fear for my future. If I lost my job I'd be in real strife."*

A few women commented on the high costs of rent being too high for their current income.

*"I had to leave overpriced accommodation as paying 55-58% of income on rent for dumps."*

Income, housing and living arrangements - focus group discussion

Women in the focus groups were asked if their health and wellbeing had been impacted upon by things like affordability, housing situation and living arrangements as they were ageing.

Most women discussed other women's circumstances rather than their own. They talked about how it would be hard for some and how easily an older woman could be impacted by their circumstance.

*"Women with disabilities might have less super or they might never have had a job, so the housing can become insecure. I've heard a lot of stories of "I can deal with this health issue I can only deal with this one because I've only got one taxi voucher or this amount of money to priorities", and also priorities getting scripts filled. And some people are eligible for a health care card and some people aren't even though they are impacted by their disability because it may not be recognised. Me I'm lucky, cause I said before, money doesn't buy happiness but certainly it's a nice security blanket. I know lots of people with disabilities that are in a way different situation."*

*"…people without money can't go to psychiatry, its easily $500 to go to see a psychiatrist. How does someone on the pension, especially elderly women, who may have depression issues, how are they going to get to see someone? They're not."*

*"Fortunately I worked long enough and my husband was at a senior level – we have enough. But that was a big worry for me in the beginning, the rate at which we were going through doctor's visits, scans."*

Others talked about how they were worried and anxious that things could get overwhelming if they were hit with a large expense to pay and had other additional costs.

*"Of course, the rates are going up, a bit scary. I'm anxious about the rates, they are 3,000 now, 700 a quarter. And then you have a set income, a little one, because I didn't get into super until a certain age because I was part time and they*

*don't let you get into super and of course the energy and electricity or simple plumbing works …"*

*"You can be quite comfortable until something big happens."*

*"Wary of cost now, I've got my limits."*

There were a few older women who said that they had been in circumstances where their health and wellbeing was impacted by their housing situation and living arrangements. They reported that their mental health was negatively impacted.

*"I found that my living arrangements were difficult… cause I live in a share situation, I live with four other women in the house. And we don't necessarily get along very well. It makes it harder for me to be able to cope with looking after mum. And I had a job that I thought would be a good job, but it turned out to be an awful job. I was getting verbal abuse on the phone. And so it negatively impacted on my health, my ability to advocate."*

*"I went from being employed on a good salary, unemployed on my super to having zero, being homeless and being on the pension. Within under 6 months, and I'm really lucky I'm not ashamed to admit it. I've done nothing wrong - I planned. I'm just lucky that the government gave me a brand new apartment. In a complex that's mixed government and private…I have a van which in all that crisis time my son fitted it out like a campervan and that was my fallback at that time."*

*"It's really hit us this year [rates], I have bought nothing new this year, but we had to have a plumber in because of tree roots, car battery had to be replaced, our rates are really high. But we don't want to move to live somewhere smaller because we don't want to lose our dog or our cat. And they are very important to us."*

## Social inclusion and engagement

The majority of older women felt socially included and engaged in community life (n=139, 71.6%). But twenty three point two per cent of women reported that they did not feel socially included and engaged in community life (n=45), and 10 women did not say.

Twenty seven women told us why they didn't feel included and engaged in community life. The most common barriers they spoke of were mobility and illness limitations or travel difficulties (often combining the two themes), their financial situation, difficulties making friendships and limitations on their time.

Mobility and illness limitations were discussed by a few women.

*"Because I am severely restricted in my mobility and it is very difficult to get "out and about" or to get involved in community activities."*

*“Lack of accessible public transport, chronic pain.”*

*“Pain and mobility difficulties reduce inclusion and engagement.”*

Some women reported that their financial situation prohibited them from taking part in social activities.

*“Limited financial resources impact on my ability to participate in many social activities.”*

*“Everything costs money to join.”*

*“Can't afford to participate, or petrol - lost friends.”*

Some women talked about how they didn’t have any time, due to being employed and having caring responsibilities.

*“I work full time and support my daughter with her son... we live together. I moved in to help out as a single mum. So very little time to myself. Besides where does one go to meet people? There are events, galleries etc but they don’t support meeting people.”*

*“I have a number of groups with whom I engage but my husband's health puts some limits on this.”*

Others said they had trouble making friends.

*“If you don't have kids or a church or experience working in the public service then it’s hard. I also don't play organised sports or scouts. I've developed a small network of friends through special interests (arts) but they all stepped back when called on to help - "too busy".”*

*“We moved for work and have not made many friends.”*

Feeling valued and included in your community - focus group discussion

Older women in the focus groups were asked to comment on what made them feel valued and included in their community. In all the focus groups, women discussed how maintaining relationships helped them feel valued and included in their community, whether it was relationships with their families, friends, or neighbours. Some mentioned that attending social events such as having coffee with friends helped them remain socially active and feel included.

Most women talked about volunteering and contributing, providing their time and effort to a cause, and how that made them feel socially connected to their community.

*“I do some voluntary work one day a week in an office. And bits and pieces from home that makes me feel good. I know I’m contributing to something.”*

*"I do lots of advocacy work, I'm on a Ministerial Counsel for Disability, and I do stuff with my old workplace Health Care Consumers and connections here and all over the place. And that makes me feel like my voice is being valued and heard and that things may change as a result - that's if it's genuine consultation."*

Some mentioned belonging to organisations such as a church or community groups which not only helped them to feel socially included, and cultivated a sense of belonging, but also gave supports when they were ill.

*"When I was sick 5 years ago - I had a stroke - they [church group] nursed me around the clock. It was my first time I had really truly felt unconditional love and care. I didn't grow up with that…and I'm happy to give what I can."*

*"I feel valued because I am a member of so many clubs and when I am sick they check up on me regularly. They include me in the activities - to the cinema and to lunch."*

While discussing being valued and included in their community some of the older women in the younger age group, discussed the transition between working life and retirement, and how they had to refocus on how they found value.

*"Once you retire from work you've got to have a different focus. You're not going to get this feedback that you get from work."*

*"I've only just retired, and I've always felt valued through my work. It's been quite a change for me. Although I am involved in a lot of community organisations and I'm certainly valued there."*

Some said they found this particularly difficult when forced to stop work due to ill health.

*"When I got sick I had to stop working two years ago, so my whole focus for the last 18 months has been treatment and recovery. And all of my social life even revolved around that. I was in a wheelchair for six months, and because of that I was really restricted. The transition period going from work to absolutely nothing except lots of people who cared for me - I felt isolated"*

*"For me stopping work and getting sick both of those happening at the same time, stopping work not planned I found that very isolating… I was out of action for about 18 months and you've got to make an effort to stay connected."*

Some women in the two older focus groups discussed that they felt valued when asked for their opinion. They felt valued by people listening to them and valuing their opinion.

Not all of the women reported that they felt valued or included in their community. One woman felt isolated because she was a carer for her elderly mother.

Women in the focus groups were asked about what needed to be in place to have improvements in social connectedness for older women. Three of the focus groups had

conversations about how the transport system was not suitable for older women and needed improving to cultivate social connectedness of older women in the ACT. They discussed how difficult it was to use public transport so almost all of the older women reported that they drove cars. They also reported barriers walking to bus stops due to the distance and safety of the paths, and the complexity of the bus system.

> *"Better bus system, if I want to see my sons that live in Greenway it would get complicated."*

> *"Walking to get to the bus stop. I'm 3.5 kms from the nearest stop…If I can't drive I'm really going to be stuck."*

> *"I mean I have a free bus card, I thought I'm going to try that one day, but problem is that that's there and I'm down here… so I'd have to take the car up and park the car at the terminus… I haven't caught a bus for a long time actually cause it's a long way for me to walk to get to the bus stop… I either drive or I get a taxi."*

> *"I would like to see better transport, even if it's only say about twice a week. Because for example with the bus time tables I used to be able to go straight to Kippax. Now I live in Cook but I avoid Belconnen because Belconnen is not all together, it's a sort of not friendly and you have to go right in and the library things like health are separate. Now Kippax, you don't have to pay for parking and everything is close together. So I used to be able to get a bus direct to there from Cook. I haven't gone by bus since the bus timetables changed. Because I have to go into Belconnen and come out again. Maybe it could work but it was just too hard."*

They told us that navigating around their suburbs and around special events were also especially difficult and acted as a barrier to their social connectedness. The built environment was a challenge to traverse which was often not appropriate for older women who were reliant on mobility tools.

> *"…When you are trying to walk somewhere, footpaths are rough, particularly with a walker or that sort of thing. They are not very safe. Overhanging things. The cement bits that don't meet and a lot of older suburbs don't have footpaths. They don't actually help you to be connected. You've got to make a real effort and be fit enough to do it."*

> *"I had a six month period where I couldn't drive, I hired an electric scooter. In one way it was fun cause I taught my dog to trudge along beside it, but in another I discovered the difficulty in getting around the suburbs. Where there aren't paths and you have to go out in the road and cars come whizzing by. And also the curbs, back in the 1960-70s, weren't made for electric scooters. And you can't get up some of them. They bounce you around."*

*"That's my problem, access. I like to do things like going to the Multicultural Festival. I needed to sit down just because of this leg but there weren't any chairs. I like to go to the shows but I want access and good access. Sure I've got my family with me but I can't take my scooter."*

*"The people that make those decisions are largely not people with disabilities so its not in the forefront of their mind. For instance when I was on a planning committee one of the architects told me that people in wheelchairs don't catch buses so they didn't have to worry about the fact that someone couldn't get up the steep road to the hospital when they relocated the bus stops."*

*"The lighting, if you're walking to and from public transport or you're just walking at night - I couldn't walk at night because it's so dark. For older women, even if you're fully sighted, there's acorns or there is stuff all over the place and it's a safety issue. There's lots of dark possible entrapment sites."*

Some of the women, particularly in the older age group, reported that having more easily accessible disability parking would help with being more connected socially or with health services.

*"Disabled parking. I don't think anyone has worked out the ratio between the number of tickets for disabled people and the number of drivers [compared to parking spots] - it's something that definitely needs revising."*

*"This is really true at the national capital private hospital. It's shocking, it's impossible with or without a disabled sticker…I think if you are well enough to hike that much you don't really need to go to hospital."*

<u>Social inclusion impacts on health and wellbeing – focus group discussions</u>

Most older women in the focus groups agreed that social inclusion impacted their health and wellbeing. They reported that it impacted their mental health and a few women reported the physical effects too.

*"I think you are more likely to get depressed if you are not socially included and not having that social interaction. If you're isolated at home, you get bored and more likely to end up with depression at that point."*

*"I've had my son say to me that I should stay home for the next 6 months and wait for the coronavirus to be over. I said really, can you imagine?"*

*"I think it makes you more contented don't you think?"*

*"If you go out and about and talk to people and do things you will be much healthier, or better informed… you're more active. Definitely much better to get out and about, health wise."*

They also acknowledged that being socially included impacts on health service access and health information seeking. Women often relied on friends for transport to health services and for health information.

> *"I go to fitness classes at least 6 days a week and I get most of my health information, if I don't read about it, from different friends. "This is the way to go for this one, and Dr x is brilliant for this and avoid that one.""*

> *"I think friends help you out with lifts, and it gives you an opportunity to help them from time to time. If you weren't included in any social circles you would have problems getting from one place to another."*

> *"You either know someone who says "Dr so and so is the one you want to see to get you knee replaced"… or you can google things the right way and you can get people's opinions."*

**As you have gotten older what has changed? Focus group discussion**

Women who attended the focus group were asked about what had changed as they had gotten older. Responses varied between each focus group. Themes included changes in their bodies, moving slower and getting more chronic conditions Some also spoke of feeling more confident as they aged but also feeling like they were less respected by people.

> *"I like the older lady who was interviewed on television. She was a hundred and they were celebrating and they asked her how she felt. "Her body was great from the head up."*

> *"Perhaps it's the understanding when you get older things don't work the same, the body does not work quite the same and there are other sorts of problems that they are completely not aware of being a younger person."*

Two focus groups discussed that they felt more confident as they aged.

> *"One of the good things about getting older is I don't care. When I was younger, I would think it but not say it, but now I'm much more likely to say it."*

> *"For the most part, you care a bit less what other people think. For me it's been a bit more healthy. A bit less self-conscious about everything really."*

Multiple older women in the focus groups advised they were less likely to be believed and respected, reporting that people were more likely to speak directly to their younger carer or child rather than them.

> *"I go out sometimes to the shops with my support workers and people in shops talk to the support workers."*

> *"People call you dear or darl - I don't like it. I find it patronising."*

### Older women with a disability

Many of the respondents to the survey were living with a disability (n=56, 28.9%). Older women living with a disability rated their physical health as mostly fair, poor or very poor (n=47, 83.9%).

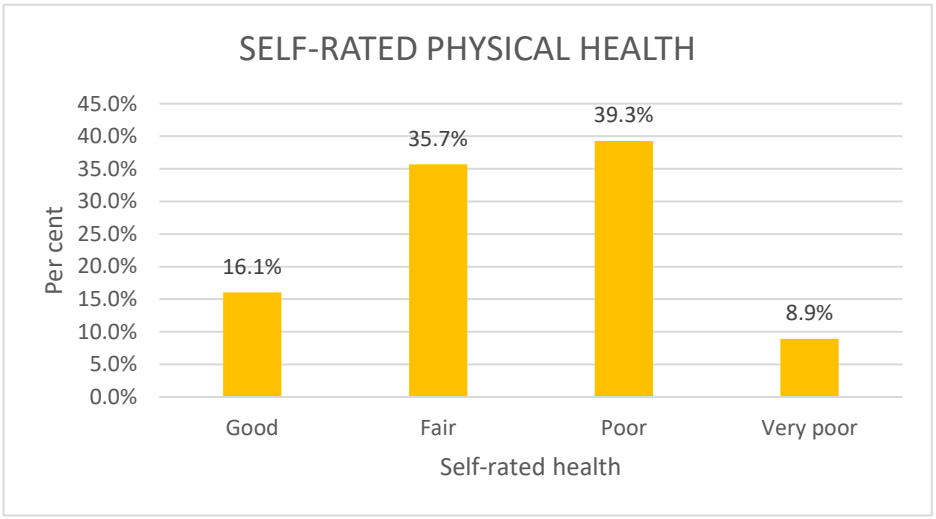


*Figure 22: Older women with disability - self-rated physical health.*

As the figure below shows, 44.6% (n=25) of older women living with a disability rated their mental health as excellent or good, versus 55.4% (n=31) of the women who rated their mental health as fair, poor, or very poor.

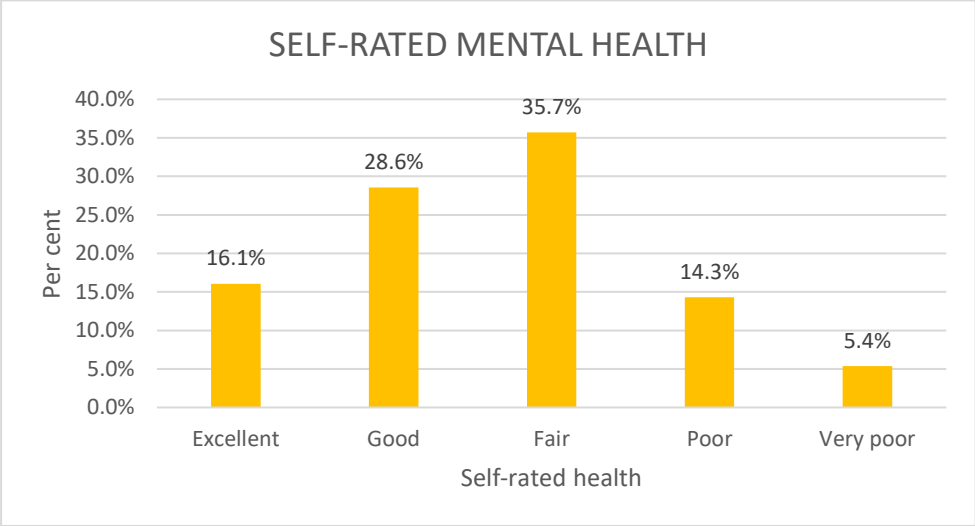


*Figure 23: Older women with disability self-rated mental health.*

Older women living with a disability were more likely to be living on a part or full government pension (n=21, 38%) when compared to the other survey respondents (n=18, 12%).

Affordability (n=24), long wait times (n=22) and appointment availability (n=20) were the most reported barriers to health services and supports for older women with disabilities.

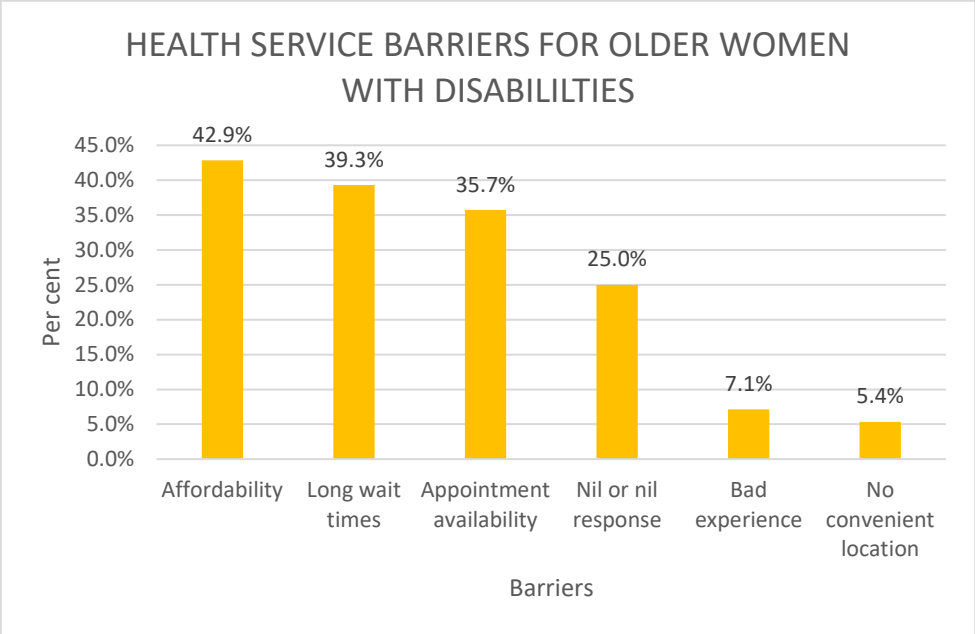


*Figure 24: Barriers for older women with disabilities when accessing health services and supports.*

# Discussion

Older women in the ACT have different life experiences, health needs, and caring responsibilities, and these differences impact on the way that they experience health and wellbeing and their access to health services and supports.

Most of the older women in our research reported that good health meant having independence, living life to the fullest and being pain and illness free. Others spoke of being socially connected, having good mental health, or having a sense of confidence as important factors for good health.

While almost 50% of women in our research rated their physical health as fair, poor and very poor, women's self reported physical health improved with age. But older women with a disability mostly rated their physical health as fair, poor and very poor.

The older women who reported that they had excellent or good mental health also mostly reported excellent or good self-rated physical health.

Older women told us that having a chronic condition was their top health issue, followed by concerns about weight, diet and fitness, and then mental health. These are consistent with the top three health issues which were found in WCHM's 2018 women's health report.[241]

The barriers to accessing health services and supports for older women in the ACT were the same as in previous WCHM women's health reports.[242] [243] Barriers included appointment availability and wait times, affordability of health services especially for women who had chronic conditions or disabilities or were on low income, and the appropriateness of health services. Even so, most women advised that they could access services and supports to help address their top three health issues and their general health. And their views about what they valued in their experiences of health services were that health providers saw them as a whole person, and that they were respectful and caring.

Our findings also show that older ACT women understand the importance of accessing health information to maintain and improve their own health and wellbeing, and that most of them gather information from multiple trustworthy sources.

Social inclusion and being valued in the community were important to older women and their health and wellbeing. Older women who didn't feel socially connected identified barriers such as transport, finances, difficulty making friends and caring responsibilities. When older women talked about being valued in their community, they mentioned social connections, being part of a community group and working as a volunteer.

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[241] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health*, Women's Centre of Health Matters, Canberra, 2018.
[242] A Hutchison, *This is what the real experience is like… The views of same sex attracted women in the ACT about their health; their health needs; their access to services, supports, and information and the barriers to maintaining their health,* Women's Centre for Health Matters, Canberra, 2019.
[243] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health*, Women's Centre of Health Matters, Canberra, 2018.

Housing and income were also important factors to older women's health and wellbeing. Most women reported that they had enough income to cover their needs and that they could afford their current housing, but others advised they were under financial strain or housing stress.

Transport and public infrastructure were an important issue for older women because they played a key role in improving social connectedness, health and wellbeing, and providing access to health services and supports. But older women highlighted barriers to the accessible use of public transport and suburban infrastructure including the lack of connectivity, the time in transit, the length of the walk to the bus stop and the safety aspects.

### Older women's views about what good health meant

Older women in our study described good health in different ways. Many women reported good health as having the ability to be active, motivated, independent and living a good life, while others reported being disease and pain free, or a combination of both.

Others spoke of being socially connected, having good mental health, or a sense of confidence as important factors for good health.

> *"Good health is being able to live a meaningful, engaged, active, thriving life without excessive pain and isolation."*

This differed to the themes from ACT women overall in the WCHM 2018 ACT women's health report.[244] The main themes in that report were that good health was holistic, including both physical and mental health or focussed on mind, body, and the spiritual aspects of wellbeing. But one theme was common in this study and in the 2018 research - good health meant the absence of illness – and to be pain and disease free.[245]

### Self rated health

Forty nine per cent of older women in this research reported their physical health as fair, poor or very poor, which contrasted to the 2018 ACT women's health research where only 30% of women 55 years and above rated their health as fair, poor or very poor.

Thirty five per cent of older women in the current study rated their mental health as fair, poor or very poor, which is more than double the number of women aged 55 and above who said the same in the WCHM 2018 women's health study.[246] Self-rated mental health improved with age in our current research with older women and this has also been found in other Australian research.[247]

[244] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health*, Women's Centre of Health Matters, Canberra, 2018.
[245] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health*, Women's Centre of Health Matters, Canberra, 2018.
[246] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintain their health*, Women's Centre of Health Matters, Canberra, 2018.
[247] C Seib et al, 'Predictors of mental health in midlife and older Australian women: A multilevel investigation', *Health care for Women International*, vol. 37, no. 12, pp. 1263-1276.

As with other studies [248] [249] the older women in our study who also identified as a woman with a disability self rated their health more poorly. Eighty four per cent rated their physical health as fair, poor or very poor. The daily impact of their condition is likely to impact on how they feel their overall rating of physical health is at that point of time. Fifty four per cent of the older women with a disability also rated their mental health as fair, poor or very poor.

### Accessing health information

Sixty per cent of older women in this current study reported seeking general and specific health information from their GP as their first choice. Their second choice was seeking health information online and their third choice was their support network which included friends, family and colleagues. These findings are the same as past research by the WCHM[250] [251] with ACT women. And the *Jean Hailes* women's health survey[252] also found that older women preferred face to face as the method of delivery of health information.[253]

Focus group discussions about access to health information revealed that older women want to be well informed and so will use a range of health information sources, much like the "smorgasbord approach" described in Turner et al.[254] Women sought health information from friends, peer support groups, even fitness groups that they were a part of, with the intention of building a knowledge base of health information.

Some older women in the current study found that looking online before attending the GP was a necessary step to being well informed and up to date with relevant information and options, while others sought information after their GP appointment to further explore their health issues and needs. This type of information seeking by women was found in studies by Maslen and Lupton[255], and Medlock et al.[256]

> *"I think its reassurance that you haven't missed anything on Dr Google. They have done the training; I have faith in my GP but I still like to do my own research. I like to have the knowledge of what the options are."*

Older ACT women told us that health information needed to be reliable and from trustworthy sources, and that they sought out websites that were reputable sources such as the Better Health Channel or the Mayo Clinic. Women in the *Jean Hailes* health study also listed similar websites as trustworthy and expressed the need for trustworthy sources.[257] While some

[248] H M M Vos et al. 'Multimorbidity in older women: The negative impact of specific combinations of chronic conditions on self-rated health', *European Journal of General Practice*, vol. 19, 2013, pp. 117-122.
[249] J McCallum, B Shadbolt and D Wang, 'Self-rated health and survival: a 7-year follow up study of Australian elderly,' *American Journal of Public Health*, vol. 84, no. 7, 1994, pp. 1100-1105.
[250] A Carnovale, *It goes with the territory! The views of older ACT women about health and wellbeing information. A companion report It goes with the territory! ACT women's views about health and wellbeing information (July 2010),* Women's Centre for Health Matter's, Canberra, 2011.
[251] E Hoban, *ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health*, Women's Centre for Health Matters, Canberra, 2018.
[252] Jean Hailes for Women's Health, Women's Health Survey 2018: Understanding health information needs and health behaviour of women in Australia, Melbourne, 2018.
[253] Jean Hailes for Women's Health, National women's health survey 2019: A healthier future for all women in Australia, Melbourne, 2019.
[254] A Turner et al, 'A closer look at health information seeking by older adults and involved family and friends: Design consideration for health information technologies, AMIA annual symposium proceedings, 2018, pp. 1036-1045.
[255] S Maslen & D Lupton, '"You can explore it more online": a qualitative study on Australian women's use of online health and medical information', BMC Health Serv Res, 2018, vol. 18, no. 1, pp 916.
[256] S Medlock et al, 'A Health Information–Seeking Behavior of Seniors Who Use the Internet: A Survey', Journal of Medical Internet Research, 2015, vol. 17, no. 1.
[257] Jean Hailes for Women's Health, Women's Health Survey 2017: Understanding health information needs and health behaviour of women in Australia, Melbourne, 2017.

research shows that distrust in seeking health information online correlated with reduced use of the internet amongst people over 65 years old, [258] the older women in our study advised that they had developed ways to find out if websites were trustworthy and felt confident in their abilities in seeking reputable health information online.

> *"I've used Dr Google quite a lot but I think I have developed enough savvy to know what is reliable information, looking at the website."*
>
> *"You can be discerning. You can look at sites that have gov.au after them. There is a lot of rubbish out there."*

### Top health issues

Women in this study reported that their top three health issues were chronic conditions (60%), followed by weight diet and fitness (29%) and mental health (21%). In the WCHM 2018 women's health study the same top three health issues were reported.[259]

Chronic conditions were the most reported health issue by older women, which is consistent with the WCHM 2018 women's health study, in which 77% of women over 55 years old identified chronic conditions.[260]

Bone conditions, which were the most mentioned top health concern identified under chronic conditions, are common in older women and can cause severe pain and debilitation. Osteoporosis effects 50% of women over the age of 60 years, with some older women not realising how it can lead to significant morbidity and mortality.[261]

Twenty nine per cent of older women in our study mentioned weight, diet and fitness as one of their top three health issues. Forty two per cent of women over 55 years in the WCHM 2018 women's health study reported the same.[262] Concern about weight, diet and fitness decreased with age for older women in this study, which was also noted in the 2018 women's health study.[263] The importance of maintaining physical fitness and ability can't be understated for older women. Nutrition and physical activity, although mentioned less, are important factors in maintaining muscle mass and body function[264] and so have an effect on physical fitness and ability.

Mental health was a top health issue for 21% of older women in this study, in contrast to 35% of women aged over 55 years old who reported mental health in the WCHM 2018 women's health study.[265]

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[258] D M Zulman, M Kirch, K Zheng & L C An, 'Trust in the Internet as a Health Resource Among Older Adults: Analysis of Data from a Nationally Representative Survey', Journal of Medical Internet Research, 2011, vol. 13, no. 1.
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[260] E Hoban, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health, Women's Centre for Health Matters, Canberra, 2018.
[261] Australian Institute of Health and Welfare, Osteoporosis, Canberra, 2019, retrieved on the 4th of October 2019; https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/osteoporosis/related-material
[262] E Hoban, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health, Women's Centre for Health Matters, Canberra, 2018.
[263] E Hoban, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health, Women's Centre for Health Matters, Canberra, 2018.
[264] Better Health Channel, Physical activity for seniors, Department of Health & Human Services, State Government of Victoria, Australia, 2018, retrieved on the 30th of September 2019; https://www.betterhealth.vic.gov.au/health/healthyliving/physical-activity-for-seniors?sc_trk=per_link
[265] E Hoban, ACT women's health matters! ACT women's views about their health; their health needs; their access to services, supports and information; and the barriers to maintaining their health, Women's Centre for Health Matters, Canberra, 2018.

## The impact of housing and income on health and wellbeing

Most of the older women in our study reported that they were living in privately owned accommodation, could afford the accommodation that they were living at the present, and had enough income to support their needs.

Fourteen per cent of women reported that they were unable to afford their current accommodation. Some women indicated it was a result of their income not covering the increased cost of living, including rising utilities such as rates, electricity and heating costs. Others were worried that if the cost of living kept rising, they may not be able to afford utilities in the future.

> *"It is affordable now but it will be a struggle or maybe not even possible when I can no longer work in paid employment. It is a property I own but the hikes in rates, utilities and living expenses make it hard on a single wage."*

The increasing costs of living in Canberra are making it more difficult to live comfortably.[266] Some older women in our study felt they were on the verge of homelessness should something happen.[267] Older women are more vulnerable to housing insecurity and financial stress due to economic and social factors involving income, caring responsibilities and financial insecurity throughout their lives.[268] [269] [270] [271] [272]

Chronic illness and disability have significant impacts on financial security,[273] where choices may need to be made between therapies and other costs such as rent or utilities.[274] [275] [276] [277] [278]

In our study, almost a quarter of the older women told us that they did not have enough income to support their needs. And some older women in our study commented that co-morbidity and disability reduced their ability to earn and that health treatments took up a large portion of their income.

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[266] YWCA Canberra, *Our lives: women in the ACT*, Canberra, 2019, retrieved on the 23rd of April 2020; https://ywca-canberra.org.au/wp-content/uploads/2019/10/YWCA-Our-Lives_web.pdf

[267] Australian Bureau of Statistics, 2049.0 Census of Population and Housing: Estimating homelessness, 2016. Refer to State and territory of usual residence, Sex by age of person Datacube: Excel spreadsheet 2018. Findings based on use of Datacube. In Australian Human Rights Commission, *Older Women's Risk of Homelessness: Background Paper*, Canberra, 2019.

[268] Kliger B, Sharam A & Essaber F, *Older women and homelessness, a literature review*, City of Boroondara, 2010.

[269] D Batterham et al, Ageing out of place: The impact of gender and location on older Victorians in homelessness, Hanover Welfare Services, Melbourne, 2013, retrieved on the 30th of July 2019, https://www.launchhousing.org.au/site/wp-content/uploads/2013/01/Ageing-Out-of-Place-FINAL-REPORT.pdf

[270] McFerran L, *It could be you: Female, single, older and homeless,* Homelessness NSW, Sydney, 2010, retrieved on the 30th of July 2019, http://www.ownnsw.org.au/wp-content/uploads/2013/08/ItCouldBeYou.pdf

[271] Tually S, Faulkner D, Cutler C, & Slatter M, Women, domestic and family violence and homelessness: A synthesis report. Flinders Institute for Housing Urban and Regional Research, Prepared for the Office for Women Department of Family, Housing, Community Services and Indigenous Affairs, 2008, retrieved on the 30th of July 2019; https://www.dss.gov.au/sites/default/files/documents/05_2012/synthesis_report2008.pdf

[272] A Sharam, A predictable crisis: older, single women as the new face of homelessness, Swinburne Institute for Social Research, Melbourne, 2010, http://apo.org.au/system/files/22195/apo-nid22195-13601.pdf

[273] A Hutchison, "I don't have the spoons for that The views and experiences of younger ACT women (aged 18 to 50 years) about accessing supports and services for chronic disease, Women's Centre for Health Matters, Canberra, 2018.

[274] A Hutchison, *"I don't have the spoons for that…" The views and experiences of younger ACT women (aged 18 to 50 years) about accessing supports and services for chronic disease*, Women's Centre for Health Matters, Canberra, 2018.

[275] V Tran et al., 'Taxonomy of the burden of treatment: a multi-country web-based qualitative study of patients with chronic conditions', *BMC Medicine,* vol. 13, no. 115, 2015, pp. 1-15.

[276] L M Hunt, M Kreiner, H Brody, 'The changing face of chronic illness management in primary care: a qualitative study of underlying influences and unintended outcomes', *Annals of Family Medicine*, vol. 10, no. 5, 2012, pp. 552-560.

[277] Jeon et al., 'Economic hardship associated with managing chronic illness: a qualitative inquiry', *BMC Health Services Research*, 2009, vol. 9, no. 182, pp. 1-11.

[278] A Kemp et al. 'How much do we spend on prescription medicines? Out-of-pocket costs for patients in Australia and other OECD countries,' *Australian Health Review*, vol. 35, no. 3, pp. 341-9.

*"I have had to access what [in super] I had but that runs out long before I turn 67 and I am unable to work. Disability pension is almost impossible to get approved."*

## Social inclusion and connectedness

As with past WCHM past studies, social inclusion and connectedness was seen as an important part of older women's health and wellbeing.[279] Women from the focus groups discussed how necessary being socially connected and included was to maintain mental and physical health. They felt that staying at home all the time would impact negatively on their mental health, whereas getting out in the community had positive impacts. Being socially connected and included also improved their physical fitness, and their access to health services and information.

*"If you go out and about and talk to people and do things you will be much healthier, or better informed… your more active, definitely much better to get out and about, health wise"*

Twenty-two per cent of the older women in our study reported that they did not feel socially included or engaged in community life. For some of the women their barriers to being socially included and engaged in community life included mobility and illness limitations, travel difficulties, their financial situation, difficulties making friendships and limitations on their time due to caring demands and employment. Feldman & Radermacher, found that physical capabilities and loss of independence reduced older Melbourne women's abilities to maintain friendships and social connections.[280] Whereas, transport accessibility, caring responsibilities, and financial status impacted social connectedness and inclusion for older women in the WCHM 2011 social connectedness research.[281]

When older women in the focus groups were asked if they felt valued and included in their community, they discussed three themes. These were social connections, such as relationships with friends, family and neighbours; informal social participation, such as being connected to a community group or church for social outings; and volunteering or making their time available to help people or organisations. These three themes have been described by researchers as "social participation" and are correlated with improved health and wellbeing in older people.[282]

Being connected to and included in social groups helped older women feel valued and included in their community. Women in the focus groups mentioned their social connections as being very important to maintain and that relationships such as friends, family and partners helped to improve their health and wellbeing.

[279] K Darlington & A Carnivale, *Older women and social connectedness. A snapshot of the ACT*, Women's Centre for Health Matters, Canberra, 2011.
[280] S Feldman & H Radermacher, Vital conversations. Giving older women in greater Melbourne a voice, Lord Mayor's Charitable foundation, Melbourne, 2019
[281] K Darlington & A Carnivale, *Older women and social connectedness. A snapshot of the ACT*, Women's Centre for Health Matters, Canberra, 2011.
[282] H Douglas, A Georgiou, & J Westbrook, 'Social participation as an indicator of successful aging: an overview of concepts and their associations with health', Australian Health Review, vol. 41, 2017, pp. 455-462.

Some of the women in the focus groups also discussed informal social participation, such as attending social activities or being part of a community group or organisation, which supported a sense of belonging.

Volunteering was mentioned by older women in the focus groups as something that made them feel valued. Volunteering has been shown to a major contributor health and wellbeing for older women.[283] [284] [285]

And older women who were of retirement age, or who had just retired, discussed that employment made them feel valued, so that when older women in our study retired, they needed to find other ways to feel valued.

### Transport and infrastructure

An age friendly city means having accessible transport and infrastructure suitable for older people to get around. Not having suitable transport options may mean that women are not able to attend health services to get appropriate health care. [286] [287] Multiple studies have outlined how lack of transport is a barrier to health services for older adults.[288] [289] [290]

Older women in our study mentioned transport and infrastructure as a barrier for them travelling in Canberra to have their health and wellbeing needs met. Some survey respondents advised that transport was a key barrier to accessing health services and supports for their top three health issues.

Older women who responded to the survey also mentioned transport as a barrier to maintaining social connection, specifically concerning mobility.

Women in the focus groups reinforced that improvements to transport and suburb infrastructure could increase social connectedness for older women. Some women discussed how the connectivity, time in transit and the length of the walk to transport was a barrier to them using public transport.

[283] K Darlington & A Carnivale, *Older women and social connectedness. A snapshot of the ACT*, Women's Centre for Health Matters, Canberra, 2011.
[284] L Parkinson, J Warburton, D Sibbritt, & J Byles, 'Volunteering and older women: psychosocial and health predictors of participation', *Aging Mental Health*, vol. 14, 2010; pp. 917–927.
[285] P D Pilkington, T D Windsor & D A Crisp, 'Volunteering and subjective well-being in midlife and older adults: The role of supportive social networks', *The Journal of Gerontology Series B: Psychological Sciences and Social Sciences*, vol. 67, no. 2, 2012, pp. 249–260.
[286] D Denmark, A Hurni, B Cooper, *No transport, no treatment,* Cancer Council, Sydney, 2011, retrieved on the 23rd of April 2020; https://www.cancercouncil.com.au/wp-content/uploads/2011/10/No-Transport_No-Treatment.pdf
[287] S T Syed, B S Gerber, & L K Sharp, 'Travelling towards disease: transportation barriers to health care access', *Journal of Community Health,* vol. 38, no. 5, 2013, pp. 976–993
[288] Fitzpatrick et al, 'Barriers to health care access among the elderly who perceives them', *American Journal of Public Health,* vol. 94, 2004, pp. 1788-1794.
[289] D van Gaans & E Dent, 'Issues of accessibility to health services by older Australians: a review', *Public Health Reviews,* vol. 39, no. 20, 2018, pp. 1-16.
[290] Council of the ageing and Newgate research, *State of the older nation*, Canberra, 2018, retrieved on the 23rd of April 2020, https://www.cota.org.au/wp-content/uploads/2018/12/COTA-State-of-the-Older-Nation-Report-2018-FINAL-Online.pdf

And older women discussed how important it was that neighbourhoods and infrastructure are safe for older women so that they are able to use public transport and stay socially connected.[291] [292] [293]

### Barriers to health services and supports

Sixty two per cent of older women identified that they experienced appointment availability, affordability and long wait times as barriers to accessing health services. The same barriers were found for all age groups in the WCHM 2018 ACT women's health study, however long wait times were the most reported barrier for older women.[294]

Availability of health services

Thirty two per cent of older women reported appointment availability and 26% of women reported wait times as a barrier to accessing health services in this study.

In the 2019 Jean Hailes for women's health study, women 51 to 65 years old were more likely to report they weren't able to see a health professional when they needed, than older age groups.[295] This occurrence wasn't found in our study, as women from all the age groups expressed appointment availability as a barrier.

Affordability of health services

Thirty one per cent of older women in our study reported affordability as a barrier to health services. Older women told us that not enough services bulk bill, and that some services are too expensive. In Canberra bulk billing rates are relatively low for those that are in the eligible age brackets.[296] [297] Wolkolm found that some women may miss thresholds for subsidised care, particularly low-middle income earners and self-funded retirees.[298]

> *"Drs are just too expensive even with the rebate I say Medicare needs to be brought back in or bulk bill."*
>
> *"Services I've accessed are very good but expensive. Medicare provides rebates but you need to have money to pay up front before receiving the rebate. Not enough doctors bulk bill."*

Fifty per cent of women who reported that affordability was a barrier to health services in the ACT were aged 55-64 years. The largest age group of older women in the *2019 Jean Hailes survey for women's health* who were not able to afford a health professional when they needed

[291] Aged and Community Services Australia, *Social Isolation and Loneliness Among Older Australians: A Discussion Paper,* Issue paper no. 1, Canberra, 2015, retrieved on the 22 of April 2020; https://www.acsa.asn.au/getattachment/Publications-Submissions/Social-Isolation-and-Loneliness/1015-Social-Isolation-and-Loneliness-Paper.pdf.aspx?lang=en-AU
[292] K Darlington & A Carnivale, *Older women and social connectedness. A snapshot of the ACT*, Women's Centre for Health Matters, Canberra, 2011.
[293] Women's Centre for Health Matters, *Where do older women feel safe and why?,* Canberra, 2015.
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[295] Jean Hailes for Women's Health, National women's health survey 2019: A healthier future for all women in Australia, Melbourne, 2019.
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[297] Australian Government Productivity Commission, Report on Government Services 2017, Canberra, 2017, retrieved on the 12th of December 2019; https://www.pc.gov.au/research/ongoing/report-on-government-services/2017/health/primary-and-community-health
[298] E J Wolkom, D Loxton & J Robertson, 'Cost of medicines and health care; A concern for Australian Women across the ages', *BMC Health Services Research*, vol. 13, no. 484, 2013, pp. 1-9.

it, were also the 55-64 year old women. This reduced as women aged. Women that were finding it difficult to get by financially were more likely not be able to afford a health professional when they needed it.[299]

Older women in our study reported that affordability was one of the main barriers to addressing their chronic condition as one of their top three health issue. They reported that services and supports can be expensive especially if there were ongoing costs for multiple conditions.

> *"I currently see a physiotherapist and a psychologist but finances are a problem with these - they do help but my savings are disappearing fast and I'm increasingly worried about money - or lack of it! I see a cardiologist for AF and am on anti-coagulation meds but this makes treatment of pain a real problem. I have tried to get work but am told I'm too old."*

Studies show that people who have ongoing conditions pay for multiple costs for their condition. These include costs for a variety of health practitioners, medical treatments, medications, and specialised equipment, food and treatment.[300] [301] [302] [303] [304] They may need to make decisions about what they pay for, and so choosing to pay for electricity over medication is a likely scenario.[305] [306]

Some of the older women talked about affordability in the focus groups. They mentioned that ageing has a negative impact on affordability because people age out of the work force and can't earn any more money to cover costs.

> *"When you are older you can't work basically, you can't bring in more income."*

Older women who have chronic conditions and can no longer work, are significantly disadvantaged by the financial burden and may end up spending their life savings or super on medical care. One woman talked about having to use her life savings for her cancer treatment, and it's significant impact on her.

> *"I went from being employed on a good salary, unemployed on my super to having zero, being homeless and being on the pension. Within under 6 months, and I'm really lucky I'm not ashamed to admit it, I've done nothing wrong - I planned."*

Note, that she is no longer homeless and has government supported housing now.

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[299] Jean Hailes for Women's Health, National women's health survey 2019: A healthier future for all women in Australia, Melbourne, 2019.
[300] A Hutchison, *"I don't have the spoons for that…" The views and experiences of younger ACT women (aged 18 to 50 years) about accessing supports and services for chronic disease*, Women's Centre for Health Matters, Canberra, 2018.
[301] V Tran et al., 'Taxonomy of the burden of treatment: a multi-country web-based qualitative study of patients with chronic conditions', *BMC Medicine,* vol. 13, no. 115, 2015, pp. 1-15.
[302] L M Hunt, M Kreiner, H Brody, 'The changing face of chronic illness management in primary care: a qualitative study of underlying influences and unintended outcomes', *Annals of Family Medicine*, vol. 10, no. 5, 2012, pp. 552-560.
[303] Jeon et al., 'Economic hardship associated with managing chronic illness: a qualitative inquiry', *BMC Health Services Research*, 2009, vol. 9, no. 182, pp. 1-11.
[304] A Kemp et al. 'How much do we spend on prescription medicines? Out-of-pocket costs for patients in Australia and other OECD countries,' *Australian Health Review*, vol. 35, no. 3, pp. 341-9.
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[306] Jeon et al., 'Economic hardship associated with managing chronic illness: a qualitative inquiry', *BMC Health Services Research*, 2009, vol. 9, no. 182, pp. 1-11.

Appropriateness of health services

Older women reported that negative experiences such as a health professionals not listening to them or being disrespected was a barrier to their access to health services. Women in our study explained how health professionals had made poor decisions when they didn't believe or listen to them, and that this led to poor outcomes for these women. Moradi et al, and Frich, Malterud & Fugelli found that misdiagnosis and lack of adequate treatment resulted in poor patient outcomes.[307] [308]

One woman described ageism in her interaction with a paramedic. She described how the paramedic did not believe her and did not want to care for her, that they had a conversation about how it wasn't that bad and then he didn't help her to the ambulance. This older woman had worked in the medical industry for a long time, and she knew her own body.

> *"But if you wish us to take you to the hospital you will have to wait a long time." He was trying to l put me off, "are they busy in the hospital?", either way I was terrified that I was on my own in the house not able to breath… So I wanted to go to hospital to be sure. Long story short I had pneumonia! …This is a window to the aged care problem, the attitudes towards an older person, they treat you like a moron."*

Explicit or implicit ageism has consequences for the patient and it can lead to reductions in health care utilisation.[309]

When health care providers fail to include the patient in the care plan, they can feel powerlessness and lose autonomy.[310] Some older women in the focus groups in our current study experienced this when they were accessing health care.

> *"When you are sick you feel out of control – everyone else is making the decisions for you – no power."*

And they discussed not feeling connected to GPs and other health professionals if they weren't thorough and didn't have enough time to care for them properly.

> *"Never enough time"*
>
> *"Nurses were good but they had no time."*
>
> *"If you are just seeing anyone, I do think it can have some negative impacts, because generally they are so busy they don't have time to read your whole thing before you come in. So my experience it can lead to bad outcomes."*

[307] J C Frich, K Malterud & P Fugelli, 'Women at risk of coronary heart disease experience barriers to diagnosis and treatment: A qualitative interview study', Scandinavian Journal of Primary Health Care, 2006, vol. 24, pp. 38-43.
[308] M Moradi et al., 'Impact of endometriosis on women's lives: a qualitative study', BMC Women's health, vol. 14, no. 123, 2014, pp. 1-12.
[309] J C Chrisler, A Barney, & B Palatino, 'Ageism can be hazardous to women's health; Ageism, sexism, and stereotypes of older women in the healthcare system', Journal of Social Issues, vol. 72, no. 1, 2016, pp. 86-104.
[310] J C Chrisler, A Barney, & B Palatino, 'Ageism can be hazardous to women's health; Ageism, sexism, and stereotypes of older women in the healthcare system', Journal of Social Issues, vol. 72, no. 1, 2016, pp. 86-104.

## Supports for addressing health issues

Overall older women reported that they could find services and supports for their general health issues and for their top three health issues. Out of the top three health issues, women reported that they had the most services and supports for chronic conditions (76%).

Some women who responded to the survey mentioned that they had numerous good health providers that saw to their needs. They also talked about particular services and services that were important to their care.

> *"Hydrotherapy is the only source of relief I have found for my pain management. Arthritis ACT does a fantastic job in providing lots of services but need to be supported by local government in order to provide these services to the people of Canberra."*

> *"I regularly use a hydrotherapy pool which helps with fitness but especially chronic pain."*

> *"In relation to bone pain, I am managed by medication which my GP needs to get authority to prescribe, also by physical therapies such as hydrotherapy and yoga which are limited by the availability of sessions offered by Arthritis ACT. In relation to anxiety I am managed by medication and by accessing counselling and therapy sessions offered by ACT Health through their cancer services."*

Successful health care visits for older people should be patient centred.[311] They need a health provider who sees them as whole person, takes the time to listen[312] and responds to patient concerns. [313] Women in our survey and focus groups really appreciated when GPs looked after their health in a comprehensive and caring way. Women in the focus group who felt connected to health services and supports mentioned that their GPs who saw them as a whole person, and was respectful and caring.

> *"I changed GPs and now my GP is amazing, looks at me like a whole person."*

[311] S L Williams, K B Haskard & M R DiMatteo, 'The therapeutic effects of the physician-older patient relationship: Effective communication with vulnerable older patients', Clinical Interventions in Ageing, vol. 2, no. 3, 2007, pp. 453-467.
[312] J N Vieder, et al. 'Physician-patient interaction: What do elders want?' *Journal of American Osteopath Association*, vol. 102, no. 2, 2002, pp. 73–8.
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# Conclusion

Women have specific health and social needs as they grow older, which are impacted by their economic and social circumstances and the society in which they live and are a part of.

This report about the views and experiences of older ACT women adds a local context to the national and international evidence about the factors that influence health, and the barriers that can limit their ability to utilise and access to health services and supports, and to stay socially connected. It also reinforces that many of the findings from our previous research in the ACT are still relevant today.

Our research shows that older ACT women are more likely to have chronic conditions and access health services than younger women but that the way they access health services and supports may be different. They experience barriers which may have significant impacts on their health. This includes discrimination based on age or gender which can reduce the provision of adequate health care for older women.

And those who identified having a chronic illness or a disability had increased barriers to accessing health services especially affordability where they may have to choose between their health and other important costs like electricity or rent. Having accessible, available, affordable, appropriate health services are as essential now as they were for ACT women in WCHM's previous health and wellbeing research.

Good health for the older women we spoke to was about the ability to live independently and with autonomy, and without pain or illness. Therefore, this should be at the forefront of health provider's minds when providing care to older women.

Older women seek information to help them be more informed about their health and use a variety of trustworthy sources - "a smorgasbord approach". And they reported that they used online research to supplement information given to them by their GP either before or after appointments.

Social connection with friends and family, being part of a community group and volunteering were key themes for older women feeling valued in the ACT community. But there were barriers to them feeling socially included.

Older women's access to health services and being socially connected was negatively impacted by issues with the ACT's transport system and infrastructure in public spaces. Older women needed to still have the capabilities to drive because of the significant barriers to their use of public transport.

We hope that this report which shares the views and experiences of local older women can assist in informing practical actions and solutions to improving the health and wellbeing outcomes for these ACT women.

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