
What ACT women value in women's health services

Emma Davidson

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Acknowledgements

Thank you to all the ACT women who shared their views and experiences with us for this report. We hope that the findings in this report will be useful to organisations seeking to deliver or fund women's health services in the ACT.



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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 social research, community development and health promotion to provide information and skills that empower women to enhance their own health and wellbeing. WCHM undertakes social research and advocacy to influence systems' change with the aim to improve women's health and wellbeing outcomes.

About the Author

Emma Davidson is the Deputy CEO of the Women's Centre for Health Matters. She has completed a Bachelor of General Studies from Griffith University. She has experience using quantitative and qualitative data to support the development of community understanding of the lived experience of women.

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Introduction

The Women's Centre for Health Matters was established in 1990, in response to the proposals made by women in the ACT community as part of the first National Women's Health Policy.

It was clear at the time women's health and wellbeing needs could not solely be met by existing services, and women identified the need for separate women's health services which could be tailored to meet their needs.

Since that time, WCHM has sought the views from ACT women so that we know about their experiences using and accessing health services and supports. Over the past three decades, a constant theme from ACT women has been the value that women place on women only health services that listen with empathy to their needs, who understand their lived experiences as women, and who provide trauma informed and women sensitive care.

Once again in late 2018, WCHM sought ACT women's views about the value of women only health services in the ACT, and their knowledge of the ACT Women's Health Service. Over 140 women responded to the short survey over the 14 days that it was open.

This report provides an overview of the findings from WCHM's research between 1990 to 2017 about women's experiences of accessing health services and what they were looking for in a women's health service.

It also summarises the findings from the 2018 survey and focus groups about what women currently value about women only health services.

We hope that this report reinforces the consistent views of women in the ACT over nearly three decades about the value they place on women only health services. And that it contributes to the development of ACT health and wellbeing policies, community initiatives and other service responses that can respond well to women's needs.

Women's experiences accessing health services - 1990 to 2017

Over the past 27 years, WCHM have collected data from ACT women on their experiences accessing health services in the ACT and what they are looking for in a health service. This includes our more recent reports, *It goes with the Territory! ACT Women's views about Health and Wellbeing Information* in 2010, and *ACT women's health matters!* in 2018.

Women have consistently expressed that they value health services that listen with empathy to their needs, understand their experiences, and provide quality healthcare. A significant number of women expressed their need for trauma informed services. Affordability and availability of appointments have also been identified as barriers for some ACT women.

Women value empathy and understanding

Research with ACT women dating back to the 1990s shows that they valued having access to a women only health service. Professor Dorothy Broom surveyed and consulted with women attending community health centres and women's health centres around Australia, including the ACT. She found that women valued women only health centres, and wanted their services expanded and promoted. They viewed women only health centres as being safer, with doctors more likely to understand their needs. Women at women's health centres were more likely than those at community health centres to say they would have to go without health care if the centre were not available¹.

*"Women were asked to offer a suggestion for improving the centre. Clients at both kinds of centres were equally likely to make such suggestions, but those at (Women's Health Centres) were much more likely than those at (Community Health Centres) to suggest – in the words given to the title of this report – that there should be more: more space, more staff, more hours, more services, more groups."*²

*"... clients at the (Women's Health Centres) had a keen awareness of the special value of the centre to them, and they wanted the resources to be expanded. Women at both kinds of centres thought that more people should be made aware of the centre through better publicity."*³

During WCHM research conducted in 2017 with ACT women aged 18 to 50 years with chronic disease, 83 per cent of respondents (n=134) said that they experienced barriers to accessing services in the ACT⁴. Of these, 57% (n=76) identified dissatisfaction with treatment by services as a barrier. Women talked about doctors not listening to or believing them.

In the 2016 survey by WCHM, to which 601 ACT women responded, women spoke about another barrier being their experiences with health professionals. Seventeen per cent (n=101) of respondents reported bad experience as barrier in their interaction with the health system,

¹ D Broom, *There should be more! Women's use of community health centres*, National Centre for Epidemiology and Population Health, Australian National University, Canberra, 1996, page 19

² D Broom, *There should be more! Women's use of community health centres*, National Centre for Epidemiology and Population Health, Australian National University, Canberra, 1996, page 25

³ D Broom, *There should be more! Women's use of community health centres*, National Centre for Epidemiology and Population Health, Australian National University, Canberra, 1996, page 25

⁴ 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, page 47

including difficulty establishing a rapport with GPs, feeling rushed in appointments, not being believed, or being misdiagnosed.⁵

“Discrimination, assumptions about my illness that were untrue, lots of ‘we can’t help you’, sexist and derogatory comments from male health practitioners, spoken to like a child, told I wasn’t ‘trying’ hard enough, lack of clear answers, no follow up.”⁶

“The Freudian legacy, ‘if it’s female, it’s hysteria’, continues to dominate conventional medicine here and elsewhere. Thus I was dismissed or misdiagnosed for years. After diagnosis there was little help... GPs treated me like an idiot (I’m a trained nurse with extra tertiary degrees), or shook their heads, ‘I’ve got nothing’.”⁷

Numerous participants reported feeling belittled and dismissed by health professionals; instances of GPs having limited knowledge about their conditions; and not being believed when describing symptoms. These stories were particularly prevalent for participants with chronic conditions, including endometriosis or ADHD, and often led to years of misdiagnosis, pain and suffering. They also raised the difficulty in accessing female health professionals and finding continuity of care as barriers.⁸

In WCHM’s 2018 report about women’s sexual and reproductive health needs women talked about the need for safe and non-judgemental services. They wanted to be certain that the health service they access is a safe space where they can discuss their individual needs without judgement to maintain good sexual and reproductive health but identified that this was not always the case.

Many of the women discussed the importance of seeking sexual and reproductive healthcare where they can express their concerns without fear of judgement and that their experiences are validated.

For some of the study respondents, the ‘embarrassing’, ‘shameful’, or invasive nature of sexual and reproductive health was a barrier for women to seek proper care. The barrier was heightened when women received poor treatment, especially for young women seeking care for the first time and those who have had traumatic experience of sexual abuse or assault.⁹

⁵ E Hoban, *ACT women’s health matters!*, Women’s Centre for Health Matters, Canberra, 2018, page 55

⁶ 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, page 47

⁷ 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, page 48

⁸ E Hoban, *ACT women’s health matters!*, Women’s Centre for Health Matters, Canberra, 2018, page 73

⁹ J Tran, *Improving Choices and Options: The views of ACT women about their sexual and reproductive health needs*, Women’s Centre for Health Matters, Canberra, 2018, page 100

Trauma informed and holistic care is needed by some women

In 2016, WCHM surveyed 601 ACT women, asking about their health needs and access to services. The need for a female health service provider was still important for many women:

“...I struggled to find a female gynaecologist. For someone who is also the victim of sexual assault finding a female gynaecologist was crucial”¹⁰

Women also talked about the experience of trauma informed care, and health services that understood their lived experience. Women in many studies by WCHM have talked about not being believed by healthcare providers, particularly about symptoms such as pain or fatigue¹¹.

Having to disclose their need for trauma informed care in order to access treatment can be a barrier for some women.

“I attended the Women's health centre--Civic--where I felt comfortable for pap smears and mammograms. Then some years ago a new rule was introduced. The Women's Health Centre was for women who had suffered abuse--one had to declare this fact. I was told it could be overlooked if I chose. But you see I am an incest survivor and I found it particularly difficult to say I was not a victim while at the same time I was not prepared to announce it to a receptionist. I had no idea where this information may have ended up. I have not had a pap smear or mammogram since.”¹²

Women also talked about the importance of holistic care, with eleven women naming the inability of services to provide holistic care as the reason they could not find services to maintain their health¹³.

Women in many past WCHM research studies have talked about the need for trauma informed and holistic care, including in relation to chronic conditions, mental health, and autoimmune disease.

“...experience of being sexually assaulted whilst in enforced mental health care has made it more difficult to be in some co-ed groups. Namely ones where people aren't as well. So I get ... if there are men present who are really unwell, because of that experience, I can't really focus on anything except feeling inordinately afraid.”¹⁴

“It took me time to find practitioners who had an understanding of these issues and were compassionate about the associated grief. I have found it particularly difficult to find a knowledgeable and caring GP”¹⁵

These ongoing issues of needing access to a health service that is understanding of their lived experience and can provide holistic, trauma informed care are why women's organisations have advocated for the support of women's health centres for the past three decades.

¹⁰ Quote from a focus group participant in 2016 research into ACT women's utilisation of health services

¹¹ E Hoban, *ACT women's health matters!*, Women's Centre for Health Matters, Canberra, 2018, page 72

¹² Quote from a focus group participant in 2016 research into ACT women's utilisation of health services

¹³ E Hoban, *ACT women's health matters!*, Women's Centre for Health Matters, Canberra, 2018, page 48

¹⁴ Participant in WCHM research discussing mental health support

¹⁵ Participant in WCHM research discussing access to health services

A centre specific to women

Women who responded to Broom's survey at the Multicultural Women's Health Centre (MCWHC) in Fremantle in the early 1990s were more likely to give reasons for choosing that centre that were based on the gendered nature of the centre, than on cultural background. Of the 2,046 women who responded to a question about their reasons for choosing MCWHC, 61% gave a reason based on gender: wanting a woman doctor, too embarrassed to have tests done by a male doctor, or a centre specific to women.

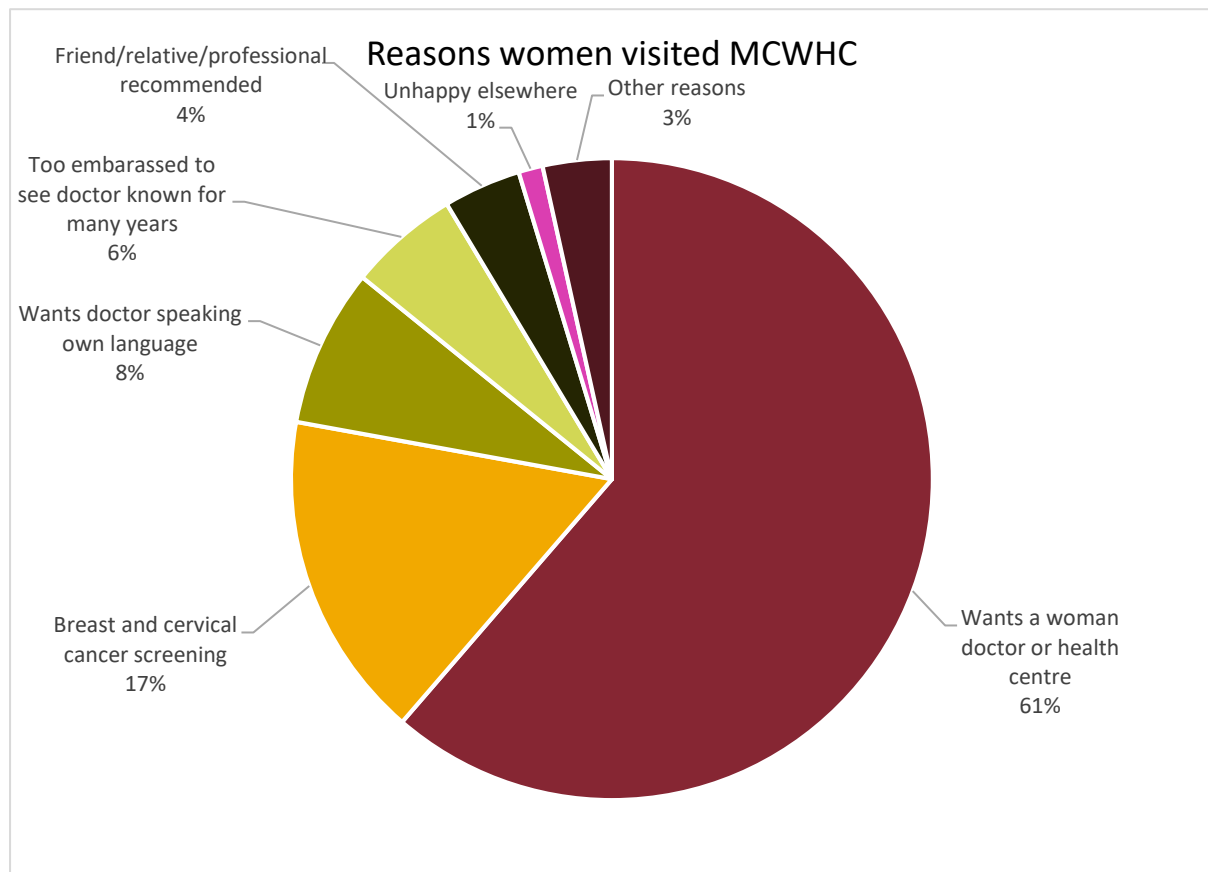


Figure 1 Reasons women gave for visiting the Multicultural Women's Health Centre in Fremantle

More than 40% of women at both women's and community health centres said that the service was different to other services¹⁶, such as the staff being more welcoming and understanding, a relaxed and private atmosphere, and having several services in one location.

The women who accessed women's health centres were more likely than those at community health centres to feel that the centre offered something that is different to other health facilities:

"A similar dimension is tapped by the women's response to the question about whether the centre is different from other health care facilities: at (Women's Health Centres), many more women answered an unequivocal yes to this question, whereas at (Community Health Centres) women were about equally likely to say either yes or no, or to respond that they didn't know."¹⁷

¹⁶ D Broom, *There should be more! Women's use of community health centres*, National Centre for Epidemiology and Population Health, Australian National University, Canberra, 1996, page 19

¹⁷ D Broom, *There should be more! Women's use of community health centres*, National Centre for Epidemiology and Population Health, Australian National University, Canberra, 1996, page 25

Women at women's health centres were also more likely than women at community health centres to say that they would have to go without health care if the centre were not available¹⁸.

This need for women to be able to access female service providers continued in WCHM's 2010 report on a survey of 674 women aged 15 years or older:

*"In terms of the gender preferences for GPs, 7% (n=46) of respondents always insist on seeing a female GP, 45% (n=275) prefer a female GP but will see whoever is available, 46% (n=285) do not care if the GP is male or female, and 2% (n=10) prefer a male GP but will see whoever is available. Two respondents (0.3%) insist on seeing a male GP."*¹⁹

In 2016, WCHM surveyed ACT women again, asking about their health needs and access to services. The need for a female health service provider was still important for many women.

Affordability is a barrier to accessing ACT health services

A 2016 survey by WCHM, to which 601 ACT women responded, found that affordability was the most reported barrier to accessing health services, cited by half of all survey participants²⁰. The most commonly cited difficulty was finding a GP or specialist who bulk bills²¹.

It is notable that affordability was cited by women in the highest income brackets as well as the lowest, indicating that affordability is not simply a matter of income, but is also impacted by other living costs at the point in time when they have a healthcare need.

This affordability issue was also identified in WCHM's 2017 research into the experiences of ACT women aged 18 to 50 years who had chronic conditions. Thirty seven per cent of women who experienced barriers to accessing healthcare services talked about affordability as their main barrier²². The women described the affordability issue as not just the cost of GP or specialist visits being unaffordable and difficulty finding bulk billing services, but "the compounding effect of multiple visits per year, pathology and medical tests, extended sessions for care plan management and ongoing medications"²³.

In WCHM's 2018 report about women's sexual and reproductive health needs, based on the views of 510 women, affordability was raised as an issue by many women, and another significant issue was the low number of bulk-billing GPs.²⁴

In some research that is currently being finalised at WCHM about the health of same sex attracted women, we asked if they experienced barriers in accessing services. Of the 359 women who responded, affordability of services was the most common barrier for 55% of them (n=199), followed by appointment availability (n=172, 48%), and long wait times (n=142, 40%).

¹⁸ D Broom, *There should be more! Women's use of community health centres*, National Centre for Epidemiology and Population Health, Australian National University, Canberra, 1996, page 19

¹⁹ A Carnovale & E Carr, *It goes with the Territory! ACT Women's views about Health and Wellbeing Information*, Women's Centre for Health Matters, Canberra, 2010, page 47

²⁰ E Hoban, *ACT women's health matters!*, Women's Centre for Health Matters, Canberra, 2018, page 53

²¹ E Hoban, *ACT women's health matters!*, Women's Centre for Health Matters, Canberra, 2018, page 70

²² 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, page 49

²³ 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, page 51

²⁴ J Tran, *Improving Choices and Options: The views of ACT women about their sexual and reproductive health needs*, Women's Centre for Health Matters, Canberra, 2018, page 98

Difficulty finding appointments with ACT health services

Availability of appointments has also been one of the main barriers to accessing health services for ACT women in recent years. Forty nine per cent of women in WCHM's 2016 survey identified appointment availability as their main barrier to accessing services²⁵. Women talked about waiting up to five years for a specialist appointment, with some women travelling to Sydney for treatment because of the wait times²⁶. Thirty eight per cent of women who participated in WCHM's 2017 research into the experiences of women aged 18 to 50 with chronic conditions said that the limited availability of services was a barrier to access²⁷. This includes finding a specialist in the ACT who can treat their condition, and waiting months or even years for an appointment. Again, some women talked about seeking treatment in Sydney.

In some research that is currently being finalised at WCHM about the health of same sex attracted women, we asked if they experienced barriers in accessing services. Of the 359 women who responded, affordability of services was the most common barrier for 55% of them (n=199), followed by appointment availability (n=172, 48%), and long wait times (n=142, 40%).

²⁵ E Hoban, *ACT women's health matters!*, Women's Centre for Health Matters, Canberra, 2018, page 53

²⁶ E Hoban, *ACT women's health matters!*, Women's Centre for Health Matters, Canberra, 2018, page 72

²⁷ 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, page 49

Findings from 2018 survey

In November 2018, WCHM surveyed women living or working in the ACT, and aged 16 years or older, about their views on women only health services. The survey was promoted online using Facebook and via email newsletters over a two week period ending on 26 November 2018. The questions are included in Appendix 1.

Of the 141 responses analysed, the majority were aged 25 to 64 years. Only five per cent were aged 16 to 24 years, and 7 per cent were 65 years or older.

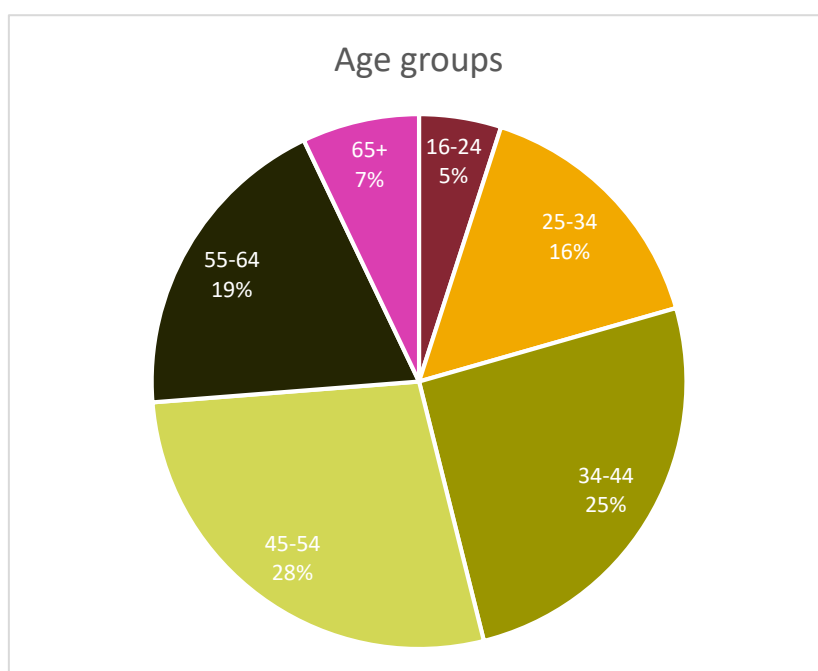


Figure 2 Age groups of women surveyed

The majority of respondents had a gross household income of \$56,000 to \$100,000, at 32 per cent of respondents.

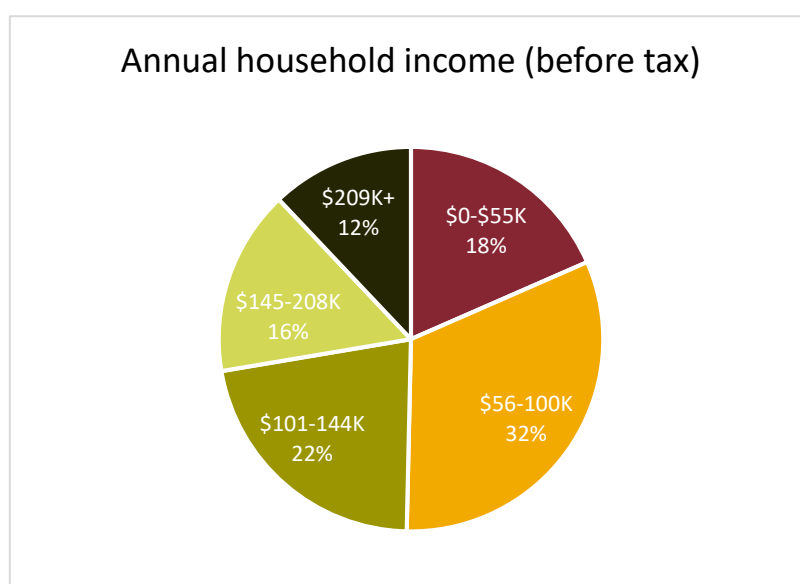


Figure 3 Gross household income of women surveyed

Women were asked what they value in a women only health service. Their free text answers were analysed to find common themes.



Terms such as empathy, respect, caring, compassion, understanding, and listening were by far the most commonly used, with 70 of the 132 women who answered this question using these words. Knowledge of women's health needs was the next most common theme (n=38), followed by a female service provider (n=31), privacy or confidentiality (n=17), availability (n=14), that the service is for women only (n=12), and safety (n=10). An answer may have mentioned terms in more than one theme.

Fourteen of the 70 women who valued empathy and understanding also valued knowledge of women's health needs. They talked about service providers who have an understanding of the health issues that women may have, and who won't dismiss their pain or concerns.

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Thirteen women who valued empathy and understanding also valued having a female service provider. These women included comments about women understanding women's experiences.

“Understanding about women's issues & health concerns. Only a woman knows how they feel & concerns about a woman's body mechanics. Women are more empathetic when conducting health examinations towards women.”

“Compassionate care from women who understand what it's like to be a woman.”

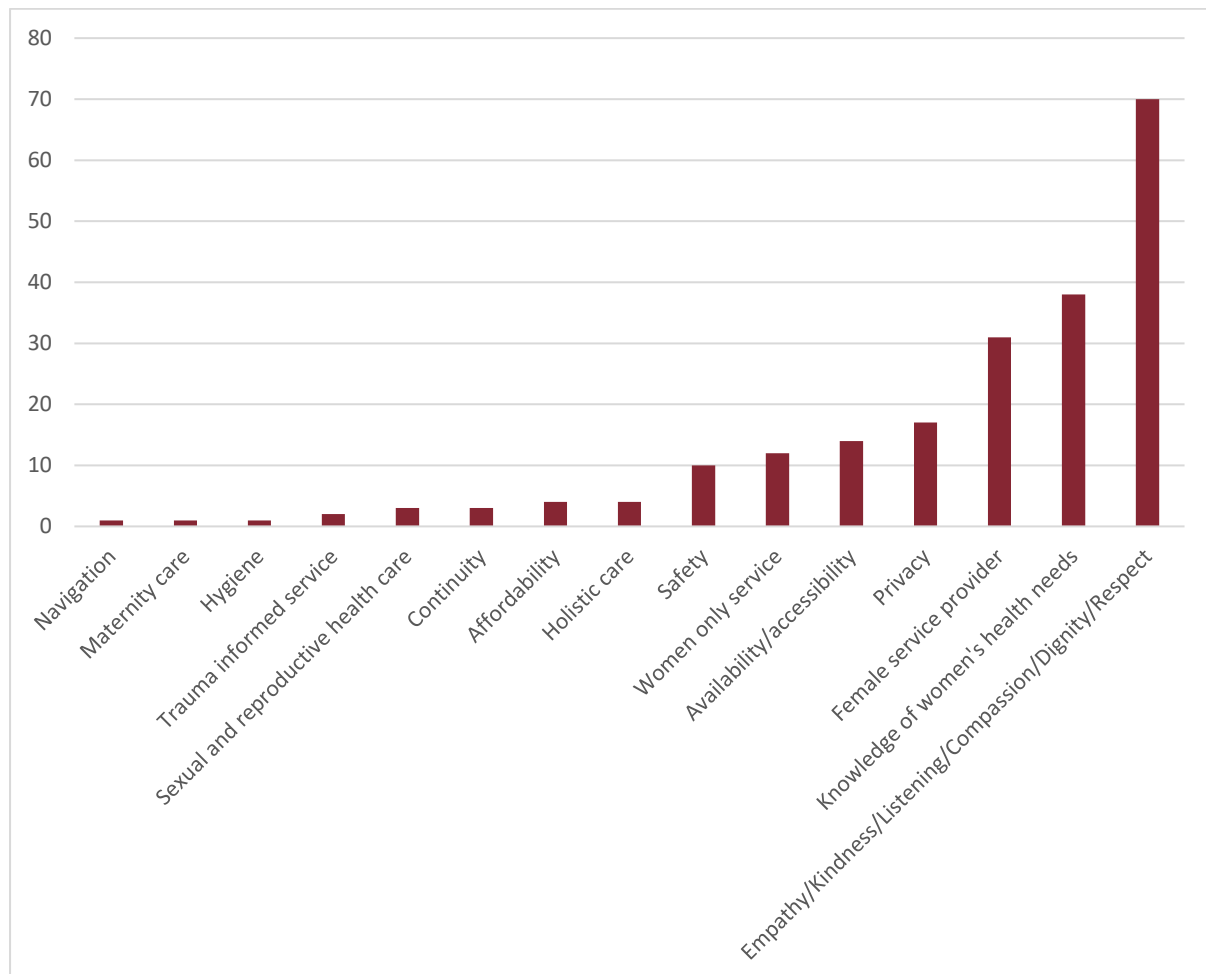


Figure 5 Themes in women's answers when asked what they value in a women only health service, as a count of the number of women who mentioned the theme.

Nine women who valued empathy and understanding also valued privacy and confidentiality, combining words such as privacy with trust, dignity, or respect in their comments.

“Privacy and respect and understanding.”

“Privacy, respect and non-judgmental. Easy access and availability is important too.”

Barriers to accessing health services

Women were asked if they had any barriers to accessing health services. The options presented as barriers to access were based on known criteria for women who are considered at risk and therefore can access the ACT Women's Health Service (WHS), as well as affordability.

A total of 108 out of 141 women reported that they did have at least one barrier to accessing services. There were thirteen respondents who had two barriers to access, and nine with more than two barriers to access.

Affordability was the most common barrier to accessing health services, with 31 per cent of women who responded to the survey saying that they experience this barrier.

A total of 69 per cent of women in the \$0 to \$55,000 per year gross household income range said that affordability was a barrier to accessing health services. Thirty one per cent of women in the middle income range of \$56,000 to \$100,000 and 23 per cent of women in the \$101,000 to \$144,000 range said that affordability was a barrier to accessing health services.

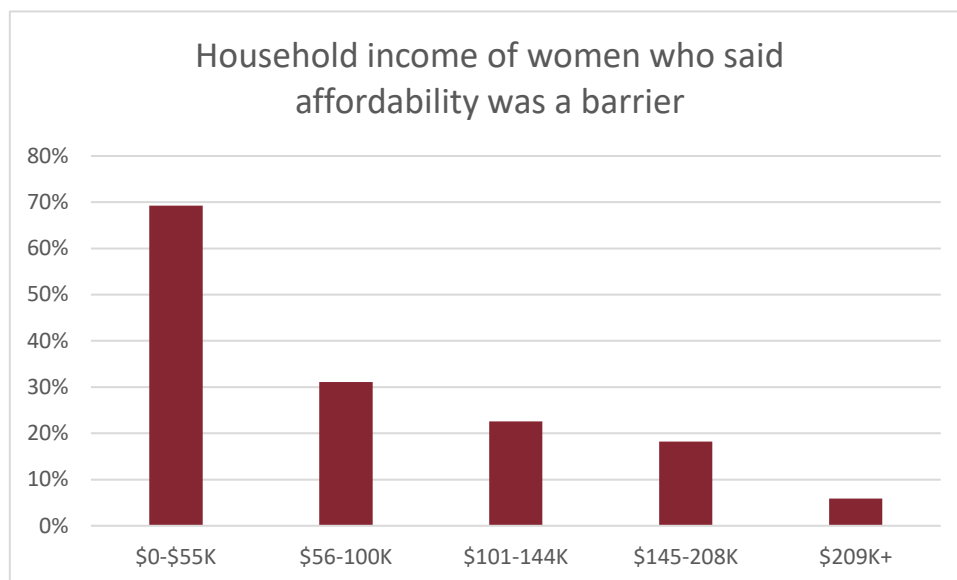


Figure 6 Gross household income of women who said that affordability is a barrier to accessing health services in the ACT

Eight women who said that affordability was a barrier to access also said that mental health issues were a barrier. Another six women who said that affordability was a barrier also talked about time and the availability of services being a barrier:

"Inadequate health system resources leading to ridiculously long waiting periods."

"Availability of services particularly during business hours for those working (full time)."

"I often put my needs aside as the money could be used elsewhere in the family... bills etc. Only go when I'm desperate rather than preventative measures or long term planning. Also finding the time is difficult, so often cancel appointments for myself as other "more important" things come up."

Of the 38 women who chose “Other” as a barrier to accessing health services, reasons given included the availability of specialists, mobility (ie “being housebound”), bad experience (eg staff attitudes at some services), and lack of knowledge about where to find affordable services. Eleven women said that time was an issue: lack of appointments at times they can attend with their paid work and carer responsibilities, and the long wait time to book an appointment with a GP. Four women said that they specifically need services provided by a female service provider, whether for sexual and reproductive health care or for general health care.

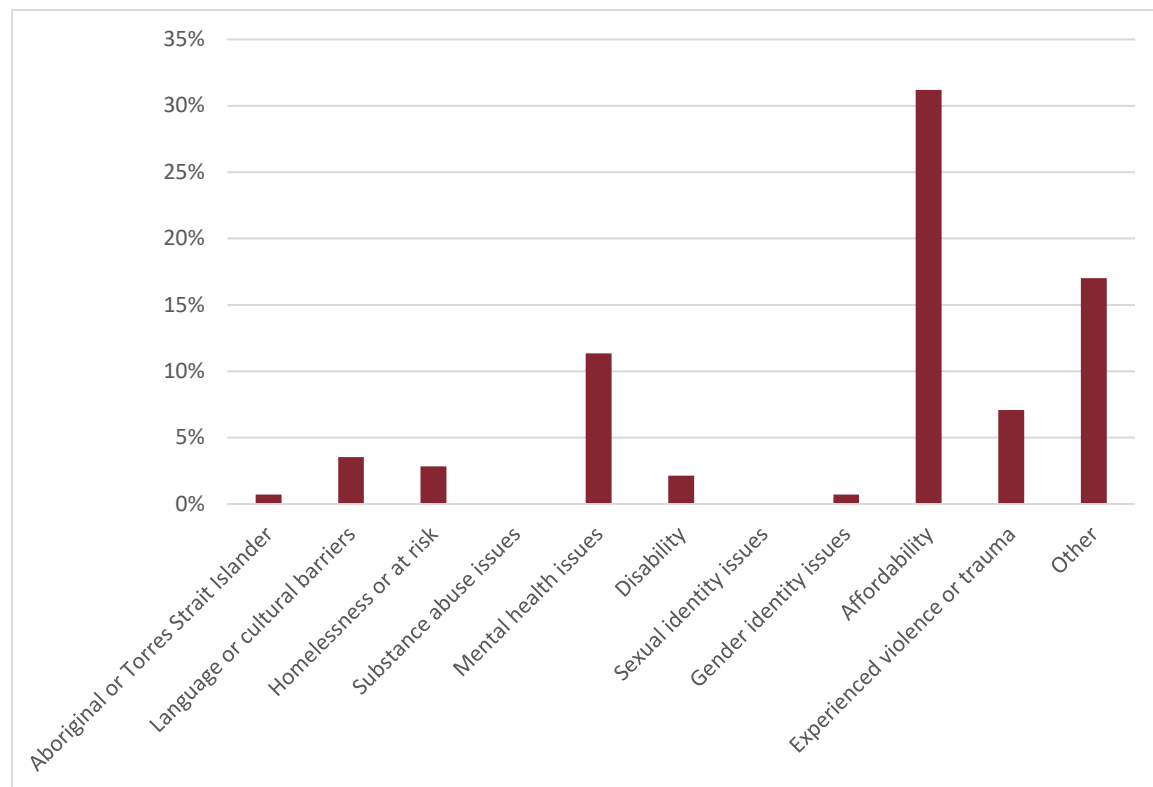


Figure 7 Barriers to accessing health services in the ACT (women could select none, or more than one)

Findings from focus groups with vulnerable ACT women in 2018

WCHM conducted focus groups and interviews with 28 ACT women over the age of 16 years during November and December 2018, talking about their awareness of WHS and experiences accessing health services in the ACT generally.

This included fifteen women accessing services such as food and other assistance for financially at risk people, seven women at the Alexander Maconochie Centre (AMC), six women at a specialist housing service for women who had experienced domestic and family violence, and one interview with an individual who was unable to participate in one of the focus groups. The participants included women with disabilities, young women (25 years or younger), older women (over 65 years), from culturally and linguistically diverse backgrounds, and identifying as Aboriginal or Torres Strait Islander.

The women talked about affordability, availability of appointments, location of services, and the need for empathy and understanding from healthcare service providers as the main barriers to accessing care.

Location

Most women discussed location as a barrier to accessing health services including WHS. Because they don't live in the inner north or city area, parking and accessibility by public transport were cited as barriers to accessing the service.

"It is especially difficult with a pram."

"I won't go to it because I don't go to Civic, I get lost."

"I won't go to the city if I can help it. Getting on a bus and getting off is really difficult."

"The parking is an issue there."

Most women talked about the need for more outreach to community based services closer to where at risk women are located.

"A clinic set up locally with counselling or women's health would be good."

"Go to near the walk in centres or where Centrelink are, and where women go for services."

"It would be good if they had someone, even just one day a week, at the community health centres."

"It would be nice if you could have someone once a week on the south side."

"If I had to go to Civic, I wouldn't have done it, but because they came out to the Family Health Centre..."

Women talked about their willingness to book well in advance if it meant they could access services closer to where they live, rather than having to go in to the city.

Affordability

Women talked about difficulties finding a GP or specialist who bulk bills. While many women said that they had a regular GP in a bulk billing practice, they still had difficulty seeing their preferred doctor. Many women spoke about using the Emergency Department because of affordability issues, and mentioned the walk in centres as a good option for one-off issues.

“I was considering changing doctors to one closer to home, but they don’t bulk bill.”

“Takes me 3 buses to see my GP, but he bulk bills.”

Some women talked about the difficulty in looking for a doctor that bulk bills all their patients, not just those that the doctor thinks should be bulk billed.

Mental health was an area of concern for both appointment availability, and affordability. Women talked about psychologists, psychiatrists, and counsellors having long waiting lists and then also being expensive once they do get an appointment. The ten visits on a mental health plan were not considered enough for women to build up a rapport and resolve their health issues, and the Medicare subsidy was not enough to make the cost affordable even with a mental health plan.

Empathy and understanding

Women talked about the need for healthcare service providers who listen to and believe women, and understand their life experiences and needs.

“Empathetic and considerate and treat you like you’re a human being, not like you’re a big joke.”

“A key point is to be a kind and human doctor. I expect kind, I expect them to believe me.”

Many women talked about past bad experiences with healthcare services who didn’t treat them with empathy and understanding.

“Dismissive attitude of ‘I’m a doctor and I know best’. I know my body.”

“It’s devaluing. It’s the worst experience”

“It’d just be nice if they listened instead of treating us like hysterical morons. And yet they make a joke about man flu. There’s still a lot of gender discrimination in health care and it needs to be stopped.”

Trauma informed care

Some women who had experienced trauma talked about their ongoing need for care that was trauma informed, beyond the general need for empathetic and understanding healthcare services.

“The women down there (at WHS) are all very caring and kind, it's not a “quick hurry up”, not that cattle thing where you're getting pushed through. I had to take some women last week to (a different) clinic, just being in the waiting room, oh my god it was horrendous. The women's health clinic you don't get that.”

“We need dedicated nurses/GP for the women, so they can have continuity and we can build rapport with them, so they know our history and we don't have to go through all over again.”

“It's really good they take into account that violence and abuse impacts on your whole life.”

Discussion of 2018 themes

Listening to and understanding women

The 2018 survey found that empathy and understanding are the most important things that women look for in a healthcare service. They talked about the importance of being believed, and that they would be treated with respect and dignity.

When women feel that they will not be listened to or treated with empathy, they sometimes choose not to seek treatment for their health conditions. Women in the ACT have talked about avoiding seeking treatment for these reasons in research spanning three decades. This has a direct impact on the health outcomes of women. It is therefore important that women know about health services who can provide them with care that is understanding and respectful, and are able to access those services.

There are some women who need trauma informed care, beyond the listening and understanding that all women need. For women who have experienced trauma, healthcare services need to be able to take much more time than the standard ten or fifteen minute GP appointment. The benefits are clear for services that offer this approach to women who have experienced trauma:

GPs can play an important role in caring for the health impact of trauma by recognising the role of trauma in different patient presentations, offering long-term safe relationships, allowing enough time, arranging follow-up, caring for both physical and mental health impacts, advocating for patients and practising trauma-informed gynaecology.²⁸

Feedback received by WCHM indicates that the ACT Women's Health Service is seen as being a consistently high performer in this regard, with women feeling that they are in a safe space to talk about their health needs and receive the right treatment. In contrast, women continue to talk about seeing other healthcare providers in the ACT, including GPs, specialists, and acute care services, and too often feeling that they are not treated with understanding or that they are not believed.

Affordability

Affordability was the most common barrier to accessing health services for women who participated in the 2018 survey. But there is a significant variation in how many women experience affordability as a barrier to access within different household income groups. This ranges from 69 per cent of women in the \$0 to \$55,000 per year gross household income range, down to 23 per cent of women in the \$101,000 to \$144,000 household income range.

The fact that 31 per cent of women in the middle income range of \$56,000 to \$100,000 per year indicates that affordability is a barrier that may be more closely linked to cashflow than income. Women talked about needing to pay for other household expenses, such as housing or food, as a higher priority than their healthcare. This is a problem that is experienced by women in middle income households as well as those on the lowest incomes.

The high cost of housing, low numbers of bulk billing GPs, and high costs in other areas such as food and transport, has contributed to growing numbers of women who have some

²⁸ M Brooks, L Barclay & C Hooker, 'Trauma-informed care in general practice: Findings from a women's health centre evaluation', *Australian Journal of General Practice*, June 2018, Volume 47, Number 6, retrieved 11 February 2019: <https://www1.racgp.org.au/ajgp/2018/june/trauma-informed-care>

income from paid employment, but are unable to cover the out of pocket costs of private healthcare.

It should also be noted that household income does not mean women have access to the funds to pay for health services. ABS Census data from 2016 shows that 44.8 per cent of all women and girls in the ACT live in middle income households with an equivalised household income of \$52,000 to \$103,999 per year. But 46.4 per cent of those women are likely to be dependent on the income of parents or partners to remain in that income category. This is a total of 35,473 women and girls in the ACT²⁹. These women cannot be assumed to have free choice about all their spending decisions. Some will experience additional barriers to accessing health services, or will need trauma informed care.

Location

Women contributing both to the survey and in focus groups talked about the difficulty of accessing services in the city. Women talked about a preference for accessing health services through places they are already familiar with, such as community health centres and walk in centres. These are services women trust to provide them with advice, referrals, and health care for specific issues.

There are more suburbs in Tuggeranong, West Belconnen, and Gungahlin with a high or very high proportion of women (including girls) in households with an income of \$500 per week or less than suburbs in the inner north and city area.

It should also be noted that many women in middle or higher income households have a low personal income, and may not be able to prioritise spending on their own health needs. Women aged 65 years or older in middle income households are in higher proportions in suburbs closer to the city and inner north, as well as suburbs in Woden and the inner south, Belconnen, and Gungahlin. Young women in middle income households are far more likely to be living in Tuggeranong, West Belconnen, and Gungahlin suburbs.

The following maps are from a WCHM report that analysed data from the 2016 Census, and show the proportions of women in low income households and middle income households in each age group by suburb.

²⁹ This data will be described in more detail in a forthcoming report by WCHM, working with the National Centre for Social and Economic Modelling (NATSEM), that analyses the ABS Census data from a gendered perspective.

**Proportion of women (including girls) in low income households,
by the ACT suburbs, 2016**

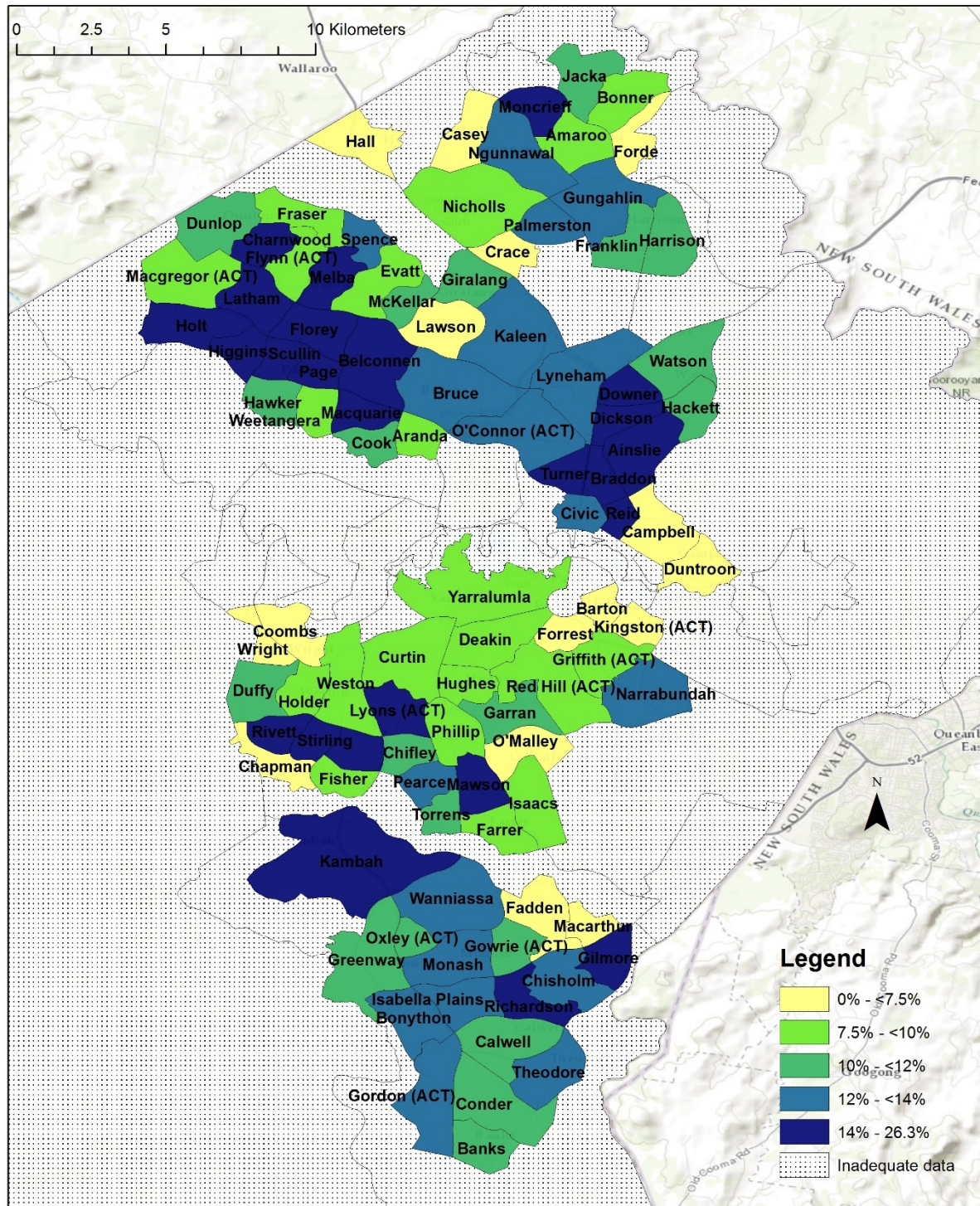


Figure 8 Proportion of women and girls in households with income of \$500 per week or less, by suburb, based on ABS Census 2016 data

0 2.5 5 10 Kilometers

Gungahlin - West

Taylor Jacka Bonner

Moncrieff

Casey Ngunnawal Amaroo Forde

Hall

Gooromon

Nicholls Palmerston Gungahlin - East Throsby

Crace Franklin Harrison

Dunlop Fraser Charnwood Flynn (ACT) Melba Evatt Giralang Mitchell Kenny

Macgregor (ACT) Latham McKellar Lawson Kaleen

West Belconnen Holt Florey Higgins Scullin Page Belconnen

Molonglo Corridor Hawker Weetangera Macquarie Bruce Lyneham Watson

Cook Aranda O'Connor (ACT) Turner Braddon Downer Hackett

Black Mountain

Molonglo - North

Acton Civic Reid Campbell

Denman Prospect Arboretum Lake Burley Griffin Russell Duntroon

Molonglo Parkes (ACT) - North Parkes (ACT) - South Yarralumla Barton Kingston (ACT) Fyshwick

Canberra Airport

Coombes Wright Curtin Deakin Forrest Griffith (ACT) Narrabundah

Kowen

Duffy Holder Weston Hughes Red Hill (ACT) O'Malley

Rivett Stirling Chifley Phillip

Chapman Fisher Pearce Mawson Isaacs

ACT - South West

Canberra East

Torrens Farrer

Kambah

Wanniassa Fadden Macarthur

Tuggeranong - West Oxley (ACT) Gowrie (ACT) Gilmore

Greenway Monash Chisholm

Isabella Plains Bonython Richardson

Gordon (ACT) Conder Theodore

Banks Tuggeranong

Hume

Legend

0% - 17.5%

17.6% - 25%

25.1% - 29.5%

29.6% - 40%

40.1% - 48.8%

Inadequate data

22

Proportion of women aged 15-24 in middle income households, by the ACT suburbs, 2016

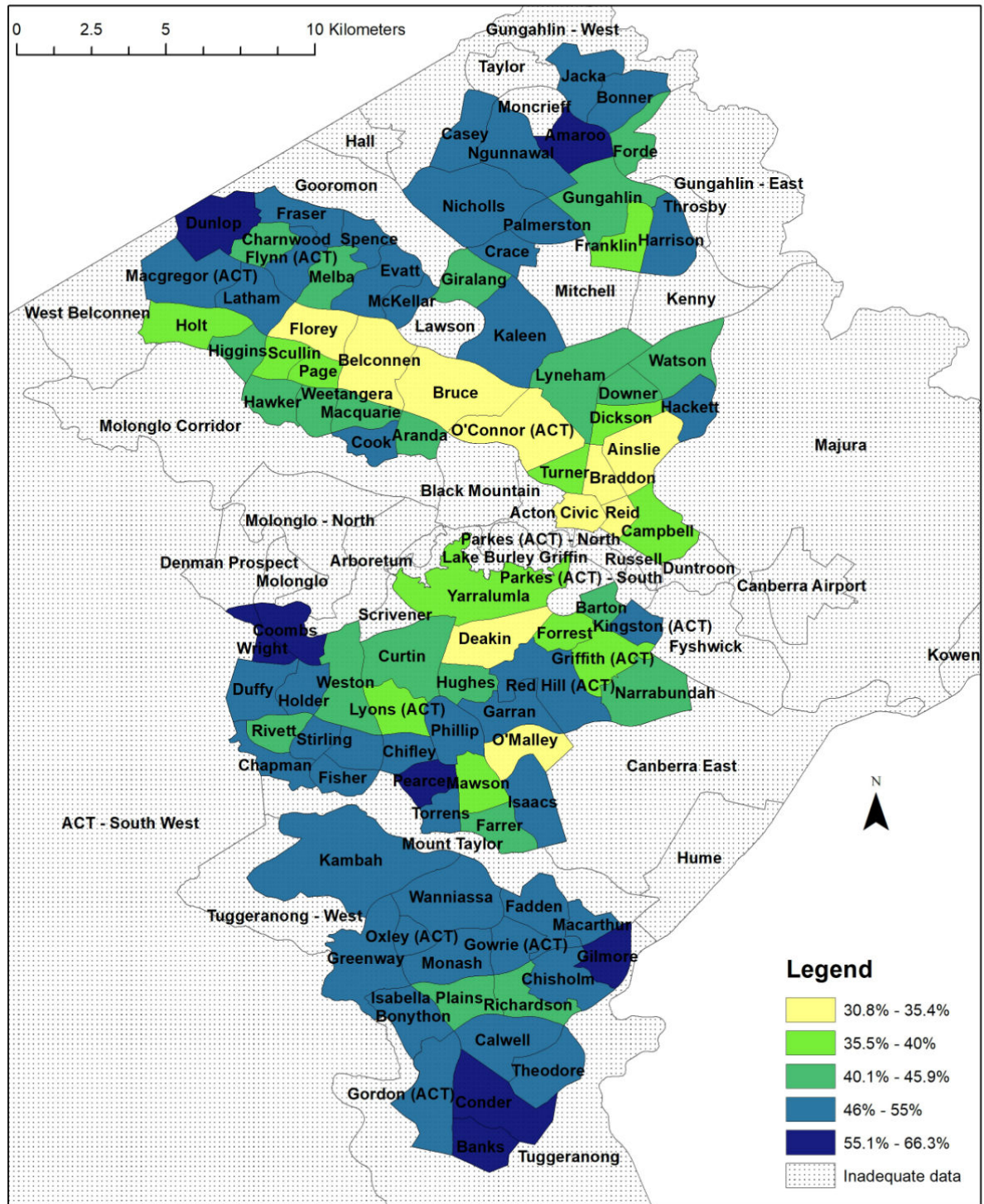


Figure 10 Proportion of women aged 15 to 24 years in households with equivalised income of \$52,000 to \$103,999 per year, by suburb, based on ABS Census 2016 data

Conclusion

For the past three decades, ACT women have consistently said that there is a need for a health service that offers trauma informed care, delivered by female healthcare providers, within a women only health service, and at no out of pocket cost to women.

The November 2018 survey confirms that this has not changed. It also confirms the value that women still place on women's health services.

Affordability continues to be a barrier to accessing health services for many women in the ACT, even if they do not have a low household income. The ability to prioritise healthcare can be difficult in a city with rising living costs, which is why it is important that access to healthcare at no out of pocket cost is important.

Location of services is important, particularly for women with caring responsibilities or limited access to transport. Women need access to healthcare providers or outreach services in areas far from the city, such as Tuggeranong, West Belconnen, and Gungahlin.

The ACT Women's Health Service (WHS) is unique in the ACT in its ability to offer a wide range of health care services within a trauma informed model of care for women who meet their current eligibility criteria. Even when women can afford to access other health care services, they may not be able to find the same range of services with a trauma informed model of care.

WHS is also unique in its holistic approach to providing services by a GP, nurse practitioners, dietitian, and counsellors which means that women are able to reduce the need to visit multiple locations to meet all their health needs. With women listing the time out of work or to arrange childcare being a barrier to accessing healthcare, this is a valued aspect of the service. It reinforces the importance of maintaining outreach by WHS in key town centres as the ACT grows.