



Queensland Health

# A Queensland women's health strategy

Consultation paper



**Queensland**  
Government

## **A Queensland women's health strategy**

### **Consultation paper**

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# Acknowledgements

Queensland Health acknowledges and pays respect to Aboriginal and Torres Strait Islander Elders, people, consumers and staff, past and present, on whose land we provide health services to all Queenslanders. We pay our respects to ancestors and Elders past, present and emerging, and recognise and celebrate the diversity of Aboriginal and Torres Strait Islander peoples and their ongoing cultures and connections to the lands and waters of Queensland.

Queensland Health is committed to its obligations under the *Human Rights Act 2019*, including the protection of families and children. In the Queensland women's health strategy related projects and actions, Queensland Health will protect and promote human rights, promote a dialogue about the practical application of human rights, and help to build a culture in the Queensland public sector that promotes human rights.

## Terminology

### Health Equity

The National Centre for Chronic Disease Prevention and Health Promotion defines health equity as:

*“Every person having the opportunity to attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”<sup>1</sup>*

### Women and girls (gender inclusivity approach)<sup>i</sup>

A Queensland women's health strategy is about the health of women and girls, terms we use inclusively to mean all people who identify as a woman or girl. Where relevant, it may also consider systems and actions impacting gender diverse people.

## Introduction

The development of a new Queensland women's health strategy will be led by the Minister for Health and Ambulance Services and is a signature action of the [Queensland Women's Strategy 2022-27](#) (*Queensland Women's Strategy*) released in March 2022.

As outlined in the *Queensland Women's Strategy*, the Queensland Government is committed to advancing the rights and interests of women and girls and to work to achieve gender equality in Queensland. This includes implementing a Queensland women's health strategy to address health inequity and improved accessibility to healthcare for women and girls. Specifically, the *Queensland Women's Strategy* commitment is to:

***Strengthen the health and wellbeing of women and girls, including through a new dedicated Queensland Women's Health Strategy***

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<sup>i</sup> The terminology and definition for women and girls will be discussed through the consultation process, with the intent being to take an inclusive approach in a Queensland women's health strategy

Undertaking a consultation process is a critical step toward meeting this commitment – it is your input that will guide the development of a Queensland women’s health strategy, including potential core elements and focus areas. The consultation process includes inviting written submissions, online surveys and targeted consultation to develop a strategy relevant to all women and girls throughout their lives and experiences.

This consultation paper supports the consultation process by setting out information that is relevant to the development of a Queensland women’s health strategy, such as key statistics about health outcomes for women and girls in Queensland and discussing some potential areas that the strategy could focus on.

## Opportunities to have your say

Consultation is occurring across the community with feedback sought from all Queenslanders, our non-government organisation partners and within the Queensland Government.

In addition to direct and targeted consultation that will occur with key stakeholders and communities, there are several ways you can have your say to inform the development of a new Queensland women’s health strategy. This includes:

- completing an online survey by visiting [www.getinvolved.qld.gov.au](http://www.getinvolved.qld.gov.au).
- providing a written submission responding to questions in this consultation paper:
  - by email: [womenshealthstrategy@health.qld.gov.au](mailto:womenshealthstrategy@health.qld.gov.au)
  - by post: System Policy Branch, Strategy, Policy and Reform Division, Department of Health, GPO Box 48, Brisbane QLD 4001.

More information is available on the <http://www.health.qld.gov.au/womens-health-strategy>.

The closing date for completion of the online survey and to submit a written response is **Monday 16 January 2023**.

## Scope

### Scope for a Queensland women’s health strategy

*A Queensland women’s health strategy aims to address health inequity and improve accessibility to services for Queensland women and girls through consideration of social determinants and development of key focus areas for the Queensland Government to support women’s health.<sup>1</sup>*

Our scope reflects that many women and girls throughout Queensland are not achieving their full health potential, and that there are levers for change that may address the barriers and challenges that impact the health of women and girls across their life span. We will work to utilise current investment, health systems and evidence-based programs to efficiently and effectively improve health outcomes for women and girls.

To develop our approach, we have considered the voices of many women and girls that we have heard from – either directly through stakeholders or through existing consultation documents and government inquiries (some key themes we have heard are at Appendix 1). Further details on our approach, including our guiding principles and approach to develop a Queensland women’s health strategy can be found at Appendix 2.

## Queensland women and girls – what’s going on?



### Queensland women snapshot



- Females make up 50.7 per cent of Queensland’s population.<sup>1</sup>
- Queensland females outnumbered males in both Brisbane (with a sex ratio of 98.2 males per 100 females) and the rest of Queensland (98.4).<sup>2</sup>
- Aboriginal and Torres Strait Islander females make up 3.8 per cent of Queensland’s total female population.<sup>3</sup>



- Almost one-quarter of Queensland females lived outside major cities and regional councils as at June 2014.<sup>4</sup>
- Nearly 1 in 5 Queensland women (20.8 per cent) were born overseas.<sup>5</sup>
- Women account for almost two-thirds of people in the 85 years and older age group in Queensland.<sup>6</sup>



- 1 in 6 Australian women, and 1 in 16 Australian men, have experienced physical or sexual violence from a current or former partner.<sup>7</sup>

## Health of women and girls

- Australian females, on average, experience different health outcomes than Australian males such as higher life expectancy, more years of disability/health concerns, higher likelihood of experiencing sexual violence and having multiple chronic conditions.<sup>8</sup>
- For Queensland females both in 2016-17 and 2017-18, life expectancy at birth was 84.7 years compared to 80.2 for Queensland males,<sup>9</sup> with females born in 2018 predicted to live, on average, 18 years with a disability.<sup>10</sup>
- The median age for non-Indigenous women is 37.6 and for Aboriginal and Torres Strait Islander women in Queensland was 21.9 years.<sup>11</sup>
- Females are more likely to be admitted to hospital for admissions that could be preventable admissions. In 2018-19, the rate of age standardised preventable admissions for females was 3351.2/100,000 of the population compared to 3196.2 for males.<sup>12</sup>

## Existing government action

The Queensland Government is already working towards improving health outcomes for Queensland women and girls. This is happening through a range of mechanisms, including actions focused on social determinants and specific commitments to the health and wellbeing of women and girls in the *Queensland Women’s Strategy* (key strategies and actions can be found at Appendix 3). A Queensland women’s health strategy will build on, and enhance, this solid foundation.

An initial review of cross-government strategies and actions that impact the health of women and girls has highlighted the following areas for consideration:

- There is a broad range of actions and strategies (listed at Appendix 3) that support the general population that may also contribute towards addressing women’s health and wellbeing.
- Many strategies are targeted on improving social determinants and health outcomes for a range of priority communities (e.g., First Nations, LGBTIQ+, rural and remote, people with a disability, Culturally and Linguistically Diverse (CALD) communities and older persons), however the focus on provision of appropriate and gendered services for women and girls within these communities is limited.
- There is a need to consider applying a gendered lens to key strategies aligned with the social determinants of the health and wellbeing of women and girls.
- Queensland Health has a range of initiatives in place focused on health issues for women and girls but there remain some areas that require a further focus or improved access.

## Issues for a Queensland women’s health strategy – Are we on the right track?

An initial analysis of issues, data and feedback from women and girls currently available indicates that the health equity of women and girls is improving in some areas, but there are significant gaps that need to be addressed. Broad areas highlighted for further consideration to improve women and girls’ health include:

- the needs of priority communities of women and girls who are at increased risk of health inequity such as First Nations, CALD, LGBTIQ+, and women with a disability or in the corrections system
- the social determinants of health which include the places where people live, learn, work and play that affect a wide range of health risks and outcomes<sup>13</sup> in addition to sexual orientation, childhood and adult experiences, culture, physical and mental health, education and age
- enablers, gaps and barriers in the current system, some of which can be utilised or addressed to improve the health of women and girls.

### Social determinants affecting the health of women and girls

Economic security	Stable housing	Education	Women in leadership
Good working conditions	Social inclusion	No discrimination or racism	Affordable health care
Quality early childhood development	Safe and violence free	Neighbourhood environment	Access to social supports

## Bringing it all together – an overview of potential guiding elements

We are at the beginning of a journey to decide actions that will result in real change. We have heard that women have experienced discrimination and a lack of specified support in the health system, particularly women from diverse backgrounds and we are seeking to change this to improve the health outcomes for women and girls.

The following section indicates potential core drivers, elements and focus areas for a Queensland women’s health strategy that have emerged from our analysis to date. This includes highlighting the voices and concerns of women and girls that we have heard and the evidence supporting the need for change (additional suggestions from stakeholders, women and girls and data can be found at Appendices 1 & 4).

The consultation paper seeks your views on these elements and your advice on the enablers, gaps, barriers and key programs affecting the health of women and girls. We would like to hear your opinions on the potential drivers and core elements to consider in a Queensland women’s health strategy and what we may have missed or need to change. We recognise that women and girls maybe impacted across multiple



elements and that each cannot be seen in isolation to the others.

## Potential key elements – what should drive action?

We are proposing that a Queensland women’s health strategy would take a life span approach accompanied by key principles. Any key focus areas or action in a Queensland women’s health strategy would include consideration of the proposed core driver and elements as outlined in the table and text below.

### Potential core driver and elements

APPLY A LIFE SPAN APPROACH				
Girls	Adolescent women	Young women	Adult women	Older women
<b>KEY PRINCIPLES</b>				
Gendered approach Connected and accessible health systems and services Women centred, trauma-informed placed-based services				
<b>CORE DRIVER</b>				
Improve health equity for women and girls from priority communities				
<b>CORE ELEMENTS</b>				
Consider social determinants of health		Empower women to prevent and act on health concerns		Address domestic, family and sexual violence

## 1. Highlight priority communities

*It is proposed that a Queensland women's health strategy would consider the health needs of communities of women who experience increased health inequity when compared to other women. This includes a specific focus on First Nations women and girls throughout, in addition to women and girls from Culturally and Linguistically Diverse (CALD) communities, women and girls with a disability, women and girls in custody, and women and girls in the LGBTIQ+ community. Some women and girls may be included in multiple communities.*

### What we have heard

Suggestions and issues raised to consider include:

#### First Nations women and girls

- Provide more First Nations health workers and support workers in communities.
- Continue to improve partnerships with health-focused First Nations organisations to deliver co-designed, placed-based services and/or services in rural and remote areas.

#### CALD women and girls

- The concepts of 'aged care' and 'carer' may not be well understood – aged care is perceived as something negative and stigmatised.<sup>14</sup>
- Health literacy and consent to access health services needs to be considered (in some cultures, women may need family or partner consent).

#### LGBTIQ+

- Focus on language to be more inclusive across health and government.

- Consider telehealth and improved Gender Clinics to provide state-wide services.



#### Women and girls with disability

- Women with disability are more likely to have unmet healthcare needs than women without disability.

#### Women in custody

- There is a need to better meet the health and wellbeing and disability support needs of women and girls in adult correctional centres and youth detention centres.<sup>15</sup>

### What the data tells us

- Aboriginal and Torres Strait Islander women are 32 times more likely to be hospitalised due to family violence than non-Indigenous women.<sup>16</sup>
- 42 per cent of adults with disability rate their health as fair or poor compared to 7.0 per cent of adults without disability.<sup>17</sup>
- Cultural beliefs may prevent access or engagement in areas such as mental health, sexual health, aged care and palliative care.<sup>18</sup>
- Transgender people aged 14-25 are 15 times more likely to have attempted suicide.<sup>19</sup>
- In a survey published in 2020, Aboriginal and Torres Strait Islander people are more likely to have experienced racial discrimination in the last 12 months when compared to the previous 12 months.<sup>20</sup>

## 2. Consider social determinants of health

***It is proposed that a Queensland women's health strategy would seek to increase the interface between policies and programs linked with the social determinants of health such as housing, homelessness, socioeconomic status, financial stress, role as carers and access to education.***

### What we have heard:

Suggestions and issues that have been raised include:

- the housing needs for women and girls across all groups
- women and girls being empowered to be leaders in health services and the workforce
- barriers related to being a carer for children (impacts on transport to and availability for appointments)
- the impact of the stage of life on mobility, disability, and similar factors
- the need to improve housing and education in many First Nations communities.

### What the data tells us:

- The number of people aged 55 years and over who accessed Specialist Homelessness Services in Australia increased by 39.6 per cent between 2013–14 and 2017–18. More than half (57.3 per cent) of these people were women.<sup>21</sup>
- 71.9 per cent of all primary carers in Queensland are female.<sup>22</sup>
- In 2018, 87 per cent of females in the Queensland potential Year 12 population attained Year 12 certification (compared to 81 per cent of males).<sup>23</sup>

- 79.1 per cent of persons who reported 15 hours or more of unpaid domestic work and were aged 25–44 years were female, compared with 20.9 per cent for males.<sup>24</sup>
- Women and girls in Queensland commit far fewer offences than men but the rate at which they are being charged with committing offences is increasing three times faster than the rates of offending by men and boys.<sup>25</sup>
- Regular physical activity has many benefits including preventing and treating chronic conditions such as heart disease, stroke, diabetes and breast and colon cancer. In 2020 adult males were 11 per cent more likely to be sufficiently active than females (62 per cent compared to 56 per cent).<sup>26</sup>
- Obese Queenslanders experienced 6.1 physically unhealthy days, 6.5 mentally unhealthy days, and 3.9 days with limited activities in the past 30 days compared to 3.1, 4.5 and 2.1 days, respectively, for healthy weight adults.<sup>27</sup>
- Weight in 2017–18 by waist measurement highlighted 60 per cent of Queensland adult males and 65 per cent of adult females were at an increased risk of chronic disease.<sup>28</sup>



### 3. Empower women to prevent and address health concerns

**It is proposed that a Queensland women's health strategy would include targeted education and awareness raising for women and girls of issues impacting their health throughout their life span.**

Women and girls are admitted to hospital for several potentially preventable reasons, often are not aware of their own health needs and/or do not seek to prioritise their health needs over those that they care for.

#### What the data tells us:

- Age standardised rates in 2018-19 for iron deficiency anaemia (295.0/100,000 persons), cellulitis (298.52/100,000), urinary tract infections (531.7/100,000) and dental conditions (311.9/100,000) were the highest rates of possible preventable hospitalisations for females.<sup>29</sup>

Education and awareness raising focus on women and girls, alongside of health practitioners and the general population, and provision of accessible and patient centred care is proposed to support women and girls to think about their own health needs, take preventative action and seek to address health concerns when they arise.

### 4. Address domestic, family and sexual violence

**It is proposed that a Queensland women's health strategy will ensure the significant impacts of domestic, family and sexual violence on health equity will be considered within all suggested focus areas for action.**

Domestic, family and sexual violence (DFSV) is a social and public health issue which impacts women and girls throughout their life span, including their health and wellbeing. For this reason, awareness and trauma-informed care for women and girls should be part of all government services.

The Queensland Government recognises this and is undertaking significant reform to support women and girls affected by DFSV (Appendix 2 provides an overview of key actions).

Health services and practitioners can play a key role in the prevention, early intervention and response to women and girls affected by DFSV. To ensure awareness of DFSV is part of all actions to improve the health equity of women and girls, the significant impacts and consideration of DFSV are proposed to be woven through the suggested focus areas.

Through DFSV support being a key element of a Queensland women's health strategy, DFSV will be part of the story of women and girls, consistently considered, and through provision of quality trauma-informed care, all facets of each woman and girl will be considered.

#### What the data tells us:

- More than half (51 per cent) of women born 1989 to 1995 in Australia indicated they had experienced sexual violence in their lifetime by the time they were aged 24 to 30.<sup>30</sup>
- Of all Queensland clients seeking government-funded specialist homelessness services, due to domestic and family violence as a main reason, 77.1 per cent were female in 2019-20 – nationally 77.2 per cent.<sup>31</sup>
- DFSV has serious impacts on the health of women and girls. These impacts can include injuries, homicide, poor mental health and reproductive health problems. In Australia DFSV is the leading preventable contributor to death and illness for women aged 18-44.<sup>32</sup>

## Potential focus areas – what are the critical focus areas?

To improve the health outcomes for women and girls potential focus areas are being proposed. These reflect the issues, evidence and concerns raised by women and girls to date.

It is proposed that our core driver and core elements would be considered in delivering action under each focus area. In addition, and for all focus areas, there is a need to prioritise actions to improve the health and healing needs of First Nations women and girls. This reflects Queensland Government commitments, significant health inequity and the health impacts of intergenerational trauma on First Nations women and girls.



## Potential focus areas

Potential Focus Area	Potential areas for action
<b>All areas to prioritise the health and healing needs of First Nations women and girls</b>	
<b>Access and accessibility to services in rural, remote, and regional Queensland</b>	<ul style="list-style-type: none"> <li>- <b>First Nations focus:</b> <i>wholistic healing approach and health services on country</i></li> <li>- <i>mental health</i></li> <li>- <i>maternity/pregnancy, including contraception</i></li> <li>- <i>cervical screening</i></li> <li>- <i>termination of pregnancy</i></li> <li>- <i>cancer screening</i></li> </ul>
<b>Gendered wellbeing and mental health services</b>	<ul style="list-style-type: none"> <li>- <b>First Nations focus:</b> <i>recognise intergenerational trauma</i></li> <li>- <i>women and girl specific mental health services</i></li> <li>- <i>focus on youth and older women</i></li> <li>- <i>reducing stigma</i></li> <li>- <i>integration of mental health services throughout preconception and perinatal stages</i></li> </ul>
<b>Wholistic maternal, sexual and reproductive health services</b>	<ul style="list-style-type: none"> <li>- <b>First Nations focus:</b> <i>birthing support on country and culturally capable maternity and antenatal care</i></li> <li>- <i>reproductive health</i></li> <li>- <i>preconception health</i></li> <li>- <i>perinatal health</i></li> <li>- <i>awareness of miscarriage</i></li> <li>- <i>menopause, perimenopause and menstruation concerns</i></li> <li>- <i>consideration of infertility concerns</i></li> <li>- <i>breastfeeding support</i></li> <li>- <i>termination of pregnancy</i></li> </ul>
<b>A gender informed health workforce</b>	<ul style="list-style-type: none"> <li>- <b>First Nations focus:</b> <i>culturally capable workforce</i></li> <li>- <i>increase knowledge of specific health issues for women and girls</i></li> <li>- <i>increase knowledge of health issues, DFSV impacts, trauma and accessibility for priority communities</i></li> <li>- <i>increase provision of trauma informed care</i></li> </ul>
<b>Prevent and address chronic health conditions and preventable hospitalisations</b>	<ul style="list-style-type: none"> <li>- <b>First Nations focus:</b> <i>improved physical exercise and decrease in smoking</i></li> <li>- <i>oral and dental health</i></li> <li>- <i>focus on reducing coronary heart disease dementia, cerebrovascular disease and lung cancer</i></li> <li>- <i>chronic pain</i></li> <li>- <i>preventing Urinary Tract Infections</i></li> <li>- <i>reducing fall-related injuries</i></li> </ul>

## 1. Access and accessibility in regional, remote and rural areas

***It is proposed that a Queensland women's health strategy will support improved access to appropriate health services in rural, remote and regional Queensland.***

### What we have heard

Suggestions and issues raised to consider include:

- for many women and girls living in regional, remote and rural areas, it is difficult to access a range of services and supports, including accessing supports when timeliness is of the essence, for example with cancer diagnosis
- a need to improve access to health services for women and girls through place-based services or mobile health services linked in with non-government partners
- support linkages with local community organisations and health services to enable support workers to seek out and address the needs of women and girls in their communities, including consideration of social isolation
- a need to increase access to health care, noting costs and location as barriers, and to consider increased nursing and community led care
- consider the use of technology to support increased health services and support, recognising that access to technology may impact useability.

### What the data tells us:

- Life expectancy is one to three years lower for those Queenslanders living outside of the metropolitan regions and lower for Aboriginal

and Torres Strait Islander people living in Queensland.<sup>33</sup>

- For long-term health conditions, prevalence was higher in non-remote areas (64 per cent) compared to remote areas (58 per cent) and in females (65 per cent) than males (61 per cent). Forty-six per cent reported having two or more conditions.<sup>34</sup>



## 2. Gendered wellbeing and mental health services

***It is proposed that a Queensland women's health strategy focus on providing wellbeing and mental health services, policies and programs that recognise the needs of women and girls across their life span.***

### What we have heard

Suggestions and issues raised to consider include:

- difficulty in accessing youth and mental health services due to cost, stigma, location and lack of confidence to talk about mental health difficulties<sup>35</sup>
- increasing anxiety levels for women and girls across their life span which has been exacerbated by the impacts of COVID-19 and high rates of DFSV
- develop specialised services focused on the mental health needs of women and girls, including impacts of menopause

- access to mental health care for older women in residential aged care facilities
- difficulty in accessing youth and adult mental health services when needed.

#### What the data tells us:

- Females experienced higher rates than males of anxiety disorders (21.0 per cent compared with 12.4 per cent) and affective disorders (8.5 per cent compared with 6.2 per cent).<sup>36</sup>
- For Aboriginal and Torres Strait Islander adults in 2018–19, 10 per cent reported depression (6.8 per cent of males and 13 per cent of females) and 13 per cent reported anxiety (9.0 per cent of males and 18 per cent of females) with the prevalence of both conditions three to five times higher in non-remote areas compared to remote areas.<sup>37</sup>
- The self-harm rate for females aged 0–14 increased from 41 per 100,000 population in 2019–20 to 70 per 100,000 population in 2020–21.<sup>38</sup>
- LGBTIQ+ young people aged 16 to 27 are five times more likely to have attempted suicide.<sup>39</sup>
- In 2018–19, about half of people living in residential aged care (49 per cent) had a diagnosis of depression.<sup>40</sup>



### 3. Wholistic maternal, sexual, and reproductive health services

*It is proposed that a Queensland women's health strategy would focus on improved services to address maternal, sexual and reproductive health concerns across the life span.*

#### What we have heard

Suggestions and issues raised to consider include:

- Female-specific health conditions such as endometriosis are only just beginning to be well understood within the community.
- Period products and reproductive health can be expensive, but these are not a luxury and are part of broader health and wellbeing (and human rights).
- There is a need for well-resourced local women's centres and regional provision of antenatal and termination services, along with increased access to pelvic ultrasounds in remote areas and IUD training.

#### What the data tells us:

- There are concerns raised by women and stakeholders about the accessibility and availability of forensic medical examinations for victims of sexual assault.<sup>41</sup>
- The gap in adverse perinatal outcomes between babies born to Indigenous and non-Indigenous women has reduced from 1988 to 2017 but a disparity remains for babies born at term.<sup>42</sup>

- In 2021 in Queensland, there were more chlamydia notifications in females than males (57 per cent vs 43 per cent). Of 12,892 female chlamydia cases, 12,529 (97 per cent) were in women of reproductive age.<sup>43</sup>
- In Australia, among women in the 1973-78 cohort who had completed one of the two most recent surveys, 12 per cent reported endometriosis and 9 per cent reported Polycystic Ovary Syndrome (PCOS).<sup>44</sup>
- 47.6 per cent of Queensland women born 1973-78 indicated that they had not been asked about their mental health and wellbeing at any stage before or after their pregnancy.<sup>45</sup>

#### 4. A gender informed health workforce

***It is proposed that a Queensland women's health strategy would build on and support work already occurring to develop a health workforce that reflects priority communities and is aware of the needs of women and girls.***

#### What we have heard

Suggestions and issues raised to consider include:

- workers who do not always reflect the clients they are supporting/treating or have an awareness of the issues for the culture, age group and demographic or the issues for women with a disability, transgender or non-binary persons
- health workers seeing only the physical injury but not the trauma-informed care that may be required because of how the injury occurred e.g., DFSV.

#### What the data tells us:

- One in three women has had their health concerns dismissed by doctors, according to the 2021 Australia Talks survey.<sup>46</sup>
- Training for the health professions should focus on awareness of gender dynamics, questioning these dynamics when they increase vulnerability, and responding to them creatively to improve health outcomes and diminish illness and health risk.<sup>47</sup>



## 5. Prevent and address chronic health conditions and preventable hospitalisations

***It is proposed a Queensland women's health strategy would seek to prevent and address chronic health conditions and potentially preventable hospitalisations for women and girls.***

### What we have heard

Suggestions and issues raised to consider include:

- improved access to breast cancer and cervical cancer screening across Queensland
- a need to focus on oral and dental hygiene across the life span
- increase work to prevent urinary tract infections for older women to prevent the need for residential aged care or hospitalisations
- consider use of technology to assist with prevention and management of care.

### What the data tells us:

- From 2014-18 the top four causes of death for females were coronary heart disease (12 per cent), dementia (10.5 per cent), cerebrovascular disease (8.3 per cent) and lung cancer (4.8 per cent).<sup>48</sup>

- Only 59 per cent of BreastScreen Queensland initial screeners return for their second breast screen with the program within the specified timeframe.<sup>49</sup>
- In Queensland, the prevalence of complete tooth loss in persons aged 15 years and older in 2017-18 was 3.5 per cent overall (of which 2.9 per cent in males and 4.0 per cent in females)<sup>50</sup>
- Aboriginal and Torres Strait Islander mothers were significantly more likely to smoke during pregnancy than non-Indigenous mothers (42.5 per cent compared with 9.1 per cent in 2019).<sup>51</sup>
- Females comprised the majority of fall-related hospitalisations in Queensland for patients aged 65 years and older (63.0 per cent in 2019- 20).<sup>52</sup>
- Age-standardised rates for potentially preventable hospitalisations for all Queenslanders were highest for urinary tract infections with these infections being the highest for females (532 per 100,000 persons).<sup>53</sup>



## Tell us what you think

This consultation paper outlines what we have heard to date, a possible core driver, elements and focus areas. We are keen to hear your views on what has been highlighted in this paper, what we have missed and what may need to change.

In addition, while the Queensland Government is taking action to address social determinants affecting the health of women and girls, we are aware that there remain a range of barriers and enablers.

The following questions seek your input to assist us to identify what the key issues for inclusion in a Queensland women's health strategy are.

### What are the existing gaps, enablers, and barriers to achieving health equity for women and girls?

**Question 1: What, if any, would be the key barriers have you experienced, or seen, for women and girls accessing health services?**

Some of the barriers that we have heard that prevent women and girls accessing health services include services not being available, experiencing homelessness, language barriers, limited access to transport, being time poor, fear of results, limited health literacy, limited awareness of own health needs, social isolation, previous experiences of health professionals dismissing their concerns and the cost of health services.

Please feel free to select your key barriers from this list and to add your own experiences.

**Question 2: What, if any, do you think are the main enablers that would support women and girls to access health services and improve health equity?**

Some of the enablers that we have heard may assist women and girls to improve their health outcomes include reminders of appointments, extended hours for health services (e.g. outside of 9am–5pm), services designed by First Nations people for First Nations people, increasing public awareness of the health needs of women and girls, improving the approach of the health workforce and their awareness of the health needs of women and girls, harnessing the strength and culture of women and girls in priority communities.

Please feel free to select your main enablers from this list and to add your own experiences.

### Have we got the core driver, elements and focus areas, right?

**Question 3: From your experiences, please indicate Queensland Health services that you believe need more support to improve health equity for women and girls.**

Some of the ideas we have heard include mobile women's health services, maternity care, sexual health services, reproductive health services, increased First Nations and culturally appropriate workforce, increased training for clinicians on the needs of women and girls, applying a gendered lens to mental health services, providing community controlled organisations with more autonomy, and delivering health services in schools.

Please feel free to select key health services and approaches from this list and to add your own experiences.

**Question 4: From your experiences, please indicate activities outside of direct health service delivery that you believe would have the largest impact on improving health services for women and girls.**

Some of the actions that we have heard include: improving health literacy of women and girls, encouraging better eating and exercise habits, developing options to easily locate information relevant to the health of women and girls, increased focus on early intervention and prevention across identified health services, provide more place-based health services, flexible and/or longer-term funding for non-government services, and including a focus on health of women and girls within the Chief Health Officer's Reports.

Please feel free to select activities from this list and to add your own your own thoughts.

**Question 5: Have we got the potential core driver, elements and focus areas for a Queensland women's health strategy right?**

From your perspective, have we got the core driver, elements and focus areas right? Please indicate from highest to lowest regarding their impact on improving the overall health of women and girls (1 being highest impact, 9 being lowest impact) and/or indicate additional areas that need to be considered.

*Potential core driver and elements:*

- highlight the health needs for priority communities
- consider social determinants of health
- address domestic and family violence
- empower women and girls to address their health needs

*Potential focus areas:*

- access and accessibility in rural, regional and remote areas

- gendered wellbeing and mental health services
- wholistic maternity, sexual and reproductive health services
- a gender informed health workforce
- prevent and address chronic health conditions and preventable hospitalisations for women and girls



**Evidence based programs – please tell us what you know**

Based on the above potential action areas, we are keen to hear about programs and services that you know work well and have a solid evidence base to support them.

**Question 6: Are there any programs and services that could be enhanced?**

Is there an existing program, workforce or service model that is working well? How could it be changed or expanded to improve health equity for women and girls? Please tell us about the program and supply a link to evidence supporting the program.

**Question 7: What have we missed?**

Please let us know any additional issues that you would like us to consider.

## Thank you and next steps

The next step will involve analysing the information provided through the consultation process to develop a Queensland women's health strategy that reflects what Queenslanders have told us.

We would also like to acknowledge and thank you for your time in considering this

consultation paper and for your advice. We would also like to thank the stakeholders who have shared their views with us to date and the many women and girls who have previously expressed their views already either directly or through third parties, other government consultation processes, surveys, select committee and parliamentary enquires and submissions to various government processes. Your views and input help us identify the issues that matter most to you.



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# Appendix 1 – Advice we have heard informing a Queensland women’s health strategy

As part of the initial analysis and review of existing material, we have consulted with representatives from Hospital and Health Services, the Department of Health, Statutory Authorities and non-government organisations to hear the voices and concerns for women and girls. This includes agencies and representatives working to address key issues for women and girls from priority communities, across the life span and delivering health services that target the needs of women and girls. Your time, insights and support are appreciated as we begin the journey to develop a Queensland women’s health strategy.

The following lists some of the key suggestions, issues, opinions and views that have emerged in our initial consultations and review of existing consultation material.

## Social determinants

- Being a carer of young children, persons with disability and/or older persons can inhibit a women or girl from looking after their own health needs – both physical health and their mental health and wellbeing.
- Unstable housing and education affect health equity for women and girls.
- Consider the health needs of women in custody.

## Priority communities

- Improve the focus on child health in First Nations communities.
- Support more birthing on country, consideration of intergenerational trauma, and inclusion of traditional healing methods.

- Provide a safe space to meet health workers for CALD women and girls.
- Pacifica and Oceania women have high rates of preventable hospitalisations.
- Consider legislation relating to intersex children at birth.
- There is a need to better meet the health and wellbeing needs and disability support needs of women and girls in adult correctional centres and youth detention centres.<sup>54</sup>
- Those with intellectual disability have poorer health outcomes than those with physical disability.



## Regional, remote and rural areas

- Access to pharmaceuticals in remote areas can be challenging.
- Access to a range of health services for youth in rural and remote areas is lacking.
- Allow for localised service design and delivery.
- Increase health-based school nurses in regional areas.
- Work to highlight, educate, destigmatise and focus on the impacts and supports available women experiencing menopause.
- Addressing social isolation for older women will support improved mental health.

- Provide free health care for youth, especially for mental health and sexual health services/education.

### **Wellbeing and mental health**

- Increase teachers' and employers' ability to recognise and respond to the mental health needs of students and employees.
- Focus on culturally informed mental health services for First Nations women and girls.
- Need to focus on mental health of young people given the impacts of COVID-19.
- Social isolation is impacting on the mental health of older women.
- Provide comprehensive health care checks for young people at appropriate intervals.

### **Maternal, sexual and reproductive health**

- Few medications (oral contraceptive pill, strong pain relief medications used for heavy cramping and endometriosis) are subsidised by the PBS and can be very expensive.
- New pills with less side effects and that are prescribed to treat severe symptoms associated with menstruation and menopause are not on the PBS, meaning these pills and their benefits are out of reach for women on low incomes.
- Day and in-patient procedures often require co-payments. Treatments for endometriosis, polycystic ovaries and other reproductive system issues are not elective.
- Period products are expensive and attract GST - they are not luxury items but necessities to maintain basic human dignity.
- Enhance consent based education for both boys and girls.

### **The health workforce**

- Women with intellectual disability face barriers in making informed decisions, e.g., health providers sometimes ignore their preferences in healthcare
- Health professionals may dismiss concerns as youth are thought to be in good health.
- There is a need to:
  - apply a gendered lens workforce development, including increased training and delivery of trauma-informed care
  - provide person-centred care
  - improve health workers awareness and health supports to recognise the needs of non-binary and transgender youth
  - provide holistic and connected health care, including when transitioning from paediatric and adult services, to consider developmental age of the consumer
  - improve access to adolescent services and increased training to health care workers re adolescent health
  - provide non-discriminatory and respectful treatment to priority communities such as CALD, women with a disability and First Nations consumers.

## Chronic disease and preventable admissions

- Improve access to services and increase the delivery of women-focused testing in rural and remote areas through women's mobile nurses and/or health services.

Support women and girls to increase and/or maintain appropriate exercise throughout their life span.

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<sup>54</sup> Hear her voice – Report 2, Volume, Women's Safety and Justice Taskforce, Recommendation 131 & 134 at

[https://www.womenstaskforce.qld.gov.au/data/assets/pdf\\_file/0008/723842/Hear-her-voice-Report-2-Volume-1.pdf](https://www.womenstaskforce.qld.gov.au/data/assets/pdf_file/0008/723842/Hear-her-voice-Report-2-Volume-1.pdf), viewed on 19 August 2022.

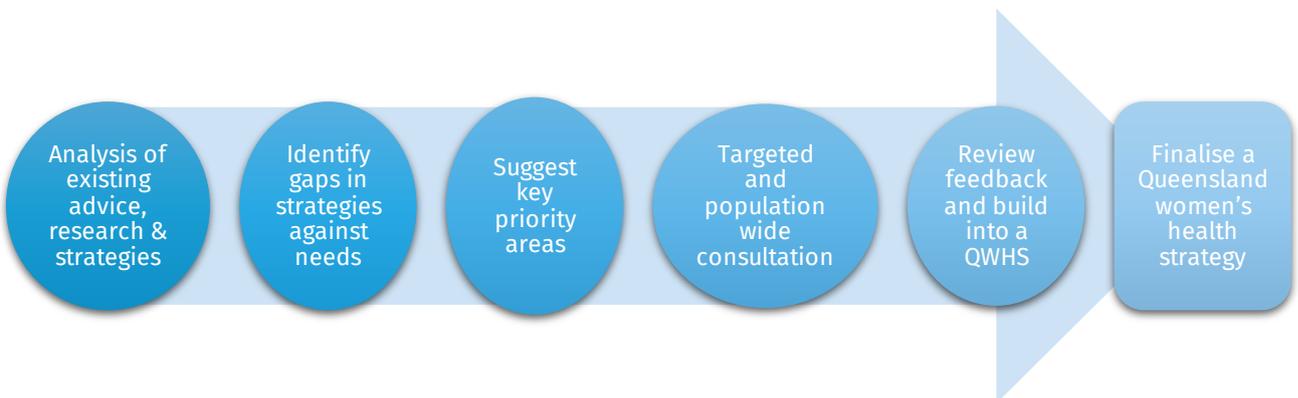


## Appendix 2 – Our approach to developing a Queensland women’s health strategy

### Action to inform a Queensland women’s health strategy:

- review of existing policies, programs and initiatives within Queensland Health that could be enhanced to address health inequity for women and girls
- work to support the actions occurring across Queensland Government to affect the social determinants impacting health equity for women and girls and build on these
- review the issues that have been raised by women and girls in many forums already – through parliamentary inquiries, stakeholder groups, select committee submissions and numerous submissions made to governments across Australia
- identification of gaps in the health system, issues that currently exist for women and girls, and the key areas where a Queensland women’s health strategy should focus

- consider the role of government, statutory and community agencies in addressing social determinants
- utilise a patient journey / life course approach
- focus on high value initiatives linked to building capacity across the health system
- obtain input from the community, workforce and subject experts
- collaborate with our partners in the development of a Queensland women’s health strategy and its implementation.



## The Vision

Queensland women and girls (terms used inclusively to mean all people who identify as a woman or girls, and where relevant, may also consider impacts for gender diverse people<sup>2</sup>) have access to appropriate health services and experience health equity.

Queensland Government continues to address social determinants of women's health.

## Our guiding principles

The following principles are guiding the development of a Queensland women's health strategy (some of which are also potential core elements):

- **Apply a life course approach**
  - Provide services across the life span of women and girls.
- **Focus on health and healing needs of First Nations people**
  - Incorporate and focus on providing culturally appropriate care to address the significant health inequity for First Nations women and girls.
- **Apply a gendered lens**
  - Use a gender-equity lens and an evidence-based approach, to tailor programs, policies and initiatives.
- **Accessible, strengthened and connected systems**
  - Build collaboration across Queensland Health, non-government organisations and other government agencies.
- **Support the service system to provide women-centred place based care**
  - Services are aware and deliver services aligned with the needs of women and girls.
- **Recognise and target priority communities**
  - Focus on addressing the different health needs for communities of women and girls experiencing poorer health.
- **Focus on social determinants**
  - Consider the social determinants affecting health of women and girls.
- **Empower women and girls to identify and address their health needs**
  - Support Queensland women and girls identify and seek health care early.
- **Seek the potential to expand or develop best practice models of care**
  - Develop innovative models of care across the health system.

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<sup>2</sup> The terminology and definition for women and girls will be discussed through the consultation process, with the

intent being to take an inclusive approach in a Queensland women's health strategy

# Appendix 3 - Existing Queensland Government strategies and actions

## Cross Government strategies supporting women and girls

Key strategies that look at the social determinants of the health of women and girls include:

- [Queensland Women's Strategy 2022-2027](#)
- [My Health, Queensland future: Advancing health 2026](#)
- [Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023](#)
- [Children's Health Queensland Aboriginal and Torres Strait Islander Health Equity Strategy 2022-2025](#)
- [Understanding Domestic and Family Violence](#)
- [Making Tracks together: Aboriginal and Torres Strait Islander Health Equity Framework 2021](#)
- [Our Way: A generational strategy for Aboriginal and Torres Strait Islander children and families 2017 - 2037](#)
- [Queensland Housing Strategy 2017-2027](#)
- [Queensland Youth Strategy](#)
- [Housing and Homeless Action Plan 2021-2025](#)
- [Advancing Education](#)
- [Youth Justice Strategy 2019-2023](#)
- [Supporting Families Changing Futures 2019-2023](#)
- [Domestic and Family Violence Prevention Strategy 2016-2026 and associated action plans](#)
- [Queensland's framework for action—Reshaping our approach to Aboriginal and Torres Strait Islander domestic and family violence](#)
- [Prevent. Support. Believe. Queensland's Framework to address Sexual Violence](#)
- [Activate! Queensland 2019-2029](#)
- [Queensland Multicultural Policy](#)

## Domestic, family and sexual violence initiatives

Some of the specific strategies, actions and work targeting reducing DFSV include:

- responding to the work of the Women's Safety and Justice Taskforce reports
- the *Domestic and Family Violence Prevention Strategy 2016-2026* and associated action plans
- *Queensland's framework for action—Reshaping our approach to Aboriginal and Torres Strait Islander domestic and family violence*
- *Prevent. Support. Believe. Queensland's Framework to address Sexual Violence.*

## Queensland Women's Strategy - related commitments

The following health-specific commitments are made in the *Queensland Women's Strategy*:

- improving support for pregnant women who may be experiencing high risk and vulnerability, and whose unborn children may be at risk of entering the child safety system

- strengthening system-wide supports for mothers and expectant mothers who may be experiencing vulnerability
- prioritising safe and appropriate health system responses to women who have experienced gendered violence
- focusing on collaboration and consultation between women and clinicians to improve health outcomes for pregnant and parenting women
- ensuring First Nations women's influence in the provision of maternity services in Queensland
- delivering a range of programs that support the sport and active recreation participation of women and girls through the application of equity principles.

The following commitments in the *Queensland Women's Strategy* also seek to address social determinants affecting the health of women and girls and/or improve the way Queensland Government works with women and girls:

#### **Economic Security**

- delivering enhanced responses that enable Queensland women to access safe, secure and sustainable housing, paying particular attention to women impacted by violence and older women
- exploring ways to work in partnership with employers to increase employment opportunities for diverse women.
- working with First Nations women to ensure their voices are heard and acted upon, and their expertise recognised by government in development of policies, programs and initiatives



#### **Support women with diverse backgrounds and experiences**

- committing to working with women and girls with disability on the development of policies, programs and initiatives that impact them
- recognising the strength and knowledge of women and girls with diverse backgrounds and experiences, and actively utilise this knowledge in design, delivery and implementation of policies, programs and initiatives relevant to them

#### **Empowerment and Recognition**

- strengthening processes and institutions to ensure women's voices are increasingly at the centre of policy development and decision-making processes
- supporting older women to stay connected and contribute to their local communities
- establishing new ways of connecting Queensland women and enabling them to share experiences, learn from each other, and build support for collective action to achieve change.

## Cross Government programs focused on women and girls

Alongside the strategies and action plans, the Queensland Government supports specific programs aimed at addressing social determinants affecting women and girls, including:

- [respectful relationships education program](#)
- [STEM Girl Power Initiative](#)
- [School Based Youth Health Nurses](#)
- [Housing and Support for Older Women](#)
- [Diamond Spirit Program](#)
- [Domestic and Family Violence High Risk specialist response teams](#)
- Crisis Shelters for women and children experiencing domestic and family violence
- specialist domestic and family violence officers
- rehabilitation programs at Brisbane Women's Correction Centre
- Domestic and Family Violence training for many Queensland Government employees
- [Queenslandher](#) and [Queenslandher 2021](#)
- [Queensland women's Budget Statement](#)

## Queensland Health services targeting women and girls

Queensland Health provides and supports programs and policies which directly seek to enhance the health of Queensland women and girls, including:

- Domestic and Family Violence High Risk multi-agency teams supporting victims of domestic and family violence
- a Mobile Women's Health Service for rural and remote areas
- BreastScreen Queensland to support breast screening every two years
- the Growing Deadly Families strategy which focuses on First Nations co-designed and co-delivered maternity services and building a culturally capable workforce
- provision of Whooping cough and influenza vaccines to pregnant women free of charge
- Community Maternity Hubs in Metro South Hospital and Health Service that provide services to women who most need comprehensive antenatal care, e.g., those with low educational attainment, ethnic minorities, psychosocial risk factors
- Queensland Pelvic Mesh Service that provides a holistic service.

# Appendix 4 – Additional Data informing a Queensland women’s health strategy

## Queensland Women Snapshot

- As at 30 June 2020, the ratio of males to females in Queensland Local Government Authorities ranged from 136.5 males for every 100 females in McKinlay Shire LGA to 86.8 males for every 100 females in Kowanyama Shire LGA.<sup>55</sup>
- Brisbane had a lower proportion aged 50 years and over (31 per cent) than the rest of the state (37 per cent).<sup>56</sup>
- In 2018, there were almost six times more female victims of reported sexual assault than male victims in Queensland.<sup>57</sup>
- 60.4 per cent of persons who provided unpaid childcare and were born overseas in a non-English speaking country were female, compared with 39.6 per cent for males<sup>58</sup>

## Health of women and girls

- In Queensland, life expectancy for an Aboriginal and Torres Strait Islander person born between 2015–2017 was 72.0 years for males and 76.4 years for females.<sup>59</sup>
- Females had a median age for childbirth of 30.6 years in 2019, compared with 32.7 years for the median age of father.<sup>60</sup>
- Of the 59,559 mothers who gave birth in 2019 about three-quarters (75.2 per cent) were aged 20–34

years. A further 2.9 per cent were teenage mothers and the remaining 22.0 per cent were aged 35 years and over.<sup>61</sup>

- The age standardised rates for total acute conditions for females in 2018-19 was 1722.9/100,000 persons compared to 1577.5/100,000 for males.<sup>62</sup>

## Social Determinants

- Complex trauma, which can arise from repeated interpersonal victimisation (including sexual violence), is commonly associated with psychological, psychosocial, functional, educational, and health challenges.<sup>63</sup>
- In 2019, there were around 3,600 Australian female prisoners in adult corrective services and 1 in 20 females (5.3 per cent) were unemployed.<sup>64</sup>
- The COVID-19 pandemic has exacerbated and highlighted existing inequalities faced by women and girls, including exposure to domestic and family violence.<sup>65</sup>
- In 2018, 87 per cent of females in the Queensland potential Year 12 population attained Year 12 certification (compared to 81 per cent of males).<sup>66</sup>
- 79.1 per cent of persons who reported 15 hours or more of unpaid domestic work and were aged 25–44 years were female, compared with 20.9 per cent for males.<sup>67</sup>
- In Australia, in 2015–16, just under 3 in 20 females (13 per cent) were experiencing poverty, and in 2016 around 49,000 were homeless.<sup>68</sup>

- In 2016 in Queensland, Aboriginal and Torres Strait Islander people were accessing specialised homelessness services at a rate of 371 per 10,000 persons in comparison to 57.8 per 10,000 for non-Indigenous clients.<sup>69</sup>
- A total of 64,301 Aboriginal and Torres Strait Islander students were enrolled in Queensland state schools in February 2022, making up 11.2 per cent of all Queensland's state school students.<sup>70</sup>
- From 2018 to 2022, Aboriginal and Torres Strait Islander enrolments grew by 7,796 (13.8 per cent), compared to 3.8 per cent for all students.<sup>71</sup>
- In 2021, nearly 10,000 Queenslanders were in prisons, with approximately 1 in 11 prisoners in Queensland being female (9.3 per cent of the total, compared with 8.8 per cent in 2020).<sup>72</sup>
- Girls aged 5–17 years were less likely than boys of the same age to be active every day of the past week (41.6 per cent compared with 49.7 per cent), with the 12–15 years age group being least active for girls (24.8 per cent) compared with the 16–17 years age group for boys (27.6 per cent) in 2020.<sup>73</sup>
- In Australia, women born 1985–95 who used marijuana or illicit drugs were more likely to use no contraception and less likely to use the Oral Contraceptive Pill and condoms (used alone or in combination), compared with women who reported that they did not use marijuana or illicit drugs.<sup>74</sup>
- Three in four (73 per cent) of Australian women aged 24 to 30 with a disability or illness reported they had experienced sexual violence, compared to one in two (50 per cent) of women without a disability or illness.<sup>75</sup>
- Although numbers of reported incidents of DFV have been increasing in Queensland, it must be acknowledged that the data does not come close to representing the true extent of the problem.<sup>76</sup>
- 1 in 6 women has experienced physical or sexual violence by a current or former partner, with one in four experiencing emotional abuse.<sup>77</sup>
- 1 in 6 Australian women, and 1 in 16 Australian men, have experienced physical or sexual violence from a current or former partner.<sup>78</sup>
- 1 in 5 Australian women and 1 in 20 Australian men have experienced sexual violence.<sup>79</sup>
- 1 in 4 Australian women 1 in 6 Australian men, has experienced emotional abuse from a current or former partner.<sup>80</sup>

### **Wellbeing and mental health**

- In 2020, women aged 30-34 had the highest number and the second highest age-specific suspected suicide rate per 100,000 women.<sup>81</sup>
- The 45–54 years age group showed the largest difference between females (18.0 per cent) and males (13.4 per cent) experiencing a high to very high level of psychological distress.<sup>82</sup>
- Young Females (30 per cent) and gender-diverse young people (29 per cent) were more likely to be concerned about mental health than males (21 per cent).<sup>83</sup>

- The highest proportion experiencing a current long-term mental or behavioural condition was young females aged 15-24 (30 per cent) followed by women 45-54 and 55-64 (26.6 per cent).<sup>84</sup>
- In Australia, whereas young men's suicides have reduced in number and rate since the 1997 global peak, young women's have not.<sup>85</sup>
- In 2020, Queensland women aged 75-79 had the highest age-specific suspected suicide rate per 100,000 women.<sup>86</sup>

### Maternal, sexual and reproductive health

- Reproductive health and safety, as it intersects with concerns such as family violence and child protection involvement, is an issue affecting women across Queensland, particularly Aboriginal and Torres Strait Islander women.<sup>87</sup>
- A higher proportion of Indigenous babies are born preterm and/or of low birthweight.<sup>88</sup>
- 1 in 9 Australian women born 1973-78 are diagnosed with endometriosis by the time they reach the age of 40-44.<sup>89</sup>
- In Australia, among women in the 1989-95 cohort who had completed one of the two most recent surveys, 10 per cent reported endometriosis and 15 per cent reported polycystic ovary syndrome.<sup>90</sup>
- In Queensland in 2021, there was a 9 per cent increase in infectious syphilis notifications in women of reproductive age compared with the previous five-year average.<sup>91</sup>



### The health workforce

- There is a need for greater emphasis on gender analysis and gender theory in the training of medical and allied health professionals.<sup>92</sup>

### Chronic Disease and preventable admissions

- Age-standardised rates for potentially preventable hospitalisations for all Queenslanders were highest for urinary tract infections with these infections being the highest for females (532 per 100,000 persons).<sup>93</sup>
- In 2017-18, females in the target age groups for cancer screening programs participated in a Pap Smear or Cervical Screening Test at rates of 51.8 per cent for those aged 25-69 years, and breast screening at 55.1 per cent of those aged 50-74 years.<sup>94</sup>
- The 65 years and older age group was the only group in which injuries were more common in females than males.<sup>95</sup>
- In a study of Australian women, heart disease shows a steady increase across the cohorts, with a marked increase in prevalence from age 55 in the 1946-51 cohort to age 90 in the 1921-26 cohort.<sup>96</sup>

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- <sup>58</sup> Queensland Regional Profiles, women and men profile, Queensland, pg. 28, 29 July 2022, Queensland Government Statistician's Office, Queensland Treasury.
- <sup>59</sup> Life tables for Aboriginal and Torres Strait Islander Australians, 2015-2017. Australian Bureau of Statistics at <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/life-tables-aboriginal-and-torres-strait-islander-australians/latest-release>, viewed on 20 August 2022.
- <sup>60</sup> Australian Bureau of Statistics, 2020, Births, Australia, 2019, 'Confinements, by nuptiality, by state', cat. no. 3301.0 in Queensland Women's Strategy Report Card 2021.
- <sup>61</sup> Queensland Women's Strategy 2016-21, at <https://www.publications.qld.gov.au/dataset/0a3bbc93-f760-455e-ac93-35a0edfb1fed/resource/6fcc85d9-1fb6-46f7-8e51-0e361fabe0d1/download/queensland-womens-strategy.pdf>, viewed on 25 July 2022.
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- <sup>63</sup> Hear her voice – Report 2, Volume, Women's Safety and Justice Taskforce, pg. 52, at [https://www.womenstaskforce.qld.gov.au/data/assets/pdf\\_file/0008/723842/Hear-her-voice-Report-2-Volume-1.pdf](https://www.womenstaskforce.qld.gov.au/data/assets/pdf_file/0008/723842/Hear-her-voice-Report-2-Volume-1.pdf), viewed on 19 August 2022.
- <sup>64</sup> The health of Australia's females, web report, pg. 3, last updated 4 March 2022, at <https://www.aihw.gov.au/getmedia/0260a910-fe72-4d6b-8c7d-519557d465c8/The-health-of-Australia-s-females.pdf.aspx?inline=true>, viewed on 17 August 2022.
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- <sup>66</sup> Australian Curriculum, Assessment, and Reporting Authority. Year 12 certification rates. Available: <https://www.acara.edu.au/reporting/> viewed 19 August 2022.
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<sup>73</sup> The Health of Queenslanders 2020, Report of the Chief Health Officer Queensland 2020, pg. 82, at [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0019/1011439/cho-report-2020-03-our-health.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0019/1011439/cho-report-2020-03-our-health.pdf), viewed on 14 August 2022.

<sup>74</sup> Reproductive health: Contraception, conception and change of life – Findings from the Australian Longitudinal Study on Women’s health, pg. 176; Loxton D, Byles J, Tooth L, Barnes I, Byrnes E, Cavenagh D, Chung H-F, Egan N, Forder P, Harris M, Hockey R, Moss K, Townsend N & Mishra GD, Report prepared for the Australian Government Department of Health, May 2021 at: [https://alswh.org.au/post-outcomes/2021-major-report-reproductive-health-contraception-conception-change-of-life/?utm\\_source=shorthand&utm\\_medium=horthand&utm\\_campaign=repro\\_health#reproductive-report-downloads](https://alswh.org.au/post-outcomes/2021-major-report-reproductive-health-contraception-conception-change-of-life/?utm_source=shorthand&utm_medium=horthand&utm_campaign=repro_health#reproductive-report-downloads), viewed on 20 September 2022.

<sup>75</sup> A life course approach to determining the prevalence and impact of sexual violence in Australia: The Australian Longitudinal Study on Women’s Health (Research Report, 14.2022), pg. 31, ANROWS, at <https://alswh.org.au/wp-content/uploads/2022/09/ANROWS-Report-Life-course-approach-to-sexual-violence-prevalence-and-impact.pdf>, viewed on 20 September 2022.

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<sup>77</sup> Consultation for a new Queensland Women’s Strategy: Discussion paper, at <https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/d872d629-e372-4566-8190-e772b0895d62/discussion-paper-a-new-strategy-for-queensland-women-and-girls.pdf?ETag=e64a09b42b87a9dfc8ec6a93b496208f>, viewed 5 August 2022.

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<sup>82</sup> Report Card – Gender equality – how Queensland is faring, at <https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/ff4c016c-51b9-46b7-b974-53c3dd8b0464/report-card-participation-leadership-2019.pdf?ETag=2394422b9aa9d78e2c811a599423fe6d>, viewed 17 August 2022

<sup>83</sup> Voices of Hope – Growing Up In Queensland 2020, Queensland Family and Child Commission, at [https://www.qfcc.qld.gov.au/sites/default/files/2022-06/GUIO%20report\\_2020\\_Digital.pdf](https://www.qfcc.qld.gov.au/sites/default/files/2022-06/GUIO%20report_2020_Digital.pdf), viewed on 14 August 2022.

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<sup>85</sup> Suicide and suicidal behaviour in women – issues and prevention: a discussion paper, pg. 12, 2016 at <https://apo.org.au/sites/default/files/resource-files/2016-07/apo-nid56174.pdf>, viewed on 23 August 2022.

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<sup>88</sup> Trends in stillbirths and neonatal deaths among babies born to Indigenous and non-Indigenous women in Queensland, 1988-1992 to 2013-2017 Statistical Service Branch, Queensland Health, at [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0031/948325/statbite81.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0031/948325/statbite81.pdf), viewed on 14 August 2022.

<sup>89</sup> Endometriosis in Australia: Prevalence and hospitalisations, Australian Institute of Health and Welfare, at <https://www.aihw.gov.au/reports/chronic-disease/endometriosis-prevalence-and-hospitalisations/summary>, viewed on 23 August 2022.

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<sup>93</sup> Section three – Our Health across the lifespan, Chief Health Officers Report 2020, pg. 25, at [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0019/1011439/cho-report-2020-03-our-health.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0019/1011439/cho-report-2020-03-our-health.pdf), viewed on 14 August 2022.

<sup>94</sup> Report Card – Gender equality – how Queensland is faring, from <https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/ff4c016c-51b9-46b7-b974-53c3dd8b0464/report-card-participation-leadership-2019.pdf?ETag=2394422b9aa9d78e2c811a599423fe6d>, viewed 17 August 2022.

<sup>95</sup> Section three – Our Health across the lifespan, Chief Health Officers Report 2020, pg. 39, at [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0019/1011439/cho-report-2020-03-our-health.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0019/1011439/cho-report-2020-03-our-health.pdf), viewed on 14 August 2022.

<sup>96</sup> The impact of multiple chronic conditions: Findings from the Australian Longitudinal Study on Women's Health, pg. 3, Dobson A, Forder P, Hockey R, Egan N, Cavenagh D, Waller M, Xu Z, Anderson A, Byrnes E, Barnes I, Loxton D, Byles J, Mishra G. Report prepared for the Australian Government Department of Health, May 2020, at <https://alswh.org.au/post-outcomes/2020-major-report-the-impact-of-multiple-chronic-conditions-findings-from-the-australian-longitudinal-study-on-womens-health/>, viewed on 20 September 2020.