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Women's Health Strategy
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Tēnā koutou

Submission on the development of NZ Women's Health Strategy

Alzheimers NZ welcomes the opportunity to provide recommendations for the future NZ Women's Health Strategy (the Strategy) which will guide progress in improving the health of women and girls in Aotearoa New Zealand.

Alzheimers NZ represents people with dementia mate wareware and their care partners. Alzheimers NZ raises awareness of dementia mate wareware, provides information and resources, advocates for high quality services, and promotes research about prevention, treatment, cure, and care. We support local community based Alzheimers and dementia mate wareware organisations throughout New Zealand. These organisations provide support, education, information, and related services directly to members of their communities who are affected by dementia mate wareware.

Women and dementia mate wareware

The number of New Zealanders living with dementia mate wareware is increasing at an unprecedented rate due to a growing and ageing population. 70,000 of us were living with dementia mate wareware in 2020 and this number is expected to reach 170,000 by 2050.¹ This number will increase faster among Māori, Pasifika, and Asian communities, because those communities are ageing faster than the general population.

The impact of dementia mate wareware on women is greater than for men. Women are more at risk of developing dementia mate wareware and the prevalence of women with this health condition is around 30 per cent higher than

for men. The main reason for this greater risk is because women live longer than men and old age is the biggest risk factor for this disease.

Women provide a substantial proportion of informal and formal care to people with dementia mate wareware. The effects of being a carer on health and wellbeing as well as the financial impact are therefore likely to be greater for women.

Alzheimers NZ believes it is necessary for Aotearoa New Zealand to develop the Strategy to create the health system that is responsive to the needs of all women and those with the highest risk of poor health, actively promotes participation of women in health care, and creates health equity between women and with men. Our suggestions on the Strategy are outlined below.

1. Wellbeing

Gender equity

Alzheimers NZ suggests the Strategy address the gendered nature of specific health conditions and use a gender-equity lens and an evidence-based approach to tailor programs to increase equity and combat biases related to sex and gender in the health system. This approach is to recognise that there are sex and gender differences in areas of health such as anatomy and metabolic processes that may result in differing biological responses for women and men to illnesses and diseases.

The Strategy should also take into account the gendered nature of stigma associated with sexual and reproductive health services such as members of the LGBTQI community.

Health equity between women

Women are overrepresented in lower paid employment and perform the greater share of domestic labour. Women are also the major carers for people with dementia mate wareware and disabled people, their workload is often unrecognised and has a negative impact on mental health and emotional wellbeing.

Alzheimers NZ recommends the Strategy adopt a human rights-based approach where women's rights and the rights to health are integral to all priorities and actions. This will align with the United Nations Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

The Strategy should also acknowledge the different health needs of women who experience the worst outcomes and recognise the barriers that cause the leading to persistent inequities between different genders. These include ingrained

violence against women, gender pay inequity, cultural disconnection, and disadvantages for rural populations and disabled people.

Conditions where women are overrepresented

We recommend the Strategy focuses on the health conditions that cause women the greatest burden of disease or mortality, such as dementia, mental health and gynecological health, and recognises significant stigma around them which cause a barrier for women to receive optimal healthcare. It should also highlight violence against women as an important issue where women and girls are overrepresented.

2. Patterns and trends

A life course approach to health

Our view is that the Strategy should apply a comprehensive approach across the life course. This approach recognises women and girls can experience a range of diverse health needs and risks across their lifespan. As an example, early life experiences such as good or poor health in childhood affect health and wellbeing later in life.

A life course approach may also provide a potential patient-centred platform for care providers to work together and deliver better coordinated programs to reduce health inequities. Public education, health services delivery and research investments also need to be age appropriate, integrated, and based on gender equity to respond to women's changing mental and physical health needs. It is also important to improve health literacy among women so that they can make informed, evidence-based, and self-determined decisions on health issues.

Prevention

Alzheimers NZ recommends that the Strategy focus on health prevention and recognise intervention points across each stage of women's lives. As a large proportion of the burden of disease is preventable, key actions in the Strategy should aim to raise awareness and increase early detection of factors that affect the development of health conditions. These could be a combined actions of health education, intervention, and service delivery. For example, for a group of older women 65+, the strategy should include information about the common burden of disease, such as dementia, mental health, and provide interventions to support this group to age well within the communities and maintain their independence.

Education can be an effective preventive measure in delaying health conditions. Equal access to information about dementia, mental health will minimise the inequalities and may delay the onset of this health condition or slow down cognitive decline.

Healthy ageing

Women in Aotearoa New Zealand are living longer and with the results from advanced medical science, there has been reductions in the impact of some major conditions. However, there is an increase in the likelihood of more people living longer with multiple health conditions, including the increase of number of people with dementia mate wareware.

Alzheimers NZ suggests the Strategy outlines actions to address the challenges face by older women including those living with dementia mate wareware. Many health services may need re-orientation to cope with people with dementia mate wareware or people multiple chronic conditions.

We propose the Strategy adopt a life course approach to healthy ageing for women by addressing key risk factors that reduce quality of life as they age, and better managing the needs of the ageing population. The results from this approach can be significant reductions in the number of preventable and avoidable deaths.

3. Health system performance

Alzheimers NZ suggests the Strategy establish integrated services within the health system and direct the resources towards addressing women health issues from preconception to end of life.

It should also include actions to deliver timely, appropriate, and affordable care for women and girls in their own communities. These could be providing culturally accepted training for health professionals to deliver health care to women and girls from a range of groups. From the perspective of dementia mate wareware, there is a need to invest in improving access to and providing holistic, affordable, and integrated care services for older women with this condition.

Collaborative approaches

To manage the increasing complexity and health needs of women and girls, the Strategy needs to highlight the importance of collaboration between partners, including governments at all levels, the health sector, relevant organisations, and women themselves. It should acknowledge the role of specialist health services for women, Māori health and other specific health services - in improving the outcomes for women with intersectional issues such as gender, race, ethnicity, sexuality, and disability. In many areas, women must lead the actions to drive rapid improvements in health outcomes.

Honouring and upholding Te Tiriti o Waitangi for wāhine Māori

Alzheimers NZ is in a view that the Strategy must include Te Reo Māori and Tikanga Māori in the design and delivery of health services for women in Aotearoa New Zealand. The Strategy should honour and emphasis actions that empower

wāhine Māori, whānau and with Māori-owned health support, and the creation of holistic services using community strengths.

Rural health

People in rural and remote areas often face challenges to access primary and specialist health care. Some barriers accessing health services include socioeconomic deprivation, geographical distance, transport, the cost of accessing services, and service acceptability. To enable better service delivery for women and girls, the Strategy should emphasis on providing rural and remote communities with comprehensive primary health care, supportive technology, transport support, and flexible and sustainable scopes of practice.

Workforce development

We need to do more to make sure health system has the skills, flexibility, and empathy to understand and appropriately respond to the needs of women and girls. We recommend the Strategy include actions to increase the capacity, skills, and knowledge of health workforce in addressing women's health and wellbeing, as well as put more investment in supporting technology. The Strategy should also put effort into planning future workforce capacity that is based on projected demand and increase collaboration with peak bodies to work towards consistent national implementation of best practice guidelines.

Research

Alzheimers NZ supports effective and collaborative research, monitoring and evaluation to advance the evidence base on women's health. We suggest more investment in research to address the conditions that affect women and gender-diverse people specifically. The Strategy should also promote data collection and take account of the changes in the policy environment, consider the latest evidence, and identify the current gaps and emerging issues in women's health.

Conclusion

The health of women and girls in Aotearoa New Zealand is fundamental to us all - to the individuals themselves, to their families, whānau, iwi and to our nation. There is a need to reduce the burden of disease and improve quality of life for women by ensuring the health system provides the best possible care for female population.

Alzheimers NZ welcomes the development of Women's Health Strategy to improve the health and wellbeing of women and girls in Aotearoa New Zealand. It will be very beneficial if the Strategy is comprehensive; identifies policy gaps, new and emerging health issues for women and girls; and recognises a range of health needs, risks and influences experienced by women at different stages of life. Equally important is the Strategy that recognises the importance of access and safe services for specific populations including Māori, Pasifika, older, teen,

disabled, rural and remote communities, and lesbian, bisexual, transgender and intersex people.

We recommend the Strategy is consistent with the principles of the Treaty of Waitangi and other relevant Aotearoa New Zealand legislation such as the Human Rights Act and the international human rights conventions to which we are signatories.

We look forward to the Women's Health Strategy that will be a valuable framework for health systems to help all women and girls in Aotearoa New Zealand to enjoy the best possible mental and physical health through their lifetimes.

Ngā mihi nui

Catherine Hall
Chief Executive

¹ Ma'u E, Cullum S, Yates S, Te Ao B, Cheung G, Burholt V, Dudley M, Krishnamurthi R, Kerse N. [Dementia Economic Impact Report 2020](#). Auckland, New Zealand: University of Auckland; 2021.