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Queensland Women and Girls' Health Strategy 2032

March 2024

Queensland Government

Queensland Women and Girls' Health Strategy 2032

For more information contact

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Content warning

This Strategy includes references to women and girls' negative healthcare experiences, domestic and family violence, and sexual violence, and personal views. The contents of this document may trigger negative feelings for some readers.

If you or another person wishes to seek support or advice, please contact:

- 1800RESPECT (www.1800respect.org.au) on 1800 737 732 (24/7 telephone and online crisis support for people impacted by domestic, family or sexual violence)
- Lifeline (www.lifeline.org.au) on 13 11 14 (24/7 crisis support and suicide prevention)
- QLife (www.qlife.org.au) on 1800 184 527 (3pm to midnight daily LGBTIQ+ telephone and webchat peer support to discuss sexuality, identity, gender, bodies, feelings or relationships)

General Acknowledgement

The Queensland Government acknowledges the Queenslanders who informed the *Queensland Women and Girls' Health Strategy 2032*. The work of everyone who contributed to the Strategy is greatly appreciated.

We heard from a wide variety of groups including government agencies, health professionals, representatives from the community sector, industry, and advocates. Many women and girls shared their personal experiences. These voices are central to improving the health of all women and girls in Queensland.

Queensland Health is committed to its obligations under the *Human Rights Act 2019*, including the protection of families and children. As part of any projects or actions related to the Strategy, 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.

Acknowledgement of Country

The Queensland Government respectfully acknowledges the First Nations peoples in Queensland as the Traditional Owners and Custodians of the lands, waters and seas. We respectfully acknowledge Aboriginal peoples and Torres Strait Islander peoples as two unique and diverse peoples, with their own rich and distinct cultures, resilience and strengths.

We acknowledge Aboriginal and Torres Strait Islander women and girls who have been the bearers of strength, love and determination within their families and communities for generations. We acknowledge the proud female leaders who, in the midst of harsh adversity, have stood in the gap for their communities, to provide a safe refuge for those who needed it. We acknowledge the First Nations women who pioneered cultural safety, equity, and justice in healthcare and those who have paved a way for the First Nations health workforce.

We pay our respects to Elders past and present and value the culture, traditions and contributions that Aboriginal and Torres Strait Islander peoples have made to our communities. We recognise that our collective responsibility as government, communities and individuals is to ensure equity and equality, and the recognition and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

We acknowledge and thank Aboriginal and Torres Strait Islander women and girls in Queensland for their strength and resilience, including, those who have contributed to the development of the *Queensland Women and Girls' Health Strategy 2032*.

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Forewords

A message from the Premier

Hon Steven Miles MP

Premier of Queensland

Women and girls deserve to have equal rights and equal access to opportunities. That's why my government is driving change to achieve a gender-equal Queensland.

The *Queensland Women and Girls' Health Strategy 2032* is our commitment to prioritising the health and wellbeing of women and girls living in Queensland.

We know women and girls experience different health outcomes than men – women generally live longer but experience higher rates of chronic conditions and are almost twice as likely to experience mental health conditions.

We also know that women and girls' health has a significant impact on our economy. In Australia, women disproportionately have lower income and less engagement in the economy, with a combined cost estimated at $72 billion in lost GDP. The impact of the COVID-19 pandemic also affected women and girls and compounded existing economic and health inequality. When healthy, women and girls strengthen our economy and are a big part of what makes Queensland great.

Initiatives such as paid parental leave and employer-sponsored flexible working arrangements seek to improve women's ability to work and prioritise their health, but women still carry a disproportionate share of caring responsibilities and domestic work, which can impact their wellbeing, make it harder to seek health care, and prevent them from achieving their full potential.

We know from the unprecedented comprehensive engagement to develop this Strategy, that women and girls' health is front of mind for Queenslanders. Through this Strategy, we will continue to invest in and further develop a responsive health system that supports health equity. We will work together in partnership – across government, our health services, with non-government organisations and community members – to continue striving towards a future of gender equality.

A message from the Minister for Health, Mental Health and Ambulance Services and Minister for Women

Hon Shannon Fentiman MP

Minister for Health, Mental Health and Ambulance Services and Minister for Women

Women and girls' health affects everyone. I want Queensland women and girls to be supported to achieve their full health potential, to continue to participate in our economy, and to fully contribute to Queensland society.

We know that women have historically experienced discrimination and a lack of individualised support in our health system. Some women and girls experience worse long-term health outcomes due to various factors impacting their lives such as housing, financial difficulties and access to transport. That's why the Government is further investing in women and girls' health and wellbeing.

With a new injection of almost $250 million over the period to 2027-28 to address gender-based health inequity, the Government is rectifying disinvestment and underinvestment in women and girls health. The Government is anticipated to spend more than $1 billion over the next 5 years on women and girls' health and wellbeing programs and new services to better meet their needs.

While developing this Strategy, we heard from thousands of Queenslanders and listened to their personal experiences with health services – both positive and negative. While we know improvements need to be made, I have heard about programs, supports and health workers that have positively impacted and improved women and girls' health journey. This has challenged us to explore how these successful outcomes can be replicated to benefit others.

The voices of women and girls across Queensland have emphasised the need to act now and reform our health system to enable increased access to holistic support. This includes a need to deliver services differently and provide a responsive health system in which women and girls feel safe, and their concerns are listened to and believed.

I am proud that this Strategy has been developed in partnership with many Queensland women and girls, including through targeted consultation with people from diverse communities across the state. It has been a priority of mine to ensure that a Strategy for women and girls is shaped by women and girls. Thank you for helping us to achieve this and for trusting us with your stories and suggestions for change.

I also acknowledge the contributions made by our many and varied partners across the government and non-government sectors who have assisted in developing this Strategy. Your contributions have been invaluable and will help change the health landscape for all women and girls.

We are committed to meeting the health needs of all women and girls, addressing the many determinants that impact on health, and improving health equity. This Strategy emphasises the need for us to partner across government and with external organisations and the community — so we don't work in isolation — to make change happen now. I am honoured to champion this change.

I look forward to working with you as we implement the *Queensland Women and Girls' Health Strategy 2032* together.

Executive summary

The Queensland Government is committed to advancing the rights and interests of women and girls, increasing their economic participation, and working to achieve gender equality in Queensland.

The *Queensland Women and Girls' Health Strategy 2032* has been developed as a commitment under the *Queensland Women's Strategy 2022-27.*

Our aim

All women and girls are well and healthy throughout their lives and can participate in social, economic, and cultural activities.

The **Strategy** outlines the Queensland Government's ongoing commitment to improve the health of all women and girls.

Our Strategy aims to improve the health and wellbeing of all women and girls across their life course, with a focus on our priority communities, to achieve health equity, including:

- First Nations women and girls
- culturally and linguistically diverse (CALD) women and girls
- women and girls with disability
- members of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) communities
- women and girls living in rural and remote areas
- women and girls in contact with the justice system, including women in custody.

We undertook extensive consultation to inform the development of this Strategy.

We heard from many women and girls living in Queensland and organisations that provide health and other services to women and girls. We gathered as much information as possible.

Research was commissioned and provided by the Australian Women and Girls' Health Research Centre to ensure the Strategy is also based on evidence.

This Strategy is to be read in combination with the *Queensland Women and Girls' Health Strategy 2032 – Consultation Outcomes Report* which summarises what we heard.

Our principles

- **Human rights**
- **Women and girls' voices**
- **First Nations health and healing**
- **Life course approach**
- **Determinants of health**
- **Co-design and collaboration**
- **Clinical and cultural safety**
- **Health equity**

Priority health action areas

- **Healthy lifestyles and bodies**
- **Mental health and wellbeing**
- **Sexual and reproductive health**
- **Maternal health**
- **Health response to domestic and family violence, and sexual violence**
- **Chronic health conditions and cancer**

System reform goals

- Enhance the health of priority communities
- Increase prevention and early intervention
- Improve health literacy
- Increase access to gender-informed, integrated and equitable care
- Continue to develop an informed and trusted workforce
- Build a strong evidence base

Driving effective and meaningful change across the health system and across government requires strong commitment. Our Strategy will support the ***HealthQ32*** vision by driving innovative service delivery.

We will work together to improve women and girls' health through:

- **Co-design**
- **Collective implementation**
- **Building evidence**
- **Advocacy**
- **Linking across the health system**

Queensland Health thanks everyone who has contributed to reforms by sharing their unique experiences and suggestions on how to improve the health of women and girls.

An evaluation framework will enable the Queensland Government to assess the Strategy's outcomes and impact on the health and wellbeing of Queensland's women and girls.

Anticipated outcomes align to the system reform goals. These broadly include improved health and wellbeing of Queensland women and girls, increased availability and access to health services and information, improved system support for coordinated care, and improved workforce capacity and capability in providing gender-informed care.

Terminology

First Nations

Throughout our Strategy, the terms 'First Nations peoples' and 'Aboriginal and Torres Strait Islander peoples' are used interchangeably. In acknowledging First Nations peoples' right to self-determination, Queensland Health respects the choice of Aboriginal and Torres Strait Islander peoples to describe their own cultural identities which may include these or other terms, including particular sovereign peoples (for example, Yidinji or Turrbal) or traditional place names (for example, Meanjin Brisbane).

Health Equity

The Centers for Disease Control and Prevention defines health equity as:

> *"...the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices, overcome economic, social, and other obstacles to health and health care, and eliminate preventable health disparities[1]."*

Put more simply, health equity means that every person has the chance to be as healthy as they can be.

Women and girls (a gender inclusivity approach)

Our Strategy is about the health of all women and girls. We use this term inclusively to mean all people who identify as a woman or girl.

The Strategy also recognises and considers systems and actions impacting Intersex bodies, including Intersex women and girls, and gender diverse people, including Sistergirls. We recognise that people who do not identify as women or girls may still be affected by women's health issues.

You may see the words 'males' and 'females' through this document. These terms typically describe data or research that is categorised by sex rather than gender.

Priority communities

Priority communities in our Strategy refer to women and girls of all ages with diverse backgrounds and experiences. Through this Strategy, we aim to achieve health equity among women and the general population with a focus on the following priority communities whose health may not be as good as other communities:

- First Nations women and girls
- culturally and linguistically diverse (CALD) women and girls
- women and girls with disability
- members of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) communities
- women and girls living in rural and remote areas
- women and girls in contact with the justice system, including women in custody.

Women and girls with disability

Queensland Health recognises that different people have different preferences. In this Strategy, we use first-person language, including the term 'women and girls with disability', to respect the individual and recognise that disability does not define someone, it is one part of their life, just like their gender, sexuality and cultural background.

All women and girls

The use of the word 'all' is important in our Strategy. Inclusion of all reflects the diverse range of women and girls in Queensland. Our Strategy aims to improve outcomes for health and wellbeing across this diversity of women and girls, with a focus on our priority communities. The unique needs of Queensland's diverse population will continue to be considered throughout implementation and evaluation of the Strategy.

LGBTIQ+

'LGBTIQ+' is an acronym of the words people use to describe their sexual orientation, gender and sex. The acronym stands for lesbian, gay, bisexual, transgender, intersex and queer. The '+' reflects that the acronym letters do not capture the entire spectrum of sexual orientations, gender identities and intersex variations. The acronym is not intended to be limiting or exclusive of certain groups.

Trauma-informed care

'Trauma-informed' care in our Strategy refers to a range of interventions, practices and scientific perspectives that acknowledges individuals who are affected by trauma in our community. It also understands the impact of trauma on their lives and health needs and considers the importance of trauma when understanding a person's presentation for health services[2].

We acknowledge that trauma-informed care might look different depending on the environment — trauma-informed care provided in an acute mental health environment may differ from a general practice environment, but it holds the same principles.

Women and girls' health

In our Strategy, 'women and girls' health' includes health experiences that are unique to women, such as menstruation, menopause and pregnancy, as well as conditions that affect both men and women but may affect women differently, such as heart disease and diabetes.

Our Strategy discusses these health issues and systemic issues or barriers that may prevent women and girls from achieving their full health potential. Systemic issues are problems that may be embedded across, or impact an entire organisation, system, or population.

Domestic and family violence, and sexual violence

In our Strategy, we use the term 'domestic and family violence, and sexual violence'. We acknowledge that there are other terms commonly used, such as gender-based violence, which is defined by the Australian Government as:

> *"... violence that is used against someone because of their gender. It describes violence rooted in gender-based power inequalities, rigid gender norms and gender-based discrimination. While people of all genders can experience gender-based violence, the term is most often used to describe violence against women and girls, because most gender-based violence is perpetrated by heterosexual, cisgender men against women, because they are women. Gender-based violence, including sexual harassment, can include specific forms of violence that may disproportionately impact women and girls from culturally, ethnically, religiously and linguistically diverse communities and migrant and refugee women, such as migration-related abuse, dowry abuse, forced marriage, female genital mutilation, and trafficking of women and girls. Women with disability experience specific forms of gender-based violence including reproductive coercion, forced sterilisation and forced medical interventions. Violence experienced by LGBTIQ+ people, particularly by those who are gender diverse such as Brotherboy and Sistergirl communities, is also gender-based violence and shares some of the drivers of violence against women[3]."*

Our Strategy considers the many forms of violence that can occur and consequently impact on the health and wellbeing of women and girls. This aligns to the United Nations definition of 'violence against women', which is:

> *"any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life[4]."*

Part 1

What has informed this Strategy

To drive meaningful change, this Strategy has been based on a thorough understanding of the health needs, aspirations and experiences of Queensland women and girls.

We recognise that women and girls' health is complex and that health issues present at various stages of women and girls' lives and in a variety of different ways. We understand the importance of considering the relationships between different health services, and between health and other services, to holistically improve women and girls' health.

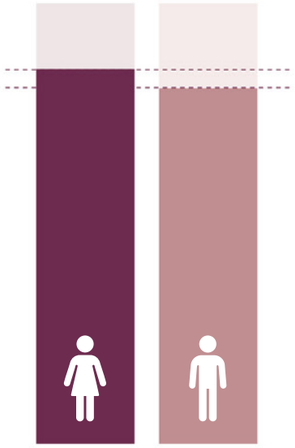
We consulted widely with women and girls living in Queensland and organisations that provide health and other services to women and girls to gather as much information as possible. We also reviewed a wide range of existing research on women and girls' health. This section of the Strategy sets out our findings.

A snapshot of the health of Queensland's women and girls

Queensland has
2.6 million women and girls

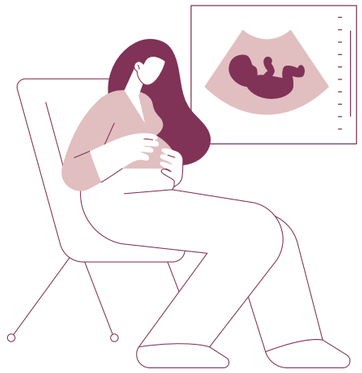
They make up **50.4%** of the population. Young and middle-aged women make up approximately half of this group[5]

Within health care systems, **unconscious gender biases** based on gender stereotypes and sexism continue to **affect patient care**[8]



Australian females, on average, experience different health outcomes than Australian males such as longer life expectancy, more years living with multiple chronic health conditions or health concerns, and higher likelihood of experiencing sexual violence[7]

Queensland has the fastest growing population of women and girls compared to every other state in Australia, including an increasing proportion of older women, and has the **highest fertility rate** in Australia[6]



Healthy lifestyles and bodies

- In 2020, 25% of Queensland girls aged 5 to 7 years were overweight or obese, increasing to 29% of those aged 8 to 11 years, with little variation between metropolitan, regional, or remote areas[9].
- High risk alcohol intake above guidelines is higher among young and middle-aged women in Queensland than nationally[10].

Sexual and reproductive health

- 90% of girls are fully vaccinated with the human papillomavirus vaccine by 15 years of age[11].
- In 2021, the Queensland regions with the highest birth rates among women aged 15 to 49 years were North West (8.1%), South West (7.8%) and Torres and Cape (6.4%) Hospital and Health Services[12].
- One in seven Australian women born in 1973–78 were diagnosed with endometriosis by the age of 49 years[13], with the cumulative prevalence of endometriosis higher in Queensland than other states in Australia[14].
- One in 10 births in Queensland involved assisted conception for mothers aged 35 to 39 years, doubling to one in five mothers aged 40 to 44 years in 2020[15].

Mental health and wellbeing

- In 2020, almost half of adolescent girls aged 15 to 17 years reported high or very high levels of psychological distress[16].
- There is an intergenerational increase in poor mental health, with more than one in five women in their mid-20s reporting depressive symptoms[17].
- Suicide rates for Aboriginal and Torres Strait Islander women and girls are more than triple the rate for non-Indigenous women and girls (14.0 vs 3.1 per 100,000 persons, respectively[18]).

Health response to domestic and family violence, and sexual violence

- In 2022, 86% of sexual assault victims were female, and 56% were under the age of 18 years at the date of the incident[19].
- One in two (49%) women in their mid-to-late 20s have experienced a partner-abusive act (including physical, sexual, harassment, and behavioural abuse) – with 15.2% having experienced this in the last 12 months – and 17% report having been in a violent relationship[20].
- Pregnancy and birth are times of high risk for victim-survivors of domestic and family violence[21].

Maternal health

- 6.7% of mothers who gave birth in Queensland in 2020 had a depressive disorder[22].
- Approximately one in five women in Queensland who gave birth in 2020 were in the obese category, and 11.5% of Queensland women who gave birth in 2020 smoked at any time during the pregnancy[23].
- Perinatal and neonatal mortality rates were up to 1.7 times higher for women in very remote areas when compared to women in regional areas of Queensland[24].

Chronic health conditions and cancer

- 90% of women identified with cervical disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed)[25].
- Cervical cancer is the 5th most diagnosed cancer for First Nations women in Queensland and the incidence increased from 10.8 to 17.3 per 100,000 population from 2016 to 2020[26].
- About 380,000 women aged 50 to 74 years and 852,000 women aged 25 to 74 years participated in the National Cervical Screening Program in 2018–2021[27].
- Rates for stroke were similar between males and females; but at age 80 years and older, the rate for women was 27.6% higher than males[28].
- Women make up 80% of people who report living with incontinence[29].

Women's health across the life course

Women face different health issues at different stages of life. Our Strategy seeks to address the health issues that contribute to the **total burden of disease** for Queensland women and girls across their whole life course.

Total burden of disease refers to the impact of living with disease, illness or injury and the ability to work and contribute to the economy, as well as the impact of dying prematurely[30]. As shown in the table below, ranking disease by burden shows the leading causes of health loss in Australia for each stage of life. The five leading causes of disease burden among Australian women of all ages, in order, are dementia, back pain and problems, chronic obstructive pulmonary disease (COPD), coronary heart disease and anxiety disorders.

Leading causes of total burden of disease for Australian women and girls by age group (2022)

	Age group (years)						
	0	1–4	5–14	15–24	25–44	45–64	65+
Rank 1	Pre-term birth and low birth weight complications	Asthma	Asthma	Anxiety disorders	Anxiety disorders	Back pain and problems	Dementia
Rank 2	Birth trauma/ asphyxia	Lower respiratory infections	Anxiety disorders	Depressive disorders	Back pain and problems	Breast cancer	COPD
Rank 3	Cardiovascular defects	Epilepsy	Depressive disorders	Eating disorders	Depressive disorders	Osteoarthritis	Coronary heart disease
Rank 4	Sudden Infant Death Syndrome	Dermatitis and eczema	Conduct disorder	Asthma	Asthma	Anxiety disorders	Stroke
Rank 5	Neonatal infections	Anxiety disorders	Acne	Suicide and self-inflicted injuries	Eating disorders	Depressive disorders	Osteoarthritis

Source: *Australian Government, Australian Institute of Health and Welfare (2022). Australian Burden of Disease Study 2022. Available at: https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2022/contents/interactive-data-on-disease-burden/leading-causes-of-disease-burden. Accessed 26 June 2023. Overall burden of disease is measured through disability-adjusted life years (DALYs), which combines years living in less than full health or in disability, and years of life lost due to premature mortality. Ranking is based on crude data.*

i. *Ranking diseases by their level of burden demonstrates the leading causes of health loss in Australia for each life stage, whereby rank 1 shows the health conditions that lead to the highest cause of total burden.*

Priority communities

Queensland is a large state and home to diverse groups of women and girls with varying experiences. This is a strength that promotes knowledge sharing and unique perspectives.

We recognise there are greater barriers to achieving better health outcomes for some populations of women and girls compared to the general population, including barriers due to age. It is also recognised that some women and girls may belong to more than one priority community and face multiple barriers. For this reason, our Strategy has a focus on priority communities.

First Nations women and girls

Aboriginal and Torres Strait Islander women make up about 4.6% of Queensland's total female population[31].

- First Nations women and girls have a life expectancy of 76.4 years (8 years lower than for non-Indigenous females)[32].
- Aboriginal and Torres Strait Islander women are 32 times more likely to be hospitalised due to family violence than non-Indigenous women[33].
- In 2019–20, Aboriginal and Torres Strait Islander peoples accounted for 6.1% of total hospitalisations across all Queensland hospitals[34].
- Queensland had the second highest proportion of women who gave birth who identified as First Nations — the Northern Territory was highest at 30.4% and the proportion nationally was 4.9%[35].

Culturally and linguistically diverse (CALD) women and girls

Around one in five females (22.1%) are born overseas[36], although it is important to note this does not represent the entire CALD population.

- At an aggregate level, Queenslanders born in non-English speaking countries generally have better health outcomes than Australian-born people[37].
- Cultural beliefs may prevent access or engagement in areas such as mental health, sexual health, aged care and palliative care[38].
- Queensland's Pasifika, North African and Middle Eastern populations reported worse health outcomes compared to the Australian-born population[39].
- Females from North Africa and Oceania have higher rates of potentially preventable hospitalisations for pelvic inflammatory disease[40].

Women and girls with disability[i]

Almost one in five Queenslanders (19.1% of population) have a disability[41].

- Women with disability are around seven times as likely as women without disability to assess their health as fair or poor[42].
- 42% of adults with disability rate their health as fair or poor compared to 7% of adults without disability. Only 24% of adults with disability rate their health as excellent or very good[43].

i. *No gender-level data is available on the health of Queensland women and girls with disability.*

Members of LGBTIQ+ communities[iii]

In 2019, approximately 11% of the Australian population identified as LGBTI[47], with some evidence in Australia that the reporting of LGB identity, attraction and behaviour may be growing[48].

- LGBTIQ+ people rate their own health lower than the general population, with fewer than a third of participants in a recent study rating their health as very good or excellent compared to more than half of the general population[49].
- Among participants in the above study, less than one third of cisgender women and one quarter of trans women rated their health as very good or excellent[50].
- Transgender people in Australia aged 14 to 25 years are 15 times more likely to have attempted suicide[51].

Women and girls living in rural and remote areas

More than one in three Queenslanders live outside of major cities[52].

- The rate of total burden of disease and injury in remote and very remote areas is 1.4 times higher than that for major cities[53].
- Life expectancy at birth is lower for people living outside of metropolitan areas[54].
- Females living in very remote areas had a mortality rate 1.5 times higher than those in major cities[55].

Women and girls in contact with the justice system, including women in custody[ii]

The proportion of female prisoners in Australia in 2022 was 7.3%, down from 7.7% in 2021[44].

- One in 11 prisoners in Queensland were female in 2021 (9.3% of the total prisoner population)[45].
- People in prison have higher rates of mental health conditions, chronic disease, communicable disease, acquired brain injury, tobacco smoking, high-risk alcohol consumption, recent illicit drug use, and recent injecting drug use than the general population[46].

ii. *No gender-level data is available on the health of Queensland women in prison.*

iii. *No state-level data is available on the health of members of LGBTIQ+ communities in Queensland.*

What we've heard

Our Strategy recognises that barriers and enablers will differ between communities of women and girls, with some women and girls experiencing multiple barriers. Our Strategy seeks to address these barriers, harness the strength of women, girls and their communities, and use the enablers to make change.

During public consultation, we heard directly from almost 12,000 women and girls through two surveys. We also engaged with many women and girls, including from priority communities, through targeted consultations, face-to-face workshops and roundtable events held around Queensland. We received 77 written submissions and engaged with health professionals, non-government organisations and others who support women and girls' health.

Barriers

We heard from women and girls about significant barriers that may impact their ability to access and prioritise their health care. Barriers are things that may prevent women and girls looking after their own health and include but are not limited to:

- women and girls not being heard, believed and/or being dismissed by health professionals
- health professionals wrongly identifying the cause of a health concern or misdiagnosing women and girls' health conditions
- shame and trauma, including related to culture and/or past experiences
- difficulty in knowing where to go to get support, navigating or knowing where to go in the health system and difficulty finding information about women and girls' health issues
- a lack of access and integration of quality care that can support women and girls to address their health concerns
- prioritising the care of others over one's own health
- difficulties in assessing and reviewing the impact that limited data and evidence, particularly on priority communities, has on women and girls, like being able to understand their health and receiving evidence-based gendered care.

Enablers

We also heard of enablers that would make it easier for women and girls to focus on their health and access support and advice. An enabler is a change or action that could be made to make it easier for women and girls. Enablers include but are not limited to:

- place-based and community-based services
- improved quality of care and accessibility
- extended hours of service
- delivery of women-focused early intervention and prevention activities
- increased funding for dedicated women's health services
- improved coordination between services.

This Strategy is intended to be read in combination with the *Queensland Women and Girls' Health Strategy 2032 Consultation Outcomes Report* and *Evidence Review: Queensland Women and Girls' Health*.

Policy context

National context

The Australian Government is committed to improving women and girls' health across the country, driven by policy and advisory groups, including:

- *The National Women's Health Strategy 2020-2030* (the National Strategy)
- The National Women's Health Advisory Council.

In Queensland

This strategy is a commitment under the *Queensland Women's Strategy 2022-27*, which includes a focus on women and girls' health as well as the social determinants of health.

Significant actions, strategies and commitments that are already in place have informed our Strategy, including:

- *Queensland's future: Advancing health 2026*
- *HealthQ32: A vision for Queensland's health system*
- *Homes for Queenslanders*
- *Equity and Excellence: realising the potential of every student*
- *Domestic and Family Violence Prevention Strategy 2016-2026*
- *Domestic and Family Violence Death Review and Advisory Board Annual Reports and Queensland Government responses*
- *Women's Safety and Justice Taskforce Hear her voice, Reports one and two, by the Women's Safety and Justice Taskforce*
  - *Queensland Government Response to Report One*
  - *Queensland Government Response to Report Two*
- Queensland Audit Office report: *Keeping people safe from domestic and family violence*
- *Activate! Queensland Strategy*
- *Queensland Prisoner Health and Wellbeing Strategy 2020-2025*
- Queensland Health's *Local Area Needs Assessments*, published by each Hospital and Health Service, prioritising population health and service needs in each region.

A focus on health equity for First Nations peoples

The voices, leadership and lived experiences of First Nations peoples continues to drive reform in Queensland Health and across the Queensland Government. The Queensland Government commitment to a reframed relationship with First Nations peoples acknowledges, embraces and celebrates the humanity of Indigenous Australians. This Strategy recognises the unique health challenges faced by First Nations women and girls, driven by historical acts of dispossession, settlement and discriminatory policies that have led to significant harm and an enduring legacy of social and economic disadvantage.

Key polices that our Strategy aligns with include:

- *Statement of Commitment to reframe the relationship between Aboriginal and Torres Strait Islander peoples and the Queensland Government*
- *Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*
- *Wiyi Yani U Thangani (Women's Voices) report*
- *National Agreement on Closing the Gap*
- *First Nations First Strategy 2032.*

Part 2

The path to health equity

Our aim is the broad statement about what the Strategy will aim to achieve. It drives everything that we will seek to do.

Our principles underpin the entire Strategy and every action to improve women and girls' health.

Our system reform goals are things we can do to improve the whole system through innovation and partnerships. System reform is likely to have flow on benefits to women and girls' experiences but may not be specific to individual health issues. System reform goals aim to provide coordinated action across government and the health system to improve women and girls' health and address the social determinants of health.

Our priority health action areas are the collection of related health issues that affect women and girls.

Our strategies support each priority health action area. They are key areas or conditions that impact the health of women and girls where activities will lead to change.

Our aim is that all Queensland women and girls are well and healthy throughout their lives and can participate in social, economic and cultural activities.

Our principles

Human rights

Uphold the human right of all women and girls to access high-quality health care without discrimination

Determinants of health

Address the cultural, social, environmental, commercial and economic factors that influence the health and wellbeing of women and girls

Women and girls' voices

Listen to the voices of women and girls and respond with dignity and empathy

Co-design and collaboration

Work with women and girls to co-design and implement health initiatives alongside their communities, health care providers and partners

First Nations health and healing

Provide culturally safe and appropriate care, free from racism, that enables health, healing and reconciliation with First Nations communities, respecting lived experience and cultural authority

Clinical and cultural safety

Provide safe, world-class care to all women and girls, with respect for their individual needs, experiences and values

Life course approach

Protect, promote and celebrate the health and wellbeing of women and girls at all stages of life

Health equity

Achieve equitable health outcomes for all women and girls, especially those from priority communities

Women and girls at the centre

Our Strategy recognises that women and girls are at the centre of structural, community, environmental, family and individual factors that overlap and impact their health.

Part 3

System reform

Cross-government action to improve women and girls' health

To achieve real change, coordinated cross-government actions must address the social, economic, cultural, commercial, and environmental determinants of health and their impact on women and girls' lives.

Social and economic determinants are things outside of health services that can affect people's health. They are things in people's lives like where they live, their education, their job and family life. Social determinants can also include systems that shape everyday lives, including the cost of healthcare, economic and social policies, political systems and being able to live free from violence and feel safe[56].

Cultural determinants are connections based on relationships, identities, cultural practices and wellbeing at both the individual and community level. They include things like connection to Country, kinship, language, cultural expression and spirituality[57].

Commercial determinants are private sector activities that affect people's health, directly or indirectly, positively or negatively. This includes a wide range of factors such as supply chains, labour conditions, product design and packaging, research funding, lobbying, preference shaping and others[58].

Environmental determinants are clean air, stable climate, adequate water, sanitation and hygiene, safe use of chemicals, protection from radiation, healthy and safe workplaces, sound agricultural practices, health-supportive cities and built environments, and a preserved nature as all prerequisites for good health[59].

Our Strategy recognises these impacts, and that women and girls may struggle to prioritise their health and wellbeing when other aspects of life are a higher priority. Our Strategy aims to support government organisations to work better together to enable women and girls to access quality, integrated and timely services in a way that considers their individual circumstances.

Our Strategy is relevant across multiple Queensland Government portfolios, including areas like:

- access to transport
- community and multicultural supports
- housing
- childcare
- education
- sport
- community services
- support for seniors, children and youth
- economic security
- employment.

Some determinants require action from the Australian Government. The Queensland Government will continue to advocate to the Australian Government for more investment in research and health initiatives that will improve women and girls' health outcomes.

Health service improvement

To improve health outcomes, health services and systems need to consider the determinants that affect women and girls' health, the barriers that women and girls face to improving their health and wellbeing, and the specific health issues that affect women and girls.

Queensland needs to keep pace with innovation in our society. The *HealthQ32* vision focuses on key areas to reform the health system to optimise care while improving access, equity and quality. Our Strategy will support that vision by driving innovative service delivery models and increasing access to and accessibility of health services for women and girls. This includes integrated, multidisciplinary models of care that provide holistic and gender-informed services.

System reform goals

What we heard

Women and girls told us they want:

- advice and access to supports and services to live a healthy life
- development of a system that enables access to quality care that understands women and girls' strengths and health issues, is aware of the impact of culture and differences, and can provide care that accommodates these needs
- a system that addresses challenges with social determinants of health (such as housing, money, transport issues, carer roles) and barriers to access, and enables health support
- easy access to information in one place that considers diversity and is easy to understand
- a health system and health professionals that listen and take concerns raised by all women and girls seriously
- cultural change in Queensland Health, from staff members, clinical, non-clinical and volunteers through to board members and our service partners, to increase gender-responsive, culturally embedded health care
- health care services that respect and respond well to the needs of some communities of women and girls, for whom there is little information or data available
- services that harness the strengths of women and girls and the communities in which they live and work
- services delivered in a flexible manner to enable access to health care such as extended hours, outreach, telehealth, virtual care, place-based and community-based care.

Key issues

- Equity issues and systemic barriers, especially for women outside of metropolitan areas and First Nations women and girls.
- Gaps in research, evidence and data, especially for priority communities.
- Lack of access to timely, integrated and gender-informed preventative health care that focuses on reducing risks before clinical conditions develop.

Enhance the health of priority communities

The health system better responds to the needs of priority communities of women and girls through provision of culturally safe care and co-design of services to address barriers to access, eliminate discrimination and institutional racism and ultimately achieve health equity.

Increase prevention and early intervention

Investment in prevention and early intervention is prioritised so that women and girls' health is supported across their life course.

Improve health literacy

Health information and support are accessible, easy to understand, available early and at the right time and considers using technology to support accessibility.

Increase access to gender-informed, integrated and equitable care

All levels of government and health service providers work together to ensure quality care is coordinated, funded and accessible at all stages of life and considers the factors that influence health.

Continue to develop an informed and trusted workforce

The health workforce provides quality care that is culturally safe, gender-informed, trauma-informed, and safe, and represents, respects and responds to diverse needs and groups of women and girls.

Build a strong evidence base

Data collection and research are improved and used to understand and respond to the changing needs of all.

Part 4

Priority health action areas

Healthy lifestyles and bodies

Goal: Queensland women and girls are supported to maintain healthy lifestyles, behaviours, body weight and positive body image.

What we heard

Women and girls told us they want:

- access to free or low-cost sport and physical activities that feel safe, are culturally appropriate, and available to women and girls of all ages
- food security and access to low-cost healthy food and nutrition
- better awareness of health conditions that affect women and positive steps to prevent or mitigate these conditions
- practical health information, education and advice about how to be healthy, including in plain language, accessible formats, and with translated information
- positive health care experiences related to a healthy body weight and without stigma
- health professionals to believe what they say and not dismiss some health conditions, such as lipoedema or endometriosis, due to body weight
- support to overcome barriers to exercise and accessing care due to work and carer commitments.

Key issues

- **Healthy behaviours and body weight** are associated with many modifiable risk factors of health conditions that impact women and girls' ability to live and age well, work and contribute to the economy throughout their life. Among females in Australia, 34% of ill health and premature death could have been prevented by avoiding or reducing exposure to certain risk factors[60].
- **Bodyweight** is increasing across generations and is evident in trends for adolescent girls. Women who live outside metropolitan areas are at high risk of obesity[61].
- **Alcohol** intake is higher for young and middle-aged women in Queensland than in Australia[62].
- Women and girls are less likely than males to be sufficiently active, with **physical activity** during childbearing years being lower for Queensland women than for women Australia-wide[63].
- **Smoking** shows a clear intergenerational decline though remains the leading preventable cause of death and disease in Australia. First Nations mothers were significantly more likely to smoke during pregnancy than non-Indigenous mothers[64].
- **Weight stigma** is considered a barrier to accessing health care.
- **Larger-bodied** women are less likely to have had pap smear tests, bowel or skin cancer checks, dental check-ups, or chlamydia testing[65].

Strategies

Early practical health advice

Improve the provision of early practical advice to women and girls about preventative health behaviours, including safer alcohol consumption and how to prevent weight gain and maintain healthy bodies.

Participation in physical activity

Expand opportunities for women and girls of all abilities and cultural backgrounds to access and participate in affordable exercise, sports and recreation, and physical activities in women friendly spaces.

Stigma-free communities and care

Increase community support and access to safe and high-quality care that is free from stigma to improve health experiences and behaviours.

Women and girls are informed

Promote how to exercise safely and the benefits of healthy lifestyles, including during and after pregnancy.

Access to healthy food options and information

Support access to affordable healthy food options and information about healthy eating that considers traditional practices.

Saalihah

"Education to help people change their behaviours around their health is what we need. It's not only about knowing 'what to do' but the 'how and why' and in language they can understand."

As a clinician and a preventative health consultant, Saalihah has a unique view of the health system.

Working as a Clinical Pharmacist, her day-to-day work involves medication reviews and chronic disease management for patients with multiple medications.

At the other end of the spectrum, Saalihah's work as a My Health for Life program coach is educating people to encourage them to make healthier choices and create healthier habits.

"I'm super passionate about facilitating this program because I actually see people from week-to-week make an impactful change; this is huge. Good health is for everyone – my youngest program participant was in her 20s and the oldest person was 88!"

Saalihah believes that a preventative approach to health is best in terms of long-term health care burden reduction.

"People come into the program motivated by how they've seen their own parents or other family members age. They want better for themselves. I emphasise the importance of eating healthy, physical activity and mental wellbeing," Saalihah says.

Saalihah believes our health is in our hands, but before we can be our own loudest advocate, people need to understand why it's important and what they are risking by not looking after their health now.

"Education to help people change their behaviours around their health is what we need. It's not only about knowing 'what to do' but the 'how and why' and in language they can understand.

"We need to change these relationships with our healthcare providers and get into the driver's seat when it comes to our health. You can ask for a test, you can help them understand your story. You can make their job easier and they are going to love that, you know."

Within her role as Clinical Pharmacist, Saalihah is aware of how difficult the experience of seeing a doctor can be for people with limited health literacy.

"I often hear from patients during consultations that they wonder why their doctors can't explain things as clearly as I do. They often say, 'You make it so simple and easy to understand.'"

With a schedule that is slightly more accommodating now her 3 children have graduated from high school, Saalihah still manages to find time to prioritise her own health.

"It is a lot of giving in terms of giving energy, educating people, helping patients. So, it's about filling my cup too and I'm very conscious of that. Just having that downtime or a third space to be who I am outside of being a mum figure is important."

Sexual and reproductive health

Goal: Reproductive and sexual health of Queensland women and girls is optimised across their life course.

What we heard

Women and girls told us they want:

- equitable, consistent access to termination of pregnancy, especially for women and girls living in rural and remote areas of Queensland, and women from First Nations communities
- a sexual and reproductive health workforce that is more gender-informed, culturally competent, and aware of the challenges faced by women and girls with disability
- early access to sexual and reproductive health information, starting in school and continuing across the life course, and for this information to provide more practical advice, including on LGBTIQ+ relationships
- consistent access to contraception, particularly affordable long-acting reversible contraception
- access to information and services to support women going through negative experiences associated with perimenopause and menopause.

Key issues

- Queensland has higher prevalence of **endometriosis** than nationally. One in seven Australian women born from 1973-78 were diagnosed with endometriosis by the age of 49 years[68], with the cumulative prevalence of endometriosis higher in Queensland than Australia[69].
- The prevalence of **sexually transmitted infections** is higher in Queensland women than in Australian women. Chlamydia is the most common sexually transmitted infection among Queensland women, followed by gonorrhea and syphilis[66].
- Rates of **syphilis** notifications for First Nations women are higher than for non-Indigenous women[67].
- The average time to get an **endometriosis diagnosis** is 7 years[70].
- Around one in 10 women in their early to mid-40s have **polycystic ovary syndrome**[71].
- One in 10 births in Queensland involved **assisted conception** for mothers aged 35 to 39 years, doubling to one in five mothers aged 40 to 44 years in 2020[72].
- **Perimenopausal** and **menopausal** symptoms persist long after menopause, with data lacking on menopause among First Nations women[73].
- The prevalence of cardiac disease in women increases rapidly with age **post-menopause**, requiring a greater understanding of the health issues associated with menopause[74].
- Access to **termination of pregnancy** currently varies across Queensland, with varying levels of availability and costs.

Strategies

Contemporary sexual and reproductive health education and services

Improve access to contemporary sexual and reproductive health education and services, especially for young women and girls, and priority communities.

Information and advice about endometriosis and pelvic pain

Increase access to information about causes, investigations and potential treatment for endometriosis, pelvic pain, painful periods and discomfort during sexual activity.

Access to termination of pregnancy care

Enhance women and girls' ability to access timely termination of pregnancy services and holistic care.

Information, support and advice for perimenopause and menopause

Increase awareness of and introduce new services for women to access early advice on, and supports for, perimenopausal and menopausal symptoms, including lack of sleep.

Support women through assisted reproductive technology

Improve early intervention and supports to assist women to access and address infertility through fertility preservation and assisted reproductive technology.

Expanding measures to address period poverty

Build awareness of period poverty and support women and girls who are disadvantaged by lack of access to period care products.

Balveen and Viva

"Health education for girls is so important. We need to normalise conversations about our bodies and our wellbeing so our girls have the right information and can advocate for themselves."

When Balveen was diagnosed with endometriosis at the age of 20, she had just undergone her second surgery. After enduring years of pain and heavy bleeding that she believed was normal, she was exhausted and suddenly faced with questions about her fertility and career plans.

"At the time, the advice around endometriosis was very much focused on fertility. I was told that if I wanted children, I had better hurry up and have them. I don't think we should underestimate the kind of toll that statement has on both your physical and emotional wellbeing.

"When we talk about endometriosis as purely a sexual or reproductive health issue, not only does this create stigma and barriers to accessing information, it also excludes many women and young girls from their right to treatment and support," says Balveen.

> **"Endometriosis is a gynaecological issue and it's important we treat it that way. Research shows that diagnosis still takes an average of 7 years, and that's not surprising when there is still a prevailing belief that the condition only merits attention if it is impacting on fertility."**

In Balveen's own experience, it wasn't until she was older and started doing more of her own research that she knew it was time to seek help.

"My mother also had endometriosis but our physical symptoms presented differently and there were still cultural and social norms about what we could and couldn't discuss, so it was up to me to advocate for myself. I was fortunate in that my family history meant I was referred to a specialist right away, but I know others are not so lucky."

Now a mother of 3 and an Ambassador for Endometriosis Australia, Balveen assisted in establishing the organisation's presence in Queensland. She is passionate about helping women and girls access information about their physical symptoms, their bodies and how to advocate for their wellbeing.

"Pain and discomfort are not just a part of life for women. Providing girls with safe spaces and advice around what is healthy, what is normal, and how to ask the right questions is so empowering. Education is our first step."

> **"Our girls need unbiased information because it's not always socially or culturally acceptable to talk about our bodies. When we speak openly, candidly and provide factual information, we can equip women and girls with the information they need to seek support and take agency of their own health."**

Mental health and wellbeing

Goal: Queensland women and girls experience enhanced mental health and wellbeing.

What we heard

Women and girls told us they want:

- culturally safe and trauma-informed mental health care that considers the different needs and barriers for priority communities of women and girls, particularly those who are First Nations women and girls, from CALD communities, members of LGBTIQ+ communities, and young women and girls
- increased access to psychologists, including outside of normal business hours
- to feel that their mental health and wellbeing concerns are listened to and not dismissed, particularly in hospital settings
- access to integrated mental health care, especially as it relates to domestic and family and sexual violence services, perinatal health, termination of pregnancy and school-based programs
- helpful information and services to recognise and support women and girls who are neurodivergent, including those with autism and ADHD
- improved access to both antenatal and postnatal mental health screening.

Key issues

- Poor mental health, as evident in **depressive symptoms or anxiety**, is a leading disease burden for girls and for women through to middle-age, and the prevalence has risen sharply for young women[75].
- **Suicide** rates for First Nations women and girls are higher than for non-Indigenous women and girls[76].
- Common mental health and wellbeing issues that affect women and girls across their life course include **conduct disorders, eating disorders, anxiety disorders, depressive disorders, self-inflicted injuries and suicide**[77].
- The prevalence of **mental illness** is high for women and girls who are refugees and asylum seekers, and there is an associated underutilisation of mental health services[78].

Strategies

Early access to mental health and wellbeing support

Enhance access to preventative action and timely mental health and wellbeing support for all women and girls, especially those from priority communities, to prevent escalation to crisis point.

Better awareness of and support for women and girls' mental health

Increase awareness of, and responses to, mental health issues experienced by women and girls, including anxiety, depression, eating disorders, self-harm and suicidal ideation.

Strengthen the mental health system

Strengthen the capacity of the mental health services and supports across the system and upskill existing staff to better support the mental health and wellbeing of all women and girls by delivering gender-informed care.

Culturally safe, trauma-informed and responsive mental health care

Provide culturally safe and trauma-informed mental health support for all women and girls, particularly those from First Nations and CALD communities.

Deliver a variety of options to access mental health supports

Deliver best-practice mental health and wellbeing support for women and girls, and enhance options to access services like therapeutic counselling, including via telehealth.

Grace

"It can be very traumatic to not receive the support you need, to constantly have to repeat yourself to different doctors and assert your needs.

Women's feelings and experiences need to be validated; trust that women know their own bodies and feelings."

Grace is on a mission to shatter the stigma surrounding mental illness and chronic health conditions such as Polycystic Ovary Syndrome (PCOS), a hormonal condition that can cause severe pain and has no cure.

Diagnosed with PCOS, anxiety and depression at the age of 14, Grace says that when she looks back over her life she recognises she has had PCOS since she was 8.

"I had my first period when I was 8-years-old and with PCOS, it's not looked for in children. Many times I was at the children's hospital when I was younger with stomach pain and cramps, but because I was a child, my symptoms weren't thought to be PCOS."

Not only did Grace struggle with the symptoms of PCOS, she also felt the challenges of living with anxiety and depression for many years.

"I was feeling quite suicidal. I had been living with these thoughts for a long time, again, since the age of 8, and had never opened up about them. I ended up telling the GP and they referred me to a psychologist and it was a great experience. I got diagnosed and I got medication. I saw a psychologist for 7 years and I ended up studying psychology because of it and I'm currently completing a Master of Suicidology," Grace says.

"Anyone can experience mental ill health, no matter how successful or happy they may appear on the outside.

"Assumptions and stereotypes can be really dangerous; they can stop people from seeking support."

"Part of my advocacy work is trying to highlight that people are the experts in their own experiences. We are experts in our own lives, our own conditions, and we deserve to be treated as such."

Grace now serves on the Queensland Family and Child Commission Youth Advisory Council and was previously on the Headspace Youth National Reference Group.

Grace hopes the *Queensland Women and Girls' Health Strategy 2032* will highlight that women and girls are to be taken seriously when they seek help and support for their health.

"That's a big one for me," Grace says.

"Particularly from the mental health and wellbeing point of view, it can be very traumatic to not receive the support you need, to constantly have to repeat yourself to different doctors and assert your needs. Women's feelings and experiences need to be validated; trust that women know their own bodies and feelings."

Health response to domestic and family violence, and sexual violence

Goal: Queensland women and girls experiencing domestic and family violence, and sexual violence have access to sensitive, trauma-informed and culturally safe health care.

What we heard

Women and girls told us they want:

- equitable access to support for those affected by domestic and family violence, and sexual violence, especially in rural and remote areas
- improved information and education about domestic and family violence, and sexual violence available to young people to assist with prevention and recognition
- safe, supportive and informed care and guidance following an experience of domestic and family violence and/or sexual assault or violence
- effective integration of primary health care into secondary, tertiary and other social service systems.

Key issues

- **Domestic and family violence, and sexual violence** can occur at any life stage with immediate and long-term impacts[79].
- Domestic and family violence, and sexual violence can impact anyone, with changing **risk factors** depending on age and location; with young and middle-aged women living in metropolitan areas more likely to report experience of partner-abusive acts[80].
- Adolescents, young women and First Nations women and girls are at particular risk[81].
- **Sexual assault** is most commonly reported for girls and young women aged 10 to 19 years[82].
- **Domestic and family violence, and sexual violence impacts many health conditions** that affect women and girls' ability to live well, work and contribute to the economy throughout their life[83].
- Pregnancy and birth are times of high risk for victims of domestic and family violence. This is also a time when victims and perpetrators have increased contact with mainstream health providers, making this a significant intervention point[84].

Strategies

Boost the number of specialist domestic and family violence clinicians

Enhance the capacity of Hospital and Health Services to deliver trauma-informed domestic and family violence training to the frontline health workforce.

Health professionals' knowledge and capability

Enhance training resources to build on health professionals' existing skills and expertise, and to build confidence in responding to suspicions and disclosures of domestic and family violence.

Integrated service system responses

Integrate and improve service system responses to victims/survivors of sexual assault in Queensland.

Statewide trauma-informed model/s

Develop and implement statewide trauma-informed model/s for the delivery of timely, local forensic medical examinations to victims of sexual assault across Queensland.

Kris

**The following story contains details about domestic violence (DV) which may be triggering for some readers.*

"We need a holistic healthcare response to domestic and family violence, and sexual violence. The women seeking help are complex and the care they receive should be too."

Kristine was a mother when she first reported her domestic violence injuries to her medical practitioner.

"They just didn't have the education around how to help. I was treated for my physical injuries, but my accusations of DV went unaddressed. I remember leaving those appointments and just hoping that maybe next time it would be enough," Kristine says.

Next time she reported the DV, that GP knew what to do, asking questions and making suggestions as to how the entire family could be supported without raising alarm bells at home about DV. It was validating for Kristine to have someone see her.

In trying to move forward, Kristine faced an even bigger challenge. Now in a difficult situation, she was reliant on strangers.

"We were able to access an organisation set up to support DV survivors. The doctors there understood. They didn't ask for addresses, they knew why we were there."

"I remember saying to a woman, 'I don't think I'll ever get through this,' and she looked at me and said, 'You will'. And the fact that I did? I'm still surprised I did. Because everything you are, your whole being, is completely gone when you're in that situation. It feels foreign."

Determined, Kristine sought out as many support options as possible. Referrals to psychologists provided short-term support, but the constant changes in mental healthcare services meant Kristine experienced gaps in her treatment.

"DV survivors need constant support because there are so many ways DV affects your life. And it will for years, even after you have left the situation. Emotional, physical, mental and financial stressors all play a part. Help in a crisis, financial advice, speaking to a lawyer, mental health support – the more access you have to support options, the better you can restore your life."

Kristine now champions DV support options while working at the very organisations that helped her recover. She knows that a holistic approach to supporting women experiencing DV is what's needed.

"It is exciting to see the progress we're making. If we can create safe places where women have access to everything they need, we will start to break down generational DV in our communities and see a real shift."

"My family and I were so fragile. But with the support of the sisterhood around us, we were able to rebuild our lives. We are so much stronger together."

Maternal health

Goal: Queensland mothers and babies are healthy and cared for close to home and community.

What we heard

Women and girls told us they want:

- equitable access to safe, responsive and quality maternity care, especially for women and girls living in rural and remote areas of Queensland, LGBTIQ+ communities, and women and girls from First Nations and CALD communities
- increased access to Birthing on Country programs as an option to deliver culturally safe and trauma-informed care
- access to appropriate and longer-term support following birth, especially perinatal mental health and wellbeing support
- improved continuity of care and access to health information during the antenatal and postnatal periods
- increased options for giving birth closer to home.

Key issues

- Women who **live four or more hours** from a maternity service (80% are Aboriginal and/or Torres Strait Islander) have higher rates of all risk factors for birth complications and higher rates of preterm birth, stillbirth and neonatal death than women who live closer to services[85].
- **Perinatal depression** — 6.7% of mothers who gave birth in Queensland in 2020 had a depressive disorder[86].
- **Smoking during pregnancy** and **maternal obesity** are risk factors associated with poor birth outcomes, and there is a higher risk of birth complications when the mother is older[87]. In 2020, 11.5% of Queensland women who gave birth smoked at any time during pregnancy, and approximately one in five women in Queensland who gave birth were in the obese category[88].
- **Women under 20 years of age** gave birth at higher rates in Queensland than nationally, with First Nations women more likely to give birth under 20 years of age than non-Indigenous women[89].
- **Perinatal and neonatal mortality rates** were up to 1.7 times higher for women in very remote areas when compared to women in regional areas of Queensland[90].

Strategies

Birthing options and choices

Provide equitable, culturally and clinically safe access to antenatal care, birthing options, and postnatal care that is as close to home as clinically possible.

Appropriate care before, during and after pregnancy

Provide equitable access to quality antenatal and postnatal care and support, especially for young women, women from priority communities, and women who experience pregnancy loss.

Perinatal mental health screening and supports

Improve perinatal screening and provide appropriate mental health support for all women and girls, especially those from priority communities.

Continuity of maternal care in multiple settings

Improve continuity of quality maternal care across multiple settings, including pregnancy loss and a focus on long term health outcomes.

Zalie

“If someone had said to me, you could go here for information or join this parenting class, my experience with my first pregnancy would have been different and I would have felt more confident as a mother.”

Zalie is a busy mum with two young boys. She fell pregnant with her first child at 16 and went to her medical practitioner to confirm the pregnancy.

“I was scared and asking for help so when she said, ‘You don’t want to just have an abortion?’ I was shocked. I had wanted to get an ultrasound to determine whether I was pregnant and then I could decide.”

In Queensland, women under 20 years of age give birth at higher rates than the national average and Zalie believes there needs to be better education and conversations on the topic of teen pregnancies.

Both of Zalie’s pregnancies were difficult with hematomas developing on the placentas.

“I bled up until 32 weeks during my first pregnancy and I had no information about what to do.

“To me, it didn’t seem right. I ended up having to go back a third time because I was still bleeding, and this time they were able to tell me I had a hematoma on my placenta and sent me home. I wasn’t told that I should be taking iron tablets or having regular health checks.”

“I had a midwife come out to me a few times to take my blood pressure, but that was it. It was the only assistance I had. My mental health was impacted because I thought at any time, I could be losing my baby.”

Both of Zalie’s sons were born healthy but her experience sparked her desire to learn more about motherhood on her own.

“When it came to breastfeeding my second son, it was very different. I asked for all the information I needed and did my research — I wanted to get it right this time.

“If someone had said to me, you could go here for information or join this parenting class, my experience with my first pregnancy would have been different and I would have felt more confident as a mother.”

Zalie was diagnosed with the baby blues after giving birth to her second son, and in Queensland, 6.7% of mothers who gave birth in 2020 experienced some degree of perinatal depression.

“I have so much love for my son, but 2 weeks before I gave birth, my ex-partner broke up with me. I wanted my baby but at the same time, I didn’t.

“I’ve advocated for access to services such as a mental health plan because I need to have the skills to help myself to be able to help my sons and raise them in a healthy environment.”

“There should be more conversations with mothers if they are struggling mentally because you need to look after yourself so you can look after your children.”

Chronic health conditions and cancer

Goal: Queensland women and girls live longer, healthier lives and are supported to prevent and manage chronic conditions.

What we heard

Women and girls told us they want:

- access to preventative care and early intervention, particularly to manage pelvic health and chronic conditions that emerge across the life course
- increased workforce education and awareness of conditions that exclusively, differently, or disproportionately affect women and girls, such as endometriosis, adenomyosis, lipoedema, polycystic ovarian syndrome, cervical and ovarian cancer, fibroids, and myalgic encephalomyelitis/ chronic fatigue syndrome
- supports for when they are older, including more services to live as well as possible with dementia and osteoporosis.

Key issues

- The **key chronic health issues** that affect women across their lives are asthma, back pain, breast cancer, osteoarthritis, coronary heart disease, chronic obstructive pulmonary disease, dementia and stroke[91].
- **Endometriosis**, which is a key cause of pelvic pain, is higher for women and girls in Queensland than nationally and higher among younger women[92].
- **Pelvic pain** can also be caused by a range of conditions including uterine fibroids, adenomyosis, pelvic organ prolapse and gastrointestinal disorders.
- Queensland women have higher rates of **melanoma, colorectal cancer, and lung cancer** compared to women living in other regions of Australia[93].
- **Dementia** is the number one cause of death for women aged over 75 years, with the number of older women with dementia set to increase significantly over coming years[94].
- **Heart disease** is the number two cause of death for women, with signs that the prevalence of heart disease in Queensland women is increasing across generations[95].
- **Back pain** is high across generations, and is often overlooked and can be linked to multiple health issues[96].
- **Diabetes** rates are increasing across generations and are rapidly rising. Prevalence of diabetes for middle-aged women is higher in Queensland women than nationally[97].
- The **total burden of chronic disease** is higher for First Nations women and girls than non-Indigenous women and girls[98].

Strategies

Support, diagnosis and treatment for pelvic pain and endometriosis

Provide support for women and girls experiencing pelvic pain and endometriosis, including access to specialist treatment and advice, diagnosis and support.

Improve cardiovascular health of women and girls

Reduce the risk of and treat cardiovascular disease across women and girls' life course, including a focus on research and early intervention.

Understand and prevent back pain

Improve awareness of causes of back pain, and access to prevention and intervention for women and girls experiencing back pain.

Information, access and treatment for women's cancer

Increase information available to all women and girls on cancer risks, screening and treatment options, particularly cervical, lung, colorectal, breast and skin cancer screening, and access to appropriate treatment.

Healthy ageing

Enhance support and access to tailored care for women as they age, with a focus on prevention and management of conditions such as dementia and osteoporosis.

Coordinated, informed support for women at risk of or with chronic health conditions

Provide tailored support for women and girls to receive early diagnosis and support to manage chronic health conditions.

Joan

"If we want change to happen, we need to choose to speak up and have hard conversations about what isn't working. It's important that we learn from our experiences to ensure we leave things better for the next generation of women and girls."

Growing up in the Central Queensland town of Banana, 35-year-old Jo knows what it is like to try to find the right healthcare for women in small, rural towns.

"When I was 19 and living in Rockhampton, I started having terrible stomach pains for no reason. I was worried and went to the hospital, where I was told it was just period pain," Jo says.

"I was in the most excruciating pain of my life, so I was referred to my general practitioner (GP) who sent me for an ultrasound where they found a mass in my abdomen. I was then diagnosed with Crohn's disease."

Jo says it wasn't until she was referred to a gastroenterologist in Brisbane that she was able to access the care she needed.

> **"I decided to move to Brisbane, where I would be closer to better medical treatment for this lifelong illness. I would love to move back to Central Queensland, but there is no way of accessing the services I need."**

Jo also lives with sacroiliitis, an inflammation between the joints in the hips and spine, was diagnosed with type 2 diabetes and endometrial cancer.

"My husband and I started fertility treatment to have a baby a year ago. I went to the doctor to do the initial tests to start in vitro fertilisation (IVF), and during this time, I was diagnosed with endometrial cancer. Fortunately, it was contained, but I needed a hysterectomy at 34.

"I come from a background of childhood sexual abuse, and during my cancer treatment, there were times where my past experiences were not treated with sensitivity or respect. I have been in positions during medical procedures where I have felt I didn't have the right to say no, and my voice wasn't heard.

"There need to be changes to the approach to chronic disease management and sensitive situations, and we need to be mindful of what women have gone through in their lives."

Jo believes the key to improving outcomes for women's health include increasing education.

"If we want change to happen, we need to choose to speak up and have hard conversations about what isn't working. It's important that we learn from our experiences to ensure we leave things better for the next generation of women and girls."

Part 5

How change will happen

Driving effective change across the health system and across government will take a strong commitment to action and evaluation.

Our Strategy will be supported by an Investment Plan to set out activities to support the system reform goals and the strategies under each priority health action area. Ultimately, the Strategy aims to make a measurable difference in care for women and girls and the health outcomes they experience.

How we are working together to drive change

Co-design

Our aspirations are for key stakeholders and partners to participate in the development and delivery of actions under this Strategy.

Collective implementation

Our efforts across government will bring a gendered lens to work underway and will focus on ongoing recognition of the determinants of health that can make women and girls as healthy as possible.

Building evidence

Collecting more data and continuing partnerships with experts and research will drive meaningful change.

Advocacy

We will continue to advocate to the Australian Government as the steward of the primary health care system to advocate for better outcomes through Medicare, and to influence research and drive collaboration on women's health initiatives.

Linking across the health system

We will work together across the primary and tertiary health systems to make a meaningful and positive impact on women and girls' health.

To implement this Strategy, we will collaborate through co-design approaches with our stakeholders, including women and girls who interact with the health system and our government and non-government partners, Hospital and Health Services and clinicians, and Primary Health Networks.

To achieve this, Strategy implementation will involve:

- a network of women's health champions from both within Government and the community
- processes to ensure non-government and cross-government stakeholders co-design actions to implement and give effect to the Strategy
- bi-annual updates of progress and action that is occurring under our Strategy.

Evaluation

An evaluation framework will underpin the Strategy and enable the Queensland Government to systematically assess the Strategy's outcomes and impact on the health and wellbeing of Queensland's women and girls.

An evaluation framework will assess the implementation, effectiveness and costs of Strategy initiatives, the enablers or barriers to achieve intended outcomes, and identify opportunities for sustainability, scalability and innovation.

The evaluation framework will assess Strategy outcomes aligned to the system reform goals, including:

- improved health and wellbeing of women and girls in Queensland
- improved health literacy and information to support informed decision making
- increased availability and access to health services by women and girls
- improved workforce capacity and capability in providing gender-informed care
- improved system support for coordinated care that addresses the determinants of health
- improved service delivery and patient outcomes over the short-, medium- and long-term
- effective Strategy governance mechanisms to guide implementation, evaluation and accountability.

Strategy evaluation will also assess the impact of actions to address the priority health action areas, and impact on the outcomes of women and girls' health, including priority communities. The evaluation will analyse quantitative and qualitative data from a range of sources to inform overall conclusions and recommendations.

Close partnerships with government agencies, non-government service providers, researchers, consumers and clinicians will develop the evaluation framework, co-design evaluation tools, interpret and report on findings and renew priorities. This comprehensive approach will build an understanding of how the Strategy contributes to the health and wellbeing of women and girls, and where the health system can enhance services and outcomes for women and girls across their life course.

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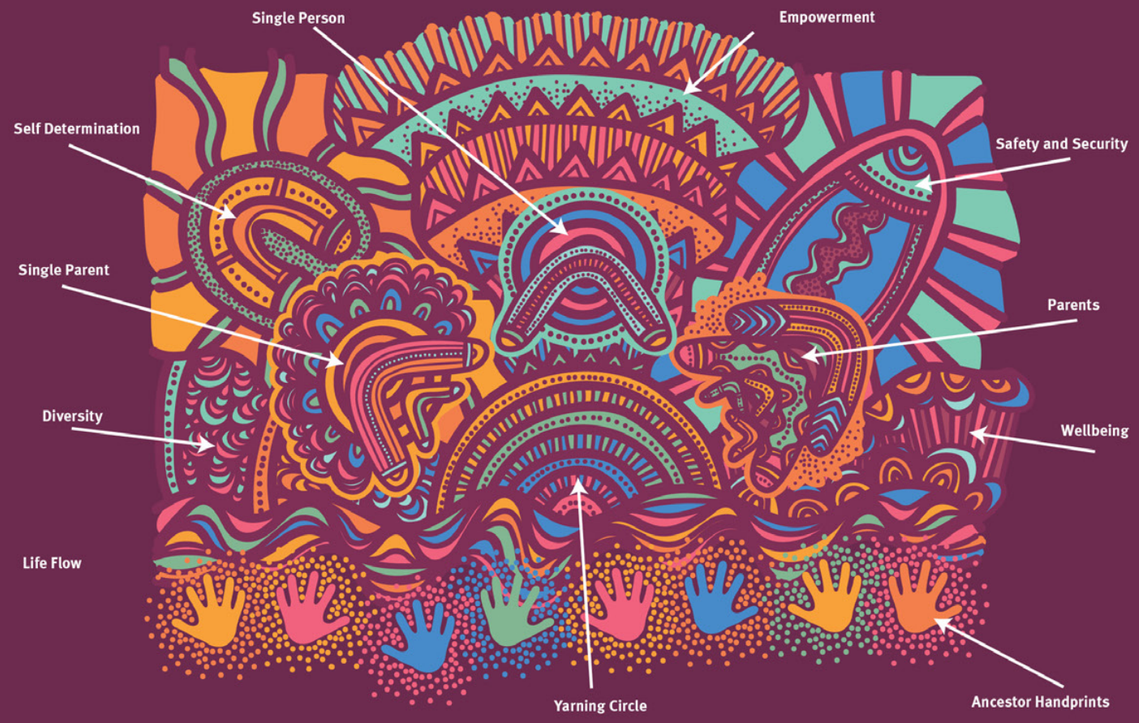
Thank you to the women who have shared their stories in these pages.

Saalihah, Grace, Viva, Balveen, Kris, Jo and Zalie, you represent the women and girls of Queensland and have shown courage, strength and kindness in your willingness to be seen and heard. We know that to move forward, we must acknowledge where we have succeeded and where we can improve. This Strategy is better for having your stories woven throughout. Working together, we will improve the health and wellbeing of women and girls in Queensland.



Artwork Acknowledgement: *Different Ways* by Casey Coolwell-Fisher

Casey Coolwell-Fisher is a Quandamooka woman of the Nunukul people from Minjerribah (North Stradbroke Island). Casey has a creative background in graphic design and is the co-founder and artist, alongside her partner Roy Fisher, of CHABOO, a home decor and design business specialising in hand painted Aboriginal art on wooden products and graphic design art pieces.

Everyone lives differently, have different support systems and achieve goals differently. This artwork consists of different stories, from different living groups, having a yarn and discussing life.

The three main centrepiece elements consist of three different demographic groups: single parents, single persons and parents with child/ren.

The groups are represented in the Boomerangs to signify strength (structure), power (returning abilities), technique (hunting and gathering) and diversity (several uses).

- **Single Parents** - this art piece represents a single parent with child/ren with a big family/community support system.
- **Single Persons -** this art piece represents a single person, creating their own footprints.
- **Parents -** this art piece represents parents with child/ren sharing their stories and creating their own.

The semi-circle in the centre represents a yarning circle that is holding all of the conversations through the line work and creating footprints through the dots.

The background has five different sections representing the yarning circles (conversations) of (from left to right) diversity, self determination, empowerment, safety and security and wellbeing.

- **Diversity -** this section consists of same same, but different. The curved elements represent different cells mixing and creating diversity amongst one another.
- **Self Determination -** this section is strength of one's being expanding out into the world. The centre 'u' element represents a person with the tiny dots being footprints that expand out through the outer curved lines.
- **Empowerment -** this section is the notion of moving forward and up. The triangle elements represent goals/stepping stones moving upwards, the lines are the tracks being made and the dots are the people helping and supporting us.
- **Safety and Security -** this section represents the safety and security we all need. The centre element signifies a shield, providing security and safety e.g:, safety in all situations, employment and economic security etc.
- **Wellbeing -** this section represents our health and wellbeing, physically and mentally. The outer 'u' shaped elements represent the mental and physical of ones self. The lines represent connection, working and learning from one another.

The wavy lines (on the bottom of the artwork) represent the flow of our lives, nothing is in a straight line. We all have our ups and downs.

The handprints are that of our Ancestors, helping us in our walking lives to achieve our goals and create knowledge for our future generations.

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