

## 2010-11 NATIONAL HEALTH SURVEY

### Background

The Gender Data Working Group making this submission has been established by representatives from the four National Women's Alliances which are funded by the Australian Government through the Office for Women. The four Alliances are:

- Security4Women (S4W)
- WomenSpeak Network
- Australian Women's Coalition
- National Rural Women's Coalition

The role of the National Women's Alliances is to:

- work collaboratively to provide informed and representative advice to government on policy issues, development and implementation relevant to the diverse views and circumstances of women
- represent the diverse views of women through consultation with the women's sector, their own constituencies and other groups and organisations relevant to women's concerns
- act as a conduit for the exchange of information between Government and the women's sector
- undertake specific policy analysis on individual areas of organisational expertise and concern

Representatives from these four Alliances recently participated in a Roundtable of women's health experts hosted by the Department of Health and Ageing to kickstart development of a new National Women's Health policy. At this gathering the discussion paper *New National Women's Health Policy: Consultation Discussion Paper 2009* was launched to encourage discussions between the Government, key women's health groups, welfare groups and the Australian public on the make-up of a new National Women's Health policy.

The Government is now seeking submissions during the next few months to the new national policy from the Roundtable participants and as well as encouraging other organisations such as health service providers or advocacy groups to also make submissions. The inclusion of Women Health Indicators and Risk Factors in these submissions will be essential.

Consequently, on behalf of the Gender Data Working Group S4W welcome the opportunity to make a submission to the ABS's 2010-11 National Health Survey (NHS) and National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). Unfortunately, the other three Alliances involved in the Gender Data Working Group have not had time to consider the discussion paper in detail or to contribute to this short response in the time frame required.

### Easier Access to Health Data and Analysis on Women

One of the main general concerns that our members have in regard to official statistics is the difficulty in obtaining sex disaggregated data from the published output on the ABS Website. In the main, our members are not very experienced in statistical manipulation and analysis. Nor do we have access to funding for the purchase of statistical services such as ABS Consultants provide. So they rely quite significantly on the analysis provided in the official publications which they can then confidently quote from and reference in their reports.

While the content of publications from previous National Health Surveys are better than some other series, there have still been some difficulties for our women members who often need 'ready made' sex disaggregated health indicators for many of our submissions to Government.

The main difficulty is locating the Indicators in ABS Main Feature Analysis. It has been particularly evident in our efforts to provide statistical data and analysis disaggregated by sex, age, ethnicity and region for inclusion in our NGO Shadow Reports to the United Nations for the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) as the Convention requires.

### **Summary of Findings**

Looking at the main publication from the 2004-5 NHS, we found insufficient analysis in the Summary of Findings for our purposes. The text showed less data disaggregation by males and females than we expected. There was only one graph (body mass) and one summary table (circulatory conditions) with male and female percentages/gender ratios in this analysis.

We are aware of the budget cuts experienced by ABS in the last year plus the media reports about more cut in the coming budget. However, these small additions to the NHS analysis do not seem to us to be a prohibitively extra expensive for ABS to incorporate in its publications and would go some way to improving Australia's compliance with the CEDAW Convention.

We therefore request that for the 2010-11 National Health Survey, the analysis provided in the Summary of Findings of all publications be given a better gender perspective, and wherever possible and practical that the supporting tables in the publication and data cubes contain gender dissections.

### **Tables**

Certainly, there are many of the tables in the publication with gender dissections and we presume that these will be reproduced in the 2010-2011 issue. However, it would be very useful for us if Summary Tables 1 and 2 included sex disaggregated totals and percentages of the characteristics listed. In addition small summary tables of population location (Major Cities; Inner Regional; Outer Regional/Other Areas) disaggregated for males and females) would be very useful for many women advocating for regional women who experience difficulty in accessing many medical services.

### **Data Cubes**

We note that recent ABS dissemination strategies make provision for additional tabulation to be made available on the ABS Website as data cubes in addition to the printed publication. This is commended and we presume that free output from the 2010-11 NHS and NATSIHS will include data cubes disaggregated for males and females. In particular, we would appreciate data cubes that provide separate tabulation for males and females for the following classifications referenced from the 204-5 publication 4364.0:

Table 4 – Long term conditions by Age Group;

Table 18 – Selected Health Risk Behaviours by Population Characteristics;

Table 10 – Health Risk Behaviour Combinations by Age Groups;

Table 34 – Actions taken for Health States and Territories.

### **Women's Health Snapshot**

One other suggestion which has been discussed verbally with officers in the Health Statistics Section is the production of a Women's Health Snapshot, similar in concept to those produced on asthma and diabetes.

Thank you again for the opportunity to make our submission

27<sup>th</sup> April 2009

Security4women.com