

Women's Health Policy Alliance Workshop

25 November 2020

Healthy ageing

Introduction

Jean Hailes for Women's Health, together with the National Ageing Research Institute (NARI), co-hosted the Healthy Ageing policy workshop on Tuesday 25 November 2020. The workshop aimed to identify implementation priorities for the *National Women's Health Strategy 2020 – 2030* with particular consideration to the impacts of the COVID-19 pandemic on older women and on the long-term health risks and needs likely to arise for women as they grow older.

Janet Michelmore AO, interim CEO of Jean Hailes for Women's Health and Associate Professor Frances Batchelor, Principle Research Fellow at NARI, opened the workshop. In her opening remarks, Associate Professor Batchelor highlighted the need for early intervention strategies to promote healthy ageing, noting that "the diversity in capacity seen in older age is the result of cumulative advantage, or disadvantage, across people's lives".

She also emphasised the impacts of gender disparity across a number of healthy ageing issues, including experience of elder abuse, urinary and faecal incontinence, osteoporosis, and falls and fall-related injury, noting that "COVID has [...] laid bare the inequities, particularly for older people and older women". The workshop further noted the increase in unpaid caring work undertaken by women as a result of the COVID-19 pandemic, and the impact of this on older women's capacity to manage their own health.

The workshop identified priority areas for action, including recommendations for both the health and ageing professional and services sector (the sector) and for governments. This summary includes issues and implementation priorities discussed:

- during the workshop, both verbally and using the Zoom chat function
- via a post-workshop survey, circulated to workshop invitees including those unable to attend on the day.

Healthy ageing priorities in light of COVID-19

Adopt a life course approach

The need for a life course approach to responding to healthy ageing was strongly emphasised. The workshop considered that the sector should develop a framework outlining priority actions addressing life course risks and opportunities that affect healthy ageing for both the sector and for governments.

Implementation priorities were identified as:

- increasing investment in post-natal services, recognising coordinated post-natal care as a critical missing link between antenatal health and potential health in older age, as identified in the life course model of care. Coordinated post-natal care is critical to the immediate health and long-term health of women who experience issues such as preeclampsia, hypertension and gestational diabetes in pregnancy, and for responding to intimate partner violence that may emerge in the months following childbirth
- increasing the connectedness of the sector. Organisations dealing with similar issues at different points of the age spectrum need to identify common issues and work together to respond (eg, child protection, intimate partner violence, and elder abuse)
- investing in preventive health campaigns, recognising that the factors that impact women as they age begin when they are younger. VicHealth's [This Girl Can](#) campaign was noted as a good practice example
- investing in strategies to combat stigma and challenge poor stereotypes surrounding gender and ageing. Women's Health Victoria's [Shequal](#) campaign was noted as a good practice example
- investing in the development of a library of quality assured, credible and accessible health information resources that help women to age in good health.

Address risk factors and causal factors across the lifespan

- Raise and maintain awareness about the health consequences of menopause among women and health professionals.
- Invest in research to better understand causal factors of poorer health outcomes as women age, eg, whether there is a causal link between incontinence and experiences of needing to get to the bathroom quickly and higher rates of falls among women.
- Increase availability of, and improve access to, sexual health information, including pelvic floor health and continence, for women at midlife and beyond.
- Improve data relating to MBS chronic disease management items by ensuring it is appropriately disaggregated (by gender, Aboriginal and Torres Strait Islander status, cultural and linguistic diversity etc.) and ascertains reason for referral to various allied health services.

Current needs of older women

Addressing the current needs of older women was identified as an urgent priority. It was noted that intersecting factors of agency, isolation and technology pose significant challenges for older women. This has become increasingly evident during COVID-19 with the increase in technology-facilitated healthcare and social connection contributing to increased isolation impacts on older women.

- Monitor systemic barriers to health care and social inclusion that have emerged in light of COVID-19, eg, shift to telehealth appointments and widespread use of QR codes to sign into cafes and restaurants, and modify accordingly to promote access.
- Support older women to become technologically literate, in order to facilitate continuity of social connection.
- Ensure older women currently using community and residential aged care services get appropriate access to primary care, allied health and mental health support and referrals to specialist continence and falls clinical services.
- Co-design targeted awareness campaigns for older women, encouraging them to seek help for issues that they may otherwise accept as inevitable symptoms of ageing, eg, incontinence, falls.
- Advocate for improved conditions for women living in aged care – eg, improve food, access to entertainment.