

Healthy ageing for women

Policy Position Statement

- Key messages:** Several factors influence women’s experience of older age including: the consequences of longer life on health; housing and financial security; individual experiences of health and disability; support from family and friends and cultural attitudes to ageing. Apart from the ageing process itself, many of these factors are preventable.
- As they age, many women will continue to live independently or with little assistance and as active community members. However, there are critical gaps in policy and services that compromise independence and quality of life.
- There is an urgent need for: improved quality of care for older women according to need and preference, underpinned by adequate and sustained funding models and regulations. Central to a healthy ageing model for women is access to safe and affordable housing.
- Key policy positions:**
1. PHAA will work to promote equity in health to support healthy ageing for all women.
 2. Significant policy shifts, sustained funding commitments and political leadership are required at all levels of Australian government to drive improvements to healthy ageing for women, including access to woman-centred care appropriate to need and preference and safe, secure housing.
- Audience:** Federal, State and Territory Governments, policy makers, program managers, other professional and non-government groups.
- Responsibility:** PHAA Women’s Health Special Interest Group
- Date adopted:** 23 September 2021

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PHAA affirms the following principles:

1. Promoting healthy ageing for women requires creating conducive environments to support the development and maintenance of functional ability, wellbeing and engagement as affirmed by The Australian National Women's Health Strategy of 2020-2030. This approach is premised on adopting a life course approach to healthy ageing for women; addressing key risk factors that reduce quality of life for women as they age; and better managing the needs of the ageing population¹.
2. Moreover, the United Nations Sustainable Development Goals (SDGs) call for multisectoral action on ageing and health and gender equity^{2,3}. A comprehensive healthy ageing strategy for women should honour our commitment to the SDGs and be monitored against agreed indicators.
3. There is an imperative for the implementation of specific policies and funding strategies to support healthy ageing including access to quality support and health care in age-friendly, respectful and appropriate environments, including secure and safe housing.
4. All strategies and policies should be underpinned by principles of equity that counter ageism and its gender-disproportionate impact on women, particularly among women who experience escalated health inequities and/or a disproportionate burden of poor health associated with structural deficiencies, racism and other discrimination⁴⁻⁶.
5. PHAA affirms an inclusive definition of womanhood that incorporates self-perception that may be in accord with or in contrast to physical anatomy, chromosomal sex or sex assigned at birth.

PHAA notes the following evidence:

6. Significant advances in medical science have led to increased life expectancy, but also increase the likelihood of more people living longer with multiple health conditions¹.
7. Women live longer than men, however they are more likely to be financially insecure, live alone, be in residential care, be affected by dementia, and live fewer active years despite older age⁷.
8. Women are disproportionately affected by health conditions as they age. Gender bias against women in medical care is well documented resulting in delayed diagnoses and poorer health outcomes⁸.
9. The gender-based differential in wealth accumulation⁹, in tandem with increasing housing costs, has resulted in a crisis of a housing affordability and security, with an increased risk of homelessness¹⁰. Additional and unacceptable housing risks are faced by women in family violence situations¹¹.
10. The risk of poor mental health compared to men escalates in the context of relative poverty for older Australian women¹².

11. As well as commonalities of risk described above, escalated risk of poorer health and premature mortality exists for the following populations, often associated with structural factors that facilitate and perpetuate health inequities:
 - a. Older women living in rural and remote areas^{5,13,14}
 - b. Aboriginal and Torres Strait Islander women
 - c. Women from migrant and refugee backgrounds
 - d. Women with disabilities
 - e. Women from LGBTQA+ communities
 - f. Women experiencing or who have experienced trauma including family violence, sexual abuse¹⁵, and/or elder abuse^{14,16,17}.
12. Implementing this policy would contribute towards achievement of UN Sustainable Development Goals 3: Good Health and Wellbeing, and Goal 5: Gender Equity.

PHAA seeks the following actions:

13. Implement as a matter of urgency the recommendations of the Australian Royal Commission into Aged Care Quality and Safety, providing a sustained and appropriately funded system based on a universal right to high quality, equitable, respectful care that promotes independence and dignified living⁵.
14. Implement integrated strategies and policies that take a life-course perspective to aged care, primary health and acute care services⁵, with the aim of promoting agency and self-determination in the planning of services that support social, physical and cognitive functioning.
15. Ensure that services and supports for older women are individually tailored, considering culture, faith, gender and sexuality; health and disability needs; housing needs; history of trauma; and social and support needs related to their desired level of independence^{11,18}.
16. Acknowledge the importance of women's sexual health and identity in later life, with a comprehensive approach that includes addressing sexually transmitted diseases¹⁹.
17. Implement the development of a national housing plan, with appropriate and sustained funding models, rent regulation and substantially increased funding for social infrastructure such as home care packages to support independence and ability^{11,20}.
18. Instigate meaningful inclusion of older women as stakeholders at a high level in the framing and development of all policies relating to ageing women, considering local contexts and needs^{5,14}.
19. Provide transparent and accessible public pathways to coherent and readily understandable information about aged care⁵.
20. Work with Aboriginal and Torres Strait Islander communities, instigating a strength-based approach to culturally responsive care for older women that embeds an appreciation of Elder leadership²¹ and recognises the importance of personal connections to community and Country^{5,14,22}.
21. Improve the delivery of responsive education and training on healthy ageing for women for health, disability, social service and personal care providers and aged care leadership at Australian educational institutions, Registered Training Organisations and workplace settings¹¹.

22. Address factors that contribute to financial disparities for older women, including gender inequities in lifetime savings, as well as in division of acquired wealth post marital and partner loss²³.

PHAA resolves to:

23. Work with key stakeholders across health and community care (including aged care, acute care, disability care, primary health care, multicultural health and Indigenous health); housing sectors; government, peak body organisations; and other relevant groups to raise awareness and advocate for strategies and policies that support healthy ageing in women.
24. Together with key stakeholders, promote access to respectful, dignified, appropriate, affordable care and housing for ageing women according to their need and choice.

Adopted 2021

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