



**HEALTH AND  
WELLBEING**

Women in NSW  
Report Series 2017

## Acknowledgments

Women NSW, Department of Family and Community Services would like to acknowledge staff from the following agencies and organisations who generously contributed data, ideas or information to the report:

- Australian Bureau of Statistics
- Bureau of Health Information
- Cancer Institute NSW
- NSW Department of Premier and Cabinet
- NSW Ministry of Health

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ISSN 2200-6737 (print)

ISSN 2204-3950 (online)

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### **Front cover:**

Associate Professor Catherine Birman,

Winner of the NSW Premier's Award for Woman of the Year 2017

December 2017

# MINISTER'S FOREWORD



The *Women in NSW: Health and Wellbeing Report 2017* is the final in a series of themed reports that focus on areas that play an important role in the lives of NSW women.

Good health and wellbeing for all is vital for women in NSW as it enhances our quality of life, improves the productivity of our workforce, increases our capacity for learning, and strengthens our families and communities. Achieving good health is dependent on a range of factors including making healthy choices, economic participation, education, access to services, and residing in 'liveable' cities or towns that provide a safe environment, good public

transport and walkable suburbs.

While women and men share many of the same health challenges, they also differ in patterns of certain illnesses, risk factors, and access to and use of services. Some of these differences are explored in this snapshot.

Women in NSW are living longer, healthier lives than ever before. We have seen positive changes in women's health over the last decade with smoking rates and 'risky' drinking declining, increased physical activity, more women being screened for breast cancer and attending antenatal services, and deaths from cardiovascular disease have significantly declined.

However, these health gains are not shared by all and this report explores some of the influencing factors such as where people live and socioeconomic disadvantage. Whilst the rates are stable, overweight and obesity remains a challenge particularly for the most disadvantaged in our community, and smoking rates among Aboriginal women remain high.

The NSW Government is responding to these challenges to improve health and reduce inequity and you will find some of these investments highlighted throughout the report. However, good health can only be achieved by working together with the community and across Government departments and I look forward to continuing to support efforts to improve the health of women in NSW.

A handwritten signature in blue ink that reads "Davies". The signature is stylized and cursive.

**Tanya Davies MP**  
**Minister for Women**

# EXECUTIVE SUMMARY

## A profile of women in NSW

### How many are we?



3,794,216  
**50.7%**



3,686,007  
**49.3%**

### Life expectancy

Women  
(at birth)  
**84.6**  
years



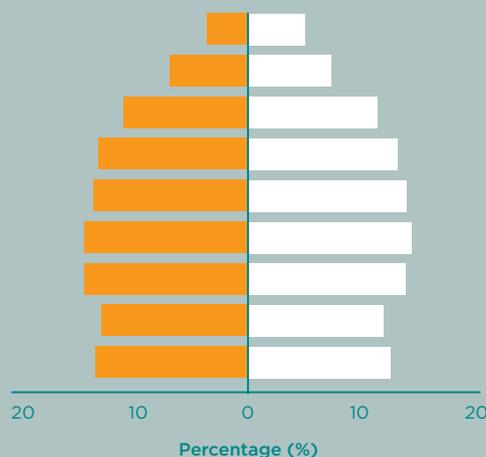
Men  
(at birth)  
**80.4**  
years



### How old are we?



80+  
70-79  
60-69  
50-59  
40-49  
30-39  
20-29  
10-19  
0-9



# EXECUTIVE SUMMARY

## Women's health and wellbeing in NSW

### Healthy lifestyles

In 2016:



The prevalence of **overweight** and **obesity** among women aged **16 years** and **over** was **45.6%**



**Half** of women consumed the **recommended daily intake** of fruit, but only **1 in 10** ate enough vegetables



Around **half** of women (**53.5%**) engaged in **adequate** levels of **physical activity**



The **proportion** of women who were **current smokers** has **halved** since 2002 (**11.6%**, down from **20.2%**)

### Maternal health



**94,989** women gave birth in 2015



**Fewer teenagers** are giving birth, falling from **3,099** in 2011 to **2,377** in 2015



The proportion of **Aboriginal women** who had their **first antenatal visit** before **20 weeks** increased from **64.7%** in 2001 to **76.0%** in 2015

### Psychological health



In 2015, approximately **1 in 5** women aged **16–24 years** reported experiencing **high or very high psychological distress**



In 2015–16, the **rate of hospitalisation** for **intentional self-harm** was **highest** among **young women** aged **15–24 years**



In 2015, **women** living in **outer regional, remote** and **very remote areas**, and women from **non-English speaking countries**, had the **highest reported proportions** of persons experiencing **high or very high psychological distress**

# EXECUTIVE SUMMARY

## Women's health and wellbeing in NSW

### Cancer and cancer screening



In 2013, **29%** of **new cancers** in women were **breast cancers**



In 2013, **18%** of **cancer deaths** in women were due to **lung cancer**



In the two-year period 2015-2016, about **half** of all women aged **50-74 years** participated in **breast cancer screening**



In the two-year period 2015-2016, **lower proportions** of **Aboriginal women (40.5%)** and women from **culturally and linguistically diverse backgrounds (44.2%)** participated in **breast screening**

### Coronary heart disease



The **rate** of **coronary heart disease deaths** in women has nearly **halved** since **2002-03**

### Leading causes of death



In 2015, the **leading cause of death** for women was **cancers**



For women aged **25-44 years**, the **leading cause of death** was **injury and poisoning** in 2015

# HEALTHY LIFESTYLES

## Overweight and obesity

In 2016, the prevalence of overweight and obesity among women aged 16 years and over was 45.6%



The prevalence of **overweight** and **obesity** for women in NSW aged 45 years and over was 55.1% in 2016



Women living in **outer regional, remote** and **very remote** areas of NSW had a **higher** prevalence of overweight and obesity in 2016

The rates of overweight and obesity in the NSW adult<sup>1</sup> population (Figure 1) have been gradually increasing since 2002 for women (up from 38.3% in 2002 to 45.6% in 2016). The proportion of women who were overweight or obese has remained consistently lower than men. While the proportion of women who were overweight remained stable from 2002 to 2016, the proportion who were obese increased from 14.6% to 21.2%.

Differences in overweight and obesity were also apparent for women based on where they lived. The prevalence of overweight and obesity in outer regional and remote parts of NSW (55.3%) was higher than the proportion in the major cities (43.2%).

**Figure 1. Overweight or obesity in persons aged 16 years and over, by sex, 2002–2016, NSW**



<sup>1</sup> For the purposes of this report, those aged 16 years and above are defined as adults, as per the classification used by the NSW Ministry of Health in HealthStats NSW.

# HEALTH BEHAVIOURS

Half of the women in NSW consumed the recommended daily intake of fruit, but only 1 in 10 women ate enough vegetables in 2016



In 2016, women living in the most socioeconomically disadvantaged areas consumed less fruit (46.8%) and vegetables (8.1%) than those living in the least socioeconomically disadvantaged areas



In 2016, 46.5% of women engaged in insufficient levels of physical activity, down from 56.2% in 2002

Healthy eating and active living are key factors for women in maintaining individual and population health, and for the prevention of overweight and obesity. Overweight and obesity are associated with a range of chronic diseases, such as type 2 diabetes, heart disease and some cancers.

## Healthy eating

The healthy eating measures used in this report are based on the National Health and Medical Research Council (NHMRC) *Australian Dietary Guidelines 2013*. Details relating to the recommended daily vegetable intake for women and men can be found in the Explanatory Notes accompanying this report.

In 2016, half of the women in NSW consumed the recommended amount of fruit (50.9%) but only around 1 in 10 (10.8%) consumed the recommended amount of vegetables. Women in NSW consumed more fruit and vegetables than men. Lower levels of fruit and vegetable consumption were evident for women from socioeconomically disadvantaged areas (Figure 2). Women from non-English speaking countries had slightly lower consumption levels of fruit (46.6%) and vegetables (6.4%) than the general NSW female adult population.

**Figure 2. Recommended daily consumption of fruit and vegetables by persons aged 16 years and over, by socioeconomic disadvantage, 2016, NSW**



**NOTE:** The category 'socioeconomic disadvantage' makes comparisons based on Socio-Economic Indexes for Areas (SEIFA) quintiles, denoted by Q1 (least disadvantaged) to Q5 (most disadvantaged).

**Population:** NSW population aged 16 years and over.

**Data source:** HealthStats NSW, Ministry of Health.

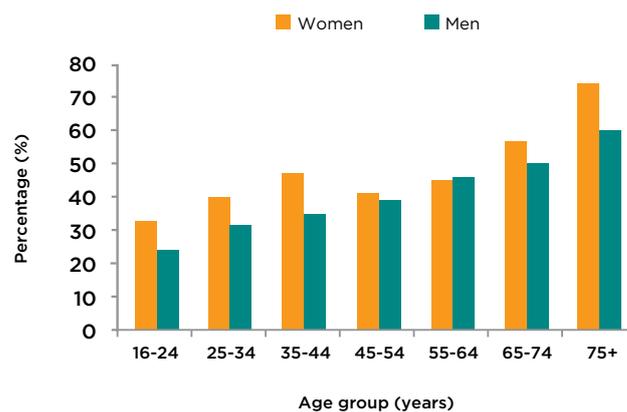
## Physical activity

*Australia's Physical Activity and Sedentary Behaviour Guidelines 2014* recommend for adults to be active on most, preferably all, days of the week. In this report, sufficient physical activity for adults aged 18–64 years is defined as undertaking physical activity for at least 150 minutes per week over five separate occasions.

In 2016, 46.5% of women reported an insufficient level of physical activity, compared to 56.2% in 2002. The proportion of women with an insufficient level of physical activity (46.5%) was around 8% higher than men (38.9%). For both women and men, insufficient levels of physical activity increased with age (Figure 3).

Insufficient levels of physical activity were highest in the most disadvantaged socioeconomic quintile, for both women (52.3%) and men (49.5%). Higher levels of insufficient physical activity were evident for both women (52.0%) and men (45.1%) from non-English speaking countries.

**Figure 3. Insufficient physical activity undertaken by persons aged 16 years and over, by age and sex, 2016, NSW**



Population: NSW population aged 16 years and over.  
Data source: HealthStats NSW, Ministry of Health.

## WHAT IS BEING DONE?

The *NSW Healthy Eating and Active Living Strategy 2013–2018* provides a whole-of-government framework to promote and support healthy eating and active living in NSW and to reduce the impact of lifestyle-related chronic disease. The Strategy has a target to reduce adult overweight and obesity by 5% by 2020.

The Strategy assists the NSW Government to coordinate the implementation of policies and programs across a range of government agencies and health services and to work in partnership with the academic and non-government sectors. Highlights from the Strategy include:

- \$4.9 million annual investment in the *Get Healthy at Work* program to support employers to create healthy work environments and improve the health of working adults. To date over 2,500 businesses have registered with *Get Healthy at Work* and over 23,000 women have completed a brief health check as part of the program.
- Expansion of the *Get Healthy Information and Coaching Service* to priority populations, including support for those identified with pre-diabetes to halt progression to type 2 diabetes and support for women to achieve and maintain a healthy weight during pregnancy.
- The *Staying Active* project, which is a partnership between the NSW Ministry of Health and the Aquatic and Recreation Institute aiming to increase both physical activity and social opportunities for adults over the age of 50. Since the statewide delivery of *Staying Active* commenced in 2013, more than 300 new exercise classes are available in over 40 venues throughout NSW. During the previous 12 months, over 60,000 visits were recorded to *Staying Active* groups, with women making up 75% of participants.
- Consistent and easy to understand consumer information and education through the *Make Healthy Normal* social marketing campaign.

Visit [www.health.nsw.gov.au/health/Pages/nsw-healthy-eating-strategy.aspx](http://www.health.nsw.gov.au/health/Pages/nsw-healthy-eating-strategy.aspx) and [www.makehealthynormal.nsw.gov.au](http://www.makehealthynormal.nsw.gov.au).

Future Transport 2056 and the Greater Sydney Commission are two ground-breaking policies in NSW that will deliver on a vision for new transport options across the State and a more productive, liveable and sustainable Greater Sydney.

Visit [future.transport.nsw.gov.au](http://future.transport.nsw.gov.au) and [www.greater.sydney](http://www.greater.sydney).

# RISK BEHAVIOURS

The proportion of women who were current smokers has steadily declined from 20.2% in 2002 to 11.6% in 2016



In 2016, 14.1% of young women aged 16–24 years in NSW were current smokers compared to 18.9% of young men



In 2014, the proportion of female secondary school students aged 12–17 years in NSW who were current smokers was 6.3%, declining from 16.3% in 2002



In 2016, 19.6% of women aged 16 years and over in NSW engaged in drinking at levels posing long term risk to health compared to 40.4% of men

## Smoking

The proportion of women and men who were current smokers has steadily declined since 2002 (from 20.2% to 11.6% for women and 25.0% to 18.6% for men) (Figure 4). In 2016, a lower proportion of women than men in NSW aged 16 years and over were current smokers (11.6% compared to 18.6%). In 2016, the highest proportion of current women smokers were aged 45–54 years (14.6%).

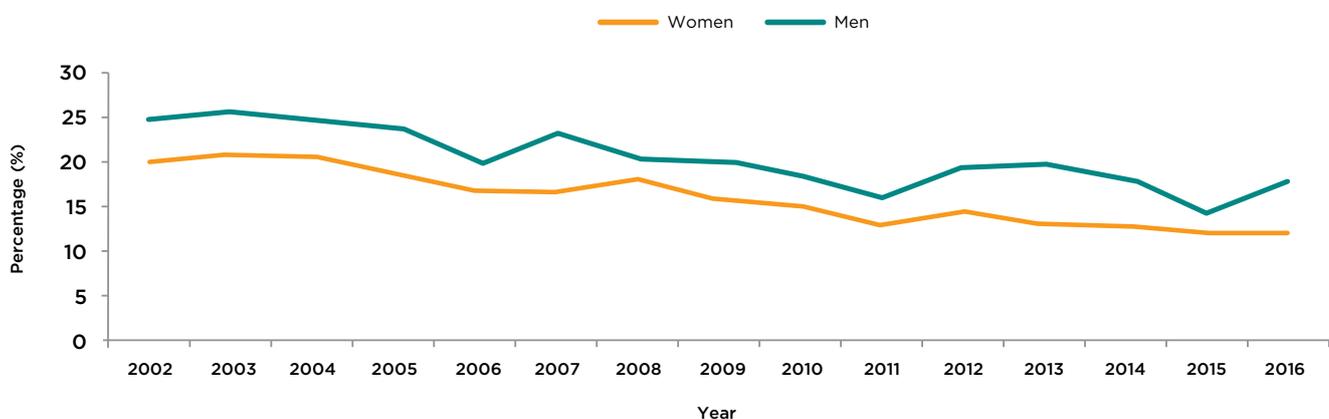
The highest proportion of women smokers live in the most socioeconomically disadvantaged areas (15.1%) with fewer women smokers (7.5%) living in the least socioeconomically disadvantaged areas. In 2016, women from non-English speaking countries had the lowest proportion of smokers (6.5%) compared with Australian-born women (13.7%) and women from English speaking countries other than Australia (10.8%).

## Smoking among young women

The proportion of young women aged 16–24 years in NSW who were current smokers declined from 28.1% in 2002 to 14.1% in 2016. The proportion of young men aged 16–24 years in NSW who were current smokers was 18.9% in 2016 compared to 25.6% in 2002.

In 2014, the proportion of female secondary school students aged 12–17 years in NSW who were current smokers was 6.3%. It has declined from 16.3% in 2002. The 6.3% proportion is lower than the 7.1% of male secondary school students who were current smokers in NSW in 2014. In the past survey results for the New South Wales School Students Health Behaviours Survey since 1984 to 2008, the proportion of female secondary school students who were current smokers was higher than for males. The survey occurs every three years.

Figure 4. Persons aged 16 years and over who were current smokers, by age and sex, 2002–2016, NSW



Population: NSW population aged 16 years and over.  
Data source: HealthStats NSW, Ministry of Health.

## Smoking in pregnancy

The proportion of women who smoked during pregnancy declined from 21.1% in 1996 to 8.9% in 2015. The proportion of women who smoked during pregnancy increased with geographic remoteness, with pregnant women who lived in remote or very remote areas (26.8%) being four times more likely to smoke than women in major cities (6.7%). The proportion of women smoking during pregnancy declined in all geographic areas since 2001, with an overall decline of 7.0% in major cities, 10.1% in inner regional areas, 8.4% in outer regional areas and 12.1% in remote and very remote areas between 2001 and 2015. Higher proportions of women who smoked during pregnancy were in groups with the greatest socioeconomic disadvantage; ranging from 1.4% in the most advantaged group to 13.4% in the most disadvantaged.

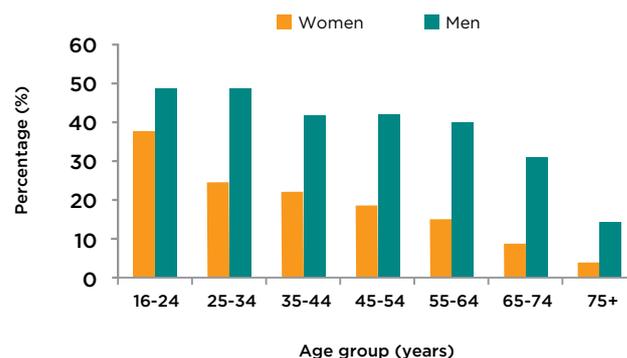
In 2015, 45.0% of Aboriginal women in NSW smoked during pregnancy, compared to 7.4% of non-Aboriginal women. While the proportion of Aboriginal women who smoked in pregnancy increased with geographic remoteness, smoking in pregnancy declined among Aboriginal mothers in all geographic areas between 2001 and 2015. In 2015, over half (52.6%) of all Aboriginal mothers who lived in remote or very remote areas smoked during pregnancy (compared with 41.2% in major cities).

## Risky drinking

Drinking at levels that have a long-term risk of harm is defined as consuming more than two standard alcoholic drinks on a day. In 2016, a lower proportion of women than men aged 16 years and over in NSW engaged in this level of drinking (19.6% of women compared to 40.4% of men). Alcohol consumption at levels that placed their long-term health at risk was highest for women aged 16–24 years, and declined considerably with age (Figure 5).

A higher proportion of women who lived in outer regional, remote and very remote areas of NSW (23.4%) or in inner regional areas (23.1%) drank at levels that placed their long-term health at risk in 2016 compared with those who lived in major cities (18.6%).

**Figure 5. Alcohol consumption at levels posing long-term risk to health in those aged 16 years and over, by age and sex, 2016, NSW**



Population: NSW population aged 16 years and over.  
Data source: HealthStats NSW, Ministry of Health.

## Sexual health<sup>2</sup>

Chlamydia is the most common sexually transmissible infection notified in Australia. Many people who are infected do not have symptoms but can still transmit the infection. Chlamydia can lead to pelvic inflammatory disease, infertility and other complications, which predominantly affect women. Because chlamydia often has no symptoms, the number of notifications is dependent on the number of people screened for chlamydia. In NSW in 2016, the chlamydia notification rate in women was 336.9 per 100,000 females. The rate in men was very similar at 339 per 100,000 males. The annual notification rate for women was stable between 2011 and 2015. This followed a large increase in notifications in women from 2007 (214 per 100,000) to 2011 (339 per 100,000). In NSW, an average of around 200 women notified with chlamydia were subsequently admitted to hospital for pelvic inflammatory disease each year from 2011 to 2015.

Notifications of gonorrhoea in women remain low but increased by more than 100% from 2011 to 2016 (from 16 to 33 per 100,000 females). The notification rate in women in 2016 was 4.5 times lower than for men (149 per 100,000 males).

<sup>2</sup> Note that chlamydia and gonorrhoea notification data do not reflect the true incidence of these infections as they only represent a proportion of infections in the population; however, this data is useful for monitoring trends over time. Chlamydia and gonorrhoea notification data are heavily influenced by testing practices, which may be different between women and men, and additionally may not be representative of the NSW population.

## WHAT IS BEING DONE?

The *NSW State Health Plan: Towards 2021* sets robust targets to decrease chronic disease and combat rising health costs. Visit [www.health.nsw.gov.au/statehealthplan/Pages/NSW-State-Health-Plan-Towards-2021.aspx](http://www.health.nsw.gov.au/statehealthplan/Pages/NSW-State-Health-Plan-Towards-2021.aspx).

The *NSW Tobacco Strategy 2012–2017* sets out focus areas for reducing the harm of tobacco in our community to:

- reduce smoking in populations with high smoking rates (including Aboriginal communities), disadvantaged groups and women smoking in pregnancy
- enhance programs to help smokers quit
- implement measures to protect people from harmful second-hand smoke in outdoor areas.

Visit [www.health.nsw.gov.au/tobacco/Pages/nsw-tobacco-strategy.aspx](http://www.health.nsw.gov.au/tobacco/Pages/nsw-tobacco-strategy.aspx).

Ongoing investment includes provision of the NSW Quitline 13 7848 (13 QUIT). This is a confidential statewide telephone information and advice service to assist all smokers to quit. This includes an Aboriginal Quitline in which Aboriginal advisors (female and male) provide tailored advice to Aboriginal callers. Multilingual services are also available. The *I Can Quit* website provides information for those who prefer online advice. Visit [www.icanquit.com.au](http://www.icanquit.com.au).

Statewide cessation initiatives for smoking during pregnancy have health benefits for both mother and baby. Key performance indicators in relation to smoking cessation in pregnant women have been included in the service agreements of all Local Health Districts in 2017–18.

NSW Government funds a wide range of programs to reduce the harm associated with alcohol in the community:

- The *Get Healthy Information and Coaching Service's* Alcohol Reduction Program provides motivation and support to make healthy choices in relation to reducing alcohol intake: 1300 806 258.
- *Stay Strong It's Worth It*, raises awareness among Aboriginal women and their partners, of the risks of Foetal Alcohol Spectrum Disorders (FASD), providing access to early intervention and treatment services and programs.
- *Alcohol and Drug Information Service* (ADIS), a 24 hour-a-day telephone information, support and referral service. Contact Sydney metropolitan: (02) 9361 8000 Regional and rural NSW: 1800 422 599.
- The *Your Room* website provides accurate and credible information about alcohol and other drugs and directs visitors to programs and services of partner organisations. Visit [www.yourroom.com.au](http://www.yourroom.com.au).
- Community Drug Action Teams (CDATs) deliver education, information and skills building in local communities.

The *NSW Cancer Plan* aims to establish a coordinated and collaborative approach to cancer control. One of the key focus areas is to reduce the incidence of cancer through measures including reducing the use of tobacco products. The Plan implements activities to prevent and reduce smoking and to support smokers to quit smoking. Visit [www.cancerinstitute.org.au/cancer-plan](http://www.cancerinstitute.org.au/cancer-plan).

The *NSW Sexually Transmissible Infections Strategy 2016–2020* aims to reduce gonorrhoea and the burden of disease of chlamydia infection. The Strategy also seeks to maintain high coverage of human papillomavirus (HPV) vaccine and deliver education to strengthen comprehensive sexually transmissible infection screening as part of routine care in general practice, primary care and public health services. Visit [www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2016\\_005](http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2016_005).

# MATERNAL HEALTH

In 2015, of all women who had their first child, the proportion who were aged 35 years and over increased to nearly 1 in 6



## Fertility

The total fertility rate represents the average number of children that would be born per woman if they were to survive their childbearing years, which is defined in Australia as the age range 15 to 49 years. In 2015, NSW women had a total fertility rate of 1.8 children born per woman. Aboriginal women had a slightly higher fertility rate at 2.2 children born per woman. Fertility rates increased from 1.7 children born per woman in major cities to 2.2 children per woman living in remote and very remote areas.

## Antenatal visits

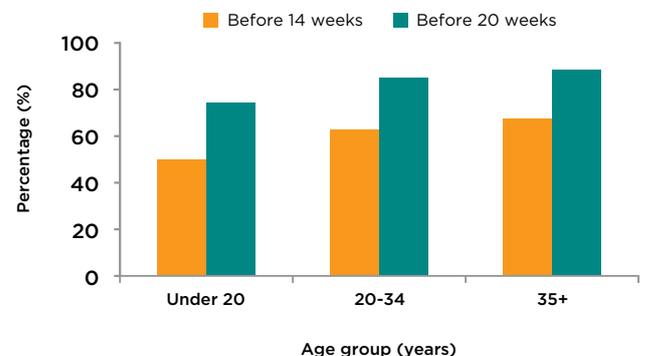
Antenatal care should commence as early as possible in pregnancy to ensure the best outcomes for the mother and the baby. In 2015, 64.3% (61,073) of pregnant women had their first antenatal visit within the first 14 weeks of pregnancy. The proportion of pregnant women having their first antenatal visit before 14 weeks and before 20 weeks of pregnancy increased with maternal age (Figure 6).

More Aboriginal women had their first antenatal visit before 14 weeks of pregnancy, increasing from 46.1% in 2001 to 55.6% in 2015.

Overall, lower proportions of women living in remote and very remote areas had their first antenatal visit within 14 weeks of pregnancy than women living in other areas of NSW. In 2015, 60.2% of women living in remote and very remote areas had their first antenatal visit before 14 weeks of pregnancy, compared to 64.3% of women living in the rest of NSW.

The most socioeconomically disadvantaged areas in NSW had the lowest proportion of women attending their first antenatal visit before 14 weeks. In 2015, 58.7% of women living in the most socioeconomically disadvantaged areas had their first antenatal visit before 14 weeks of pregnancy (having risen from 50.7% in 2001), compared to 65.9% of women living in the rest of NSW.

Figure 6. First antenatal visit, by maternal age group, 2015, NSW



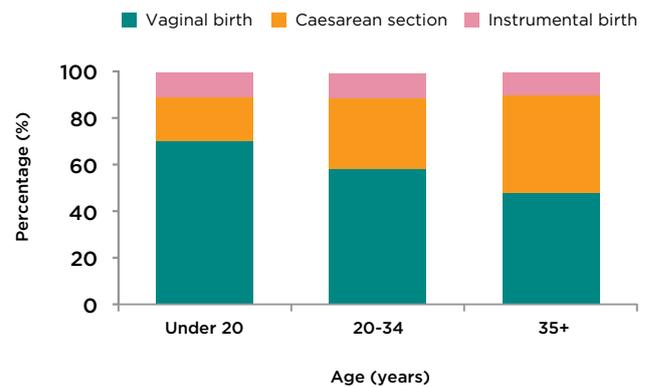
Population: All mothers who gave birth in NSW.  
Data source: HealthStats NSW, Ministry of Health.

## Type of birth

In 2015, 56.4% of women giving birth in NSW had a vaginal birth, 32.4% had a caesarean section and 11.1% had an instrumental birth. The proportion of vaginal births has decreased fairly steadily from 65.9% in 2001. Instrumental births occurred most frequently in teenage mothers and those aged 20–34 years (Figure 7). Just over one-quarter (27.4%) of first-time mothers had a caesarean section.

A higher proportion of Aboriginal women (66.3%) had vaginal births than non-Aboriginal women (56.0%) and conversely, a smaller proportion of Aboriginal women had a caesarean section (27.0% compared to 32.7% of non-Aboriginal women) or an instrumental birth (6.7% compared to 11.3% of non-Aboriginal women).

Figure 7. Type of birth, by maternal age, 2015, NSW



NOTE: The 3 cases (<0.0%) where the type of birth was 'not stated' have been excluded from the analysis.

Population: All mothers who gave birth in NSW.

Data source: HealthStats NSW, Ministry of Health.

## WHAT IS BEING DONE?

The NSW Ministry of Health maintains two population-based surveillance systems that collect information about pregnancy and birth: the NSW Perinatal Data Collection and the NSW Register of Congenital Conditions. They assist in monitoring the health of mothers and babies, and maternity service planning in NSW. The Ministry publishes an annual report on births across NSW and trends in the health of mothers and babies in NSW. For the latest edition of the *NSW Mothers and Babies* report, visit [www.health.nsw.gov.au/hsnsw/Pages/mothers-and-babies-2015.aspx](http://www.health.nsw.gov.au/hsnsw/Pages/mothers-and-babies-2015.aspx).

The implementation of the *NSW Aboriginal Maternal and Infant Health Strategy* has improved access to culturally appropriate maternity services for Aboriginal mothers. It aims to reduce risky behaviours such as smoking, drinking and drug use during pregnancy among Aboriginal women. Visit [www.health.nsw.gov.au/kidsfamilies/MCFhealth/priority/pages/AMIHS.aspx](http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/priority/pages/AMIHS.aspx).

The NSW Ministry of Health also has a number of initiatives aimed at improving maternal health, including:

- *Maternity - Timing of Planned or Pre-labour Caesarean Section at Term* GL2016\_015 provides guidance for the timing of planned or pre-labour caesarean section at term. In order to reduce the risks of maternal and neonatal morbidity, where there are no identified maternal, foetal or obstetric risks it is advised that a planned or pre-labour caesarean section at term should not routinely take place prior to 39 weeks gestation (39+0 weeks).
- Early engagement with antenatal care is associated with improved birth outcomes for mother and baby. Service Level Agreements between the NSW Ministry of Health and Local Health Districts require the first comprehensive antenatal visit to occur for all women by 14 weeks of gestation. Routine annual reporting against this service measure monitors progress towards this goal.
- The Get Healthy in Pregnancy Service, which is now available through all public maternal health services in NSW to support women to achieve and maintain a healthy gestational weight during pregnancy.

Visit [www.health.nsw.gov.au/kidsfamilies/MCFhealth/maternity/Pages/maternity-priority-initiatives.aspx](http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/maternity/Pages/maternity-priority-initiatives.aspx).

The NSW Maternal and Perinatal Mortality Review Committee conducts a confidential review of each death of a mother or newborn baby to identify the cause and determine any preventable factors. This information is used to improve services for mothers and babies, and to prevent future maternal and perinatal deaths. Information from the Committee is published in the annual *NSW Mothers and Babies* report.

# PSYCHOLOGICAL HEALTH

## Psychological distress

Approximately 1 in 5 women aged 16–24 years reported experiencing high or very high psychological distress



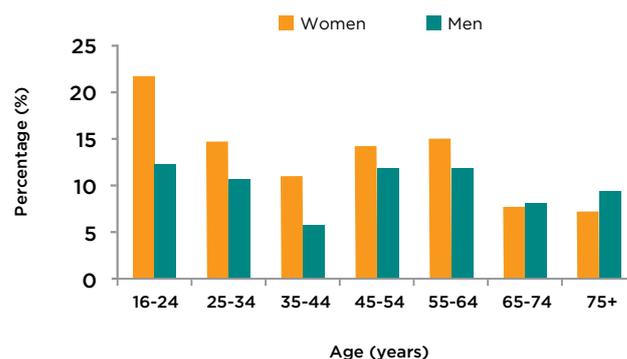
13.6% of women reported experiencing high or very high psychological distress<sup>3</sup>



Women living in outer regional, remote and very remote areas, and women from non-English speaking countries, had the highest reported proportions of persons experiencing high or very high psychological distress

In NSW in 2015, 13.6% of women reported experiencing high or very high levels of psychological distress. Higher proportions of women than men reported high or very high psychological distress across all age groups from 16 to 64 years (Figure 8), with similar rates of psychological distress observed for women and men aged 65 years and over. Figure 8 also shows proportional differences in women's reported level of psychological distress over the lifespan. The youngest group of women, 16–24 years, had the highest proportion (21.6%) of all age groups reporting high or very high levels of psychological distress.

**Figure 8. High or very high psychological distress in persons aged 16 years and over, by age and sex, 2015, NSW**



Population: NSW population aged 16 years and over.  
Data source: HealthStats NSW, Ministry of Health.

<sup>3</sup> Figures are based on self-report data collected as part of the annual NSW Population Health Survey. The NSW Population Health Survey commenced in 1997 and interviews a random sample of NSW residents about their health behavior and health risk factors. Visit [www.health.nsw.gov.au/epidemiology/Pages/nsw-population-health-survey.aspx](http://www.health.nsw.gov.au/epidemiology/Pages/nsw-population-health-survey.aspx).

# Intentional self-harm hospitalisations and suicides

In 2015–16 there were 6,380 hospitalisations among women for intentional self-harm, with 35.8% of these among young women aged 15–24 years



The rate of hospitalisation for intentional self-harm in women has been stable in recent years



Proportionally more women in regional and remote areas were hospitalised for intentional self-harm in 2015–16



The rate of suicide in women was lower than in men in 2015 and has remained stable over time

## Intentional self-harm hospitalisations

Intentional self-harm measures people admitted to hospital after intentionally poisoning or injuring themselves or attempting suicide. The measure excludes people who self-harmed but who were discharged after treatment in the Emergency Department.

In NSW in 2015–16, there were 6,380 hospitalisations among women for intentional self-harm, 35.8% of these women were aged 15–24 years. While the rate of hospitalisations due to intentional self-harm for women of all ages has remained relatively stable since 2001–02, the rate has increased for young women aged 15–24 years in recent years. Aboriginal women had a higher rate of hospitalisations due to intentional self-harm (518.2 per 100,000), over 3 times higher than

non-Aboriginal women (164.5 per 100,000) (Figure 9). Young Aboriginal women aged 15–24 years were at the greatest risk, with a rate of 1,009.2 per 100,000. The rise in intentional self-harm hospitalisations among young women in recent years generally also occurred in young Aboriginal women, increasing by 62.5% in 15–24 year olds between 2011–12 and 2015–16.

Regional differences in the rate of hospitalisations for self-harm were evident for women in NSW. Women living in inner regional areas of NSW were hospitalised at a rate of 239.9 per 100,000, compared to those living in outer regional, remote and very remote areas at 191.0 per 100,000 and major cities at 158.2 per 100,000. Young women aged 15–24 years living in inner regional areas were hospitalised at the highest rate at 614.4 per 100,000 population.

Figure 9. Hospitalisations of persons of all ages due to intentional self-harm, by Aboriginality and sex, 2001–02 to 2015–16, NSW



Population: NSW population.  
Data source: HealthStats NSW, Ministry of Health.

## Suicide

In 2015 in NSW, for people aged 15 years and above, men accounted for 76.5% of all suicides, a rate 3.3 times greater than women (20.5 per 100,000 and 6.3 per 100,000 respectively). The rate has remained stable since 2001. For women in 2015, the age group with the highest rate of suicides was 35–44 years (7.9 per 100,000).<sup>4</sup>

### WHAT IS BEING DONE?

The NSW Government will deliver a mental health budget of **\$1.9 billion** for the 2017–18 financial year. This financial commitment will provide a range of mental health programs covering early intervention, prevention and promotion initiatives across the age spectrum.

#### NSW Mental Health Reform 2014–2024

In response to the Mental Health Commission of NSW's *Living Well* strategic plan, the NSW Government is undertaking a 10-year whole-of-government enhancement of mental health care. Key areas for mental health reform include:

- placing a greater emphasis on community-based care
- strengthening prevention and early intervention
- developing a more responsive system
- working together to deliver person-centred care
- building a better system.

The first stage of reform was delivered through a **\$115 million** boost to mental health funding over three years. This provided:

- \$45 million to enhance specialist mental health services in the community
- \$47 million to provide for improved community living supports
- \$7.5 million to support pathways to community living
- \$15.5 million to strengthen workforce support, innovation and research in mental health.

An additional **\$20 million** in 2017–18 will provide:

- \$8.2 million to increase specialist community mental health teams
- \$5.4 million to fund other mental health initiatives, including investing in the workforce, strengthening capacity to support people with intellectual disability and mental illness, and developing a strategic framework for the mental health system
- \$4.8 million to enhance psychosocial supports in the community
- \$1.6 million to continue transitioning long-stay patients to appropriate community accommodation.

Visit [www.health.nsw.gov.au/mentalhealth/reform/Pages/default.aspx](http://www.health.nsw.gov.au/mentalhealth/reform/Pages/default.aspx) to learn more about NSW mental health reforms.

<sup>4</sup> Data source: HealthStats NSW, Ministry of Health.

## WHAT IS BEING DONE?

### Mental health and suicide prevention

The NSW Government has allocated a significant portion of the budget for mental health in NSW targeting suicide prevention, including:

- \$8 million over four years to 2020 for a Suicide Prevention Fund that will provide opportunities for non-government organisations and community-based services to deliver suicide prevention services and activities that address systematic needs and/or service gaps in their local areas
- \$10.5 million over four years to 2019 for Lifeline's crisis telephone service on a 24/7 basis (13 11 14), as well as providing mental health training and supervision for Lifeline's telephone crisis workforce
- Over \$1 million to continue the roll-out of the Project Air Strategy for Personality Disorders across NSW—this involves training clinicians to respond to people who have self-harmed, and improving mental health service delivery to people with personality disorders
- \$500,000 for specialist suicide prevention training for NSW Health's non-mental health clinicians in front line roles, to strengthen their skills in identifying and responding effectively to individuals at risk of suicide
- \$150,000 in additional training for mental health clinicians to improve responses to suicide attempts and management of risk.



Anyone in immediate danger should call Triple Zero (000).

Anyone in personal crisis or thinking about self-harm or suicide should call Lifeline on 13 11 14.

For mental health information, support and help, call the 24 hour Mental Health Access Line on 1800 011 511 or beyondblue on 1300 22 4636.

# CANCER AND CANCER SCREENING

One in four women die of cancer



In 2013, 29% of new cancers in women were breast cancers



In 2013, 18% of cancer deaths in women were due to lung cancer



In the two-year period 2015–2016, about half of all women aged 50–74 years participated in breast cancer screening

## Breast cancer and cervical cancer screening

BreastScreen NSW, which is part of the national BreastScreen Australia program, provides free biennial mammography screening to asymptomatic women aged 50 to 74 years. Mammographic screening has been demonstrated to be the most effective screening test to reduce mortality and morbidity attributable to breast cancer at a population level, through the detection of early-stage breast cancer. In the two-year period 2015–2016, around half (52.7%) of women aged 50–74 years in NSW participated in breast cancer screening.<sup>5</sup> Women residing in major cities (50.6%) or remote and very remote areas (48.1%) had proportionally lower participation than women in inner regional (57.6%) and outer regional (57.5%) areas (based on 2015–2016 women aged 50–74 years). The proportion of women aged 50–74 years from culturally and linguistically diverse backgrounds participating in breast screening services has increased from 40.8% in 2012–2013 to 46.7% in 2015–2016.<sup>6</sup>

The Cervical Screening Program is reducing the incidence and mortality related to cervical cancer in NSW. Pap tests are effective at detecting pre-cancerous lesions in the cervix and regular two-yearly testing with appropriate follow-up treatment can prevent cervical cancer from developing in most cases. Since the national screening program began in 1991 the rate of cervical cancer has halved. In the two-year period ending December 2016, 55.9% of women in the target group had participated in screening.

## Human Papillomavirus (HPV) vaccination

Human Papillomavirus (HPV) is a group of viruses that affect both females and males. HPV causes cancers in different parts of the body and almost all cases of cervical cancer are due to HPV infection. Vaccinating against HPV provides highly effective protection against the development of HPV-related cancers and disease. Since 2007, a three-dose course of HPV vaccine has been offered to eligible students through the NSW School Vaccination Program.<sup>7</sup> The vaccine is currently available for free to both female and male students in Year 7. In 2016, the uptake of HPV vaccine was similar for girls and boys for dose one (86% and 83% respectively), dose two (83% and 80% respectively) and dose three (71% and 67% respectively).<sup>8</sup> Since 2007, the National HPV Vaccination Program has been credited with dramatically reducing the incidence of the HPV virus in Australia.

<sup>5</sup> From July 2013, BreastScreen Australia changed its target age group from 50–69 years to 50–74 years.

<sup>6</sup> Data source: BreastScreen NSW Information System.

<sup>7</sup> Female school students eligible to receive the HPV vaccine were those in Year 10–12 in 2007, Year 7–10 in 2008, and Year 7 only from 2009. In 2013, the program was expanded to include boys in Year 7.

<sup>8</sup> Dose two and three data for 2016 are provisional, as students who commenced but did not complete the course in Year 7 in 2016 will continue to receive catch-up vaccination throughout 2017. The 2016 data presented are at the end of 2nd term 2017.

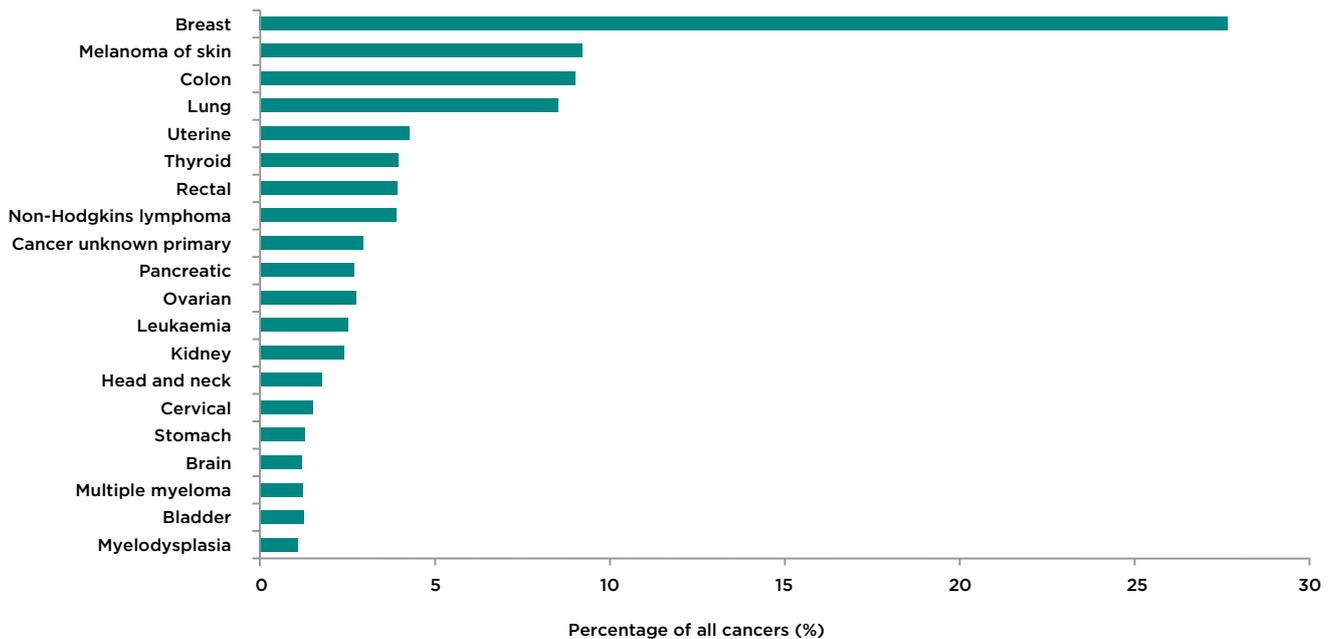
## New cancer diagnoses

In 2013, there were 18,855 new cases of cancer among women in NSW. The rate of cancer among women rose from 382 to 429 per 100,000 women between 2000 and 2013. In the five-year period 2009–2013, the most common cancer among women was breast cancer, followed by melanoma of skin and colon cancer (Figure 10).

## Deaths due to cancer

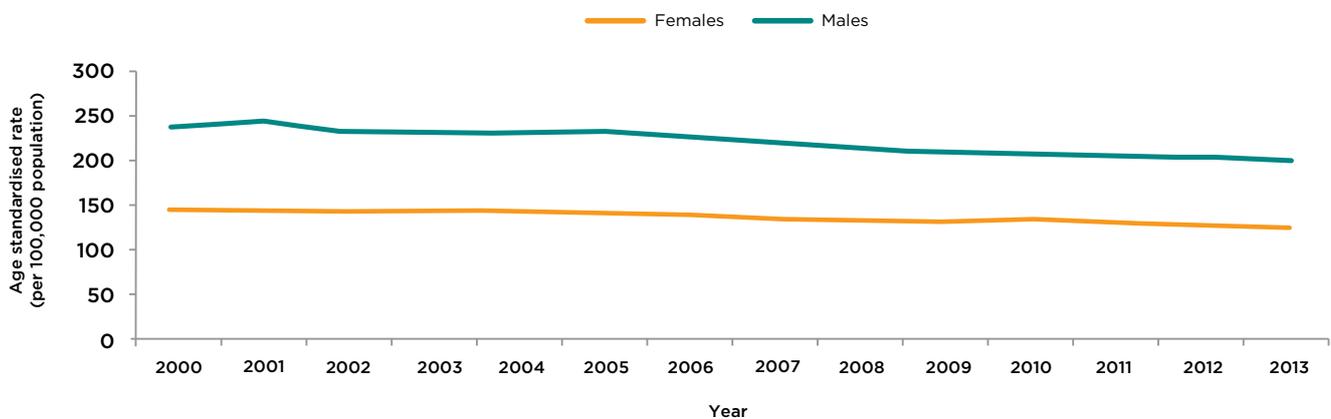
In 2013, there were 6,114 deaths due to cancer among women in NSW, representing 25.2% of all deaths among women. Among women, the death rate from cancer fell from 143.9 to 126.1 per 100,000 women between 2000 and 2013 (Figure 11). Over the five-year period 2009–2013, the most frequent cause of cancer death among women was lung cancer, followed by cancer of the breast and colon.

Figure 10. 20 most common cancers among women, NSW 2009–2013



Data source: Cancer Institute NSW, *Cancer Statistics NSW*, published 1 November 2017. Available at the Cancer Institute NSW: [www.cancerinstitute.org.au/data-research/access-our-data/cancer-statistics-nsw#](http://www.cancerinstitute.org.au/data-research/access-our-data/cancer-statistics-nsw#).

Figure 11. Age-standardised mortality rate, by sex, 2000–2013, NSW



Data source: Cancer Institute NSW, *Cancer Statistics NSW*, published 1 November 2017. Available at the Cancer Institute NSW: [www.cancerinstitute.org.au/data-research/access-our-data/cancer-statistics-nsw#](http://www.cancerinstitute.org.au/data-research/access-our-data/cancer-statistics-nsw#).

## WHAT IS BEING DONE?

BreastScreen NSW is part of the national BreastScreen Australia, which aims to help with the detection of breast cancer early by state and federally funded mammography, in order to reduce mortality. Media campaigns are used to encourage women 50–74 years of age to have a mammogram. BreastScreen NSW has continued to work on a range of activities to increase participation. They include:

- statewide mass marketing campaigns
- public relations and direct marketing campaigns
- annual grants to support community-led initiatives that improve participation in priority populations
- increased engagement with Primary Health Networks, general practitioners and other health professionals
- engagement strategies for:
  - Aboriginal communities
  - culturally and linguistically diverse communitiesincluding paid advertising, the use of ambassadors and the delivery of community engagement events
- service initiatives such as increasing the number of screening and assessment sites across the state and increased capacity within existing locations and deployment of a new BreastScreen NSW mobile van fleet to operate at more than 160 locations across the state.

Visit [www.breastscreen.nsw.gov.au](http://www.breastscreen.nsw.gov.au).

The NSW Cervical Screening Program is a jointly funded Commonwealth/State initiative managed by the Cancer Institute NSW. The overall aim of the NSW Cervical Screening Program is to increase the participation of women aged 20 to 69 years in regular cervical screening. Marketing campaigns are used to encourage women to screen for cervical cancer. Visit [www.csp.nsw.gov.au](http://www.csp.nsw.gov.au).

The National HPV Vaccination Program began in 2007 for females, and was extended to include males in 2013. From July 2017, the Australian Government has extended HPV catch-up vaccination to all Australians 10–19 years of age.

The NSW Cervical Screening Program is administered by the Cancer Institute NSW and targets women aged 20–69 years for two-yearly Pap Tests. A population-based screening program was introduced nationally in 1991. Currently the target for the NSW Cervical Screening Program is to screen 75% of women at risk every two years.

# CORONARY HEART DISEASE

The rate of coronary heart disease deaths among females has nearly halved since 2002–03



In 2015, coronary heart disease was the cause of death for 11% of women



Hospitalisation for coronary heart disease among Aboriginal women was over twice that of non-Aboriginal women in 2015-16

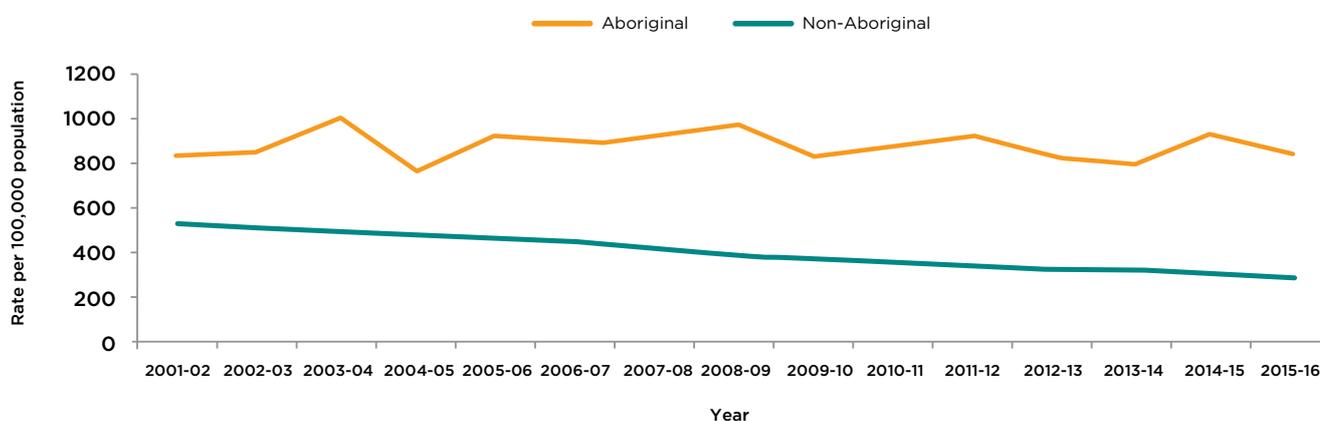
Coronary heart disease is the usual underlying cause of a heart attack. Coronary heart disease happens when the arteries to the heart become narrowed by fatty plaque, which reduces the blood flow to the heart muscle. Coronary heart disease is responsible for 11% of deaths among women.

In 2015-16 there were 14,997 hospital admissions for coronary heart disease in women in NSW. The overall rate of coronary heart disease hospitalisations fell from 522.4 to 303.1 per 100,000 women between 2001-02 and 2015-16. While coronary heart disease hospitalisations are more common among women who are socially disadvantaged, this decrease has occurred across all socioeconomic groups. Aboriginal women, however, have not shared in this improvement. In 2015-16 there were 523 hospital admissions among Aboriginal women for coronary heart disease. Aboriginal women have a substantially higher rate

of coronary heart disease hospitalisations compared to non-Aboriginal women, and this has remained unchanged at 828.4 per 100,000 since 2001-02 (Figure 12).

Deaths among women due to coronary heart disease had a similar pattern to hospitalisations. In 2015 there were 2,922 deaths among women due to coronary heart disease. Between 2001 and 2015, there was a decline in the overall rate of deaths due to coronary heart disease by more than 50%, from 103.2 to 45.9 per 100,000 women between 2001 and 2015. While coronary heart disease deaths are more common among women who are socially disadvantaged, this decrease has occurred across all socioeconomic groups. The number of deaths among Aboriginal women is small at 30-40 per year, and this number has not changed over the last decade.

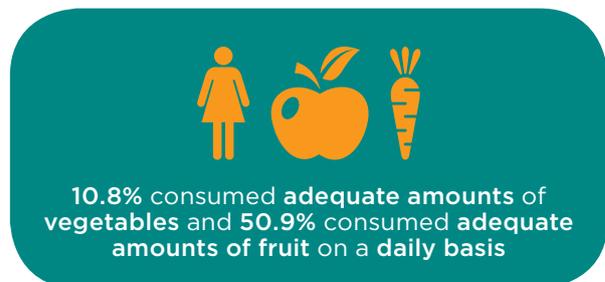
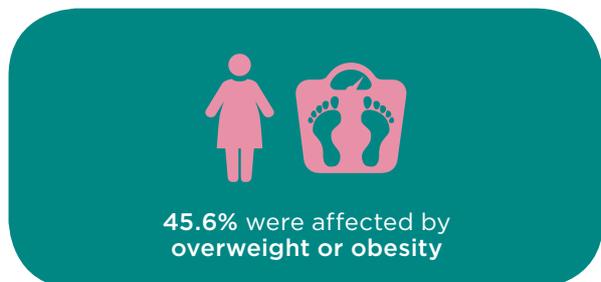
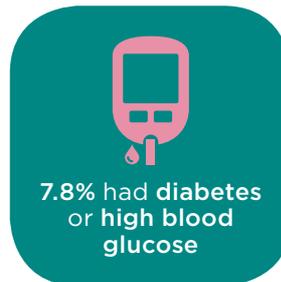
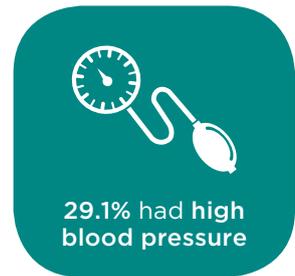
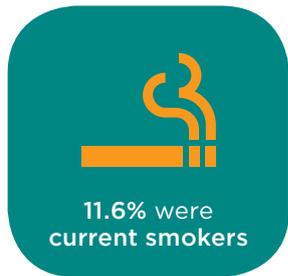
Figure 12. Coronary heart disease hospitalisations among women by Aboriginal status, NSW 2001-02 to 2015-16



NOTE: Rates are directly age-standardised.  
Data source: HealthStats NSW, Ministry of Health.

## Risk factors for coronary heart disease

In 2016\*, of all NSW women:



\* Data for high blood pressure and cholesterol based on 2013 survey data.

## WHAT IS BEING DONE?

The NSW Integrated Care for People with Chronic Conditions (ICPCC) program is a free service provided by Local Health Districts and Specialty Networks for people with chronic conditions who are at risk of hospitalisation in the next 15 months. The ICPCC offers health coaching, care navigation and care coordination to support people to better manage their condition(s) and access appropriate services. The ICPCC is complemented by a range of local integrated care initiatives which also support people with, or at risk of developing, chronic conditions.

Better Cardiac Care for Aboriginal and Torres Strait Islander People (Better Cardiac Care) is a national project supported by the Australian Health Ministers' Advisory Council. It aims to reduce mortality and morbidity from cardiac conditions for Aboriginal people by increasing access to services, better managing risk factors and treatment, and improving the coordination of care. Visit [www.health.nsw.gov.au/aboriginal/bettercardiaccare/Pages/default.aspx](http://www.health.nsw.gov.au/aboriginal/bettercardiaccare/Pages/default.aspx).

The NSW Ministry of Health has invested \$24.8 million in 2017-18 for 41 Aboriginal Community Controlled Health Services to deliver a range of Aboriginal Health programs including chronic care, oral health, domestic and family violence, mental health, vascular health, preventive health care, and drug and alcohol misuse.

# LEADING CAUSES OF DEATH

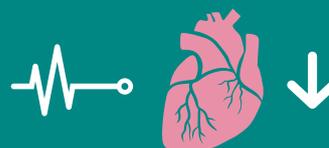
In 2015, the leading cause of death for women was cancer



For women aged between 25 and 44 years, the leading cause of death was injury and poisoning



Aboriginal women had higher death rates than non-Aboriginal women

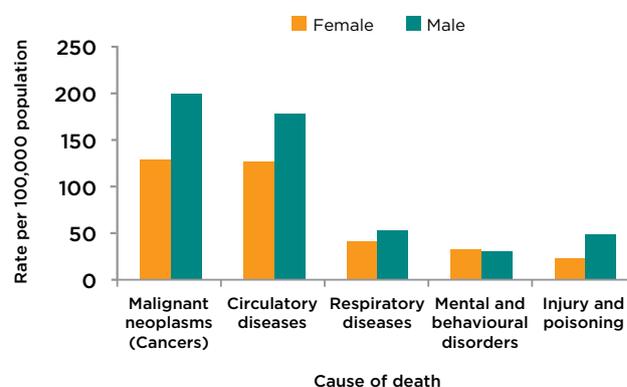


Deaths from cardiovascular disease have significantly declined

In 2015, the two leading causes of death for all women and men in NSW were malignant neoplasms, otherwise known as cancers (131.6 per 100,000 for women and 200.8 per 100,000 for men), followed by circulatory diseases (129.5 per 100,000 for women and 179.8 per 100,000 for men) (Figure 13). Aboriginal women have higher death rates than non-Aboriginal women.

There is a relationship between age and cause of death. For women aged 25–44 years, the leading cause of death was injury and poisoning (17.8 per 100,000). Malignant neoplasms were the leading cause of death for women aged 45–64 years, 65–69 years and 70–74 years. For women aged 75 years and older, the leading cause of death was circulatory diseases (1,904 per 100,000, followed by malignant neoplasms (1,088.2 per 100,000). The rate of deaths of women from circulatory disease have declined dramatically from 333 per 100,000 to 129.5 per 100,000 since 1992 reflecting better prevention, rehabilitation and medical improvements during this time.

Figure 13. Leading cause of death by sex, all ages, 2015, NSW



Population: NSW population.  
Data source: HealthStats NSW, Ministry of Health.

## WHAT IS BEING DONE?

The NSW Government's 2017–18 Budget includes recurrent spending in health of \$21.7 billion, which will provide for more health staff—with capital funding to be invested in new and upgraded hospitals, ambulance stations and facilities in 2017–18. In addition, almost \$1.7 billion will be invested in health capital. Visit [www.budget.nsw.gov.au](http://www.budget.nsw.gov.au).

### Circulatory diseases

Circulatory diseases share many modifiable risk factors with other lifestyle-related chronic diseases such as type 2 diabetes, including lack of physical activity, poor diet, being overweight, smoking and harmful drinking. Strategies for prevention, early detection and optimal management of these risk factors will lead to better health outcomes for people with circulatory diseases and other lifestyle-related chronic diseases. For information on NSW Health programs and policies. Visit [www.health.nsw.gov.au/healthyliving/Pages/default.aspx](http://www.health.nsw.gov.au/healthyliving/Pages/default.aspx).

### Cancers

The Cancer Institute NSW was established in 2003 to promote cancer prevention, early detection, and diagnosis, treatment and care. Since 2004, the Institute has invested more than \$200 million in cancer research to help develop treatments and breakthroughs. The *NSW Cancer Plan: A statewide plan for lessening the impact of cancers in NSW* (2016) aims to reduce the incidence of cancer, increase survival rates, and improve the quality of life of people with cancer. The *NSW Cancer Plan* will focus on Aboriginal communities and culturally and linguistically diverse communities, key cancers and key healthcare systems. Visit [www.cancerinstitute.org.au/cancer-plan](http://www.cancerinstitute.org.au/cancer-plan).

# ACRONYMS AND ABBREVIATIONS

<b>ABS</b>	Australian Bureau of Statistics
<b>ADIS</b>	Alcohol and Drug Information Service
<b>ARIA</b>	Accessibility/Remoteness Index for Australia
<b>ASGS</b>	Australian Statistical Geographical Standard
<b>BHI</b>	Bureau of Health Information
<b>CALD</b>	Culturally and linguistically diverse
<b>CDATs</b>	Community Drug Action Teams
<b>CEE</b>	Centre for Epidemiology and Evidence
<b>FASD</b>	Foetal Alcohol Spectrum Disorders
<b>HPV</b>	Human Papillomavirus
<b>ICPCC</b>	Integrated Care for People with Chronic Conditions
<b>NHMRC</b>	National Health and Medical Research Council
<b>NSW</b>	New South Wales, Australia
<b>SEIFA</b>	Socio-Economic Indexes for Areas: Ranks areas in Australia according to relative socioeconomic advantage and disadvantage

## Important caveats and data limitations

Data used in this report are from a variety of sources, including administrative data collections and surveys. Where available, disparities have been reported across demographic groups such as age, Aboriginality, socioeconomic status and remoteness. A description of each indicator and further information and links to relevant data sources are available in the Explanatory Notes (available at [www.women.nsw.gov.au](http://www.women.nsw.gov.au)).

To make an enquiry or access datasets, please email: [womennsw@facs.nsw.gov.au](mailto:womennsw@facs.nsw.gov.au).

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[www.women.nsw.gov.au](http://www.women.nsw.gov.au)