Submission of Family Planning NSW

Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

December 2020

Portfolio Committee No. 2 – Health
Parliament of New South Wales
portfoliocommittee2@parliament.nsw.gov.au

Family Planning NSW welcomes the opportunity to make a submission to the NSW Legislative Council Portfolio Committee No. 2 - Health regarding the 'Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.'

This submission focuses on the importance of ensuring the availability and accessibility of essential reproductive and sexual health services, information and health promotion in rural, regional and remote areas of New South Wales (NSW).

About us

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW and Australia. Our mission is to enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health. We have been operating for over 90 years, working with communities across NSW, including in regional, rural and remote areas.

Family Planning NSW has significant experience in the provision of reproductive and sexual health information and services. We provide more than 30,000 clinical occasions of service to clients annually, information and health promotion activities to communities, and best practice education and training in reproductive and sexual health for health professionals, educators, disability support workers and welfare professionals.

Our services are targeted to marginalised and disadvantaged members of the community, including people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds, refugees, people with disability, young people and people from rural and remote communities.

Recommendations

Family Planning NSW recommends to:

1. prioritise the improvement of reproductive and sexual health outcomes for people living in rural, regional and remote areas of NSW

2. increase access to reproductive and sexual health services in rural, regional and remote areas of NSW through the provision of additional physical locations, including outreach clinics

3. reinstate telehealth services to address the unmet need for appropriate and inclusive reproductive and sexual health care in rural, regional and remote areas

4. increase access to community-based comprehensive sexuality education for all people in rural, regional and remote areas, including those with specific needs

5. support the capacity building of the health workforce to enable provision of reproductive and sexual health services through community oriented health settings

6. increase access to cultural competency and youth-friendly training for health professionals, community workers and educators to expand the accessibility of appropriate and inclusive reproductive and sexual health services

7. implement accessible navigation programs to assist vulnerable groups to access healthcare

8. ensure reproductive and sexual health information is available in multiple languages and accessible formats, including plain language and easy English

Key points

Reproductive and sexual health is at the forefront of ensuring not only a person's physical health but also their mental wellbeing and ability to function at an optimal level within society. Family Planning NSW provides essential reproductive and sexual health services across NSW, including clinical services, health promotion, professional education and support, and comprehensive sexuality education to people of all ages. We acknowledge that there is a significant unmet need for reproductive and sexual health services in rural, regional and remote areas and that this exceeds the current levels of funded service provision.

Family Planning NSW works closely with Local Health Districts to provide access to essential reproductive and sexual health care to all people across the state. We strongly affirm the need for ongoing support, funding and expansion of existing services to ensure that the reproductive and sexual health and rights of people living in rural, regional and remote communities are met.

The NSW Ministry of Health classifies the following Local Health Districts (LHDs) as being *rural and regional*: Far West, Hunter New England, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW.

Our key points, in relation to the inquiry *Terms of Reference*, are outlined below.

a) Health outcomes for people living in rural, regional and remote NSW

On average, people living in rural, regional and remote areas of NSW experience poorer reproductive and sexual health outcomes than people living elsewhere in NSW, including higher teenage fertility rates, higher rates of maternal death, and higher rates of some sexually transmissible infections (STIs). In rural, regional and remote areas, the ability to easily access reproductive and sexual health services as well as continuing supplies of contraceptive pills and emergency contraception, condoms and other contraceptive devices can be limited.(1)

It is essential that people who live in rural, regional and remote areas of NSW have access to high-quality, evidence-based reproductive and sexual health services, including health promotion and education initiatives to ensure that they are able to achieve optimal levels of health and wellbeing.

b) A comparison of outcomes for patients living in rural, regional and remote NSW compared to other local health districts across metropolitan NSW

All rural/regional LHDs have significantly higher teenage fertility rates than the State's average (7.7 per 1,000 teenagers), with the rate in Western NSW LHD being more than two times higher.(2) Further, the rate in Bourke and Walgett Local Government Areas are 12 and 9-fold higher than the State level and are significantly higher than metropolitan areas.(2) Adolescent pregnancies have major health and social consequences, with pregnant adolescents at higher risk of eclampsia, puerperal endometritis and systemic infections during pregnancy.(3) Adolescent mothers are also at increased risk of exposure to domestic violence, financial stress and education disruption, reflecting the need of equitable access to contraceptive services and comprehensive sexuality education.(4)

People living in rural and remote areas also experience higher rates of maternal, neonatal and fetal deaths when compared to metropolitan areas.(5, 6) This is a wider reflection of the poorer fertility and maternity services available in these areas. For rural, regional and remote communities, accessing appropriate maternity services raises particular issues regarding ongoing nature of care. Women need ongoing care throughout their pregnancy, and those who experience higher risk pregnancies may require periods of hospitalisation and intensive care. Even in a low-risk pregnancy where a woman has access to a General Practitioner (GP), she may still have to travel a considerable distance to access this care, with current support services to alleviate the burden of travel, accommodation and communication often inadequate to facilitate complete support.

People living in regional, rural and remote LHDs within NSW typically have lower rates of cervical cancer screening, and on average have a higher incidence of cervical cancer when compared to the NSW average.(7) Between 2012-2016, Far West LHD and Western NSW LHD had the highest incidence rate of cervical cancer.(7) This may reflect limited access to cervical screening services.(1)

The lack of access to and/or compliance with testing for STIs is demonstrated in the lower notification rates for chlamydia, gonorrhoea, hepatitis B and HIV in rural/regional LHDs in comparison to the average rates in NSW.(8) In particular, the rates of syphilis infection is higher in more isolated communities.(9) Poor screening rates lead to lower rates of treatment and higher levels of underlying morbidity due to delayed diagnosis. Untreated STIs, such as chlamydia and gonorrhoea, can lead to pelvic inflammatory disease, chronic pain and infertility in both men and women.

Between July 2019 – June 2020, there were 12,199 incidents of domestic violence-related assault recorded by NSW Police in regional and rural areas, making up 38% of the 31,692 incidents recorded in wider NSW.(10) Domestic violence has significant impacts on health, with women who experience domestic violence often reporting physical and mental health issues, such as pain, injury, depression and suicide ideation.(11) The Australian Longitudinal Study in Women's Health asserts that due to the high prevalence of domestic violence in rural, regional and remote areas, accessible domestic violence services must be available to improve health outcomes for women.(12) Poorer reproductive and sexual health outcomes often result from limited access to reproductive and sexual health information and care including contraception and pregnancy management services, comprehensive sexuality education and domestic violence screening and services.

Recommendation:

- Prioritise the improvement of reproductive and sexual health outcomes for people living in rural, regional and remote areas of NSW.

c) Access to health and hospital services in rural, regional and remote NSW including service availability, barriers to access and quality of services

Access to essential reproductive and sexual health services, including contraception, cervical cancer screening and domestic, family and sexual violence screening and support, enables women to meet their holistic reproductive and sexual health needs.(13) Reproductive and sexual health services can facilitate access to other community-based social services, including housing and legal support or police services.(13) It is essential that accessible reproductive and sexual health services are available to meet the needs of people living in rural, regional and remote areas.

To improve health outcomes, there is a need to increase the availability of accessible and affordable reproductive and sexual health services, health promotion and comprehensive sexuality education programs. Increasing the capacity of the current health workforce to provide reproductive and sexual health services through community oriented health settings, including Family Planning clinics, may address issues around service accessibility and availability.

Evidence shows that investing in reproductive and sexual health is cost-effective at a systematic and individual level.(14-16) Good reproductive and sexual health has the potential to minimise costs to the health system and has significant benefits at personal, family and societal levels.(14-16)

Access to contraception

Women typically access contraception through their GP, local Family Planning clinic, Women's Health Centre or Aboriginal Medical Service. Access to comprehensive contraceptive services in regional, rural and remote areas is limited. This is particularly apparent in terms of access to long-acting reversible contraceptive

options, where limiting factors often include the lack of appropriately trained staff and culturally acceptable services.(17)

Many unintended pregnancies are the result of no or incorrect use of contraceptive methods.(17) Improvements in access to affordable and comprehensive contraception services and education to enable women to make informed choices about their preferred method of contraception is needed.

Additionally, contraception consults are an opportunity for cervical screening and routine domestic violence and reproductive coercion screening. The high prevalence of domestic violence in rural, regional and remote areas has significant implications on physical, mental and reproductive and sexual health.(12)

Access to cervical cancer screening

Cervical cancer is one of the most preventable and treatable forms of cancer, however, cervical cancer screening rates are significantly lower in rural, regional and remote areas of NSW when compared to metropolitan rates.(7) Most women and people with a cervix typically access cervical screening tests through their GP, Family Planning clinic, Women's Health Centre or Aboriginal Medical Service. Health professionals should be supported, through professional education and training, to embed cervical cancer screening as part of their clinical service provision.

Access to abortion services

Women in rural, regional and remote areas experience significant gaps in access to fully publicly funded and subsidised face-to-face abortion services. Access to medical abortion via telemedicine and face-to-face service delivery is limited in rural areas due to extensive and sometimes limiting referral criteria, high out-of-pocket costs and limited availability of registered dispensers in rural pharmacies. Further, perceptions of local professional confidentiality may result in women travelling to other locations to seek abortion services, often at a significantly higher cost.

All women, especially those living in rural, regional and remote locations, should have access to affordable, appropriately located and safe abortions. Having abortion services available closer to home may help reduce inequities in access to healthcare experienced by rural women. In 2016, a NSW-based study found rural women travelled 1–9 hours one way to access an abortion.(18) Another Australian study of 2,326 women aged 16 and over found women who travelled more than 4 hours were also more likely to have difficulty paying up front costs for private services.(19)

The NSW Government should increase access to affordable safe abortion services in rural, regional and remote locations, and the Federal Government should re-instate the provision of funded telehealth services for reproductive and sexual health services without the restriction of recent face-to-face visits for specialised services.

Expansion of telehealth

With implementation of the Australian Government's response to the COVID-19, GPs, Family Planning NSW and some allied health professionals were able to offer access to clinical services via telephone/ video-conference. This dramatically increased access to reproductive and sexual health services across all areas of NSW, particularly in regional, rural and remote areas where access/service uptake is limited, with attendant individual and societal consequences.

Specifically, with the implementation of funded telehealth services, eligible women in NSW were able to access a range of reproductive and sexual health services. The top four Family Planning NSW services used, in order, were consultations in relation to contraception, gynaecological issues, STIs and pregnancy and fertility services. This has been a 'game-changer' for rural, regional and remote areas as access to low- or no-cost reproductive and sexual health services in this community has been extremely poor up until the present. However, with the restructuring of funded GP telehealth, reproductive and sexual health services

are no longer able to provide this service to clients from rural, regional and remote areas who have not visited a clinic for a face-to-face consultation over the prior 12 months.

Telehealth enables access to essential follow-up care for those living in rural, regional and remote areas, complementing current face to face service provision. For example, women who travel long distances to access long-acting reversible contraception, including intrauterine devices, are able to have their follow up appointment via telehealth. Health professionals are able to provide comprehensive care to clients remotely, rather than risk limited follow up care attendance rates due to travel and other expenses.

It is essential that in continuing to work towards optimising the reproductive and sexual health of people in rural, regional and remote areas, that access to funded telehealth services is reinstated to complement face-to-face service provision.

Access to comprehensive sexuality education

It is crucial that all people receive high-quality and evidence-based comprehensive sexuality education. In Australia, comprehensive sexuality education is not provided consistently across the country. A global review conducted by the United Nations, Education, Scientific and Cultural Organization (UNESCO) found comprehensive sexuality education has a positive impact on safer sexual behaviour, delays sexual debut, and can reduce unintended pregnancy and STIs.(20, 21)

We are concerned that if consideration is not given to the future delivery of comprehensive sexuality education, many individuals will miss out and rates of unplanned pregnancy, STIs, cancers of the reproductive tract, and reproductive and sexual ill-health will increase. Consequences of this are well documented and include increasing levels of poverty, higher rates of physical and mental ill-health, poorer levels of education and higher rates of domestic and family violence.

It is imperative that comprehensive sexuality education is delivered to people living in rural, regional and remote areas through both formal school-based education, formal professional based-education, parent education and at community levels to ensure systematic and individual health benefits, including reduced future costs on the health system.(14, 15) Ensuring the availability of culturally appropriate comprehensive sexuality education to all people, including people with disability, young people both in and out of school, newly-arrived migrants and refugees, people from culturally diverse communities and Aboriginal and Torres Strait Islander people is a key driver for effective community development and reducing poverty.

Recommendations:

- Increase access to reproductive and sexual health services in rural, regional and remote areas of NSW through the provision of additional physical locations, including outreach clinics.
- Reinstate telehealth services to address the unmet need for appropriate and inclusive reproductive and sexual health care in rural, regional and remote areas.
- Increase access to community-based comprehensive sexuality education for all people in rural, regional and remote areas, including those with specific needs.
- Support the capacity building of the health workforce to enable provision of reproductive and sexual health services through community oriented health settings.

k) An examination of the impact of health and hospital services in rural, regional and remote NSW on Indigenous and culturally and linguistically diverse (CALD) communities

The reproductive and sexual health of Australia's Aboriginal and Torres Strait Islander and CALD communities is poor in comparison to the wider Australian population.(22) This is especially the case for individuals living in rural, regional and remote areas. It is essential that health services are accessible and culturally appropriate to ensure that these communities are able achieve optimal reproductive and sexual health. All vulnerable and marginalised communities including young people and people with disability who live in rural and remote areas should have access to appropriate health care.

A high proportion of Aboriginal and Torres Strait Islander people live in rural, regional and remote areas of NSW. The Australian Bureau of Statistics reports 53% (142,586) of Aboriginal and Torres Strait Islander people live in inner and outer regional and remote areas of NSW.(23) Similarly, the Australian Bureau of Statistics reports that 13% (351,625) of NSW residents born outside of Australia currently live in regional and remote areas of NSW.(24)

Aboriginal and Torres Strait Islander communities

Health disparities between Aboriginal and non-Aboriginal people are often linked to issues of accessibility and culturally appropriate practice. Differences in the experience of care in health and hospital services between Aboriginal and non-Aboriginal patients are typically greater in hospitals and health settings in rural, regional and remote areas when compared to metropolitan areas.(25) According to the NSW Patient Survey Program, Aboriginal and Torres Strait Islander patients in NSW rural, regional and remote hospitals generally report more negative patient experiences than those in metropolitan hospitals.(25)

Aboriginal and Torres Strait Islander people have limited access to culturally appropriate health services.(26) Experiences of racism and cultural incompetence within the health system can negatively affect Aboriginal people's health and wellbeing and contribute to increased prevalence of reproductive and sexual ill-health.(26) The use of telehealth has been shown to improve access to specialised care, particularly for Aboriginal and Torres Strait Islander communities in rural, regional and remote populations.(27)

The prevalence of disability in Aboriginal and Torres Strait Islander communities is approximately twice that of the non-Aboriginal population, with Aboriginal and Torres Strait Islander people also experiencing poorer reproductive and sexual health outcomes than non-Aboriginal people.(28) The discrimination and isolation experienced by Aboriginal and Torres Strait Islander people with intellectual disability is compounded by poor availability of disability support services and inadequate training of staff at health and hospital services, particularly in rural, regional and remote areas. The culturally appropriate services that do exist are often not equipped or resourced to support Aboriginal and Torres Strait Islander people with intellectual disability to access specialised reproductive and sexual health services. As a result the vast majority of Aboriginal and Torres Strait Islander people with intellectual disability do not have their reproductive and sexual health needs met in any significant way.(28) There is limited understanding of the most effective service delivery models, particularly in rural and remote areas.

In rural areas, research with young people indicates that they are impacted by structural barriers such as service availability, transport and cost as well as personal barriers such as confidentiality concerns and stigma.(29) Among Aboriginal young people, shame and stigma are also important healthcare access barriers. Aboriginal young people commonly rely on family advice but experience shame about help-seeking when family and community expect they should be self-sufficient and not need to ask for help.

Aboriginal young people highly value being treated with respect and value professionals who are welcoming, caring, non-judgemental and understanding. Welcoming signals – such as Aboriginal flags – are seen as positive ways for services to recognise diversity. Although Aboriginal young people can be ambivalent about their health care journey, health care navigation can be made easier by understanding the healthcare system, care pathways and how to access low-cost services.(29)

CALD communities

Research on the impact of health and hospital services in rural, regional and remote NSW for CALD communities is limited despite a large portion of Australia's population being from a CALD background.(22) Limited accessible and culturally relevant reproductive and sexual health services exist in rural, regional and remote areas. Accessible health services are physically available, reachable, affordable, equitable, appropriate and acceptable. Accessibility of health services is jeopardised if services do not acknowledge and respect cultural values, physical and economic barriers, or if the community is not aware of the services available to them.

CALD communities are often impacted by cultural, personal and structural barriers including language constraints, health literacy levels, socioeconomic status, confidentiality concerns, unfamiliarity with the health system, and education surrounding reproductive and sexual health service access.(30) Refugee young people, including those living in rural areas, are often responsible for helping their families to access healthcare and navigate the health system – navigation support can be of benefit.(29) Cultural and language barriers are most difficult to overcome, with rural, regional and remote health services often having limited access to face-to-face interpreters and in-language resources.(30) Further, there is limited availability in CALD specialised reproductive and sexual health services in rural, regional and remote areas.

Currently, CALD women in NSW are not able to easily locate information on reproductive and sexual health services. Further, information about health service costs remains hidden to most CALD women. This is further exacerbated by limited information available in languages other than English, making it difficult for women from CALD backgrounds to navigate the health system. Expanding access to reliable reproductive and sexual health service information and care will improve equity of access to culturally competent services.

Recommendation:

- Increase access to cultural competency and youth-friendly training for health professionals, community workers and educators to expand the accessibility of appropriate and inclusive reproductive and sexual health services.
- Implement accessible navigation programs to assist vulnerable groups to access healthcare.
- Ensure reproductive and sexual health information is available in multiple languages and accessible formats, including plain language and easy English.
- Reinstate telehealth services to address the unmet need for appropriate and inclusive reproductive and sexual health care in rural, regional and remote areas.

Conclusion

People living in rural, regional and remote areas of NSW do not have equitable access to essential reproductive and sexual health services when compared to metropolitan areas. We strongly urge the NSW Government to prioritise the full range of reproductive and sexual health in future planning for the provision of health services in rural, regional and remote areas of NSW. Without access to these services, many people will experience poor reproductive and sexual health resulting in greater burden on the health system. Where face-to-face reproductive and sexual health services cannot be provided, access to funded telehealth is critical. Finally, the provision of comprehensive sexuality education at school, community and professional levels will ensure that communities in rural, regional and remote areas have access to essential reproductive and sexual health information and care. Without these fundamental underpinnings, then other areas of critical development priorities in health status and community development in the broadest will be severely impeded.

References

1. Newman P, Morell S, Black M, Munot S, Estoesta J, Brassil A. Reproductive and sexual health in New South Wales and Australia: differentials, trends and assessment of data sources. Sydney; 2011.
2. Australian Bureau of Statistics. Births, Australia (Cat no. 3301.0). Canberra: ABS; 2018.
3. World Health Organization. Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000-2015. Geneva: WHO; 2016.
4. Mann L, Bateson D, Black K. Teenage pregnancy. Australian Journal for General Practitioners. 2020;49:310-6.
5. Kildea S, Pollock WE, Barclay L. Making pregnancy safer in Australia: the importance of maternal death review. Aust N Z J Obstet Gynaecol. 2008;48(2):130-6.
6. Australian Institute of Health and Welfare. Rural, regional and remote health-indicators of health. Series 5, AIHW Cat. No. PHE59. Canberra: AIHW; 2005.
7. Cancer Institute NSW. Cancer control in New South Wales: Statewide Report, 2017. Sydney: Cancer Institute NSW; 2018.

8. NSW Health. NSW Sexually Transmissible Infections Strategy 2016-2020: Jan to June 2019 Data Report. Sydney: NSW Health; 2019.
9. Family Planning NSW. Reproductive and Seuxal Health: An Australian Clinical Practice Handbook. Ashfield: Family Planning NSW; 2020.
10. NSW Bureau of Crime Statistics and Research. NSW Recorded Crime Statistics 2015-2019: Incidences of domestic violence related assault as recorded by NSW Police for each NSW Local Government Area. Sydney: NSW Bureau of Crime and Statistics Research; 2019.
11. García-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C. WHO multi-country study on women's health and domestic violence against women: World Health Organization; 2005.
12. Mishra G, Byles J, Dobson A, Chan H-W, Tooth L, Hockey R, et al. Policy Briefs from the Australian Longitudinal Study on Women's Health. Canberra: Australian Government Department of Health; 2019.
13. García-Moreno C, Amin A. The sustainable development goals, violence and women's and children's health. Bulletin of the World Health Organization. 2016;94(5):396-7.
14. Vlassoff M, Singh S, Darroch J, Carbone E, Bernstein S. Assessing costs and benefits of sexual and reproductive health interventions. Occasional Report No. 11. New York: Guttmacher Institute; 2004.
15. Darroch J, Singh S. Adding It Up: The Costs and Benefits of Investing In Family Planning and Maternal and Newborn Health Estimation Methodology. 2009.
16. Jacobsen V, Mays N, Crawford R, Annesley B, Christoffel P, Johnston G, et al. Investing in well-being: an analytical framework. New Zealand Treasury Working Paper 02/23. . Wellington: New Zealand Treasurey; 2002.
17. Larkins SL, Page P. Access to contraception for remote Aboriginal and Torres Strait Islander women: necessary but not sufficient. Medical Journal of Australia. 2016;205(1):18-9.
18. Doran FM, Hornibrook J. Barriers around access to abortion experienced by rural women in New South Wales, Australia. Rural Remote Health. 2016;16(1):3538.
19. Shankar M, Black KI, Goldstone P, Hussainy S, Mazza D, Petersen K, et al. Access, equity and costs of induced abortion services in Australia: a cross-sectional study. Aust N Z J Public Health. 2017;41(3):309-14.
20. United Nations Educational Scientific and Cultural Organization. UNESCO strategy on education for health and wellbeing: Contributing to the Sustainable Development Goals. France: UNESCO; 2016.
21. United Nations Educational Scientific and Cultural Organization. Emerging evidence, lessons and practice in comprehensive sexuality education: A global review. France: UNESCO; 2015.
22. Australian Institute of Health and Welfare. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW; 2018.
23. Australian Bureau of Statistics. Estimates of Aboriginal and Torres Strait Islander Australians. Canberra: ABS; 2016.
24. Australian Bureau of Statistics. Census of Population and Housing: TableBuilder, Australia, 2016 Canberra: ABS; 2016.
25. Bureau of Health Information. The Insight Series – Healthcare in rural, regional and remote NSW. Sydney: BHI; 2016.
26. Hayman NE, Askew DA, Spurling GK. From vision to reality: a centre of excellence for Aboriginal and Torres Strait Islander primary health care. Medical Journal of Australia. 2014;200(11):623-4.
27. Caffery LJ, Bradford NK, Wickramasinghe SI, Hayman N, Smith AC. Outcomes of using telehealth for the provision of healthcare to Aboriginal and Torres Strait Islander people: a systematic review. Australian and New Zealand Journal of Public Health. 2017;41(1):48-53.
28. Aboriginal Disability Network of NSW. Telling It Like It Is, a report on community consultations with Aboriginal people with disability and their associates throughout NSW, 2004-2005. Strawberry Hills: Aboriginal Disability Network of NSW Incorporated; 2012.
29. Robards F, Kang M, Steinbeck K, Hawke C, Jan S, Sanci L, et al. Health care equity and access for marginalised young people: a longitudinal qualitative study exploring health system navigation in Australia. International Journal for Equity in Health. 2019;18(1):41.
30. Smith L. The health outcomes of migrants: A literature review. Sydney: Migration Council Australia; 2015.