



24<sup>th</sup> March 2023

*The Women's Health Strategy is one of the strategies required by the Pae Ora (Healthy Futures Act) 2022. The health strategies being developed share the vision of Pae ora. Pae ora means healthy futures. Pae ora includes mauri ora (healthy individuals), whānau ora (healthy families), and wai ora (healthy environments).*

**The College of Nurses Aotearoa (NZ) Inc.**, (the College) represents professional issues for nursing. The College is a bi-cultural organization committed to addressing health inequities and improving health outcomes for Māori.

The College vision as identified in the <sup>1</sup>Strategic plan:

- In Aotearoa, nursing is recognized as a powerful and essential profession with nursing leaders, critical to improving health outcomes in Aotearoa.
- Voices of nurses are everywhere it matters, advocating for the health and wellbeing of Aotearoa.
- The College of Nurses and its members are recognized as leaders in advancing nursing practice and professional strength.

**Notes:**

- In addition to this written submission, the College seeks to present before the Select Committee when the Bill progresses to that point.
- Due to the very limited time frame for response, we have focused on the Women's Health Strategy. We have responded to this consultation with examples underneath each heading.

---

1. Wellbeing

**Equity**

The health system in Aotearoa is based on a Eurocentric model of treating illness rather than maintaining wellness. We contend that a focused and coordinated plan on wellness could be developed to locate and plan the parts of health services for women in which there is inequity. We note that groups who experience inequities in health and wellbeing include Māori and Pacific women, ethnic and migrant women, disabled women, older women, solo mothers, the rainbow community,

---

<sup>1</sup> <https://www.nurse.org.nz/strategic-plan.html>

including takatāpui people and mahu, vakasalewalewa, palopa, fa'afafine, akava'ine, fakaleiti or leiti, and fakafifine (MVPFAFF+).

**Recommend:** Collaborative leadership by nurses from Women's Health, Women's health research, public health, and Te Aka Whai Ora to address the continued inequity of access to women's services across the whole of health.

## 2. Wellbeing needs

### **Period Poverty**

<sup>2</sup>Periods aren't just an annoyance for girls and women. Students miss school as they use inadequate alternatives such as paper and rags instead of expensive period products. Even when families do prioritise period products the outcome can be detrimental as the purchase of other vital supplies such as healthy and fresh food is impacted. Periods are an unavoidable cost and women should not be disadvantaged by this, financially or educationally.

Access to fit-for-purpose period products is a necessity. Anyone who experiences menstruation women, girls, transgender and gender diverse, need supplies which meet diverse needs and cultural perspectives.

The Ministry of Education has created <sup>3</sup>**Ikura manaakitia te whare tangata** and we support this initiative and strongly encourage the broadening of this initiative into all educational spaces and the wider community.

**Support:** A wide cross-sectoral range of approaches to combat period poverty and address inequity. It is essential that Aotearoa mitigates the impact of socio-economic disadvantage.

## 3. Patterns and trends

### **Ovarian Cancer**

#### **Incidence and mortality (NZ stats)**

On average: 360 women are diagnosed per year and 200 women die from ovarian cancer per year,

---

<sup>2</sup> <https://www.dignitynz.com/period-poverty>

<sup>3</sup> <https://www.education.govt.nz/our-work/overall-strategies-and-policies/wellbeing-in-education/ikura-manaakitia-te-whare-tangata-period-products-in-schools/information-for-schools-and-kura/>

twice as many female deaths as the road toll. Ovarian cancer survival is less than half that of breast and prostate cancer. Deaths in Aotearoa from ovarian cancer have increased by 46% in the last 20 years which is double the rate of prostate cancer, and nineteen times that of breast cancer. Aotearoa has a 5-year survival rate of 36.3%.

1/3 of women are diagnosed with rare ovarian cancer – associated with young age and increased delay in diagnosis.

- Māori and Pasifika peoples have an increased incidence of rare ovarian cancers.
- Māori wāhine are 62% more likely to die of ovarian cancer compared to non-Māori.
- 1 in 4 wāhine wait a year or longer to receive a diagnosis from first visiting a doctor.

80% of Aotearoa women diagnosed with ovarian cancer report being made to feel like a hypochondriac at some stage prior to their diagnosis. Most women experience significant avoidable delays in receiving a diagnosis.

**Recommend:** That all women are afforded the same timely attention and diagnostic services available to men. Equity of access to timely and appropriate care, not only in Ovarian cancer, but in cardiac care and other common conditions.

#### 4. The health system's performance for women

##### **Endometriosis**

The health system is failing women and girls with endometriosis. The average delay between onset of symptoms and diagnosis is five doctor's visits over 8+ years. This delayed diagnosis can have a significant impact on quality of life, mental health, and fertility.

Many issues contribute to delayed diagnosis including a lack of education for primary health care providers and emergency departments about the condition, its symptoms and when to refer patients to a gynaecologist.

However, even once referred there are long waiting lists for gynaecologists, and limited access to publicly funded ultrasounds, MRIs and hormonal treatments. The cost of pursuing these options privately is also prohibitive for those with endometriosis, raising significant equity concerns. Delayed diagnosis and fragmented care means many patients are not receiving adequate treatment and management until they have had the condition for many years.

**Recommend:** That the Women’s Health Strategy includes a comprehensive portrayal of women’s health issues including endometriosis as a particular issue. This would need to be operationally supported by Te Whatu Ora as part of an Aotearoa specific National Action Plan for Endometriosis.

## 5. Health workforce

### **Pay parity**

Nursing remains a highly feminised profession, as a result the gendered issues of <sup>4</sup>occupational segregation impact and surround the profession, resulting in significant inequity. Pay equity for the nursing profession is a current point of tension with large parts of the health sector, such as Aged and Residential Care and primary health care, on significantly lower pay rates than nurses working in Te Whatu Ora. This must be reviewed and addressed as a matter of urgency to address significant nursing workforce shortages.

Pay inequity for up to 50% of the nursing community has gone beyond industrial implications and will continue to directly affect patient care. Aotearoa does not have enough nurses to deliver nursing care to the population. Pay inequity compounds this shortage. Pay equity is a common issue in feminised professions and unless resolved it will exacerbate the disprivilege attributed to feminised roles, to nursing, and deter young people from seeking to enter the profession.

**Recommend:** Urgent review (with nurses) to discuss the nursing workforce shortage, the complexity surrounding it and the occupational segregation it causes. Deterring people from entering the profession and exacerbating the worsening nursing shortage.

### **Nurses bridging the gaps**

Nurse Practitioners and registered nurses are increasingly the only health practitioners that some patients engage with, especially those living rurally and remotely, or those in socio-economically deprived areas. This includes vulnerable people who may also identify as Māori and Pacifica or the LCTBGT + communities. Evidence is already available that shows procedures such as colposcopy, undertaken by nurses, have already improved health care outcomes and local access to health checks. Additional skills such as ultrasound scanning could also improve diagnosis and timely referral, for example in ovarian cancer.

---

<sup>4</sup> Ministry for Women. (2020). *Gender pay gap*. <https://women.govt.nz/work-skills/income/gender-pay-gap>

A number of service models are being used across the country such as Nurse Colposcopists who are addressing ongoing health needs of women including diagnosis and treatment of cervical cancer and other gynaecological pathologies. These services are mobile, with vehicles specifically modified with the necessary equipment to take clinics to women in the community. This nursing model of mobile services has also worked for other health services for example, NP clinics and including breast screening. This model can focus on the equity of access to health care for Māori and Pacifica and the LCTBGT + communities, encouraging nurses to support the communities to which they are most connected.

**Recommend:** Urgent review (with nurses) to discuss the nursing workforce capabilities, the complexity surrounding it. Broadening career options in the profession is a pragmatic and readily available solution to equity in health care which acknowledges that many nurses want to practice in the communities in which they have the strongest connections and expertise.

### **School nurses**

School nurses provide onsite, accessible, free healthcare services to students in schools. There are equity issues regarding access to school nurses and the employment positioning of school nurses. In Aotearoa school nurses are often employed under Vote education and employed by school principals. Others sit under regional public health nursing services. This inconsistency results in marginalisation and disenfranchisement of the school nurse workforce.

School nurses are key front-line professionals in assessing for risk of substance abuse, STI's, teenage pregnancy, smoking, gender diversity and mental health issues in school age children. We believe school nurses deserve increased funding, professional development and management under a health framework to avoid constraint of practice by religious and/ or culturally sensitive employers.

**Recommend:** An increased focus on wellness supported by a consistent, co-ordinated nationwide specialty-based, public (Vote Health), youth-health nursing workforce in schools. We believe investment in this vital workforce will address many at-risk-youth and begin to contend with equity issues related to public health and health service access.

### **Seeking out advice from the nursing profession**

Despite being one of the largest workforces in the country at approx. 69,000, which equates to 50% of the regulated health workforce, with 91 % of that workforce identifying as female, we have only

just been sought to take part in the development of this vital piece of work.<sup>5</sup> While changes are needed in how decision-makers regard the value of nursing expertise, nurses remain constrained and seen as deliverers of care rather than health leaders or strategists. We no longer believe nursing is actively left out of decision/ policy-making spaces; we believe nursing is simply not considered.

Nursing is a highly gendered profession with subsequent social and professional constraints. While the profession has started to recognise the need for change, in the wider health sector including policy spaces, nurses remain invisible and unheard. To address this issue, the College, (in collaboration with NZIER) is delivering courses for nurses who are moving into or need to engage with gendered policy spaces.

**Recommend:** The Ministry of Health actively and routinely seeks representation from the nursing profession for advice on clinical matters, health policy, research, and education. Contacts and networks with nursing's key professional bodies is a simple yet vital way to engage.

## 6. Priorities for system change

### **Research funding**

In Aotearoa, the government puts three times the resources into reducing prostate cancer deaths than ovarian cancer deaths. HRC has not funded a dedicated ovarian cancer project since 2013 and has only awarded a total of \$400k (\$397,649) to dedicated ovarian projects in the last 22 years. In 1970 ovarian and prostate cancer survival was similar (30-40% at 5 years). Today prostate cancer survival is more than double ovarian cancer survival.

Every year, 20 wāhine with ovarian cancer would still be alive after five years, if they lived in Australia instead of Aotearoa. We consider this an appalling statistic and strongly promote the need for significantly increased Ovarian cancer research funding.

**Request:** A review to establish equity in research funding and resources for ovarian cancer and other women's medical conditions.

---

<sup>5</sup> Manning, E. (2022). *Self-employed registered nurses: The impact of liminality and gender on professional identities and spaces* [Unpublished doctoral thesis]. Massey University.

## In summary

**The College recommends:** Collaborative leadership by nurses from Women's Health, Women's health research, public health, Te Whatu Ora and Te Aka Whai Ora to address the continued inequity of access to women's services across the whole of health.

**The College supports:** A wide cross-sectoral range of approaches to combat period poverty and address inequity. It is essential that Aotearoa mitigates the impact of socio-economic disadvantage.

**The College recommends:** That all women are afforded the same timely attention and diagnostic services available to men. Equity of access to timely and appropriate care, not only in Ovarian cancer, but in cardiac care and other common conditions.

**The College recommends:** That endometriosis is included in Women's Health Strategy to ensure that the Strategy includes a comprehensive portrayal of women's health issues. This would need to be operationally supported by Te Whatu Ora as part of an Aotearoa specific National Action Plan for Endometriosis.

**The College recommends:** Urgent review (with nurses) to discuss the nursing workforce shortage, the complexity surrounding it and the occupational segregation it causes. Deterring people from entering the profession and exacerbating the worsening nursing shortage.

**The College recommends:** Urgent review (with nurses) to discuss the nursing workforce capabilities, the complexity surrounding it. Broadening career options in the profession is a pragmatic and readily available solution to equity in health care which acknowledges that many nurses want to practice in the communities in which they have the strongest connections and expertise.

**The College recommends:** An increased focus on wellness supported by a consistent, co-ordinated nationwide specialty-based, public (Vote Health), youth-health nursing workforce in schools. We believe investment in this vital workforce will address many at-risk-youth and begin to contend with equity issues related to public health and health service access.

**The College recommends:** The Ministry of Health actively and routinely seeks representation from the nursing profession for advice on clinical matters, health policy, research, and education. Contacts and networks with nursing's key professional bodies is a simple yet vital way to engage.

**The College requests:** A review to establish equity in research funding and resources for ovarian cancer and other women's medical conditions.

Thank you for the opportunity to comment on the Women's Health Strategy.



Dr Liz Manning, RN, PhD, FCNA (NZ)

Strategic projects manager

College of Nurses Aotearoa (NZ) Inc

027 814 9397

[Liz.manning@kynance.co.nz](mailto:Liz.manning@kynance.co.nz)