WOMEN'S HEALTH AND WELLBEING SCORECARD

Towards equity for women

MONASH University

Published November 2022

About the Monash Centre for Health Research and Implementation

MCHRI
Monash Centre for Health Research and Implementation

Our vision is Better Care, Better Equity, Better Health.

Established in 2006, the Monash Centre for Health Research and Implementation (MCHRI) builds on a strong partnership between one of Australia's largest health networks, Monash Health, and its largest university, Monash University, with national and international reach and partnerships.

We are international leaders in women's health, public health, healthcare improvement and equity. We bring together diverse, cross disciplinary experts with consumers and stakeholders to improve health and wellbeing for and with the community.

Monash Health

MONASH University

Executive Foreword

Australia ranks 1st for women's education but 70th on women's economic security and opportunity.

Equitable health and wellbeing of the community is a social justice issue, and is also essential for social and economic growth. Health, employment and economic resources are basic human capabilities that give individuals the freedom and capacity to participate in society. Having good health, meaningful employment and a decent level of income and wealth allows individuals to fully participate in and contribute to society.

These are also vital for economic growth. Our economy is built upon healthy and skilled people participating in the labour force, and in our society. Poor health, low income and absence from the labour force comes at enormous cost presenting a key barrier to future prosperity.

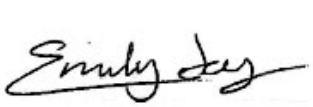
Women disproportionately have lower income, less engagement in the labour force and poorer health even in a high-income country like Australia. This inequality costs $72 billion in lost GDP just associated with women's labour force absence in Australia alone. Removing the structural barriers that prevent equality is an urgent priority. This report confirms that progress is either not being made or is too slow with over a century needed to close gender gaps.

Addressing the simultaneous inequalities in health, employment and economic resources is a complex undertaking and cannot be done in siloes. Low income and unemployment are two of the primary determinants of poor health. Health includes dimensions of both physical and mental health and wellbeing. Poor physical and mental health in turn reduces ability to participate in the labour force, lowers income and reduces wealth, then limiting access to healthcare.

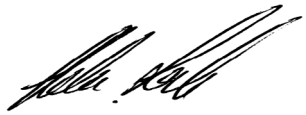
'This report highlights key health and wellbeing indicators where women have poorer outcomes than men — but this should not be the status quo. Urgent action to address women's health and wellbeing, through a women-centred, evidence based, systems level approach — is imperative now.'

This sets up a wicked cycle of entrenched poverty and poor health; disproportionately effecting Australian women.

This report, based on the nationally representative Household, Income and Labour Dynamics in Australia (HILDA) Survey highlights key health and wellbeing indicators where women have poorer outcomes than men – but this should not be the status quo. Urgent action to address women's health and wellbeing, through a women-centred, evidence based, systems level approach – focused on achieving real change for women, through implementation of evidence, monitoring and accountability is imperative now.



Associate Professor
Emily Callander



Professor
Helena Teede

'Women disproportionately have lower income, less engagement in the labour force and poorer health. This inequality costs $72 billion in lost GDP.'

Australia ranks 1st for women's education but 70th on women's economic security and opportunity.

2.7 million women are missing from the labour force. Costing the Australian economy $72 billion in lost GDP annually.

For women, this means lower income now, and lower superannuation accumulation over their lifetime.

Progress is too slow, it will take over 200 years to reach equality between men and women.

The MCHRI annual scorecard captures women's health and wellbeing outcomes in Australia, documenting progress over time.

Financial limitations are a key determinant of health.

Women's economic equity and health have deteriorated in the past decade.

The psychological distress of women aged 15–24 & 55–64 has escalated dramatically in the last 10 years.

Urgent action is now needed to identify key drivers and implement effective interventions focussed on equity.

Summary of health indicators

Women's social functioning, emotional and physical ability to perform their role, **declined** between 2001 and 2020. Around two thirds of women report poor physical functioning, low levels of vitality and poor general health and mental health. In 2020, women reported **poorer health outcomes than men** in every health domain except general health.

Health domain	% of women in 2020 reporting poor health	Change since 2001	Gender Gap in 2020 (percentage points)
General Health	63.7	-3.1 ▲	-0.9 ▲
Mental Health	63.4	-4.3 ▲	4.9 ▼
Physical Functioning	65.9	-6.3 ▲	4.5 ▼
Social Functioning	61.8	4.4 ▼	6.2 ▼
Emotional Ability to Perform Role	41.5	5.2 ▼	4.1 ▼
Physical Ability to Perform Role	40.5	1.3 ▼	2.1 ▼
Vitality	63.0	-2.0 ▲	7.3 ▼
Bodily Pain	58.9	-11.8 ▲	3.3 ▼

2011 and 2022 data will be presented in the next report, when this data becomes available

Women report poorer health in all domains then men, except one.

Women's health in many domains are also going backwards over time, and the majority reported poor health in mental health, physical and social functioning, emotional and physical ability to perform a role, vitality and bodily pain.

Summary of wellbeing indicators

Overall, the percentage of women in full time employment increased, and the percentage who were unemployed, not in the labour force, in income poverty and in multidimensional poverty decreased between 2001 and 2020. However, the gender gap between men and women remained for all indicators except unemployment. In 2020 women reported **less full-time employment, more being out of the labour force, income and multidimensional poverty**. Women's average income and superannuation balances increased between 2001 and 2020, but women continued to have **lower income and less superannuation** than men.

There was a **19 percentage point gap in full time employment, a $23,767 annual income gap and a $44,746 superannuation gap between men and women** in 2020.

Wellbeing Indicator	% of women in 2020	Change since 2001	Gender Gap in 2020 (percentage points)
Full time employment	29.7	1.6 ▲	-19.3 ▼
Part time employment	28.4	3.14 ▲	13.5 ▲
Unemployment	3.6	0.14 ▲	-1.7 ▼
Not in the labour force	38.4	-1.04 ▼	7.5 ▲
Income Poverty	11.8	-4.5 ▼	1.2 ▲
Multidimensional Poverty	7.7	-1.4 ▼	1.2 ▲
	Mean amount for women in 2020	**Long Run Change 2001 — 2020 (difference in means)**	**Gender Gap in 2020 (difference in means)**
Annual personal income	$52,149.46	$19,446.04	-$23,767.15
Superannuation balance	$62,742.57	$16,926.91	-$44,746.39

Women have poorer labour force outcomes, lower income, and less superannuation than men. These outcomes are improving slowly over time; but gender gaps remain large, particularly around full-time employment, labour force absence, income and super.

At these rates it will take 70 years to reach equality on full time employment, and more than 200 years to reach equity on income.

Summary of Health and Wellbeing Intersection

Low-income women had poorer health than high income women in every domain of health assessed. There was a more than 20 percentage point gap between lowest and highest income women for most domains. The largest gap was for physical ability to perform role where 61% of women in the lowest income group experienced poor health in this domain; but only 26% of women in the highest income group did.

Similar differences were seen for general health, physical and emotional ability to perform role, physical functioning, and bodily pain.

Poor Health Status — Income Group Comparison

Women with lower incomes consistently experience poorer health. These differences are profound, and demonstrate that health and wellbeing cannot be considered in insolation.

Poor health is known to reduce income; and low income is known to increase risk of poor health creating a cycle of disadvantage for Australian women.

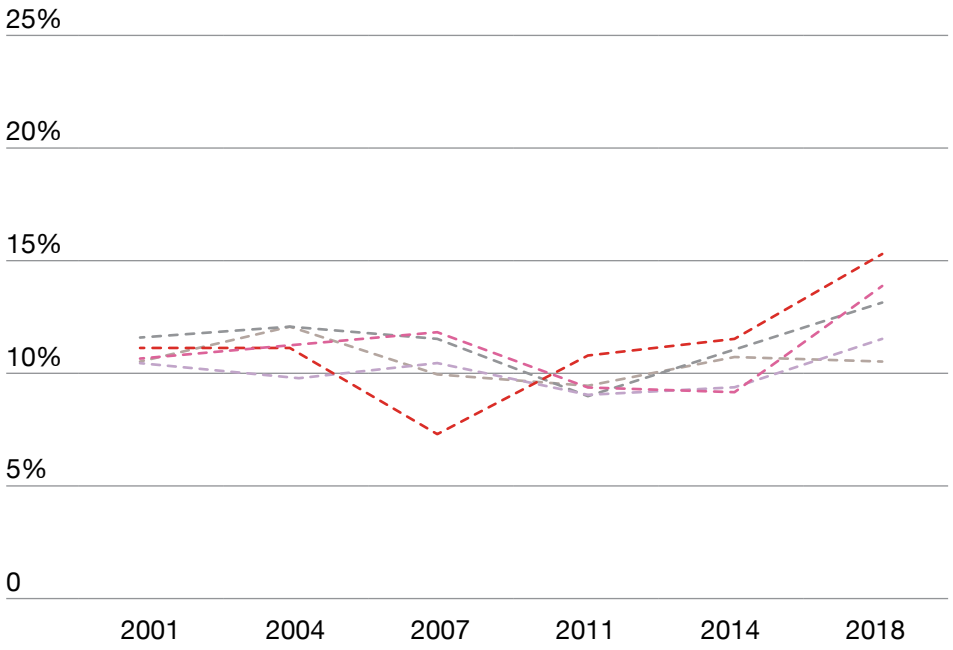
Psychological distress

Women aged 18-24 were the group reporting the highest percentages of elevated distress in all years. Women aged 55-64 initially were the group reporting the lowest percentages of elevated distress in 2001, then became the group reporting the second highest percentages of elevated distress in 2018.

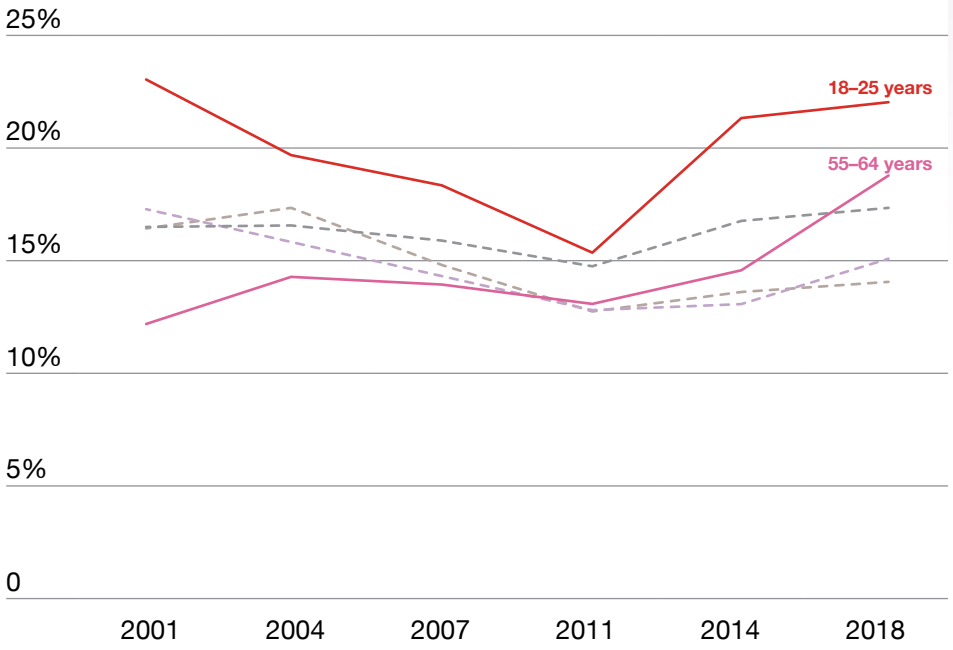
More women than men reported experiencing elevated psychological distress.

Rates of psychological distress increased sharply for women aged 18-24 and 55-64.

Men's psychological distress



Women's psychological distress



18–25 years | 25–34 years | 35-44 years | 45-54 years | 55-64 years

High level and above psychological distress measured on Kessier 10 scale

DOI: 10.3389/fpsyt.2022.815904

An Australian first: Institute of Women's Public Health, Wellbeing and Equity

In this context the team behind this report are working towards An Australian first Institute of Women's Public Health, Wellbeing and Equity. The Institute aims to deliver the highest attainable standard of physical and mental health and wellbeing with, for and by Australian women and girls.

The Institute of Women's Public Health, Wellbeing and Equity will:

- **Deliver successful solutions** — Diverse experts supporting women, health professionals, services and policy makers with credible evidence-based, implementable solutions that deliver better health and wellbeing outcomes.
- **Advance policy and population health priorities** — Supporting health and wellbeing holistically with women across the life course.
- **Work across disciplines** — Breaking down silos to bring together experts in health, finance, policy, digital health, IT, engineering, social sciences law and education to deliver equity, health and wellbeing for women and their families.
- **Give women a voice** — Partner with women to codesign, implement, evaluate and deliver person centric health support and care

The proposed Institute will relieve the burden on women and their families by concentrating on prevention and working across the social determinants of health. It will have a strong focus on financial insecurity and equity, and the way these factors influence health and the need for policy and systems change.

The full statistical report for the Women's Health and Wellbeing Scorecard can be found at the Monash University Website.

Suggested citation: Callander E., Enticott J., Garad R., Hamilton A., Teede H. (2022), 'Women's Health and Wellbeing Report, 2022', Monash Centre for Health Research and Implementation: Melbourne.

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