

# Survey News



## Who is being surveyed at the moment?

Earlier this year the 1921-26 cohort completed their sixth survey. From now on, this group will be surveyed every six months instead of every three years. If you are in this age group and have not yet received your sixth survey, please call 1800 068 081 and we will mail a survey to you.

In March 2012 the women in the 1973-78 cohort will receive their sixth survey. If you are in this cohort and have moved (or you are soon to move), please let us know by contacting us on 1800 068 081 or completing and returning the enclosed change of details form.

## Major reports released

2011 saw the release of two major reports on ALSWH. In March, a report entitled 'Women, health and ageing' was released. This report focused on the health and wellbeing of women in the 1921-26 cohort. Key findings are that arthritis symptoms, sleeping difficulties, and chronic illnesses are concerns for women as they age. Despite this, approximately half of the women in the cohort have maintained good physical health over the past 15 years and many report a good quality of life. Understanding women's ageing and what contributes to women's wellbeing as they age is particularly important as women have a longer life expectancy than men, and older women are occupying an increasingly larger proportion of the Australian population. This report is one of the sources of information that the government uses to develop services and policies that meet the needs of this important group.

The second report, 'Rural, remote and regional differences in women's health', was released in October. This showed that women in major cities make greater use of health services, including dentists and specialists, than women in regional towns and remote areas. Furthermore, women in rural areas experience lower rates of life saving procedures, lower levels of care for heart conditions and fewer visits to specialists, the further they live from services. This is alarming when rural women are at greater risk of heart disease and obesity. On a positive note, rural-dwelling women are responding strongly to health promotion messages, with breast cancer screening rates highest in remote areas and Pap test rates highest in regional areas. Women in rural areas were also found to be more likely than urban-dwelling women to visit alternative and complementary practitioners. Overall, this report emphasised the need for strengthening policies to enable better access to services for women outside the major cities.

### Did you know?

Since the beginning of ALSWH in 1996:

- 322 papers have been published
- 218 workshops and seminars conducted
- 563 conference presentations delivered

Thanks to your participation, the study has been nationally and internationally influential.

## 1973-78 cohort



### ALSWH findings: Fertility

In the 2009 survey of the 1973-78 cohort, answers to questions about fertility revealed that:

- 10% were trying to become pregnant
- 31% had not tried to become pregnant
- 4% had experienced fertility problems but not sought help
- 12% had experienced fertility problems and had sought help
- 4% had used IVF
- 1% had found that they could not have children.

### Employment plans

We've been asking you for years about what you want at the age of 35! It's interesting how aspirations for employment and parenthood changed according to different events in women's lives over the years. When first asked at age 18-23, 'when you are 35, would you like...?', 60% of women said they wanted to be in full-time paid work. Ten years later, aged 28-33 years, only 36% aspired to full-time work, and the majority wanted part-time work. Who was most likely to have made this change? Women who had married or begun new, committed relationships were most likely to have switched from wanting full-time to wanting part-time work. Women with higher education were also likely to change their aspirations towards part-time employment at the age of 35, perhaps because these women also tended to start their families later

### ALSWH findings: Health service use in the 1973-78 cohort

- 51% visited the dentist in 2009, while 41% did not visit the dentist in that year
- 34% visited a GP 1-2 times in 2009, while 5% did not visit a GP in that year
- 25% visited a specialist doctor 1-2 times in 2009, while 50% did not
- 12% visited a herbalist/naturopath
- 18% went to a counsellor in 2009
- 17% visited a chiropractor in 2009

Overall, 59% of participants in 1973-78 cohort rate their health as excellent or very good.

## 1946-51 cohort



### Working towards retirement

We have been asking women in this age group about their decisions on how to spend their work and leisure time. Many women say they feel pleased about leaving the workforce and that they are prepared for their upcoming retirement. Feeling financially secure is obviously very important, but so is the desire for a different lifestyle away from the pressures of work. Slowing down in general and having time for travel, physical activity and hobbies, are all on women's to-do lists. At the same time, women are concerned about their own health and the health of others. Some women are looking at how best to find a balance between 'me-time' and being there for family members, both of which are important. Other women are worrying about how to avoid being overwhelmed by the needs of other family members. Some are finding that their husbands or partners, or indeed their children, have very different plans for retirement than their own. But, whether working or in retirement, partnered, single or widowed, most women express a desire to make changes to many areas of their lives as they move into retirement age.

### Heart disease and emotional wellbeing

In 2008, more than 300 women completed a survey about their heart health, surgical procedures, mental and physical wellbeing, and history of traumatic events. The results suggest that predicting who is at risk of developing heart disease is complicated. Health status, lifestyle, and social status are all important, but so is being depressed, especially in combination with anxiety. Emotional conditions such as depression and anxiety affect the body in ways that damage the heart. Further, women who are depressed or anxious are at greater risk of being smokers, not getting enough exercise, and not eating well, and all of this can affect heart health as well.

We also asked women with angina about their quality of life and found that the worse the angina, the poorer the quality of life, even when women were taking medications to control their angina.

### Rural and urban differences in consulting Complementary and Alternative practitioners

One of the items that women answered is whether they have seen a Complementary or Alternative health practitioner, such as naturopath, herbalist, or chiropractor. Women in rural and remote areas consult this type of practitioner more often than those living in urban areas. This doesn't seem to be related directly to a shortage of medical doctors, but the reason for it is not quite clear. In the cities, women who saw this type of practitioner tended to be dissatisfied with medical services and the availability of these services, but this wasn't the case in rural areas. Women most often go to these practitioners for help with osteoporosis, arthritis, asthma, bronchitis/emphysema, low iron levels and hypertension.

### ALSWH findings: Changes to bulk billing

- 1996-2002: ALSWH reported decreased bulk billing and increased out-of-pocket costs for all age groups - particularly women in rural and remote areas.
- 2004: Changes in Medicare reimbursements to GPs for services provided in rural and remote areas made bulk billing more available in such settings.
- 2002-2008: ALSWH found bulk billing had increased and out-of-pocket expenses decreased in rural and remote areas.

## CONTACT US:

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## Welcome to the 2011 newsletter

There have been some exciting developments this year for The Australian Longitudinal Study on Women's Health (ALSWH), including new funding for the project and development of an online version of the survey.

### The Australian Longitudinal Study on Women's Health goes online

In the past, some participants have asked about completing the survey online. We are pleased to announce that this is now possible! Participants of the 1973-78 cohort will be the first to experience the option to complete the survey online when they are surveyed in 2012. You will still have the choice to complete the survey on paper if you prefer. We can assure you that your information will remain secure as our standards of confidentiality will continue to comply with the Australian Privacy Act. ALSWH want to make participation as convenient as possible for everyone. Please ensure that we have your current email address so that if you are invited to complete the survey online we can send you the survey link. To update your email address or any other information, please email us at [whasec@newcastle.edu.au](mailto:whasec@newcastle.edu.au) or phone us on our freecall number: 1800 068 081.

### New funding, new cohort

New funding from the Australian Department of Health and Ageing has allowed us to expand the capacity of the study. As faithful participants of 16 years, you will be joined by a new cohort of participants aged 18-23. To date, we have conducted

13 focus groups in preparation for the addition of the new cohort. We held discussions in Newcastle and Campbelltown in NSW, and Brisbane, Longreach and Rockhampton in QLD. We discussed topics such as internet access, question content, linkage consent, and confidentiality. The focus groups provided encouraging feedback, with many participants saying they would happily participate in the study after hearing what would be involved.

All ALSWH participants are invaluable. By including multiple generations, experiences and perspectives, we can ensure that the survey results and evaluations are relevant to all women in Australia and the collaborative voice of Australian women is heard. Thank you for your continued participation. We could not do it without you.

### 1921-26 cohort six-monthly survey

Another benefit of ALSWH's new funding will be an increased focus on the 1921-26 cohort, since it is unique in Australia to have a group of participants of this age group who have been part of a survey for such a long period of time. ALSWH will be sending a survey to the women of the 1921-26 cohort every six months, rather than every three years as previously. The survey will be much shorter and by following these women more closely, we can understand the health and lifestyle of older Australian women in greater detail. The information gained will be very useful for policy development, as the population of older women in Australia continues to grow.

## Putting information together to improve health and health care services for Australian women

### Background

You may remember that during this project we have asked you for permission to receive details from Medicare Australia about your use of Medicare-funded health services. By putting the Medicare data together with the survey data, we have looked at general patterns of use of health services, particularly general practitioner and specialist consultations. Having these data has helped us to write reports about women's access to health services and particularly about how much the services cost according to where women live around the country. These reports have been provided to the government to help improve services for women.

### What's new?

Following discussion with Medicare Australia, information held by them will be regularly provided to the research team without your needing to consent every time. Other information such as birth and death records, disease registers and hospital discharge records, aged care, and community datasets will also be available subject to strict privacy and confidentiality rules. Names and addresses are not included with the information. The project staff analysing these datasets and the survey data have signed confidentiality statements and they have no information in the datasets that could identify an individual person. This research

is conducted in accordance with relevant privacy requirements and other legislation protecting this information.

### What happens next?

You do not need to do anything. However if you have any questions about this process or if you need more information, please call the Freecall number and we will send you a more detailed information sheet. If you have concerns about this new method of data collection, you can opt out of this by phoning the Freecall number **1800 068 081**. We will provide updates in future newsletters about our progress and findings, and how this research will benefit the health of women now, and in the future.

If you have any concerns about this project, and would prefer to discuss these with an independent person, you should feel free to contact the Human Research Ethics Officer at either the University of Newcastle or University of Queensland.

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Research Branch, The University of Newcastle,  
University Drive, Callaghan NSW 2308.  
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### New staff at The Australian Longitudinal Study on Women's Health



ALSWH have some new staff members! In addition to the familiar voice of Jenny (2nd from left), you may hear from Margaret, Stephanie or Elisabetta (left to right) in the future. We are excited to have new staff around to help with the new cohort starting in 2012 and the six-monthly follow-up of the 1921-26 cohort.

# 1921-26 cohort

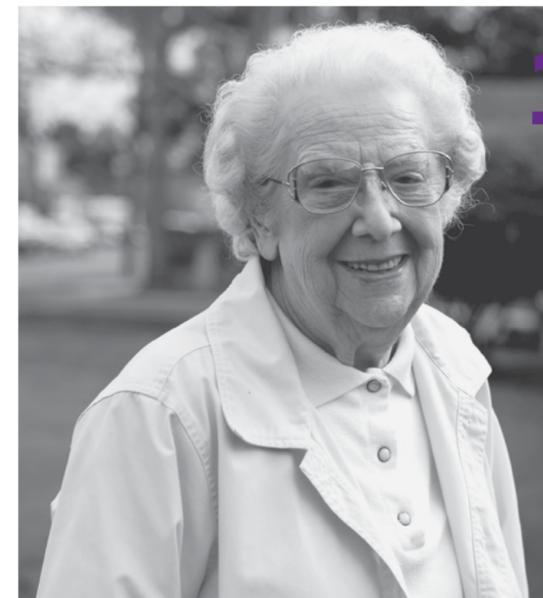
women are receiving treatments that are based on best practice. Women in rural areas were less likely to have diagnostic tests such as echocardiograms and also had fewer visits to heart specialists.

### Complementary and Alternative Medicines

In 2009-2010, we spoke with women from the 1921-1926 cohort about Complementary and Alternative Medicines (CAM) and other types of healthcare options. This involved personal visits, 13 in rural areas and 12 in the city. Many of the rural women commented on the difficulties they had accessing some services, especially specialists, but none of them felt that this was the reason for using CAM. Both the rural and the urban women reported using alternative therapies because they wanted to be in control of their own health and believed that 'natural' products and therapies had fewer side-effects than conventional medicines. In both urban and rural settings, women relied on word of mouth for information on CAM therapies, with friends and family regarded as trusted sources of CAM information. Rural women said that finding alternative practitioners locally could be difficult. For both rural and city women, cost was a limiting factor. Transport was also a problem, particularly for women who could no longer drive and for those widows whose husbands had always done the driving. Friends were often willing to help out but these friends were also getting older.

### Did you know?

Survey results for the 1921-26 cohort showed that your home, social support and participation in community activities such as volunteering were most important for healthy ageing. These features were all included in the National Women's Health Policy 2010 as factors impacting women's health and well-being.



### Arts and crafts in older age

Arts and crafts are popular activities with women in the 1921-26 cohort. In the 2008 survey, 52.7% told us they had hobbies or enjoyed handiwork and 11.3% painted or played musical instruments. Participants were involved in a wide range of arts and crafts: pottery, sculpture, drawing and painting, photography, card making, embroidery, spinning, knitting, crochet, and lots more. Many women wrote about these interests on the back page of the survey. They told us how much they loved these activities, how arts and crafts kept their brains and bodies active, and how they made things for family, friends and charities. Some women were finding difficulty with hobby activities because of health problems such as osteoarthritis and macular degeneration. In late 2010 and early 2011, several women from this cohort participated in telephone interviews to further explore how arts and crafts are related to health, well being and quality of life. The interviews show that arts and crafts affect, and are affected by, a woman's health, her environment, and her social connections. Positive emotions such as enjoyment and pleasure are important reasons for continuing to be involved in arts and crafts.

### Managing heart conditions

Older rural women are at greater risk of dying from heart disease than those living in the cities. In 2004, 1162 women (then aged 77-83) with heart disease, completed a survey about the management of their heart condition. It would seem that not all older