

**20 May 2014**

**For immediate release**

## **Medicare copayments to hurt women**

The federal budget introduces a \$7 copayment for visiting a GP and an additional \$7 fee for out of hospital pathology and diagnostic imaging services. It also increases the copayment for medicines by 80c to \$6.90 to those eligible for concessions and by \$5 to \$42.70 for others.

Women's Health East has undertaken analysis of the use of general practitioner services to see what the copayments will mean for women. "The changes to Medicare for visits to GPs will disproportionately disadvantage women" says Women's Health East CEO Kristine Olaris.

Women in Australia visit their doctor considerably more than men. Women account for approximately 57% of all visits to GPs of those aged over 15 years.

GP consultations with women are also significantly more likely to involve the management of more health problems. This increases the likelihood that a higher number of prescriptions be written and tests ordered as a part of those consultations, all adding up to make the cost of the doctor's visit more expensive.

Due to women's longer life expectancy, women are more highly represented in our older population, making up [54% of people aged 65 and over and 65% of people aged 85 and over](#). This longevity results in women living more years with chronic health conditions and disability.

Single parent families made up 26% of all families with children in Australia at our last Census. In 82% of these families the sole parent is a woman. Single parents will bear the burden not only of their own healthcare costs but also that of their children.

Across the Eastern Metropolitan Region, women are more likely undertake various tasks and roles that will influence their costs of going to the GP, the impact on their disposable income and their health outcomes. Data from the 2011 census showed that in comparison to men, women in the Eastern Metropolitan Region were:

- 71.70% more likely to do unpaid domestic work
- 24.18% more likely to volunteer
- 27.46% more likely to have primary responsibility to care for children
- 37.13% more likely to assist a person with a disability

"When these increased medical costs are considered in light of women's longer lifespan, lower workforce participation and lifetime incomes it is clear to see that the changes to Medicare will put significant pressure on women's finances" says Ms Olaris. "These changes therefore have the potential to increase gender inequality".

[Financial security](#) is a very real issue for many women in Australia. [Women's full time employment earnings are on average 17.1 % less than men's](#) – a difference of about

\$262.50 per week. Women are more likely than men to have time out of employment for caring responsibilities and are more likely to work on a part time or casual basis. Women also retire with less savings and women's superannuation payouts are on average a third of that of men, making them particularly vulnerable to poverty in their older years.

"Gender inequality underpins a broad array of health and wellbeing issues, particularly for women" says Ms Olaris.

"At a time when the community is becoming increasingly concerned about the epidemic of men's violence against women, and when we know that gender inequality lies at the root of this problem, it is very concerning that policies are being planned without regard for their impact on equality" she says.

- Ends -

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**Links and further information:**

- Visit our website for more details: [www.whe.org.au](http://www.whe.org.au)

**About Women's Health East**

Women's Health East is a regional women's health promotion agency working across the Eastern Metropolitan Region of Melbourne towards a vision of equality, empowerment, health and wellbeing for all women. A not-for-profit agency funded primarily by the Victorian Department of Health, we advocate for gender equity and work to improve the health and wellbeing of girls and women. Our health promotion priorities include:

- Preventing Violence Against Women
- Sexual & Reproductive Health
- Gender Equity for Health Outcomes

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Women's Health East acknowledges the support of the Victorian Government