



Women's Health Association of Victoria

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Submission to the Commonwealth Government on the New National Women's Health Policy

1 July, 2009.

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I. Introduction

The Women's Health Association of Victoria (WHAV) welcomes the opportunity to comment on the *Development of a National Women's Health Policy: Consultation Discussion Paper 2009* (hereafter referred to as Consultation Paper).

Women's Health Association of Victoria (WHAV) is a collective group of Women's Health organisations that provide a leading role in promoting women's health across Victoria. WHAV has a Constitution and a Memorandum of Understanding that supports working collaboratively and sharing information and resources. WHAV members include statewide organisations, as well as women's health organisations based in each region. Primary roles for WHAV organisations include health promotion, information and advocacy services.

Each of the WHAV organisations has funding provided from the Victorian Department of Human Services (DHS), and works with health professionals and policy makers to influence and inform health policy and service delivery for women. WHAV organisations also work directly with women and communities through service delivery. The following organisations are represented in WHAV:

Statewide Services:

Women's Health Victoria
Multicultural Centre for Women's Health
Victorian Women with Disabilities Network

Regional Services:

Barwon South Western Regional Women's Health
Gippsland Women's Health Service
Women's Health East
Women's Health Grampians
Women's Health Goulburn North East
Women's Health in the North
Women's Health in the South East
Women's Health West
Women's Health Loddon Mallee

WHAV organisations are independent, but are guided by the following key principles:

- Working within a feminist framework
- Working within a social model of health
- Working with an understanding of all the determinants of health
- Working to support advocacy for all women

II. History of Women's Health in Victoria

The Victorian Women's Health Program was established in 1987. This program was developed to improve the health and wellbeing of all Victorian women, with an emphasis on those most at risk, through the development and dissemination of health information and research and through the provision of community and professional education. These activities take place directly with women and in partnership with the health and community sectors. The program was developed to provide services "by women for women", and includes a dual strategy approach of delivering gender-specific health services whilst working to improve mainstream services.

Women's health organisations are based on an understanding of health within a social context and recognise that:

- Health factors are determined by a broad range of social, environmental and economic factors;
- Differences in health status and health outcomes are linked to a range of factors including gender, sexual orientation, socioeconomic status, ethnicity and disability; and
- Health promotion, prevention, equity of access and strengthening the community and home based health system are necessary along with high quality treatment services.

Each of the WHAV organisations was established independently of one another. The role of statewide services was to develop and provide accurate information, and the initial role of regional services was the provision of clinical services. WHAV organisations are committed to supporting the dual strategy approach of delivering gender-specific services as well as improving mainstream services at a statewide and regional level. Each organisation's commitment to WHAV has enabled sharing of knowledge and capacity, the establishment of broad networks and the development of high levels of expertise across Victoria.

III. Understanding Women's Health in Australia

A social model of health

WHAV organisations commend the Consultation Paper for adopting a social model of health, recognising the impact of social determinants on health outcomes. The social model of health is based on the accepted premise that the health of individuals, families and communities is understood within the broader context in which people live. This model recognises the impact of social, environmental, economic, biological and gender factors on health outcomes, and that the social determinants of health are largely responsible for health inequities (World Health Organization). WHAV organisations support the United Nations Ottawa Charter for Health Promotion (1986) that has identified five key action areas to guide work around the improvement of health outcomes. These include:

1. Building health public policy
2. Creating supportive environments for health
3. Strengthening community action
4. Developing personal skills, and
5. Reorienting health services

Social determinants of health

WHAV organisations commend this Consultation Paper for acknowledging the need to address the social determinants of health as a fundamental step in addressing health inequalities between men and women. This approach has been endorsed by the WHO and leads to a more equitable society and improved health outcomes for women. It is also consistent with the Commonwealth agenda of moving towards an increased focus on preventive health care, supporting the primary health care system and the development and implementation of social inclusion policies. It is acknowledged that improved health outcomes for women will increase participation by women in the workforce, resulting in increased productivity and reduced reliance on government funded health and welfare services. The following are recommendations for consideration or inclusion in the National Women's Health Policy (NWHP):

- Include a greater emphasis on a social model of health that recognises the intersect between social determinants and the social, economic, political and cultural contexts
- Recognise the shift from the present focus on individual behavioural change to institutional and systemic change to improve women's health outcomes
- Recognise a health prevention framework that acknowledges the broader environment of women's lives and a reduced emphasis on burden of disease
- Include poverty as a specific social determinant of health that impacts significantly on women's health and wellbeing

Gender as a social determinant of health

Recognising gender equity to achieve health equity is a fundamental component of addressing the inequitable distribution of power. Gender as a social determinant of health needs to be included specifically in the new NWHP. There is a clear distinction between biological sex and gender as contributing factors to women's health, and WHAV organisations support this distinction in the final policy.

Recognising diversity among women

WHAV organisations believe that women are diverse, and include ATSI women, women with disabilities, lesbians and same sex attracted women, immigrants and refugees and women in rural, regional and metropolitan areas. WHAV organisations support the development of specific strategies to provide the most effective interventions for women across a diverse range of groups.

Specific women's health services

WHAV organisations support the strong focus on advocacy for achieving gender equity, and believe that stand alone, community-based, autonomous women's health services are imperative to promoting positive women's health outcomes. WHAV organisations are responsive to their membership base, committed to working collaboratively to achieve the best outcomes for all women, with a key strength being the capacity to work both collectively and autonomously to support women across Victoria. WHAV organisations are strongly supportive of the availability of women's health services at a national level, particularly based on the dual strategy approach. WHAV organisations support the need for community-based specialised services that support women, including sexual and reproductive health, counseling and support for individuals with any type or combination of disabilities.

IV. Principles to Underpin the New Policy

Gender equity in health

WHAV organisations commend the Consultation Paper for recognising that women's health issues and needs differ from men's, reflecting power imbalance, exposure to risk factors and opportunities for good health. A key concern is the lack of specific acknowledgement and recognition of gender as a social determinant of health in the Consultation Paper. It is critical that gender be recognised as a social determinant of health so that the ways in which socially-constructed gender roles, responsibilities, expectations and constraints can be removed as a negative impact on women's health. It is also important to recognise the inter-related nature of issues relating to women's health, such as the relationship between violence against women and sexual and reproductive health, or violence against women and women with disabilities, or the specific impact of violence on ATSI women due to social and economic disadvantage and racism. This supports the need for a holistic approach to addressing inequities in women's health.

The following are recommendations for consideration or inclusion in the NWHP:

- Gender needs to be emphasized as a specific social determinant of health
- Women's health issues differ from men's. For example, in immigrant and refugee communities
- It is important to take into account the broader environments in which women live
- A range of issues that impact on women's health and wellbeing, including labour force participation, low English proficiency, access to transport, interpreter services and mental health services
- There are a range of women affected who are 'most at risk' of particular health issues, including ageing women, women who have experienced gendered violence, women with disabilities, lesbians, ATSI identified women, women with low socioeconomic status, young women, carers and women from culturally and linguistically diverse backgrounds, including immigrant and refugee communities
- Women with disabilities experience greater disadvantage from men with disabilities and other women with regard to income, housing, education and employment. This impacts significantly on health outcomes and reinforces the need for both disability and gender to be viewed as social determinants of health
- The needs of lesbian, bisexual, transgendered and intersex women should be considered as a priority group who experience poorer health than heterosexual women on a range of health indicators

Health equity between women

WHAV organisations commend the Consultation Paper for the recognition and identification of groups at higher risk of poorer health and wellbeing. However, there is a lack of recognition of lesbian and same sex attracted women, who are known to have significant health inequities relative to the general population. This is particularly an issue for sexual and reproductive health, as well as mental health and wellbeing as a result of the impact of discrimination. WHAV organisations support the development of a framework that includes same sex attracted and lesbian women with a commitment through social inclusion principles. In addition, there needs to be recognition of different health experiences of women, including the needs of marginalised women who experience both gender and marginalization discrimination. The NWHP needs to be responsive to women with multiple needs and different health experiences, including economic insecurity and disadvantage.

The following are recommendations for consideration or inclusion in the NWHP:

- Economic disadvantage and insecurity should be prioritised as these issues represent the interaction between health and other conditions for women. This should incorporate multiple priority areas, including employment status, poor education, low income, inadequate superannuation, inadequate housing, homelessness, lack of access to resources and violence
- There needs to be recognition that individuals can have multiple disabilities, and that there are more than one type of disability. The disadvantage experienced by women with disabilities is compounded by the intersection of disability with race, culture, social isolation and poverty
- Particular groups of immigrant and refugee women that are at increased risk of poor health and wellbeing outcomes, including women with a disability, older women, young women and international students
- Some specific examples of issues facing older women include being more likely to be caring for a partner and/or grandchildren, being at greater risk of poverty as a result of less opportunity to access income (including superannuation), being more likely to experience disability and being more likely to accept and/or not report intimate partner/family violence
- Women are the primary users of the Supported Accommodation Assistance Program (SAAP) services, which highlights the need to support women experiencing homelessness
- A recognition that women in rural areas have different needs, including violence against women, needs of immigrant women, high levels of mental health issues, support for economic disadvantage in times of drought. Other issues for rural women include access to services, the need for a flexible approach to program delivery, consideration of the availability and access to transport, access to education and training opportunities and restrictions in employment options. For women with disabilities, lack of access to public transport, housing and appropriate services is exacerbated further in rural areas.

A focus on prevention

WHAV organisations fully support the concept of a focus on prevention for illness and disease. However, it is acknowledged that greater emphasis can be placed on the determinants of health and the prevention of social disadvantage that has poorer health outcomes. This is particularly critical with a need to focus on economic insecurity and disadvantage, and the need for targeted and focused initiatives to promote economic health and wellbeing.

The following are recommendations for consideration or inclusion in the NWHP:

- Preventive programs need to be available to women of all ages, including those who have limited access to these programs. A focus on preventive programs through non-traditional settings is encouraged
- Enhancing preventive health among immigrant and refugee women
- Addressing discrimination against women in marginalised groups is vital to decrease mental illness in women. Discriminatory attitudes are experienced by women from diverse cultures, women with disabilities, lesbians and ATSI women
- Preventive programs need to be available that support the link between gendered roles and anxiety and depression, as the leading contributor to burden of disease for 15-44 year old women. This needs to be extended to the link between anxiety and depression and weight gain, leading to obesity.
- Preventive programs that link high rates of depression and anxiety with homeless and violence against women
- Preventive programs that are specifically targeted towards sexual and reproductive health. Such programs need to show diverse representations of women, including women from diverse cultures, women with disabilities, lesbians and ATSI women
- Preventive programs that support women being engaged with the workforce, including participation in paid and unpaid work and social inclusion strategies to support social connectedness
- Support for the development of leadership at all levels of government that emphasise the social determinants of health and support a responsive and integrated preventive health system

A strong and emerging evidence base

WHAV organisations support the emphasis given to developing an evidence base which will support effective policies and programs and efficient resource allocation. WHAV organisations fully support the development of national disaggregated data which can be used to address health inequalities through supporting a gender perspective for all relevant policies and program development. The Index of Victorian Women's Health and Wellbeing Data provides an existing model that captures Victorian's women's health data resources and provides access to evidence to inform policy and program development in Victoria. This resource has been effectively and widely use as an important resource for women's health issues.

The following are recommendations for consideration or inclusion in the NWHP:

- Incorporate the use of data from the Index of Victorian Women's Health and Wellbeing Data set to address health inequities by encouraging a gender perspective for the development and review of all relevant policy and programs
- Identify and address current gaps in knowledge, research and data about women from diverse cultures, women with disabilities, lesbians and ATSI women
- New gender focused research and/or data collection
- Consistent with Australian Women's Health Network (AWHN) recommendations, data collection should be gender sensitive and sex disaggregated, sensitive to the social determinants of health, comprehensive and longitudinal, both qualitative and quantitative, inclusive of social science research and sensitive to marginalised women
- A gender analysis of policies across all tiers of government would be supported

A lifecourse approach

The majority of WHAV organisations are generally concerned regarding the adoption of a lifecourse approach as a principle in the NWHP. Concerns have been raised that the longer lifespan of women can contribute to social isolation later in life, and higher rates of long term health conditions and disabilities.

It is recommended that a diversity approach be adopted rather than a lifecourse approach. This approach would include other social factors such as Aboriginality, cultural and linguistic diversity, sexual identity, geographic location and socioeconomic status.

V. Priorities of a New Policy

WHAU organisations support the five priority areas that AWHN, outlined in their position paper *Women's Health: The New National Agenda*. These five priority areas include:

- Women's economic health and wellbeing
- Women's mental health and wellbeing
- Prevention of violence against women
- Women's sexual and reproductive health; and
- Access to publicly funded health services.

In addition, there are a range of key priorities to be included in the NWHP. These include:

- The NWHP be accompanied by a clear plan for action on women's health
- Support for gender disaggregated data for women and diverse groups
- A whole of government approach to addressing barriers to social inclusion for all women in all spheres of life
- Funding to be available to build the capacity of all women to take up leadership roles in their communities.
- Health education and health promotion for all women in diverse groups to be well supported and well funded
- Training in cultural competence in health and welfare organisations to improve access to, and use of, health and welfare services
- Training to address discriminatory social attitudes and behaviors in health and welfare organisations towards women from diverse cultures, women with disabilities, lesbians and ATSI women
- Funding for ongoing community development programs that address discrimination and assist integration of women from diverse backgrounds into the wider community
- Support for specific programs, including
 - support for ATSI women
 - support for women with Disabilities
 - support for immigrant and refugee women
 - reproductive health and sexuality
 - violence against women
 - health of ageing women
 - emotional and mental health
 - occupational health and safety
 - health needs of women as carers
 - health effects of sex-role stereotyping on women
 - health needs of same sex attracted women
- Actively promote the participation of women in decision making, management and systems of governance
- Ensure a gendered lens is applied to all health policies

VI. Conclusion/recommendations

WHAV organisations fully support the Government on the development of the New National Women's Health Policy, and recognise this commitment to expand on the 1989 policy. Within this submission, WHAV organisations have collectively responded to the consultation paper and made comments on the principles outlined. WHAV organisations have supported four of the five principles and provided a brief summary of concerns for not supporting the life course approach principle.

WHAV supports the 24 recommendations made in the AWHN submission to the Commonwealth Government on the NWHP 1 July 2009.

References

This document has been developed based on the views of the WHAV member organisations. Specific references to the materials from individual WHAV submissions have not been made in this document. References that have been included in this document are as follows:

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