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

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# 1. Introduction

Women's Health Grampians (WHG) congratulates the Commonwealth Government on its commitment to a new National Women's Health Policy (NWHP) and welcomes the opportunity to respond to the *Development of a New National Women's Health Policy: Consultation Discussion Paper 2009*.

**Women's Health Grampians: *Creating opportunities for women to lead healthier lives***

WHG is one of nine Victorian, Department of Human Services (DHS) funded regional women's health services and the only women's health service funded for the Grampians region. WHG is funded to carry out gender specific health promotion. Current DHS funding supports four health promotion staff (a total of 3.3 EFT), an administration and part time finance position and the CEO. The Grampians region covers an area of 47,000 square kilometres, with a population of approximately 214,600 persons (ABS Census, 2006). It includes three Primary Care Partnerships (PCP) and 11 Local Government Areas (LGAs).

WHG's head office is situated in Ballarat which is the population centre of the region. One health promotion staff member is located in a shared office situated in Horsham; Horsham is a regional centre located half way between Melbourne and Adelaide and is surrounded by seven of the 11 LGAs. Organisational considerations and resources mean that WHG health promotion activities have historically centred on the larger population base in Ballarat.

**Our way of working**

WHG works from a feminist philosophy with a commitment to the social model of health. This means that we act as **an agent of change** by:

- advocating for rural, regional and geographically isolated women regarding health and wellbeing issues
- advocating for a gendered approach to policy development, service provision and health promotion practice
- actively engaging with communities to increase awareness of the health and wellbeing needs of women in the Grampians Region
- building gendered knowledge and evidence and promoting the translation of that knowledge into practice
- developing collaborative partnerships with community and government to promote women's health and wellbeing

We take a **continuous quality improvement approach** to ensure our:

- accessibility to women across our Region
- work is well planned and targeted
- actions and decisions are transparent and respectful

**A feminist philosophy**

We actively encourage women's voices and celebrate the strengths of women and their contribution within a rights based approach.

**The social model of health**

We are committed to responses that are holistic and take into account the political, social, economic, physical and environmental dimensions of health and wellbeing as well as the impact of gender, genetics and lifestyle. Our work has a strong focus on the prevention of illness, disease and injury, and on promoting independence and choice.

**WHG priority areas of work:**

- Sexual and reproductive health
- Violence against women including mental health and wellbeing
- Gendered advocacy

## 2. Understanding Women's Health in Australia

WHG believes that the NWHP must:

- be based on a social model of health
- address the social determinants of health framework endorsed by World Health Organization (WHO)
- recognise and respond to gender as a fundamental social determinant
- recognise diversity among women
- endorse the important role of women's health services in promoting positive women's health outcomes

**Social model of health**

WHG congratulates the Commonwealth Government for adopting a social model of health and for recognising the impact of the various social determinants on health outcomes.

Addressing the social determinants is a fundamental step towards eliminating health inequities between women and men, and between groups of women. This creates a fairer and more equitable society and better health outcomes for Australian women and communities. WHG is working to a large extent with women in rural, regional and isolated areas of Victoria and we believe that improving the health of women will also improve the health of families and communities. We also believe that the burden on government funded health and welfare services is decreased by increasing women's health and their capacity to participate in the paid workforce.

WHG has a fundamental role in working with all levels of government to ensure that determinants of health are considered in all community and economic planning and development. To this end, an increasing amount of our work is focussed on building the capacity of our 11 LGA's in relation to the social model of health, the determinants of health and gender.

**Gender as a social determinant of health**

The impact of gender and the need to promote gender equity, in order to achieve equity in health, is a fundamental social determinant of health.

Whilst the *Development of a New National Women's Health Policy: Consultation Discussion Paper 2009* recognises gender as a social determinant, WHG believes that an intersectoral approach, led and regulated by Government will be imperative and requires a stronger focus than is currently evident. WHG believes that the NWHP will require the capacity to intersect with and influence other portfolio areas and have the mandate to apply a gender and health lens to all policies across government that will have an impact on women's health and wellbeing.

Influencing policy across Government will be important in addressing the structural barriers that negatively impact on women's health.

**Diversity among women**

WHG strongly supports the Commonwealth Government's emphasis on promoting health equity among women within the NWHP. As stated in the *Development of a New National Women's Health Policy: Consultation Discussion Paper 2009*, there are specific groups of women in Australia who are at increased risk of experiencing poor health and wellbeing, including Aboriginal and Torres Strait Islander (ATSI), immigrant and refugee and lesbian women, women from disadvantaged backgrounds including those experiencing homelessness, women living in rural and remote areas and women with disabilities including mental illness.

WHG work has a strong focus on women in rural, remote and isolated areas who are geographically isolated, have poor access to health and other services, and are, in many cases experiences their tenth consecutive year of drought. WHG has a firm understanding that a 'one size fits all' approach is not acceptable or viable for women in rural, regional and isolated areas. WHG has recently completed a DHS funded Women's Action Plan (2009) across seven of our 11 LGAs; diversity amongst women was a significant consideration in planning, reflected in the outcomes and will influence how we address the priority issues which emerged.

**The role of women's health services in promoting positive women's health outcomes.**

***WHG believes that stand alone, autonomous women's health services are imperative to promote positive women's health outcomes.***

Women's health services in Victoria are well supported by DHS in terms of guidelines and broad priority areas. This support in conjunction with the capacity to make evidence based, strategic, and autonomous decisions, is a key to the success of women's health services in Victoria.

As a regional service, WHG is able to advocate for the specific needs of women in the Grampians region. Diversity amongst women and variations in the needs of women as individuals and as a region wide group are best represented by a service that is connected locally, understands local issues and has the capacity to advocate the for specific, regionally appropriate needs.

Autonomy is vital for women's health services to have the capacity to respond to evidence relating to regional needs of women. As an autonomous organisation, WHG is able to develop health promotion activities which focus on women as a priority, not merely as a group embedded within a system wide response; currently, these system wide responses rarely consider gender in planning or implementation.

WHG, as an autonomous service is able to advocate for and be responsive to the individual and systemic needs of women at all levels across the entire region and at all levels of decision making:

- Locally: Three PCP's, 11 LGAs
- State Wide: Regional MP's, and as a committee member of the Women's Health Association of Victoria (WHAV)
- Federally: Local Federal MP; and as a Committee member of the Australian Women's Health Network (AWHN)

WHG Women's Action Plan (2009), has identified LGAs where general practitioners and pharmacists are giving young women inaccurate and value laden responses in relation to sexual and reproductive health. As a response, WHG has the capacity to work directly with the professionals concerned, conduct information and education session with the local service system, advocate with the relevant legislative bodies and collaborate with LGAs to address the situation. Research reveals that service providers are unable to carry out this level of advocacy or system wide change as a result of being bound by organisational funding guidelines, local norms and a lack of capacity within their role. Most service provider staff also live within their own communities and are not able to effect systems change without risking social isolation themselves.

Abortion Law Reform within Victoria in 2008 is a powerful example of the importance of standalone women's health services. The women's health services in Victoria were able to carry out an organised, professional, well informed and expert campaign to support the removal of abortion from the Victorian Crimes Act. The overwhelming feedback received by WHG was that other services were not able to speak out about the issue, did not have access to accurate information, did not have the appropriate network connections and did not have the autonomy to respond flexibly to an emerging priority. WHG capacity as a standalone, autonomous organisation ensures that women can be represented as a priority group, in a timely fashion.

WHG also believes that stand alone women's health services have the capacity expertise and desire to support the capacity of other organisations to work more effectively with women.

## 3. Principles to Underpin the New Policy

WHG broadly agrees with the principles as identified in the *Development of a New National Women's Health Policy: Consultation Discussion Paper 2009.*

**1. Gender equity in health**

WHG again congratulates the Commonwealth Government on its commitment to a NWHP and applauds the recognition of gender as a determinant of health.

WHG believes that the NWHP must have the capacity to take a lead role in influencing policy across Government in relation gender equity. Without the regulated capacity to influence other portfolio areas and support the application of a gendered health lens to all areas of relevant work, WHG believes that the 'service system' will continue to undervalue gender as a determinant of health.

WHG was recently represented at the **2nd Annual Preventive Health Summit** in Sydney. The following presentations were included:

- **Dr Rob Moodie**: National Preventative Health Taskforce on Preventive Health in Australia
- **Associate Professor Ruth Colagiuri**: Widening the prevention Agenda to Embrace Environmental and Social Change
- **Prof Simon Chapman:** Can we Make Lung Cancer History
- **Prof Brian Oldenburg:** How can Australia Really 'Scale up' for Prevention for the Next Generation
- **Prof Ian Caterson:** Obesity Prevention
- **Dr Ian White:** Collaboration for Prevention: Integrating Sectors, Industries and Agendas for Effective Prevention

**Of note:**

- WHO determinants of health were referred to in every presentation
- Gender was not identified as a determinant of health or even as a consideration in policy, planning or implementation by any speaker
- Gendered stereotypes were applied on several occasions by the speakers themselves, for example, women are, nurses, the carers of children and the aged, those who need footpaths for prams, those who need accessible shopping centres, those responsible for making school lunches etc
- When the absence of gender as a determinant of health was raised by the WHG representative, the response was that *'there are several important determinants, they can't all be considered'*
- The focus of national prevention (as presented by Dr Rob Moodie) centred on alcohol, tobacco and obesity; violence against women or sexual and reproductive health were not addressed at any stage.

Whilst this summit was a snapshot of preventive health around Australia, rather than a detailed policy analysis, WHG believes that without Government leadership, policy developers will continue to diminish the importance of gender as a determinant of health.

**2. Health equity between women**

Understanding and addressing the differences in health experiences among women is fundamental to promoting health equity between women. In recognising that there are significant differences in the health experiences between women, it is also recognised that many women face the experience of 'double disadvantage' created by factors of both gender and marginalisation. For example, women in the Grampians region are marginalised by isolation and geographic positioning which mean that accessing services is difficult, because services either don't exist, or because transport is not readily available. The same women face a significant lack of choice relating to sexual and reproductive advice. In many regions or towns, women face the prospect of travelling for two to four hours each way to receive advice or services. WHG Women's Action Plan (2009) and our anecdotal evidence over nearly two decades inform us that the advice and services women receive can be incorrect, or value laden; adding further to the disadvantage for rural, regional and isolated women.

WHG also acknowledges and works with ATSI women as a group experiencing fundamental disadvantage. Mortality rates remain unreasonably high for ATSI women and whilst WHG has a regional and state wide focus on this group through the cervical screening program, it is vital that the NWHP recognises this group as a significant group requiring specific focus.

An important role of WHG is to work with the service system across the Grampians region to understand the importance of applying a gendered lens, to educate 'the system' about issues which relate to women and to support an understanding of diversity amongst women.

An effective NWHP will need to be responsive to the differences in health experiences that exist between women and men, among women and between women and men in marginalised groups.

### 3. A focus on prevention

WHG believes that a focus on prevention is imperative for the long term health of the community and acknowledges that it is a difficult responsibility of Government. WHG believes however, that the NWHP must take up the challenge of regulating and monitoring a women's health policy focussed on prevention. In Australia, our largest community, health, welfare, and education settings and systems are funded and regulated by Government at all levels. Leadership relating to gender and to prevention is necessarily driven by Government.

### 4. A strong and emerging evidence base

WHG believe that gender based data and evidence is vital in the support of all activity; encompassing individual interventions through to regional and state wide advocacy. In order to maximise the effectiveness of our work and to ensure the most efficient use of our resources, WHG is committed to using, establishing and translating gendered evidence.

WHG is committed to the use of evidence which currently exists to inform our work, we also initiate to the development of specific, regional data to ensure that we have the capacity to develop relevant programs for women, but also to ensure our advocacy is well inform and targeted at the appropriate system to influence change.

WHG believes that the NWHP has a leadership responsibility to ensure the use of gender sensitive data in all appropriate government planning.

### 5. A lifecourse approach

WHG believes that the lifecourse approach is useful in recognising that there are issues which occur for women at different and predictable times in their life.

WHG believes however, that the lifecourse approach may be most useful as a preventative tool; rather than investing resources at the points where problems are known to emerge only, this knowledge could be used to inform prevention polices and well before the emergence of the issue.

WHG encourages the NWHP to show the strength and foresight to include a preventative focus to the lifecourse approach and to consider other social factors such as Aboriginality, cultural and linguistic diversity, sexual identity, geographic location and socioeconomic status.

## 4. Priorities of a New Policy

WHG supports the five priority areas of the AWHN as outlined in their position paper, *Women's Health: The New National Agenda*. These are:

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

## 5. Conclusion/Recommendations

In conclusion, WHG applauds the development of a NWHP and employs the Commonwealth Government to emerge with a world leading policy; as it did in 1989. A commitment by the current Government to support women's health services is a key to the success of the NWHP.

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