



Women's Health West
Submission to the Commonwealth
Government regarding the development of
a new National Women's Health Policy
1 July 2009

I. About Women's Health West

Women's Health West (WHW) is the women's health service for the western metropolitan subregion of Melbourne, Victoria. Established in 1988, our services include health promotion, research and development and advocacy around women's health, safety and wellbeing. Since 1994, the agency has also hosted the subregion's largest family and domestic violence support and prevention program.

Our work at WHW is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

The western metropolitan subregion of Melbourne is characterised by a complex mix of disadvantage and diversity. For instance, the region is home to four of the top ten most disadvantaged LGSa in metropolitan Melbourne (Brimbank (2nd), Maribyrnong (3rd), Hobsons Bay (9th) and Melton (10th)) according to the Australian Bureau of Statistics Index of Relative Socio-Economic Disadvantage (WHW, 2009 p. 79). Its residents speak more than 100 languages, and it has long been a settlement area for refugees, including from South-East Asia, the Horn of Africa and the Balkans. It is also home to an increasing number of Indigenous Australians and has a larger than state-average population of women living with a disability. These characteristics, along with others, have a strong connection to the health of people in the region.

Regional needs analyses undertaken by WHW identify that women in the western region experience significant inequity in relation to multiple and compounding discrimination, violence against women; and access to social and economic resources (including income, housing, social participation, education and employment options).

WHW has recently developed our new Strategic Plan (2009-12). The following extract outlines our Vision, Mission and Values - Guiding Principles:

Vision

Equity and justice for women in the west

Mission

We partner with others to change the conditions that cause and maintain women's oppression, to deliver family violence services and to undertake health promotion actions

Values – Guiding Principles

We work within a feminist framework, respecting human rights

We act to support women to take control over their decisions and their lives

We recognise that the conditions in which people live, work and play are shaped by political, social and economic forces that we must understand and take action on to achieve better outcomes for health, safety and wellbeing

We value the diversity of our region and work to actively recognise and respect women's diverse strengths, experiences and goals

We value transparency and accountability in our operations, practices and relationships with others

We recognise that children's health, safety and wellbeing is intrinsically connected to that of women

We recognise the importance of being responsive to the changing needs of our community

We recognise and value the expertise of others and the vital importance of working together to achieve our goals

Primarily funded by the Victorian Department of Human Services, the health promotion, research, development and advocacy part of our service is undertaken by nine (mainly part time) staff. Our current health promotion priorities are Equity and Social Justice, Mental Wellbeing and Social Connectedness, and Sexual and Reproductive Health.

II. Introduction

WHW welcomes the opportunity to respond to this important consultation paper and commends the Commonwealth Government on its commitment to develop a new National Women's Health Policy (the policy). WHW is looking forward to participating in further consultations as part of the development of the policy.

WHW further acknowledges and congratulates the Commonwealth Government (particularly the Federal Department of Health and Ageing) on the range of initiatives it is undertaking at present including: the work of the Preventative Health Taskforce, the Review of Maternity Services and the development of a National Primary Health Care Strategy. We look forward to these initiatives being well connected and reflecting the policy directions set by the new National Women's Health Policy.

Health is a complex area. In Australia, work to improve health and wellbeing occurs at a National, State and local level. All levels of government, the community sector, and research institutions are among many active participants in the health sector. Many determinants of good health sit outside the direct influence of those responsible for setting health policy. Therefore improving the health and wellbeing of Australians requires a whole of government and whole of society response.

Given this complexity a sophisticated and multifaceted approach is required. Thinking specifically of women's health, action is required by a range of participants from a national through to the local level (top down and bottom up). For example, local women's health services working in concert with a national policy and with strong support by state government. Work needs to be undertaken both to ensure mainstream health services (from prevention to acute) are gendered and women's specific health services are adequately resourced to promote women's health and wellbeing in their community.

Given the above, WHW strongly recommend that the policy be accompanied by a plan of action/implementation plan with timelines.

WHW supports the Women's Health Associations of Victoria (WHAV) submission and supports the five priority areas of the Australian Women's Health Network (AWHN), as outlined in their position paper *Women's Health: The New National Agenda* (AWHN, 2008).

III. Women's health in Australia

WHW commends the consultation discussion paper for adopting a social model of health and recognising the impact of social determinants on health outcomes. WHW strongly recommends that the new National Women's Health policy be informed by the United Nations Ottawa Charter for Health Promotion (WHO, 1986) and the WHO

Commission on Social Determinants of Health *Closing the gap in a generation* report of last year (WHO, 2008).

WHW strongly supports the specific inclusion of gender as a social determinant of health in the policy and that a clear distinction be made between biological sex and gender as determinants of women's health.

As a service that operates in one of the most diverse and disadvantaged parts of Australia, WHW strongly supports acknowledgement of the diversity of women in the policy.

WHW works collaboratively at a local level with service providers, local government and women in the region to promote positive women's health outcomes. In addition to reform to mainstream health services to improve the health and wellbeing of all Australian women, WHW supports the funding of autonomous local women's health services to undertake this work in communities across Australia.

WHW has considered the development of the policy from its perspective as a women's health service located in the western subregion of Melbourne. As described in section I. the western metropolitan subregion of Melbourne is characterised by a complex mix of disadvantage and diversity. WHW works from a perspective that the cultural, political, social and economic conditions that people live and work in strongly influence their lifestyles, health and longevity, and that gender roles and responsibilities and social expectations play an important role in shaping life experiences, circumstances and choices.

Women in the western metropolitan region of Melbourne often experience compounding disadvantage due to the impact of multiple determinants (eg poor literacy and lack of transport). Therefore WHW focuses on redressing the gender and structural inequalities that limit the lives of women, through a range of health promotion and community development actions. WHW recommends that the policy acknowledges and seeks to address the structural factors in our society which shape women's health and wellbeing. As described in recommendation 2 of the final report of the Commission on the Social Determinants of Health:

"In order to address health inequities and inequitable conditions of daily living, it is necessary to address inequities – such as those between men and women – in the way society is organised. This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires...strengthened

governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalised world, the need for governance dedicated to equity applies equally from the community level to global institutions” (WHO, 2008, p.2).

WHW is an active member of the Primary Care Partnerships (PCPs) in our region. We regularly partner with local government, mainstream community health services and other service providers in the region to improve the health and wellbeing of women in our region. In this work a key role for WHW is to advocate that they and support them to consider gender in their work. Generally, our partners are amenable to considering gender in their work but without WHW at the table, decisions would often be gender blind. Some examples of this work over the past year were our successful abortion law reform campaign with fellow WHAV organisations, local government advocacy work undertaken across the region in conjunction with local council elections in November 2008, and our project *Respect and Equity: Preventing violence against women, building organisational capacity*, whose aim is to build the capacity and commitment of agencies in the western region to develop integrated strategies for the primary prevention of violence against women.

WHW also undertakes work directly with women via projects and programs in each of our three priority areas. Below is a short description of a current project in each priority area.

Equity and Social Justice – *Lead on Again*

Lead on Again is a year long leadership program for young women from culturally and linguistically diverse (CALD) backgrounds. Its aim is to increase the leadership skills, knowledge and capacity of young women from CALD backgrounds and provide support for sustainable participation in their communities.

Mental Wellbeing and Social Connectedness – *Power On*

Power On is a peer education health and wellbeing program for women who experience mental illness. It aims to ensure women who experience mental illness have the information and skills that allow them to enhance their wellbeing, identify and address their health needs and gain support from family, friends and service providers in doing so.

Sexual and Reproductive Health – *Girls Talk Guys Talk*

Girls Talk Guys Talk is a proactive and integrated approach to working in schools with young people. *Girls Talk Guys Talk* is a year nine sexuality education program combined with a whole-school approach in secondary schools in Melbourne’s western metropolitan region. Its aim is to help build a school environment that encourages the development of powerful young people with access to knowledge, skills and supports that enhance their own life chances and that of the community in which they live.

WHW would be happy to provide further information on these and any other WHW initiatives referred to in this submission.

IV. Principles to underpin the new policy

WHW supports four out of the five principles proposed to underpin the policy. Our response to each of the five principles is articulated below.

1. Gender equity

WHW commends the Commonwealth government for recognising that women's health needs differ from men's and for therefore committing to the principle of gender equity as part of the development of the policy.

2. Health equity between women

WHW commends the Commonwealth government for its recognition that some Australian women are at higher risk of poorer health and wellbeing than other Australian women. Given the diversity of experiences and life circumstances of women at risk of poorer health and wellbeing WHW presumes the policy's commitment to health equity between women won't solely focus the five groups of women listed on pg. 24 of the consultation paper. Finally, WHW notes the lack of recognition of lesbian and same sex attracted women in this section of the consultation paper. Lesbian and same sex attracted women experience significant health inequities compared with other Australian women.

3. A focus on prevention

A focus on prevention is supported by WHW. WHW believes that the most effective preventive health work occurs at a structural level. We therefore recommend that the focus on prevention in the policy approaches prevention in this way.

4. A strong and emerging evidence base

WHW supports a strong and emerging evidence base being a principle of the policy. We would ask the Commonwealth Government to show leadership in this area by requiring all research it funds and all data collected by it to be gendered.

5. A lifecourse approach

WHW is concerned about the Commonwealth Government's selection of a lifecourse approach as a principle. We would recommend a diversity approach as this would enable the inclusion of other social factors such as sexual identity, geographic location and socioeconomic status.

IV. Priorities of a new Policy

WHW supports the five priority areas of the Australian Women's Health Network (WHN), as outlined in their position paper, *Women's Health: the New National Agenda* (AWHN, 2008). These five priority areas are:

- 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.

References

Australian Women's Health Network, 2008, *Women's health: The New National Agenda- Position Paper*, Australian Women's Health Network, Melbourne

World Health Organisation, 1986, *Ottawa Charter for Health Promotion*, World Health Organisation, Ottawa

World Health Organisation Commission on Social Determinants of Health, 2008, *Closing the gap in a generation; Health Equity through action on the social determinants of health*, World Health Organisation, Geneva

Women's Health West, 2009, *Women in Melbourne's West: A Data Book*, vol 1, Women's Health West, Melbourne