A 10 Point Plan of Action

WOMEN'S HEALTH MATTERS

A 10 POINT PLAN OF ACTION

For Western Australian Women's

Health and Wellbeing

2011 – 2015

Women's Health Matters

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Introduction

"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Women's health involves their social and physical wellbeing and is determined by the social, political and economic context of their lives, as well as by biology." (UN Platform for Action Beijing 1995 p. 34).

Western Australia is one of the few states that have developed a Health and Wellbeing Surveillance System for continuous data collection to monitor the status of health and wellbeing since 2002 (Department of Health 2005). Despite enjoying the benefits from such a regular monitoring system, women in Western Australia still face multiple challenges arising from social, economic and health inequities. The unique 2002 Women's Convention enabled the Women's Report Card to be established. This Report Card was first published in 2004 to measure the status, health and wellbeing of women in Western Australia (Department for Communities (DfC) 2010). This report card has subsequently been updated in 2006 and most recently in 2009 (DfC 2010). The Women's Report Card provides key indicators of the status of women in the areas of health and wellbeing, work, safety, leadership and education (DfC 2010). The data trends in the Report Card are indicative of the experiences of women and can be used as a tool for decision making by the government, non-government, private sectors and community.

The purpose of this 10 Point Plan of Action (now referred throughout this document as 'The Plan') is to set a policy agenda for improving the health and wellbeing of all Western Australian women through targeted strategies. The Plan provides the rationale for why women's health and wellbeing matters. It proposes a policy framework premised on social determinants and gender equality, and the process through which the recommendations of the plan can be achieved.

Gender equality is considered to be a complex goal that requires democratic society to provide legal equality and equality of opportunity between men and women (Maddison & Partridge 2007 p. 1). It is also recognised that sex-based differences may require differential political and policy responses (Maddison & Partridge 2007 p.1). Gender equality also necessitates non-discrimination against and between women in different geographical regions, social classes and indigenous and ethnic groups (UN Platform for Action 1995 p. 34).

The proposed Plan with regard to women's health policy is the first of its kind in Western Australia. The plan drew from the knowledge and experiences of local, national and international women's sectors. Victorian Women's Health Services developed a 10 point plan for 2010-2014 that proposes to integrate women's health policy with other areas of government services in a coordinated way that embeds gender in the 'social determinants' approach to health policy practice. Similarly, South Australia has already established an Action Plan Report Card system that identifies women's specific needs and ensures that these needs are integrated into the planning, management and delivery of mainstream services.

Purpose

Despite living in a prosperous state and having access to a wide range of generalist and specialist health services there are still many areas of social, economic and health inequities faced by Western Australian women. There is no specific plan of action for women's health and wellbeing in Western Australia.

The Western Australian Department of Health's Strategic Intent 2010-2015 (Strategic Intent) was developed with a focus on health infrastructure such as hospitals and health workforce along with partnerships, communities and resources (Department of Health 2010). This document does not incorporate gender related differences into the planning process. The other major deficit of the Strategic Intent document is that it adopts a simplistic approach to a highly complex and multi-dimensional issue such as health.

The new National Women's Health Policy (NWHP) policy released in December 2010, recognises the importance of addressing immediate and future health challenges while also addressing the fundamental ways in which society is structured that impact on women's health and wellbeing.

The Government has identified five policy goals to address the social determinants of health, which are to:

1. Highlight the significance of gender as a key determinant of women's health and wellbeing.

2. Acknowledge that women's health needs differ according to their life stage.

3. Prioritise the needs of women with the highest risk of poor health.

4. Ensure the health system is responsive to all women, with a clear focus on illness prevention and health promotion.

Support effective and collaborative research, data collection, monitoring, evaluation and knowledge transfer to advance the evidence base on women's health.

The women's health sector is also encouraged by the work of the Women's Health Policy and Project Unit within the WA Department of Health. We will continue to work with the unit to progress the draft Western Australian Women's Health Strategy 2011-2014.

Evidence suggests health policies that are premised on the social determinants of health and gender equality and have clear indicators for monitoring and evaluation of health outcomes, are likely to yield better results compared to gender blind and narrow health policies. It is important that gender equality principles recognise that women and men have different needs and priorities, and that women and men should 'experience equal conditions for realising their full human rights, and have opportunity to contribute to and benefit from national, political, economic, social and cultural development' (Canadian International Development Agency 1999 p.7).

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It is encouraging that the present government of Western Australia has re‑established the Women's Advisory Council (WAC) to advise the Minister on matters pertaining to women's issues and interest. A proactive WAC is crucial for translating this plan, in close collaboration with the women's sector, with an emphasis on measurable and transparent outcomes. This can be achieved by advocating cross government adoption of a gender impact analysis (GIA) tool and gender and diversity lens for achieving women's health and wellbeing (see Appendix for a detailed analysis). It is also an opportune time for Western Australia to launch The Plan for women's health and wellbeing as we celebrate the centenary of International Women's Day. The Plan underscores the importance of gender equality in health inclusive of health equity between women, with a clear focus on prevention along with a strong emerging evidence base.

The Plan proposes a broad approach, embedded in the social determinants of health and gender equality principles, that can effectively take into account multi‑dimensional factors not limited to age but also inclusive of Aboriginality; cultural, religious and linguistic diversity; disability; sexual identity; geographic location; and socio‑economic status. This approach is also consistent with the Victorian Women's Health 10 Point Plan 2010-2014 and South Australia's Women's Health Action Plan Report Card 2009. The Plan advocates a system of regular monitoring and feedback. It also supports positive outcomes for women and sets standards for good practice.

It is widely acknowledged that better health outcomes can be achieved by having a 'health policy that is approached from a gendered and whole of government perspective – one which responds to the broad range of economic, social and cultural factors that impact on health outcomes for women' (Australian Women's Health Network (AWHN) 2007 p. 7).

Women's Health Outcomes

According to the 2006 census, women in Western Australia constituted a little over half of the total population or 50.2 percent (982,966) (Australian Bureau of Statistics (ABS) 2008). 32 percent of West Australian women were born overseas and around 3 percent (29,718) women identified themselves as indigenous (ABS 2008).

It is well documented that women are the greatest consumers of the health system in Australia, therefore a commitment to women's health and wellbeing is essential (Department of Health 2011 p. 4).

There are similarities between men and women in relation to cardiovascular disease, which is the leading cause of death and cause of disability in Australia for both sexes (Australian Institute of Health & Welfare (AIHW) 2010 p. 13). Cardiovascular disease affects one in five Australian women and it is the largest cause of premature death in Australia (AIHW 2010 p. 4). In Western Australia, Ischaemic heart disease (14.8%) is the leading cause of death for women, followed by cerebrovascular disease (9.6%) (DfC 2009 p. 7).

In Western Australia, women suffer from greater anxiety, depression, stress related problems and other mental health problems at all ages compared to men (Joyce & Daly 2010 p. 33). In 2008 17.6% of West Australian women had a mental health condition (DfC 2009 p. 8).

Cancers resulting in death for Western Australian women were lung, breast and bowel, ranked in that order (Cancer Council 2007). The number of breast cancer deaths has remained relatively constant over the 1995–2007 period showing better treatment outcomes where cancer is found earlier (Cancer Council 2007).

Nearly a tenth of women aged 18 and over were victims of either physical and/or threatened violence during 2006 (DfC 2009 p. 6). One in three women experience physical or sexual violence in their adult life (Women's Council 2009 p. 3).

Dementia and Alzheimer's disease is the third major killer of women in Western Australia (DfC 2009 p. 7). Dementia is the third leading cause of death in females in Western Australia and is ranked second as a major burden of disease for women aged 65 years and over (Department of Health 2011 p. 12).

Women in Western Australia bear a greater burden of disability as compared to men (Joyce & Daly 2010 p. 20). A considerably higher proportion of women aged 65 years and over needed aids and/or special equipment as opposed to their male cohorts (Joyce & Daly 2010 p. 22).

It is important to emphasize that the health status of Aboriginal and Torres Strait Islander women is even worse and this is also true for many women refugees and some categories of culturally and linguistically diverse (CALD) women. Indigenous women have a shorter life expectancy of 64.8 yrs compared to 83.3 years for non-indigenous women (AWHN 2007 p. 10). Aboriginal and Torres Strait Islander women in Australia are also more likely to experience physical violence or sexual harm than non-indigenous women (AWHN 2007 p. 11).

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Factors That Impact on Women's Health

Compared to men, women are more likely to experience greater financial hardship and be less economically secure. Women have lower average earnings than men and are more likely to have lower superannuation balances (AWHN 2007 p. 10).

Women's labour force participation rate in Western Australia increased from 57.6% in 2003 to 60.3% in 2008. Simultaneously however, the gender pay gap has also widened from 23.3% to 27.9% during the same period (DfC 2009 p. 4)

West Australian women in the most socioeconomically disadvantaged groups are less likely to report an excellent or very good health status compared to women in the least socio-economically disadvantaged groups (Pozzi, Draper, Crouchley, Schleihauf and Somerford 2008 p. 3).

Women are more likely to maintain the primary caring role (AWHN 2007 p. 11). Nearly three quarters of primary carers in Western Australia were women in 2003 (DfC 2009 p. 5).

Across Australia 83% of one-parent families with children under 15 years were headed by women (AHWN 2007 p. 11). In Western Australia during 2006, 16.9% of all women were sole mother families (DfC 2009 p. 5).

Across Australia, about a quarter of women carers reported fair to poor health and over a tenth reported a stress-related illness (DfC 2009 p. 5).

Women in Australia who reside in rural and remote areas have poorer health than women living in urban areas (Department of Health 2011 p. 12).

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Women's health and wellbeing status is an outcome of a myriad of factors that determine women's lives including socio-economic status, geographical location, cultural and linguistic background, access to resources, opportunities and services. Government commitment to women's health and wellbeing status should take into account all these factors to formulate meaningful policies for women. The following 10 points for action are recommended over the next five years.

1   Embed a social determinants framework in women's health policy for Western Australia. The strength of the social determinants framework has been proven effective as it takes into account multiple and a broad range of factors e.g. socio-economic, cultural, environmental, geographical, biological and gender factors that impact on women's health.

2   Adopt a gender equity approach to the development and implementation of women's health policy that uses tools such as the gender impact analysis. This will enable an integrated reporting system which includes monitoring and evaluation on gender equity and diversity as outlined in this plan.

3   Resource a human rights based approach that places freedom from fear, dignity and equality at the centre of women's wellbeing policy. Whilst all women will benefit from such an approach, it will particularly assist in identifying and prioritising the rights of women at high risk of poorer health and wellbeing, including those women with multiple needs and suffering from numerous disadvantages.

4   Adopt a broad and inclusive approach to women's health and wellbeing policy. This approach acknowledges the diversity and complexity of women's lives as well as their health and wellbeing needs. Such an approach can be easily aligned with a social determinants framework and social inclusion model to cater to the diverse and multiple needs while delivering services to diverse groups of women. These groups include Aboriginal and Torres Strait Islander women, immigrants and refugee women, women in metropolitan, regional and rural communities, women with disabilities and same-sex attracted women as well as women in prison and other institutions.

5   Retain and increase funding to women's specific health services. Women's health services provide an important link to women in the community. They are local, well connected to other services and are crucial partners in improving women's health by providing prevention, early intervention and treatment.

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6   Demonstrate high level cross-government leadership by implementing meaningful joined-up action across government departments via coordination and oversight by the Premier's office. This requires a whole of government framework and target setting through the Premier's office, with each ministerial portfolio required to develop explicit strategies to meet outcomes that are measurable and reported against on a regular basis.

7   Provide new funding opportunities to ensure that new initiatives and research can realistically deliver required changes and improvements.

8   Establish a clearing house for sex aggregated data across Western Australia. This will facilitate meaningful data coordination, assist collection and collation from one source, and increase access and linkages, thus minimising cost and time and optimising resources.

9   Establish and resource mechanisms that ensure a consultative approach to set priorities, provide service delivery and evaluation processes. As an initial step it is recommended the establishment of Women's Advisory Groups for the critical portfolio areas.

10   Develop close collaboration across government to address the following priorities:

- ♦   Prevention of chronic disease
- ♦   Mental wellbeing and social connectedness
- ♦   Prevention of violence against women in all its forms
- ♦   Sexual and reproductive health
- ♦   Economic security – access to health, education, training and employment

Conclusion and Next Steps

WA women's health services recognise that there is significant capacity to improve the health and wellbeing of Western Australian women, and are committed to being part of the proposed solutions as outlined in this document.

Through collaboration and partnership with women's health services and other women's groups, the Western Australian government could take a leadership role in developing a new approach to women's health and wellbeing. A cross-government approach, coordinated through the Premier's office, is vital to achieving the desired outcomes and improvements.

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Appendix

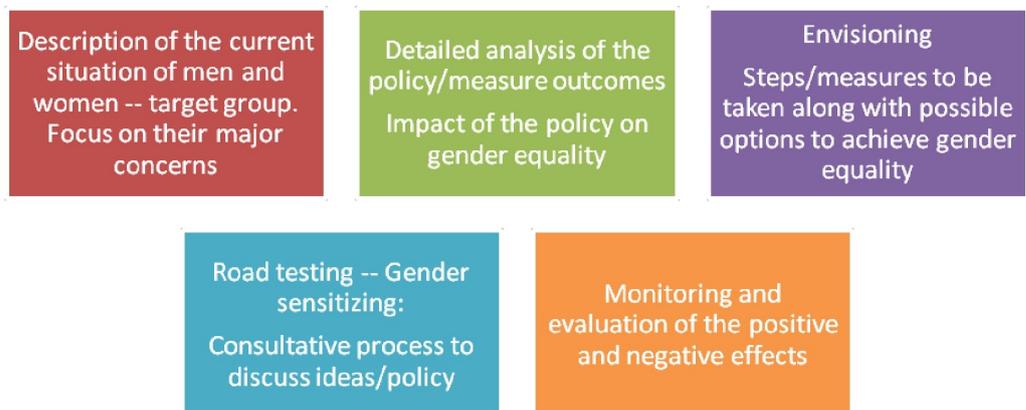## Gender Impact Analysis Tool and Gender and Diversity Lens

Rationale

Gender impact analysis is a tool that provides a practical, systematic method for ensuring that gender considerations form part of the development of policy, program and service design.

♦ Enables more precise targeting and maximum outcomes for policies, programs and services;

♦ Enforces gender equality through development of adequate intervention strategies based on identification of potential policy impact;

♦ Promotes gender equal opportunity through verification of planning quality and carefully selecting priority and issues on which planning choices to be based; and

♦ Ensures gender mainstreaming principle by contributing to overall policy evaluation.

"Gender-based analysis acts like a camera lens, filtering distortions and inaccuracies that are not immediately obvious" (Donner, 2003) and at the same time providing opportunity to pursue a planned approach to policies, programs and services that will provide better outcomes for women and men.

As a tool GIA can be used for an agency as a whole, to review a specific program or to review a specific set of policies within an agency e.g. policies related to assessment of clients with co-morbid AOD and mental health problems. **GIA is a step-by-step analysis** in the process of policy formulation that involves several steps as follows:

Description of the current situation of men and women -- target group. Focus on their major concerns	Detailed analysis of the policy/measure outcomes. Impact of the policy on gender equality	Envisioning. Steps/measures to be taken along with possible options to achieve gender equality

Road testing -- Gender sensitizing: Consultative process to discuss ideas/policy	Monitoring and evaluation of the positive and negative effects

Major checks

At every stage however, it is important to have in-built check mechanism so that the purpose of GIA is not defeated. According to Moser (2005: 11) three concepts – evaporation, invisibilisation and resistance provide the basis for gender mainstreaming assessment at the implementation stage. These concepts can be defined as follows:

Evaporation – When good policy intentions fail to be followed through in practice

Invisibilisation – Monitoring and evaluation criteria fail to document or inadequately document what's happening on the ground; and

Resistance – When GM is blocked for political reasons rather than technocratic procedural constraints.

A ranking scheme may be useful to perform these checks. Following Department for International Development's experience (DFID) (Moser, 2005: 12) ranking may be done as follows:

3: Highest score to be given to projects/ programs that aims either at removal of gender discrimination or promotion of gender equality

2: Second highest score for projects/programs where the above objectives are integral and mainstreamed. E.g. Equitable access to services and equitable benefits to new resources.

1: A non-targeted score or lowest score to projects/ prgrams that do not fit the above categories.

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Appendix

Matrix for Policy Analysis using GIA tools

Standard 1.1: Assessment and planning are undertaken at the agency and consumer levels to ensure policy objectives are linked to gender equality.

Evidence question	What this means	Some (but not limited to) examples of evidence
Whether and how the policy objectives are linked to gender equality	How the agency understands and is responsive to gender equality	Reports of staff consultation process.
	Which parts of the policy address the direct, indirect and gendered concerns	Public documents e.g. values, vision, mission statements and agency's policy that states agency's goals in regards to gender equality and to address gender inequalities.
	Do the planning assumptions adequately reflect constraints on (i) women's, (ii) men's and (iii) people with diverse sexuality, sex and or gender (DSG) participation in the program	Policy/Program objectives and strategies help ensure gender equality. Policies/strategies that ensure equity of access to services by addressing barriers to service access e.g. lack of child care, poor transport facilities may have home visits to overcome the barriers. Gender disaggregated data collection in place. Reporting incorporates gender analysis. Budget allocation is adequate to ensure equitable participation of men, women and DSG group.

Standard 1.2: Assessment and planning are undertaken at the agency and consumer/community levels to take into account specific gender concerns while formulating policy.

| Evidence question	What this means	Some (but not limited to) examples of evidence
How does program/ policy take into account specific gender concerns	The processes, systems and mechanisms the agency has in place is gender sensitive: ♦ for data collection and evidence base; ♦ identify and prioritize needs of the service providers and different consumer groups; and ♦ documentation, updating and evaluation of program/policy	Annual plans and program/project specific plans Gender specific data is collected and a gender analysis done Evidence of processes (including for selection and use of data sets, trend analysis, indicators and standards for presentation of data) to monitor emerging needs, trends and potential priorities of the clientele group. Reports have contributed to or produced looking at specific health issue with a gender analysis. Stakeholders' consultation activities, internal performance data, safety and quality monitoring. Gender analysis and gender sensitivity of the report.
	How and to what extent the program/policy guarantees gender preferential access and benefits to consumer groups	Policy and procedures for consumer assessment, care planning and review. Membership of, and/or reports of networking with, agencies that represent different groups including ATSI, key cultural, multicultural, DSG group, special needs agencies and advocacy groups. Consumer consultation and feedback reports.
	Whether the program develops different strategies and services for different consumer groups e.g. women with dependent children, DSG clients	Registration information disaggregated by gender, age, disability, etc. All programs have provision for consumers' feedback. Budget allocation to ensure differential strategies and services for different women's groups Differential impact analysis is incorporated in gender analysis. A regular system of reporting and evaluation of project/program activities for different groups of men and women and DSG clients

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Standard 1.4: Assessment of the policy/program at the agency and consumer/ community levels to ensure flexibility and confidentiality around gender sensitive issues e.g. domestic violence.

Evidence question	What this means	Some (but not limited to) examples of evidence
Whether the program/ policy ensures flexibility and confidentiality around sensitive issues e.g. domestic violence	How the agency maintains relationship with ATSI groups and other cultural groups in the community in order to ensure cultural safety.	Membership of, and/or reports of networking with agencies that represent different groups including ATSI, key cultural, multicultural, special needs agency and advocacy groups.
	How the agency uses this knowledge in service and program design, and to ensure cultural safety and confidentiality as well as consumer rights and responsibilities	Minutes of meeting with different organizations that helps the organization to keep in touch with different groups. Policies and procedures relating to confidentiality, diversity and cultural safety.
	The training and other forms of education that are provided to staff, so that they are aware of, and show respect to, needs for consumer and cultural safety.	Staff profile and records of cultural competency training and professional development programs and participation including DSG training, disability training. HR policies and procedures to support diversity and cultural safety e.g. recruitment of the staff to match the culture or language of the clientele groups, use of interpreters and translators
	How existing services/ programs are designed/ redesigned to meet diverse group of consumers' needs better	Reports from internal performance data e.g. service and program reviews, feedback from clientele groups, safety and quality monitoring.
	How new services or programs are designed, planned and implemented to meet identified needs or trends	Proposals and implementation plans for new programs, services or resources to address identified needs and priorities Service agreements, partnerships and MOUs, funding submissions Consumer services/program plans

Examples of GIA as used in some institutions' policies

Gender mainstreaming strategy of the Department for International Development (DFID), UK

Figure 1: Department for International Development (DFID), UK Gender Mainstreaming Strategy (adapted from Moser, 2005: 10)
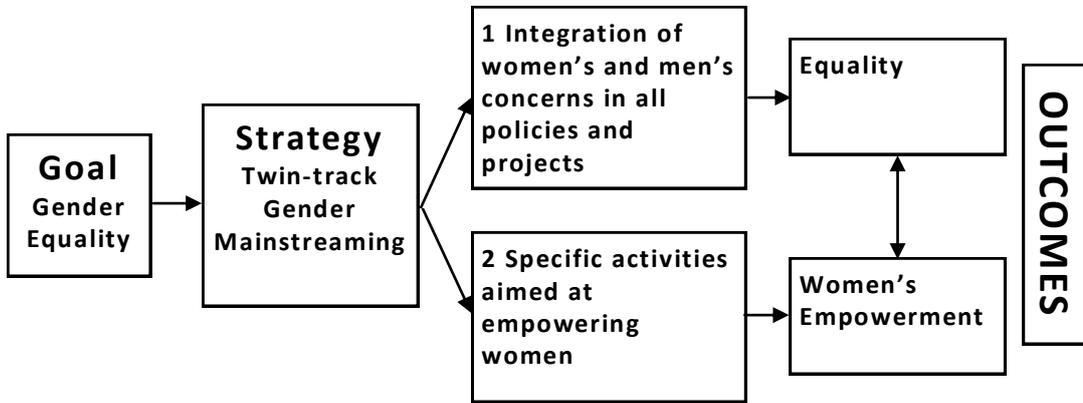
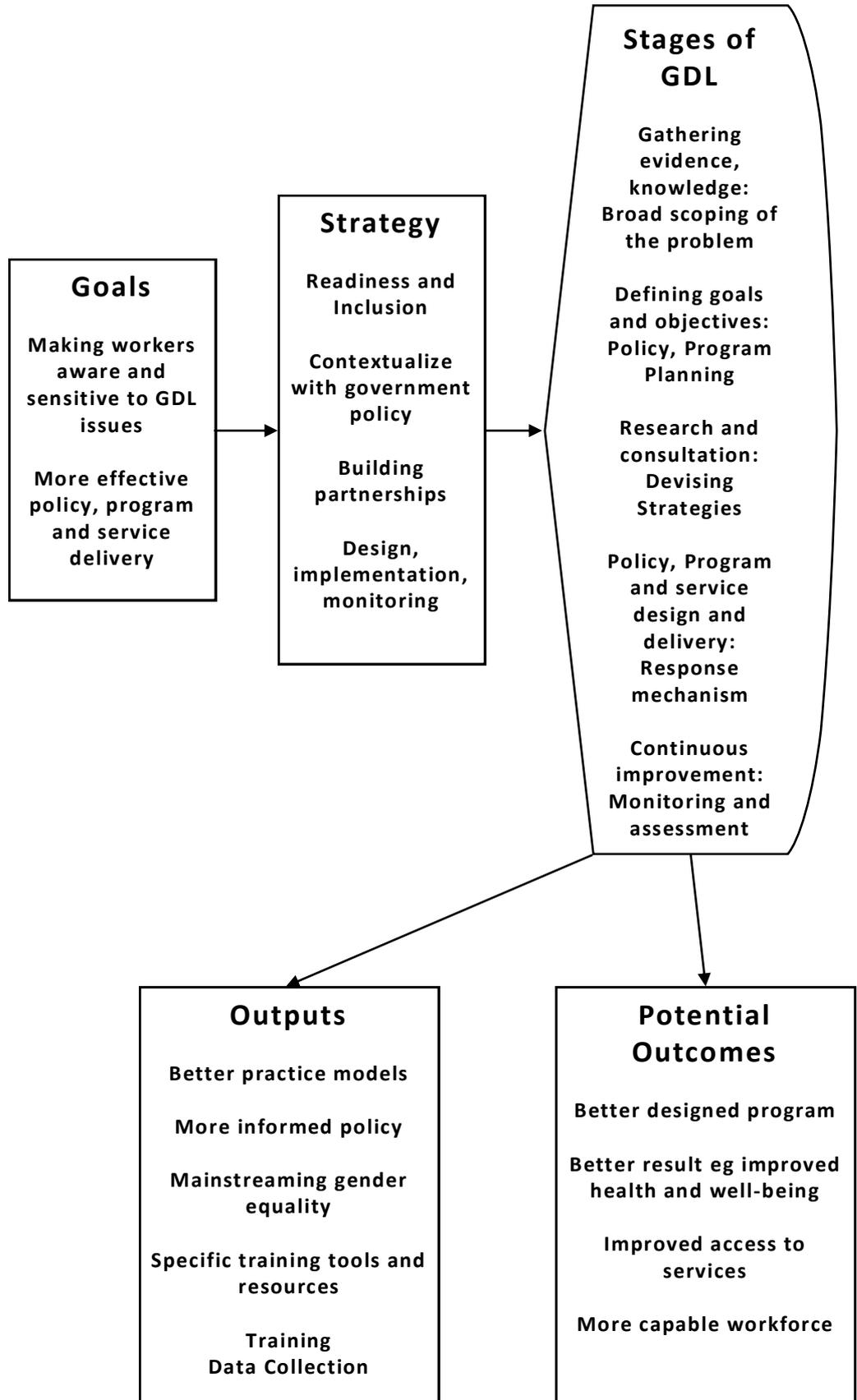## The gender and diversity lens (GDL)

Rationale

The GDL links gender analysis to an agency's planning cycle. It looks at 'gender' as "the first filter of analysis and overlays a diversity lens to assess issues for particular group of women and men". It thus helps broadening the agenda and the scope of work and also eliminates negative implications of a particular policy, program and/or project.

Figure 1 provides a framework outlining the rationale, strategy and the application of GDL in the policy planning and program design and service delivery. Note that unlike GIA the scope of which includes both broader and specific contexts, application of GDL is specific to a particular project/program in a given time period. Experiences from specific projects accumulate over time and can potentially make the agency more sensitive to the interaction of gender, diversity and disadvantages. It may not be wrong to describe GDL as a handy user manual for implementing a particular program/service e.g. improving health and wellbeing of diverse group of women. According to the Victoria Women's Health and Wellbeing Strategy,

> GDL is essentially a quality improvement resource designed to identify – hidden assumptions and values which may sustain inequality and contribute to discrimination; the possible consequences and impact of initiatives and service gaps and research in areas which require further work.

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Goals

Making workers aware and sensitive to GDL issues

More effective policy, program and service delivery

Strategy

Readiness and Inclusion

Contextualize with government policy

Building partnerships

Design, implementation, monitoring

Stages of GDL

Gathering evidence, knowledge: Broad scoping of the problem

Defining goals and objectives: Policy, Program Planning

Research and consultation: Devising Strategies

Policy, Program and service design and delivery: Response mechanism

Continuous improvement: Monitoring and assessment

Outputs

Better practice models

More informed policy

Mainstreaming gender equality

Specific training tools and resources

Training
Data Collection

Potential Outcomes

Better designed program

Better result eg improved health and well-being

Improved access to services

More capable workforce

Matrix for Policy Analysis using GDL Lens

At the strategy level GDL matrix can be used as a tool for ensuring QIC standard as shown in the following table.

Standard 1.1: Assessment of whether gender issues have been systematically considered in the planning, implementation phases and evaluation of a program

Evidence question	What this means	Some (but not limited to) examples of evidence
Whether the program ensures gender and diversity considerations	Whether the staff members have adequate understanding of the gender relations and gendered patterns of behaviour, which affect women's and men's health and well-being.	Public documents e.g. values, vision, mission statements and agency's policy that states agency's goals in regards to gender equity and diversity goals.
	Whether the staff members understand how personal bias and expectations can influence individual activity	Budget and time allocation are adequate to ensure gender and diversity analysis. Staff profile and records of cultural competency training and professional development programs and participation including DSG and disability training.
		HR policies and procedures to support diversity and cultural safety e.g. recruitment of the staff to match the culture or language of the clientele groups, use of interpreters and translators
		Job descriptions, service contracts and performance appraisals adequately reflect responsibilities for gender equity objectives
		Consumer/client registration information disaggregated by gender, age, aboriginality, ability/disability, culture, language, religion and belief, sexual orientation, care responsibilities, geographic location, housing security, educational standard, paid/unpaid work
	How far the program is consistent and coherent with government's current policy directions, priorities and familiar with policy setting	Reports of staff consultation process Reports of interactions and frequency of with government
		Timing of the policy and program development is consistent with contemporary government policy
	Whether the agency has developed a shared vision and consensus on gender and diversity objectives with key stakeholders	Membership of, and/or reports of networking with, agencies that represent different groups including ATSI, key cultural, multicultural, special needs agencies and advocacy groups.
		Reports of stakeholders and partners' consultation process.
	How the agency maintains relationship with ATSI groups and other cultural groups in the community to ensure their participation in the program?	Membership of, and/or reports of networking with, agencies that represent different groups including ATSI, key cultural, multicultural, special needs agencies and advocacy groups.
		Consumer consultation and feedback reports

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