Response ID ANON-5GWD-ZW2H-2

Submitted to **Establishing a National Women's Health Strategy for 2020 to 2030**
Submitted on **2018-11-05 12:11:02**

SECTION A – DEMOGRAPHICS

1 Please provide your name (optional)

Name:
Emma Davidson

2 Where are you based?

ACT

Other location:

3 Are you providing your response on behalf of an organisation?

Yes - please provide the name of the organisation below:

Organisation:
Women's Centre for Health Matters

4 What is your email address?

Email:
e.davidson@wchm.org.au

5 What is your area of expertise?

Area of expertise:
Health Promotion, Social Research, Community Development, Capacity Building, Information Provision and Education and Advocacy around women's health and wellbeing in the ACT and surrounding region, including social determinants of women's health.

6 Are you providing your response as:

Other - please specify below:

Other occupation:
An advocate, social researcher, and health promotion officer

7 Do you identify as an Aboriginal or Torres Strait Islander person?

No

8 Priority population group status

None of the above

9 Does your organisation represent one of the priority population groups?

Yes - please specify below

Priority population group:
WCHM researches and advocates for the health needs of women from all of the above priority population groups, except for rural and remote areas.

10 In which country were you born?

Australia

Country born:

SECTION B - THE STRUCTURE OF THE STRATEGY

11 Overall structure of the Strategy

Yes

12 Overall structure of the Strategy - comments

Strategy structure - comments:
WCHM welcomes the Strategy's policy principles. The points made about strengthening gender-sensitive services, acknowledging that different women's population groups have different health needs, focus on prevention and wellbeing, and evidence-based policy-making, are positive.

However, there is more that could be said about the structural drivers of gender inequality, and how these impact on women's health.

There is also not enough about how the community sector, who provide extensive health information and education as well as delivering health services, will be engaged and involved in the further development and implementation of the Strategy.

13 Adequate context and background for the Strategy

Yes

14 Is anything missing from context and background?

Adequate context and background:
WCHM supports the Strategy's identified priority populations, the focus on holistic care over the life course, and the importance of the evidence base.

The Strategy could be improved through greater recognition of the social determinants of women's health and the impact of intersectionality between cultural background, sexuality, gender diversity within the population who identify as women, socio-economic status, and disability and chronic conditions.

Greater recognition of the need for trauma-informed health services for women, not just gender-sensitive services, would also be helpful in understanding the impact of pervasive violence against women.

Work to improve universal access to women's health services is also needed. Significant numbers of women do not have access to a Medicare card or cash for gap fees to access healthcare. This includes young women and girls accessing sexual and reproductive healthcare, women experiencing violence, and migrant women whose visa does not provide Medicare access.

15 Strategy blueprint, Policy principles and Strategy objectives

No

16 Strategy blueprint, Policy principles and Strategy objectives - comments

Strategy blueprint etc - comments:
The blueprint, policy principles, and Strategy objectives need a greater emphasis on systemic drivers of gender inequality, as this impacts on social determinants of women's health. A focus of holistic, life-course health and preventive health and wellbeing will not be enough to address the social determinants, or the underlying gender inequality that causes women to experience those social determinants in ways that are different to men.

There is also a need for greater engagement with the community sector. Community sector organisations deliver health services, but many are already working on the policy principles described in the Strategy. Community sector organisations work on social research that can inform the evidence base, providing information and education to women to help with preventive health, understanding the needs of different population groups, and the drivers of gender inequality. Many of these community organisations already take a life-course approach to health. Engaging the community sector is a good way to achieve better results than can be achieved through government agencies alone.

SECTION C - PRIORITY AREAS

17 Do you agree with the priority areas identified for the Strategy?

Yes

18 Priority areas - comments

Priority areas - comments:
Violence against women is a major contributor to women's health needs in Australia, including in the ACT whereABS catalogue 4510.0 Recorded Crime – Victims, Australia 2013 released on 26 June 2014 shows that sexual assault has increased. We also know that rates of domestic violence are much higher for Aboriginal and Torres Strait Islander women, CALD women, women with disabilities, and lesbian, bisexual, transgender, and intersex women.

Including violence against women under the "over represented conditions" priority area is not enough. Violence against women is not a "health condition" that is endemic to the women's population. The impacts of violence are brought upon women, most often by male partners, ex-partners, or family members.

Violence against women must be included in every priority area, as it intersects with mental health and wellbeing (including PTSD and related conditions), chronic conditions (including long term physical health needs as a result of assault), sexual and reproductive health (including reproductive coercion), and healthy ageing (including elder abuse).

Ending violence against women, and health policies that are informed by the health and other needs of women who have experienced violence, should underpin all priority areas at the policy principle level.

19 Priority area 1 – Mental health and wellbeing

No

20 Priority area 1 - anything missing?

Priority area 1 - anything missing:
WCHM welcomes investment in community awareness campaigns, training and resources for educators and health professionals, and provision of universal access to mental health services.

But the Strategy also needs:
* Investment in an evidence base for the social determinants of mental health and wellbeing for women and girls.
* Training and resources for more trauma-informed services across the health system, so that health professionals are better equipped to meet the needs of women who may have physical health needs while also being impacted by trauma.
* Greater investment in specific mental health services in addition to the eating disorders, perinatal mental health, and services for women who are armed services veterans. This should include services for women with Borderline Personality Disorder, which is diagnosed in women at a much higher rate than men, PTSD in women who are not armed services veterans, and depression and anxiety.

21 Priority area 2 - Chronic disease and preventive health

No

22 Priority area 2 - anything missing?

Priority area 2 - anything missing:
WCHM is pleased to see that funds will be allocated for specific, sustainable funding for women's health services, and that health policy development will include priority populations.

But the Strategy also needs funding and commitment to reducing the systemic causes of women's chronic conditions, including the social determinants of women's health, and gender inequality.

23 Priority area 3 - Sexual and reproductive health

No

24 Priority area 3 - anything missing?

Priority area 3 - anything missing?:
The Strategy needs to include:
• Investment in the identification of policy, legislation, as well as other systemic, social and economic factors that contribute to decreased access to sexual and reproductive health services and rights for women and girls;
• Government and community commitment to addressing the systemic drivers of poor sexual and reproductive health for women and girls, including gendered inequality;
• Actions that identify and address the links between violence against women and poor sexual and reproductive health, particularly among marginalised women;
• National campaigns that promote women's reproductive rights, tailored for specific populations of women;
• Gendered, cross-cultural training and organisational support programs for health services to increase their capacity to provide culturally sensitive and safe care, particularly in areas such as the ACT where specific health services for migrant women (other than those for women with refugee experience) are harder to find;
• Increased support for a peer support workforce and local women's community-based programs that address sexual and reproductive health in collaboration with, and taking leadership from, women from the community;
• Strengthened relationships with community-based women's health organisations in order to address emerging sexual and reproductive health issues utilising a social determinants of health approach;
• Support for increased resources for women's health organisations working with migrant women in the ACT to address specific reproductive and sexual health issues.

25 Priority area 4 - Conditions where women are overrepresented

No

26 Priority area 4 - anything missing?

Priority area 4 - anything missing:
Given the high rates of violence against women in Australia, there is a need for this to be included in every priority area, rather than being included only as part of a list of conditions where women are over represented. In addition, violence is NOT a condition, it is a social determinant of women's health.

However, given that violence against women does not have the prominence it should have in the policy principles and Strategy objectives, we would like to see Priority Area 4 changed to focus only on violence against women and girls. This means that mental and physical health conditions in which women are over represented should be more thoroughly addressed in the other priority areas, such as including actions to address eating disorders in the mental health priority.

There is a need for a greater investment in the evidence base to better understand the causes and impacts of conditions in which women are over represented, such as deaths from cardiac conditions, Borderline Personality Disorder, self-harm and attempts at suicide, the very high rates of PTSD in women who have

experienced violence, and traumatic brain injury from assault rather than sports injuries. But this could be included in actions under the other priority areas, with Priority Area 4 focusing only on reducing the gender inequality and drivers of violence against women.

27 Priority area 5 - Healthy ageing

No

28 Priority area 5 - anything missing

Priority area 5 - anything missing:
The Strategy needs a greater investment in the evidence base and policies informed by our knowledge of the gaps in services addressing the social determinants of older women's health. This includes access to housing, socio-economic status, and the needs of women from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander women, older women with disabilities, and older women who are lesbian, bisexual, transgender, or have intersex characteristics.

Older women tell us that they need more information about sexual and reproductive health, and access to services that are sensitive to their needs. This includes information about menopause and how to manage its impacts on women's health, STI testing, and information resources about sexual consent for older women who are sexually active. Funding for services that support these needs is important for a holistic approach to healthy ageing.

SECTION D - RESEARCH, PARTNERSHIPS AND PROGRESS

29 Investing in research

No

30 Investing in research - anything missing?

Investing in research - anything missing:
WCHM welcomes the focus on NHMRC funding that adds to the evidence base for women's health. But there should also be a greater focus on research that adds to the evidence base for the social determinants of women's health, such as the ABS Time Use survey, housing research conducted by AHURI and the community sector, and mapping the relationship between women's socio-economic status and health outcomes. This means talking more about the work done not only through research funded by NHMRC, but also by AIHW, ABS, and the community sector.

31 Strengthening partnerships

No

32 Strengthening partnerships - comments

Strengthening partnerships - comments:
WCHM sees a successful national strategy to improve women's health as being a collaboration between Commonwealth and State governments, the private health sector, and the community sector.

Measurable actions for collaboration between these four areas (Commonwealth government, State government, private sector, and community sector) will result in stronger relationships, which will lead to improved outcomes.

The Strategy should also acknowledge the vital role that specialist health delivery services for women, migrant health services, Aboriginal and Torres Strait Islander health services, LGBTIQ services, and others play in improving the outcomes for women with intersectional issues such as gender, race, ethnicity, sexuality, and disability.

The role of organisations who provide advocacy services, such as women with disabilities, women's health, sexual and reproductive health, Aboriginal and Torres Strait Islander women's health, multicultural women's groups, and women in prison, should also be recognised for their important contribution to the evidence base and to health promotion to priority population groups. Greater support and funding is needed for these organisations to continue their work.

In areas such as the ACT, there should be increased funding and support for specialist services that are harder to access, such as migrant women's health services.

33 Achieving progress

Achieving progress:
We support:
• The establishment of an Implementation Steering Group to facilitate and drive implementation of the Strategy.

What would improve the Strategy:
• A twelve-year Strategy that is implemented via 3-year action plans;
• A set of Key Performance Indicators that are regularly measured and reviews with each action plan;
• Broad representation on the Implementation Steering Group that includes women’s health services as well as women’s health organisations that represent marginalised populations of women.

SECTION E - OVERALL COMMENTS

34 Do you have any additional comments? (200 word limit)

Overall comments:
WCHM welcomes the development of the new National Strategy. But the strategy does not adequately address the social determinants of women's health, as defined in the Ottawa Charter for Health. Nor does it demonstrate a thorough understanding of the relationship between gendered inequality, or the intersection of discrimination and barriers to access between gender and race, ethnicity, disability, sexuality, and socio-economic status. A greater emphasis on social determinants and inequality drivers, as well as on the relationships between government and community sector in research, advocacy, health promotion, and service delivery, would result in a stronger National Strategy with better outcomes for women.