Senate Committees: Australia's domestic response to the World Health Organization's Commission on Social Determinants of Health report *Closing the gap within a generation*

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3 October 2012

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Introduction

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. We are a non-government organisation with most of our funding coming from various parts of the Victorian Department of Health. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work 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.

Women's Health Victoria's vision is *Women living well – healthy, empowered, equal.* Our mission is to improve health and reduce gender inequity for women in Victoria by supporting, partnering, influencing and innovating.

We welcome the Senate Committee's Inquiry into Australia's domestic response to the World Health Organization Commission on Social Determinants of Health report *Closing the gap within a generation*. This is a unique opportunity to improve the health of Australians in a comprehensive, lasting and innovative way. This inquiry represents a positive step towards strengthening our health structures and building an enabling environment for all Australians to live a healthy life across their life span. A social determinants of health approach provides a holistic understanding of health that moves beyond the treatment of illness, and acknowledges the complex combination of factors that influence quality of life and wellbeing.

This submission considers first the importance of gender as a social determinant of health, followed by the need for a 'Health in All Policies' approach to incorporating the social

determinants into policy and practice, before making some key recommendations in relation to questions (c) and (d).

Gender equity as a social determinant of health

Inequity in health reflects the inequity in society. Gender equity is a key social determinant of health, and this must be reflected in Australia's response to *Closing the gap in a generation*. Gender equity has been identified as a key determinant in *Closing the gap in a generation*[1]*:*

> Gender inequities damage the health of millions of girls and women. They influence health through, among other routes, discriminatory feeding patterns, violence against women, lack of access to resources and opportunities, and lack of decision-making power over one's own health.

Even though Australian women and men appear to enjoy similar levels of formal rights and freedom, gender inequity remains embedded in our society. This gender power imbalance has negative consequences on the health and wellbeing of Australian women and girls. Examples of gender inequity in Australia today are listed below.

Gender pay gap

Women who are employed and who perform work of equal value to men receive less remuneration. In February 2012, the average weekly ordinary time earnings for adult women in Australia was $1,187 and for men $1,437[2].

Women are underrepresented in senior positions

Women comprise only 14.6% of ASX 200 Board members[3]. Even in sectors such as healthcare and teaching where women make up 85% of employees, men still hold the majority of senior positions[4].

Women take on significantly more unpaid work

Women are the primary carers of family members who are elderly, or who have a mental illness or disability[5]. This responsibility hinders a woman's ability to fully participate in paid work[6]. Carers not only suffer financially, but also emotionally, physically and socially[7].

Sexual objectification of women

Women are more often presented as sexual objects in the media and in popular culture than men[8]. Objectification of women's bodies – that is, presentation of women's bodies or body parts as sexual objects – demeans and dehumanises women[9]. Objectification can also be conveyed in non-visual ways, such as the use of derogatory language and the ways women are treated as sexual servants to men. These messages tell girls and boys, women and men that this is the way women should be treated and devalued. Objectification is linked to eating disorders, depression, and sexual dysfunction[10].

Violence against women, sexual assault and sexual coercion

Violence against women occurs within a broad social context where traditional gender roles are supported and perpetuate male power and control[11]. Statistics on intimate partner violence and sexual violence in Australia include:

- Nearly one in six women have experienced violence by a current or previous partner in their lifetime[12]. The majority of cases are perpetrated by men against women and their children[12].
- One in five Australian women has been coerced into unwanted sex[13]. For young women in Years 10 and 12, experience of unwanted sex has increased from 28.1% of sexually active female students in 2002 to 37.8% in 2008[14].
- Approximately one in five women (19%) have experienced sexual violence at some stage in their life since the age of 15[12].
- Sexual violence by male intimate partners remains one of the least recognised, under-reported, and least prosecuted crimes[15].

Research has shown a strong link between men's attitudes regarding gender and perpetration of violence against women. For instance, men who hold conservative or traditional attitudes about gender roles, believe in male authority and/or have 'sexually hostile attitudes' are more likely to perpetrate violence against their intimate partners than men who do not subscribe to such views[16]. Similarly, men who believe that violence is trivial or can be excused because women 'ask for it' or 'deserve it' are more likely to perpetrate violence against women[16].

Health in All Policies approach

In order to effectively create health systems and structures that are informed by the social determinants of health, there must be a whole of government commitment to embedding these principles at every level and in every sphere. This includes in organisations and institutions, in businesses and workplaces, in education and in homes, and action must occur at local, state and national levels. The role of government is to provide supportive structures, incentives and accountability mechanisms, and to enshrine and implement laws and policies that communicate the rationale and practical 'how-to' of social determinants of health. This is outlined in the Health in All Policies approach, available from:

http://www.sahealth.sa.gov.au/wps/wcm/connect/d4f9bd0043aee08bb586fded1a914d95/omseet-sahealth-100610.pdf?MOD=AJPERES&CACHEID=d4f9bd0043aee08bb586fded1a914d95

There is a strong synergy between *Closing the gap in one generation* and the Government of South Australia's Health in All Policies approach to the social determinants. Health in All Policies recognises that health is influenced by measures that are often managed by government departments other than health[17]. It seeks to highlight the connections between health and policies from other sectors[17]. Health in All Policies can be used to shape actions on social determinants across policy domains, such as agriculture, education, the environment, fiscal policies, housing and transport[17].

The *Adelaide Statement on Health in All Policies*[17] outlines the following:

> The interdependence of public policy requires another approach to governance. Governments can coordinate policy-making by developing strategic plans that set out common goals, integrated responses and increased accountability across government departments. This requires a partnership with civil society and the private sector.
>
> Since good health is a fundamental enabler and poor health is a barrier to meeting policy challenges, the health sector needs to engage systematically across government and with other sectors to address the health and well-being dimensions of their activities. The health sector can support other arms of government by actively assisting their policy development and goal attainment.
>
> To harness health and well-being, governments need institutionalized processes which value cross-sector problem solving and address power imbalances. This includes providing the leadership, mandate, incentives, budgetary commitment and sustainable mechanisms that support government agencies to work collaboratively on integrated solutions.

The Health in All Policies approach provides an opportunity to embed the social determinants in a systematic way across government. The Australian National Preventive Health Agency and the Australian Social Inclusion Board are two existing structures that could be enhanced to build a more coordinated approach to our nation's social determinants of health.

Recommendations

(c) The extent to which the Commonwealth is adopting a social determinants of health approach

The government currently undertakes a number of initiatives that address different aspects of the social determinants of health. However, a systematic approach that embeds, monitors and evaluates progress is needed.

Recommendation: Establish and provide adequate and long-term funding for a Social Determinants of Health Centre of Excellence, or similar body, to be responsible for the systematic and coordinated implementation, monitoring and evaluation of efforts to address the social determinants of health.

(d) Scope for improving awareness of social determinants of health:
(i) in the community,
(ii) within government programs, and
(iii) amongst health and community service providers.

The following recommendations are made in relation to government, health and community service providers, and the community. However, action on the social determinants must be led by a comprehensive, long-term and well-funded whole-of-government approach.

Government

1. Systems and structures

1.1 Systemically enforce legislation, policy and program responses that promote the social determinants of health, including gender equity, across all policies areas, using a Health in All Policies approach.

1.2 Support programs that address the social determinants of health, such as health literacy, healthy living and health conditions, racism and discrimination.

1.3 Ensure that all indicators include sex-disaggregated data.

2 Capacity building

2.1 In partnership with research institutions and health promotion agencies (such as Women's Health Victoria), create a Social Determinants of Health Framework, which includes key indicators, such as gender equity, to be considered across all government departments.

2.2 Provide training and education to public service employees about the rationale and how to use the Social Determinants Framework.

2.3 In partnership with research institutions and health promotion agencies (such as Women's Health Victoria), create a systematic tool for reporting, monitoring and evaluation of the Social Determinants Framework.

3 Gender equitable policies and collaborations

3.1 Set up and provide adequate and long-term funding for a gender equity unit that is mandated to analyse and to act on policies, programmes, and institutional arrangements that impact on gender equity (consistent with Recommendation 13.2 in *Closing the gap in one generation*).

3.2 Include the economic contribution of household work, care work, and voluntary work in national accounts and strengthen the inclusion of informal work (consistent with Recommendation 13.3 in *Closing the gap in one generation)*.

3.3 Support women in their economic roles by guaranteeing pay equity through law, ensuring equal opportunity for employment at all levels, and by setting up family-friendly policies that ensure that women and men can take on care responsibilities in an equal manner (consistent with Recommendation 13.5 in *Closing the gap in one generation)*.

4 Education and communications

4.1 Together with service providers, educate the public about the social determinants of health. This includes the development of clear communications messages and language around the social determinants of health. The Robert Wood Johnson Foundation[18] has suggested six ways to communicate about social determinants of health, adapted here:

- Health starts – long before illness – in our homes, schools and jobs

- People should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their gender, income, education or ethnic background
- Your neighbourhood or jobs shouldn't be hazardous to your health
- Your opportunity for health starts long before you need medical care
- Health begins where we live, learn, work and play
- The opportunity for health begins in our families, neighbourhoods, schools and jobs

The Tasmanian Council of Social Service has created an excellent resource in communicating gender as a social determinant of health in their *Social determinants of health factsheet series: sexuality, sex and gender identity*[19] http://www.tascoss.org.au/Portals/0/Publications/SDoH%20Gender%20FINAL.pdf. This could be adapted for use at a broader level and act as an educative tool at the community level.

Health and community service providers

5 ***Programs and services that are informed by the social determinants of health approach***

5.1 Train students in the healthcare professions about the social determinants of health, including gender equity as a key social determinant, and to see their role in health care as a part of a holistic spectrum of health.

5.2 Collaborate with research institutions on data collection for the indicators and in using the evidence to inform their practice.

5.3 Create a community of practice for sharing resources and best practice initiatives on social determinants of health.

5.4 Formalise information sharing and referral pathways between relevant services in government and NGOs to ensure a holistic approach to health and continuity in care.

The community: private sector

The implementations of the recommendations set out in Section 4 'Education and communications' is particularly relevant to the community.

6 ***Healthy workplace***

6.1 Acknowledge that employment and employment conditions are social determinants of health, and adapt policies accordingly.

6.2 Collaborate with government, health and community organisations in creating a healthy workplace.

6.3 Participate in mental and physical health promotion programs using the workplace as a setting.

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