



Government of Western Australia
Department of Health

Western Australian Women's Health Strategy 2013-2017



The Strategy



Women and Newborn Health Service



© Department of Health, State of Western Australia (2013)

Copyright to this material produced by the Western Australian Department of Health belongs to the State of Western Australia, under the provisions of the Copyright Act 1968 (C'wth Australia). Apart from any dealing for personal, academic, research or non-commercial use, no part may be reproduced without written permission of the Women's Health Clinical Care Unit, Women and Newborn Health Service, Western Australian Department of Health. The Department of Health is under no obligation to grant permission. Please acknowledge the WA Department of Health when reproducing or quoting material from this source.

Suggested Citation

Department of Health Western Australia. Western Australian Women's Health Strategy 2013-2017. Perth: Women's Health Clinical Care Unit, Women and Newborn Health Service, Department of Health Western Australia; 2013.

Important Disclaimer

All information and content in this material is provided in good faith by the WA Department of Health and is based on sources believed to be reliable and accurate at the time of development. The State of Western Australia, the WA Department of Health and their respective officers, employees and agents do not accept legal liability or responsibility for the material, or any consequences arising from its use.

Acknowledgements

WA Health would like to thank the people and organisations who contributed time and expertise to the development of the Western Australian Women's Health Strategy 2013-2017 by participating in the consultation forums and written submissions.

The Women and Newborn Health Service respectfully acknowledges the Noongar people, both past and present, the traditional owners of the land on which we work.

We affirm our commitment to reconciliation through strengthening partnerships and continuing to work with Aboriginal and Torres Strait Islander people.

Message from the Minister for Health

I am proud to present the inaugural *Western Australian Women's Health Strategy 2013-2017 (The Strategy)* to the people of this State, especially its women. It is the start of something new and is a clear commitment to keeping all women well, and strengthening the future of our children and communities.

The Strategy is aligned to, and built upon, the Federal Government's *National Women's Health Policy 2010* and the *National Aboriginal and Torres Strait Islander Women's Health Strategy 2010*. The Strategy moves forward and beyond from these to directly address the health needs of women and what women are experiencing in Western Australia.

The timing is just right. There is a strong government and cross-sector commitment to women in Western Australia that goes beyond health and recognises the inequalities that can have an impact on staying well.

The future is about working together, aiming to build and maintain good health and wellbeing and ensuring women have the best opportunities to participate in the community and with their families.

It is about high quality care and access, stability and sustainability in services and addressing the needs of particularly vulnerable women by making sure they experience real, substantive health outcomes.

I believe this Strategy sends a strong message. It is an assurance to the community that women in Western Australia are important and valued.

The Hon. Dr Kim Hames MLA

MINISTER FOR HEALTH



Contents

AIM and OUTCOMES	4
CONTEXT	5
National	5
Impact of Gender	6
Partnerships	7
WA WOMEN'S HEALTH STRATEGY 2013-2017	8
GUIDING PRINCIPLES	10
Equality	10
Substantive Equality	
Service Availability and Access that Embraces Diversity	
Holistic Service Provision	10
Promoting a Social Model of Health	
Prevention and Early Intervention	
Life Stages	
Inclusivity	10
Developing and Maintaining Partnerships	
Transparency	10
Supporting Best Practice and Improved Knowledge	
PRIORITY AREAS AND PRIORITY GROUPS	11
STRATEGIC AREAS FOR CHANGE	16
IMPLEMENTATION and MONITORING	18
DEFINITIONS	19
REFERENCES	20

Aim and Outcomes

WA Health encourages all women to stay well and seek health advice and support to maintain ongoing good health and a sense of wellbeing.

The aim of the *Western Australian Women's Health Strategy 2013-2017 (The Strategy)* is to improve and promote the health and wellbeing of Western Australian women, particularly vulnerable women at most risk of poor health outcomes. The Strategy also highlights the priority needs of, and for, women, in order to achieve better health outcomes into the future.

The Strategy is based on the five policy goals to address the social determinants of health for women, as set down by the Federal government in the *National Women's Health Policy 2010*¹. These are:

- gender is recognised as a key determinant of women's health and there are beneficial outcomes for women in health services

- health responses reflect the different needs of women according to their life stage, race, social, cultural, psychological and economic circumstances
- women with the highest risk of poor health are identified and prioritised
- the health system is responsive to all women, with a clear focus on illness and health promotion and
- the evidence base on women's health is advanced through effective and collaborative research, data collection, monitoring, evaluation and transfer of knowledge.

The Strategy is the start of something new in Western Australia. It is a living document which will be built upon and strengthened over time.

The Western Australian Women's Health Strategy 2013-2017: Setting the Scene has been developed to compliment and support *The Strategy*. These documents need to be read together.

FACT:

- In 2011, women in WA accounted for just over 49 percent of the population².
- WA has an ageing population. By 2051 it is predicted that approximately 1 in 3 people will be aged 65 years or over³.
- The 2006 census found that more Aboriginal and Torres Strait Islander people (herein after referred to as Aboriginal people) lived in remote and very remote areas than in Perth⁴.
- In 2010, 53 percent of the State's population growth was due to net overseas migration⁵.
- Between 2006-10, the top three causes of death for non-Aboriginal women were ischaemic heart disease, cerebrovascular disease and acquired and congenital brain disorders, such as dementia. For Aboriginal women it was impaired glucose regulation and diabetes, ischaemic heart disease and cerebrovascular disease^{3(pg17)}.

Context

National

The Strategy has been aligned with the *National Women's Health Policy 2010* and the *National Aboriginal and Torres Strait Islander Women's Health Strategy 2010*.

The *National Women's Health Policy 2010* has two priorities; prevention and targeting of specific health conditions likely to have the greatest impact over the next twenty years and to address key areas of inequity in the social determinants of health. The social determinants which have a significant impact on the physical and mental health of women include life stages and access to resources, including money and diversity. Many women lead complex lives and often have demanding and competing roles, both within their families and the wider community. These roles can overlap and can lead to high levels of stress and unhealthy behaviours.

Both national documents emphasise and advocate for an understanding of the social model of health by improving health through influencing the complex and interacting factors which can impact on a person's wellbeing. They focus on issues such as employment, housing and education, in conjunction with biological and medical factors in illness. People are generally healthier if they feel safe, have a job which earns sufficient money and feel connected to family and friends.

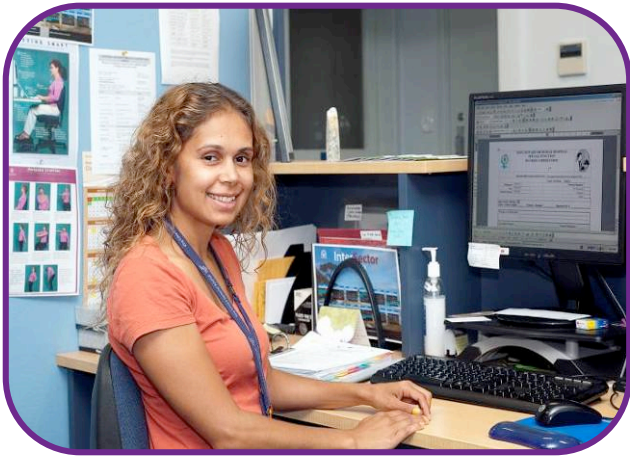
The *National Aboriginal and Torres Strait Islander Women's Health Strategy 2010* articulates the need for Aboriginal women to be involved in planning, design, development, implementation and evaluation of health services. It advocates for Aboriginal women to have influence on the function of health systems in order to improve outcomes and to empower women.

A social determinant of health for many Aboriginal people is their connection to land. This includes a historical past that removed people from their traditional lands and away from their families. Overall, Aboriginal people experience more negative outcomes than the non-Aboriginal population in the social determinants of health⁶.

The *National Aboriginal and Torres Strait Islander Women's Health Strategy 2010*, extends the meaning of health to encompass more than an individual's social and biological wellbeing. It defines health, in its broadest sense, as the 'social, emotional and cultural wellbeing of the whole community'^{7(pg5)}.



Impact of Gender



Gender is one of the most significant human characteristics to affect life opportunities. Men and women have biological differences, gender roles and responsibilities assigned by society. The World Health Organisation states that to achieve the highest standard of health, policies, programs and services should be designed so they cater for the differing needs, obstacles and opportunities of both men and women.

Understanding the differences between men and women will assist service providers to design programs with equitable outcomes for both genders.

The Australian Government has highlighted this as one of its five policy goals in the *National Women's Health Policy 2010*.

There are various tools used to review the impact of health services on different groups. For example, the *WA Health Aboriginal Cultural Learning Framework*⁸ is a valuable guide to ensure programs and services have properly considered the health needs and interests of Aboriginal people.

The WA Health Substantive Equality Policy 2009, and associated tools, also recognise that policies and practices which may be non-discriminatory on face value can, in real terms, produce health inequalities. It aims to highlight the diverse needs of Aboriginal people and people from culturally and linguistically diverse backgrounds.

As The Strategy is introduced and implemented, practice tools to analyse and make changes to health outcomes for men and women will be developed.

FACT:

- Western Australia has the largest gender pay gap in Australia. In February 2012, this stood at 25.8 percent meaning that for every dollar earned by a full time male employee, full time female employees earned 74.2 cents. The national gap is 17.4 percent. For women, this gap can lead to lower lifetime earnings and retirement savings, as well as longer working hours and a reduced work life balance¹⁰.
- While many men in Western Australia (112,200) provide unpaid care to family members with a disability, women provide the majority of this care (139,800). 70 percent of primary carers in Western Australia are women¹¹.

Partnerships

WA Health recognises that to improve health for women, a collective responsibility that encompasses different sectors in government and non-government agencies, tertiary education institutions, private health agencies, consumers and carers is needed.

The aim is to develop safe and nurturing environments which encourage good health. The many components that make up the basic standards of healthy living are often about preventing illness and injury through education and awareness raising.

Key partners in this are the community based health services for women and their families. These services provide local supports and are well-connected to other services in their community. They are also an important link in the cycle of improving health and collaboration across sectors.

Community based health services for women, and their families form part of the primary health care system and encourage self reliance, responsibility and participation through health promotion and education as well as activities that promote healthy living.

In 2011, the Western Australian Peak of Women's Health Services published the first *Women's Health Matters – A 10 Point Plan of Action for Western Australia's Women's Health and Wellbeing 2011-2015*¹². The Plan of Action forms part of a broader vision to prioritise the health of all women in Western Australia.

WA Health supports this key achievement. A strong partnership has been created and both sectors share a common vision to ensure service responses reflect changing community needs.



WA Women's Health Strategy 2013 - 2017

Aim

The aim of the *Western Australian Women's Health Strategy 2013-2017*, is to improve and promote the health of Western Australian women, particularly vulnerable women at most risk of poor health outcomes.

Outcomes

- Gender is recognised as a key determinant of women's health and there are beneficial outcomes for women in health services.
- Health responses reflect the different needs of women according to their life stage, race, social, cultural, psychological and economic circumstances.
- Women with the highest risk of poor health are identified and prioritised.
- The health system is responsive to all women, with a clear focus on illness and health promotion and
- The evidence base on women's health is advanced through effective and collaborative research, data collection, monitoring, evaluation and transfer of knowledge.

Guiding Principles

- **Equality** Substantive and Gender Equality.
Service Availability and Access that Embraces Diversity.
- **Holistic Service** Promoting a Social Model of Health.
- **Provision** Prevention and Early Intervention.
Life Stages.
- **Inclusivity** Developing and Maintaining Partnerships.
- **Transparency** Supporting Best Practice and Improved Knowledge.

Priority Areas

Cardiovascular diseases cause more deaths than any other disease group for women.
The other priority areas are:

- **Mental health**
- **Health responses to family and domestic violence**
- **Sexual, reproductive and maternal health**
- **Chronic illness and related injury and**
- **Access to health services and equality of health outcomes.**

Priority Groups

The health of Aboriginal women in WA is a priority because they experience poorer health in almost all areas compared to non-Aboriginal women. Other groups of vulnerable women include;

- **Women living in regional, rural and remote areas**
- **Women from culturally and linguistically diverse backgrounds, particularly newly arrived refugee and migrant women**
- **Women with disabilities**
- **Women who are socially and economically disadvantaged and**
- **Women who identify as lesbians, bisexual or transgender.**

WA Women's Health Strategy 2013 - 2017

National Women's Health Policy 2010

'To continue to improve the health and wellbeing of all women in Australia, especially those at risk of poor health'.

National Aboriginal and Torres Strait Islander Women's Health Strategy 2010

'Aboriginal and Torres Strait Islander women experience extremely poor health outcomes. They have the right to determine for themselves what their health system will look like'.

Western Australian Women's Health Strategy 2013-2017

A policy framework for WA Health to undertake initiatives that improve the health of Western Australian women and particularly vulnerable women at most risk of poor health outcomes.

WA Health

Collaboration – Partner Commitment –
Continuous Improvement

Guiding Principles

Equality-Holistic Service Provision-Inclusivity-Transparency

Women and Newborn Health Service

WA Health Senior Staff and Partners
Plan, Monitor and Review Action Plans

P
A
R
T
N
E
R
S

1. **Annual Action Plans**
Based on priority areas and priority groups
2. **Key Outcomes**
3. **Key Activities**
4. **Performance Indicators**
5. **Review and Report**

Guiding Principles

The guiding principles are well documented in both national and international literature.

Equality	<p>Substantive Equality Substantive equality is the actual experience of good health outcomes for each individual.</p> <p>Gender Equality Gender equality recognises the different challenges that women and men face in managing their health, including their different health requirements and the different barriers they face accessing services.</p>
Holistic Service Provision	<p>Promoting a Social Model of Health Improving health through the influence of economic position, access to employment and education, housing and transport as well as other factors such as gender, culture, age, race, disability and geographic location. Recognising that women are part of families and promoting healthy living has a flow-on effect. To highlight all aspects of what is important for good health and wellbeing for Aboriginal women, that includes an integrated social model of health.</p> <p>Prevention and Early Intervention Taking action to reduce the incidence and prevalence of ill-health, inclusive of educating women, especially high risk groups. Many health conditions are related to each other and often share common risk factors which if addressed, particularly in the early stages, have the potential to reduce a number of adverse health outcomes.</p> <p>Life Stages Recognises the key transition points in women's lives and the roles and experiences that a person has from birth to death. Encouraging quality of life at any stage of living builds strength and resilience for the next stage and allows people to reach their potential.</p>
Inclusivity	<p>Developing and Maintaining Partnerships The best outcomes achieved through sharing of knowledge and working together. This includes being aware of what is happening and partnering at local, regional, State and National levels so that women's health policy and strategies are appropriately aligned across sectors.</p>
Transparency	<p>Supporting Best Practice and Improved Knowledge Service responses for women are based on accurate data which is gender specific. Research and evaluation of services acknowledges the diversity of women's experiences.</p> <p>Targeted policy and programs focus on areas of service delivery which have the greatest impact on the health of women. Models of service delivery that have proven to be successful are promoted and applied to programs.</p>

Priority Areas and Priority Groups

Achieving good health and well being for all women is the overall fundamental outcome for WA Health. A focus on specific priority areas and priority groups is necessary, to assist WA Health in achieving this primary aim.

The health of Aboriginal women in Western Australia is a priority because they experience poorer health in almost all areas compared to non-Aboriginal women.

In terms of mortality, cardiovascular diseases cause more deaths than any other disease group and are responsible for more than one-quarter of premature deaths among women^{13(pg43)}.

The following priority areas for 2013-2017 are based on consultations reported in the *National Women's Policy 2010*, as well as evidence relevant to Western Australia. Within priority areas, there are priority groups of women that will be the focus for action. This and more information is available in *Setting the Scene*.

Mental health:

FACT:

- Since 2005, women in WA are twice as likely to report a doctor-diagnosed current mental health problem^{14(pg31)}.
- In 2004 it was predicted that by 2016, mental health would rank higher than cancer as the major burden of disease for women in WA¹⁵.
- Between 2006-10, the rate women were hospitalised in Western Australia for serious psychiatric disorders was higher than men¹⁶. Between 2001-10, the rate of serious psychiatric disorders occasions of service for Aboriginal women was 1.7 times higher than for non-Aboriginal women¹⁶. The hospitalisation cost for men and women with serious psychiatric disorders was the highest of all the mental health disorders¹⁷.
- Between 13 and 25 percent of women experience a clinically significant episode of mental illness during or after a pregnancy¹⁸.
- Studies in Australia have identified psychiatric illness as a leading cause of maternal death¹⁹.
- The total national cost of perinatal depression in the past year was estimated to be \$433.52 million²⁰.

Health responses to family and domestic violence:

FACT:

- In 2008-09 women represented 72 percent of admissions for domestic violence related injuries to WA Health hospitals. This rose to 73.5 percent in 2009-10²¹.
- In 2009-10 hospital admissions for domestic violence related injuries was greater for women in regional areas, with women in the Kimberley being the highest overall²¹.
- Nationally one in five women experience sexual violence during their lifetime. Most incidents occur in the home and by a person known to them^{13(pg53)}.

Sexual, reproductive and maternal health:

FACT:

- There is a strong correlation between women who have been sexually abused as children and mental health illnesses for women in adulthood^{13(pg53)}. In 2009-10, three times as many girls were subject to a substantiated report of sexual abuse than boys in WA²².
- The crude notification rate for chlamydia and gonorrhoea experienced by women in WA is two to three times higher than national rates^{23(pg18)}. Figures for 2011 show that the chlamydia rate for both sexes has more than tripled over the past 10 years²⁴.
- In 2009/10, it was estimated that three in five Aboriginal women in the Kimberley smoked during pregnancy²⁵.
- In 2009 it is estimated that nearly a quarter of all pregnancies in WA resulted in induced abortions²⁶.

Chronic illness and related injury;

FACT:

- Obesity is the primary cause of chronic illness in Australian women^{13(pg47)}.
- Key findings from a 2010 Western Australian report, outline that in the 25-54 year age group, age-standardised incidence rates of Acute Myocardial Infarction (AMI) for Aboriginal males were 6.4 times higher than non-Aboriginal males. In the same age group, female Aboriginals were 13.3 times more likely to have an AMI than non-Aboriginal women²⁷.
- Women in WA are more than three times as likely to report doctor-diagnosed osteoporosis and more likely to record doctor-diagnosed arthritis than men^{14(pg57-59)}.

Access to health services and equality of health outcomes for:

Aboriginal women

FACT:

- Aboriginal women have double the rate of cervical cancer and more than four times the death rate from this cancer than non-Aboriginal women^{1(pg46)}.
- The difference in life expectancy between Aboriginal and non-Aboriginal women is greater in Western Australia, compared to New South Wales, Queensland and Northern Territory²⁸.

Women living in regional and remote areas

FACT:

- Australian women living in rural and remote areas have poorer health than women living in urban areas. Women under 65 years of age experience higher rates of lung, melanoma and cervical cancer in rural and remote areas^{1(pg4)}.
- In 2010, there was a significantly higher incidence of certain behaviours and risk factors for women in the outer health regions:
 - high levels of smoking in the Goldfields and Midwest²⁹;
 - high levels of obesity in the Great Southern and Wheatbelt²⁹;
 - Drinking at risk/high risk levels for long term harm in the Pilbara³⁰.

Women from culturally and linguistically diverse backgrounds, particularly newly arrived refugee and migrant women

FACT:

- WA has the highest proportion of overseas-born people in Australia^{23(pg18)}.
- Newly arrived refugee women are in poorer health and experience higher rates of illness overtime than the general female population^{1(pg94)}.

Women with disabilities

FACT:

- Women with disabilities have fewer Pap smears³¹.
- Women with intellectual disabilities living at home appear to have little awareness of preventable health³¹.
- In 2006, 56.2 percent of Aboriginal women in WA had a disability or long term health condition compared to 41percent of non-Aboriginal women^{32(pg21)}.

Women who are socially and economically disadvantaged

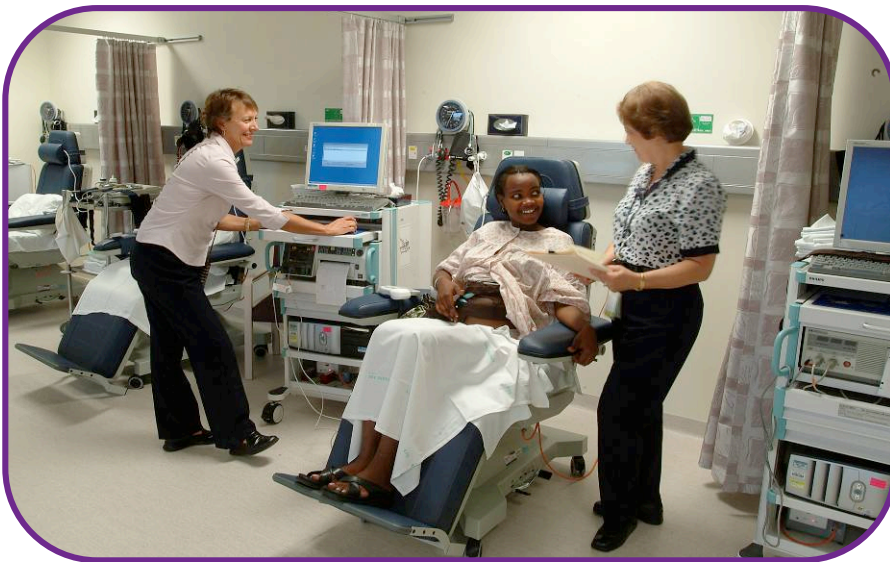
FACT:

- WA women in the most socio-economically disadvantaged groups are less likely to report an 'excellent' or 'very good' health status compared to women with no social or economic disadvantage¹⁴.

Women who identify as lesbian, bisexual or transgender

FACT:

- Lesbian and bisexual women in WA are more likely to be overweight and experience higher rates of obesity than the general female population. They consume fast food more frequently than other women and a significant proportion are insufficiently active^{33(pg21)}.
- Of 1000 lesbian or bisexual women surveyed in WA in 2006, three in ten women reported being smokers^{33(pg27)}.
- An Australian study found that 85 percent of lesbian, gay, bisexual and transgender people had experienced heterosexual harassment and violence in their lifetimes^{1(pg94)}.



Strategic Areas for Change

The strategic areas for change are underpinned by the achievement of **Substantive and Gender Equality** - real life, beneficial health outcomes for women, and **Gender Equity** - the process of being fair and just in the distribution of benefits between men and women and in policy, program and service design.

1 Partnerships

- Partnerships that focus on communication and coordination of service delivery between health services, across government and with the non-government sector provides better health outcomes.
- Foster and maintain partnerships which focus on gender and substantive equality within WA Health and between WA Health and other government and non-government agencies.
- Collaboration with a focus on communication and coordination of service delivery with local, State and Commonwealth Governments and Aboriginal women's health services.
- Advocate for an increase in resources to primary health providers such as health services for women and their families and for sustainable funding models.

Performance Indicators

- Number of partnerships developed to improve women's health, including promoting prevention and achieving substantive and gender equality.
- Number of activities undertaken which advocate for increased resources for services for women, particularly in community based services.
- Number and amount of funding (or variance in funding) for targeted services that address the needs of women.

2 Women in Decision Making

- Women are integral to planning, delivery and evaluation of health services and inform all stages of the service development process.
- Women and key stakeholders participate in decisions on health service access, delivery and availability.
- Mechanisms are established that ensure consultation to set priorities that inform service delivery and evaluation processes. These mechanisms will be inclusive of women from priority groups.

Performance Indicators

- Number of new and existing policies and programs where women participate in decisions and the impact of gender is considered in service design, including access and availability.

3 Leadership

- The Women and Newborn Health Service provides leadership within WA Health to achieve better health outcomes for women.
- Coordinate and support the implementation and ongoing facilitation of The Strategy.
- Publish the annual action plan and review.
- Promote a social model of health.

Performance Indicators

- Establishment of a group of senior staff from WA Health and representatives from community based health services for women and their families.
- Publishing the annual action plan and establishing baseline data to measure future performance.

4 Best Practice and Prevention

- Best practice and intervention provided by services that promote prevention and improved health outcomes for women.
- Data from health services, including information from the community based health services for women and their families and the collection of literature reviews that provide information on health conditions for women to inform policy, program and service delivery.
- Collect sex aggregated data that informs service delivery in priority areas e.g. Family and Domestic Violence.
- Undertake evaluation with attention to the impact of gender to determine service effectiveness and inform service planning.

Performance Indicators

- Number of gender specific data collection activities and analysis of data within WA Health that informs policy and program development.
- Number of evaluations conducted to determine program and service effectiveness, including an analysis of the impact of gender that informs policy and program development.

5 Workforce Development and Education

- Health workers have knowledge, skills and an understanding of how gender equality and diversity impact on health and how best to respond.
- Undertake workforce education initiatives to build better responses, expertise and knowledge of the connection between health, gender and diversity, particularly for women at high risk.

Performance Indicators

- Number of activities in the workforce undertaken to improve knowledge and responses focussed on the connection between health, gender and diversity, particularly for women at high risk.

Implementation and Monitoring

The Women and Newborn Health Service (WNHS) provides leadership in the health care of women and babies in Western Australia. A part of the WNHS Strategic Intent is the development of The Strategy. WNHS is well placed to build partnerships with community based services and to take responsibility and be accountable for the implementation and monitoring of The Strategy.

WA Health is guided by many frameworks, policies and action plans which aim to achieve healthier, longer and better quality lives for all Western Australians. The Strategy will link into existing frameworks and policies such as the *Primary Health Care Strategy* and the *Chronic Conditions Self-Management Strategic Framework 2011-2015* as these documents have many common priority service delivery areas, aims and outcomes.

The Health Networks are also key to The Strategy as they enable a focus across all disciplines in the prevention of illness, injury and maintenance of health.

A group of senior staff from within WA Health and representatives from community based health services for women and their families will guide the work of *The Strategy*. This group will be chaired by a WNHS representative and the strategic areas for change will be prioritised with consideration to the priority areas, such as the health of Aboriginal women.

The information provided in the *Setting the Scene* document highlights the links between the social determinants of health that women experience and how that can affect the ability to stay well. It is a complex web that raises the need for a multi-agency approach and this will be considered when specific areas are identified for change.



An action plan will be developed each year and a range of outcomes and measures decided upon. Each plan will be reviewed at the end of the yearly cycle and published in an *Annual Action Plan Statement by WNHS*.

The overall achievements will include outcomes based performance indicators and other qualitative and quantitative measures. Whilst the measures will evolve and develop over time, the high risk groups of women and priority areas will always remain the focus.

Initial performance indicators:

- *WA Women's Health Strategy 2013-2017*, endorsed by WA Health Director General and Minister for Health.
- Establish a group of senior staff from within WA Health and representatives from community based health services for women and their families, under the leadership of the WNHS.
- The group of senior staff from within WA Health and representatives from community based health services for women and their families will prioritise the strategic areas for change from the *WA Women's Health Strategy 2013-2017*.

Definitions

- **Formal equality** refers to providing equality of opportunity.
- **Gender** refers to socially constructed roles and responsibilities of women and men and includes expectations held about characteristics and likely behaviours of both men and women.
- **Gender analysis** is a process that assesses the impact a policy, program or project has on women and men and informs action to address inequalities that arise from the different roles of women and men or the unequal power relations between them.

Fundamental questions in gender analysis:

- Does the policy or program support full participation and equality for women and men? Does it create barriers? If so, how can these be addressed?
 - Does the policy or program discriminate against women or men in its outcomes? Would this program or policy alter the situation of women and men negatively or positively?
 - **Gender equality** is the outcome reached through gender equity. It is the absence of discrimination on the basis of a person's sex in relation to opportunities, allocation of resources or benefits and access to services.
- **Gender equity** is a process of being fair and providing justice in the distribution of responsibilities and benefits between men and women. Equity is a step toward equality.
 - **Social determinants for health** refers to the social and economic conditions of people's lives that influence inequalities which can lead to high levels of stress and unhealthy behaviours that lead to high rates of disease and injury.
 - **Social model of health** is a conceptual framework within which improvements in health and wellbeing are achieved by directing efforts towards addressing the social and environmental determinants of health in tandem with biological and medical factors. Social and environmental factors can include employment, housing, education, social networks and financial circumstances.
 - **Strategy** is a long term action plan for achieving a goal.
 - **Substantive equality** refers to the actual experience of equality in real life, achieving equitable outcomes as well as equal opportunity.

References

1. Commonwealth of Australia Department of Health and Ageing. National Women's Health Policy 2010. Canberra: 2010.
2. Australian Bureau of Statistics. Western Australia at a Glance 2011. Canberra: 2011: 1306.5.
3. Hocking S, Draper, G, Somerford, P, Xiao, J, Weeranmanthi, T. The Western Australian Chief Health Officer's Report 2010. Perth: Department of Health Western Australia, 2010.
4. Australian Bureau of Statistics. Population Distribution, Aboriginal and Torres Strait Islander Australian 2006. Canberra: 2006; 4705.0.
5. Australian Bureau of Statistics. Trends in Net Migration: Western Australia. Canberra: 2012: 1367.0.
6. Australian Indigenous HealthInfoNet. Summary of Australian Indigenous health 2011. 2012. Available from: <http://healthinfonet.ecu.edu/health-facts/summary>.
7. Fredericks B, Adams K, Angus S, and the Australian Women's Health Network Talking Circle. National Aboriginal and Torres Strait Islander Women's Health Strategy. Melbourne: 2010.
8. Department of Health Western Australia. WA Health Aboriginal Cultural Learning Framework 2012-2016. Perth: Aboriginal Health; 2012. Available from: <http://www.aboriginal.health.wa.gov.au/docs/Cultural-Learning-Framework-2012.pdf>.
9. Department of Health Western Australia. Substantive Equality Policy. Perth: Workforce Policy and Planning Branch; 2009.
10. Department of Commerce Western Australia. Pay equity and the gender pay gap in Western Australia. Perth: Labour Relations Division; 2012.
11. Australian Bureau of Statistics. Survey of Disability, Ageing and Carers - Summary of Findings. 2009 4430.0.
12. Western Australian Peak of Women's Health Services. Women's Health Matters - A 10 Point Plan of Action: For Western Australian Women's Health and Wellbeing 2011-2015. Perth:2011. Available from: http://whrc.org.au/wp-content/uploads/2011/07/WA-Womens-Health_A-10_point-plan-2010-2014_1.pdf
13. Commonwealth of Australia Department of Health and Ageing. National Women's Health Policy 2010. Canberra: 2010.
14. Pozzi R, Draper, G, Crouchley, K, Schleihau, E, Somerford, P. Population Health Indicators: Western Australia 2008. Perth: Epidemiology Branch Department of Health Western Australia; 2008.
15. Nowrojee S, Codde, J, Geelhoed, L, Somerford, P. Burden of Disease: A Framework for Health Planning. Perth: Department of Health Western Australia Bulletin No. 8; 2005.
16. Department of Health Western Australia. Health Tracks - Overview of hospitalisations due to mental disorders among residents of the State. Perth: Epidemiology Branch in collaboration with the Cooperative Research Centre for Spatial Information. Generated using data from the WA Hospital morbidity Data Collection. 2012.
17. Department of Health Western Australia. Health Tracks - Comparison of serious psychiatric disorders community mental health occasions of service rates for Aboriginal and non-Aboriginal people who live in the State. Perth: Epidemiology Branch in collaboration with the Cooperative Research Centre for Spatial Information. Generated using data from the WA Mental Health Information System ambulatory mental health occasions of service database. 2012.
18. Priest S, Austin, MP, Buist, A. A Psychosocial risk assessment model (PRMA) for use with pregnant women and postpartum women in primary care settings 2008. Available from: <http://www.mendeley.com/research/psychosocial-risk-assessment-model-pram-pregnant-postpartum-women-primary-care-settings/#page-1>.
19. Humphrey M. Maternal and Perinatal Mortality and Morbidity in Queensland - Queensland Maternal and Perinatal Quality Council Report 2011. Available from: <http://www.health.qld.gov.au/maternity/docs/qmpqc-report-2011.pdf>.
20. Deloitte Access Economics. The cost of perinatal depression in Australia Final Report, Post and Antenatal Depression Association, 2012 2012. Available from: <https://www.deloitteaccess economics.com.au/uploads/File/PANDA%20Exec%20Summ%20pdf.pdf>.
21. Department of Health Western Australia. WA Hospital Morbidity Data Perth: Epidemiology Branch; 2010.
22. Australian Institute of Family Studies. Families in Australia 2011: Sticking together in good and tough times. Melbourne: 2011.
23. Draper G, Unwin, E, Serafino, S, Somerford, P, Price, S. Health Measures 2005: A report on the health of the people of Western Australia. Perth: 2005.
24. The Kirby Institute. HIV, viral hepatitis and sexually transmitted infections in Australia Annual Surveillance Report 2012. Sydney, NSW: The Kirby Institute University of New South Wales; 2012.
25. Wood N, Newton, B, Bineham, N, Lockwood, T. Kimberley Health Profile. Perth: Western Australian Country Health Service Department of Health; 2012.
26. Joyce A, Tran, B. Induced Abortions in Western Australia 2006-2009. Report of the Western Australian Abortion Notification System. Perth: Department of Health Western Australia; 2011.
27. Katzenellenbogen JM, Sanfilippo FM, Hobbs MST, Briffa TG, Ridout SC, Knuiman MW, et al. Incidence of and Case Fatality Following Acute Myocardial Infarction in Aboriginal and Non-Aboriginal Western Australians (2000-2004): A Linked Data Study. Heart, Lung and Circulation. 2010 12/;19(12):717-25.
28. Australian Bureau of Statistics. Experimental Life Tables for Aboriginal and Torres Strait Islander Australians 2005-2007 for New South Wales, Queensland, Western Australia, the Northern Territory and Australia. Canberra: 2009; 3302.0.55.003.
29. Department of Health Western Australia. Adult Health Population Profile, Health and Wellbeing Surveillance System, 2010: Health Regions. Perth: Epidemiology Branch: 2010.
30. Department of Health Western Australia. Health Tracks - Health Status Report on All-causes hospitalisations - drug-caused for the Country regions. Perth: Epidemiology Branch in collaboration with the Cooperative research Centre for Spatial Information. Generated using data from the WA Hospital Morbidity Data Collection. Proportion of drug and alcohol related deaths identified by aetiological fractions. 2012.
31. Jenkinson S. Access to Women's Health Services for Women with Disabilities. Perth: People with Disabilities WA; 2010.
32. Department for Communities Western Australia. Indigenous Women's Report Card: Summary 2006 Update. Perth: Office for Women's Policy; 2006.
33. Hyde Z, Comfort, J, Brown, G, McManus, A, Howat, P. The Health and Wellbeing of Lesbian and Bisexual Women in Western Australia. Perth: WA Center for Health Promotion Research Curtin University of Technology; 2007.



Women's Health Policy and Projects Unit
Women's Health Clinical Care Unit
Women and Newborn Health Service
<http://wnhs.health.wa.gov.au>

© September 2013



Delivering a Healthy WA