

# Victorian Gender Equality Strategy

March 2016

## 1. Introduction

The Victorian Healthcare Association (VHA) welcomes the opportunity to contribute to the consultation for developing a Victorian Gender Equality Strategy. The VHA agrees to this submission being treated as a public document and being cited in any reports that may result from this consultation process.

Given our interests, this response will focus on the items relevant to the healthcare sector.

## 2. Relevant consultation questions

- **How should Government partner with the community, corporate sector, non-profit sector and other stakeholders to advance gender equality?**

The VHA welcomes moves by the Victorian Government to introduce a statewide Gender Equality Strategy. This is a positive step demonstrating leadership on this issue and support for public services to develop strategic frameworks for implementation.

There is an opportunity to develop formal relationships and networks between organisations and sectors which focus on advancing gender equality. These networks could use a strengths based approach to identify successful initiatives that have supported gender equality. They could also be tasked with developing models to support innovation and implementation of successful initiatives more broadly.

Further government actions that would support the advancement of gender equality include the collection and publication of data related to women's health and greater utilisation of gender analysis in policy development. Organisations require accessible data to monitor gender equality and identify areas for action. For example, disparities between men and women diagnosed with cardiovascular disease exist in the frequency at which they undergo procedures for their conditions – women are less likely than men to receive diagnostic or therapeutic interventions for the same conditions.<sup>1</sup> In order to address such issues, governments must first be able to identify that these problems exist. The publication of available data and development of clinical registries would support this, as well as support for organisations to undertake gender analysis relevant to their service provision.

- **How do we address the pay and superannuation gap for women in Victoria?**

Public and not for profit health services are largely bound by Enterprise Bargaining Agreements (EBAs) that determine the pay and conditions for employees. These provide transparency and accountability for staff employed under EBAs, and are one method of facilitating pay equity in a workplace.

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<sup>1</sup> Australian Institute of Health and Welfare (2010). Women and heart disease: cardiovascular profile of women in Australia. Cardiovascular disease series no. 33. Canberra, AIHW, p 83. Available from: <http://heartfoundation.org.au/images/uploads/publications/AIHW.pdf>

Although the Australian health and community services sector is made up of approximately 75 per cent female employees, the gender pay gap in this sector has been demonstrated to be approximately 30 per cent.<sup>2</sup> This is due to a number of factors, including

- many women in the health industry are employed in care-giver roles, which have historically been undervalued and underpaid;
- women are more likely to take parental leave or work reduced hours in order to be the primary care giver for their families; and
- more men in senior and leadership positions with higher earning capacity.

Examples exist in other sectors of initiatives that address some of the structural barriers to pay and superannuation parity. These include return to work bonuses for women returning from parental leave, generous paid parental leave schemes for the primary care giver and access to flexible payment options for paid leave including superannuation contributions. Health and community services organisations are currently limited in their ability to provide such benefits because of the way in which funding is provided to their organisations, for the provision of health and community services.

In order to support the sector address the pay and superannuation gap for women working in publicly funded health and community services, dedicated funding could be provided for organisations to allow greater investment into salary, conditions and initiatives that improve gender parity with regards to remuneration and superannuation.

- **What is the role of men in a gender equality strategy?**

In order to effectively implement a gender equality strategy, all stakeholders must be engaged in the process of implementation. This includes individuals, organisations, and government bodies. All stakeholders should be given opportunities to learn about the issue, contribute to solutions and strategies, and act as champions of any identified strategy to increase the reach of messaging and programs. This approach has been effective nationally through the Male Champions of Change strategy, developed by the former Sex Discrimination Commissioner in 2010.

- **What needs to be done to promote women's health and wellbeing?**

The health and community services sector is well positioned to promote women's health and wellbeing across the spectrum of health care, from prevention to response services. Community health services, in partnership with relevant organisations including women's health organisations, local government and primary care partnerships, develop four yearly integrated health promotion plans which address local health priorities and provide direction for work in these areas. For example, a number of community health services with local governments have identified the prevention of violence against women as a priority and have subsequently developed health promotion strategies to address this issue including gender equity programs.

Improving women's health and wellbeing requires a focus on access to health and wellbeing programs, and embedding approaches to health and wellbeing into sectors external to health. Non-health sectors such as education and justice provide significant opportunity for access to health and wellbeing measures for consumers of such services. Furthermore workplaces in all sectors provide further opportunity for health promotion and health service delivery. Women must be able to access programs and services relevant to their health and wellbeing, including preventative measures, health promotion services, primary, acute and specialist care. As indicated above, the publication and

<sup>2</sup> Workplace Gender Equality Agency (2014). Gender pay gap statistics. Available from: [https://www.wgea.gov.au/sites/default/files/Gender\\_Pay\\_Gap\\_factsheet.pdf](https://www.wgea.gov.au/sites/default/files/Gender_Pay_Gap_factsheet.pdf)

dissemination of data relevant to women's health and wellbeing is also crucial to identify and address barriers to improvement.

Preventative measures and health promotion initiatives such as food security, the provision of safe and secure housing, access to employment and urban planning to promote active transport have strong potential to positively influence health and wellbeing. The community health sector has the skills and expertise to undertake this work, and has done so successfully. Further funding support would enhance the capability of the sector to undertake this work, building on established relationships and governance structures.

Access to primary, acute and specialist care services is another aspect of addressing health and wellbeing. Supporting timely access to primary care is vital to preventing avoidable hospital admissions. Primary care can keep people well and out of hospital through appropriately managing chronic health conditions, non-emergency illness, and undertaking health screening and other preventative measures. However, 5.4 per cent of Australians have delayed presentation to a GP due to concerns about cost<sup>3</sup>, and 8.5 per cent have delayed purchasing prescribed medications for the same reason.<sup>4</sup> Financial barriers must be addressed in order to support a high functioning primary care system. An effective primary care system is one that supports people to stay well and out of expensive hospital care, enabling people to remain in their own homes to receive community based care. Further, there is an argument to support education for self-management of chronic disease for individuals who are able to do so.

Health literacy cannot be overlooked as a key factor in improving health and wellbeing. Women are often primary carers for children in their family, and are more likely to be primary carers for their parents. Only 41 per cent of Australians are considered to have at least adequate health literacy.<sup>5</sup> This has implications for individual decision making regarding health and wellbeing, including personal understanding of modifiable risk factors and ability to manage acute illness and chronic disease. Initiatives to improve health literacy would be highly beneficial to individual health and wellbeing, and health and wellbeing of people who they care for.

- **What are the most urgent areas of gender inequality that Victoria should tackle first?**

Gender inequality has been shown to be a contributing factor to family violence and violence against women. This is a priority issue for the Victorian Government and at the end of March the Royal Commission into Family Violence will release its report and recommendations.

Primary prevention in the health sector for violence against women has focused on promoting gender equity at organisational and community levels, through policies and procedures within the workplace, and the promotion of respectful relationships. Funding for this work must be prioritised to allow the health sector to address this serious issue.

<sup>3</sup> Australian Bureau of Statistics Patient Experiences in Australia: Summary of Findings, 2012-2013. Available from [http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4839\\_0main+features32012-13](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4839_0main+features32012-13)

<sup>4</sup> Australian Medical Association, Out of pocket costs in Australian health care Supplementary submission. Available from [https://ama.com.au/sites/default/files/documents/AMA\\_supplementary\\_submission\\_out\\_of\\_pocket\\_costs\\_in\\_australian\\_health\\_care.pdf](https://ama.com.au/sites/default/files/documents/AMA_supplementary_submission_out_of_pocket_costs_in_australian_health_care.pdf)

<sup>5</sup> Australian Institute of Health and Welfare 2012. Australia's Health 2012. Available from <http://www.aihw.gov.au/publication-detail/?id=10737422172&tab=2>

### CASE STUDY

Link Health and Community (Link HC) has adopted an innovative approach to its role in the prevention of violence against women (PVAW). By building on its local and regional partnerships and long-standing work in tertiary prevention, over the past six years Link HC has strategically increased its capacity for secondary and primary prevention, resulting in a whole of organisation approach to PVAW. As part of this work, which is incorporated into its Integrated Health Promotion Plan 2013-2017, Link HC has implemented a suite of measures. Its work in secondary prevention has included development of a Prevention of Family Violence Policy and delivery of training on responding to family violence. Efforts in primary prevention were undertaken in collaboration with Monash City Council and VicHealth as part of the 'Generating Equality and Respect' Program. Organisational change was a key priority of this program, and at Link HC this involved the delivery of gender equity training to staff and board members, the integration of gender analysis into policy development and review processes, the establishment of a PVAW Committee, and the development of an organisational statement outlining Link HC's commitment to PVAW and gender equality. Although the 'Generating Equality and Respect' Program has ended, Link HC is working to sustain program activities. In doing this work, Link HC has developed and consolidated strong working relationships with various partners to influence PVAW policy and practice, enabling prevention measures to have far greater reach than a standard community health service.

- **How can we improve childcare access?**

For many health service staff providing patient care, working hours can be long, unpredictable, and shifts may be during unsocial hours and outside of business hours. For people required to work under these conditions, access to flexible, affordable childcare is essential.

Considerations for accessible childcare include location and proximity to workplaces and home, opening hours, and cost. Incentives could be developed to encourage child care services to support access through extended opening hours which would be beneficial for the many healthcare workers who undertake shift work.

- **How do we encourage women and girls to take up leadership roles?**

In the health and community services sector, 80 per cent of the workforce is female.<sup>6</sup> However at CEO level only 35 per cent are female. Other senior health managers are between 50 to 65 per cent female. While the health sector performs well in comparison to other sectors, the disparity between the number of total females in the sector compared to the number working in senior management roles demonstrates under-representation of females in leadership roles.

Identifying future leaders and targeting programs to support individuals would assist with skill development for leadership roles. Access to education, professional development, and mentoring opportunities for future leaders should be developed and supported to facilitate career progression and provide opportunities for females to obtain leadership positions.

- **What are the barriers to creating more flexible workplaces?**

Public health services receive a finite level of funding from state and federal governments to operate their organisations. This funding must cover the provision of healthcare services, procurement and replacement of equipment and infrastructure, and staffing costs such as wages and leave expenses. Wages and employee benefits account for approximately 65 per cent of Victoria's public acute health

<sup>6</sup> Source: Workplace Gender Equality Agency Data Explorer. Accessible from: <http://data.wgea.gov.au/industries/6>

sector costs<sup>7</sup>, and with this in mind public health services should be supported to be able to offer flexible working options.

The provision of public health services includes primary prevention measures, health promotion activities, care coordination for the most vulnerable, group based activity, and individual clinical treatment. In a public health setting, there is often limited flexibility for the delivery of healthcare and clinical services, which are generally scheduled during traditional business hours. However, if health services were funded to allow service delivery outside of traditional business hours where demand exists, it would create greater flexibility for both staff and healthcare consumers. Some staff may then be more likely to be able to access greater flexibility in their work, and healthcare consumers would also be able to seek services and care outside of business hours, potentially improving access. For example, the current Commonwealth Practice Incentive Payment (PIP) After Hours Incentive funding delivered through Primary Health Networks for General Practice services could be expanded in local settings to facilitate the delivery of health and community care beyond general practice.

In considering this option, the need for appropriate clinical governance measures and security arrangements must also be considered. Health professionals often encounter individuals in highly stressful situations, and physical and verbal threats are not uncommon in health settings. Health and community services must be supported to ensure they can provide appropriately secure and safe working conditions for staff to ensure staff working under flexible arrangements are not disproportionately exposed to occupational violence and risk.

- **How do we address inequality among the most diverse and disadvantaged groups of women?**

With respect to health, addressing inequality must be supported with measures to improve equity. Equitable access to healthcare, the provision of culturally safe services, and consideration of diversity and culture when designing programs, facilities and resources are necessary measures to ensure the most disadvantaged women are supported in their need for gender equality. This is particularly the case for women in already disadvantaged groups, who experience greater rates of chronic disease, lower life expectancy, and have fewer resources or support to assist them. Developing initiatives that can be embedded in existing programs and services through partnership with relevant peak bodies representing vulnerable population groups is crucial to addressing inequality.

### 3. Further information

The Victorian Healthcare Association (VHA) is the peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services and aged care facilities. Established in 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.

For further information, please contact:

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<sup>7</sup> Determined through analysis of annual reports of all Victorian public hospitals, and analysis of operational revenue received from Victorian Government, including Commonwealth funds passed via the Victorian Government.