Social Determinants of Women’s Health

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Overview

- Epidemiology gender and inequity
- Social determinants
- The importance of looking below the iceberg
- Social factors: violence and care
- Economic factors: jobs, income and wealth
- What’s to be done?
- Conclusion
Life Expectancy Gap

Trend data on life expectancy in Australia indicates the gap between men and women is closing.

Source: ABS, Life Expectancy at Birth, 3302.0.55.001 - Life Tables, States, Territories and Australia, 2014-2016
Leading causes of death (2014)

1. Coronary heart disease (I20–I25) - 11,082 (male) / 9,091 (female)
2. Dementia and Alzheimer disease (F01, F03, G30) - 4,106 (male) / 7,859 (female)
3. Cerebrovascular disease (I60–I69) - 4,279 (male) / 6,486 (female)
4. Lung cancer (C33–C34) - 4,947 (male) / 3,304 (female)
5. Chronic obstructive pulmonary disease (J40–J44) - 3,911 (male) / 3,114 (female)
Healthy life expectancy by SES status

Females born in 2011 in the highest socioeconomic group expected 4.8 more years of healthy life than females in the lowest group (HALE was 77.0 and 72.2 years in these groups, respectively).

AIHW (2017): Life expectancy at age 65 in full health (HALE) and ill health, by socioeconomic group 2011
Indigenous and non-Indigenous percentage of deaths

Source: AIHW, 2016
Mental health and psychological distress

- Men are more than three times as likely to take their own lives as women.

- Women experience higher levels of psychological distress anxiety and depression

(ABS, Gender Indicators, Australia, Sep 2017)
Male Female High Very high levels of psychological distress

Figure 2 - High & very high level of psychological distress by sex, 18-24, 2001 to 2014-15 (a)

Males - 18 to 24 years
Females - 18 to 24 years

Contribution of Social Determinants of Health

- Physical Environmental, 10%
- Biology and Genetics, 15%
- Health Care System, 25%
- Social and Economic Development, 50%

Source: Adapted from The Health of Canadians, The Federal Role, Vol 1, The Story So Far, March 2001. Standing Senate Committee on Social Affairs, Science, and Technology
Basic logic: what good does it do to treat people's illnesses/addictions/send them to gaol... ........

then give them no choice but to go back to or no control over the **conditions** that made them sick/addicted/commit crime in the first place?
Commission on the Social Determinants of Health: Recommendations

- Improve daily living conditions that create inequities
- Redistribute power, money and resources that shape these conditions
- Expand the knowledge base on the SDH, develop the workforce and advocacy for SDH
Daily Living conditions

*Evidence suggests that environment shapes behaviour*

- Early childhood and education
- Housing
- Healthy rural and urban places
- Food supply
- Employment and fair work
- Social protection
- Universal health care
CSDH: Power, Money and Resources

- Health equity in all policies
- Fair financing (progressive tax)
- Market responsibility
- Gender equity
- Political empowerment: inclusion and voice
- Good global governance
Understand the Iceberg

Diseases
Lifestyle
risk factors

Visible manifestation:

Daily living conditions:
housing, employment, social support, crime & safety

Economic & social structures – local, regional, national and global: power & wealth distribution, gender & class

Invisible yet driving disease and behaviours.

Baum (2009) JECH
Social factors under the iceberg: Violence and Caring
Domestic & sexual violence: Extent

ABS 2016 Personal Safety Survey:

• Approximately 1 in 4 women (23% or 2.2 million) experienced violence by an intimate partner, compared to 1 in 13 men (7.8% or 703,700)

• Women were 8 times more likely to experience sexual violence by a partner

• 1 in 6 women (16% or 1.5 million) and 1 in 10 men (11% or 991,600) aged 18 years and over experienced sexual abuse before the age of 15

• There is growing evidence that women with disabilities are more likely to experience violence.

• Aboriginal and Torres Strait Islander women experience violence at higher rates than non-Indigenous women
Domestic & sexual violence: impact

• **COST** The combined health, administration and social welfare costs of violence against women have been estimated to be $21.7 billion a year

• **HEALTH** Women who experience intimate partner violence have significant, long-term physical and mental health problems. (Loxton et al, 2017)

• **HOMELESSNESS** The most common reason that people seek help from a homelessness service is domestic violence. One-third (34%) of clients had experienced domestic or family violence. The majority of these (78%) were female and one-fifth (21%) were less than 10 years of age.
Caring for people with disability

Twice as many women as men provide primary care to a person with disability. Of these women who are primary carers, 13% are employed full-time, 27% part-time, and 57% are not in the labour force.

Being a carer of person with disability results in financial hardship, poorer health, social isolation and reduces freedom and spontaneity.

Carers have the lowest wellbeing of any large group measured by the Australian Unity Wellbeing index.

Sources: (ABS, Gender Indicators, Australia, Sep 2017), Carers Australia
Economic factors under the iceberg: pay, position and wealth
Workforce composition by gender and employment status

- 33.9% Full-time male (down 0.8pp)
- 20.1% Full-time female (down 0.1pp)
- 16.4% Part-time female (up 0.3pp)
- 10.7% Casual male (up 0.4pp)
- 5.4% Part-time male (up 0.1pp)

(Workplace Gender Equity Agency, 2017)
Australia’s gender pay gap

Australia’s full-time gender pay gap
15.3%
(Women earn on average $251.20 per week less than men)

Full-time average weekly earnings of women: $1,387.10
Full-time average weekly earnings of men: $1,638.30

Source: Australia’s gender equality scorecard: Key findings from the Workplace Gender Equality Agency’s 2016-17 reporting data
Proportion of women by manager category

Female managers overall 38.4%
(up from 35.9% in 2013-14)

6.3% of all managers are employed on a part-time basis
Superannuation

In 2017 one in three women retired with no super at all (Association of Superannuation Funds of Australia, 2017)

The gender pay gap in average annual earnings for full-time permanent employees results in an annual 19.3% shortfall in superannuation contributions for women compared to men (WGEA, 2015)

An average $17,299 difference in annual base salary results in full-time women receiving $1,643 per year less in superannuation contributions on average than full-time men (Workplace Gender Equality Agency)
Rates of poverty by Gender (2014)

- Male: 12.8% (50% of median)
  19.2% (60% of median)
- Female: 13.8% (50% of median)
  21% (60% of median)
- Total: 13.3% (50% of median)
  20.1% (60% of median)

Source: ACOSS/SPRC, 2016 Poverty in Australia, 2016
HILDA Survey 2017: Relative poverty rates by family type
Housing and homelessness

Older, single women are increasingly vulnerable to housing stress, insecurity and homelessness.

Guardian graphic | Source: AIHW and Council to Homeless Persons
Gender and Wealth

- Data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey shows disparity in average wealth between single men and single women across all age groups grew from $18,300 to $47,000 between 2002 and 2010.

- Australia’s Financial Review Rich List for 2017, 10 out of 100 were women.

Interactions of social determinants on health and equity

Lack of control over work and home life

Housing insecurity

Living in area with high disorder & lack of safety

Gendered violence

Live in environments with more exposure to carcinogens

Poverty – managing on low income

Discrimination (racism, sexism)

Social isolation & lack of meaningful contacts

Unemployment

Non-permanent work

Coping by using substances harmful to health – alcohol, tobacco, illegal drugs

Long term chronic stress: nervous, endocrine, immune systems

Health and disease outcomes

Barriers to seeking care: cultural, financial, class, gender

Early childhood not stimulating maximum brain development

Distribution of wealth, political power, status educational opportunity, colonialism, class
What’s to be done: a taster

• Comprehensive Primary Health Care for all communities
• Increase funding for domestic violence services – legal aid, shelters, police response
• More support for carers and dementia care especially
• Increase **Newstart** and other Centrelink allowances
• Concerted response to older women's homelessness
• National inquiry into cause of young women’s distress – ask them, explore, respond
• **Fair financing**: e.g. taxation as the “price of civilization”
“Health systems should be based on the PHC model, combining locally organized action on the social determinants of health as well as a strengthened primary level of care, and focusing at least as much on prevention and promotion as on treatment” (CSDH, 2008).

The Commission recommends:

• **Publicly funded health care system**

• **Build quality health-care services with universal coverage, focusing on Primary Health Care.**

• **Build and strengthen the health workforce, and expand capabilities to act on the social determinants of health.**

• **Educational institutions and relevant ministries make the social determinants of health a standard and compulsory part of training of medical and health professionals**
Comprehensive Primary Health Care for all communities

- Welcoming community spaces which become a hub for health
- Cure, rehab, prevention and promotion
- 1-to-1, group, community development and empowerment
- Respond to local social determinants
- Co-ordinate local services
- Link to local government and neighbourhood houses
- Work with schools, childcare, workplaces and local businesses to promote health
Australian Aboriginal Community Controlled Health Services: Congress in Alice Springs

- Comprehensive primary health care: cure, rehabilitation, prevention and promotion
- Social model of health
- Managed by community controlled board of management
- Majority of staff Aboriginal including Chief Executive
- Aboriginal health workers with career structure
- Alukura: women’s health, GPs, nurses, midwives, dispensary, Aboriginal health workers, birthing, sexual health antenatal care, education, cultural program
Reduce poverty: increase Centrelink Allowances

- The current Newstart Allowance is set at $489.70 per fortnight for a single adult with no children.
- Poverty is corrosive of health: dental care, food, social life.

ACOSS recommends:
- Increase allowance payments for single people by $75 per week – $3.2b in 2019-20.
- Index allowance payments to movements in earnings – $240m in 2019-20.
Taxes as the price of civilized society

• Tax evasion is on agenda of governments and G20 and issue now has public profile
• Polls show willingness to pay tax for better/more public services
• Lobby groups active on the issue

ACOSS recommends:
• Curb the use of private trusts to avoid personal income tax and conceal income – $1.5b in 2019-20
• Prevent the use of private companies to avoid personal income tax – $1.4b in 2019-20
• Curb international business tax avoidance – $500m in 2019-20

SACOSS launches “pro-taxes” campaign:
Without taxes, vital services disappear.

SACOSS will today launch a campaign in the lead up to the state election, highlighting the threat posed by declining government revenue and calling on South Australians to make taxes a priority in the upcoming election.

Media Release

Embargoed until 6am, Monday 25 November

SACOSS
South Australian Council of Social Service

Flinders University
Improving women’s health and reducing inequities requires economic and social interventions

Vital points are

• Look below the iceberg of women’s lives to see what is driving our ill health
• Providing supportive environments – healthy places create healthy women and girls
• Ensure governance is for health, equity and female empowerment
• Fiscal policy is the most importance aspect of women’s health policy and must be designed to promote health and well-being before private profits.

If you want to read more.....

Thank you for listening!

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