European Institute of Womens Health,
33 Pearse Street,
Dublin 2.
Ireland
Phone: 35316715691
Fax: 35316715662
URL :www.eurohealth.ie

The European Institute of Womens Health welcomes the opportunity to contribute to the EU Commission's consultation on Green Paper on the "European Workforce for Health":

The European Institute of Women's Health (EIWH) is an NGO working to ensure that gender and women and family health issues are on the European agenda. The EIWH strives to make the health and well being of women and the family a priority for the European Commission and all EU Member States. The EIWH promotes the need to increase the number of women in leadership positions in health and other professions, including science and research.

The EIWH has consulted with its network of experts in formulating a response to the Green Paper.

This response to the Green Paper intends to highlight the situation of women within the context of the workforce for health and to ensure that the needs of women and their family concerns are addressed in future research, policy, and action.

The demographic changes occurring in Europe are not happening in a vacuum; family lives, social attitudes and values, gender roles and working arrangements are changing too. Economic, social, political and cultural trends will influence how women and men live their lives and will also have important consequences for their health and quality of life, as well as the quality of life for their children and families.[1]

It is widely accepted that biological differences between the sexes are important but this only tells part of the story. Socially constructed inequalities or gender differences between males and females also play a key role in determining if individuals can realise their potential for long, healthy lives. The recent Council of Europe recommended that Member States should promote gender equality in each sector and function of the health system, including actions related to health care, health promotion and disease prevention in an equitable manner…. improvement of access and quality of health services as these relate to the specific and differing needs and situations of women and men.[2]

[1] Women's Health in Europe: Facts and Figures across the EU (2006) http://www.eurohealth.ie/
[2] Council of Europe, Recommendation CM/ Rec (2008) 1of the committee of Ministers to Member States on the inclusion of gender differences in health policy(30th Jan(2008)

Public Health

Strengthening capacity for screening, health promotion and disease prevention

Women represent a significant proportion of workers in the health services sector where they tend to hold positions that are low paid, with little chance of promotion. Women also represent a larger majority of part-time workers, often due to family care responsibilities; fewer hours worked often correlates with lower pay and fewer opportunities for advancement. The EIWH agrees with the recommendation in the recent report by the Women and Gender Equity Knowledge Network, that it is necessary to track women's equality issues within the health workforce such as equal pay, decent working conditions, and representation in management and leadership.[3]

Difficult working conditions and health and safety issues can result in work related diseases including, cardiovascular diseases, mental health disorders, cancer and stress. Stress is a growing work related disease.[4] The concentration of women in low paid jobs, their specific working conditions, their major responsibility for family care and household work might determine the higher prevalence of stress-related disorders in women. The availability of sex-disaggregated data could help to plan, monitor and evaluate successful gender-sensitive interventions in the work place, promoting gender equity in health for women and men. Methods, for health workforce analysis, developed in relation to predominantly male employment sectors, should be validated and extended for analyses of women's jobs. Analyses of working conditions should consider factors affecting women workers, such as physical workloads, reconciling work and family, sexual harassment and discriminatory practices.[5]

ACTION

Disaggregation of all health and healthcare statistics by sex to provide a more complete picture of women's and men's health. Interdisciplinary collaborations to analyse existing data sources are necessary.

The design of future EU health promotion and disease prevention programmes must be based on comprehensive research that is disaggregated by sex, age and gender.

More research and sex disaggregated data is needed to support public health policymakers to plan, monitor and evaluate successful gender-sensitive interventions in the work place.

Particular attention must be paid to marginalised groups of women and men such as the disabled, migrants, and ethnic minorities.

Monitor women's equality issues within the health workforce such as equal pay, decent working conditions, and representation in management and leadership.[6]

[3] Unequal, Unfair, Ineffective and Inefficient: Gender Inequity in Health: Why it exists and how we can change it
[4] http://www.eurohealth.ie/
[5] World Health Organization. "Spotlight on statistics - A fact file on health workforce statistics." Issue No. 2 - February 2008. Gender and health workforce statistics. - http://www.who.int/hrh/statistics/spotlight2/en/index.html
[6] Unequal, Unfair, Ineffective and Inefficient: Gender Inequity in Health: Why it exists and how we can change it

Improve the quality and women's access to health care by increasing gender equity in the health care workforce at all levels.

Give the Agency for Safety and Health at Work (OSHA) more visibility in the Member States by publicising its existence directly at workplaces.

Women as Informal Carers

Most of the responsibility for long-term care continues to fall on families. Women, whether employed in economically measured employment or not, continue to meet the majority of our society's caring needs.[7]

Currently, there is a research deficiency on how short and long-term care administration can impact the lives of female carers. While healthcare costs may be reduced to both the family and the state by providing care in the home, the personal costs for women may be hugely detrimental to their quality of life and potentially on the level of future health care costs. Acting as a carer can limit opportunities in education and career. Some studies outside of the EU suggest that carers may be at greater risk for poor mental and emotional health (depression, anxiety, etc.) as well as physical ailments (perhaps due to stress or other causes). More research in this area is greatly needed, to determine how to best support these carers as an integral part of the health workforce.

Informal carers remain unsupported, unrecognised and undervalued by the health sector and policy makers. The short-term and long-term impact of women's role as informal caregivers on themselves, their future health and families is not sufficiently documented.[8]

ACTION

Informal carer's roles and contributions to the health system must be taken into account - measured statistically, accounted for in health economic representations of how the system works and taken into account when policy is made.[9]

More information is needed on the impact of women's position as informal caregivers on themselves and on their families.

Women as Consumers of Healthcare

Men and women use healthcare services in different ways. The use of healthcare services can be substantial at several stages of life; explanations for these differences include differences between men and women in healthcare-seeking behaviour and biases in the provision of care to male and female patients.

Because women tend to have a dominant role in caring for children, arranging for the healthcare needs of children often brings them into contact with healthcare professionals, leading to increased opportunities for the use of services.

Women are more likely than men to engage in health-seeking behaviour, including perceiving and reporting symptoms, and experiencing discomfort and disability, and thus are more likely than men to practice health prevention and promotion. Differences in health status between men and women

[7] Women's Health in Europe: Facts and Figures across the EU. EIWH(2006)
[8] Unequal, Unfair, Ineffective and Inefficient: Gender Inequity in Health: Why it exists and how we can change it
[9] Unequal, Unfair, Ineffective and Inefficient: Gender Inequity in Health: Why it exists and how we can change it

are often a consequence of differences in opportunities and resources in all aspects of daily life.

There is very little data available on health care utilisation for all EU-27 countries that is also broken down by gender. The data that exist tend to focus on the provision of services and include for example, numbers of physicians, dentists and nurses; number of available hospital beds; in-patient hospital admissions; childhood vaccinations and health expenditure.

As previously noted, some health issues affect men and women differently. This applies to health areas as diverse as cardiovascular disease and mental health. Cancer, particularly breast and cervical cancer, are the main cause of death for women aged 35 to 64 years… . EU has recognised the potential of population-based cancer screening programmes in its Council Recommendation adopted in 2003 (Official Journal of the EU L327, 16.12.2003). It remains to be seen whether the Recommendation for breast, cervical and colorectal cancer screening will be implemented in Member States It is thought that the lives of 25,000 women in the EU could be saved if widespread and high-quality screening for breast cancer were implemented across the EU. Uptake of cervical screening programmes is also uneven across Europe and significant improvement in coverage is needed to ensure that incidence and mortality rates from cervical cancer continue to decrease across the EU.[10]. Very little has been done in relation to colorectal cancer screening.

Gender differences contribute to patients' health and illness. However in current healthcare practices attention to gender differences is still underdeveloped. Recognising these differences and taking them into account can improve the quality of care. The inclusion of gender in medical curriculum is a key measure for building capacity of health care providers in gender analysis and responsiveness.

ACTION

Encourage new Member States to make greater use of structural funds for investing in the health sector, such as supporting implementation on the Council Recommendation on Cancer Screening.

Introduce gender-sensitive strands in those programmes in relation to access to information, health education, prevention and screening programmes.

Provide guidance at EU level to medical schools to ensure that gender sensitivity (along with age awareness and other cultural sensitivities) is an integral part of all aspects of medical training and practice.

Intensive investment in health promotion and disease prevention is urgently needed. Different cultural, socio-economic and education backgrounds between patients and providers, as well as between those who create health information and those who use it, may contribute to problems in health literacy. Including gender into treatment literacy programmes will raise awareness and empower patients in their interactions with providers.

Health information must be consistent, coherent, simple and clear. Messages need to be developed, and disseminated through multiple media channels, and in forms appropriate to local culture, age and gender. Current work by the EIWH involves researching the health information needs of ethnic minority women. Through our work with focus groups comprised of women with diverse cultural, religious and socioeconomic backgrounds, EIWH has demonstrated the need for involving the

[10] Women's Health in Europe: Facts and Figures across the EU. EIWH(2006)

women themselves in the design and dissemination of health information.[11]

The future must ensure that we are meeting the information needs of all health consumers through their media of choice. Content and messages must be tailored to the audience's needs to be effective. The mass media has proven that political boundaries are not barriers to good, well-designed information carrying well-defined and consistent messaging. This will help increase impact, reduce cost and provide a consistent service to all citizens.

ACTION

Intensive investment in health promotion and disease prevention that is gender sensitive is urgently needed.

Health information must be consistent, coherent, simple and clear. Messages need to be developed, and disseminated through multiple media channels, and in forms appropriate to local culture, age and gender.

Involve target groups in all aspects of health promotion policy and programme development, implementation and evaluation.

Share experiences, knowledge and models of good practice transnationally.

[11] EIWH research into the health information needs of ethnic minority women