

Engender response to the Scottish Government's consultation on a new National Public Health body: 'Public Health Scotland'

INTRODUCTION

Engender welcomes this Scottish Government consultation on proposals for Scotland's new national public health body, Public Health Scotland. Public health "has been defined as the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society".¹

Women and men have different experiences and needs when it comes to their health because of the interactions between biological differences, relative access to resources, power, and safety, and cultural norms and expectations.² The ability to influence their lives, behaviours and experiences in order to maximise their physical and mental health outcomes is highly contingent on whether an understanding of these gender differences is well integrated into the work of the proposed body and those working in public health.

The consultation period is, at six weeks, very abbreviated. We have therefore restricted our response to the most relevant questions to equality and women's equality.

QUESTION 1: Do you have any general comments on the overview of the new arrangements for public health?

Engender broadly welcomes the creation of Public Health Scotland to consolidate functions and lead national action on common priorities. We particularly welcome the commitment to partnership working, which we believe will be enabled by a single leadership body with a clear scope.

We also welcome the commitment to 'whole system' working and coordination. Creating a "*genuine 'culture for health' where citizens achieve the highest attainable standard of health by both taking - and being empowered to take - responsibility for*

¹ Scottish Government (2019) A consultation on a new National Public Health body: 'Public Health Scotland'

² For a fuller explanation of some of the sex and gender differences see our response to Question 17.

their own health and care, within an enabling environment that makes it possible for them to do so” will require intersectoral and multi-sectoral working. Public Health Scotland must appreciate the pervasiveness of social and economic inequality as a root cause of health inequality and understand that a preventative approach towards ill-health and negative wellbeing cannot be successful without sustained focus on the former.

Tackling inequality will require work across complex systems and wider policy areas to create a Scotland where men and women have equal access to economic and social resources and domestic and reproductive labour is split more equitably within the household. Public health can input into these wider discussions, including by ensuring that comprehensive information on women’s health is available through its data and research role.

Public services in Scotland, including the new Public Health Scotland, will be doomed to re-create a system that is inefficient and ineffective at designing and delivering appropriate services for women unless they recognise and reflect women’s and men’s specific realities. Working in partnership with equality organisations and other third sector service-providers should be part and parcel of the ‘whole system approach’ envisioned for public health in Scotland. This is a vital part of dismantling the structural gendered inequalities that act as a barrier to good health and other social standards.³

QUESTION 2: (a) What are your views on the general governance and accountability arrangements? (b) How can the vision for shared leadership and accountability between national and local government best be realised?

It is important that staff throughout Public Health Scotland, but particularly in senior decision-making roles, have the gender competence to avoid replicating existing gender biases and social inequalities across public health and healthcare. Women comprise a minority of senior medical professionals and particularly in higher-wage disciplines or specialities.⁴ The Gender Objective of the Gender Representation on Public Boards Act 2018 must be extended to cover the board. However, the Act only applies to the appointment of women as a category.

Given that the board will have a central role in setting strategic aims, it is important to understand the intersecting and overlapping inequalities that influence health

³ Engender (2011) Engender Response to the Christie Commission Consultation on the Future of Scotland’s Public Services

⁴ World Health Organisation (WHO) (2016) Women’s health and well-being in Europe: beyond the mortality advantage

inequality. The Board – and other networks - should acknowledge the underrepresentation of women and ensure Black and minority ethnic, lesbian, bisexual and transgender, disabled and younger and older women are included. Diverse groups of women will have common and differentiated health needs and experiences as well as different barriers to activities associated with good health and wellbeing.

QUESTION 4: What are your views on the role Public Health Scotland could have to better support communities to participate in decisions that affect their health and wellbeing?

The success of the whole system approach to public health, which is underpinned by the national priorities, will require the new agency to show both leadership and the capacity to engage a broad range of actors.⁵ While local communities' role is foreseen throughout the design of the Body's governance structures⁶ it is just as important to understand how to reflect the needs and views of communities of interest.

Engender warmly welcomes the recent establishment of the Women's Health Taskforce by the UK Government's Department of Health and would be keen to see a similar approach to women's health replicated in Scotland, including input from public health.⁷

Lessons should also be sought from the use of experience panels in the development of the Scottish social security system. Engender believes that it is vital to build public engagement models which allow for ongoing input by diverse groups of women and which are designed to maximise the possibilities for evidence-based co-production. This includes developing engagement approaches that include provision of childcare, proactive recruitment of panellists and accessible meeting times and locations.⁸

⁵ Public Health Oversight Board (2019) <<https://publichealthreform.scot/media/1520/phob-enabling-the-whole-system-to-deliver-the-public-health-priorities-paper-22.pdf>> accessed 4th July 2019

⁶ See also The Community Empowerment Act (Scotland) 2015

⁷ The Royal College of Obstetricians and Gynaecologists (2018) Women's Health Taskforce for England is Launched <<https://www.rcog.org.uk/en/news/womens-health-taskforce-for-england-is-launched/>> accessed 4th July 2019

⁸ Engender (2017) <<https://www.engender.org.uk/news/blog/scotsocialsecurity-why-scotland-needs-gender-balanced-experience-panels/>> accessed 4th July 2019

QUESTION 7: (a) What suggestions do you have in relation to performance monitoring of the new model for public health in Scotland? (b) What additional outcomes and performance indicators might be needed?

In addition to measuring impact using the National Performance Framework (NPF)⁹ Public Health Scotland should develop a range of gendered indicators that explicitly measure women's health outcomes. This should include the degree to which women are engaging in activities and behaviours associated with good health and wellbeing but also the barriers to doing so. This is in line with commitments to equality and human rights¹⁰ set out in international obligations, such as CEDAW article 12.¹¹

Monitoring frameworks should further include participation and wellbeing indicators and, if possible, outcome evidence should be capable of being integrated with the forthcoming Scottish Gender Index.

QUESTION 8: What are your views on the functions to be delivered by Public Health Scotland?

The WHO has noted that current modes of health promotion across the European region display a "limited understanding of a gender-sensitive approach", frequently relying on outdated gender norms such as women being primarily concerned with image, calorie intake or skin ageing. Other times there is little awareness of gendered social and economic influences on behaviour such as around maternal health during pregnancy.¹²

A public health approach which challenges gender inequality as a determinant of health is more likely to deliver effective interventions. For example, understanding the connection between the "double shift" of earning and caring, low wage and insecure work and increased reliance on public transport, and the evidence which shows that women have less leisure time than men¹³ may help explain women's lower physical activity rates.

⁹ Scottish Government (2018) Public health reform A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all

¹⁰ Scottish Government and COSLA (2018) Public Health Priorities for Scotland

¹¹ United Nations Convention on the Elimination of All Forms of Discrimination against Women

¹² World Health Organisation (WHO) (2016) Women's health and well-being in Europe: beyond the mortality advantage

¹³ ONS (2018)

<<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/menjoyfivehoursmoreleisuretimeperweekthanwomen/2018-01-09>> accessed 5th July 2019

QUESTION 15: What are your views on the arrangements for data science and innovation?

Gender differences in health and healthy behaviours are under-researched and under appreciated by public health campaigns and professionals. Gender-sensitive data collection and disaggregation by sex is patchy, not just in Scotland but globally, making key trends and comparisons in women’s health difficult.¹⁴ This refers not only to gaps in prevalence data, but also socio-economic determinants and work to crosslink between them. In order to ensure health systems are responsive to women’s health the WHO has recommended that states ensure the “collection, analysis and use of data disaggregated by sex and age and cross-sections with other variables, such as income, education, and urban or rural residence”.¹⁵ Mapping progress towards health and wellbeing outcomes and gender equality will also be necessary as part of Scotland’s commitment to the Sustainable Development Goals and progress within the National Performance Framework.¹⁶

As Public Health Scotland is anticipated to have a key responsibility for leadership for data science and innovation for public health it is vitally important that data collection and analysis by the Body adopts a fully gendered approach. Using data to simply note differences in men and women’s health will not deliver positive outcomes without gender competence¹⁷ also being built into Public Health Scotland. Counting women is the beginning and not the end of gender-sensitive data collection and analysis.

Understanding that public health outcomes are influenced by a complex and adaptive system of interacting components, the Body’s whole system approach should mean that data is collected which establishes a picture of social, economic, environmental and behavioural determinants of health and wellbeing as well as biological differences at the root of specific conditions.¹⁸

Data must be used to inform innovation in policies and programmes and the Body’s cooperation with local communities and the third sector must involve the common

¹⁴ EIGE Gender Equality Index <<http://eige.europa.eu/gender-statistics/gender-equality-index/about>> accessed 5th July 2019

¹⁵ World Health Organisation (WHO) (2016) Women’s health and well-being in Europe: beyond the mortality advantage

¹⁶ Scottish Government <<https://nationalperformance.gov.scot/>> accessed 6th July 2019

¹⁷ Gender competence refers to the skills, knowledge and analytical capability to develop policy that is well-gendered; that takes account of the socially constructed difference between men’s and women’s lives and experiences.

¹⁸ World Health Organisation (2019) Equity, social determinants and public health programmes

use and analysis of data and insight.¹⁹ The commitment to using the fullness of data available must interact with Scottish Government commitments on data, including the recently announced working group on sex and gender in data. Conversations must also be had about how to balance the reliance on quantitative and qualitative data and evidence, and the merits of understanding the use of lived experiences in conjunction with wider system expertise.

QUESTION 17: (a) What impact on equalities do you think the proposals outlined in this paper may have on different sectors of the population and the staff of Public Health Scotland? (b) If applicable, what mitigating action should be taken?

Creating a “genuine ‘culture for health’”²⁰ will require the agency to understand and influence the root causes of gendered health differences. For example:

- Although women’s life expectancy exceeds men’s, women spend more of their lives in disability and ill health.²¹ More women than men in Scotland live with a long-term health condition.²²
- Men spend around one and a half times as long as women doing any form of moderate to vigorous physical activity each week, an average of 15.1 hours for men compared to 9.9 hours for women.²³ Women continue to do the majority of household labour and have less leisure time than men.²⁴
- Biological and hormone differences that mean that some conditions have a much higher prevalence in women than men (e.g. breast cancer) or are exclusively experienced by women²⁵ (e.g. endometriosis).²⁶
- Perception of risk is also gendered – across Europe cardiovascular diseases is perceived to be low risk in women despite being the main cause of mortality for women in the region.²⁷

¹⁹ Scottish Government and COSLA (2019) Public health reform Realising the Public Health Priorities: Innovating for Change

²⁰ A consultation on a new National Public Health body: 'Public Health Scotland'

²¹ EIGE Gender Equality Index <<https://eige.europa.eu/gender-mainstreaming/policy-areas/health>> accessed 7 July 2019

²² The Scottish Government (2018) Scottish Health Survey

²³ The Scottish Government (2018) Scottish Health Survey

²⁴ ONS (2018)

<<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/menjoyfivehoursmoreleisuretimeperweekthanwomen/2018-01-09>> accessed 6th July 2019

²⁵ As well as trans men and some non-binary people.

²⁶ EIGE Gender Equality Index <<https://eige.europa.eu/gender-mainstreaming/policy-areas/health>> accessed 7 July 2019

²⁷ World Health Organisation (WHO) (2016) Women’s health and well-being in Europe: beyond the mortality advantage

- Because of women's longer life expectancy, health and wellbeing in older people is highly gendered, particularly where this combines with traditional gender roles and care.
- Women are more likely to experience poverty but are also more likely to be 'poverty managers' within their families, and to go without necessities where resources are stretched.²⁸
- Job insecurity is noted by the WHO as an important social determinant of health²⁹ and it is women who are more likely to be in part-time, low pay and unstable working patterns, with Scotland's gender pay gap at 14%.³⁰
- Public space is highly gendered, with poor consideration of safety and lighting and women's increased reliance on public transport, all of which influences women's use of outdoor environment.³¹
- The gendered allocation of childcare, which sees women continue to provide the primary care for children,³² and volume of unpaid long-term care done by female family members. Around 70% of unpaid care for disabled people and people with a long-term condition is done by women, and women are twice as likely to give up work to carry out unpaid care.³³
- The Scottish Health Survey showed that 18% of single adult and single parent households ate less than they should due to financial shortages.³⁴ 90% of single parent households are headed by women.
- Global evidence suggests women are more likely to report a common mental health disorder (depression and anxiety) and in Scotland 19% of young women aged 16-24 have experienced two or more symptoms of anxiety.³⁵
- Women are more likely to have a raised waist circumference and are more than men to be categorised as 'high risk or above' (57% of women, compared with 42% of men) due to a higher BMI.³⁶
- Women are less likely to engage in 'risky behaviour' but are more likely to experience 'invisible risks' to their health such as eating disorders and self-harm which are often not adequately responded to.³⁷

²⁸ Engender (2015) Securing Women's Futures

²⁹ World Health Organisation (WHO) (2016) Women's health and well-being in Europe: beyond the mortality advantage

³⁰ <https://www.closesthegap.org.uk/content/resources/Pay-gap-FAQ.pdf>

³¹ <https://www.engender.org.uk/content/publications/Engender-Parliamentary-Briefing---Planning-Scotland-Bill-March-2018.pdf>

³² Alakeson (2012) The Price of Motherhood: Women and Part-time Work

³³ Skills for Care (2012) Carers Matters – Everybody's business

³⁴ The Scottish Government (2018) Scottish Health Survey - Women spent nearly twice as much time as men doing heavy housework an average of 1.3 hours a week, compared with 0.7 hours for men

³⁵ The Scottish Government (2018) Scottish Health Survey

³⁶ The Scottish Government (2018) Scottish Health Survey

³⁷ EIGE Gender Equality Index <<https://eige.europa.eu/gender-mainstreaming/policy-areas/health>> accessed 7 July 2019

Existing public health policy centres women as pregnant or mothering, for example by discussing the importance of support for “families to breastfeed” for child health, and universal vitamins to all pregnant women.³⁸ The Public Health Priorities for Scotland set out in this consultation and elsewhere, contribute to this phenomenon by focusing on maternal health as an aspect of “A Scotland where we flourish in our early years” (including *pregnant women* “being smoke-free, well-nourished and supported to breastfeed where possible”) while the only other gender dynamics explored are violence against women as one example of local authority work to protect and improve the wellbeing of our children and young people³⁹ and a mention of young women as a key concern group.⁴⁰

This ignores the other highly gendered aspects of health and entrenches the traditional role of woman as mother, ignoring her personal experiences of physical and mental health. It also ignores the other interactions between other characteristics that influence women’s lifetime health – BME women, LGBTI women, older and younger and disabled women each have different needs while changes in health and need, whether biological (menopause), or social (changing care burdens), influence activities and behaviours.

However, it is important that reproductive health, in all aspects including pregnancy and post-natal health, is fully considered within Scottish public health in order to normalise related issues, aid self-management and enable women to assert reproductive choices.⁴¹ Gender-based violence must also be conceptualised as a serious issue of public health as well as a violation of women’s fundamental rights. A third of women in the EU are estimated to have experienced gender-based violence.⁴² Violence against women intersects with a broad range of health consequences including depression, anxiety, self-harm, suicide and trauma responses; alcohol and substance dependency; experience of sexually transmitted infections (STIs) and HIV; induced abortion, forced pregnancy, low birth weight and premature birth; non-fatal injuries and fatalities.⁴³

The new Public Health Scotland is an opportunity to take stock of existing barriers to good health in Scotland and develop new ways of working which centre equal outcomes at the core of Scotland’s approach to health. Gender-blind design is highly

³⁸ Scottish Government (2016) Health and Social Care Delivery Plan

³⁹ Scottish Government and COSLA (2018) Public Health Priorities for Scotland

⁴⁰ Scottish Government and COSLA (2018) Public Health Priorities for Scotland

⁴¹ UK Government (2018) What do women say? Reproductive health is a public health issue

⁴² European Agency for Fundamental Rights (2014) Violence against women: an EU-wide survey

⁴³ World Health Organisation (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and nonpartner sexual violence.

likely to embed existing discriminatory ways of working that affect outcomes for women.

For example, service design which does not understand the impacts of the burden of care on women's lives will embed barriers to both access and diagnosis. Public health campaigns that do not reflect gender differences in symptom presentation for physical and mental health conditions will fail to achieve the desired early intervention. Prevention guidance which fails to reflect women's increased likelihood of experiencing poverty and the ways in which women act as poverty managers will have little practical impact for women who are most likely to experience ill-health and negative well-being.

It is therefore concerning that an Equalities Impact Assessment has not been published alongside the consultation. The EQIA should critically engage with gendered issues such as those set out above, to ensure that the legislation, policy or programme in question proactively advances equality, as well as not discriminating against those with protected characteristics. **We would expect an EQIA to be published at the earliest stage of policy development in order to influence the mainstreaming of equalities through the programme of public health reform.** Without this, it cannot be assessed to what extent Public Health Scotland is capable of engaging with the critical issues at the core of gendered health inequalities.

ADDITIONAL COMMENTS

The consultation period for establishing a new agency has simply been too short to ensure all the issues associated with best practice can be considered. We do not consider that six weeks is sufficient for every organisation to draft detailed responses. This is especially concerning given the 'collective responsibility' approach outlined in the consultation and the ambition for broad, multi-agency working.

FOR FURTHER INFORMATION

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ABOUT US

Engender is a membership organisation working on feminist agendas in Scotland and Europe, to increase women's power and influence and to make visible the impact of sexism on women, men and society. We provide support to individuals, organisations and institutions who seek to achieve gender equality and justice.