

Priorities for Women's Health Services 2021 - 2024

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Executive Summary

Women's Health Services

Victoria's Women's Health Services:

- Provide a statewide infrastructure to promote Victorian women's wellbeing
- promote good health and wellbeing to Victorian women
- apply an expert intersectional gendered lens to health issues and systems to improve outcomes for women.
- prevent the underlying causes of ill-health and harm for women in Victoria.

Since 1988, Women's Health Services (WHS) have been fundamental infrastructure in the provision of preventative health measures in Victoria, delivering projects, programs and services to 50.9% of the population. But the history of Women's Health Services goes much further back, with origins in the women's equality movements of the 1970's, when health information was delivered through grassroots consciousness raising. The first women's health service, now the Multicultural Centre for Women's Health, was established in 1978 to provide peer, bilingual health education to migrant women.

Today, Women's Health Services are centres of excellence in gendered health promotion and prevention, winning awards for their innovations and achievements. But despite decades of policy and health reform success that has made the lives of Victorian women safer and stronger, they remain small, dedicated but undervalued services. Women's Health Services funded under the Victorian women's health program have not received an increase in core funding since their establishment in 1988 – and, in fact, received a 5% cut in funding in 2012-13. This is despite exponential population growth, particularly in the outer suburbs of metropolitan Melbourne.

Highly qualified workforces with specialist experience

WHS have highly qualified and specialist workforces. Leaders combine knowledge and experience in health, intersectionality, gender equity and gender transformative change management. Across the sector there are:

- 6 PhDs in fields relating to gender equity and health promotion.
- Over 20 Masters in fields of Gender, Society & Policy, Public Health, International Public Health, International Development, Evaluation, Education, Social Science, Health Administration, Business Administration, Disaster, Design & Development and Art Curatorship
- Over 40 Bachelor Degrees in fields inclusive of gender equity, including Arts, Australian Indigenous Studies, Community Development, Health Promotion, Behavioural Science, Business, Education, Social Work, Media
- Over 10 Certificate IV in Training and Education/Workplace Training / Action Learning
- A number of staff members that are Workplace Equality and Respect (WER) Standards Endorsed Trainers (Our Watch)
- WHS have been recognised for the quality and impact of their programs and projects by organisations such as VIC Health and Resilient Australia Awards

Award-winning services

WHS have received international, national and state acclaim for their innovation and outcomes. Awards include the Victorian Public Healthcare Gold Award, VicHealth-Health Promotion Trailblazer Award, a Victorian Resilient Australia Community Award and the international Mary Fran Myers Gender and Disaster Award.

Redressing gendered inequities in Victoria with a specific focus on health

Women are the highest users of health facilities in Australia. They are more likely to be hospitalised than men¹ and they are more likely to see professionals for a health condition (17.5% compared to 12.6%). Further, the sexual and reproductive health needs of women mean women require tailored health interventions and approaches at different stages of the life-course, with particular needs during child-bearing years.

Women have unique health service needs, however the application of gendered norms,

sexual and biological stereotyping and the poor use of sex and gender disaggregated data often results in gendered inequities in the health care system.

WHS counteract gendered health inequities by ensuring Victorian women have access to tailored, gendered, multilingual health information with which to navigate healthcare choices across the Victorian health system while also working to address the underlying systemic causes of women's ill-health. We focus our services in the areas of health promotion of women's health and wellbeing to respond to the social determinants that intersect with gender, and lead to poor health outcomes for women.



Reviewing Women's Health Priorities

Every four years, the Department of Health (formerly known as the Department of Health and Human Services) reviews the priorities that underpin the Victorian Women's Health Program (VWHP) guidelines, offering WHS the opportunity to shape health promotion and prevention services in a way that best meets the needs of Victorian women at a regional and state-wide level. The current Women's Health Guidelines expired at the end of 2021 and are due for renewal.

The guidelines ensure that every WHS delivers an Integrated Health Promotion strategy, addressing 1-3 key women's health priorities each year, co-designed in partnership with local and regional stakeholder organisations, and in close consultation with relevant communities. Significant changes in policy have occurred since the last review of the guidelines. The implementation of recommendations from the Royal Commission into Family Violence, the creation of new family violence prevention infrastructure, a Sexual & Reproductive Health Strategy and a new Gender Equality Act have increased demand for the expertise of Women's Health Services.

In addition, changes to demography have also impacted WHS capacity to serve women in community with adequate health promotion and prevention initiatives. Victoria's population has grown significantly with the number of women being served by the WHS program jumping from 2.796 million in 2011 to 3.329 million in 2019.

Despite this, there has not been a population level increase in funding for the Women's Health Program since establishment. Women's Health Services are expected to be doing more with less, resulting in missed opportunities and increased risk of gender inequity across the Victorian health care system.

Increasing demand resulting from the COVID19 pandemic

- The global COVID19 pandemic demanded even more of the sector, with Women's Health Services called on to:
- Apply a gendered lens on the consequences of COVID19 (social and economic), in relation to response and planning for a gender equal recovery;
- Address the mental health consequences of COVID19 on women;
- Advocate for/influence policy with regard to engagement of migrant and refugee women in the community, including during public housing lockdowns;
- Design and roll out specific primary prevention campaigns on women's health during the pandemic
- Support the primary prevention workforce
- Advocate for continued health promotion and primary prevention work to support women during the pandemic including applying a gender lens to recovery
- Advocate for state and federal COVID response and recovery strategies to be inclusive of women's sexual and reproductive health needs, especially migrant and refugee women, women with disabilities and women in rural and regional areas
- To respond to disproportionate impact on gender equality, including increased domestic and caring responsibilities, increased financial impact through loss of income, experience of gendered violence and increased risk to predominantly female front line healthcare workers

Changing demographics

In 2011 the total Victorian population of females (ABS) was 2.796 million. In 2019 the number of females in Victoria had grown to 3.329 million. In addition to this, those females in the estimate resident population from countries other than Australia grew from 577,180 in 1996 to

964,840 in 2016 across some 200 plus, countries of birth. As the Multicultural Centre for Women's Health points out in its 20/21 submission to the Victorian Government's Annual Budget:

"The population of migrant women in Victoria doubled over the previous ten-year period, and numbers will continue to grow. Population projections estimate a net increase of 2.9 million migrants by 2056, including a net increase of at least 44,000 migrant women per year. In 2020 over one million migrant women call Victoria home"

The women's health sector stands ready to partner with the government and the wider community to achieve mutually desirable outcomes.

About this submission

This submission is prepared by the Women's Health Services Council, a community of practice within Gender Equity Victoria, representative of all the services in the Women's Health Program. It is a submission that outlines the current health promotion and prevention needs of Victorian women, identifying opportunities and risks, as well as outlining recommendations for future work and investment.

This paper seeks to inform the future priorities of the Victorian Women's Health Program from 2021 to 2024 by representing the collective priorities of the women's health sector, as well as lay out the future funding needs of the sector. The document presents an updated position of the paper entitled "Priorities for Victorian women's health 2015-19" prepared by the Women's Health Association of Victoria (WHAV) in February 2015.

The opportunities and risks for health promotion and prevention with a gendered lens have changed significantly in the last five years. There has been significant legislative change, policy reform and government investment in enhancing gender equality, preventing and responding to family violence, responding to massive bushfires that were evidently exacerbated by climate change, and implementing unprecedented response to the COVID-19 pandemic.

The Women's Health Services Council, on behalf of the organisations funded by the VWHP, argues for six key priorities:

1. Increase investment in the Women's Health Program
2. Prioritise gender equity in Victorian health and wellbeing outcomes, including priorities within the Victorian Health and Wellbeing Plan 2019-23;
3. Implement the Victorian Sexual and Reproductive Health (SRH) Strategy;
4. Continue investment and leadership in the primary prevention of gendered violence (in particular the regional Prevention of Violence Against Women partnerships);
5. Invest to achieve gender equal mental health and wellbeing outcomes (including COVID recovery and redressing social isolation);
6. Continue to research and respond to women in a changing society – including mitigation and response to climate change and leadership in disaster preparedness/pandemic recovery.



Recommendations

Priority 1: Increase investment in the Women's Health Program	
1. Incrementally increase investment for health prevention and promotion, including family violence prevention, from 2-3% to 9-12% of Victorian health and violence response expenditure.	
2. Boost Women's Health Services funding in recognition of changes in population and demographics, the impact of COVID19, to restore historic funding cuts and improve gendered data collection via the Women's Health Atlas	\$8.1M
3. Boost Multicultural Centre for Women's Health in recognition of changes in population and demographics for migrant and refugee women, the impact of COVID19 and historic funding cuts to support bilingual educators and translation services.	\$4.2M
4. Fund exploration of dedicated First Nations resources within the Women's Health Program, to ensure that the sexual and reproductive health, health consequences of gender inequity and gendered violence and mental health issues for First Nations women are integrated or aligned with the Women's Health Program. Funding should support collaboration between the Women's Health Service's Council and one or all of the following First Nations agencies - Koorie Women Mean Business and/or Victorian Aboriginal Community Controlled Health Organisation and/or Djirra.	\$0.6M
5. Support alignment between LGBTIQ health services and the Women's Health Program to ensure women's health promotion and primary prevention, especially sexual and reproductive health, provides for queer and trans people.	TBD
6. Support Gender Equity Victoria's secretariat support to the Women's Health Services Council.	\$0.34 M
Priority 2: Support gender equity in Victorian women's health and wellbeing outcomes	
7. Prioritise the promotion of gender equity and prevention of gender inequity through the Women's Health Program, ensuring Victorian Women's Health Priorities include recognition of the health inequities caused by economic insecurity and other social disadvantages of women.	
8. Resource the Action for Gender Equality Partnership to support gender equal transformation across public sector health organisations.	\$3.3 M
9. Dedicate resources to address the health consequences of gender inequity on Victorian women.	\$5.1 M
Priority 3: implementation of a Victorian Sexual & Reproductive Health Strategy	
10. Continued and increased investment in 1800 My Options to improve access pathways for all women to affordable contraception, abortion and sexual health.	\$2.5 M
11. Provide funding for Womens' Health Services to establish and provide leadership and capacity building for SRH in all regions: <ul style="list-style-type: none"> • Furthering their role as leadership and coordinating agencies in their regions around SRH needs assessment, training, and capacity building. • Undertaking health promotion efforts to enhance SRH and rights, increase access to SRH services and reduce stigma and discrimination at community level and within primary care on abortion • Ensure a specific focus on regional and rural Women's Health Services to ensure equal access to SRH across Victoria. • Supporting strategic networking and coordination of SRH activities at the local level through an SRH COP. 	\$6.8 M

<p>12. Ensure SRH services are accessible and culturally sensitive for key priority populations:</p> <ul style="list-style-type: none"> • Invest in Aboriginal and Torres Strait Islander led organisations to ensure SRH is accessible and culturally sensitive for this population. • Further consultation with Aboriginal and Torres Strait Islander organisations and communities to confirm further investments in a future plan relevant to this population. • Develop a specific SRH strategy with and for Aboriginal and Torres Strait Islander people. • Invest in the Aboriginal health workforce to develop and provide culturally appropriate and community led health literacy interventions on SRH for Aboriginal and Torres Strait Islander Communities. • Invest in VACCHO to provide training and capacity building to health services to ensure they are culturally safe and accessible for Aboriginal and Torres Strait Islander Women. • Invest in Women with Disability led organisations to ensure SRH is accessible and culturally sensitive for this population. • Further consultation with Women with a disability to confirm further investments in a future-plan relevant to this population. • Invest in Women Disability Victoria to develop and provide culturally appropriate and community led health literacy interventions on SRH for women with a disability. • Invest in Women Disability Victoria to provide training and capacity building to health services to ensure they are culturally safe and accessible for women with a disability. • Invest in migrant and refugee led organisations to ensure SRH is accessible and culturally sensitive for this population. • Further consultation with migrant and refugee women to confirm further investments in a future-plan relevant to this population. • Invest in the Multicultural Centre for Women's Health to develop and provide culturally appropriate and community led health literacy interventions in language on SRH for migrant and refugee communities. • Invest in Multicultural Centre for Women's Health to provide training and capacity building to health services to ensure they are culturally safe and accessible for women with a disability. • Invest in organisations led by those with diverse sexual orientation and gender diversity to ensure SRH is accessible and culturally sensitive for this population • Further consultation with communities with diverse sexual orientation and gender identity to confirm further investments in a future-plan relevant to this population. • Invest in the organisations led by those with diverse sexual orientation and gender identity to develop and provide culturally appropriate and community led health literacy interventions for this community. • Invest in organisations led by those with diverse sexual orientation and gender identity to provide training and capacity building to health services to ensure they are culturally safe and accessible for this population. 	\$7.6 M
Priority 4. Recognise the importance of gendered violence prevention	
<p>13. Recognise and provide core funding for the 9 Prevention of Violence Against Women Partnerships to support 500 strong organisational partners across the State as fundamental primary prevention of gendered violence infrastructure in the State of Victoria. Maintain the program on an ongoing basis for collective, intergenerational impact.</p>	\$3.4M
<p>14. Dedicate funding to PVAW Regional Partnerships to support Local health promotion campaigns aligned to Respect Victoria's 16 Days of Activism Campaign</p>	\$0.48M

Priority 5. Mental health & wellbeing for women	
15. Prioritise women's mental health and wellbeing continue to be included as a Victorian Women's Health Priority through the Women's Health Program	\$3.4M
16. Fund Women's Health Victoria to lead and coordinate the Women's Mental Health Alliance, and provide statewide leadership in policy, research and advocacy in women's mental health	\$1.2M
17. Fund Women's Health Services to promote and prevent mental health in women through the application of local and intersectional gender lens on service provision and undertake primary prevention/mental health promotion activities in local areas and with priority population groups.	\$3.8M
Priority 6: Research and action on women in a changing society – climate change and pandemic recovery	
18. Create a statewide Gender & Disaster workforce across the whole of government to promote resilience in communities and prevent a return to rigid gender roles and greater risk of gendered violence after disaster.	TBD
19. Scale up the award-winning Gender & Disaster Pod is scaled up for state-wide application through Women's Health Services in anticipation of future disaster preparedness, early intervention and response.	\$6.8M

Conclusion

Reducing the health consequence of gender inequality is an intergenerational task, requiring dedicated and enduring focus and collective effort over many years. Women's Health Services have for thirty years been essential to laying the foundations for reforms to sexual and reproductive health and changes that followed the Royal Commission into Family Violence. They championed reproductive rights for women and were leaders in raising public awareness about the importance of safe and equal communities. Women's Health Services remain critical to embedding reforms and exploring new innovations for women's health and safety. The Victorian women's health sector is the envy of other Australian states and is acknowledged as a best practice women's health promotion model across the world.

Women's Health Services continue to be at the vanguard of gender equal rights promotion and gendered violence prevention, encouraging system wide reforms, collective community effort and individual behavioural change – when properly resourced. An overdue boost in funds will ensure the women's health sector continues to offer the whole community robust and cost-effective health promotion and prevention infrastructure tailored to women across the State into the future.

The Women's Health Services Council acknowledges the support of Gender Equity Victoria in the development of this budget submission and Cath Smith of ChangeSmith Consulting.

Section 1

Women's Health Services - In Theory and Practice

Women's Health Services have evolved from evidence-based research on gender as a social determinate of health. Women's Health Service practitioners apply a best practice lens in the promotion of good health and wellbeing to Victorian women, while simultaneously addressing risks of ill-health and harm through primary prevention interventions.

From time to time the terms health promotion and primary prevention are used interchangeably, but to do so lacks understanding of the nuances between the two approaches.

Women's Health Services provide a mix of health promotion and primary prevention, as

determined by the needs of the communities they serve. However, it is important to acknowledge that resource limitations - the lack of funds to reach masses of individual women where they live, work and play and to address the personal lifestyle factors shaping their health choices - has resulted in WHS focus being directed to addressing the causes, or determinants of ill-health through changing structures, policies and cultural norms that contribute to poor health outcomes for women.

Improving the focus on individual lifestyle factors requires significant increased investment in Women's Health Services and primary prevention over time.



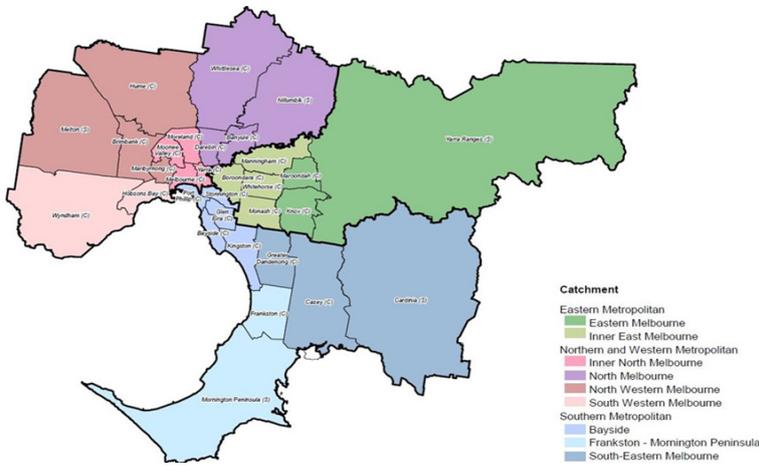
Source: Adapted from Dahlgren & Whitehead 1991

Structure

The Women’s Health Program is a fundamental health promotion and preventative health infrastructure in Victoria. A combination of regional and state-wide services deliver locally tailored, place-based solutions to gendered health problems that are underpinned by demographic and geographic data relevant to the communities in which they operate.

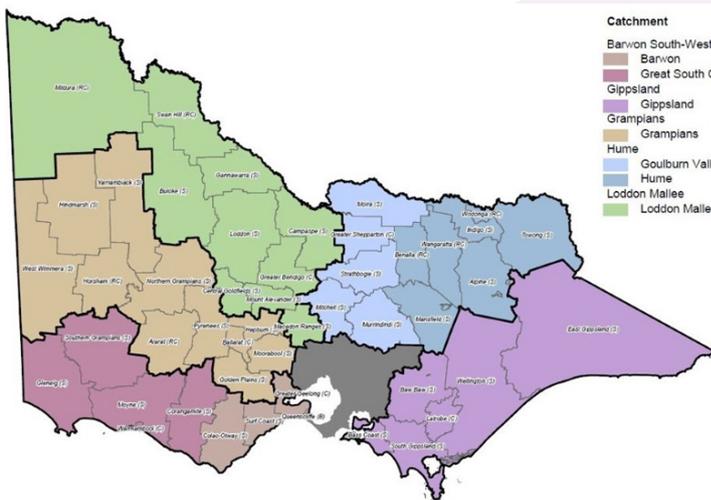
Through core funding from the Department of Health and Human Services, each entity delivers a combination of gendered health analysis, planning, health promotion and education, training of key workforces, primary preven-

tion projects and facilitation of community member voices to develop a gendered health response to benefit women in their communities. From this base funding, additional resources are leveraged by the sector for family violence prevention, mental health and wellbeing, public health including COVID-19 pandemic recovery and towards climate change transition, as well as working with partners and relevant funding bodies to address the social determinants of health, using a gendered lens. The Department of Health and Human Services funds: and two state-wide WHS organisations in Victoria under the VWHP.



Four Metropolitan Women’s Health Services

- Women’s Health East (WHE)
- Women’s Health West (WHW)
- Women’s Health in the North (WHIN)
- Women’s Health in the South East (WHISE)



Five Regional Women’s Health Services:

- Women’s Health and Wellbeing Barwon South West (WHWBSW)
- Gippsland Women’s Health (GWH)
- Women’s Health Grampians (WHG)
- Women’s Health Goulburn North East (WH-GNE)
- Women’s Health Loddon Mallee (WHLM)



Two statewide services

- Multicultural Centre for Women’s Health (MCWH)
- Women’s Health Victoria (WHV)

Women's Health Services Council

The Women's Health Services Council (WHSC) is the representative community of practice for all Women's Health Services in the State of Victoria. It meets for a half day every two months, developing a communique on important matters of shared concern, developing capacity building across services and collectivising policy and funding submissions. The WHSC receives secretariat support from Gender Equity Victoria which is unfunded.

The state-wide WHSs work closely with state entities to offer gendered research and analysis, capacity-building and access to state-wide networks

Regional Women's Health Services

Women's Health Services make a significant contribution to preventing ill-health and the burden of disease on women, through innovations in health promotion and primary prevention. The core basis of this work is the impact on health outcomes of gender inequalities, but a long term focus has been specifically on the negative health impact of all forms of violence against women - whether sexual harassment, sexual assault and rape or family violence. Growing nine regional Prevention of Violence Against Women Partnerships – now with 500+ grassroots community members encompassing private, public and community sector organisations in each region – is a testament to the success of regional WHS undertaking health promotion and primary prevention with collective impact. In addition to coordinating the partnerships, women's exposure to gendered violence has driven primary prevention work at a regional level that encompasses "myth-busting" education to reduce sexual harassment at work online resource production such as the Gippsland Women's Health Make the Links campaign¹ and development of toolkits at state-wide level to support bystander action against online harassment.

Program Spotlight

- Gender audits for 25 local government organisations and 15 public sector organisations (Education and Health). This included consultancy on gender equity, gender auditing and advice on responding to the results of gender audits and improving audit processes over time.
- Facilitation of 36 Communities of Practice during 2019-20 that built competence in gender equity.
- Coordination of multi-year, multi-party regional strategies to address gender equality.
- Provided expert advice and guidance to all local governments across Victoria on design and implementation of gender equity audits, assessments, policy & practice.
- Delivered workplace training and capacity building including through large and small forums and events, conducted face-to-face and online.
- Her Voice Matters-Storylines: Women's stories of sexual and reproductive health. A collaborative project by Women's Health Goulburn North East, Women's Health Loddon Mallee and Murray PHN

State-wide & intersectional women's health organisations

The state-wide WHSs work closely with state entities to offer gendered research and analysis, capacity-building and access to state-wide networks

Women's Health Victoria (WHV) is a state-wide health promotion, policy, advocacy and support service. It undertakes research and coordinates input from WHS's and other organisations to inform policy advice, advocacy, and capacity building across a range of priority women's health and gender equality areas. It also provides capacity-building for the gender equity and prevention workforces state-wide, including through the PVAW Masterclass series (currently funded separately from the Women's Health Program) and the development of the first accredited course in Gender Equity in Australia (funded by DET) as well as making gendered data available through the Victorian Women's Health Atlas. WHV promotes women's (gender) equality through research translation, policy development and advocacy in a number of sectors including the Victorian health and human services systems and the advertising industry (funded separately from the VWHP). It identifies priority health issues requiring a gender lens and develops policy and practice solutions. For example, in 2019 WHV established the Women's Mental Health Alliance to bring together expert advice to policy makers and health services on the mental health of women and girls in the context of the Royal Commission into Victoria's Mental Health System.

Program Spotlight

The **Victorian Women's Health Atlas** is a ground-breaking data visualisation tool developed by Women's Health Victoria to illustrate the relationship between gender and health. The Atlas provides easy access to sex-specific data on a range of key health and socioeconomic issues that affect Victorian women and has become an important tool for health planners and policymakers.

Program Spotlight

- Research article "Multicultural and Settlement services Supporting women experiencing violence: The MuSeS project" explores migrant and refugee women's settlement and multicultural service engagement and how these services may be useful in supporting women who experience violence.
- The Common Threads project from MCWH provides key insight into the sexual and reproductive health experience of immigrant and refugee women. They argue that social determinants significantly impact health and wellbeing, and through exploring Chinese, Indian, Middle Eastern and Sudanese women's experiences of sexual and reproductive health they find that there are numerous disadvantages and inequalities experience. These include through accessibility of information and services, gender and cultural norms, pre-migration and migration experiences, mental health, violence against women, socio-economic position and practical issues. Importantly, this report offers numerous recommendations.
- MCWH model for preventing violence against migrant and refugee women in the workplace offers an approach by a case study of Equality@Work to demonstrate how to engage migrant and refugee women and communities through prevention activities.
- ASPIRE project exploring the need for local and community-based interventions for family violence against women from refugee or CALD backgrounds.

Multicultural Centre for Womens Health (MCWH)

provides evidence-based policy advice, advocacy and support with health promotion and prevention in migrant and refugee communities, and with migrant and refugee women. MCWH works closely with others in the sector to build capacity to engage women in migrant and refugee communities, including projects run by Womens Health West, WHISE and Womens Health North in the western, south eastern and northern suburbs of Melbourne.

MCWH have developed and delivered capacity and capability training on intersectionality in the context of gender equity, ensuring lived experience is translated through the gender equality journey.

Intersectional Women's Health Partners - unfunded

Women's Health Services believe that health promotion and primary prevention must be delivered in an intersectional way, that seeks women in all their diversity and develops tailored health solutions informed by lived experience. At present, only migrant and refugee women receive dedicated funding in the Women's Health Program. Women with other intersecting attributes of disadvantage are engaged by women's health services nonetheless to develop appropriate tailored health responses and evolve partnership opportunities.

Women with Disabilities.

Women's Health Services work to understand and address the health inequities experienced by women with disabilities. A key partner for the WHS sector is Women with Disabilities Victoria¹³(WDV), which is not core-funded by the VWHP but is an active collaborator with the sector.

First Nations Women

WHSs work closely with Aboriginal Controlled Community Organisations (ACCOs) including regional organisations as well as VACCHO¹⁴ the state peak body for Aboriginal Health. A state-wide partnership with Koori Women Mean Business¹⁵ (KWMB) is under development.

Members of sexually and gender diverse communities

Women's Health Services have a commitment to inclusion which includes ongoing work to understand the intersections between gender, race, socio-economic status and other inequalities that impact on health outcomes. From this standpoint, Victorians who are sexually or gender diverse also experience health inequalities, with common drivers e.g. gendered attitudes to violence, or stigma associated with sexual behaviours. Thus, numerous initiatives and partnerships are being established to address the common health equity barriers experienced by diverse groups, proactively supported by Women's Health Services.



The Women's Health Services Model

As system focussed health advocates, Women's Health Services provide a range of services at individual, regional and state-wide levels, as determined by the needs of their communities, but include a combination of the following:

Addressing Structural Inequality - Applying women's and gender-based analysis for Government and other stakeholders

Women's Health Services deliver women and gender-based health information to government and other stakeholders. They're a source of trusted gender equity health expertise, relied on by entities across the State of Victoria to:

- Research gender gaps in health, identifying unique health challenges for women in the Victorian community and raising consciousness within the health system as well as recommending preventative health solutions.
- Provide expert advice to local, state, and federal government on the causes or drivers of poor women's health outcomes and addressing societal issues through a gendered lens;
- Undertake sex and gender impact assessments to address contemporary health challenges in Victoria, and recommend approaches best suited to women's health needs.

Building capacity and capability of community to prevent ill-health and harm to Victorian women

Women's Health Services actively engage in prevention initiatives that aim to reduce the incidence and consequences of ill-health and harm to Victorian women by:

- Convening partnerships as the backbone agencies in system wide change for gender equity and violence prevention.

- Building communities of practice in the promotion of gender equal health outcomes and leading community engagement with deep, long lasting relationships underpinned by high levels of trust;
- Pioneering programs and initiatives that contribute to sustained cultural change for women and gender equity

Working with individuals to promote the health and wellbeing of Victorian women

Women's Health Services promote health and wellbeing directly to Victorian women by:

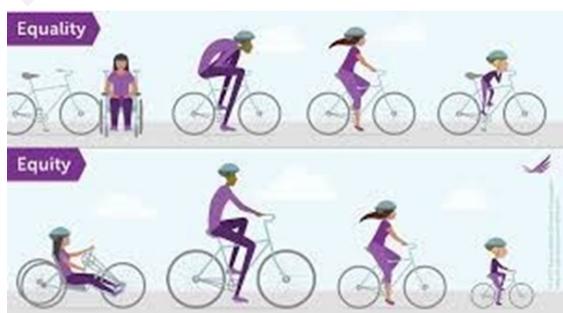
- **Informing women** about current health and wellbeing issues and promoting gendered health information within communities
- **Amplifying women's voices** across the health system through strategic influence, advocacy and communication, sharing expertise, new research findings and building networks;
- **Pioneering an intersectional feminist ethos** – a constantly evolving understanding of social and economic inclusion and inquiry to explore how marginalised or disadvantaged groups can be better engaged to enhance gender equal health outcomes.
- Promoting inclusivity through an expansive definition of women: Seeking gender equity for anyone who identifies as a woman or experiences discrimination, harassment and oppressions that come from sex and gender stereotyping.

Knowledge translation and brokering

Victorian Women's Health Services have a vital role in leading and supporting responses to women's health and wellbeing across regions and the state. There has been significant funding allocated to mainstream agencies and services to address gender inequalities and family violence in the last 4 years. The specialist expertise of women's health sector has been intensively drawn upon by mainstream agencies, to develop their responses.

Women's Health Services translate evidence and research into practice for those that are part of our partnerships. We assist organisations to synthesise emerging frameworks and strategies with their day to day practice, act as exchangers of knowledge with leading researchers and policy owners, and put knowledge into practice taking into account regional/local variability and conditions. In addition to this, through our skills in health promotion and primary prevention we also act as disseminators and communicators of gender and women's health research.

Women's Health Services not only do this for health and women's health research we also do this for government policy – the WHS are a crucial point of implementation for government policy. We build relationships and make connections with community and, assist government to translate policy into practice, coordinating and building capacity of our community, through those relationships, to implement policy. In addition, we evaluate and support the sustainability of health promotion and primary prevention practice.



Source: Robert Wood Foundation 2017

Addressing Structural Inequality: Applying women's and gender-based analysis for Government and other stakeholders

Women's Health Services deliver women and gender-based health information to government and other stakeholders. They're a source of trusted gender equity health expertise, relied on by entities across the State of Victoria to **research gender gaps, provide expert advice and undertake sex and gender impact assessments.**

"All Victorians are affected by gendered health inequalities".

The Victorian Government recognises that inequality leads to reduced health and wellbeing outcomes and that a more equal society is also a healthier and more prosperous society. Women's Health Services focus on equity in health outcomes and developing strategies and partnerships to enhance equity.

Women's Health Victoria's Theory of Change explains the theoretical underpinnings of gender-based health promotion.

Addressing gender inequality in health requires a proactive focus on equity for all women. That's why we take a feminist approach to our work. A feminist approach to health recognises that we live in a patriarchal society, where women continue to experience disadvantage, discrimination and inequality, arising from the gender-based unequal distribution of power and resources between women and men, the devaluing of the feminine, and rigid gender roles. A feminist approach works to challenge and transform power and structural inequalities to achieve social, political and economic equality for women.

As the diagram adjacent illustrates, gender equity is more than an equal share of resources (everyone has a bike), in the absence of barriers to access (the right size and type of bicycle) being addressed.

Best Practice Statistics 2017-2021

- 150+ local government entities supported with gender equity and Prevention of Violence Against Women (PVAW) advice
- 50+ submissions to Government inquiries
- 10,000 users of the Women’s Health Atlas
- 236 General Practitioners surveyed on clinical sexual and reproductive health advice
- Respectful Relationships in Schools Education support to the Department of Education & Training
- 20+ Regional Sexual Health Snapshots

women and men in our society. These portrayals are associated with a range of negative health and wellbeing outcomes and are highly problematic for the prevention of family violence and other forms of violence against women.

The studies cited in this paper demonstrate that there is a clear business case for change. Brands, businesses and creative agencies can benefit from portraying both women and men proportionately, respectfully and realistically.

The issues paper formed the foundation of the movement for advertising equality – shEqual - the first coordinated effort in Australia to promote gender equality and address the drivers of violence against women in the advertising setting, by raising industry and public awareness of the impacts of sexist advertising, reinforcing positive behaviours and empowering people to take action in shaping how women are represented in the stories we tell and consume.

Program Spotlight

Advertising (in)equality: the impacts of sexist advertising on women’s health and wellbeing



In 2018, Women’s Health Victoria published an issues paper that examined the links between advertising, gender inequality and women’s health and wellbeing. The evidence paper explores how gender is represented in advertising today, and the impacts of these portrayals on the health and wellbeing of women and men, and boys and girls, and explored the evidence relating to consumer perceptions of gender portrayals in advertising, identifying evidence to support a business case for advertising equality

This issues paper found that the continued use of gender stereotypes and increasing reliance on images that sexualise and objectify women in advertisements undermines efforts to promote gender equality in Australia. Gender-stereotyped portrayals limit the aspirations, expectations, interests and participation of

women and men in our society. These portrayals are associated with a range of negative health and wellbeing outcomes and are highly problematic for the prevention of family violence and other forms of violence against women.

Make the Link

A focus of primary prevention in Women’s Health Services is research, strategies, and partnerships to address violence against women within a prevention model. The diagram below is an example of how Women’s Health Gippsland illustrates this.





Health Promotion and Primary Prevention through the Pandemic

WHISE launched a campaign to promote the health and wellbeing of women, and build their primary prevention work in the Southern Metro region during the pandemic in April. The purpose of the campaign was in response to feedback from our partners who, despite the pandemic still saw the clear need for primary prevention and health promotion work. The campaign included:

- A set of social media tiles and a campaign to promote health messages for women’s wellbeing
- Easy English resources for the prevention of family violence and mental health
- Translation of health messages for women and their safety in Dari, Rohingya and Punjabi

WHISE used a variety of evidence sources, the principles of emergency response communication and VicHealth Healthy Persuasion Messaging to put together these key messages. WHISE further produced a resource for our partners on how to deliver primary prevention activity online to support our partners during the pandemic.

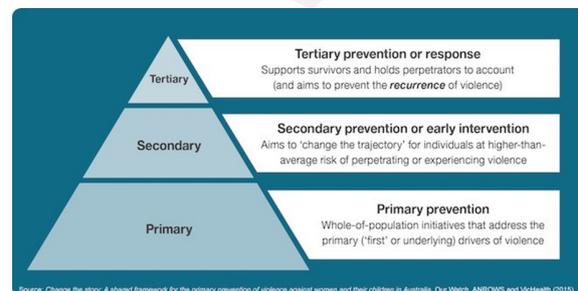
The campaign page together with the social media toolkit has attracted more than 1200 visitors since it launched in April.



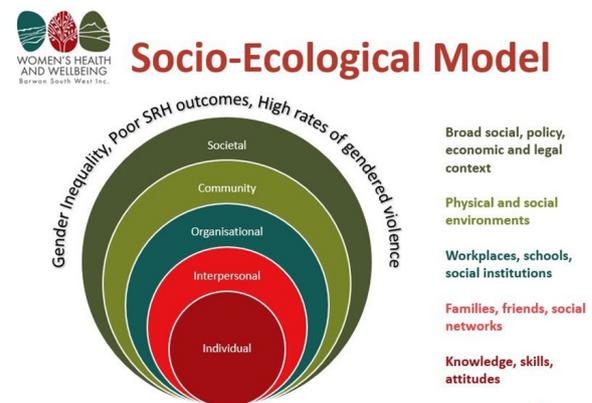
Building capacity and capability of community to prevent ill-health and harm to Victorian women

Women’s Health Services actively engage in prevention initiatives that aim to reduce the incidence and consequences of ill-health and harm to Victorian women by convening partnerships, building communities of practice and pioneering programs and initiatives. With the leading preventable contributor to death and illness of women aged 18-44 being violence against women, WHS have understandably focussed their preventative health initiatives on gendered violence.

The primary prevention of violence against women focusses on whole of population initiatives that address violence before it occur. (See Figure below)



Source: <https://www.ourwatch.org.au/resource/what-is-primary-prevention-of-violence-against-women/>



Adopting the socio-ecological model of primary prevention means engagement is focussed at all levels, with particular attention on organisational and community wide strategies.

The WHS sector works closely with other health prevention organisations including:

- VicHealth, whose five priorities in its Action Agenda Framework, for 2019-23 are to: encourage regular physical activity; prevent tobacco use; improve mental wellbeing; promote healthy eating; and prevent harm from alcohol.
- Respect Victoria’s role to advance a primary prevention approach to all forms of family violence and violence against women.
- The Women’s Hospital also undertakes primary prevention projects such as Beneath the surface, a digital storytelling project of health professionals own experience of family violence, I-DECIDE, an online healthy relationship tool and safety decision aid; Better Man Pilot of an online early intervention tool for engaging men who use violence to seek help.
- Cancer Council of Victoria - to bring a gender lens to their health promotion campaigns, particularly around healthy eating and physical activity.

Best Practice in Statistics 2015-2019

- 9 Regional Prevention of Violence Against Women Partnerships & Plans
- 500+ Prevention of Violence Against Women Partners across the State
- 2654 PVAW Education Toolkit Sessions
- 300+ Equality & Respect Workshops
- 50+ Active Bystander Training Sessions
- 6700 YouTube watches of Gender & Disaster Training
- 91 attendees at a Regional Prevention Showcase
- 1 Reproductive coercion research paper
- 9 Regional Sexual and Reproductive Health Strategies

Working with individuals to promote the health and wellbeing of Victorian women

Health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people’s health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.

<i>Individual focus</i>		<i>Population focus</i>	
Health education	Social marketing	Community action	Settings and supportive environments
Skill development	Health information	Community participation	Infrastructure and systems change
Communication strategies	Behaviour and attitude change	Community development and engagement	Policy
Group work	campaigns – local and statewide media	Community capacity building	Legislation
Brief interventions	Communication strategies	Advocacy	Organisational change
	Health education and empowerment		Workforce development
			Outcome evaluation
			Research
<i>Sectors and settings</i>			
Justice Arts Workplace Housing Community Education Sport Health Local government Academia			

Best Practice in Statistics 2017-2021

Over the course of the 2015-2019 VWHP Guidelines, WHS have delivered significant achievements and outcomes in health promotion to Victorian women:

- 10,000 calls to 1800 My Options in 2 years and 350+ sexual and reproductive health services registered¹
- 200+ sexual and reproductive health education courses delivered
- 300,000+ social media views of women's health information
- Over 1.2 million visitors to the Labia Library website in 2019-20, 94 per cent of whom have been unique users²
- Over 2000 #womenrepresent communications celebrating women's strength and diversity
- 100+ COVID19 webinars and factsheets including multilingual translations & videos
- 4000 condoms distributed at Music Festivals
- 16 women educated in Steps to Success Financial Wellbeing Literacy education
- 70 healthy eating sessions for migrant and refugee women
- You the Man theatre production for secondary schools
- 300+ meetings of sexual & reproductive health networks
- 35 empowered victim-survivors of family violence trained to Speak Out in the media
- 44 International Women's Day Celebrations
- 2500 Respect Women: Call it Out Tote Bags during #16DaysOfActivism
- Establishment of Safe Access Zones around abortion providers (WHS were instrumental in seeing these achieved)
- State wide coordination of SRH Health promotion campaign – Sexual and Reproductive Health Week for two years
 - 2019 Superheros of SRH
 - 2020 SRH is Essential in recognition of the impact that the pandemic had on women's access to health services
 - Key results for the 2020 Campaign (Social Media) were
 - Facebook – 21,538 Reach
 - Instagram – 8,051 impressions/ 7,616 total engagement
 - Twitter 21,114 total impressions

Program Spotlight

Increasing the odds for Safety and Respect

WHIN has been a lead partner in the 'Increasing the Odds for Safety and Respect' project focusing on the co-occurrence of family violence and gambling. This harm prevention project introduces a gendered approach to the link between gambling and family violence, with a view to increasing the safety of women experiencing violence from male partners and reducing harm from gambling. The 'Increasing the Odds for Safety and Respect' project was funded by the Victorian Responsible Gambling Foundation. The project was delivered in association with Women's Health East and Inner North East Primary Care Partnership.

Achievements:

- developed 50-50: Increasing the Odds for Safety and Respect film and accompanying resources notes to guide professionals from the gambling and family violence counselling fields in their practice
- produced issues paper summarising the project's work over three years and current research and policy for professionals, advocates, and policy and decision-makers
- continued to present to various forums on this priority area, including Alliance for Gambling Reform, Centre for Restorative Justice judicial forum and Crime Prevention and Communities Conference.



▲ AI/Professor Nicki Dowling, Deakin University; Sandra Morris, Manager Health Promotion, WHIN; Dr Anna Thomas, RMIT; and Dr Stephanie Merkouris, Deakin University.

Women Understanding Money in Australia – Women’s Health West

Newly-arrived women from refugee and migrant backgrounds face multiple barriers to economic participation, which compound their existing economic disadvantage and marginalisation. Women Understanding Money in Australia enables women from newly-arrived communities to increase their financial capability and have increased confidence to access and engage with financial services and systems.

This six-week course is about Australian financial systems, and is run for women from newly-arrived communities. The course is run for a different culturally-specific group of women each time, and we undertake community consultations to ensure the course content suits their needs.

The program aims to increase the capacity of women from newly-arrived communities to negotiate financial systems, take control of financial decision-making and access economic resources.

We deliver the program in partnership with Spectrum Migrant Resource Centre.

‘I am very happy to join this group and the training. Mostly, as a newcomer, when I ... do training like this, it gives me and my sisters the opportunity to know our rights. I learned how to budget, to save money, and where I can go for help... It has opened my eyes. We learned how to do our own business, this is the main thing that I learn a lot; to be free...’ (2015 participant)

WHW have run the program with South Sudanese, Karen, Somali, Vietnamese, Congolese, Oromo, Chin and Eritrean women.



Condom Access and Availability Project – Women’s Health Barwon South West

In 2018 WHWBSW led a project to better understand the availability and access to condoms in our region to be able to identify gaps and needs in service. The project resulted in a set of “maps” that developed better understanding of the availability and access to condoms in the region. Through this, gaps were identified and addressed. Condoms are the only way to prevent both STIs and unplanned pregnancy. Research has shown that barriers in availability and access to condoms combined with attitudes and stigma results in decreased use of condoms during sex.

One site that the project identified was Port Fairy - a site with low availability and accessibility. WHWBSW Health Promotion Officers, engaged with a supplier who provided 14,000 free condoms- to ensure patrons of the Port Fairy Folk Festival had access to freely available condoms over the festival weekend. 11 businesses within the Port Fairy community participated in the pilot project with owner’s witnessing 50% of customers accessing freely available condoms with confidence, and another 16% with embarrassment and others with humour. Where the condom distribution kit was placed within the venue made a difference to how many freely available condoms were accessed.

From the initiative the following lessons were learned:

- Low level of health literacy on condom access and use.
 - Retail venues have the opportunity to engage consumers in conversations.
 - Opportunity to refine messages appropriate to venue.
- Generational acceptance of accessing and using condoms
 - Younger generations higher level of acceptance.
 - Older cohorts have negative connotations to condoms.
- Crowded and busy venues were successful with condom accessibility
 - Bars and pubs gave patrons anonymity and privacy in access

Medical Abortion Education and Capacity Building (Southern Region of Metropolitan Melbourne)

After 2 years of advocacy, WHISE – with the Women’s Peninsula Health, Monash Health and 1800 My Options – developed and delivered professional development to General Practitioners on Medical Termination of Pregnancy (MTO). The initiative was delivered through the SEMPHN and resulted in the delivery of two Medical Abortion (MA) sessions – one for GP’s, nursing staff and other medical professionals, and another for Practice Managers.

The conclusions are incredibly powerful as they provide significant insights into the realities faced by GP’s in delivering vital women’s health services, and, the barriers that do exist to access. The collaboration recommends that any future work should seek to:

- Strengthen relationships with relevant teams in the SMR such as the funded Sexual and Reproductive Health Hubs, primary care and hospital based services to increase health professional’s confidence, skill and knowledge.
- Promote and foster opportunities to develop innovative models of care to respond to local needs and contexts. These may include task sharing arrangements between a doctor and nurse to manage medical abortion care,
- Provide ongoing support to identified GP practices to assist development of integrated medical abortion services and to list the service on 1800Myoptions database,
- Provide opportunities for medical abortion clinicians to network. These may include developing a new network or promoting an established network for health professionals to share knowledge, skills and experience. This could be achieved in the following ways:
 - A quarterly or biannual meeting for professionals to network and share information in the SMR or to
 - join an established network such as the Clinical Network for Unintended pregnancy facilitated by Centre for Excellence in Rural Sexual Health and the Clinical Champion Project.
- Follow up with GP’s who expressed interest in being contacted by the Clinical Champions Project and identify opportunities to

support practitioners to become medical abortion providers.

Follow up with GP’s who expressed interest in being contacted by the Clinical Champions Project and identify opportunities to support practitioners to become medical abortion providers.

Medical Abortion Education Information Session

Organised by:



Young and Queer in Melbourne’s East – Women’s Health East

Over the past ten years there has been a growing body of research that focuses on the physical and mental health and wellbeing of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people and their interactions with the health system. However, there is still a need to further explore issues of equity and inclusion for LGBTIQ young women accessing sexual and reproductive health (SRH) services. Young and Queer in Melbourne’s East explores the SRH needs and experiences of LGBTIQ young women between the ages of 15 and 25 years within the Eastern Metropolitan Region (EMR) of Melbourne. The report includes a literature review and a presentation of results and discussion derived from data collected via an online survey and focus groups. Recommendations for health service providers and Victorian Government are provided to enable integration of the findings into programming, planning and policy for SRH services and education for LGBTIQ young women.

Five themes emerged from data analysis of the online survey and focus groups:

1. Service culture and staff communication;
2. Promotion of LGBTIQ inclusive services;
3. Education and awareness raising;
4. Structure and operations of service; and
5. Relationships and sexual experiences.

The work showed that LGBTIQ young women have distinctive SRH needs that are not always adequately addressed by health services.

SL&RR (WHISE)



Women's Health in the South East (WHISE) is a program partner with the South Eastern Centre against Sexual Assault (SECASA) for the Sexual Lives and Respectful Relationships (SL&RR) program. SL&RR was developed

by Deakin University and is a community based model of sexuality education, information and activity that brings people with an intellectual disability together with professionals from community organisations. The four-session program is run by Peer Educators (people with an intellectual disability who have been trained to run the program) and Program Partners.

The Program aims to:

- Enable people with intellectual disability to discuss and learn about healthy, safe and respectful relationships
- To bring people together to talk about their rights and share ways to have sexual lives of their choosing
- To improve sexual and reproductive health outcomes for people with intellectual disabilities

Cancer Care

Gippsland Women's Health supports women experiencing cancer through the Gippsland wide Wig Bank and the McGrath Breast Care Nurse

A McGrath Breast Care Nurse is a registered nurse with specialist training and qualifications in breast care. The McGrath Breast Care Nurse is part of the breast cancer treatment team and works in conjunction with surgeons, oncologists, G.P.'s, hospital staff and allied health staff. The specialist nurse assists with coordinating patient's care and providing education, resources and support throughout the woman's treatment and beyond.

The Wig Bank is located at Gippsland Women's Health in Sale for women who have experienced hair loss due to chemotherapy. It operates similar to a lending library where wigs are available for short and long term loans. For many women, hair loss can be a distressing and visible side-effects of cancer treatment.

The Wig Bank is free of charge and helps give women the confidence to cope with their cancer diagnosis and treatment.



Rural Challenge Gender Equality Leadership Program (Women's Health Loddon Mallee)

The Rural Challenge Gender Equality Leadership Program empowers leaders in CFA brigades and sporting clubs to promote gender equality and be more family friendly in their organisations.

While many clubs and brigades already have in place practices that support welcoming and inclusive environments, the program assists them to build on these strengths to change attitudes and behaviours.

Gender equality is good for volunteer organisations as it can lead to more volunteers, more members, an improved culture of respect and support and increased sustainability. Participants who completed the Rural Challenge Gender Equality Leadership Program in 2017 overwhelmingly reported that they found it 'useful' or 'very useful' for them personally or as a community leader.

CFA brigades and sports clubs are both hugely influential and are places where strong leaders can drive change and work together for gender equality. Gender equality is the method for preventing violence against women. Violence against women is caused by gender inequality.

The Rural Challenge Gender Equality Leadership Program is supported by a regional partnership comprised of Macedon Ranges Shire Council, the City of Greater Bendigo, AFL Central Victoria, AFL Goldfields, CFA District 2, Women's Health Loddon Mallee, Centre for Non Violence and Sports Focus.

"The program challenged my own thinking. I loved that we came up with practical ways of improving gender equality at our organisation." — Kyneton Football Netball Club



Women's Health Goulburn North East – Straightforward Guides to SRH

Girls, women and gender diverse people told WHGNE they need straightforward information about their sexual and reproductive health and where they can find health care and support when they need it. WNGNE produced six straightforward guides, written in plain English, providing easy-to-understand information about SRH topics, showing where to find additional accurate information and access affordable health services in the Goulburn Valley and north-east Victoria region.

Storylines: Her Voice Matters

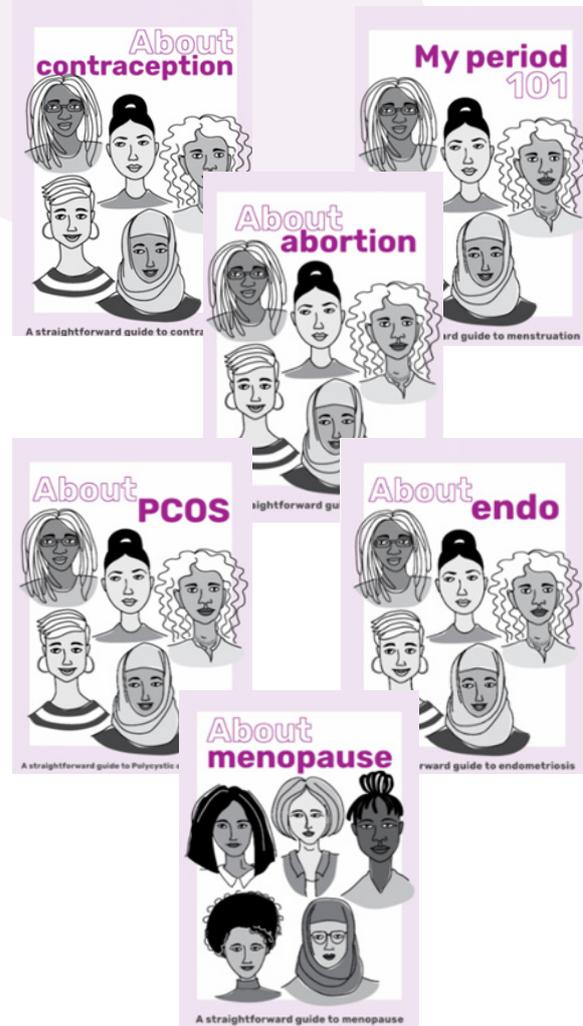
'Storylines' is a collaborative project by Women's Health Goulburn North East, Women's Health Loddon Mallee and Murray PHN. The project invites women to share their experiences of sexual and reproductive health.

Each story becomes part of a bigger story that will help build a picture of how we can improve the quality, access, and type of health support for women.

Sexual and reproductive health is an important issue for all women, affecting them at every life stage, and influences how women develop and maintain meaningful relationships, appreciate their bodies, interact with others, express affection, love, and intimacy and by choice, bear children (WHV, 2016).

A woman's sexual and reproductive health is influenced by her access to affordable and timely information and services. It can be about :

- sex education
- periods
- sexually transmitted infections
- contraception
- polycystic ovarian syndrome
- endometriosis
- libido
- fertility support
- all-options pregnancy support
- termination of pregnancy
- childbirth
- prenatal and postnatal support
- cancer screening (breast/cervical)
- menopause & peri-menopause; and
- other issues that affect a woman's health.



Section 2

The Case for Investment in Health Promotion and Prevention

Overview

Investment in preventing illness or violence before it occurs is critical because the burden of chronic disease across the globe is out of pace with the resources available to treat people in hospitals and healthcare settings.

Furthermore, the scale and severity of violence against women, for example, is a violation of women's human rights and something we must aspire to stop - every single occurrence before it occurs. It is also well documented that the long-term health consequences of violence against women are significant.

Akin to problems as complex as Climate Change, violence against women and entrenched gender inequality are often described as 'wicked problems.' Such problems require a commitment from Governments to invest in the long term. To lift the gaze beyond election cycles to elevate investment in promoting health and structural change that ensures health, opportunity and prosperity for future generations.

This is not an idealistic stance, but rather a robust cost effective and evidence informed approach to ensuring the long-term health of our community, and our planet.

World Health Organisation research demonstrates that:

1. The current costs of ill health are significant for governments and current trends suggest unsustainable increases in costs without a change in approach and investment.
2. The evidence shows that a wide range of preventive approaches are cost-effective, including interventions that address the environmental and social determinants of health, build resilience and promote healthy behaviours. This prevention investment is cost-effective in both the short and longer term. In addition, investing in public health generates cost-effective health outcomes and can contribute to wider sustainability, with economic, social and environmental benefits.
3. Even small investments promise large gains to health, the economy
4. Investing in health in general has been shown to give economic returns to the health sector, other sectors and the wider economy, with an estimated fourfold return on every dollar invested.

Best practice in health prevention investment

The World Health Organisation recommends approx. 9-12% of a government's health service portfolio be directed to health prevention and has published numerous articles on the return on investment of such efforts. At a National level, the Public Health Association of Australia has called for a national target of 5% of Australia's health budget being allocated to focus on prevention, up from less than 2% currently. At a State level, Respect Victoria argues that the burden of disease caused by family violence requires an optimal spend of 9-12% of total funding on prevention initiatives. Gender Equity Victoria has also called for an incremental lifting of investment in prevention from 3% to 9-12% to address gendered violence and the health consequences of gender inequity.

Economic value of Women's Health Services

Prevention can give returns on investment within 1-2 years. Examples include: mental health promotion, violence prevention, healthy employment, road traffic injury prevention, promoting physical activity, housing insulation, and some vaccinations.

At a local level, several WHSs have analysed and published the social return on investment for different programs. For example, analysis commissioned by Women's Health in the South East (WHISE) in 2019-20 shows that \$127K investment in addressing the burden of disease related to gendered violence in the region via Prevention of Violence Against Women (PVAW) has generated \$1.5m in social return.

The importance of investment in prevention is very evident as the COVID-19 pandemic disrupts the world's economy and society. Countries with a weak preventative health capacity have been deeply impacted, while even Australia is facing a long recovery. Lack of investment is dangerous and leads to high costs down the track. In the longer-term, it is increasingly evident that successful economies also have successful preventative health systems.

Recommendation

1. Incrementally increase investment for health prevention and promotion, including family violence prevention, from 2-3% to 9-12% of Victorian health and violence response expenditure.

Section 3

Policy Context for Funding in Women's Health 2021 - 2025

Introduction

The opportunities and risks for health promotion and prevention with a gendered lens have changed significantly in the last five years. There has been significant legislative change, policy reform and government investment in enhancing gender equality, preventing and responding to family violence, responding to massive bushfires that were evidently exacerbated by climate change, and implementing unprecedented response to the COVID-19 pandemic. The women's health sector stands ready to partner with the government and the wider community to achieve mutually desirable outcomes.

The guidelines for the VWHP inform the roles and priorities for the integrated health plans of nine regional Women's Health Services and three state-wide organisations that receive core funding under the program. The guidelines are due to roll over for the VWHP in July 2021 for the period 2021-2024.

The Women's Health Services Council, on behalf of the organisations funded by the VWHP, argues for six key priorities:

1. Increase investment in the Women's Health Program
2. Generate gender equity in Victorian health and wellbeing outcomes, including priorities within the Victorian health & wellbeing plan 2019-23;
3. Implement a refreshed Victorian sexual and reproductive health (SRH) strategy;
4. Continue investment and leadership in the primary prevention of gendered violence

(in particular the regional PVAW partnerships);

5. Invest to achieve gender equal mental health and wellbeing outcomes (including COVID recovery and addressing social isolation);
6. Continue to research and respond to women in a changing society – including mitigation and response to climate change and leadership in disaster preparedness/pandemic recovery.

This submission backs the budget bid by Gender Equity Victoria for increased funding to the VWHP to catch up with population growth and with global, national and state benchmarks for health prevention and promotion as a percentage of overall health service investment. The "Gender Equity Investment: Back on Track" 20-21 budget submission from Gender Equity Victoria argues for a boost in Women's Health Services by \$10.5m over 4 years.

Key stats on the health and wellbeing of Victorian women

Mental Health

Approximately 65% of female prisoners have history with mental illness, compared to 35% of males

It is estimated that

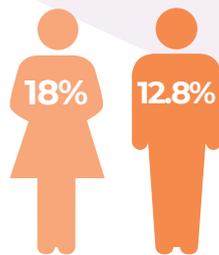
20%

of Australian women have experienced **postnatal depression**



that's 1 in 5 women

In 2017, women reported higher reports of **high psychological distress** compared to men

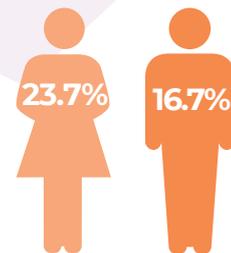


In 2019, it was reported that **women are**

2-3 times

more likely than men to experience mental health related illnesses

1 in 3
Australian women will **experience an anxiety disorder at some stage of their life** compared to 1 in 5 men.



Mental illness and behavioural problems were more prevalent in Victorian women than men

30% of females aged between 15 to 24 will experience mental health illnesses, compared to 21% of males in the same age group

Young women's mental health is of increasing concern.

Suicide is the leading cause of death for young women aged 15-24.

47%

increase in the suicide rate for young women (15-24) over the past decade.

1 in 3



girls **aged 16-17** have self-harmed

Violence Against Women

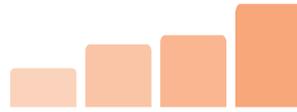
Labour and Economics

Body Image and Mental Illness among Young Women

1177

Sexual Harassment Investigations

instigated by the
VEOC since the
Royal Commission into
Family Violence



19.2%

Sexual offences have
increase by

100,480

Family Violence Offences in 19/20



75%

of Family Violence
victims are women

Women have to work an
additional



a year to **earn the same
pay as men for doing the
same work**



There is a **40%**
gap in
**superannuation
savings**
between men
and women



82.2% of **single
parents are
female**, com-
pared to 17.8%
male

The national gender
pay gap is

14%

Women account for
almost **67% of unpaid
domestic work** and three
quarters of all unpaid
work



**Unpaid
labour** of
women in
Victoria
has been
valued at:

\$208 Billion

Closing the gap between
**women's and men's
employment** rates would
increase GDP by

11%

> 50%

of **Australian girls**
**report that they are
most often valued for
their looks**, rather than
their brains and ability



The **mortality rate** for
people with eating disor-
ders is the **highest of all
psychiatric illnesses**



Measured by hospital
admission, the
intentional self-harm rate
for women is now

40%

The number of women
aged 15-24 years who
**injure themselves so
severely** that they re-
quire hospital treatment
has **increased by more
than**



between 2000 and 2016.

Policy Context

Victorian Health & Wellbeing Plan 2019-23

The Health and Wellbeing Plan 2019-23 has ten major priorities listed below.

Priorities where WHSs are well placed to contribute at a higher level of priority: and recommended focus is discussed in action priority recommendations below:

1. Tackling climate change and its impact on health with a focus on gendered approaches to mitigation of climate change factors as well as building community resilience, and ensuring women's voices are incorporated into emergency preparedness and planning in the longer term (bushfires, heatwaves, drought support, flood, social infrastructure to support community resilience during high intensity events).
2. Preventing all forms of violence, in particular gendered violence.
3. Improving mental wellbeing, in particular women's mental health and wellbeing, and strategies to reduce social isolation for women during COVID recovery phase.
4. Improving sexual and reproductive health, in particular, supporting autonomy and control over reproductive rights and promoting optimal sexual and reproductive health through health promotion.

Other state-wide health and wellbeing prevention priorities

The following Health and Wellbeing (H&W) priorities are also important and the sector can support key agencies in gender audits and other activities described below.

- Reducing injury;
- Increasing healthy eating;
- Decreasing the risk of drug-resistant infections in the community;
- Increasing active living;
- Reducing tobacco-related harm;
- Reducing harmful alcohol and drug use.

The WHS sector is well placed to contribute gendered health promotion and prevention expertise and support systemic capacity development, implementation and evaluation across all these priorities. Government health prevention priorities require responses that are informed by a gendered analysis, and in some cases a focused and targeted intersectional approach is required, for instance in supporting culturally relevant health education with leaders in CALD women communities and engaging women with disabilities with health prevention.

There is a continuing need for specialist advice and implementation support/partnerships at local and regional level – core business for WHSs.

In addition to this, services that deliver the Women's Health Program are able to recognise and respond to key external factors and emerging government policy priorities. The WHS model offers generational opportunities to enhance women's wellbeing and health outcomes. Examples of this include:

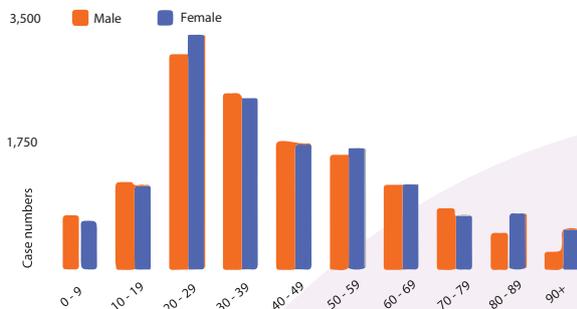
COVID-19

The pandemic and the government response have gendered impacts. Prior to the announcement of a pandemic in Victoria, the Women’s Health Services Council wrote to the Minister for Health about its concerns about a range of gendered health issues associated with pandemic planning. The advice represented the collected views of over 500 organisations and many years of evidence and experience on women’s health and wellbeing, during disaster and through recovery.

Pandemic preventative health is a women’s health issue

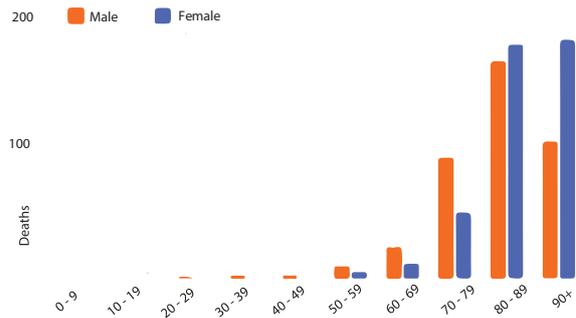
At the time of writing this submission, more women were being infected in Victoria by COVID19 (52% women; 48% men).

While it has been more difficult to obtain sex and gender disaggregated data on death rates at a Victorian level, it is clear that Victoria bears the burden for the majority of national deaths with women making up 53% of Australian deaths from COVID19 compared to 47% amongst men.



The Australian experience of the sex and gender impacts of the virus bucks the global trend, with data revealing men to be at far greater risk of infection and death globally.

The higher rates of infection and death are in part explained through a gendered analysis of at-risk essential service workforces – in health care; aged, disability and early childhood education services; cleaning and hygiene services and in front facing food retail. During the pandemic each of these professions, which have majority women workers and traditionally lower pay than other industries, have emerged as essential scaffolding needed to maintain Australia’s way of life, economy and community.



Further, with Australian women living longer than men, high rates of infection in aged care facilities become sites of risk for older women, as well as women workers from migrant and refugee backgrounds who often work in these facilities.

Understanding how and why the pandemic has hit Victorian women hardest will be an important area of future work for the Department of Health and Human Services and Women’s Health Services who have expertise in gender and disaster resilience through the award-winning Gender & Disaster Pod.

Recovery requires a gendered approach, to ensure that economic stimulus benefits those most impacted and that longer-term impacts are mitigated. As stated by Gender Equity Victoria, in its submission to the PAEC Inquiry into COVID 19:

“A gender equal response to disaster centres response within a health, prevention and care-based lens. We have seen strong commitment to this approach, with a range of initiatives including the scaling up of personal protective equipment for frontline health workers, priority protections implemented within aged care facilities, immediate emergency accommodation for all homeless people across the State, a boost for isolated and financially struggling international students and extra support for people at increased risk of family violence during stages of home lockdown. Additionally, the Government has provided financial support for business and funded much needed employment programs. However, the impact of the pandemic on Victorian women is so multi-faceted and complex, affecting women’s physical and mental health, their financial stability both in the short term through to retirement, their capacity to balance work commitments with increasing domestic and child rearing childcare responsibilities that a deeper, more systematic gendered response to the disaster is required”³

With the pandemic arriving on top of major bushfires over the summer of 2020, the needs of women in rural and regional communities must be prioritised, including long term investment in engagement of women in emergency planning and preparedness to enhance community resilience.

The direct impact of the COVID-19 pandemic together with the impacts of government responses to the public health crisis have disrupted the social and demographic projections for preventative health planning. The Victoria In Future Population projections indicated as recently as 2019²⁶, that continuing birth rates and significant immigration would mean an extra 1 million people would be living in Greater Melbourne by 2026. By August 2020, commentators suggested that the dampening of immigration and birth rates will reduce population growth by over 400,000 in the next 2-3 years and create a significant drag on economic and social development potentially until 2040.

“Safe and Strong” Victoria’s Gender Equality strategy & the New Gender Equality Act

The strategy was developed following the Royal Commission on Family Violence and has a strong focus on reducing violence against women through advancing gender equality. The women’s health sector has played a strong role in advising and shaping this strategy.

As the Premier said in the foreword to “Safe and Strong”, “Gender inequality isn’t just happening in our homes. It’s happening in our workplaces, in our school yards, on our television screens and on our sporting fields. Gender inequality means Victoria is losing out. By limiting the potential of women, gender inequality acts as a drain on the Victorian economy. We need to address the barriers that act as disincentives to the full participation of women in our economy and community. The Victorian Government recognises that gender inequality is even more of a problem when it intersects with other forms of inequality and disadvantage, such as Aboriginality, disability, ethnicity, sexual orientation, gender identity, rurality and socio-economic status. There is no one size fits all approach to addressing it”.

This commitment calls for full support of the women’s health service sector.

The Victorian Government’s violence prevention agenda recognised the importance of addressing the drivers of gendered violence, poor attitudes and behaviours towards women, through a state-wide gender equality strategy, Safe and Strong.

The strategy focuses on key areas of focus including health, safety and wellbeing, sport and recreation, work and economic security and education and training and media, arts and culture. The Australian-first Gender Equality in Advertising project led by WHV is also a flagship initiative funded under Safe and Strong. A Foundational Action by Government was the legislation of a Gender Equality Act to drive performance across the State of Victoria’s public sector entities.

Public health organisations will be required under the Gender Equality Act to undertake gender equity workplace audits and to report on the gender impact of policies, projects and initiatives. Accountability for reporting and monitoring compliance will rest with the Public Sector Gender Equity Commissioner.

In 2021-24, a key area to enhancing gender equality will be to ensure a gender equal response to disaster response and recovery, both in terms of impact of the pandemic, as well as recovery from the major bushfires of 2019-2020.

Sexual and Reproductive Health Strategy

Access to sexual and reproductive health services is by definition gendered. The SRH priorities being revisited in 2020 as part of a refresh of Women’s Sexual and Reproductive Health: Key Priorities 2017-2020 require continued attention by Women’s Health Services at state-wide, regional and local community levels. The priorities under review include for all Victorians to: have knowledge and capacity to manage their fertility; improved access to reproductive choices; for women with endometriosis, polycystic ovary syndrome and menopause to have improved access to reproductive health services; and to feel confident about accessing respectful and culturally safe sexual health services, regardless of gender identity, cultural

identity, ethnicity, age, sexual orientation disability or residential location.

Royal Commission into Victoria's Mental Health System

The Royal Commission into Victoria's Mental Health System was established in 2019 to make recommendations about how to ensure the best mental health outcomes for everyone in the community. The gendered drivers of poor mental health among women, the nature of mental health diagnoses and outcomes for women, and access to the mental health system have been highlighted by the women's health sector. With a generational investment in rebuilding the Victorian mental health support system, the needs of women within the system, as well as those who do not access the system or are caring for those who do, will need attention.

Free from Violence – ten-year plan and rolling action plan 2020-2023

Major government commitments to reducing family violence are underway. The women's health sector must continue to play a key role in supporting work at all levels to reduce gendered violence.

Despite record levels of investment and a raised profile about gendered violence following the Royal Commission into Family Violence in 2015, all forms of gendered violence have continued to increase in Victoria. To quote the Gender Equity Victoria submission to the PAEC Inquiry into the COVID pandemic:

Family Violence offences were up 5.0% to 100,480 offences in 19/20 and family related incidents increased by 5.8%. These were the highest numbers on record according to Fiona Dowsley, Crime Statistic Agency Chief Statistician.

Sexual offences are up from 11,568 at the start of RCFV to 13,796. That's an increase of 19.2% These statistics align to high profile rape and murders of young women in Victoria over the last four years.

Sexual Harassment. 1,177 sexual harassment incidents were investigated by the Victorian Equal Opportunity Commission since the Royal Commission into Family Violence. 25% of all women in Australia will experience sexual harassment at work.

Royal Commission on Aged Care

The pandemic has reinforced public expectations of federal investment in community aged care and residential aged care. The needs of older women as recipients of care and as carers will be in the spotlight in the coming years, as will public dialogue on the role of aged care and how we as a society respect our older community members.

Climate Change framework - targets and adaptation strategies

At a high level, the direct impacts of climate change (such as heatwaves, storms, droughts, floods and fires), as well as the impacts of government and community responses to our changing climate (such as changing urban planning and building regulations, changes to energy and transport use and lifestyle changes) are community-wide priorities.

The necessary commitments being made by the Victorian Government towards mitigating climate change and turning challenges into opportunities for the state will require efforts all levels to enable community resilience and engagement with systemic reduction in carbon emissions. Carbon footprints are gendered and so is household decision-making. The impacts of more frequent and intense weather events, including bushfires, drought and flood are also gendered. Women's Health Services can play a key role in building community resilience.

The award-winning Gender and Disaster GAD-POD project led by Women's Health Goulburn North East (WHGNE) and Women's Health in the North (WHIN) is discussed later.

Section 4

Recommended Priorities for the Women's Health Program

Summary

The Women's Health Services Council, on behalf of the organisations funded by the VWHP, identifies six key priorities:

1. Increase investment in the Women's Health Program
2. Generate gender equity in Victorian health and wellbeing outcomes, including priorities within the Victorian health & wellbeing plan 2019-23;
3. Implement Victorian sexual and reproductive health (SRH) strategy;
4. Continue investment and leadership in the primary prevention of gendered violence (in particular the regional PVAW partnerships);
5. Invest to achieve gender equal mental health and wellbeing outcomes (including COVID recovery and addressing social isolation);
6. Continue to research and respond to women in a changing society – including mitigation and response to climate change and leadership in disaster preparedness/pandemic recovery.

This submission backs the budget bid by Gender Equity Victoria for increased funding to the Victorian Women's Health Program (VWHP) to catch up with population growth and with global, national and state benchmarks for health prevention and promotion as a percentage of overall health service investment. The "Gender Equity Investment: Back on Track" 20-21 budget submission from Gender Equity Victoria argues for a boost in Women's Health Services by \$10.5m over 4 years.

Investment in prevention is cost-effective and necessary

The priorities being recommended take into account evidence of need and urgency, consider relevance to key government policy priorities, and reflect where the role, expertise and networks of Women's Health Services are best placed to make a difference.

- The current costs of ill health are significant for governments and current trends suggest unsustainable increases in costs without a change in approach and investment.
- The evidence shows that a wide range of preventive approaches are cost-effective, including interventions that address the environmental and social determinants of health, build resilience and promote healthy behaviours. This prevention investment is cost-effective in both the short and longer term. In addition, investing in public health generates cost-effective health outcomes and can contribute to wider sustainability, with economic, social and environmental benefits.
- Even small investments promise large gains to health, the economy
- Investing in health in general has been shown to give economic returns to the health sector, other sectors and the wider economy, with an estimated fourfold return on every dollar invested.

Prevention can give returns on investment within 1–2 years. Examples include: mental health promotion, violence prevention, healthy employment, road traffic injury prevention, promoting physical activity, housing insulation, and some vaccinations.

Locally, several Women's Health Services have analysed and published the social return on investment for different programs. For example, analysis commissioned by Women's Health in the South East (WHISE) in 2019-20 shows that \$127K investment in addressing the burden of disease related to gendered violence in the region via Prevention of Violence Against Women (PVAW) Projects prevention of violence projects (PVAW) against women has generated \$1.5m in social return.

The importance of investment in prevention is very evident as the COVID-19 pandemic disrupts the world's economy and society. Countries with a weak preventative health capacity have been deeply impacted, while even Australia is facing a long recovery. Lack of investment is dangerous and leads to high costs down the track. In the longer-term, it is increasingly evident that successful economies also have successful preventative health systems.

Government investment should focus on enhancing social and economic equity.

Given the close correlation between household income and health and wellbeing outcomes, it will remain important for the WHS sector to engage with economic participation strategies for women, and to investigate and recommend sustainable strategies to address economic and financial hardship for women in retirement and as they age. Drivers of disadvantage include situations, such as low education, under-employment or unemployment, rural location, caring responsibilities, and levels of literacy including English literacy, as well as personal attributes described below.

Social isolation for women who have been house-bound during the COVID pandemic, and are unemployed, caring for others or managing complex health issues or disabilities, will not be eased as the "lockdown level playing

field" re-opens. Rather, they will face a widening gap of both social and economic disadvantage.

Priorities and projects must be informed by the lived experiences of diverse women.

Given the priority of the VWHP 2017-21 guidelines to focus on particular cohorts of "vulnerable" women, it is critical that the intersectional understanding underpinning WHS integrated health plans (IHPs) is reinforced. Drivers of disadvantage include attributes such as cultural and language background, faith, Aboriginality, disability, age, rurality, gender identity or sexuality.

For culturally diverse migrant and refugee women and women of diverse faiths, First Nations women, women with disabilities and LGBTIQ community members, generational, systemic effort is required to enhance the wellbeing and health outcomes of groups where there is discrimination and compounding disadvantage.

The WHS sector is well placed to be effective

Victorian Women's Health Services have a vital role in leading and supporting responses to women's health and wellbeing across regions and the state. There has been significant funding allocated to mainstream agencies and services to address gender inequalities and family violence in the last 4 years. The specialist expertise of women's health sector has been intensively drawn upon by mainstream agencies, to develop their responses.

The WHS sector must continue to analyse the intersectional impacts of structural discrimination and public policy; to design and develop health promotion or prevention interventions with partners at all levels; and evaluate programs to disseminate and build system capacity around promising practice.

Reducing gender inequalities is a generational task and it is critical that the core contribution of the women's health sector continues.

Priority 1: Increase investment in the Women's Health Program

There is a need to increase funding for the Victorian Women's Health Program, which led the country in 1988 but has not increased since then despite significant social, demographic and economic change. The "Gender Equity Investment Back on Track" 20-21 budget submission from Gender Equity Victoria argues for a boost in Women's Health Services by \$10.5m over 4 years³³. This bid equates to restoration of a program that has had no real increase since 1988, reflects a per head population figure of \$3 per Victorian woman, restores cuts made in 2012 to health promotion, restores cuts to Victoria Against Violence in 2019-20 and restores cuts due in 2020-21 to local prevention partnerships.

Under this initiative, Women's Health Services in metropolitan and regional locations would receive a boost to preventative health and

health promotion programs, information and resources. This would also appropriately re-source WHS to support the health and wellbeing needs of women as Victoria emerges from the pandemic.

This support to Women's Health Services over four years will:

- Restore Budget Cuts and lost funding to WHS
- Align funding proportionate to population
- Boost Women's Health Victoria & the Women's Health Atlas
- Apply a gender lens to implementation of the recommendations of the Royal Commission into Victoria's Mental Health System and support implementation
- Further develop the intersectional gender lens of the Women's Health Program



	2021	2022	2023	2024	TOTAL
Restore WHS Budget Cuts annually	\$337,232	\$337,232	\$337,232	\$337,232	\$1,348,928
Population based boost to WHS at \$3 per woman	\$1,311,639	\$1,311,639	\$1,311,639	\$1,311,639	\$5,246,556
Boost to Women's Health Victoria the state-wide service & The Women's Health Atlas	\$384,988	\$384,988	\$384,988	\$384,988	\$1,539, 952
Migrant and Refugee women boost to bilingual educators and translation	\$1,070,923	\$1,070,923	\$1,070,923	\$1,070,923	\$4,283,692
Investigate a First Nations voice in the Women's Health Program	\$200,000	\$200,000	\$200,000	-	\$600,000
Secretariat support to the Women's Health Services Council	\$85,000	\$85,000	\$85,000	\$85,000	\$340,000
TOTAL	\$3,389,782	\$3,389,782	\$3,389,782	\$3,389,782	\$12,759,128

Recommendations

- 1. Boost Women's Health Services funding in recognition of changes in population and demographics, the impact of COVID19**, to restore historic funding cuts and improve gendered data collection via the Women's Health Atlas by \$8.1M
- 2. Boost Multicultural Centre for Women's Health** in recognition of changes in population and demographics for migrant and refugee women, the impact of COVID19 and historic funding cuts to support bilingual educators and translation services. **\$4.2M**
- 3. Fund exploration of dedicated First Nations resources within the Women's Health Program**, to ensure that the sexual and reproductive health, health consequences of gender inequity and gendered violence and mental health issues for First Nations women are integrated or aligned with the Women's Health Program. Funding should support collaboration between the Women's Health Service's Council and one or all of the following First Nations agencies - Koorie Women Mean Business and/or Victorian Aboriginal Community Controlled Health Organisation and/or Djirra. **\$0.6M**
- 4. Support alignment between LGBTIQ health services and the Women's Health Program** to ensure women's health promotion and primary prevention, especially sexual and reproductive health, provides for queer and trans people.
- 5. Fund Gender Equity Victoria's secretariat support to the Women's Health Services Council. \$0.34M**

Priority 2: Prioritise gender equality in Victorian health and wellbeing outcomes

This is core business for the WHS sector, as the activities of Victorian Women's Health Services are directed at the social determinants of women's health and the gender-based inequities that shape them.

At a time when a "she-cession" is already occurring⁴ as a result of the COVID-19 pandemic and related government actions, and rural communities are struggling to recover from the disastrous bushfires over the 2019-20 summer, now is the time to increase the focus on gender equality in health and wellbeing outcomes. Further, the historic enactment of the Gender Equality Act due to come into force in March 2021 is an unprecedented opportunity for the Victorian Government to lift/enable/boost women's health program's expertise in the health impacts of gender inequality and to promote the health and wellbeing benefits of gender equal public health responses, workplaces and communities.

The new Gender Equality Act requires gendered analysis of all public policy-making, so the role of the WHS sector has become even more important. Ensuring adequate core funding to the WHS sector offers ready-made capacity and infrastructure, with state-wide coverage to work with partners to address opportunities, noting additional sector or project-specific resources are required on a case-by-case basis.

Delivering on health and wellbeing priorities requires appreciation of the gendered nature of health inequalities. As with all health services, and especially at a time when inability to prevent and prepare for the COVID-19 pandemic has caused massive cost, the argument for ensuring 9-12% of government investment is

allocated to primary prevention will only get stronger.⁵

Victorian Women's Health Services have a vital role in leading and supporting responses to women's health and wellbeing across regions and the state. There has been significant funding allocated to mainstream agencies and services to address gender inequalities and family violence in the last four years. The specialist expertise of the women's health sector has been intensively drawn upon by mainstream agencies, to develop their responses.

Reducing gender inequalities is an inter-generational task and it is critical that the core contribution of the women's health sector continues.

Action for Gender Equality Partnership

To respond to increased demand for gender equity expertise, Women's Health Services have joined with Gender Equity Victoria and Koorie Women Mean Business to develop the Action for Gender Equality Partnership. Offering integrated expertise at local, regional and or state-wide level to support defined entities covered by the Gender Equality Act to undertake Gender Impact Assessments and other gender transformative work, the Action for Gender Equality Partnership is well placed to support the Commission for Gender Equality in the Public Sector and promote gender equality across all public health wellbeing planning.

Gender transformation across multiple sites within the public Victorian health sector will require dedicated resourcing beyond the core

VWHP funding. The Action for Gender Equality Partnership is a cost-effective, readily available, quality assured vehicle that can integrate across local silos and be pegged up or down, based on the level of priority and leadership gaps in different places.

Social and community marketing campaigns as well as organisational capacity/capability-building strategies can also be supported by the Partnership.

The Action for Gender Equity Partnership adopts a whole of organisation approach to embed sustainable change, offering training and capacity-building support, tools and resources to facilitate organisational change for gender equity. It has worked extensively with male dominated sectors/organisations to transition and change for gender equity, including sports organisations, emergency management and Victoria Police.

- WHIN is currently supporting the roll-out of the Workplace Equality & Respect Standards across all regions of the Department of Education and Training (DET) reaching over 8,000 staff across the state. It is also supporting development of a tailored DET Gender Equality Action Plan which is expected to form compliance with its obligations under the Act.
- WHG's Act@Work program is an organisation-wide cultural change program developed in 2012 to prevent violence against women and promote gender equality. WHG and WHLM have delivered Act@Work for DELWP in Loddon Mallee across three work sites and 200 staff.

Addressing the health consequences of gender inequity

Gender inequality is a significant health risk for women in Victoria. There is a growing body of research linking exposure to gender inequality across multiple sites – the family, the workplace, the media and the health care system itself – as leading to poor health outcomes for women such as depression, anxiety and other mental health disorders, lower quality of sleep, less happiness and job satisfaction. The pervasiveness of gender inequity – its capacity to be experienced by women of all ages, abilities, cultural and language groups and

socio-economic advantage or disadvantage – means exposure to gender inequity for women is near universal.

Repeated exposure to structural gender inequality – the interplay of harmful gender norms, stereotypes and expectations across multiple worksites – has been identified as having just as much damage to women's wellbeing as incidents of sexual harassment.⁶ This is because, while incidents of sexual harassment and assault may be one-off or time limited, more frequent exposure to less intense experiences of inequity is equally hazardous to women's health. Applying a traumatological perspective, "While other stressors and traumas are time-dependent that usually stop, discriminations are mostly social identity-dependent and do not end as far as a person owns her/his identity."⁷ The impact of repeated experiences of gender inequity across the life course is a significant risk to women's long-term health and wellbeing.

We have known since 1994 that women's health is impacted significantly by social structural circumstances, whereas men's health is shaped by lifestyle choices.

"Women are less likely to be employed, and are more likely to work part-time, have lower incomes and more economic hardship, and to do more unpaid domestic labor than men, all of which except domestic labor are associated with poor health. Women also have more distress and fewer subjective work rewards, both of which are associated with poor health. If women had the same levels of paid work, household income, economic hardship, work rewards, and distress as men, their health would equal that of men's and surpass it by age 59. Although we expected to find an overwhelming male disadvantage in lifestyle, we did not. Men are more likely than women to walk and to exercise strenuously, both of which are associated with good health. If women's labour and leisure-time physical activity equalled men's, women over the age of 54 would experience better health than men. Men's lifestyle disadvantage comes from their greater tendency to smoke and to be overweight, both of which are associated with poor health."⁸

While the harmful health consequences of gender inequities are near universal for women, it is clear that different cohorts of women experience the impact of gender inequity on their health in different ways."

In an American study on socio-economic status (SES) differences in the experience of workplace stress caused by gender inequity, it was found that “higher SES may be associated with increased rates of perceived gender discrimination at work.... women with high levels of education are more likely than women with lower levels of education to work full-time and in well-compensated, male-dominated occupations, and it is in these contexts where women are most likely to perceive gender discrimination. While educational attainment is associated with increased reports of workplace gender discrimination, it also sometimes provides women with resources that buffer its negative health consequences. For women with lower levels of education, perceived gender discrimination is associated with worse mental health, lower quality sleep, less happiness, and lower job satisfaction, but these particular health tolls diminish or disappear at higher levels of education.”

Economic inequality impacts health and well-being and reduces gender-based barriers to economic participation enhance health and wellbeing. Whether the discussion is about the percentage of women who will benefit from major government investment in apprenticeships, or changes to government welfare requirements on sole parents, or how the nature of part-time and casual work and caring responsibilities during the COVID Lockdown impact women differently from men⁹, or reports of significant increases in mental health presentations¹⁰ or the trends in family violence incident reporting¹¹, women experience major changes differently to men and this impacts their health and wellbeing.

Gender equity and health and wellbeing priorities

An example where a WHS can assist with health and wellbeing priorities is explained in the Womens Health Victoria submission to the National Preventative Health Strategy, regarding a goal that “Australians from all backgrounds will have the options, knowledge and skills to make the best decisions about their health and the health of their families.¹²”

WHV commented on what is understood by the term “options”. “In the context of individual decision making it is crucial to explore what is

meant by ‘options’. Options are determined by factors such as affordability, opportunity, safety and availability, and real options are created when these are addressed. For example, cost is usually the most important factor determining the food-purchasing decisions of lower-income households, and the cost of fruits, vegetables and other healthy foods in Australia has been rising faster than the cost of less nutritious foods and the Consumer Price Index. Emerging research indicates that subsidising the price of healthier food is more effective than nutrition education. Price subsidies on healthy food have been found to increase the purchase and consumption of healthy food, however long-term impacts on consumption and cost effectiveness need to be examined. Policy packages of taxes on unhealthy foods, in combination with subsidies for healthy foods, are considered to offer the greatest potential from a health equity perspective. However, these policies must take into account the skills, resources, time and food literacy required to prepare the subsidised ‘healthy’ foods. Gendered norms and practices associated with food and food work must be challenged as the current norms and practices currently create a disproportionate burden for women in terms of time and skill”.¹³

WHV commented on the gendered nature of physical activity. “In relation to physical activity, it has been demonstrated that more women than men intend to increase their physical activity, but women often face more barriers to physical activity than men, particularly women over 30, mothers and those from non-English speaking backgrounds. Common reasons include difficulty finding the time, a lack of appropriate facilities for women and caring for children. Gendered social norms mean that women feel the need to choose between work or family commitments and physical activity. Unless these factors and expectations are addressed, women will not have real options and will continue to be thwarted in their intentions to make the best possible decisions about their health”.

	2021	2022	2023	2024	TOTAL
Resource the Action for Gender Equity Partnership to support gender equal transformation across public sector health organisations.	\$819,433	\$819,433	\$819,433	\$819,433	\$3,277,732
Dedicate resources to address the health consequences of gender inequity on Victorian women	\$700,000	\$800,000	\$1,890,000	\$1,750,000	\$5,140,000
TOTAL	\$1,519,433	\$1,619,433	\$2,709,433	\$2,569,433	\$8,417,732

Recommendations

1. **Prioritise the promotion of gender equity and prevention of gender inequity** through the Women's Health Program, ensuring Victorian Women's Health Priorities include recognition of the health inequities caused by economic insecurity and other social disadvantages of women.
2. **Resource the Action for Gender Equality Partnership** to support gender equal transformation across public sector health organisations **\$3.3M**
3. **Dedicate resources** to address the health consequences of gender inequity on Victorian women **\$5.1 M**



Priority 3: Implement Victorian state-wide sexual and reproductive health (SRH) strategy

The following priority is drawn from “*Delivering optimal sexual and reproductive health outcomes for Victorian women*” Priorities for the next women’s sexual and reproductive health plan 2021-2025” as developed by Women’s Health Victoria”.

Assuming the core priorities for 2017-20 are retained and strengthened in the government’s 2021-2024 SRH strategy, WHSs can play an important role at multiple levels.

The priorities are for all Victorians to have:

- knowledge and capacity to manage their fertility;
- improved access to reproductive options;
- for women with endometriosis, polycystic ovary syndrome and menopause to have improved access to reproductive health services; and to
- feel confident about accessing respectful and culturally safe sexual health services, regardless of gender identity, cultural identity, ethnicity, age, sexual orientation disability or residential location.
- Access to service provision that is free from stigma and challenges presented by conscientious objection in rural communities

Key initiatives relating to these focus areas and funded in the 2017-2020 plan include:

- The establishment of 1800 My Options, Victoria’s first state wide phone line for contraception, pregnancy options, including abortion and sexual health, delivered by WHV. The phone line gives callers confidential, free and evidence-based information about SRH issues with pathways to providers that can meet their

needs. The 1800 My Options website hosts a centralised database of over 350 trusted contraception, abortion and sexual health service providers across the state. 1800 My Options is committed to ensuring that Victorians can access the SRH information and services that they need, no matter where in the state they live. Since its launch in March 2018, 1800 My Options has assisted over 11,000 callers, and has received over 47,000 unique visitors to the website.

- The establishment of eight women’s SRH health hubs across Victoria, in different priority regions: Bendigo, Laverton, the Mornington Peninsula, Ballarat, Wodonga, Bairnsdale, Ringwood and Dandenong. Hubs differ in their model of SRH service delivery. Funding for these Hubs created space for local leadership in SRH service provision, taking into account local needs and priorities.
- Funding and support for the Clinical Champions Project, based at the Royal Women’s Hospital (the Women’s). This project leveraged the leadership role of Victoria’s largest SRH provider, in order to “decentralise” the SRH service system out of Metropolitan Melbourne, so that women can have timely access to SRH services when and where they need them. The project aims to build workforce capability and system capacity to provide evidence based, best practice, timely and safe abortion and contraception services across the state.

In addition to key initiatives of the plan, the Victorian Women’s Health Services have played an integral coordinating and capacity building role in the delivery and interpretation of the plan. The Women’s Health Services role has been essential in ensuring increased local capacity

and awareness around evidenced based SRH information and in contributing to meeting the key outcomes in the Women's Sexual and Reproductive Health Key Priorities 2017-2020. The Women's Health Services provide local translation and awareness of the State plan and act as coordinating agencies between community and health services and training and capacity building initiatives. The Women's Health Services are currently funded through the Victorian Women's Health Program, and this funding is insufficient to make the changes needed across all regions to increase local capacity and awareness regarding SRH. Further investment is required to increase SRH capacity and awareness in all regions.

Women's Health Services have been and continue to be a critical part of the SRH service system across Victoria. There are 12 WHS's that cover Victoria including nine regional services and three state wide services – WDV, MCWH and WHV. Access to the full suite of SRH services including contraception and abortion is fundamental to women's health and gender equality and enables women to exercise their reproductive rights. The WHS's work is based upon the social determinants of health, incorporating a number of interconnected areas of women's health that intersect with SRH including PVAW, mental health and Gender Equality.

WHS's play a key leadership and partnership role in their regions around SRH needs assessment, training, and capacity and capability building. Regional and rural women's health services are particularly skilled in navigating complex service systems and building partnerships to improve access to services for women in their local areas. They bring together skills in health promotion and prevention work, a strong evidence base, expertise in gender equality and women's health and local knowledge of the service system. They work with key SRH stakeholders to improve access to contraception and abortion to meet the specific needs of women including supporting priority population groups. They support and advocate for strategic development and capability of the SRH sector through local networking and contributing to state-wide policy development through mapping, collection of data and local needs analysis. They also design and deliver locally based health promotion campaigns as well as contribute to statewide campaigns about SRH. Provision and engagement of SRH services is highly varied across the state and dependent on a number of factors including

willingness of services to provide and promote SRH for fear of stigma, lack of resources, heavy reliance on a few providers, lack of public provision to support some services and regional characteristics of the population. WHS are able to take a place based approach to this work and design responses based on local issues and conditions.

Project Spotlight

WHISE is developing the capacity of local GP's and Nurse practitioners on provision of medical abortion in partnership with the **PHN and The Women's**. WHISE is building the capacity of youth workers to support young women on SRH and positive consent through partnership with local councils and advocating to local councils and health planners to include SRH in their health and wellbeing plans by providing and presenting localised disaggregated data on SRH. The WHISE regional strategy for SRH is called good health down south.

Project Spotlight

WHG community partnership project aiming to increase women's reproductive choices in the Grampians Pyrenees and Wimmera regions demonstrated a 16% increase in GPs talking to women about the option of medical abortion (from 27% in 2107 to 43% in 2019). The evaluation also showed 60% of respondents described

Emerging priorities, including population groups:

- **Aboriginal and Torres Strait Islander women:** need long term investment in Aboriginal and community led initiatives, ensure initiatives are community led, investment, develop an Aboriginal Women's Health Plan.
- **Migrant and Refugee women:** Need culturally safe services, with information in a variety of languages. Need to ensure that women can access SRH care no matter their visa status.
- **Women living with disabilities:** Need services to be accessible, and staff trained in accessibility.
- **Coordination, Integration and Leadership:** Clear direction around TOP in public hospitals; clear referral pathways, equal access across all regions of Victoria; coordination between sexual and reproductive health sectors; whole of govt approach, including coordination across/between departments/portfolios.
- **Policy and funding:** Continue to fund 1800 My Options, including Stakeholder Engagement. Hubs need evaluation, KPIs and accountability; need to be expanded to every region with further funding to support demand and nurse led model. Long term investment in Clinical Champions Project. Advocacy relating to MBS/PBS.
- **Workforce:** Increase training at all levels including tertiary and post-qual; ensure adequate supervision and support for practitioners; invest in nurse led models; Ensure that clinical guidelines, resources and training are available online; federal advocacy for a workforce industry plan.
- **Access and Affordability:** Increase of publicly funded LARC and abortion across the entire state – to be enabled by workforce and coordination priorities.
- **Education, health promotion and health literacy:** Increase support to WHS around health promotion at local level; coordinate sexuality education programs with DET, respectful relationships, across all schools; increase support to WHS as coordination/entry points for training / capacity building.
- **Research and evidence:** Evaluation of current plan; embed evaluation into next plan; establish data collection framework, prioritising key populations.

SRH Theory of Change to demonstrate collaboration, strength of vision and purpose

As leading advocates for women's sexual and reproductive health in Victoria, the Victorian Women's Health Services have developed A Theory of Change in Sexual and Reproductive Health for Victorian Women. This is the state's first framework seeking to track gender equitable progress towards our shared vision for the full realisation of rights of all Victorian women to optimal sexual and reproductive health and wellbeing. This framework will be used to initiate action with a range of partners to develop programs, policies and practices and aligns with the Victorian Government's Women's sexual and reproductive health key priorities 2017/2020 and Safe and Strong: A Victorian Gender Equity Strategy.

With specific reference to the Women's Health Victoria recommendations on Victoria's next SRH plan, this submission highlights the following recommendations as they relate to Women's Health Services:

Continued and increased investment in 1800 My Options to ensure women know where to access affordable abortion and contraception.

1800 My Options has made a significant impact on women's access to affordable abortion in a timely manner. Long-term investment in this service is vital to maintaining increased access pathways to SRH services across Victoria. COVID19 has exacerbated existing barriers and created new barriers for those needing to access abortion or contraception. 1800 My Options is even more vital during the COVID 19 response to support women to find affordable SRH options. 1800 My Options was regularly cited within the consultation as an enabling factor to increasing contraception and abortion awareness for General Practitioners and awareness and access for women, "the 1800 My Options line has made a tremendous impact on women looking for these (abortion) services".

Consultation participants highlighted the importance of 1800's advocacy and promotion of medical abortion with health practitioners in public and private health settings via the Stakeholder Engagement Coordinator. Funding for this role, however, ceased in September 2019 and should be reinstated.

The Stakeholder Engagement Coordinator was key in increasing the number of SRH service providers registering with 1800 My Options as well as encouraging a number of service providers to publicly list their service for the first time. The role proved to be particularly vital for increasing the number of services publicly listed in rural and regional areas. The Stakeholder Engagement Coordinator reached out to services, addressing their concerns around privacy and confidentiality, and emphasising the importance of SRH in primary care. One participant noted that, “In the Grampians region, (1800 My Options) increased publicly listed referral options (for contraception) from two to 11 providers in the first 12 months”, and there are now four publicly listed services for abortion in this region. From 38 registered services at the time of inception, 297 services are now publicly listed on the 1800 My Options database. This has resulted in increased visibility of services across the state and improved access to essential SRH care for women.

A participant from the Aboriginal and Torres Strait Islander health sector commented on the effectiveness of 1800 My Options providing support to women who identify as Aboriginal or Torres Strait Islander. For example, 1800 My Options phone workers have undertaken training on cultural sensitivity for working with Aboriginal and Torres Strait Islander women, have established an informal partnership with the Victorian Aboriginal Controlled Community Health Organisation (VACCHO) and 2.16% of callers identify as Aboriginal or Torres Strait Islanders.

Provide funding for Womens' Health Services to establish and provide leadership and capacity building for SRH in all regions.

Education and health promotion efforts are essential for raising awareness of modern SRH options as well as addressing myths and stigma of contraception and abortion. Of particular importance is the increased availability of information about medical abortion through 1800 My Options and Women's Health Services.

Key barriers to ensuring effective SRH awareness include the persistent high level of misinformation among women relating to contraception, and stigma regarding abortion e. Consultation participants raised the importance of health promotion on contraception also targeting men to promote joint responsibility to prevent unplanned pregnancies and

more and better information about the safety and effectiveness of early medical abortion.

The role of the Women's Health Services in health promotion is key to effective local responses to increasing SRH capacity and awareness. Their roles as key leadership and coordinating agencies in their regions around SRH needs assessment, training, and capacity building are essential to the SRH service system. Regional and rural women's health services are particularly skilled in navigating the complex barriers women face in accessing SRH in these regions. Research showed a 16% increase in the proportion of GPs who would 'always' discuss medical abortion (from 27% in 2017 to 43% in 2019) and 60% of evaluation participants described the range, number of services and referral pathways available to patients with unintended pregnancy as improved following WHS awareness raising.

WHS are a key portal for women, the wider community and health professionals for evidence based information and education around SRH. They provide trusted and reliable information and pathways to services such as 1800 My Options, and provide leadership and capacity building within the service system and between services. Their local knowledge and trusted reputation ensure that they understand the needs of women, services and practitioners in their respective regions. Although Women's health services are funded through the Victorian Women's Health Program, this is insufficient to ensure all regions are resourced to increase local capacity and awareness on SRH. Further investment is required to ensure adequately resourced health promotion and capacity building initiatives can be undertaken at the local level that are relevant, inclusive and representative of the local community.

This section includes a focus on increased health literacy and health promotion efforts to support the below mentioned key priority populations. All priority populations identified in the Women's Sexual and Reproductive Health Key Priorities 2017- 21020 plan should be included in any future iteration of the plan. A focus on rural and remote populations needs to remain a key priority in any SRH priorities plan- this is further addressed in submission However this section of the report has focused on initiatives needed for the following priority populations:

- Aboriginal and Torres Strait Islander Women
- Migrant and refugee women
- Women with a disability
- Those with diverse sexual orientation and gender identity

SRH services need to undertake further work to ensure services are accessible and culturally safe to these population groups. Recommendations are based on initial consultations with some key organisations representing these populations. Further consultation is required with all key priority populations to confirm the investment needed to improve SRH outcomes for these populations.

Health Literacy efforts need to be community led, and to go beyond targeting key priority populations themselves and be embedded in systems, policies, and organisations to ensure the health system and policies are accessible and prioritise health literacy actions . Health literacy efforts need to ensure both health practitioners understand the health needs of priority populations and the priority populations can easily access required information. This may include embedding health literacy messaging in both school-based education as well as education for health staff.

Continuing to reduce stigma and discrimination in all SRH services and the need for more tailored and targeted information to priority populations was seen as essential,

“It's not that we need more STI literacy resources, is that we need to make those resources more inclusive and more accessible. And no one can do that better than communities and consumers themselves”, (Survey Participant through WHV Consultation).”

Invest in Aboriginal and Torres Strait Islander led organisations to ensure SRH is accessible and culturally sensitive for this population.

There is a lack of mainstream SRH services that are culturally safe for Aboriginal and Torres Strait Islander Women. The lack of long -term investment in initiatives that were locally owned were highlighted as a barrier to progress for improved SRH outcomes for Aboriginal and Torres Strait Islander Women.

Effective approaches include those steered by Aboriginal and Torres Strait Islander led organisations and communities, and long term investments. Partnerships were seen as essential between Aboriginal and Torres Strait Islander Organisations and Specialist SRH services, ensuring meaningful leadership and engagement from the Aboriginal and Torres Strait Islander organisation.

As has been undertaken in other sectors (i.e. Changing the Picture, a national resource to support the prevention of violence against Aboriginal and Torres Strait islander Women and their children) a standalone SRH plan for Aboriginal and Torres Strait Islander Women that is developed in consultation with this community is recommended.

Invest in Women with Disability led-organisations to ensure SRH is accessible and culturally sensitive for this population.

SRH services need to ensure greater access for women living with disability. This includes ensuring services are physically accessible, information is provided in a range of formats and services don't reinforce ableism through attitudes of staff or practices.

Women Disability Victoria have been providing essential training within workplaces to increase understanding of how to better ensure ableist practices and attitudes are not reinforced and workplaces are more inclusive for women with a disability. Women Disability Victoria should be invested in to scale-up initiatives to ensure SRH services and information are accessible and culturally safe for women with disability.

Invest in migrant and refugee led organisations to ensure SRH is accessible and culturally sensitive for this population.

Lack of culturally safe services, including lack of information in language both within services

and support to navigate services are persistent barriers for migrant and refugee women to accessing SRH services. There needs to be significant investment to better ensure services are culturally safe, that interpreters are available, and information is provided in language. The Multicultural Centre for Women’s Health (MCWH) have significant experience in building workforce capacity to be culturally safe and should be supported to increase the SRH mainstream workforce to be accessible and culturally safe for migrant and refugee women.

Invest in organisations led by those with diverse sexual orientation and gender diversity to ensure SRH is accessible and culturally sensitive for this population.

Stigma and discrimination is still seen as a barrier to accessing SRH services for those with diverse sexual orientation or gender identity. Lack of awareness of health professionals and structural factors are persistent barriers in mainstream SRH services, “...toilets, registration forms, recalls and reminders (e.g. cervical

screening). Many services just don’t understand any of these issues. Some are openly homophobic/transphobic” (survey participant). More effort is needed to ensure mainstream services are culturally sensitive and accessible for those with diverse sexual orientation and gender identities. There needs to be investment in LGBTQIA+ led organisations to ensure SRH services are culturally sensitive and accessible for this population.

Embed cultural safety and accessibility requirements in all funding agreements by DHHS, with appropriate regulations and accountabilities to aim to increase the number of services that ensure they are culturally sensitive and accessible for different population groups. An effective approach is to link funding agreements to health care organisations’ efforts to be culturally safe such as through obtaining the rainbow tick within a three to five year period. This should be explored for SRH services in ensuring they are culturally safe for all key priority populations.

INVESTMENT REQUIRED: Provide funding for Womens’ Health Services to establish and provide leadership and capacity building for SRH in all regions.

	2021	2022	2023	2024	TOTAL
Continued and increased investment in 1800 My Options to improve access pathways for all women to affordable contraception, abortion and sexual health.	\$625,000	\$634,375	\$643,891	\$653,549 & ongoing \$557,216	\$3,277,732
Invest in ongoing leadership and capacity building for regional WHS	\$1,080,000	\$1,096,200	\$1,151,010	\$1,208,561	\$4,535,771
Invest in local health promotion initiatives that address local women’s SRH needs	\$540,000	\$548,100	\$556,322	\$564,666	\$2,209,088
Invest in GEN VIC SRH Community of Practice Leadership	\$15,000	\$15,225	\$15,453	\$15,684	\$61,362
TOTAL	\$1,519,433	\$1,619,433	\$2,709,433	\$2,569,433	\$8,417,732

INVESTMENT REQUIRED: Ensure SRH services are accessible and culturally sensitive for key priority populations.

	2021	2022	2023	2024	TOTAL
<i>Invest in Aboriginal and Torres Strait Islander led organisations to ensure SRH is accessible and culturally sensitive for this population.</i>					
4 regional ACCO positions focusing on women's SRH	\$550,000	\$558,250	\$566,624	\$575,123	\$2,249,997
VACCHO capacity building, training to mainstream orgs, re-source development	\$420,000	\$426,300	\$432,695	\$439,185	\$1,718,179
Invest in Women with Disability led-organisations to ensure SRH is accessible and culturally sensitive for this population.	\$420,000	\$426,300	\$432,695	\$439,185	\$1,718,179
Invest in migrant and refugee led organisations to ensure SRH is accessible and culturally sensitive for this population.	\$300,000	\$304,500	\$309,068	\$313,704	\$1,227,271
Invest in organisations led by those with diverse sexual orientation and gender diversity to ensure SRH is accessible and culturally sensitive for this population.	\$300,000	\$304,500	\$309,068	\$313,704	\$1,227,271
TOTAL	\$1,870,000	\$1,898,050	\$1,926,523	\$1,955,420	\$7,649,989

Recommendations

1. **Continued and increased investment in 1800 My Options to improve access pathways for all women to affordable contraception, abortion and sexual health. \$2.5M**
2. **Provide funding for Womens' Health Services to establish and provide leadership and capacity building for SRH in all regions: \$4.5M**

Furthering their role as leadership and coordinating agencies in their regions

around SRH needs assessment, training, and capacity building.

- Undertaking health promotion efforts to enhance SRH and rights, increase access to SRH services and reduce stigma and discrimination at community level and within primary care on abortion
- Ensure a specific focus on regional and rural Women's Health Services to ensure equal access to SRH across Victoria.
- Supporting strategic networking and coordination of SRH activities at the local level through an SRH COP.

Recommendations

3. Ensure SRH services are accessible and culturally sensitive for key priority populations \$7.6M

- a. Invest in Aboriginal and Torres Strait Islander led organisations to ensure SRH is accessible and culturally sensitive for this population.
 - Further consultation with Aboriginal and Torres Strait Islander organisations and communities to confirm further investments in a future plan relevant to this population.
 - Develop a specific SRH strategy with and for Aboriginal and Torres Strait Islander people.
 - Invest in the Aboriginal health workforce to develop and provide culturally appropriate and community led health literacy interventions on SRH for Aboriginal and Torres Strait Islander Communities.
 - Invest in VACCHO to provide training and capacity building to health services to ensure they are culturally safe and accessible for Aboriginal and Torres Strait Islander Women.
- b. Invest in Women with Disability led organisations to ensure SRH is accessible and culturally sensitive for this population.
 - Further consultation with Women with a disability to confirm further investments in a future-plan relevant to this population.
 - Invest in Women Disability Victoria to develop and provide culturally appropriate and community led health literacy interventions on SRH for women with a disability.
 - Invest in Women Disability Victoria to provide training and capacity building
- c. Invest in migrant and refugee led organisations to ensure SRH is accessible and culturally sensitive for this population.
 - Further consultation with migrant and refugee women to confirm further investments in a future-plan relevant to this population.
 - Invest in the Multicultural Centre for Women's Health to develop and provide culturally appropriate and community led health literacy interventions in language on SRH for migrant and refugee communities.
 - Invest in Multicultural Centre for Women's Health to provide training and capacity building to health services to ensure they are culturally safe and accessible for women with a disability.
- d. Invest in organisations led by those with diverse sexual orientation and gender diversity to ensure SRH is accessible and culturally sensitive for this population.
 - Further consultation with communities with diverse sexual orientation and gender identity to confirm further investments in a future-plan relevant to this population.
 - Invest in the organisations led by those with diverse sexual orientation and gender identity to develop and provide culturally appropriate and community led health literacy interventions for this community.
 - Invest in organisations led by those with diverse sexual orientation and gender identity to provide training and capacity building to health services to ensure they are culturally safe and accessible for this population.

to health services to ensure they are culturally safe and accessible for women with a disability.

Priority 4: Sustaining local community leadership to prevent gendered violence

At a time when the United Nations is leading discussion on the global “Shadow Pandemic”, now is very much the time for Women’s Health Services to continue to prioritise prevention of violence against women and girls¹⁴.

Even before the pandemic, AIHW reports in 2018 showed that intimate partner violence contributed to more death, disability and illness in Australian women aged 15 to 45 than any other preventable risk factor. Eight women per day are hospitalised after being assaulted by their partner and one woman per week is killed in Australia by a current or former partner¹⁵.

Prevention of Family Violence remains a core priority for WHSs. It is recognised that the VWHP is not the only source of funding for prevention of violence against women, however other government funding (e.g. funding from DPC for rolling action plans with local government 2019-22) will finish in June 2022. Prevention of violence against women requires a generational investment, through sustaining the core expertise of WHS working alongside mainstream sectors and agencies with a capacity to deliver systemic change.

Now is the time to strengthen violence prevention in ways that can be effective in diverse communities. The women’s health sector recognises that the language of “women and children victim-survivors”¹⁶ does not adequately cover the experiences of family violence across our communities. There is recognition of the need to prevent violence in same sex relationships and where partners are gender diverse; to prevent violence outside of intimate partnerships (such as elder abuse, sibling violence and violence by extended family members); to

prevent violence in a context where all Aboriginal community members are victim-survivors of over 200 years of colonisation and racism; and to understand that an awareness of how discrimination compounds on itself (the notion of intersectionality)¹⁷ is required to prevent violence against women with disabilities, migrant and refugee women and people who lack the structural privilege of being white, cis-male, heterosexual, educated, employed and living in an urban environment¹⁸.

Primary prevention in the context of violence against women has been described by Our Watch: “Primary prevention of violence against women is complex, slow, long-term work, challenging and changing the systems, structures and cultural attitudes that uphold gender inequality, so we can stop violence before it starts”¹⁹. What works for the prevention of gendered violence in an inner urban setting is entirely different within a rural and regional location. Primary prevention activities must be place based and localised.

Gender Equity Victoria made 18 recommendations to the Implementation Monitor in July 2020²⁰, and core to these is the ongoing role necessarily played by Women’s Health Services as backbones in Collective Impact partnerships to prevent violence, involving 500 organisations including local governments across Victoria. See the evidence and references section for more information, and the Gen Vic submission itself.

The 2021-24 period also gives an opportunity for WHSs to focus on forms of gendered violence other than intimate family violence. Prevention of violence against women requires a generational investment, through sustaining

the core expertise of WHS working alongside mainstream sectors and agencies with a capacity to deliver systemic change. WHS model is unique. It provides the only local level, multi agency (inclusive of government, non government, health, community, education and other organisations) primary prevention model in Victoria.

Program Spotlight

Regional PVAW partnerships

PVAW Partnerships in metropolitan, rural and remote areas of Victoria provide a 500-organisation strong community of private, public and community actors achieving Collective Impact in family violence prevention. Each Partnership is unique, with priorities determined by their unique geography and demography.

PVAW Partnerships have been long-lasting and successful alliances, delivering change at organisational and local level, enabling commitment to the Royal Commission into Family Violence Implementation agenda. With additional support and funding from Department of Premier and Cabinet, they have also delivered a number of innovative localised primary

prevention projects, worthy of state-wide scale-up. So far, the implementation of Recommendation 188 has not fully recognised or aligned with the existing work of the PVAW Regional Partnerships. This is despite their grounding in Change the Story and repeated independent evaluation of the partnerships and a perception that they are an example of world leading, family violence prevention infrastructure.

At regional levels, the regional services play backbone convenor role to nine regional PVAW Partnerships involving 500 organisations, including local governments.

- Together for Equality & Respect (Eastern Metropolitan Region)
- Preventing Violence Together (Western Metropolitan Region)
- Building a Respectful Community Partnership (Northern Metropolitan Region)
- Preventing Violence Together (Southern Metropolitan Region)
- Gippsland Free from Violence Coalition (Gippsland Region)
- Communities of Respect & Equality (CoRE) (Grampians Region)
- Respect and Equality for All (Goulburn Owens Murray Region)
- Collective Action for Equality and Respect (CARE) (Loddon Mallee Region)
- Respect 2040 (South-West)



Program Spotlight

Building Respectful Communities in the North

In 2017–18 Women’s Health in the North Regional Prevention Strategy “Building a Respectful Community” (BRC) took a specific focus on community-based work. WHIN implemented ‘Community-based Preventing Violence Against Women’ training sessions with 90 per cent of participants reporting an increased capacity to take action on the prevention of violence against women, and 86 per cent indicating an increased capacity to work with the community to take action. This led to indirect ripple effects for BRC partners that have been involved in the BRC capacity building and training sessions, including opportunities to co-facilitate community training sessions and to translate learnings from the training (e.g. bystander training) into community practice.²¹ In total, across the life of the strategy, the partners reported back on 14 community strengthening or mobilisation projects and 10 women’s leadership or capacity building projects

‘I think one of the greatest assets has been doing some of the shared training stuff... because what that means is that it enables partnerships more easily. So the partnership with [organisation name] was really premised on the fact that both myself and the other worker had attended the bystander training... and so we had that shared knowledge and shared understanding, and it made co-delivery of stuff far easier... so that has been one of the big gains for us, I think, in terms of association with the BRC.’

Communities of Respect and Equality (CoRE) Women’s Health Grampians

Since launching in May 2016, the CoRE strategy has engaged 122 organisations, clubs and networks across the Grampians region. Four new members joined CoRE in 2019-202 reflecting the focus of the partnership to consolidate membership and engage in meaningful action. Leadership briefings are regularly conducted (10 undertaken in 2019/20)

This year, new resources and publications have been developed for CoRE partnership members

- Equality for All Intersectionality Guide for CoRE members
- Gendered Impact of COVID-19 Resource
- Gender Equity and COVID-19 Factsheet
- CoRe Hi-Vis Taking Action Guide

The Women’s Health Service, through CoRE supports partners through capacity and capability development including delivering the following presentations:

- East Wimmera Health Service AGM -The role of health services in response & prevention
- Federation University - WHG role in influencing public policy
- City of Ballarat - Right to the Night Forum
- City of Ballarat - International Women’s Day Event
- PHAA Prevention Conference - Prevention of violence against women in rural and regional areas
- PHAA Prevention Conference - About the CoRE Alliance
- PHAA Prevention Conference - Intersectionality and the prevention of violence against women
- Elder Abuse forum – panel presentation on prevention

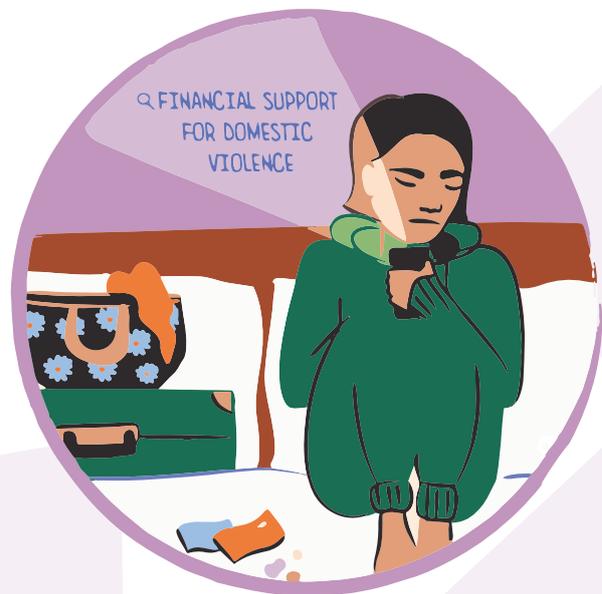
Strengthening and Sustaining Prevention of Family Violence will:

- Build capacity of the regions and grass roots organisations to prevent violence in same sex relations and where partners are gender diverse
- Prevent violence outside of intimate partners – eg elder abuse, sibling abuse and violence by extended family members)

	2021	2022	2023	2024	TOTAL
Strengthening Local Prevention Partnerships			\$1,200,000	\$1,200,000	\$3,400,000
Supporting Local health promotion campaign aligned to Respect Victoria's 16 Days of Activism campaign	\$120,000	\$120,000	\$120,000	\$120,000	\$480,000
TOTAL	\$120,000	\$120,000	\$1,320,000	\$1,320,000	\$2,880,000

Recommendations

1. **Recognise and provide core funding for the 9 Prevention of Violence Against Women Partnerships** to support 500 strong organisational partners across the State as fundamental primary prevention of gendered violence infrastructure in the State of Victoria. Maintain the program on an ongoing basis for collective, intergenerational impact. **\$3.4M**
2. **Dedicate funding to PVAW Regional Partnerships to support Local health promotion campaigns aligned to Respect Victoria's 16 Days of Activism Campaign** **\$0.48M**



Priority 5: Mental health & wellbeing - promotion and prevention

The social determinants of mental health and wellbeing are strongly gendered, and share many commonalities with the social determinants of other aspects of health and wellbeing, including freedom from discrimination and violence; social inclusion and connectedness; and access to economic resources (education/employment/housing)

Women's Health Victoria (WHV) summarised evidence regarding mental health for women in their submission to the Royal Commission on Mental Health (RCMH)²². Importantly, while the service system itself requires transformational change, the achievement of enhanced mental health and wellbeing outcomes for all Victorians requires a focus beyond the mental health service system itself.

- Gender is an overlaying social determinant of mental health and mental illness.
- Discrepancies in mental health are strongly gendered;
- Gender inequality drives poor mental health outcomes for women and girls;
- A gender-sensitive approach to mental health reform is critical;
- Investing in gender equality is a primary prevention strategy for mental health.

While the final report of the RCMH is yet to be published, the COVID pandemic has clearly exacerbated pre-existing gendered social and economic inequalities. Indeed, those most significantly impacted by the pandemic have been individuals or households who lost employment, live in poorly resourced areas, reside alone, and/or those who care for dependents; all of whom are largely represented by women or marginalised communities.²³

The Women's Mental Health Alliance, led by WHV, prepared a policy brief in October 2020²⁴,

on women's mental health in the context of COVID19 and recommendations for action. In the context of whole of government attention to pandemic recovery, which should preferably include a standalone women's mental health strategy, the VWHP guidelines should include the opportunity for WHSs to design and develop preventative strategies for the following target groups:

- Women with mental health conditions;
- Pregnant women and new mothers;
- International students and migrant and refugee women;
- Mental health carers;
- Older women;
- Young women;
- Women with disabilities;
- Women facing social and economic challenges, such as single mothers.

Of the 13 recommendations made to governments by the Alliance, several relate primarily to mental health service response, such as capacity to manage anticipated surge in demand when restrictions ease. However, there are a number that are relevant to primary prevention:

- Apply gender lens to implementation of the Pandemic Response Plan;
- Address the gendered drivers of mental ill-health;
- Ensure the universal public health approach is gender-responsive;
- Support perinatal mental health;
- Strengthen prevention as well as response to family violence;
- Address access issues for women with disabilities;
- Provide greater support to carers;
- Support for those experiencing compound trauma from multiple emergencies/disasters.

Social connectedness and social inclusion.

Social isolation reduces life expectancy²⁵ and strategies to reduce social isolation for women, in particular with women with disabilities, sole parents and older women should remain firmly within the VWHP guidelines. As the COVID lockdown eases for many Victorians, those who are socially disconnected and house-bound through age, caring responsibilities or other barriers will risk becoming further socially disconnected.

A state-wide and locally responsive implementation of the forthcoming recommendations from the Royal Commission into Victoria's mental health system will:

- Apply an intersectional gender lens to the implementation of the recommendations of the Royal Commission into Victoria's Mental Health System and support implementation through Mental Health Reform Victoria
- Address gendered discrepancies in mental health outcomes by addressing the gendered social and economic determinants of women's mental ill-health
- Support gender-responsive public health measures to promote mental health and wellbeing, including in community settings
- Build capacity and capability of Victorian health system to apply an intersectional gender lens to mental health, from primary prevention/mental health promotion through to treatment and recovery
- Build the evidence base for effective mental health promotion for women and girls
- Improve current community health and primary health strategies to include gender equality in planning to prevent mental ill-health
-

INVESTMENT REQUIRED: Ensure SRH services are accessible and culturally sensitive for key priority populations.

	2021	2022	2023	2024	TOTAL
Local gender lens and primary prevention of mental health	\$500,000	\$500,000	\$1,200,000	\$1,200,000	\$3,400,000
Coordination of the Women’s Mental Health Alliance and statewide leadership in policy, research and advocacy in women’s mental health	282,000	287,640	293,393	299,261	1,162,293
Local and intersectional gender lens and primary prevention of mental health	\$720,000	\$720,000	\$1,200,000	\$1,200,000	\$3,840,000
Supporting the voice of lived experience (Women’s Mental Health Network Victoria)	TBD	TBD	TBD	TBD	TBD
TOTAL	\$1,502,000	\$1,507,640	\$2,693,393	\$2,699,261	\$8,402,293

Recommendations

- 1. Prioritise women’s mental health and wellbeing** continue to be included as a Victorian Women’s Health Priority through the Women’s Health Program **\$3.4M**
- 2. Fund Women’s Health Victoria to lead and coordinate the Women’s Mental Health Alliance**, and provide statewide leadership in policy, research and advocacy in women’s mental health **\$1.2M**
- 3. Fund Women’s Health Services to promote and prevent mental health in women** through the application of local and intersectional gender lens on service provision and undertake primary prevention/mental health promotion activities in local areas and with priority population groups. **\$3.8M**
- 4. Support the Women’s Mental Health Network Victoria** – an unfunded organisation representing women with lived experience of mental ill-health – to be funded to contribute its expertise to policy and service delivery reform. **\$TBD**



Priority 6: Research and action on women in a changing society – including responses to climate change and pandemic recovery

It is critical for the WHS sector to understand and address the impacts of COVID-19, bush-fire and other emergency preparedness and response, and develop a gendered approach to regional development, climate change and community resilience.

International, national and state award-winning Gender & Disaster Pod is a collaboration initiated by Women's Health Goulburn North East who were soon joined by Women's Health in the North, addresses gender inequality within emergency management services.²⁶ It is currently retained by Respect Victoria to address gender, disaster and the COVID19 Pandemic.

Promotion and prevention activity regarding climate change impacts. Initiatives should be prioritised to build community resilience and social inclusion. Emergency preparedness and planning should consider the gendered impacts of heatwaves and emergency events, and plan for the likely increased family violence incidents. There is increasing evidence associated with the value of social connectedness and other indicators of community resilience, helping to inoculate communities against emergency events. Where marginalised or disadvantaged groups are impacted more heavily, the women's health sector can play a key role.

Recent interventions show the importance of WHS involvement in emergency planning and prevention strategies. These include the community engagement role played by MCWH in inner urban refugee and migrant communities from diverse cultural backgrounds impacted by the pandemic lockdowns, and the roles played by WHG, WHGNE and WHLM in emergency planning and preparedness work in bush-fire-impacted areas.

A state-wide coordinated and locally implemented five year strategy to support current recovery efforts and build longer term resilience and recovery infrastructure across the State of Victoria to include a central unit and state-wide coverage through the Victorian Women's Health Sector.

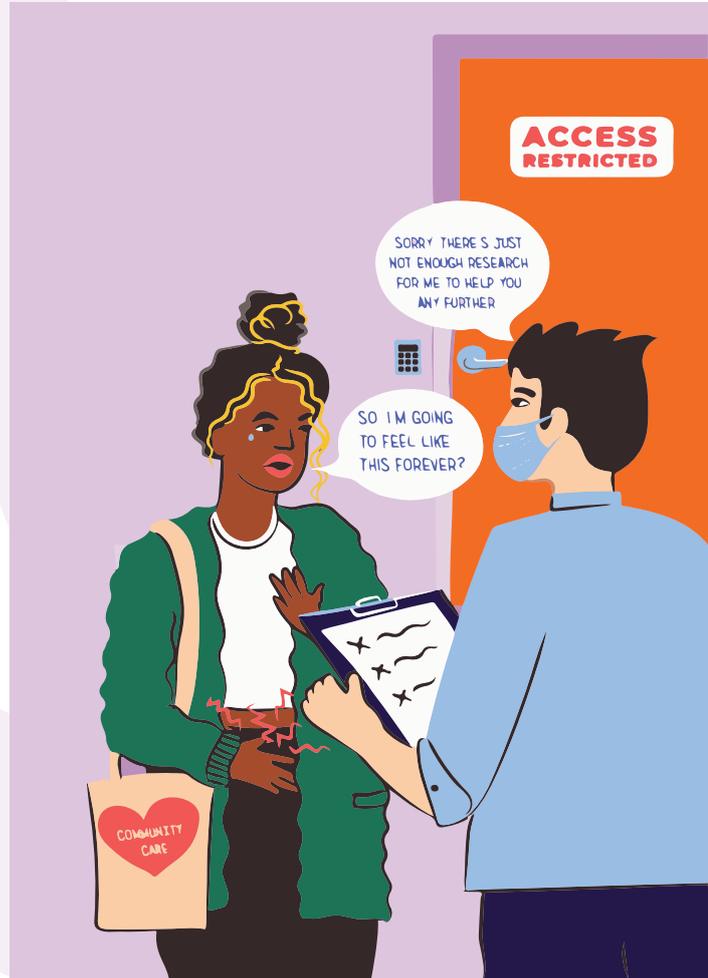
Gender in Disaster and Climate Change will:

- Roll out gender and disaster capacity building to support the state of Victoria's recovery efforts from multiple disasters in this state over the last 12 to 18 months.
- Develop and implement regional approaches to gender equity within current and future emergency planning response and recovery.

	2021	2022	2023	2024	2025	TOTAL
Gender in disaster and climate change – Recover and Resilience Strategy	\$700,000	\$800,000	\$1,890,000	\$1,750,000	\$1,800,000	\$6,800,000

Recommendations

1. **Create a statewide Gender & Disaster workforce across the whole of government** to promote resilience in communities and prevent a return to rigid gender roles and greater risk of gendered violence after disaster.
2. **Scale up the award-winning Gender & Disaster Pod is scaled up for state-wide application through Women's Health Services** in anticipation of future disaster preparedness, early intervention and response. **\$6.8M**



Conclusion

Reducing the health consequence of gender inequality is an intergenerational task, requiring dedicated and enduring focus and collective effort over many years. Women's Health Services have for thirty years been essential to laying the foundations for reforms to sexual and reproductive health and changes that followed the Royal Commission into Family Violence. They championed reproductive rights for women and were leaders in raising public awareness about the importance of safe and equal communities. Women's Health Services remain critical to embedding reforms and exploring new innovations for women's health and safety. The Victorian women's health sector is the envy of other Australian states and is acknowledged as a best practice women's health promotion model across the world.

Women's Health Services continue to be at the vanguard of gender equal rights promotion and gendered violence prevention, encouraging system wide reforms, collective community effort and individual behavioural change – when properly resourced. An overdue boost in funds will ensure the women's health sector continues to offer the whole community robust and cost-effective health promotion and prevention infrastructure tailored to women across the State into the future.

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Statewide



Metropolitan



Regional



Illustrations by Emma Iswami of Iswami Designs



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