

Submission to the Victorian Women's Health and Wellbeing Strategy 2010-2014: Consultation Paper



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24 June 2010

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About Women's Health Victoria

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. We are a non government organisation with most of our funding coming from various parts of the Victorian Department of Health. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work at Women's Health Victoria is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Women's Health Victoria's vision is for a society that takes a proactive approach to health and wellbeing, is empowering and respectful of women and girls and takes into account the diversity of their life circumstances.

Women's Health Victoria's ways of working are guided by four principles:

- We work from a feminist framework that incorporates a rights based approach.
- We acknowledge the critical importance of an understanding of all of the determinants of health and of illness to achieving better health outcomes.
- We understand that the complexities involved in achieving better health outcomes for women require well-considered, forward thinking, multi-faceted and sustainable solutions.
- We commit to 'doing our work well'; we understand that trust and credibility result from transparent and accountable behaviours.

Women's Health Victoria welcomes the development of the new Women's Health and Wellbeing Strategy 2010-2014 consultation paper and looks forward to further dialogue to ensure that the strategy is effective and responsive to women's health.

We would also like to acknowledge the Department of Health's ongoing commitment to women's health and the achievements made under the first and second Women's Health and Wellbeing Strategies, including development of the *Gender and diversity lens for health and human services*.

Women's Health Victoria agrees to this submission being treated as a public document and the information we provide can be cited in the Victorian Women's Health and Wellbeing Strategy 2010-2014.

Victorian women's health and wellbeing strategy
2010-2014

Consultation
2010

Response Form

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Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne.

Introduction

Thank you for your interest in the Victorian women's health and wellbeing strategy 2010-2014. The 2010 Consultation paper aims to facilitate ongoing discussion about women's health building on previous consultations for the 2002-06 and 2006-10 strategies.

Your feedback on the Consultation paper will assist with the development of the third Victorian women's health and wellbeing strategy 2010-2014.

Please use this response form to provide us with feedback that will assist in developing the Strategy. You can answer as many or as few questions as you like and use additional space as required.

- **Part A** provides you with information about how to provide your submission
- **Part B** asks you to supply information about yourself/or the organisation on whose behalf you are responding
- **Part C** presents a set of questions about which we are seeking your comment.

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Part A: How to send in a submission to the Victorian women's health and wellbeing strategy 2010-2014 consultation

This template is provided to assist you to respond to the Victorian women's health and wellbeing strategy 2010-2014 Consultation paper.

Submissions close 5 pm Friday 25 June 2010.

Submissions can be emailed to: diversity@health.vic.gov.au

or sent by post to:

Jennifer Phan
20/50 Lonsdale Street
Policy Coordination and Projects Branch
Department of Health
MELBOURNE VICTORIA 3000

Part B: Information to help us understand your response

- If you are providing an individual response fill in section **A** below
- If you are responding on behalf of an organisation or group, fill in section **B** below.

So that we can better understand the information we collect, we would like to know a little about you, your interest in women's health and where you live. This latter information will help us identify geographic variations in the feedback.

None of the information we are collecting will be used to identify you and everything you tell us will be treated confidentially.

A. Individual responses

Cross the 'Yes' or 'No' box to indicate if you agree to the information you provide being cited in the Victorian women's health and wellbeing strategy 2010-2014:

Yes No

What is your postcode?

If you would like to be acknowledged as a contributor to the Victorian women's health and wellbeing strategy 2010-2014, please provide details below.

Name: _____

Address
(optional): _____

Please indicate which of the following best describes you (place an X in relevant box)

<input type="checkbox"/>	Member of the public
<input type="checkbox"/>	Health professional
<input type="checkbox"/>	Researcher/academic
<input type="checkbox"/>	Community services worker
<input type="checkbox"/>	Women's health advocate
<input type="checkbox"/>	Other (please specify) _____

B. For organisational or group responses

Are you providing a response on behalf of an organisation or group? Yes No

If yes, please provide details below.

Contact name: Marilyn Beaumont (Executive Director)

Organisation name: Women's Health Victoria

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Melbourne VIC

Postcode:

Email: whv@whv.org.au

Cross the 'Yes' or 'No' box to indicate if you agree to the information you provide being cited in the Victorian women's health and wellbeing strategy 2010-2014: Yes No

Part C: Key areas for comment

Question 1

Are the suggested **four priority areas** (chronic illness and injury; violence against women; mental health; and sexual and reproductive health), the right ones for the Strategy to focus our efforts on for the next four years?

Your comments:

Women's Health Victoria supports the introduction of priority areas for women's health, and welcomes the correlation between three of these areas with the priorities identified in the *10 Point Plan for Victorian Women's Health 2010-2014* developed by the Victorian Women's Health Services.

1.1 Chronic illness and injury

Women's Health Victoria believes that a focus on chronic illness and injury must be targeted towards the social determinants of health, rather than towards individual risk factors and behaviours. This recognises the social and structural context of chronic illness and injury and addresses the acknowledgement that '... social and economic environments ultimately have a far stronger impact on health than do individual behaviours, which are symptoms of deeper underlying factors'^{1 2 3}. It also allows for a gender sensitive approach to prevention that would provide an effective and strengths-based framework for implementation of the Victorian Women's Health and Wellbeing Strategy 2010-2014. This priority should therefore be re-framed to reflect the principles of prevention and health promotion- as '*A gendered approach to prevention*'. This approach is already evident in other jurisdictions. For example, South Australia's Women's Health Action Plan incorporates the following initiative:

Provision of health services and programs that take into account gender issues in the planning, delivery and evaluation of chronic disease health promotion, early intervention and self management programs⁴.

The consultation paper is focused on conditions associated with avoidable death and hospitalisation. Although avoidable mortality provides a relevant measure of chronic disease, it limits analysis of the impact of chronic illness and injury. The consequences of chronic illness are more complex than mortality alone. Chronic illness impacts on women's quality of life and on overall health expenditure. The Victorian Women's Health and Wellbeing Strategy 2010-2014 must reflect the complexities of chronic illness, rather than focusing on avoidable death as an impact measure.

The Victorian Women's Health and Wellbeing Strategy should actively engage with the literature on chronic disease health promotion, early intervention and self-management to develop targeted actions. It should also link with new chronic disease policy and program development as documented in the consultation paper. This must be situated within a commitment to prevention using the social determinants as a framework. Refer to our response to Question 2 for further information regarding a gendered approach to prevention.

Recommendation: Include '*A gendered approach to prevention*' of chronic illness and injury as the focus for this priority area.

Recommendation: Chronic illness must be understood within a social determinants framework.

Recommendation: The chronic illness priority area should reflect measures other than avoidable death.

Recommendation: Existing literature should be utilised to inform targeted actions in health promotion, prevention and chronic disease self management for inclusion in the Victorian Women's Health and Wellbeing Strategy. There are a wealth of sources available to inform these measures and Women's Health Victoria would be pleased to contribute to a literature search to support development of the strategy.

1.2 Violence against women

Women's Health Victoria supports the inclusion of violence against women as a priority area for the first time and would like to congratulate the Victorian Government on implementation of *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010-2010*⁵.

There is limited analysis in the consultation paper of how women experience violence, and the wider implications that violence has at an individual and social level. The data and research findings on violence against women demonstrate that, despite many years of government attention, significant additional effort and action is required to adequately address the impacts of violence⁶.

The policies and legislation currently listed under this priority are largely reactive in nature, providing information about responses after an event of violence. Although it is listed as a key achievement, *A Right to Respect: Victoria's Plan to Prevent Violence Against Women 2010-2010* is missing from this section, as is *A Right to Safety* and the *Justice Strategic Framework 2010-2020*. These are key policies that should be considered in the development of the Women's Health and Wellbeing Strategy.

A Right to Respect provides a strong foundation for prevention and health promotion in relation to violence against women. It is essential that the Victorian Women's Health and Wellbeing Strategy formally aligns with *A Right to Respect* and maintains consistency in terms of actions and priority areas when addressing violence against women. The Department of Health and funded agencies could be involved in implementation of *A Right To Respect* in a number of key areas, including as a workplace for policy implementation and capacity building.

When considering the available data on violence against women, the Strategy should address determinants of violence, as set out in *A Right to Respect*. Actions must be informed by detailed analysis of these issues. Newly emerging issues could also be considered, including the increase of violence through activities such as cyber bullying⁵, and increasing homelessness related to family violence resulting from the critical shortage of affordable and accessible housing in many Victorian communities⁷. Women's Health Victoria and regional women's health services have extensive capacity to deliver services which respond to emerging forms of violence and to implement best practice in violence prevention.

Recommendation: Ensure *A Right to Respect: Victoria's Plan to Prevent violence Against Women 2010-2010*, *Respect Agenda*, and *A Right to Safety and Justice Strategic Framework 2010-2020* are considered in the development and action plan for the strategy.

Recommendation: Department of Health and funded agencies should be used as workplace settings for the policy implementation and capacity building elements of *A Right to Respect*.

Recommendation: Funding to challenge and eliminate violence supportive attitudes and behaviours, and promote respectful relationships, should be included under this priority.

Recommendation: Fund women's health services to continue working in new settings for violence prevention.

Recommendation: Fund women's health services to develop strategies to address problems arising from multimedia (including the internet and mobile phones) such as cyber bullying and cyber safety.

1.3 Mental health

Women's Health Victoria supports the inclusion of mental health as a priority area and would like to congratulate the Victorian Government on implementation of the range of strategies associated with *Because Mental Health Matters: The Victorian Mental Health Reform Strategy 2009-2019*. However, implementation of the recommendations associated with this strategy would benefit from application of a gender lens to inform gender responsive practice. Refer to our response to Question 3 for further information regarding the gender lens.

Women's Health Victoria would like to see a stronger commitment to mental health promotion, rather than a sole focus on mental illness. Health promotion programs aimed at improving mental health and wellbeing may address the determinants of mental health, raise awareness or educate on health issues. Mental health promotion programs designed for the general population tend to be gender neutral even though mental health issues are largely influenced by gender. As a result, they may be less effective. Gender specific mental health promotion programs often focus on postnatal depression in women and suicide and depression in men⁸. While postnatal depression is an important mental health concern for women, other gender specific mental health issues also need to be addressed.

A more holistic and preventative approach would address the wider range of mental health issues affecting women, including body image, alcohol use and abuse, self-harm and depression. Schools provide a unique location for health promotion. They represent the most effective way of comprehensively and universally targeting children and young people⁹. Targeted, gender-sensitive mental health promotion in schools offers the potential to achieve substantial benefits in terms of young women's mental health and future expenditure on acute care.

The Victorian Women's Health and Wellbeing Strategy also needs to consider the role of the Victorian mental health care system in addressing the requirements of women with mental health issues. Sex and gender differences are not adequately taken into account in mental health research or service provision in Victoria. This is despite evidence from the World Health Organisation that gender differences are evident in the onset, prevalence, diagnosis, trajectory, co-morbidity, treatment, prognosis and outcomes of mental health and depression⁸.

In the consultation paper, there is a focus on how mental illness affects the priority population groups of women, with limited analysis of the social determinants of health or the experiences of women with mental health issues. We therefore recommend that the strategy provides more detailed analysis of mental health and how it intersects with the social determinants. The Victorian Health Promotion Foundation has identified three social determinants of mental health: social inclusion, freedom from discrimination and violence, and access to economic resources¹⁰. To have the best possible chance of good mental health, the three determinants need to be met. Further analysis of how these determinants influence women's lives and underpin their mental health and wellbeing is available in Women's Health Victoria's Mental Health Issues Paper. Refer to the section on 'Examples of noteworthy or good practice' for information on how to access this document.

We also believe that a number of critical population groups have been excluded from the analysis under this priority area. Refer to our response to Question 5 for further information.

The section on the 'Policy and Legislative Context' is also missing policies such as *Better Pathways: An Integrated Response to Women's Offending and Re-Offending*¹¹ and *Justice Mental Health*¹². It is important that these are considered, especially in light of the links explored in the consultation paper between mental health and women released from prison.

Recommendation: Apply a gender lens to the implementation of the recommendations in *Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019*.

Recommendation: Fund services to develop programs to work with girls in schools to promote mental health and wellbeing, including initiatives that address bullying, alcohol use and abuse, body image, self-harm and depression.

Recommendation: Fund improved access by women to mental health promotion activities and programs, particularly for Aboriginal and Torres Strait Islander women and other population groups identified in the consultation paper and recommended in our response to Question 5 and Question 6.

Recommendation: Consider key policy documents such as *Better Pathways: An Integrated Response To Women's Offending and Re-Offending* and the *Justice Mental Health Strategy* in development of the Women's Health and Wellbeing Strategy.

1.4 Sexual and reproductive health

1.4.1 Abortion

Women's Health Victoria supports the inclusion of sexual and reproductive health as a priority area and would like to congratulate the Victorian Government in providing leadership for the passage of the Abortion Law Reform Act in October 2008. This is a major point of progress since the previous strategy, bringing the law relating to termination of pregnancy into line with existing clinical practice and community attitudes¹³. Abortion law reform should be acknowledged as a key achievement of the previous strategy and included in the 'Policy and Legislative Context' section under this priority area.

Although abortion law reform has established a legal framework for abortion, Women's Health Victoria believes that its implementation deserves exploration in the new Women's Health and Wellbeing Strategy. Many women still face challenges to accessing publicly-funded abortion services in Victoria, even with the advent of the Abortion Law Reform Act. Refer to our response to Question 5 for further information on the issues that rural and financially disadvantaged women face in accessing termination of pregnancy services.

There continue to be issues associated with access to terminations after 24 weeks gestation, which is often a complex and difficult process as few services are available in Victoria¹⁴, and there are no publicly-funded services of this nature. The provision of information and services about abortion in these circumstances must be made accessible, affordable and timely¹⁵. Lack of understanding of, and compliance with, the law relating to abortion after 24 weeks gestation among medical practitioners compounds these access issues¹⁶.

Anti-choice activity also affects women's safe access to abortion services¹⁷. This can include picketing outside termination clinics, harassment of patients and at a more extreme level, violent activity such as vandalism, arson and assault or murder^{17 18}. The issue of protesters outside abortion clinics is a significant one for women seeking abortion services, as well as their friends and family who accompany them, and the staff who work at those clinics¹⁹.

Section 8 of the Abortion Law Reform Act 2008 sets out the action that must be taken by registered health practitioners who have a conscientious objection to abortion¹³. The purpose of section 8 is to ensure that women receive timely, accurate information from a professional who does not hold an objection to the health service she seeks²⁰. Women's Health Victoria asserts that it is necessary to deliver education and capacity building to health professionals regarding their obligations under the Abortion Law Reform Act, including terminations after 24 weeks and conscientious objection.

1.4.2 Other sexual and reproductive health issues

A wide range of other sexual and reproductive health issues remain a critical concern for Victorian women. There is a tendency to focus policy action on individual diseases and 'neglect the promotion of broader sexual and reproductive health'^{21 22 23}. In the absence of a comprehensive statewide Victorian sexual and reproductive health strategy, Women's Health Victoria recommends that the Victorian Women's Health and Wellbeing Strategy should promote sexual and reproductive health holistically and with a focus on health promotion and disease prevention. Specific considerations which are not addressed in the consultation paper include sexually transmitted infections, contraception and condom use, unintended pregnancy, unwanted sex, sexual diversity, heterosexism, homophobia and transphobia, fertility and infertility, and the links drug and alcohol use and sex.

These issues need to be considered in line with the preventative approaches to sexual and reproductive health promoted by the Public Health Association of Australia:

Best practice examples come from the Netherlands, where young people are acknowledged as sexual beings, receive comprehensive sexuality education throughout their schools, and can easily access contraception and condoms at now or low cost. These initiatives have produced the best sexual and reproductive health outcomes in the world²⁴.

Health promotion activities should address the social determinants of sexual and reproductive health and respond to them. This includes promoting respectful relationships and shared responsibility for sexual and reproductive health among men and women.

Recommendation: Include the Abortion Law Reform Act in the under the Sexual and Reproductive Health priority area and as an example of a key achievement of the previous strategy.

Recommendation: The strategy should include action to promote access to abortion service for all women. This includes responding to the needs of rural and financially disadvantaged women for accessible publicly-funded abortion services.

Recommendation: Continue with implementation of compliance with the *Abortion Law Reform Act 2008*:

- **Take action to ensure women accessing abortion services are not targeted and harassed by anti-choice picketers;**
- **Implement a requirement in funding agreements that all publicly funded sexual and reproductive health services, including those providing termination of pregnancy and contraception, meet catchment needs;**
- **Ensure education, training and professional development on provisions under the *Abortion Law Reform Act 2008* for all relevant health professionals, including through medical and nursing courses.**

Recommendation: Fund the development and implementation of a gender sensitive statewide sexual and reproductive health strategy, based on current research and consultations already held.

Recommendation: Fund and implement comprehensive sexual and reproductive health education programs in schools that include a framework of healthy relationships and promote shared responsibility between young men and women.

1.5 Leadership and capacity building in the health workforce

Women's Health Victoria proposes that '*Leadership and capacity building in the health workforce*' should be included as a new priority area. Action under this priority area would ensure that the Women's Health and Wellbeing Strategy aligns with three key priorities under the Victorian Women's Policy Framework:

- Representation and Equity
- Education, Work and Economic Independence
- Health, Wellbeing and Community Strengthening

A response of this kind also presents an opportunity for the Department of Health to develop the capacity of its own workforce and the wider health workforce to address gender and the social determinants. This can be achieved by enhancing workforce capacity through relevant training and education, improving health sector collaboration on women's health, promoting structural change, leadership and gender equity to enhance women's engagement with health workplaces, and ensuring appropriate and accessible service provision for women in the community. Recommended actions are detailed below.

Recommendation: Promote workplace flexibility to support women, both within the Department of Health and funded agencies.

Recommendation: Articulate a commitment to gender equity in management and leadership in the health workforce.

Recommendation: Develop knowledge sharing forums to promote best practice in women's health, incorporating both specialist women's health services and generalist health services.

Recommendation: Provide resources and funding to support women's health services.

Recommendation: Incorporate funding and commitment to training and capacity building on gender sensitive approaches, including application of the *Gender and Diversity Lens* and training regarding changes to the Abortion Law Reform Act. Further details on these recommendations are available in response to Question 1 and Question 4.

Question 2

The paper describes how women experience a range of serious illnesses such as cancer and diabetes. What should we do **differently for women** to reduce the numbers of chronic illnesses and injuries they experience?

Your comments:

Our response to Question 2 applies more broadly than to the chronic illness and injury priority. The following principles should also be encompassed under the priority areas for mental health, sexual and reproductive health, and violence against women.

2.1 Gendered approach to prevention

As detailed in response to Question 1, Women's Health Victoria recommends that the 'Chronic illness and injury' priority should be renamed 'A gendered approach to prevention'. The aim of this approach is to promote wellness and prevent illness and injury. The importance of prevention, especially primary prevention, is paramount. A greater focus on the determinants of health and the prevention of the social disadvantage that can lead to poor health is required. With recent focus on the prevention of chronic illness, it is important that there is acknowledgment that individual behavior change alone is not sufficient to address this. The strategy must include the responsibility of government, policy makers, community and industry to participate in assisting change to achieve better population health.

The economic case for a focus on prevention is compelling. There is now a significant body of evidence to suggest that funding of prevention reduces mortality, morbidity and health costs²⁵. Prevention strategies can be more effective when they are sensitive to gender and reach women through gender specific programs.

2.2 Gender analysis

Gender analysis is the tool by which the impact of gender on health can be illuminated. It identifies and analyses the similarities and differences in conditions, situations, needs and priorities between women and men and takes into account variables such as biology, socio-economic circumstance, culture, behaviour and gender. It asks questions of the data about women's health, such as:

- What are the sex differences in this issue?
- Where does the evidence to support the sex differences come from?
- How does the social construction of gender impact on women's lives?
- What are the social, cultural, economic and political factors which impact on women's health? Identify the underlying causes of specific behaviours.
- What is the relationship between these determinants?
- What are the factors which impact on women's access to and experience of health services?
- What is the nature of power relations between women and men as they pertain to their health seeking behaviour?
- How do gender roles influence the ability of women to participate in health promoting activities?

Data must be deconstructed and placed in its broader context. The following example demonstrates the need for gender analysis.

Example: Gender analysis of diabetes statistics

The consultation paper identifies diabetes as the eighth leading cause of avoidable mortality for females in Victoria between 2002 and 2006, and the leading condition associated with avoidable hospitalisation for Victorian females between 2008 and 2009. However, in order to understand the implications for the new strategy, it would be useful to deconstruct the statistics using the questions listed above. For example, what are the factors that lead to diabetes in women and, once diagnosed, how do women manage their diabetes? Analysis of type 2 diabetes suggests that diabetes is linked to factors such as poor diet^{26 27}, and that family eating habits do not change to support the needs of female partners diagnosed with diabetes²⁸.

Additional analysis is required to ensure that sex-disaggregated statistics give a complete understanding of the issues. This approach to each of the priority areas will ensure that the strategy responds to the range of factors that influence women's health.

2.3 Supporting women with chronic illness to live well

Women's Health Victoria recognises that women will develop chronic illness, regardless of preventative measures that are in place. Under these circumstances, there is limited value that can be gained from positioning these conditions as 'avoidable', which assigns responsibility for the illness to individual behaviours²⁹, rather than considering the wider determinants that may have influenced their development.

It is important to provide opportunities for women with chronic illness to *live well*. This approach avoids analysis of responsibility for the onset of chronic illness and instead focuses on practical measures that can be implemented to maintain functional health, encourage wellbeing, and prevent deterioration. Women's Health Victoria would also like to see an acknowledgement of the structural, social and economic determinants that contribute to poor health outcomes in this area.

Women's Health Victoria's BreaCan service provides an excellent example of peer support to live well following a diagnosis of breast or gynaecological cancer. Refer to our response to '*Examples of noteworthy or good practice*' for further information regarding BreaCan.

Recommendation: The principles of gender analysis, a gendered approach to prevention, and supporting women with chronic illness to live well should be encompassed under all priority areas.

Question 3

What **practical things** could the Department of Health focus on to improve women's health outcomes? Where can we make the most difference within these areas?

Your comments:

3.1 Working beyond the health sector to address the social determinants of health

We acknowledge that achieving and maintaining agreement between different government departments is complex. However, the potential for significant benefit to Victorian women can only be realised with the commitment of all relevant stakeholders.

The World Health Organisation (WHO) states that 'action on the social determinants of health must involve the whole of government, civil society and local communities, business, global, and international agencies'³⁰. The WHO argues that while the health sector plays 'a leadership and advocacy role in the development of policies to deal with the social determinants of health', the primary action on those determinants must come from outside the health sector³⁰.

The new Victorian Women's Health and Wellbeing Strategy should have a strong connection to the range of Departments that influence health. The consultation paper focuses on gender, but does not include documented strategies to address determinants of health which sit in portfolios outside the health sector. These portfolios have a significant impact on women's health and need to be included in the development of a comprehensive whole-of-government response. Women's Health Victoria argues that the new Strategy must span across the portfolios and sectors that influence the health of Victorian women.

There are significant opportunities arising from work between government departments to address the social determinants of health and to incorporate the consideration of gender in all policy, program development, and practice. The benefits of this approach have already been demonstrated with development of *A Right to Respect*, which has engaged Family Violence Ministers across the portfolios of Women's Affairs and Early Childhood Development, Attorney-General, Community Services, Police and Emergency Services, and Aboriginal Affairs, Housing and Local Government⁵.

There is now an opportunity to promote a new, broader, multi-sectoral approach to women's health. Whole of government recognition of gender as a social determinant of health would overcome past barriers and would help gender become a mainstream element to be considered when looking to improve health outcomes.

Recommendation: The new Victorian Women's Health and Wellbeing Strategy secures a commitment from the State Government to a whole-of-government approach.

Recommendation: The new strategy incorporates activity that engages, intersects and influences other portfolio areas across State Government.

3.2 Link to Victorian Women's Policy Framework

The new Victorian Women's Health and Wellbeing Strategy should intersect with the Victorian Women's Policy Framework 2008-11. The proposed strategy presents an opportunity to progress work on an identified priority area within the Victorian Women's Policy Framework: Health, wellbeing and community strengthening.

Under this priority area, the policy framework acknowledges the social determinants of health:

A better understanding of the range of social factors which impact on women's health and wellbeing has given rise to improved responses and quality of care available to women and their families. In recent years, consideration of women's health has extended beyond simply dealing with illness and disease towards health promotion and illness prevention³¹.

This indicates the potential to achieve change on the social determinants of health across government and is consistent with the social determinants framework which has been used to guide development of the Victorian Women's Health and Wellbeing Strategy consultation paper. Women's Health Victoria believes that it is vital for the proposed strategy to link with the broader framework and ensure that the goals and outcomes of these critical policy documents are aligned.

Recommendation: The new Victorian Women's Health and Wellbeing Strategy should clearly link with the Victorian Women's Policy Framework and should respond to the social determinants of health through a whole-of-government approach.

3.3 Apply a gender and diversity lens in all public policy, practice and service delivery

Women's health services have achieved some success in assisting general health-related organisations to incorporate a gendered approach. However, in order to achieve more significant change, government policy needs to mandate incorporation of gender sensitive practice into Department of Health-funded activity and service delivery.

Analysis of joined-up government approaches suggests that there are four levels at which solutions that lead to action must be developed: Government (strategy); Bureaucracy (policy and program development); Organisational (program management); and Local (service delivery)³². Women's Health Victoria advocates for an approach to gender analysis which incorporates each of these dimensions.

Influencing and building the capacity of others to incorporate a gendered approach cannot be achieved without the commitment of all Departments of State Government. They must set an example by ensuring a gendered approach to all government policy, and by funding analysis, advice and policy development that ensures a gender sensitive approach to all health-related policy. This approach is consistent with the Department of Health's Strategic Priorities, which identifies the need to 'Maximise ability in policy and service planning to identify and tackle determinants (sic) in health inequality'³³.

The new Victorian Women's Health and Wellbeing Strategy should provide a mandate for government and non-government organisations to take action towards reducing inequity. The *Gender and diversity lens for health and human services: Victorian Women's Health and Wellbeing Strategy Stage Two 2006-2010*³⁴ can complement this process.

Mandated use of a gender analysis framework of this kind would engage with the Department of Health and funded organisations to change current ways of working. Currently, there is no requirement for organisations to incorporate their knowledge of the differences between women's and men's experiences of health and illness into practice. The mandated use of a gender analysis framework would resolve this predicament and encourage innovative practice as agencies explore options for gender sensitive practice.

Investment in capacity building on use of *Gender and diversity lens for health and human services*, including training, should be funded to ensure that service providers and policy makers have the capacity and resources to use the lens systematically and effectively. A robust evaluation process of the outcomes of its application should also be developed and funded.

Effective models that incorporate the application of a gender analysis framework are available for scrutiny and adoption. One such example is the Gender Equality Scheme used in the United Kingdom. The Gender Equality Scheme highlights the scope of change that is achievable through a similar framework.

Example: Gender Equality Scheme

In the United Kingdom (UK), in April 2007, the Equality Act 2006 enacted changes to the Sex Discrimination Act 1975 to include a 'general duty to promote equality'. A general statutory duty was placed on public authorities, which stated that when carrying out its function the public authority shall have due regard to the need:

- *To eliminate unlawful discrimination and harassment that is unlawful under the Sex Discrimination Act 1975(SDA) and in relation to employment and vocational training (including further and higher education), eliminate discrimination and harassment against transsexual individuals*
- *To eliminate unlawful discrimination and harassment on the grounds of sex; and,*
- *To promote equality of opportunity between women and men³⁵.*

The Duty has been introduced by the UK Government 'in recognition of the fact that women and men have different needs in relation to many public service areas, and that in both the workplace and as service users they can experience unfair and unequal outcomes³⁵.

The Duty requires public authorities to comply with a Gender Equality Scheme (GES) in which they:

- *Prepare and publish a GES document, which shows how the organisation intends to fulfil the duties, and which sets out gender equality objectives;*
- *Prepare the GES in consultation with employees, service users and other stake holders, including unions;*
- *Consider information gathered about how policies and practices affect gender equality;*
- *Consider the need for objectives to address the causes of any gender pay gap;*
- *Set out in the GES how the organisation has and intends to:*
 - *Gather information on the effect of its policies and practices on men and women, in employment, services and performance of its functions*
 - *Use the information to review the implementation of the scheme objectives*
 - *Assess the impact of its current and future policies and practices on gender equality*
 - *Consult relevant employees, service users and others (including trade unions)*
 - *Ensure implementation of the scheme objectives; and,*
- *Implement the GES and any actions for gathering and using information within the three year life of the scheme³⁵.*

The GES is reviewed, and revised if necessary, at least every three years, with a progress report submitted annually.

Women's Health Victoria recommends an amendment to Funding and Service Agreements that incorporate the requirement to implement the *Gender and Diversity Lens* by all funded agencies and in health and human services policy and program development. Government Departments should also have a role in providing advice, capacity building, monitoring and reporting both within the Departments and among funded agencies. These changes would mean consideration of the differences between the conditions, situations,

needs and priorities of women and men in all policies, planning and actions, as part of the core business and decision making of an organisation.

Recommendation: The Women's Health and Wellbeing Strategy should mandate incorporation of gender sensitive practice into all health and human services policy and service delivery.

Recommendation: The *Gender and Diversity Lens* should be promoted as a key tool to address gender inequity to improve health. Its implementation should be a requirement in policy and program development across the Department of Health, Department of Human Services and within Funding and Service Agreements with funded agencies.

Recommendation: Funding should be allocated to build workforce capacity across policy and service delivery to connect gender inequity and health, such as training on use of the *Gender and Diversity Lens* among departmental staff and funded agencies.

Recommendation: Funding should be made available to evaluate outcomes from application of the *Gender and Diversity Lens*.

Question 4

In what ways can **health service providers** ensure that they better understand and meet the health needs of women?

Your comments:

4.1 Knowledge of the social determinants of health framework among health service providers

A social determinants of health framework is identified in the consultation paper. Women's Health Victoria welcomes this approach. The application of this framework consistently throughout the Women's Health and Wellbeing Strategy should illuminate gender-related structural inequalities that lead to poor health outcomes. Working from a model which identifies the areas of greatest burden of disease for women does not provide an understanding of the health impact of inequitable and gendered power relations. Reducing inequalities in the social determinants of health will benefit the health of all Victorians. The knowledge sharing forum proposed in response to Question 1 presents a vehicle for generating dialogue on the social determinants of women's health, as well as to share knowledge and examples of innovative practice.

4.2 Recommendations for funded service providers

Women's Health Victoria recognises that health service providers are in a unique position to respond to women's needs at a local level. Our recommendation for a whole-of-government approach in response to Question 3 highlights the importance of a comprehensive response that addresses women's health both from within government and among funded service providers. We therefore propose that all recommendations made in response to Question 3 should also be applied to funded health service providers.

4.3 Understanding the needs of women in relation to domestic violence, breast cancer and gynaecological cancer

Refer to the section on 'Examples of noteworthy or good practice' for information regarding Women's Health Victoria's own best practice examples in women's health, including program responses to domestic violence, breast cancer and gynaecological cancer. Regional women's health services also offer a range of best practice models that can inform other health service providers.

Recommendation: The strategy should articulate an effort to enhance knowledge of the social determinants of health among health service providers. This should include implementation of a knowledge sharing forum described in response to Question 1.

Recommendation: All recommendations made in response to Question 3 should also be applied among funded health service providers.

Question 5

Are the **suggested population groups** of women under each priority area the right ones?

Your comments:

5.1 Health equality between women

Women's Health Victoria commends the identification of groups at higher risk of poorer health and wellbeing in the Victorian Women's Health and Wellbeing Strategy consultation paper. It is appropriate that specific populations are identified, especially those with the worst health outcomes.

Although the consultation paper recognises that within the population of women there is significant diversity, further analysis should explore how different types of diversity intersect with one another and how the social determinants of health can link with or compound one another.

It is important to ensure that specific policies do not disadvantage or further isolate the groups identified. Recognising diversity and developing policy and programs that take this into account should be standard practice, as described in response to Question 3.

5.2 Suggested population groups under each priority area

The following sections provide information about population groups which Women's Health Victoria believes should be included under each priority area. This response focuses on demonstrating a need for inclusion of the priority groups. Specific interventions and programmatic responses are widely available in the literature on best practice. Refer also to our response to Question 6.

5.3.1 Mental health

Geographically isolated women

Issues that impact on women's mental health are compounded for women living in rural locations. These include economic hardship, negative experiences of labelling and stigma, greater risk of violence and social isolation³⁶.

Rural women report not being able to access required support because of limited availability of services³⁶. Rural women with mental health concerns are less able and less inclined to raise issues or complain about perceived inappropriate service provision or care, because of the limited services available and close-knit community living³⁷.

Service providers are often members of the same community which can lead to the perceived blurring of professional boundaries³⁸. This affects rural women's experience of primary mental health care.

Carers and parents

The consultation paper includes Victorian women with children, but should incorporate a wider definition of caring and recognise the links between caring roles and mental illness. Of 2.6 million carers in Australia, women account for 71 percent of primary carers and 54 percent of all carers³⁹. While an average woman could expect to spend 17 years caring for a child, she is likely to spend 18 years caring for a parent⁴⁰. Women carers are more likely than men to be disadvantaged by low income and to experience social isolation, and are vulnerable to anxiety, depression, and substance misuse⁴⁰.

The relationship between parenting and mental illness is a complex one⁴¹. Being or becoming a parent can increase the severity of women's mental illness due to hormonal changes and lifestyle demands⁴¹. At the same time, mental illness also presents a challenge for mothers and their children as it can affect a woman's capacity to perform the parental role⁴¹. Women may be unable to care for their children during a time of illness⁴². Admission into acute care settings and prisons can also make it difficult for women to spend time with their children, and they face a risk of losing custody of their children⁴².

Young women

Young women aged between 15 and 25 years are vulnerable to having poor mental health outcomes because the adolescent years are times of immense change⁴³. Physical changes and developing sexuality means that young women become more aware of their own body image⁴³. Social isolation, bullying, relationship issues and the popularisation of thinness increase young women's risk of having an eating disorder, attempting suicide and self-harm⁴⁴.

An issue of a particular concern for young women is the use of illicit drugs, with almost 60 percent of female adolescents reporting that they have used drugs⁴⁵. There is a growing concern in Australia regarding the relationship between recreational drugs and mental illness. Depression is associated with illicit drug use, and the probability of being diagnosed with depression increases with the use of illicit drugs⁴⁵.

Older women

There are twice as many women as men aged over 85 years⁴⁶. Women aged 65 and over make up the largest proportion of Australian women who access health services regarding their mental health⁴⁷. Older women are vulnerable to having mental health conditions perpetuated by social isolation and chronic physical conditions⁴⁸. Compared to men, women have greater longevity, but live more years with disability (20.7 years with disability, 8.3 years with severe or profound core activity limitation)⁴⁹. Therefore, although women spend a majority of their adult lives caring for others, they are more likely to find themselves living alone in their later life, suffering economic hardship while coping with ailing physical and mental health⁴⁵.

Women who are in prison

Although the consultation paper includes information about women who have been released from prison, it is important that the Victorian Women's Health and Wellbeing Strategy considers that there is an overrepresentation of people with mental illness in the prison system and women with mental illness constitute a high proportion of female prisoners in Victoria. The relationship between imprisonment and mental health is interlinked: women with mental health conditions are at risk of imprisonment and imprisonment negatively impacts on mental health^{11 50}.

There are currently 238 female prisoners in Victoria⁵¹. A survey conducted by the Department of Justice found that 35 percent of female prisoners have been medically diagnosed with a mental illness⁵⁰, and around 41 percent have received treatment for their mental health at some point in their lives⁵⁰. Of those, 17 percent have been admitted into psychiatric care and 24 percent are currently being treated with psychiatric medication⁵⁰. These figures suggest that women who need rehabilitation and mental health treatment may be inappropriately directed into the prison system.

Women experiencing homelessness

Homelessness is a major problem for women with mental illness. The relationship between homelessness and mental health is interlinked; women with mental health conditions are at risk of being homeless while the conditions of being homeless also influence poorer mental health outcomes⁵². There is also a relationship between domestic violence, homelessness, and mental health⁵³.

Data from the Supported Accommodation Assistance Program (SAAP) indicates that of the homeless people seeking assistance in Victoria, 65 percent are women⁵⁴. National SAAP data also found that 55 percent of women who seek their assistance have a mental health condition⁵⁵. Women who are in need of the most urgent of help are the ones who are most likely to be socially isolated. A study into homeless women with

schizophrenia found that these women had more serious alcohol and drug problems compared with other women suffering from schizophrenia⁵⁶.

Culturally and linguistically diverse women

Of approximately 2.5 million women living in Victoria, over 25 percent speak languages other than English at home⁵⁷. Victoria women from culturally and linguistically diverse backgrounds comprise 19 percent of the total female population⁵⁷.

Leaving established social networks through migration means that many women from culturally and linguistically diverse backgrounds are at risk of social isolation⁵⁸. Customs and language can also be barriers in forming new social connections⁵⁹. At the same time, women from culturally and linguistically diverse backgrounds may also be faced with discrimination and racism which further propels their social exclusion⁶⁰. Conversely, being a part of a close knit ethnic community group can also be difficult for women from CALD backgrounds as there can be social expectations that put pressure on women within these communities⁶⁰. Deviation from these normative expectations may lead to social exclusion⁵⁸.

Women from culturally and linguistically diverse backgrounds may find it particularly difficult to participate in the workforce. This may in part be due to lower levels of English proficiency and limited labour market experience prior to migration. When age is standardised, migrant women have a lower participation rate in the workforce (52 percent) than Australian born women (60 percent)⁶¹.

Some immigrant women are in a vulnerable position in relation to violence due to their unfamiliarity with English and the new country. In 2005, approximately 22 percent of women who had experienced partner violence in the past twelve months prior to survey were born outside of Australia. The lack of English proficiency has been identified as a risk factor for intimate partner violence as it increases women's levels of social isolation⁶². Moreover, perpetrators with greater English proficiency may use English as a form of control over women by creating a relationship of dependency⁶³.

Culturally and linguistically diverse women's vulnerability to social isolation, poor access to economic participation and discrimination and violence can therefore put them at risk of having poor mental health. For many immigrant women with insufficient knowledge of English, language barriers and a limited support network can make it difficult to seek help for mental health conditions and violence⁶⁴.

5.3.2 Sexual and reproductive health

Geographically isolated women

Only a limited number of public hospitals in Victoria offer termination of pregnancy services and these are clustered around metropolitan Melbourne⁶⁵. Access to abortion services is an issue particularly for women from rural and regional areas where services are limited or non-existent. Although it is difficult to ascertain exact numbers, the region of Greater Melbourne is serviced by only a handful of private clinics and public hospitals. In many rural and regional areas of Victoria, the situation is more critical with no apparent private clinics and limited access to terminations in public hospitals⁶⁵. Women in these areas who experience anti-choice attitudes by medical practitioners find their options even further reduced.

Even where a service exists, women in rural and regional areas may travel elsewhere to access termination services to ensure privacy and confidentiality⁶⁵. Travelling to metropolitan areas to access services can place further emotional and financial strain on women making the decision to terminate⁶⁶. It takes time, can be expensive, and can require arrangements to be made regarding childcare, school or employment^{65 67}. In one Victorian study, 9.3% of respondents travelled more than 100 kilometres to access the termination service⁶⁵. Many other women may have to travel interstate to access abortion services⁶⁸.

Financially disadvantaged women

Financial barriers can also limit a woman's access to abortion. Most abortions are provided in private clinics, although a substantial proportion of abortions are provided at public hospitals⁶⁹. This means that out-of-pocket expenses for women can increase considerably. Some public hospitals provide a small number of abortions at no cost. Out-of-pocket expenses vary with private providers and range from around \$200 to \$400. Fees can increase for terminations after 12 weeks⁷⁰.

Same sex attracted women

The lack of inclusion of same sex attracted women in this priority area is a concern. Same sex attracted women are known to experience significant health inequities relative to the general population. Areas where this is particularly relevant include sexual and reproductive health and mental health and wellbeing, given the impact of discrimination^{71,72}.

5.3.3 Violence against women

Young women

A 2005 study found that 14 percent of students had been victims of cyber bullying.⁷³ While US research shows gender differences in cyber bullying strategies^{74 75 76}, Victorian research is required to understand this rapidly growing problem (64 percent of houses in 2007 were with internet, compared with 16 percent in 1998⁷⁷).

Older women

Abuse of older people is popularly referred to as 'elder abuse'. However, there are concerns that men's violence against older women could be made invisible by subsuming it into terms and contexts that refer to ageing and vulnerability rather than gender⁷⁸. The use of gendered language and analysis is important in discussions of violence against women across the lifespan.

Older women experience sexual violence at significant rates, and this continues beyond the age of 65. Sixty-five is an age nominally seen to transform 'women' into 'old'; that is, if a woman experiences sexual assault over 65, it is viewed as an issue of age rather than gender. It is therefore becoming increasingly important to consider the prevalence of sexual violence not only in certain age categories, but over the lifespan⁷⁸.

Most women who experience violence as older women have experienced it throughout their lives⁷⁹. There may, however, be a change in perpetrator with women reporting children, grandchildren, other relatives and carers, as abusers⁸⁰. Some findings indicate that physical and sexual abuse may decrease with age, whereas other types of abuse remain or escalate, such as psychological or emotional abuse and financial abuse⁸⁰. It is likely, however, that women experiencing one type of abuse will also be experiencing other types.

Older women may have restricted physical mobility, be isolated or suffer physical and/or mental illness, which can make them more reliant upon family members and carers. This can leave older women vulnerable to physical, sexual, psychological, financial or social abuse, including neglect⁸¹. Furthermore, they may face barriers to support services because of a perception that services are targeted towards younger women⁷⁸. Men's violence against older women also often goes undetected by service providers⁸².

Geographically isolated women

Geographic isolation is a considerable problem for women living in remote, regional and rural communities who are experiencing violence. Lack of transport and transport options coupled with often poor telecommunications services can make it difficult to escape or seek help for violence⁶. Violence support services in rural and remote communities may be non-existent, poorly resourced and, if available, long distances away⁶.

Women in isolated areas may have fewer opportunities to be economically independent of their partners⁸³ and conservative attitudes that value traditional gender roles are common in rural areas⁸⁴. However, it is also important not to create a false distinction between the 'progressiveness' of urban versus rural areas; the differences 'are more likely to be a matter of degree rather than kind'⁸⁴. Privacy is also an issue for women experiencing violence both in the community itself and when police are involved⁸⁴. These concerns are exacerbated for women who are victims of sexual violence:

For women living in rural communities, the most common barriers to disclosure and reporting concern are the absence of specialist victim services, the problem of maintaining confidentiality, and the fear of having to manage a community response that is largely unsympathetic, if not overtly hostile, towards the victim/survivor⁸⁴.

High levels of firearm ownership in rural communities also put women at greater risk of being victims of homicide⁸⁵.

Women in sex work

Many women who engage in sex work are vulnerable to physical and sexual violence due to the stigma and the context in which they work⁸⁶. Stigmatisation can hamper women's willingness to report the contexts in which violence occurred, fearing that the formal records about their sex work can jeopardise their reputations and future careers⁸⁷. Discrimination against sex workers also means that these women may also be subjected to blame for the violence committed against them⁸⁸.

Evidence also suggests that the conditions in which sex workers operate strongly influence their vulnerability to violence. For example, while Victorian registered brothels are required to comply with safety measures such as installation of safety alarms and rights to refuse customers on suspicion of violence, sex workers operating outside the legal system including street sex workers and women in unlicensed brothels are not protected under these laws⁸⁹. A Victorian survey found that 46 percent of street sex workers have experienced sexual assault, 18 percent of these with a weapon⁹⁰.

This is particularly relevant for women who have been forced into sex work, including trafficked women. This group is particularly vulnerable and isolated. They face much greater barriers to accessing services and legal redress and may often lack awareness of the support that is available⁹¹. These women are less likely to report violent crimes, fearing prosecution against themselves. These fears can be exacerbated among women with limited capacity in English or those who are without access to correct information about their rights⁹¹.

Recommendation: The new strategy should incorporate a focus on the following population groups in response to the priority areas as detailed above: rural and remote women, carers and parents, young women, older women, women who are in prison, culturally and linguistically diverse women, women experiencing homelessness, financially disadvantaged women, young women, and women in sex work.

Question 6

What approaches are most effective for responding to the health issues faced by **particular groups of women** under the priority areas, such as Aboriginal women, refugee women and young or older women?

Your comments:

6.1 Approaches for responding to particular groups of women

The Victorian Women's Health Strategy should identify priorities and locations for action informed by the social determinants framework referred to in response to Question 3. The aim of the social determinants framework is to facilitate action that addresses the multi-dimensional factors that impact on the health of particular groups of women.

Broad best practice approaches to working with the particular groups of women identified under each priority area are well-documented. Women's Health Victoria recommends that literature reviews are used to inform the development of responses for each group of women. Examples of best practice are also available in existing resources produced by the State Government. For example:

Lesbian, bisexual, transgender and intersex women

*Well Proud*⁹² is a guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services. It was released in October 2009 to support health and human services to improve service delivery for gay, lesbian, bisexual, transgender and intersex (GLBTI) people. It provides guidance and examples of good practice in responding to the health and wellbeing needs of GLBTI communities and individuals.

Well Proud is available at: <http://www.health.vic.gov.au/glbtimeac/downloads/wellproud.pdf>

Culturally and linguistically diverse women

The *Cultural responsiveness framework: Guidelines for Victorian health services*⁹³ articulates six standards for culturally responsive practice and specifies key performance measures to achieve the standards over time.

The *Cultural responsiveness framework* is available at: <http://www.health.vic.gov.au/cald/cultural-responsiveness-framework>

Aboriginal and Torres Strait Islander women

The National Aboriginal and Torres Strait Islander Women's Health Strategy⁹⁴ was developed by the Australian Women's Health Network Aboriginal Women's Talking Circle, and involved consultations with over 400 women working in Aboriginal and Torres Strait Islander women's health. The aim of the strategy is to address the gap between Indigenous and non-Indigenous women's health. The report includes:

- The context of Indigenous women's health
- The processes and findings of Australian Women's Health Network Talking Circle
- Identified priorities and needs, as articulated by Aboriginal and Torres Strait Islander women.

The National Aboriginal and Torres Strait Islander women's health strategy is available at: <http://healthbulletin.org.au/articles/national-aboriginal-and-torres-strait-islander-womens-health-strategy/>

6.2 Referral to existing women's health resources

Women's Health Victoria also believes that it is important to facilitate referral to the services and resources that are available through the Women's Health Program. This includes both regional women's health services and state-wide services such as Women's Health Victoria, the Multicultural Centre for Women's Health, and the Women's Health Information Centre. These organisations have a strong history of evidence-based practice and are in an ideal position to advise on the development of actions at a local, regional, or state-wide level. We believe it is integral that the Victorian Women's Health and Wellbeing Strategy identifies and responds to women by drawing on the expertise and strong evidence-base within the Women's Health Program to develop specific responses to the identified groups of women under each priority area. Where population groups are identified for action, this should be funded on a project-basis to be implemented by services funded under the Women's Health Program.

Recommendation: That approaches to respond to different groups of women are fully informed by best practice approaches documented in research and make use of existing resources such as *Well Proud*, the *Cultural Responsiveness Framework*, the *National Aboriginal and Torres Strait Islander Women's Health Strategy*, and the Women's Health Program.

Recommendation: Fund projects through the Women's Health Program to develop targeted responses to the identified groups of women under each priority area.

Examples of noteworthy or good practice

Would you like to bring to our attention noteworthy initiatives or practice examples? (If appropriate, please attach or send in any relevant materials or include relevant weblinks.)

Your comments:

7.1 Gender Impact Assessments

As part of our gender advocacy work, Women's Health Victoria collates topic-based Gender Impact Assessments (GIAs). These assessments demonstrate the disconnection between gendered evidence and policy and practice that does not consider gender (is gender blind).

The purpose of a GIA is to inform and strengthen existing or proposed policies in order to neutralise any discriminatory effects, and to promote gender equality as an outcome. GIAs are clear, concise tools that highlight gender differences and the absence of gender-responsive policy and practice.

Examples of available GIAs include:

- Body image
- Cardiovascular disease
- Depression
- Diabetes
- Financial security
- Informal caregiving
- Mental health
- Physical activity

Gender Impact Assessments are available at: <http://whv.org.au/publications-resources/gender-impact-assessments>

7.2 Issues Papers

Women's Health Victoria develops Issues Papers to bring together numerous pieces of evidence and provide a gender analysis on issues affecting women's health. These are used to inform service delivery and policy development both within Women's Health Victoria and among wider stakeholders such as government departments and non-government organisations.

Examples of available Issues Papers include:

- Abortion
- Hepatitis C
- Mental health
- Sexual and reproductive health
- Violence against women

Issues papers are available at: <http://whv.org.au/publications-resources/issues-papers>

7.3 The Index

Women's Health Victoria facilitates access to women's health data through the *Victorian Index of Women's Health and Wellbeing Data* (The Index). It is a catalogue of Victorian women's health data resources which provides access to evidence to inform policy and program development in Victoria.

By promoting the use of sex-disaggregated data, The Index assists those working in policy development, planning, research and service provision to consider women and gender, resulting in a more detailed picture of Victorian women's lives.

The breadth of data within The Index extends beyond the traditional biomedical model of health. Instead, The Index incorporates over 70 indicators of health and wellbeing relevant to a social model of health. It draws on various external reports, surveys, and other sources of quantitative data from Commonwealth and State government departments and institutes, university research departments, non-government organisations, independent research bodies and academic publications.

The Index is available at: www.theindex.org.au

7.4 Stand Up: Domestic Violence is Everyone's Business

Women's Health Victoria has partnered with Linfox to develop programs and policies aimed at preventing violence against women and promoting respectful relationships in the workplace and home. It is based on the notion that the health and safety of employees at home affects their health and safety at work.

Funded under VicHealth's *Respect, Responsibility and Equality Program*, the *Working Together Against Violence* project has developed an innovative workplace program that is aimed at the primary prevention of violence against women. The *Stand Up: Domestic Violence is Everyone's Business* uses a bystander approach to violence prevention that encourages individuals to speak up when they hear or see attitudes or behaviours that support violence. The program helps to create a safe, respectful and supportive work environment. It is being comprehensively evaluated by VicHealth and Women's Health Victoria will produce a transferable workplace kit of *Stand Up: Domestic Violence is Everyone's Business* that can be used in different organisations at the completion of the project.

7.5 BreaCan

BreaCan is a woman-focused information and support service for people affected by a gynaecological cancer or breast cancer, their families and friends. It is a free, confidential service, and is available throughout Victoria.

BreaCan offers a range of services and programs including a library, regular information sessions, a gentle exercise program, and free reflexology sessions. It provides services to women living with breast and gynaecological cancer, including people with advanced cancer, young women, women in rural and regional Victoria, and friends or family of women with breast and gynaecological cancer.

BreaCan also offers assistance to health professionals working in the cancer sector by providing support to their clients or collaborating on projects and initiatives.

BreaCan is a unique information and support service for Victorian women living with breast or gynaecological cancers. BreaCan presents an opportunity for women to connect and speak with trained peer support volunteers. The volunteers have all experienced cancer themselves or cared for someone who has. BreaCan offers women a holistic support and information service that works in tandem with their medical treatment and existing support systems.

Expansion of the peer support volunteer role into the clinical setting has commenced through a collaborative pilot project with Royal Melbourne Hospital.

Further information about Breacan is available at: <http://breacan.org.au/>

7.6 Workshops

To enable professionals to better plan their services to respond to the particular needs of women, Women's Health Victoria offers a range of one day practical professional learning workshops. These include:

Workshops include:

- Advocacy in Health Promotion
- Gender in Health Promotion
- Applied Gender Analysis
- Considering Gender and Mental Health

Our workshops are designed for professionals working in a range of areas including health and social policy, health promotion and community development, health and support services, women's health, community health, and local and state government.

Further information about each of these workshops is available at: <http://whv.org.au/what-we-do/workshops>

7.7 10 point plan

In 2006 Victorian women's health services developed a comprehensive document, *Women's Health Matters: From Policy to Practice – Setting an Agenda for Victorian Women's Health 2006-2010* that included a 10 point plan. This was endorsed by almost 30 women's services and other organisations and was used to influence government and other political parties in the lead up to the November 2006 elections.

The 2006 document was influential in driving priority setting for women's health within government, and in developing a common set of agreed priorities across the women's health sector. It argued for a new approach integrating women's health policy with other areas of government policy in a coordinated way, embedding gender in the 'social determinants' approach to health policy and practice.

Much of the argument and rationale behind the priority setting for the 2006 plan remains relevant for 2010 and beyond. There has been progress in many areas, and there remains significant scope for continuing improvement in women's health outcomes. For instance, ensuring that key women's health programs and services are accessible and responsive to the diversity of women across Victoria.

The 10 point plan 2010-14 builds on the 2006 document and reiterates the call for a whole of government strategy and action plan for improving women's health. The plan is cognisant of existing state policies and service systems as well as emerging state and national policies. It is imperative that these initiatives are developed in close collaboration with the women's health sector, with a strong emphasis on measurable, transparent outcomes.

The 10 Point Plan 2010-2014 is available at:

http://whv.org.au/static/files/assets/a258ddb9/10_point_plan_2010-14.pdf

Any other comments:

To achieve progress for women's health, it is necessary to address the limitations of the previous strategy and build on its strengths to ensure there is a strong foundation for future developments for women's health in Victoria. A number of recommendations have been made throughout this document in response to the consultation questions. The recommendations made in response to 'Any other comments' are essential to inform the development of a strategy that maintains accountable and sustainable outcomes for Victorian women.

8.1 Defining audience, actions, responsibilities and evaluation

The Women's Health and Wellbeing Strategy 2010-2014 should define its target audience, actions, and identify individuals and agencies which hold responsibility for achieving the articulated aims. This should be accompanied by mechanisms and measures to track progress during implementation. Doing so will ensure a comprehensive response that considers all stages of the policy cycle. This approach is evident in the women's health policies of other jurisdictions. For example, the New South Wales Women's Health Plan 2009-2011⁹⁵ clearly defines specific actions under each priority area and assigns responsibility for implementation. Similarly, the South Australia Women's Health Action Plan Initiatives for 2010-2011⁹⁶ are framed around strategies with responsibility assigned for leadership and participation.

The Victorian Women's Health and Wellbeing Strategy 2010-2014 must put forward clear objectives, actions and accountability measures. The strategy should provide impetus for action and demonstrate how the women's health sector can work with government to achieve change for women's health.

Recommendation: Define the target audience for the Victorian Women's Health and Wellbeing Strategy 2010-2014.

Recommendation: Define actions and responsibility under each priority area. Refer to our responses to Questions 1 to 6 for recommended actions.

Recommendation: Establish mechanisms and measures for monitoring and evaluating implementation of the strategy.

8.2 Women's health for all women

The consultation paper is largely focused on the health impacts under each priority area for the identified population groups. Although Women's Health Victoria supports the inclusion of specific population groups of women, the Victorian Women's Health and Wellbeing Strategy should also connect with the experiences of *all* women. The strategy should articulate:

- Changes the strategy aims to achieve for all Victorian women, as well as specific population groups.
- Objectives and actions under each priority area.
- How the strategy will achieve identified objectives for all Victorian women, as well as specific population groups.
- How the strategy will link with the Victorian Women's Policy Framework 2008-11 and the Framework that will replace it.

By taking account of these factors, the Victorian Women's Health and Wellbeing Strategy will offer potential to 'improve the health and wellbeing of all Victorian women...'⁹⁷. This is necessary to achieve an inclusive strategy that responds to the health needs of women across the state.

Recommendation: The Victorian Women's Health and Wellbeing Strategy should connect with the experiences of *all* women by articulating what it aims to achieve, the objectives and actions under each priority area, how the strategy will achieve identified objectives, and how it will link with the Victorian Women's Health Policy Framework 2008-11.

8.3 Link between the Victorian Women's Health and Wellbeing Strategy 2010-2014 and the Men's Health and Wellbeing Strategy

Women's Health Victoria's work is premised on the notion that women and men experience health differently and in order to be most effective, policies and programs must take into account these differences. In particular, we welcome this important and historic opportunity to develop and implement Victorian Women's and Men's Health and Wellbeing Strategies that complement one another. Together, these strategies have the potential to address the way in which gender influences health and wellbeing and can result in better health outcomes for both women and men.

We recognise that the foundation upon which a men's health strategy is framed will be different from that upon which a women's health strategy is based because of the different histories of development to date. Women's Health Victoria has long advocated for the need for policies across the social determinants to take into account gender and therefore benefit both women and men. We have contributed to the consultation on the development of the Men's Health and Wellbeing Strategy, and believe that it is essential to consider these strategies in parallel to maintain consistency between them.

Recommendation: Maintain consistency between the objectives in the Women's and Men's Health and Wellbeing Strategies to ensure that these strategies complement one another.

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Thank you for your contribution.