Evaluation of the Victorian Women's Health Atlas: 2015 - 2023

June 2024

Women's Health Victoria **is a statewide, feminist, non-profit organisation working with government, the health sector and the community to improve health outcomes for women (cis and trans inclusive) and gender diverse people.**

We advocate for healthcare rights and access, deliver health promotion resources, and operate vital information and support services, so that all Victorians have the opportunity to access optimal health and wellbeing, free from bias and discrimination.

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June 2024

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Acknowledgement of Country

Women's Health Victoria acknowledges and pays our respects to the Traditional Custodians of the land that our offices are situated on, the Wurundjeri people of the Kulin Nation. As a statewide organisation, we also acknowledge the Traditional Custodians of the lands and waters across Victoria. We pay our respects to them, their cultures and their Elders past and present.

Our Commitment to Gender Diversity

Women's Health Victoria's focus is women (cis and trans inclusive) and gender diverse people. We address feminist health issues and are committed to supporting all people impacted by gender inequity who can benefit from our work.

As a proud intersectional feminist organisation, Women's Health Victoria is working towards meaningful inclusivity, guided by and supporting people who identify as women, trans, intersex and gender diverse. We will seek and value feedback and be accountable to our partners and stakeholders from diverse communities.

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Executive Summary

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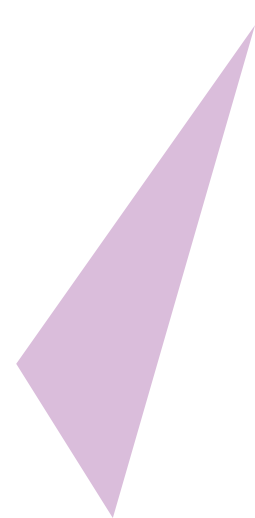
In July 2023, Women's Health Victoria (WHV) engaged Painted Dog Research to evaluate the implementation, outcomes and impact of the Victorian Women's Health Atlas (the Atlas) from its launch in October 2015 to present. The Atlas is an interactive platform that provides access to key sex-disaggregated health data to demonstrate the state of women's health and gender equality across Victoria. It is intended to serve as a comprehensive resource that empowers the women's health sector, Victorian Government, local government, and other key stakeholders with the insights necessary to support effective policy development, service planning, health promotion, research and advocacy relating to women's health.

The evaluation was conducted to investigate the performance of the Atlas to date and provide recommendations to inform future strategic directions. Key questions were formulated regarding the outcomes, efficiency, reach and appropriateness of the Atlas. A Program Logic was also created with guidance from WHV to outline the Atlas's initial purpose and intended outcomes. Painted Dog Research reviewed existing documentation and data, including data from Google analytics and the online user survey. An additional user survey was also implemented, and interviews were conducted with key stakeholders to obtain further information.

The review found that the Atlas has been successful in achieving all its intended outcomes to some extent. Common outcomes cited by stakeholders include improved accessibility of available data on women's health and gender equality, and increased use of Atlas data in informing service planning, research, health promotion and policy development relating to women's health and gender equality. Most significantly, impacts have occurred through spotlighting issues within the community that require prioritisation – for example, in sexual and reproductive health there is evidence of the Atlas being used to identify unmet need for medication abortion services and inform service planning and advocacy.

Areas of efficiency were identified both internally to WHV and for external users. Awareness of the Atlas is growing organically over time, reducing reliance on WHV to promote the platform. The Atlas also provides efficiencies for its users, as a free resource that caters to multiple skill levels, reducing barriers to accessing and understanding the data. The Atlas has steadily gained traction in terms of usage over time, and overall has been found to deliver to stakeholder needs and perform well across key metrics.

While the findings of the investigation were largely positive, key areas for improvement were also identified. For example, inefficiencies exist in relation to work processes, which could benefit from automation. Furthermore, the challenge of meeting the growing costs of maintaining the Atlas (mainly due to continued expansion of its content) in the face of limited resources indicates that a well-defined and clear strategy for future prioritisation is required.

This knowledge paper provides a full summary of the evaluation findings and associated recommendations for the Atlas's ongoing improvement.

Introduction

The Victorian Women's Health Atlas is an interactive online platform that maps sex-disaggregated data by local government area (LGA) for key health indicators to show the state of women's health and gender equality across Victoria (see Fig. 1). The Atlas was launched in 2015 in response to a lack of easily accessible sex-disaggregated health data in the state as well as limited funding and prioritisation of women's health. It is intended to serve as a comprehensive resource that empowers the women's health sector, Victorian Government, local government, and other key stakeholders with the insights necessary to support effective policy development, service planning, health promotion, research and advocacy relating to women's health and gender equality.

Access to reliable sex-disaggregated health data is critical for achieving gender equality and supporting the work of the women's health sector. Prior to the launch of the Atlas, individual regional women's health
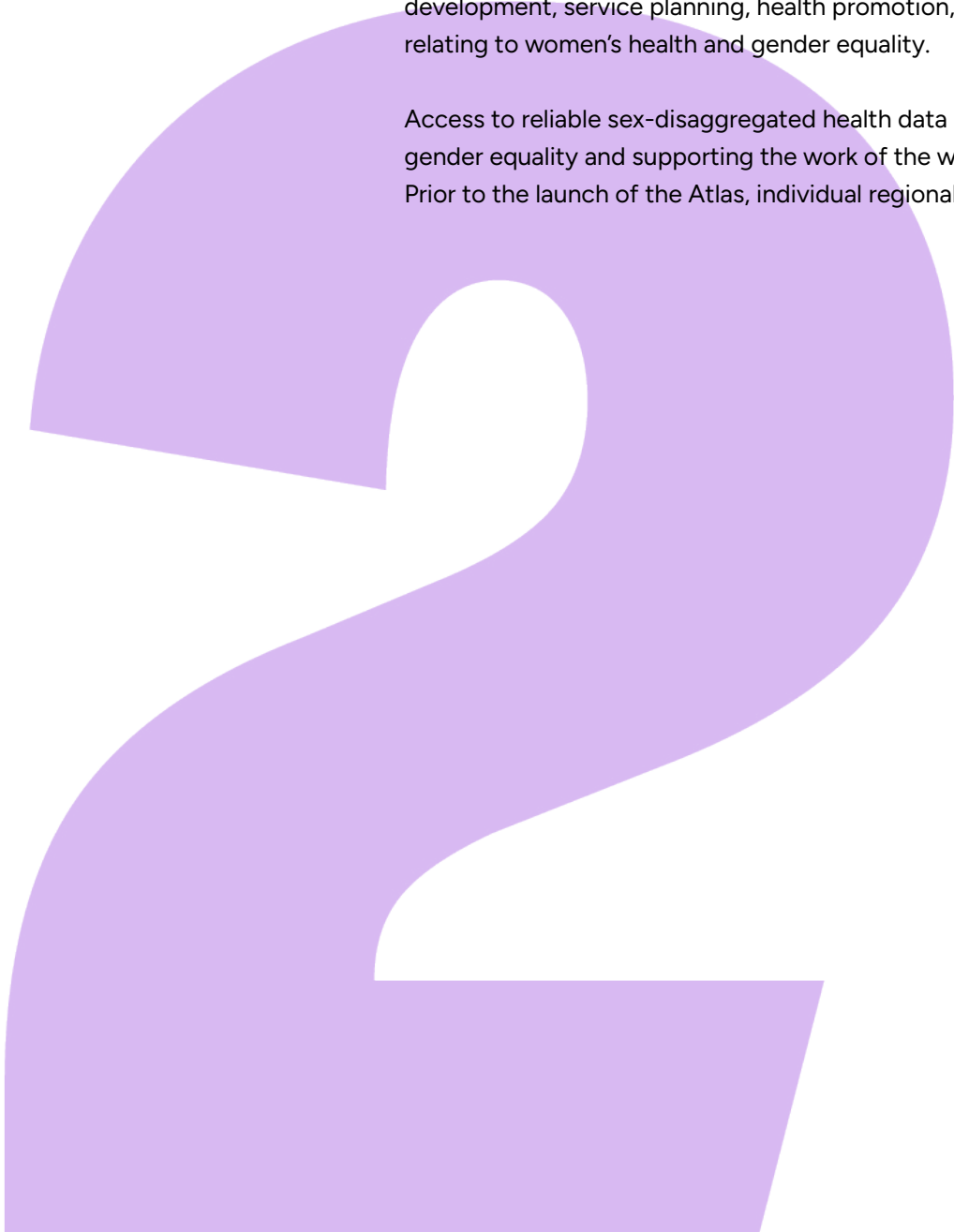
services had to engage with different data suppliers and platforms to obtain data for their region, which was a time-consuming and costly process, and there was no database that provided a state-wide view of women's health across Victoria. A single online platform was seen as an efficient and sustainable solution, with the capacity to bring sex-disaggregated data to many more stakeholders to inform and support women's health and gender equality advocacy, policy, planning and health promotion.

The Victorian Women's Health Atlas project commenced in 2014, with start-up funding from the Victorian Government. Women's Health Victoria (WHV) developed the platform with input from the Women's Health Services and Family Planning Victoria (now Sexual Health Victoria). Since its launch, the content included on the site has grown considerably,

with the addition of new datasets, text, and functionalities. The platform now contains over 70 indicators grouped into 8 priority areas as follows:

- sexual and reproductive health (SRH)
- violence against women
- mental health
- cancer
- healthy living
- chronic disease
- populations
- socioeconomics.

The key elements of the Atlas include:

- maps
- gender analysis
- fact sheets
- national and statewide data series
- educational resources

Figure 1: Sample Atlas map: Reported incidents of intimate partner violence affecting females in 2022
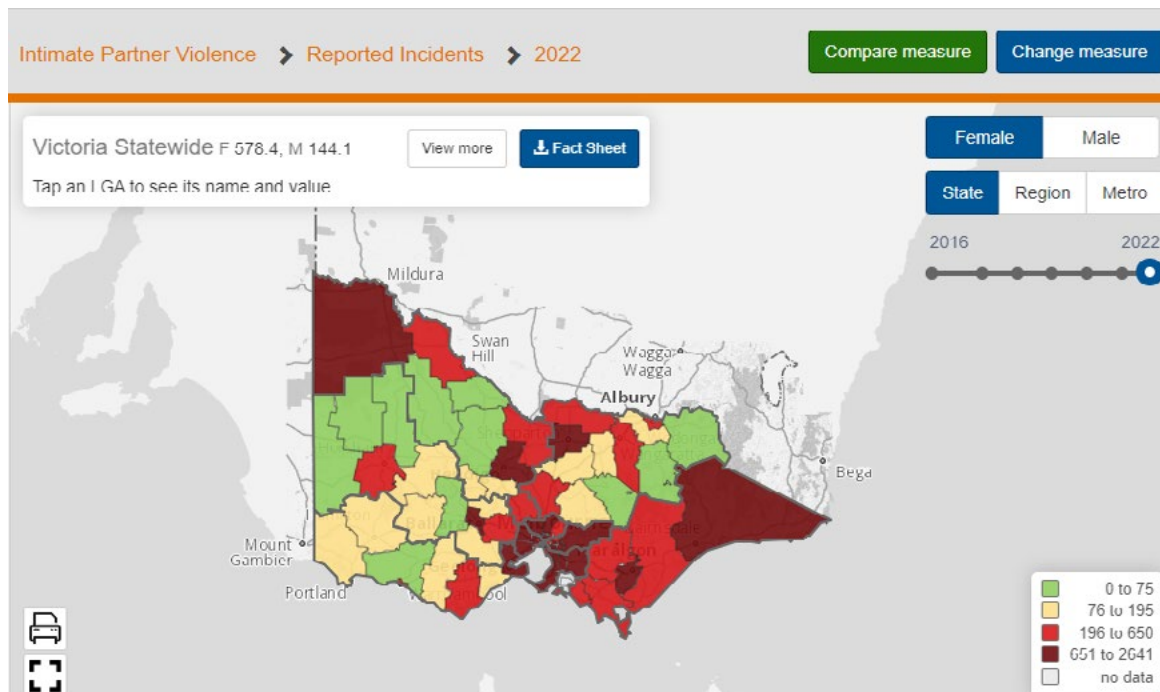
In July 2023, WHV engaged Painted Dog Research to formally evaluate the outcomes, efficiency, reach, and appropriateness of the Atlas in Victoria[1] from its launch in October 2015 to present. The aim of the evaluation was to investigate the performance of the Atlas to inform future strategic directions, including priority activities, resourcing, and funding allocations.

This Knowledge Paper provides an overview of this evaluation, including the methodology, findings, and recommendations for the Atlas's ongoing improvement.

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1   The evaluation did not consider the outcomes, reach or appropriateness of the Atlas in other Australian states and territories or internationally.

Methodology

3

In consultation with WHV, Painted Dog Research developed a four-stage methodology to evaluate the Atlas.

Stage 1: Set-up and Design

Stage 1 of the project began with a kick-off meeting to ensure alignment between WHV and Painted Dog Research on the evaluation plan. An internal workshop was conducted involving key WHV staff (n=8) from the following teams: 1800 My Options, Brand and Marketing, Counterpart, Gender Equity and Capacity Building, and Policy, Health Promotion and Advocacy.

A program logic (see Appendix A) was created with guidance from WHV. It took a retrospective view of the Atlas's initial purpose and details its intended outcomes. The Atlas's program objective as defined in the program logic is "to provide interactive, reliable and accessible sex-disaggregated health data to support women's health and gender equality awareness, understanding and action at a statewide, regional and local area level."

An evaluation framework (see Appendix B) was developed from the program logic to assess the extent to which the Atlas had achieved its intended outcomes. Key evaluation questions included:

Outcomes

- To what extent has the Atlas achieved its stated objectives and expected outcomes?
- Have there been any unexpected outcomes?

Efficiency

- To what extent is the relationship between inputs and outputs timely, cost-effective and to expected standards?
- What are the areas of efficiency and inefficiency?

Reach

- Who is accessing the Atlas and for what purposes?
- What elements of the Atlas are most utilised?
- To what extent have previous communications strategies been successful in engaging target audiences?

Appropriateness

- To what extent does the Atlas align with key internal and external stakeholder needs and priorities and how can this be improved?

Stage 2: Stakeholder In-depth Engagement

Painted Dog conducted 13 in-depth interviews with key stakeholders to provide insight into key evaluation questions. These included essential partners (n=2), an internal stakeholder (n=1), and external Atlas users (n=10). External users of the Atlas were interviewed to understand the extent to which the Atlas met their needs, the outcomes achieved from using it, the user experience, as well as strengths, limitations and optimisations across the priority areas.

The external users worked in a variety of sectors, including women's health services, universities, sexual and reproductive health advocacy, local councils, and peak bodies.

Interviews were 45 minutes long and the discussion guide for the external user interviews can be found in Appendix C.

Figure 2: Percentage of online survey participants working in sector (multi-response)

Sector	Value
Women's health sector	40
Prevention of violence against women	26
Sexual and reproductive health	19
Government (local)	17
Research	17
Healthcare	14
Education	12
Disability	5
Government (state)	5
Social welfare	5
Mental health	2
Private sector	2
Sports and recreation	2
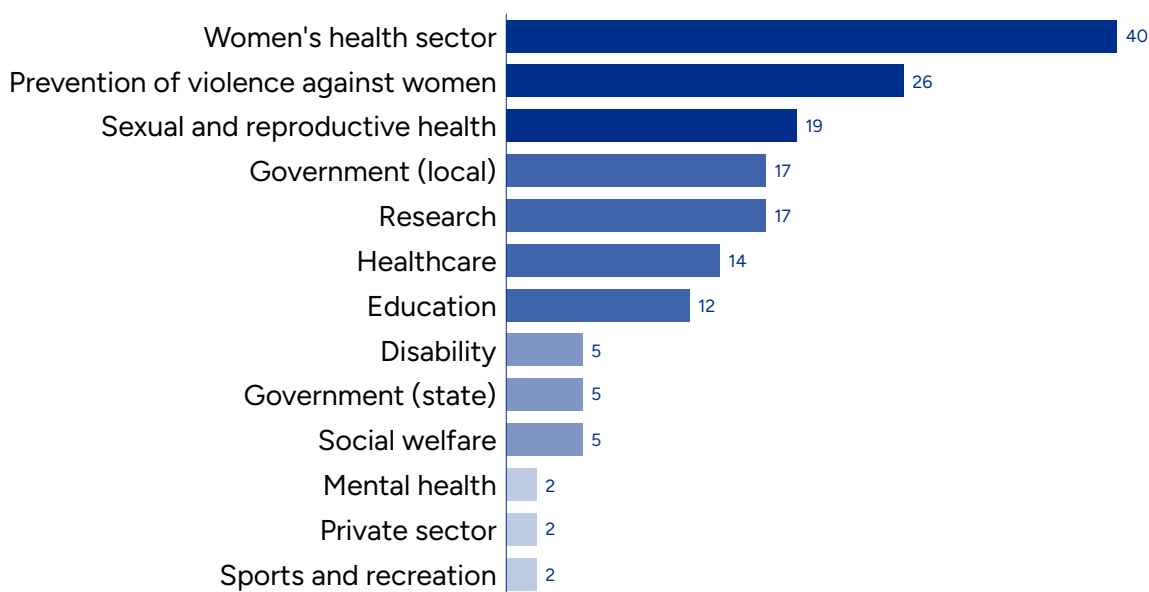
Stage 3: Data collection and analysis

A five-minute online survey (n=42) was also implemented to support and validate the findings of the in-depth stakeholder interviews. Users were invited to participate through multiple channels, including emails from WHV, social media posts, and link sharing among stakeholders.

As with the interviewees, survey respondents worked in a variety of sectors including women's health, prevention of violence against women, sexual and reproductive health, local government, and research (Fig. 2). Survey respondents came from at least 12 different organisations, and 90% of respondents were female (Fig. 3). The questionnaire for the online survey can be found in Appendix D.

Figure 3: Online survey participants by gender

	%	n
Male	7	3
Female	90	38
Non-binary	2	1

Painted Dog Research also undertook desktop research and reviewed documents provided by WHV (Appendix E) to supplement the findings. Google Analytics documents provided by WHV (Appendix E) were analysed to understand reach and efficiency of the Atlas in more detail, including Audience Location (city, state, country), Audience Overview, Atlas Content and Atlas annual analytics (2015-2023).

Responses to the Atlas feedback form (n=136) – an on-site pop-up survey for users of the Atlas with data from 2017 onwards – were reviewed and relevant data points informed the evaluation.

Other documents that were provided by WHV and reviewed included a range of corporate documents (external and internal) as well as Respect Victoria's prevention of family violence data platform.

Analysis of the survey data was performed using summary statistics and cross-tabulation of data using the market research analysis software, Q. Transcripts from the in-depth stakeholder interviews were created, and a notes tracker document was developed to summarise the themes, insights, and relevant quotes from each interview.

Stage 4: Delivery

Painted Dog synthesised the findings into a strategic report for WHV that assessed the Atlas against the evaluation framework developed in Stage 1.

Findings

4

Note: In the findings below, data point percentages and fractions refer to Atlas online survey respondents, while bolded quotes are verbatim comments collected via in-depth interviews. Each quote indicates whether the interviewee was an Atlas user or essential partner, and the Atlas priority areas they engaged with.

Outcomes

To what extent has the Atlas achieved its stated objectives and expected outcomes?

The Atlas has managed to achieve all intended outcomes to some degree, with most of these accomplishments supported by strong evidence (Table 1).

Table 1: Performance assessment - summary of outcomes

Intended outcome	Performance assessment	Evidence from Atlas survey responses	Evidence from user interviews
Improve accessibility and use of available data on women's health and gender equality	High	95% agree	High agreement and evidence
Increased awareness and understanding of the relationship between gender and health in Victoria	High	93% agree	High agreement and evidence
Increased awareness of changes in key indicators relating to women's health and gender equality and monitoring/ analysis of trends over time	High	79% agree	High agreement and evidence
Increased use of Atlas data in informing service planning, research, health promotion and policy development relating to women's health and gender equality	High	98% use for at least one of: service planning; research; health promotion; policy development	High agreement and evidence
Increased use of Atlas data for advocating women's health and gender equality	High	50% use for advocacy	High agreement and evidence
Identification and acknowledgement of health and gender-related issues by LGA to inform state-wide and regional responses	Medium	N/A*	Some evidence qualitatively, but on a smaller scale
Contribute towards a coordinated approach to health promotion across Victoria	Medium	62% agree	Some evidence qualitatively, but on a smaller scale
Increased funding/ initiatives to address issues made visible by the Atlas	Medium	36% have used the Atlas to submit a business case	Some evidence qualitatively, but on a smaller scale
Increased funding to address women's health and gender disparities in specific Victorian regions	Medium	N/A*	Some evidence qualitatively, but on a smaller scale

* Outcome not included in online survey

The Atlas has been used to advocate for women's health and gender equality and provide the ability for users to identify health and gender-related issues by LGA to inform state-wide and regional responses and spotlight issues that require prioritisation. A prominent example of this is the significant impact of the Atlas in identifying unmet need for medication abortion services, which has informed service planning and advocacy. The Atlas has been commended by users as playing a pivotal role in driving awareness of 'abortion deserts' through visually mapping and identifying the shortfall in supply of medication abortion services, where residents of certain LGAs have to access these services outside of their local area. The ability to display two maps side-by-side allows such differences to be easily visualised and communicated, as can be seen in Figure 4, where gold in the map on the right represents zero prescribing of medication abortion.

"The Atlas data provides an understanding of the needs of the community, which informs our regional strategies in prevention of gender- based violence and sexual and reproductive health and helps us prioritise our actions."

Atlas User – Multiple priority areas

Have there been any unexpected outcomes of the Atlas?

All outcomes achieved have strong alignment with the Atlas's objectives; nor have there been any significant unexpected outcomes of the Atlas in its first eight years of operation. However, analysis of both interview and survey data points to its ability to meet evolving needs in the sector. For example, the Atlas is increasingly used to inform Gender Impact Assessments (GIAs), as evidenced by 36% of respondents of the online survey

Figure 4: The distribution of medication abortion scripts in Grampians Region in 2022, comparing patient location (at left) with prescriber location (at right)
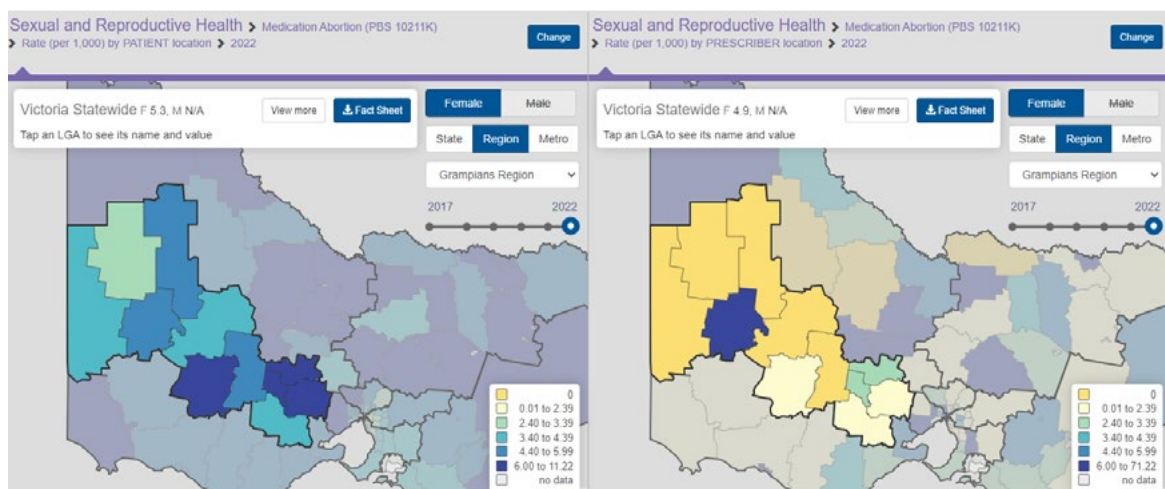
indicating they used the Atlas to conduct a GIA, and interviewees also describing it as a valuable resource for conducting GIAs.

The Atlas has also been used to develop teaching resources within schools (Geography Teachers Association of Victoria) and in tertiary undergraduate coursework.

Efficiency

To what extent is the relationship between inputs and outputs timely, cost-effective and to expected standards?

Human resources account for most of the expenditure on the Atlas. These include data processing, research, development of planning documents, and consultation with data suppliers. These actions are integral to the ongoing success of the platform and require significant investment in staff time.

In terms of how this translates to timeliness and expected standards, a key frustration from users interviewed is the time lag for data to be updated. However, this lag is largely a result of external processes outside of WHV's control. Once data is received from suppliers, WHV reports that resources are prioritised towards data checking and processing to ensure data integrity and other expected standards are met. However, no amount of internal WHV resourcing can increase the frequency with which data is collected nor the lag between when it is collected and released, as these are under the data suppliers' control.

What are the areas of efficiency and inefficiency?

Areas of efficiency have been identified both internally to WHV and for external users. Awareness of the Atlas is growing over time, reducing reliance on WHV to promote the Atlas and achieving organic growth in awareness. The Atlas also provides efficiencies for its users, as a free resource that caters to multiple skill levels, reducing barriers to accessing and understanding the data.

A key area of inefficiency is slow work processes due to:

- knowledge sitting with 1-2 WHV staff members who have a historical and in-depth understanding of the Atlas.
- external data supplier approval processes for data updates.
- aggregating data sets from multiple data suppliers being a highly time-consuming and largely manual process.

Efforts are being made by WHV to formally document processes and information to address the issue of institutional knowledge being confined to 1-2 individuals, which should improve efficiency in this area. However, the inefficiencies associated with approval processes for data updates and time taken to aggregate data sets from multiple data suppliers are not easily overcome, as these are largely due to the nature of sourcing data from multiple suppliers that have different structures and procedures. Furthermore, strong quality assurance is required to ensure the quality and reliability of the data on the Atlas and in turn its reputation, and this takes time.

Other identified areas of inefficiency include reliance on live training sessions.

Reach

Who is accessing the Atlas and for what purposes?

Over time, the Atlas has steadily gained traction in terms of awareness and usage. Analysis of Google analytics demonstrates relatively little growth in the first 15 months of operation (October 2015 – end 2017), but a more consistent annual increase in the number of users, new users and sessions from 2018 onwards. From 2015 – 2023, there have been a total of 47,324 Atlas sessions, of which 90% occurred in Australia, with most users based in Victoria. Survey data shows 52% use the Atlas monthly while 17% do so daily, and that the Atlas meets a range of needs such as research (69%), health promotion (60%), advocacy (50%) and service / program planning (40%). The most used priority area is violence against women, according to both survey respondents (Figure 5) and Google analytics page views (28% of total Atlas page views).

Figure 5: Priority areas used and satisfaction
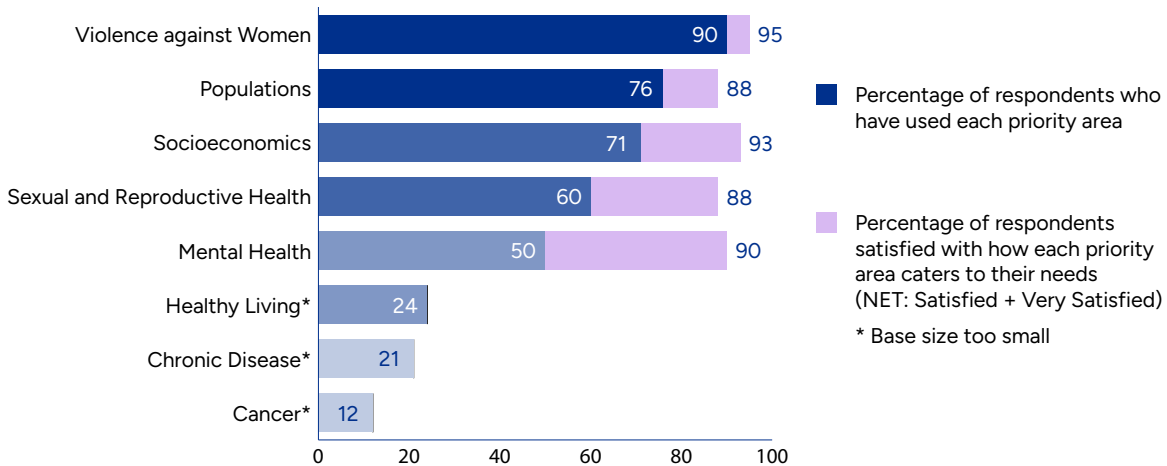
What elements of the Atlas are most utilised?
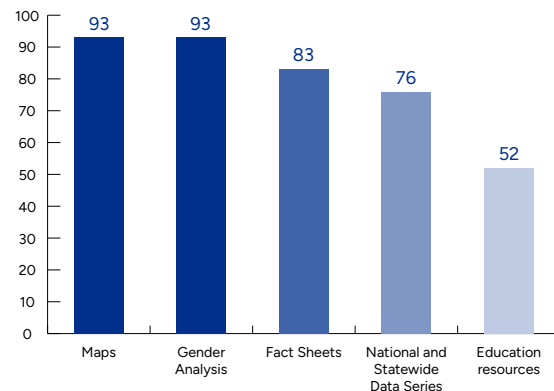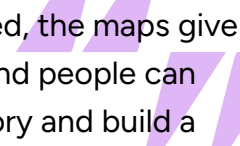
The key elements of the Atlas are maps, gender analysis, fact sheets, national and statewide data series, and education resources.

Over 7 in 10 Atlas users are using all features of the Atlas, with maps and gender analysis most used (both 93%). See Figure 6 at right for more detail.

Figure 6: Percentage of respondents who have used each of the elements of the Atlas

The maps feature is highly commended due to its comparative functionality, supporting users to 'story tell' through the colour coding, highlighting pivotal issues to address.
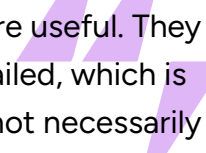
> "When coloured red, the maps give a sense of alarm and people can zone in on that story and build a narrative around it."
>
> Atlas User - Multiple priority areas

Similarly, the gender analysis provides stakeholders with an easy-to-understand resource in communications with partners and community members. Its primary benefit lies in the simplification of evidence and quick summary of the issues.

Satisfaction with LGA-specific fact sheets is generally high, with users highlighting their effectiveness in offering a detailed data profile of the local community, particularly beneficial for professionals within the women's health sector. However, interviewees commented that these sheets need to be simplified into a more accessible form when communicating with the general public.

> "The fact sheets are useful. They are extremely detailed, which is useful for us, but not necessarily for how we translate that for our partners or for community."
>
> Atlas User – SRH priority area

To what extent have previous communication strategies been successful in engaging target audiences?

Data from online survey respondents shows how some users learned about the Atlas, but it doesn't give a full picture of overall awareness or the effectiveness of communication strategies. Organic growth (consisting of work, word-of-mouth, women's health services, and events) is the primary driver of awareness (57% of survey respondents). However, proactive promotion/marketing by WHV is also a significant factor, with 21% of respondents becoming aware of the Atlas via WHV training/workshops or promotion of updates in Women's Health News, a news digest compiled by WHV three times a week and emailed to over 750 subscribers. While organic growth is cost-effective, there is potential for WHV to boost awareness through marketing efforts and partnerships, expanding the Atlas's reach.
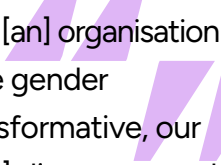
In interviews, users of the sexual and reproductive health priority area described feeling like a "cheerleader" of the Atlas, actively promoting use within their networks. This is happening naturally, driven by passionate users whom WHV could formally engage.

WHV-run training sessions on the Atlas (23 of which were held between 2017 and 2023), are highly effective in promoting the Atlas and upskilling users. Primarily conducted for other women's health services, these sessions significantly enhance user understanding of the Atlas's capabilities, relevant usage cases, and boost confidence in utilising the resource, leading to increased usage.

Appropriateness

To what extent does the Atlas align with key external stakeholder needs and priorities, and how these could be improved?

At a sector level there is a clear need for an easily accessible source of sex-disaggregated data to provide an evidence base. The Atlas serves as a unique and vital resource that meets this need, as most alternatives require research proficiency and do not have the comparative map feature. Users emphasise that the Atlas doesn't demand advanced analytical or statistical expertise for comprehension – this is a distinct advantage that sets the Atlas apart from other resources. As a result, the Atlas supports accessibility and interpretation of data for evidence-informed advocacy, health promotion, service planning and more, and this is demonstrated by the 79% of survey users who deemed the Atlas an essential platform for their work.

> "When we're helping [an] organisation become much more gender responsive and transformative, our need for gender [sic] disaggregated data is absolutely critical. The Atlas looks like the most comprehensive source in terms of what it offers."
>
> Atlas User – LGA perspective

Regarding limitations, there are gaps in specific data sought or functionality which limit use and impact, such as lack of data disaggregation by additional intersectional factors, the need to understand gender diversity beyond a binary framework, and the inability to view localised data from a suburban level. Users also identify timeliness of data updates as an area for improvement that would increase the Atlas's appropriateness for their work, but many acknowledge this is outside of WHV's control.

Discussion

Insights

The Atlas is a unique resource that meets sector needs

The Atlas is highly valued in the women's health and gender equality sector as it meets the critical need for free and easily accessible sex-disaggregated data. Its uniqueness lies in providing access to centralised datasets without cost, saving users time and increasing their capacity through the provision of data and insights. Notably, the visual representation of supply and demand for medication termination of pregnancy (MTOP) and Long-Acting Reversible Contraceptives (LARC) serves as a powerful tool for communication, supporting business cases and funding submissions. As a result, the Atlas caters to various user needs, including research, health promotion, advocacy, and service/program planning.
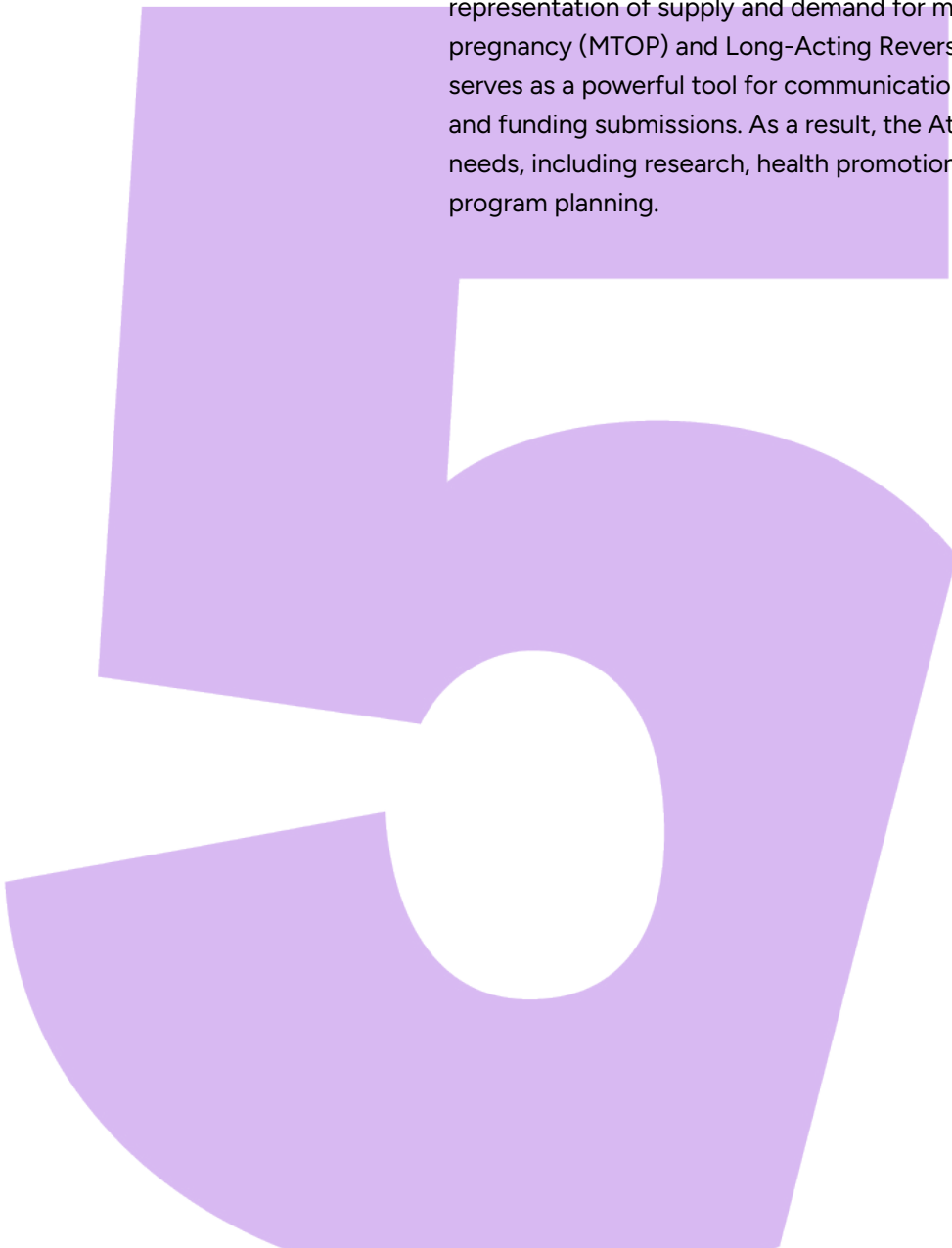
Outcomes are most evident in the sexual and reproductive health sector

What became clear through the evaluation process was that no other priority area of the Atlas has had as much impact as sexual and reproductive health, in particular the medication abortion data. Users credited both policy changes and the Atlas for progress in MTOP access. In particular, the ability to map supply (prescriber and provider location) against the demand for services (patient location) made it clear where the 'abortion deserts' in the state were, providing clear and unambiguous evidence that stakeholders could use in advocacy efforts for increased supply. Prior to its addition to the Atlas, MTOP data by location would have had to be purchased for the specific LGA in question. By purchasing this data for the entire state, however, WHV enables those with fewer financial resources to not only see what the situation is in their own region, but also compare this with others in the state.

WHV could explore other areas that could benefit from a similar approach. Key considerations for this would include whether state-wide data is available at free or low cost, and if that data represents a supply and demand relationship to assess potential shortfalls in service provision.

Growing usage of the Atlas to inform Gender Impact Assessments

The Atlas has organically become one of the "go-to" resources for some organisations conducting GIAs. While some users said that they had found the Atlas incredibly useful for their GIA, they didn't see it being used as often in other organisations. This points to an opportunity for WHV to promote the Atlas more heavily as a leading resource for completing GIAs. WHV could also develop specific resources that guide organisations on how to use the Atlas for the different aspects of their GIAs.

More education and training on the Atlas for users

Users who found the Atlas most impactful generally had a better understanding of its full capabilities, and how to interpret the data to answer key questions in their organisations. In general, this proficiency with the Atlas came from those who had received training and information directly from a WHV presentation. While this is effective in growing user understanding of the Atlas (and therefore its use and impact), live presentations are not an efficient or scalable solution for WHV to deliver.

As such, there is an opportunity to scale the training programs through digital solutions (e.g. pre-recorded webinars and more detailed "how-to" pages). With the more basic user questions covered by digital solutions, reliance on WHV staff for Atlas training would be reduced.

Coordinated sector response for further impact

Some stakeholders commented that they were interested to understand more about WHV's approach to setting the strategic direction for the Atlas, in particular why certain priority areas and datasets are chosen, and whether stakeholders from across the sector have an opportunity to provide input.

While data in the SRH sector has been highly impactful (especially LARC and MTOP datasets), there is an opportunity to more formally engage the sector to understand what they consider to be the critical questions or data gaps and what data could and should be prioritised to address these. Stakeholders recommended clearer governance structures and sector involvement in setting the direction of the Atlas to enable it to have more impact at a sector level.

The impact of the Atlas is limited to the resources available

The potential impact of the Atlas is limited by the resources WHV has to develop it, which in turn are made available by the Department of Health. With greater resourcing, the Atlas could evolve to better align with the evolving needs of its stakeholders, but this will require continued or expanded funding to achieve.

Limitations

Certain limitations of the research methodology may have impacted the evaluation results. The online survey had a relatively small sample size (n=42), largely due to the nature of the population of the study being Atlas users. Small sample sizes should be treated with caution, as they do not allow for statistical testing.

Furthermore, of the 13 stakeholders that were interviewed, users from the SRH sector were most represented. Many of the findings relate to the SRH sector, which may reflect those who participated in the interviews. While stakeholders from other sectors (and known users of other priority areas) were invited for interview, those working in SRH were most willing to participate.

Recommendations

Painted Dog Research proposed several key recommendations to enhance the Atlas's effectiveness and impact.

1. Clarify WHV and sector priorities to inform the future direction of the Atlas

The growing costs of maintaining the Atlas, compounded by limited resources, indicate a need for a well-defined and clear strategy for future prioritisation. A collaborative sector-wide approach is essential to identify and prioritise the needs of different stakeholders within WHV and the sector, recognising that different audiences have unique requirements according to their role. To begin, it is important to assess how users working in the different priority areas covered by the Atlas are shaping decision-making processes in their respective sectors. For example, how are people within each priority area using the Atlas in their work? Once this is known, consultation with those working in respective priority areas can help identify datasets that, if added to the Atlas, could recreate the significant influence observed in the SRH sector by the addition of medication abortion data. This consultative approach could also help identify how the Atlas can better influence policy changes. Furthermore, inquiring into less-utilised priority areas, such as cancer, for which there is less evidence of the Atlas achieving impact at a sector level, is recommended. This investigation could assess whether increased investment or inclusion of additional datasets could enhance the utilisation of these areas, or alternatively, whether the data is less effective in meeting user needs and may warrant consideration for removal.

2. Strengthen WHV's leadership position in the sector

WHV is advised to reinforce stakeholder relationships through more robust governance structures and partnerships. It's crucial for stakeholders to be well-informed about WHV's approach to shaping the Atlas and have opportunities to provide input. There is opportunity to establish an advisory group to communicate the information needs of the sector and feed these priorities back to the data suppliers. Further opportunities to strengthen WHV's leadership position include becoming the "go-to" resource for gender impact assessments and/or raising the Atlas's profile through credible channels. Greater investment in marketing and advertising could help expand the Atlas's reach, given the majority of those surveyed or interviewed for this evaluation who had heard about the Atlas did so through word-of-mouth.

3. Increase efficiency through partnerships and looking to digital solutions

Establishing partnerships with key organisations at a sector level, such as Primary Health Networks, the Municipal Association of Victoria, peak bodies and GIA consultants, could allow WHV to raise awareness and usage of the Atlas. There is also an opportunity to more formally engage users of the Atlas who are passionate about WHV's work and are already promoting the Atlas within their circles as 'Atlas Champions'.

WHV is also recommended to digitalise training sessions and invest in documenting information and processes to reduce reliance on internal Atlas 'knowledge gatekeepers'. In addition, hiring an IT consultant to advise on streamlining and automating manual processes around data updates and checking to enhance efficiency could be beneficial.

Conclusion

Since its establishment in October 2015, the Victorian Women's Health Atlas has become a valuable resource for the women's health and gender equality sector, meeting a key need for accessible sex-disaggregated data in Victoria, and achieving all intended outcomes to some degree. However, as a result of this evaluation, key limitations to the platform have been identified, as well as opportunities for its further improvement. To address these limitations and ensure the viability of the platform in the long term, Women's Health Victoria has committed to implementing the recommendations from this evaluation. WHV will work closely with stakeholders and inject significant investment into the platform to continue to improve the efficiency, outcomes and impact of the Atlas and achieve its vision for the Atlas to be the primary source for sex-disaggregated data relating to health and wellbeing in Victoria, driving awareness, understanding and action regarding women's health and gender equality.

Appendices

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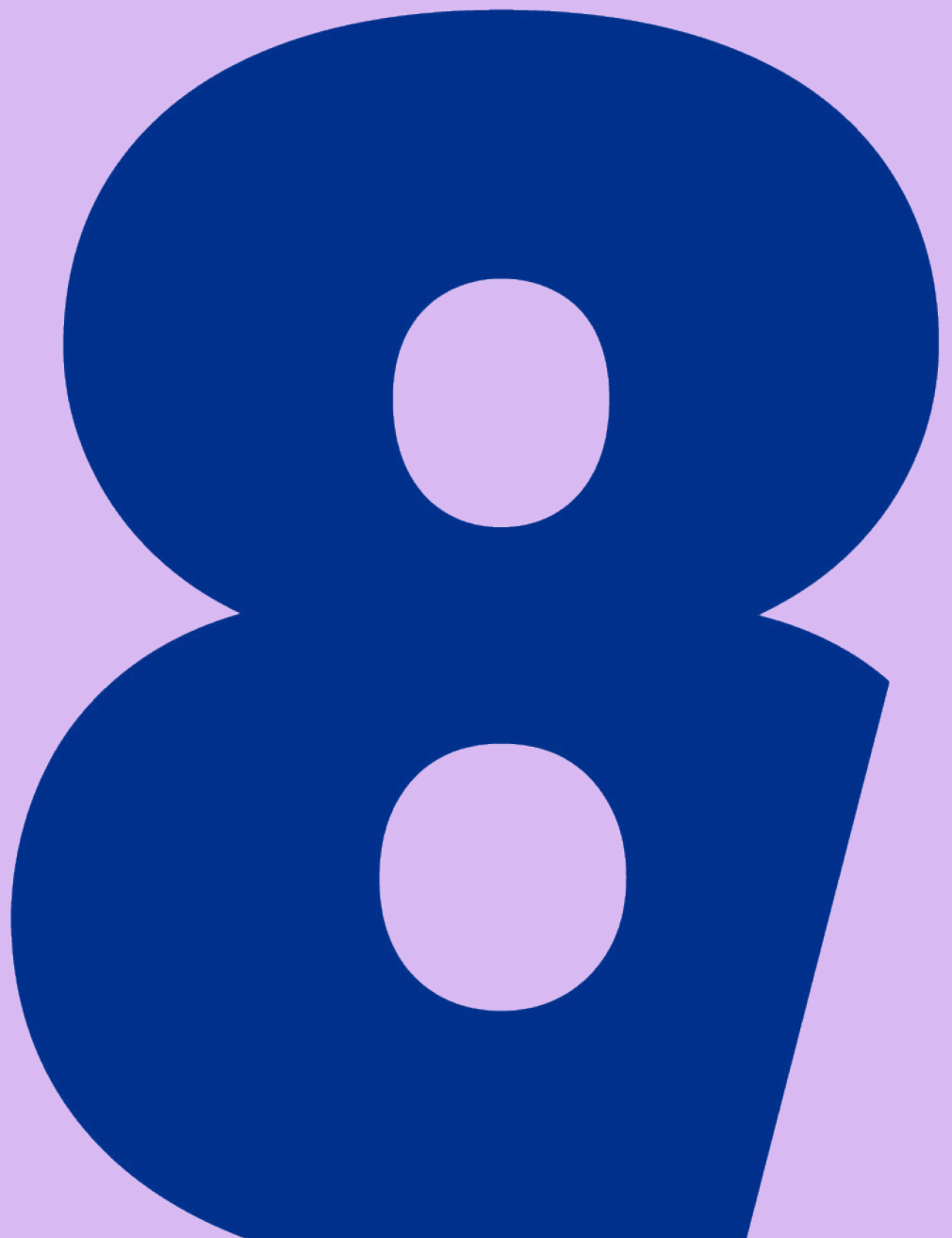
Appendix A - Program Logic

Program Objective: To provide interactive, reliable and accessible sex-disaggregated health data to support women's health and gender equality awareness, understanding and action at statewide, regional and local area level.

Inputs	Outputs	Outcomes
The time, money, skills, knowledge, technology, materials and facilities that will be required	The participation, systems, information, products and services that are produced	The resulting shift in learning, awareness, attitudes, practices and behaviours
Funding from the Victorian Department of Health

Contract with Spatial Vision

Research

Data processing (formatting, cleaning, checking etc)

Consultation with Victorian Women's Health Program agencies (core stakeholders), and other organisations that work in gender equality

Development of planning documents.

Inclusion of data from ABS, AIHW, DH, Crime Statistics Agency, Services Australia, and other sources

Payments for specific datasets

Scoping of data sources and possible data disaggregations

Data privacy and security protocols

Data and gender analysis | Creation of online interactive Victorian Women's Health Atlas

Creation of online fact sheets to support Atlas and provide information

Partnership developed between Women's Health Victoria and Department of Health

Development and maintenance of interactive website

Regular meetings with key stakeholders

Gender and geographic analysis to explore health issues

Development and circulation of communications to stakeholders

Presentations developed and delivered to promote use of the Atlas

Presentations developed and delivered to present data for other purposes | Increased awareness and understanding of the relationship between gender and health in Victoria

Increased use of Atlas data for advocating women's health and gender equality

Increased use of Atlas data in informing service planning, research, health promotion and policy development relating to women's health and gender equality

Improved tracking and analysis of women's health and gender equality indicators over time

Increased funding/ initiatives to address issues made visible by the Atlas

Contribute towards a coordinated approach to health promotion across Victoria

Improve accessibility and use of available data on women's health and gender equality

Identification of trends relating to gender and health to inform WHV policy and program work

Identification and acknowledgement of health and gender-related issues by LGA to inform state-wide and regional responses

Increased funding to address women's health and gender disparities in specific Victorian regions |

Appendix B - Evaluation Framework

Outcome / Evaluation question		Measurement: Data input									
		Atlas feedback form	What	Stakeholder interviews	What	5 min survey	What	Google Analytics	What	Desk Research / Document review	What
Notes for overall analysis	Across all areas, identify differences by priority areas										
Part 1	Outcomes and impacts										
	Increased awareness and understanding of the relationship between gender and health in Victoria	Y	Did you find the Atlas useful	Y	USERS - What have the impacts of the Atlas been… . Probe/listen for specific outcome	Y	USERS - rating question (0-5) agree, disagree (*% agree*)				
	Increased use of Atlas data for advocating women's health and gender equality	Y	Reason for using the atlas	Y	USERS - what do you use the Atlas for?; use of Atlas to inform advocacy vs other resources; What have the impacts of the Atlas been…. Probe/listen for specific outcome;	Y	USERS - what do you use the Atlas for? (%)			Y	Acknowledgement of Atlas in literature/articles
	Increased use of Atlas data in informing service planning, research, health promotion and policy development relating to women's health and gender equality	Y	Reason for using the atlas	Y	USERS - what do you use the Atlas for?; use of Atlas to inform advocacy vs other resources; What have the impacts of the Atlas been…. Probe/listen for specific outcome;	Y	USERS - what do you use the Atlas for? (%)	Y		Y	Acknowledgement of Atlas in literature/articles
	Increased awareness of changes in key indicators relating to women's health and gender equality and monitoring / analysis of trends over time			Y	USERS - What insights have you got from using the Atlas? Probe: *are they using trend data and how?*; What have the impacts of the Atlas been…. Probe/listen for specific outcome	Y	USERS - rating question (0-5) agree, disagree (*% agree*)				
	Increased funding / initiatives to address issues made visible by the Atlas			Y	WHV; USERS - What have been the impacts of the Atlas - Probe: funding towards a specific issue; *$ funding received*	Y	USERS - % used the Atlas for funding / submit a business case				
	Contribute towards a coordinated approach to health promotion across the State of Victoria			Y	USERS - What have the impacts of the Atlas been…. Probe/listen for specific outcome; Examples of partners working together on initiatives using Atlas data / marrying up data	Y	USERS - rating question (0-5) agree, disagree (*% agree*)			Y	Acknowledgement of Atlas in literature/articles
	Improve accessibility and use of available data on women's health and gender equality	Y	Comments on useability of Atlas	Y	USERS - What have the impacts of the Atlas been…. Probe/listen for specific outcome	Y	USERS - rating question (0-5) agree, disagree (*% agree*)	Y	Number of users, unique users, content accessed and yearly trends	Y	Acknowledgement of Atlas in literature/articles
	Identification of trends relating to gender and health to inform WHV policy and program work			Y	USERS - What have the impacts of the Atlas been…. Probe/listen for specific outcome						
	Identification and acknowledgement of health and gender-related issues by LGA to inform state-wide and regional responses	Y	What organisation users come from and what purpose they use it for	Y	USERS - What have the impacts of the Atlas been…. Probe/listen for specific outcome	Y	USERS - rating question (0-5) agree, disagree (*% agree*)	Y	Number of Atlas users in different regions of Victoria, number of LGA fact sheets used	Y	Acknowledgement of Atlas in literature/articles (specifically LGA plans)
	Increased funding to target health and gender disparities that disproportionately affect women living in specific Victorian regions			Y	WHV; USERS - What have been the impacts of the Atlas - Probe: funding towards a specific issue; $ funding received x location	Y	USERS - rating question (0-5) agree, disagree (*% agree*)				

Evaluation Question	Sub-question	Atlas feedback form	What	Stakeholder interviews	What	5 min survey	What	Google Analytics	What	Desk Research / Document review	What
Outcomes and impacts	To what extent has the Atlas achieved its stated objectives and expected outcomes?	*Covered in Part 1 of the evaluation framework*									
	Have there been any unexpected outcomes?	*Via analysis - review all outcomes and impacts, and identify those which were expected vs not*									
Efficiency	To what extent is the relationship between inputs and outputs timely, cost-effective and to expected standards?			Y	**WHV, data suppliers, partners** - How would you rate the delivery/ maintenance of the Atlas in terms of efficiency? Where are the areas of inefficiency?					Y	**Internal documents** - total funding received / investment **P&L** - distribution of costs by function (e.g. data, people, etc)
	What are the areas of efficiency and inefficiency?	Y	% citing ease of use in Q (Did you find the atlas useful - Yes or No? And then add comments")	Y	**WHV; USERS** - What is your experience of the Atlas? How efficient is it? What is the most useful component and for what purpose have you used it?	Y	**USERS** - rating question (0-5) agree, disagree. % agree the Atlas is an efficient platform for users"	Y	Bounce rates		
Appropriateness	To what extent does the Atlas align with key internal and external stakeholder needs and priorities and how can this be improved?	Y	Suggestions by users for changes in comments	Y	**WHV; USERS** - To what extent does the Atlas meet your needs? What are strengths/ limitations of the Atlas as a resource? Is there any data missing? What other sources of information do you use? How do they differ from the Atlas?	Y	**USERS** - rating question (0-5) agree, disagree. % agree "the Atlas provides data which meets my needs"				
Reach	To what extent have previous communication strategies been successful in engaging target audiences?	Y	% how they found out about the Atlas	Y	**USERS** - How did you find out about the Atlas? Where have you heard / seen the Atlas talked about /used?	Y	**USERS** - % how they found out about the Atlas % using the Atlas for (e.g. Research, Planning etc.)	Y	Location of users, new users, bounce rates etc.	Y	Spend per channel
	What elements of the Atlas are most utilised?		% which of the following did you use?		**USERS** - Which priority area informs your work, what features do you use the most?	Y	**USERS** - % citing using components of the Atlas / priority areas catering to needs				
	Who is accessing the Atlas and for what purposes?		% - Reason for using the atlas % - Organisation types using the Atlas		**USERS** - What do you use the Atlas for? For what purpose?	Y	**USERS** - % using the Atlas for (e.g. Research, Planning etc.)				
Essential partnerships	Are key partners satisfied with the functioning of partnerships?	Y	What organisation users come from and what purpose they use it for	Y	**PARTNERS** - How would you describe your experience engaging with WHV? What works? What could improve?	Y	**USERS** - rating question (0-5) agree, disagree (% agree)	Y	Number of Atlas users in different regions of Victoria, number of LGA fact sheets used		
	What elements of engagement have been successful and what could be improved?			Y	**PARTNERS** - What does 'best practice' look like?	Y	**USERS** - rating question (0-5) agree, disagree (% agree)				
Optimisation & Recommendations	Identify key learnings, including strengths and challenges, to inform the development of future priorities;			Y	**ALL** - strengths, limitations, opportunities for improvement						
	Provide conclusions and actionable recommendations to improve the effectiveness, user experience, impact and reach of the Atlas.	*Via analysis of all data streams*									

Part 2

Evaluation question

Measurement: Data input

Appendix C - Interview Discussion Guide

Atlas Stakeholder Interview

Introduction (3 minutes)
To explain the background to the research and discussion protocol, and get the participant warmed up.

To start with:

- What is your current role and in what organisation?
- What is your organisation's need for data on women's health? What function does it serve?
    - How does this help your organisation to achieve their objectives?

Atlas fit with needs (10 mins)
In a moment we'll talk more about the strengths and limitations of the Atlas. First, I'm keen to understand more about how you first became aware of the Atlas...

Awareness
- How did you first hear about the Atlas?
    - When did you first hear about the Atlas?
- Since becoming aware of the Atlas, where have you seen the Atlas (i.e., cited, promoted, etc.)

Usage
- What do you use the Atlas for? For what purpose?
    - *Listen out for, if not mentioned – have you used the Atlas to support any work in the following areas?*
        - *Advocacy*
        - *Informing service planning*
        - *Research*
        - *Health promotion and policy development*

- The Atlas has eight priority areas:
  - Sexual and reproductive health
  - Mental health
  - Healthy living
  - Populations (formerly part of Gender Equality)
  - Violence against women
  - Cancer
  - Chronic disease
  - Socioeconomics (formerly part of Gender Equality)
- Which of these do you use to inform your work? *Moderator to note which they are using and probe differences throughout the discussion.*
- What features of the Atlas do you use the most?
  - *Probe: content, fact sheets*
  - *Probe: which are most useful?*
- Are there areas of the Atlas you don't use? Why not?
  - What stops you from using the Atlas more?

Other information sources
- What other information sources/ resources do you use to help you achieve your objectives?
  - Do you use these for similar / different reasons to the Atlas?
  - How does the Atlas compare?
  - Imagine the Atlas didn't exist, how would that affect your work? (i.e. would there be a gap or would you get this information elsewhere?)

Outcomes (15 mins)
Critical to this evaluation is identifying outcomes which can be attributed to the Atlas.
- What have the outcomes of the Atlas been? *explore*
  - What can you directly attribute to the Atlas? What wouldn't have been possible without the Atlas?
- What insights on women's health have you gained from using the Atlas?
  - *Do you use data on trends? Is this helpful for developing insights?*

On my screen there are a list of outcomes, some of which you've already touched on. Which of these intended outcomes are true of your experience using the Atlas. *Moderator to sort cards into highly relevant – not relevant, and focus on achieved outcomes*

For each outcome achieved:
- Could you provide an example of how you have used the Atlas to achieve this?

Stimulus: share screen

- Intended outcomes:
    - Increased awareness and understanding of the relationship between gender and health in Victoria
    - Inform advocacy for women's health and gender equality
    - Informing service planning, research, health promotion and policy development relating to women's health and gender equality
    - Increased identification/ awareness of changes in key indicators relating to women's health and gender equality and monitoring and analysis of trends over time.
    - Increased funding/ initiatives to address issues made visible by the Atlas
    - Contribute towards a coordinated approach to health promotion across Victoria
    - Improve accessibility and use of available data on women's health and gender equality
    - Identification of trends relating to gender and health to inform WHV policy and program work
    - Identification and acknowledgement of health and gender-related issues by LGA to inform state-wide and regional responses
    - Increased funding to target health and gender-related issues that disproportionately affect women living in certain regions of Victoria.
    - Conduct a Gender Impact Assessment on your services (under the Gender Equality Act)

Follow up questions:
- Have you used the Atlas in any publications?
- Have you cited the Atlas?

Strengths, limitations, Improvements (15 mins)
Moderator note: Start with high level questions around strengths, limitations and improvements to capture salient themes first. Once captured, probe into other areas in more detail.

Strengths
- What are the strengths of the Atlas? *Explore*

Limitations
- What are the limitations of the Atlas? *Explore*

Improvements:
- **How could the Atlas improve to better meet your needs?**
- What would make you use the Atlas more?
- What would a hypothetical best-in-class data source on women's health look like? *e.g. what features would it have, how would it be accessed, what data sources would it include etc*
  - How would the Atlas stack up against this imaginary tool?
  - In what aspect is the Atlas furthest away from this imaginary tool?

There are some specific areas I'd like to understand in more detail.
- Thinking here about the strengths, limitations, and opportunities for improvement
  - **Alignment with needs** *(appropriateness)*
  - **User experience**
    - Ease of navigation; ease of use
  - **Content / information provided**
    - Does it meet your needs and expectations?
    - Is there data missing?
    - Is there certain analysis missing?
    - How would you rate the presentation of data and information provided?
    - Do the components of the Atlas convey the intended message of women's health data?
  - **Accuracy of data**
    - How would you rate the timeliness of the data in the Atlas? Is it current enough for your needs?
  - **Efficiency**
    - Has the Atlas enabled efficiencies in your work?
    - Has the Atlas enabled efficiencies in how you work with stakeholders/ sector partners?
  - **Uniqueness – how is the Atlas unique vs other resources out there**
  - **Difference across the 8 priority areas –** *revisit* **the above**

Thank & close (2 mins)
- Thank you for your input, it's greatly appreciated!
- Any closing thoughts/questions?

Appendix D - Five-Minute Survey Questions

Atlas Users

Introduction
Thank you for taking part in this important survey. This survey will take approximately 5 minutes to complete. Please click 'next' to get started.

Introduction Questions

We're seeking feedback from users of the Victorian Women's Health Atlas to understand its strengths, limitations, and areas for improvement, in order to evolve the Atlas to better meet users' needs.

Please rest assured that your responses will be kept strictly confidential. Your participation is entirely voluntary, and you may choose to withdraw at any point during the survey.

User Experience

Q1. How likely are you to recommend the Victorian Women's Health Atlas to a colleague or peer in the industry? **SR[2]**

Not at all likely										Extremely likely
0	1	2	3	4	5	6	7	8	9	10

Q2. How often do you use the Atlas? **SR**

Daily	1
Weekly	2
Monthly	3
Rarely	5
Have only used once	6
Never	7 - Close

2   SR = Single Response

[PROGRAMMING NOTE – TERMINATE IF NEVER USED THE ATLAS. SHOW OUTRO TEXT]

Thank you for your interest in the survey. This survey is to understand users experience of the Atlas, and as you have identified you have never used the Atlas these questions will not be of relevance for you.

Q3. What do you use the Atlas for? Please tick all that apply. **MR[3]**

Research	1
Service/Program planning	2
Advocacy	3
Health promotion	4
Education/Teaching	5
Policy development	6
Program evaluation	7
Other	98

Q4. The Atlas has 8 priority areas. Which of the following have you used? **MR**

Sexual and Reproductive Health	1
Mental Health	2
Healthy Living	3
Populations (formerly known as Gender Equality)	4
Violence against Women	5
Cancer	6
Chronic Disease	7
Socioeconomics (formerly known as Gender Equality)	8
Not sure	9

---

3   MR = Multiple Response

Q4_A. When thinking about the data you have used from the Atlas, how satisfied are you that the Atlas caters to your needs in these areas? **SR PER ROW**

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
1. Sexual and Reproductive Health	1	2	3	4	5
2. Mental Health	1	2	3	4	5
3. Healthy Living	1	2	3	4	5
4. Populations (formerly known as Gender Equality)	1	2	3	4	5
5. Violence against Women	1	2	3	4	5
6. Cancer	1	2	3	4	5
7. Chronic Disease	1	2	3	4	5
8. Socioeconomics (formerly known as Gender Equality)	1	2	3	4	5

Q5. How satisfied are you with the following components of the Atlas? **SR PER ROW**

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Have not used
1. Maps	1	2	3	4	5	99
2. Gender Analysis	1	2	3	4	5	99
3. Fact Sheets	1	2	3	4	5	99
4. Education resources	1	2	3	4	5	99
5. National and Statewide Data Series	1	2	3	4	5	99

Q6. To what extent do you agree or disagree with the following statements? **SR PER ROW**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The Atlas is easy to understand	1	2	3	4	5
2. The Atlas is easy to navigate	1	2	3	4	5
3. The data within the Atlas is valid/up to date	1	2	3	4	5
4. The Atlas is a unique resource	1	2	3	4	5
5. The Atlas is an essential platform for my work	1	2	3	4	5
6. The Atlas provides data that meets my needs	1	2	3	4	5

[PROGRAMMING NOTE: ONLY ASK Q6_A IF CODE 1 or 2 SELECTED ON ANY STATEMENT AT Q6]

QC. This is a quality control question. Please select 'Strongly agree' from the options below. **SR**

[PROGRAMING NOTE – FLAG CODES 1-4 AND 98 FOR REMOVAL – SUGGESTIVE OF BOTS]

Strongly disagree	1
Slightly disagree	2
Neutral	3
Slightly agree	4
Strongly agree	5
None of the above	98

Q6_A. What features or improvements would you suggest to enhance your experience of the Atlas? **OE[4]**

Atlas Outcomes

Q7. What have the outcomes been from your / your organisation's use of the Atlas? *Please specify if these outcomes can be directly attributed to the Atlas* **OE**

Q8. Below are some of the intended outcomes of the Atlas: to what extent do you agree the Atlas has achieved these outcomes for you / your organisation? **[SINGLE RESPONSE PER ROW; RANDOMISE ORDER OF STATEMENTS]**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. Increased the awareness and understanding of the relationship between gender and health	1	2	3	4	5
2. Improved accessibility and use of available data on women's health and gender equality	1	2	3	4	5
3. Contributed towards a coordinated approach to health promotion with other organisations	1	2	3	4	5
4. Increased identification / awareness of changes in key indicators relating to women's health and gender equality and monitoring and analysis of trends over time.	1	2	3	4	5

4   OE = Open-ended question

Q9. Has the Atlas ever been used by you / your organisation to... **MR**

Submit a business case to receive funding to target health and gender related issues	1
Conduct a gender impact assessment	2
None of the above	98
Unsure	99

Q10.
[PROGRAMMING NOTE: ONLY ASK IF CODE 1 AT Q9]
You mentioned the Atlas was used to support a business case. What specific issue was the funding used for?

Q11. NOT COMPULSORY.
[PROGRAMMING NOTE: ONLY ASK IF CODE 1 AT Q9 – DO NOT FORCE RESPONSE]
If you're comfortable answering, what was the amount of the funding requested?

Please provide us with your details.

ASK ALL.

S1. What is your gender? *Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.* **SR**

Man or Male	1
Woman or Female	2
Non-binary	3
I use a different term (please specify)	98
I prefer not to answer	99

Q12_A. Which sector do you work in? Please tick all that apply **MR**

Cancer	1
Disability	2
Education	3
Healthcare	4
Government (local)	5
Government (state)	6
Mental Health	7
Prevention of violence against women	8
Private sector	9
Research	10
Social welfare	11
Sexual and Reproductive Health	12
Women's Health sector	13
Other (please specify)	98

Q12_B. If you are comfortable sharing, what organisation do you work for and what is your role? **OE**

Organisation	OPTIONAL
Role	OPTIONAL

Close

Thank you for your time and input.

For your reference, this study has been conducted by Painted Dog Research and Women's Health Victoria. This research has been carried out in compliance with the Privacy Act and the information you provided will be used only for research purposes.

Thanks again for your time. It's greatly appreciated!

OUTRO PAGE: Victorian Women's Health Atlas | Women's Health Victoria (whv.org.au)

Appendix E - Desktop research documents

Google Analytics:
- Atlas ALLTIME Audience Location_Australia_By City_2015-2023 years
- Atlas ALLTIME Audience Location_Australia_By State_2015-2023 years
- Atlas ALLTIME Audience Location_By Country_2015-2023 years
- Atlas ALLTIME Audience Overview 2015-2023
- Atlas ALLTIME Content_All rows 2015-2023 years
- Atlas ALLTIME Content_Factsheets by Individual title 2015-2023 EXCEL
- Atlas ALLTIME Content_Factsheets by PHA totals 2015-2023 years
- Atlas ALLTIME Content_Maps By Priority Health Area 2015-2023 years
- Atlas ALLTIME Content_National Statewide 2015-2023
- Atlas ALLTIME Content_Overview 2015-2023 EXPLANATION
- Atlas ALLTIME Content_Factsheets_Avoidable Mortality by LGA Dec 2016 - 2023
- Atlas ALLTIME Content_Overview 2015-2023 years PDF export
- Atlas ALLTIME Content_Reports_Education resources 2015-2023 years
- Atlas ALLTIME Content_Factsheets_Cancer by LGA Nov 2016-2023
- Atlas ALLTIME Content_Factsheets_Gender Equality by LGA Feb 2017-2023
- Atlas ALLTIME Content_Factsheets_Gendered Demographics by LGA_Oct 2015 to Feb 2017
- Atlas ALLTIME Content_Factsheets_Mental Health by LGA 2015-2023
- Atlas ALLTIME Content_Factsheets_Sexual Reproductive by LGA 2015-2023
- Atlas ALLTIME Content_Factsheets_Violence against Women by LGA_ONE_2015-Mar 2018
- Atlas ALLTIME Content_Factsheets_Violence Against Women by LGA_TWO_Apr 2018-2023
- Atlas Audience Overview 2015-2016 year
- Atlas Audience Overview 2016-2017 year
- Atlas Audience Overview 2017-2018 year
- Atlas Audience Overview 2018-2019 year
- Atlas Audience Overview 2019-2020 year
- Atlas Audience Overview 2020-2021 year
- Atlas Analytics All Web Site Data Audience Overview 2021-2022 financial year
- Atlas Audience Overview 2021-2022 year
- Atlas Acquisition Overview 2022-2023 year
- Atlas Audience Overview 2022-2023 COMPARE 2021-2022
- Atlas Audience Overview 2022-2023 year
- Atlas Content_Maps By Priority Health Area 2022-2023
- Atlas Content_Overview 2022-2023 years
- Atlas Location_Australia_By City_2022-2023 year
- Atlas Location_Australia_By State 2022-2023 year
- Atlas Pages Viewed 2022-2023

Other internal documents sent by WHV:
- WHV Annual Report 2015- 2022
- 2015 WHV Data Resource Development Project
- Atlas presentations – summary
- Atlas Strategic Plan Oct 2022 – Dec 2024

External documents reviewed:
- Respect Victoria – prevention of family violence data platform
- WHV submission to the National Strategy to achieve gender equality
- Towards a gendered understanding of women's experiences of mental health and the mental health system (Barr et al. 2023).