

Public Health and Wellbeing Plan (2019-2023)

Submission prepared by Women's Health Victoria

Introduction

Women's Health Victoria welcomes the opportunity to provide input into the development of the next state Public Health and Wellbeing Plan (2019–2023).

WHV is a Victorian statewide women's health promotion, advocacy and support service. We work collaboratively with health professionals, policy makers and community organisations to influence and inform health policy and service delivery for women. Our work is underpinned by a social model of health and a commitment to reducing inequities in health which arise from social, economic and environmental determinants. By incorporating a gendered approach to health promotion, we aim to reduce inequality and improve health outcomes for women.

As the draft plan for 2019-23 has not been released, this submission responds to the 'Areas for discussion' questions in the consultation paper, noting that there will be significant continuity between the current and new plans, including continuity for the six priority areas.

1. In regard to the current plan, what has worked well, and where are the opportunities for improvement?

Addressing the social determinants of health through a strong prevention focus

Strengths of the current plan include acknowledgement of the evidence base supporting a stronger emphasis on the social determinants of health, and the adoption of a 'whole of system approach' that brings all sectors together to address the social determinants of ill-health and poor health outcomes across our communities.

The consultation paper states that the next plan will also acknowledge the social determinants of health and those conditions that make a significant contribution to the burden of disease, with reference to specific strategies such as the Victorian cancer plan 2016-2020.

WHV suggests that the **focus on addressing social determinants should be strengthened** in the next plan, by making reference to the social determinants that contribute to poor or unequal outcomes across the six priority areas, and how these will be addressed through action plans, etc. Otherwise the focus on addressing social determinants may be lost as councils focus on early intervention and response. For example, in relation to healthy and active living, structural factors such as access to healthy food and/or inadequate income need to be addressed to enable behaviour change at the individual level.

Preventing violence against women

Preventing violence against women and sexual and reproductive health should be given greater prominence and consideration within the next Public Health and Wellbeing Plan.

Victoria's gender equality strategy, *Safe and Strong* specifically identifies violence against women and sexual and reproductive health as key health issues that need to be addressed in order to realise gender equality.¹

¹ *Safe and Strong: A Victorian Gender Equality Strategy* (2016), 27-28. Available online: <https://www.vic.gov.au/our-gender-equality-strategy>.

WHV supports the ongoing inclusion of preventing violence and injury as a priority but strongly recommends that the **prevention of violence against women be identified as a stand-alone priority** under the new Plan, and a top priority for local government action during the next four years.

Intimate partner violence is the greatest health risk factor (greater than smoking, alcohol and obesity) for women in their reproductive years (18-44).² The negative impacts of violence on women's health include poor mental health, in particular anxiety and depression, as well as alcohol and illicit drug use and suicide.³ In 2015, Our Watch and VicHealth commissioned PricewaterhouseCoopers (PwC) to model the cost of violence against women to Australia. PwC estimated that the combined health, administration and social welfare costs of violence against women cost \$21.7 billion a year, including \$7.8 billion a year in direct costs to governments.⁴

Because of its severity, prevalence and impacts on the wider community, WHV recommends that addressing violence against women becomes a stand alone priority under the new plan. The actions required to prevent (and respond to) violence against women have been established⁵ and are very different from those required to prevent other types of 'injury' such as falls.

Furthermore, WHV recommends that preventing violence against women replaces tobacco-free living and healthy eating as a top priority. Committing violence against women is a criminal act and human rights violation with profound and lifelong consequences for those who experience and witness it including children of all ages and genders. Preventing women from being harmed or killed by another person must be a higher priority for local governments than addressing tobacco consumption.

There is already a strong evidence base and shared approach for preventing violence against women in Victoria, which local governments have been, and continue to be, active contributors to. This approach has been supported by a dedicated government strategy (Free from Violence). Having prevention of violence against women as a standalone priority would support the mandate for local councils to continue this work.

At the least, work under other priorities should not reinforce gender inequality (the driver of violence against women). As explored in greater detail below under question 2, health promotion and health services focused on addressing tobacco-free living and/or health eating can inadvertently contribute to poor mental health outcomes, decreased physical activity and the reinforcement of harmful gender stereotypes and gender inequality if they fail to consider and sensitively respond to gender.

Improving sexual and reproductive health

For social as well as biological reasons women continue to bear most of the burden for managing sexual and reproductive health. This includes the ability to manage fertility and access contraception, have safe, respectful and pleasurable sexual relationships and access safe and legal abortion.

In relation to sexual and reproductive health, the plan should encourage local councils to move beyond a focus on reducing the prevalence of STIs and/or blood borne viruses to a gender equity approach which aims to increase women's reproductive autonomy.

Reproductive autonomy and access to non-bias information about contraception and sexual and reproductive health options, have been neglected in public health and wellbeing plans to date, although they are critical influences on women's ability to participate in work or education. Maternal and child health services have a key role to play in promoting access to contraception and safe, pleasurable and respectful intimate relationships but require a stronger mandate.

² Australian Institute of Health and Welfare (2016) Burden of Disease Study (Ayre et al. 2016; Webster, 2016)

³ VicHealth (2017) Violence against women in Australia: research summary. Victorian Health Promotion Foundation. Melbourne. Available from: <https://www.vichealth.vic.gov.au/media-and-resources/publications/violence-against-women-in-australia-research-summary>

⁴ PricewaterhouseCoopers Australia (2015) A high price to pay : the economic case for preventing violence against women, p. 10. Available from: <https://www.pwc.com.au/pdf/a-high-price-to-pay.pdf>

⁵ Our Watch, VicHealth and ANROWS (2015) Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia. Available online: <https://www.ourwatch.org.au/What-We-Do/National-Primary-Prevention-Framework>

Work by local governments to address the priority areas of preventing violence (against women) and sexual and reproductive health should be informed by relevant statewide strategies, including *Free from Violence*, Victoria's strategy for preventing family violence and all forms of violence against women and *Women's Sexual and Reproductive Health: Key Priorities 2017-20*. WHV notes that following recommendations from the Royal Commission into Family Violence, councils are now required to report on the measures they propose to take to reduce family violence and respond to the needs of victims in their public health and wellbeing plans.

Mainstreaming a gendered approach to health across all priority areas

Greater equality between women and men is a precondition for (and an indicator of) equitable, prosperous and healthy communities and an important social determinant of health.⁶

By investing in and strengthening gender equity we can address the social determinants that lead to poor and unequal mental and physical health outcomes for women. At the same time, investing in gender equity is also key to preventing violence against women, and can also improve the health and wellbeing of men and boys. Victoria's gender equality strategy, *Safe and Strong*, identifies gender as 'one of the most powerful determinants of health outcomes' and recognises that gender inequalities place women at a lifelong health disadvantage.⁷

Consistent with *Safe and Strong*, it is critical that gender is included as a key social determinant of health across all of the six priority areas in the new Public Health and Wellbeing Plan, and that a gendered approach is taken to addressing each of the priorities.

All policy and planning decisions impact differently on women and men, even if at first glance they appear to be gender neutral. A gendered approach to policy development, planning and service delivery is important to ensure that any differences are anticipated, that interventions do not inadvertently contribute to other forms of inequality or poor health outcomes, and that equitable health outcomes can be achieved across the population as a whole.

While gender inequality is increasingly recognised and understood as the driver of violence against women, there is less understanding of how gender inequality drives poor health outcomes across the other priority areas identified in the plan, including healthy and active living, tobacco-free living, and improving mental health. Because gender inequality contributes to poor or unequal health outcomes across all priority areas, gender equity and preventing violence against women should be given much greater prominence in the plan.

For example:

Healthy eating and active living

A gendered approach to the promotion of healthy and active living is important to ensure that interventions do not inadvertently cause harm or have unintended impacts on the mental health and body image of women and girls. This means recognising and addressing the gendered barriers to women's and girls' participation in physical activity.

Young women report feeling worried about being judged, humiliated and harassed when exercising⁸ and over 50% feel they are seldom or never valued for ability over looks.⁹ Women also experience more intense stigma from health professionals and the broader community in

⁶ According to the World Health Organisation, the social determinants of health are 'the conditions in which people are born, grow, work, live, and age' and the wider set of forces and systems shaping these conditions such as distribution of money, power and resources.

⁷ *Safe and Strong: A Victorian Gender Equality Strategy* (2016), 27-28. Available online: <https://www.vic.gov.au/our-gender-equality-strategy>.

⁸ van Bueren, Elliott and Farnam (2016) 2016 Physical Activity and Sport Participation Campaign : insights report, p. 7. Available from: https://campaigns.health.gov.au/sites/g/files/net3246/f/insights_report.pdf

⁹ Plan International and Our Watch (2016), *Everyday Sexism: Girls' and young women's views on gender inequality in Australia*, Melbourne.

regard to weight. Greater experiences of weight stigma are associated with lower levels of motivation to exercise in women but not men.¹⁰

Sports England's highly successful *This Girl Can* has since been adapted by VicHealth and shows how much more effective and gender sensitive approach can be.

Tobacco-free living

According to the World Health Organisation, 'despite the influence of gender, there has been little development or examination of programmes and policies to address differences between and among women and men throughout the four stages of the tobacco epidemic'... 'It is crucial to prepare more effectively for different patterns of tobacco use in the 21st century among girls, boys, women and men by constructing gendered responses'.¹¹

Most smokers in the world are men, so morbidity and mortality rates due to tobacco are higher in men. Illness arising from exposure to second-hand smoke, however, is mainly suffered by women.¹²

A gendered approach to achieving tobacco-free living would challenge notions of masculinity and femininity that contribute to tobacco use. For women, this means challenging gender norms that smoking represents independence, positive sexuality, a means of tackling restrictive gender norms, and an option for weight control.¹³

Improving mental health

Young women report the highest rates of mental disorder of any population group (30% for women aged 16 to 24)¹⁴ and nearly 1 in 3 girls aged 16-17 have self-harmed.¹⁵ It is also estimated that 20% of Australian women have experienced postnatal depression, that is, depression in the 12 months after birth.¹⁶

Factors associated with women's higher rates of depression and anxiety include poverty, discrimination, and socioeconomic disadvantage; insecure, low status employment; gendered expectations of high levels of unpaid domestic labour and caregiving; and differential exposure to physical and sexual violence in domestic settings.¹⁷

The International Association for Women's Mental Health notes that 'a number of approaches appear to promise a sound return on investment in women's mental health'.¹⁸ These include trauma-informed care, single sex/gender services and peer support models.

¹⁰ [Gender differences in the relationship of weight-based stigmatisation with motivation to exercise and physical activity in overweight individuals](#) Health Psychology Open 2018

¹¹ World Health Organisation (2007). Sifting the evidence, gender and tobacco control. Available online: <https://www.who.int/tobacco/resources/publications/Sifting%20the%20evidence.pdf>

¹² World Health Organisation(2018), Gender responsive tobacco control: Evidence and options for policies and programmes. Available online: <https://www.who.int/fctc/cop/sessions/cop8/Gender-Responsive-Tobacco-Control.pdf>

¹³ World Health Organisation(2018), Gender responsive tobacco control: Evidence and options for policies and programmes. Available online: <https://www.who.int/fctc/cop/sessions/cop8/Gender-Responsive-Tobacco-Control.pdf>

¹⁴ Duggan, Maria (2016) Investing in women's mental health: strengthening the foundations for women, families and the Australian economy. Australian Health Policy Collaboration, Melbourne. Available from: <https://www.vu.edu.au/sites/default/files/AHPC/pdfs/investing-in-womens-mental-health.pdf>.

¹⁵ Robinson J, McCutcheon I, Browne V, et al. (2016) Looking the other way: young people and self-harm. Orygen, The National Centre of Excellence in Youth Mental Health. Melbourne, p. 12. Available from: <https://www.orygen.org.au/About/News-And-Events/Looking-the-Other-Way-Young-People-and-Self-Harm>

¹⁶ [Perinatal depression: data from the 2010 Australian National Infant Feeding Survey](#) (2012) Australian Institute of Health and Welfare, Canberra.

¹⁸ Duggan, Maria (2016) Investing in women's mental health: strengthening the foundations for women, families and the Australian economy. Australian Health Policy Collaboration, Melbourne. Available from: <https://www.vu.edu.au/sites/default/files/AHPC/pdfs/investing-in-womens-mental-health.pdf>

The new Public Health and Wellbeing Plan should mandate that Municipal Public Health and Wellbeing Plans must take a **gender-sensitive approach** – across all priority areas – informed by use of gender-disaggregated data, gender analysis, and a broader commitment to gender equity. It should require that Municipal Plans address the convergence of gender, disability, race, age and other factors that intersect with sex and gender to influence health and wellbeing outcomes.

Gender mainstreaming is a process for ensuring that these approaches are systemically and consistently applied across all aspects of an organisation's work. Mandating gender mainstreaming is one of the purposes of the **Gender Equality Bill** currently under consideration by Cabinet. The Bill can be expected to include new obligations for the Victorian public sector, including local government, to plan and report on gender equality, including targets for women in leadership, gendered procurement and the development and implementation of Gender Equality Action Plans that identify strategies for the implementation or strengthening of gender impact analysis to ensure that policies, programs and services considers the specific impacts on women and men, including annual reporting against gender equality targets and indicators. According to the 2018 exposure draft of the Bill, the Minister for Women would be able to name public sector organisations that do not comply with their obligations in her annual report on gender equality.

The development of the new Public Health and Wellbeing Plan for 2019-2023 represents a timely opportunity for local governments to start preparing for these changes, strengthen good work already underway and improve their understanding of, and investment in, addressing gender inequality as a driver of poor and/or unequal health and wellbeing outcomes in their regions.

2. How could your sector drive targeted action over the next four years towards the proposed objectives and priorities?

WHV supports the Government's commitment to 'a greater emphasis on coordinated development, delivery and accountability for key evidence-based public health actions' between governments and other bodies.

Victoria is in the unique position nationally of having a dedicated network of specialist women's health services, which have a long and successful track record of working closely with local governments at the regional and statewide levels to resource and support work to promote gender equity and prevent violence against women. Primary prevention of violence against women, sexual and reproductive health, and women's equality are shared priorities for all women's health services.

As a statewide body **WHV can help drive targeted action by local governments** to achieve the objectives and priorities under the next iteration of the Public Health and Wellbeing Plan. WHV provides expertise, training and resources relevant across all priority areas under the plan, particularly in relation to gender mainstreaming and gender equitable approaches to improving health and wellbeing.

WHV can assist local governments to achieve their goals under the plan by:

- Delivering **tailored training programs** drawn from our suite of workshops, including *Gender Equity in the Workplace*, *Gender Equity in Action*, *Bystander action to prevent violence against women*, *Capturing Change: Monitoring and evaluation for preventing violence against women*, and *Safe and Supported: Building workplace capacity for preventing family violence*.
- Access to **data and impact measurement tools** that allow local governments to compare and track indicators and outcomes at the regional and statewide level. [The Victorian Women's Health Atlas](#) was developed by WHV as a tool to assist in the identification of how gender impacts on key health areas including mental health. The Atlas enables comparison between Local Government Areas, Regions and the State. The purpose of the Atlas is to increase the availability of reliable data for evidence-based decisions about service design, emerging priorities and program planning. The Atlas includes data on key social determinants of health and wellbeing including perception of safety, poverty and community connectedness, as well as data on key health topics related to the Public Health and Wellbeing Plan priorities such as mental health, violence, and avoidably mortality.

- Providing access to **specialist research, evidence and advice** in relation to key health issues, health promotion and service delivery. WHV regularly publishes Issues and Knowledge Papers on a range of health topics relevant to local government, as well as short research summaries and data digests. Recent examples include brief 'Spotlights' on self-harm and anxiety¹⁹, as well as more detailed research papers such as
 - [Advertising \(In\)equality](#) (2018), focusing on the impacts of sexist advertising on women's health and wellbeing and men's attitudes to women,
 - [Great Expectations](#) (2018) which explores how the perinatal period can challenge body image, relationships, intimacy and mental health for women, and
 - [Growing Up Unequal](#) (2017) which investigates how sex and gender impacts the health and wellbeing of young women and includes a focus on how gender inequality impacts mental health

A full list of publications by WHV can be accessed online: <https://whv.org.au/resources/whv-publications>

When the Gender Equality Bill is enacted it will be critical to **build the knowledge and skills of local government employees** to enable them to implement the requirements of the Bill and comply with their obligations. Building the capacity of local governments will require both comprehensive training and access to practical resources/tools. Much of this expertise is available within the women's health sector. We recommend providing additional resourcing to support the women's health and community sector to share its expertise with state and local government organisations through training, advice and resources. This will ensure there is a 'gender equity workforce' of sufficient size and skill across the public and community sectors to support the ambitions of the legislation.

3. What resources would support your sector to deliver action on the proposed objectives and priorities (for example further guidance, stronger authorising environment, support for monitoring and evaluation, information sharing platforms)?

A stronger mandate and guidance for local governments to work towards gender mainstreaming, in partnership with their local women's health service, would strengthen institutional support for this work. WHV recommends that the new Public Health and Wellbeing Plan make explicit reference to *Safe and Strong* and the anticipated obligations for local governments under the Gender Equality Bill and require the inclusion of gender as a key social determinant of health and wellbeing across all priority areas.

Recognising that preventing violence against women and improving sexual and reproductive health are essential for gender equality – and to create the authorising environment within local governments to prioritise this work:

- Prevention of violence against women should be identified as a stand-alone priority under the new Plan, as well as one of the top priorities for local government action during the next four years
- There should be stronger emphasis on supporting women's reproductive health and autonomy, as well as sexual health

Common frameworks and tools for monitoring and evaluating initiatives would support greater consistency across all sectors undertaking work in these priority areas, as well as supporting greater collaboration. The **collective impact model** provides a structured approach to making collaboration work across government, business, philanthropy, non-profit organisations and citizens to achieve significant and lasting social change.²⁰ This model is already used by women's health services for

²⁰ Kania and Kramer (2011) Collective impact. *Stanford Social Innovation Review* (Winter). Available from: [URL](#)

regional action planning to prevent violence against women,²¹ and could be directly applied to broader work with local government and their partners. Inner North West Primary Care Partnership's Collaborative Evaluation Project or *Incept* provides another approach to collaborative change measurement.²²

As noted above, women's health services will need to be adequately funded in order to provide, training, tools and expert consultation and advice to local government.

4. How can the plan balance a need for greater guidance and direction for the priorities of the plan while allowing sufficient flexibility for stakeholders to prioritise activity according to local need?

The right balance can be achieved by providing strong overarching guidance and clear mandates through the Public Health and Wellbeing Plan and associated documents, while encouraging local governments to make use of community consultation, specialist expertise and data at the local or regional levels.

Partnerships with women's health services can play a key role in supporting this approach. Women's health services have strong processes and networks to support appropriate and inclusive community consultation. They have expertise in addressing the social determinants of health and wellbeing from a gendered perspective that support the achievement of equitable health outcomes.

5. From your organisation's perspective, what would success look like by the conclusion of the next four-year plan?

WHV's vision is for all Victorian women to be healthy, empowered and equal. From our perspective, success under the next plan would include all LGAs being obliged and guided by the Gender Equality Act to mainstream gender equity internally and externally – supported and resourced by their local women's health service as well as other specialist organisations such as Aboriginal Community-Controlled Organisations and those that focus on migrant and refugee health.

There is greater recognition and understanding of the imperative to address social determinants that contribute to poor health outcomes across all health priorities. All local governments are collecting and sharing evidence, progress reports and data related to health and wellbeing outcomes. Sex disaggregated data is collected as a matter of routine and is used to inform a continual process of analysis and improvement.

As a result, the gender gap for health and wellbeing outcomes is closing, along with other health inequalities, and information, supports and services are inclusive, evidence-based and effective.

²¹ Women's Health Association of Victoria (2015) Understand : Toolbox : Community consultation models and tools [Website]. *In*: Equality and safety for women : preventing violence before it occurs. Available from: [URL](#)

²² Inner North West Primary Care Partnership's Collaborative Evaluation Project or *Incept*. <http://inwpcp.org.au/wp-content/uploads/2011/03/INCEPT-Project-Overview-1.pdf>