



Victorian Public Health and Wellbeing Plan 2011-2015

Health Strategy Team
Department of Health
Level 21
50 Lonsdale Street
Melbourne Vic 3000

Dr Robyn Gregory
Chief Executive Officer
Women's Health West
317-319 Barkly Street
Footscray 3011
Telephone: (03) 9689 9588
Fax: (03) 9689 3861
Email: robyng@whwest.org.au

3 October 2011

Executive summary

This submission outlines Women's Health West (WHW) recommendations on how the State Government can better ensure that the *Victorian Public Health and Wellbeing Plan 2011-2015* achieves sustainable, equitable health outcomes for all Victorians.

One of the most important and complex roles of our health care sector is to ensure health equity by focusing on the social conditions that drive health, wellbeing and safety and the impact this has on individual and population health. Health policy and practice that works to redress the social conditions in which we live, work and play has been shown to be the most effective method of preventing ill health and disease in a way that is both sustainable and cost-effective (WHO, 2010; Keleher, MacDougall and Murphy, 2008).

To ensure that such an approach is better integrated into the *Victorian Public Health and Wellbeing Plan 2011-2015*, WHW has identified the following recommendations. These include:

- A greater focus on primary prevention, population health and health promotion
- A stronger commitment to the social structures and conditions that drive health and wellbeing
- Integrate a gender sensitive approach to mental health promotion, policy and program and service provision
- Strengthen health promotion initiatives that work to redress the social determinants of sexual and reproductive health, particularly for disadvantaged population groups
- Provide an integrated approach to sexual and reproductive health policy, health promotion, clinical services and program delivery
- Ensure sexual and reproductive health rights are protected and upheld
- Include prevention of violence against women as a statewide health promotion priority.

Introduction

WHW is the women's health service for the western metropolitan region of Melbourne. Our services include research, health promotion, community development, training and advocacy around women's health, safety and wellbeing. Since 1994, WHW has hosted the region's largest family violence crisis support and prevention program. These two main arms of the service place WHW in a unique position to incorporate women's experiences directly into our research, health promotion and project work, ensuring that we clarify the connections between structural oppression and individual experience.

As a feminist organisation we focus on redressing the gender and structural inequalities that limit the lives of women. WHW's work is underpinned by a social model of health, recognising the important influence of, and aiming to improve, the social, economic and political factors that determine the health, safety and wellbeing of women and their children in our region. 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.

Informed by our vision of equity and justice for women in the west, WHW's work is guided by the following five strategic goals:

- Delivering and advocating for accessible and culturally appropriate services and resources for women across the region
- Improving conditions in which women live, work and play in the western region of Melbourne
- Putting women's health, safety and wellbeing on the political agenda to improve the status of women
- Recognising that good health, safety and wellbeing begins in our workplace
- Working in partnership with others to achieve our goals.

WHW sits on the board of the HealthWest Primary Care Partnership and governance group of the Inner North West Primary Care Partnership and supports each of those applications.

Response to the Victorian Public Health and Wellbeing Plan 2011-2015

WHW welcomes the opportunity provided by the Victorian government to give feedback on the *Victorian Public Health and Wellbeing Plan 2011-2015* (the plan). We congratulate the government on the development of a plan that aims to improve the health and wellbeing of all Victorians by engaging communities in prevention, and in strengthening systems for preventive healthcare. WHW considers the statewide approach to health outlined in the plan as a positive step towards ensuring the optimal health and wellbeing of all Victorians.

A greater focus on primary prevention, population health and health promotion

In our response to the *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan*, we stated that a greater focus on primary prevention, population health and health promotion are integral to the vision of a healthy and fair Victoria. The 2012-15 plan rightly identifies health promotion, primary prevention and public health as a priority for keeping people well. However it does this within a primary context of ‘focusing on lifestyle-related risk factors such as smoking, diet and physical activity’ (p.3). While the plan details the importance of working to redress the ‘environments of health’, many of the opportunities identified for progress in 2011-2015 are wedded to downstream strategies that are focussed on individual behaviour change. This is despite increasing evidence that behavioural factors account for a small proportion of disease incidence as compared to social determinants (Raphael, 2003). Research has shown that strategies that are focussed on behaviour change are generally ineffective, particularly in alleviating the deeply entrenched health inequities of the unfair and avoidable differences in health status seen within and between population groups most at risk (Raphael, 2003; Keleher, MacDougall and Murphy, 2008; WHO, 2010) .

Poverty is a good case in point. Figure four in the plan (p. 19) identified the links between health conditions, associated risk factors, and individual and social determinants. In this graph, low socio-economic status is projected to be the leading contributor to the burden of disease in Victoria. As outlined in the plan, the relationship between low socio-economic status and poor health is well established in the public health field. However, despite being identified as a major risk factor and a key social determinant of health, the plan is focussed on dealing with the *consequences* of low socio-economic status, rather than redressing its *causes* and working to prevent the associated health impacts before they occur.

In keeping with the recommendations WHW put forward for the *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan*, we strongly advocate for the adoption of a

population health approach in the *Victorian Public Health and Wellbeing Plan*. This will ensure a focus on improving health and wellbeing by tackling the disparities in health status between social groups in order to achieve health equity.

Population health interventions are essential in the health field, as working to redress the social determinants of health will prevent ill health and disease in a way that is both sustainable and cost-effective. Such an approach is complex yet pivotal, as integrated strategies that work to redress the social, economic and political determinants that drive ill health and disease are the most effective methods of achieving improved health outcomes, particularly among disadvantaged population groups. WHW recommends a stronger commitment throughout the plan and in the opportunities for progress in 2011-2015 to the social structures and conditions that drive the health, safety and wellbeing of Victorian communities.

Women's health, safety and wellbeing

WHW commends the Victorian government for its inclusion of mental health promotion and sexual and reproductive health promotion as key priority areas.

We welcome the proactive approach taken by the government to mental health promotion, suicide prevention and a commitment to tackling violence against women, workplace stress, and promoting acceptance of diversity and social inclusion. To strengthen the approach, WHW recommends that the plan integrate a gender-sensitive approach to mental health promotion, policy, and program and service provision to ensure the different needs of women and men are met. Evidence from the World Health Organisation indicates that men and women experience mental health and mental illness differently, with clear gendered differences in the onset, prevalence, diagnosis, treatment and outcomes of mental health and depression (WHO, 2005).

An example of the importance of integrating a gender analysis in the design of policy, programs and services is evident when considering suicide prevention, which remains a key focus in the plan. Evidence shows that the patterns of suicide and suicide attempts are gendered (ABS, 2010; WHV, 2011). In Australia men commit suicide three times more often than women; however, women attempt suicide three times more often than men (ABS, 2010). Because suicide attempts are for the most part under-reported, women are subsequently overlooked in the design and implementation of suicide prevention strategies despite the fact that they are more likely to engage in suicidal behaviours (WHV, 2011). Given the gendered nature of suicide and other mental health difficulties such as depression and anxiety, improving access to mental health prevention activities and programs, particularly for women at high risk of developing mental health problems, including Indigenous women, newly-arrived and refugee women, young women, women with a disability and sole parents, is key. The inclusion of a gender sensitive approach to mental health promotion would ensure that Victorian policy, program and service delivery is in line with best practice (WHO, 2005; VicHealth 2005).

Current WHW mental health promotion activity: Power On

Power On is a peer education program designed to enhance the wellbeing of women who experience mental illness by providing skills and encouragement, and building support networks. The program uses a 12-week series of interactive workshops delivered in partnership between Women's Health West and mental health services. Workshops are interactive and designed to encourage women to learn from one another through their experiences. The peer educator is a woman who has experienced mental illness and has been involved in every phase of the program including research, design and evaluation. The program was developed through extensive consultation and trials with women who experience mental illness. Evaluation of this work reveals that it is successful in enhancing the wellbeing of women who have participated, and mental health service providers have welcomed the Power On model after witnessing the benefits for their clients. For further information email sally@whwest.org.au

WHW commends the Victorian government for acknowledging that sexual health is 'influenced by a range of factors including gender; sexual health literacy; social and community attitudes to sexuality and sexuality relationships; freedom from coercion, discrimination and violence; and access to information, services and support' (p. 76).

We also welcome the government's commitment to improving young people's sexual health literacy through quality school-based sexuality education. Improving access to sexual and reproductive health services across Victoria, particularly for at-risk populations, is an important step forward in redressing sexual and reproductive ill health for Victorians. To this end, WHW recommend the development of a statewide strategy for sexual and reproductive health that is informed by current research and consultations to achieve the following:

- Strengthen health promotion initiatives that work to redress the social determinants of sexual and reproductive health, particularly for disadvantaged population groups
- Provide an integrated approach to sexual and reproductive health policy, health promotion, clinical services and program delivery
- Ensure sexual and reproductive health rights are protected and upheld.

Current WHW whole of school sexuality education program: Girls Talk Guys Talk

Girls Talk Guys Talk is a whole-school healthy relationships and sexual health program for young people in year nine. The overarching goal of the program is to foster a sustainable school environment in which young people have opportunities to gain the knowledge, skills and resources they need for healthy relationships and sexual choices – now and into the future. This is achieved by improving the knowledge and skills of year nine students in relation to sexual health and healthy sexual decision making; by maximising the leadership potential of empowered young people involved in the student working group; and by building the capacity of the whole school to promote healthy relationships and sexual health – through its curriculum, community and culture. In recent years, WHW has delivered the program in three secondary schools in Melbourne's west. Based on its success, Girls Talk Guys Talk has been developed into a train-the-trainer model, which will be rolled out state wide. For further information email lucy@whwest.org.au

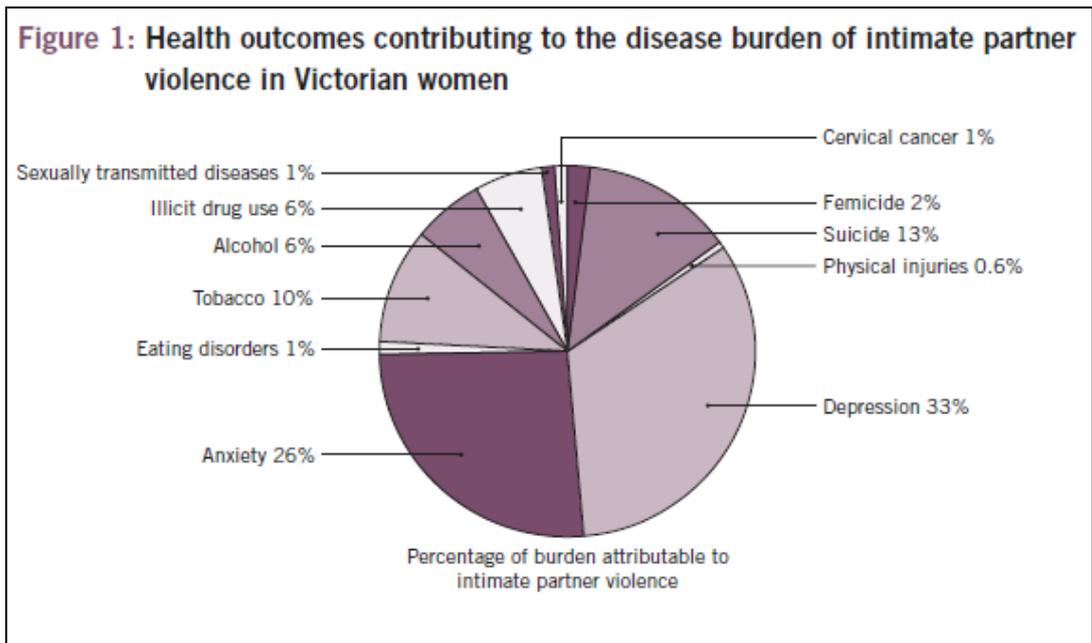
WHW welcomes the commitment to working 'toward reducing, over time, the number of unplanned pregnancies' (p. 77). However, we recommend using the term unwanted, rather than unplanned pregnancies, given that, for many women and their partners, unplanned pregnancies are welcomed and result in the birth of a child. A key strategy is to focus on redressing the social determinants of sexual and reproductive health that underlie unwanted pregnancies, such as poverty and violence against women (see WHW, 2011; WHO, 2010). Australian and international research has consistently shown that women experiencing

intimate partner violence are more than twice as likely to experience an unwanted pregnancy (WHO, 2010; Taft & Watson 2006). Preventing violence against women is therefore one of the most effective methods for reducing the rate of unwanted pregnancies. We recommend working in partnership with the women's health sector to achieve this aim. The sector has more than two decades of sexual and reproductive health promotion experience, including leading the development of regional sexual and reproductive health promotion strategies.

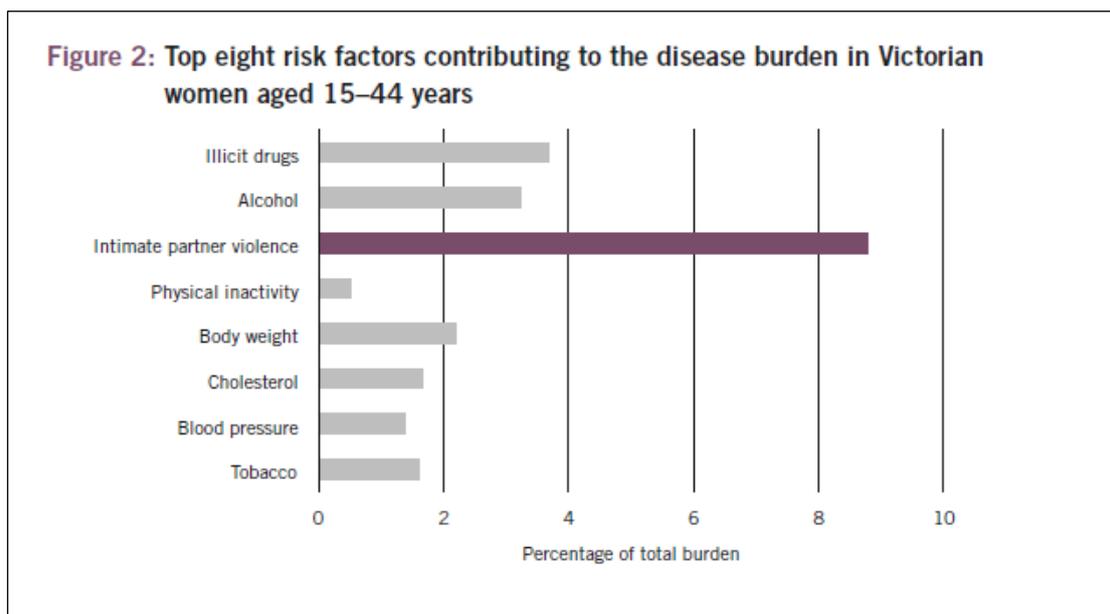
Current WHW sexual and reproductive health promotion activity: Western Region Sexual and Reproductive Health Strategy

Over the past two years, WHW in collaboration with community health services, local government and specialist sexual and reproductive health services has lead the development of a regional sexual and reproductive health strategy. In 2010, the *Mapping and Needs Analysis Report 2010* identified the population groups in Melbourne's west who were disproportionately affected by sexual and reproductive ill health and those communities that are under-resourced with appropriate primary prevention initiatives. Building on this work, WHW undertook a literature review that found that sustainable prevention is achieved through strategies and initiatives that work to redress the social determinants of sexual and reproductive health. This work together with the *Western Region Sexual and Reproductive Health Promotion Framework* provides an overarching conceptual guide for use in evidence-based sexual and reproductive health promotion action. The forthcoming regional strategy will use an integrated and coordinated approach to reduce and most importantly prevent sexual and reproductive ill morbidity in Melbourne's western region.

The Victorian government has demonstrated its growing commitment to prevention of violence against women through *Preventing Violence Against Women in our Community*, a whole-of-community approach to be delivered through selected local government clusters. WHW recommend that the government builds on this leadership by including prevention of violence against women as a Victorian health priority. The magnitude of the social, economic and health impacts of violence against women in our community is clear evidence of this need. One in three Victorian women experience physical violence, while one in five women are subjected to sexual violence from the age of fifteen (ABS, 2006).



Epidemiological studies show that for Victorian women aged 15-44 intimate partner violence is the leading cause of illness, death and disability (VicHealth, 2004). As outlined in figure 1, intimate partner violence has wide-ranging and persistent effects on women's physical and mental health. Indeed, as further highlighted in figure 2, violence against women is a greater contributor to the burden of disease for Victorian women aged 15-44, than physical inactivity, unhealthy body weight, drug and alcohol-related harm and tobacco use (VicHealth, 2004).



Violence against women has a significant impact on the Victorian economy. A study undertaken by KPMG found that the costs associated with violence against women exceed \$3.4 billion dollars per year for Victoria – this is far greater than other health priorities identified in the plan such as oral health (\$2 billion) and injury prevention (\$500 million). It is estimated that unless action is taken, the cost associated with violence against women will grow to more than \$3.9 billion by 2021. WHW strongly recommends that the Victorian government take this opportunity to position itself as a leader in primary prevention by including prevention of violence against women as a statewide health promotion priority.

Current WHW violence against women primary prevention activity: Preventing Violence Together: The Western Region Action Plan to Prevent Violence Against Women

The ultimate vision of *Preventing Violence Together* is communities, cultures and organisations in the western region that are non-violent, non-discriminatory, gender equitable and promote respectful relationships. Women’s Health West has partnered with primary care partnerships, local councils and community health centres to develop an action plan that uses a health promotion framework to set out a series of mutually reinforcing actions to be implemented within and between signatory organisations. The proposed actions respond to the determinants of violence against women – that is, the factors that cause men to commit violence against women in the first place. For further information email erin@whwest.org.au

References

- Australian Bureau of Statistics (2010) *Yearbook Australia 2009-2010*, Australian Bureau of Statistics, Canberra.
- Australian Bureau of Statistics (2006) *Personal Safety Survey*, Cat. No. 4906.0, Canberra.
- Department of Health and Ageing (2009) *Primary Health Care Reform in Australia: Report to Support Australia's First National Primary Health Care Strategy*, Commonwealth of Australia.
- Department of Health (2011) *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan*, Victorian Government.
- Department of Health (2011) *Metropolitan Health Plan Technical Paper*, Victorian Government.
- Keleher, H., MacDougall, C. and Murphy, B. (2008) 2nd edition, *Understanding Health Promotion*, Oxford University Press: Oxford.
- O'Rourke, K. (2008) *Time for a national sexual and reproductive health strategy for Australia*, Public Health Association of Australia: Canberra.
- Raphael, D. (2003) 'Barriers to addressing the social determinants of health: public health units and poverty in Ontario, Canada,' *Health Promotion International*, Vol. 18, No. 4.
- Taft, A. J., Watson, L. F. (2007) 'Termination of pregnancy: associations with partner violence and other factors in a national cohort of young Australian women', *Australian and New Zealand Journal of Public Health*, 31(2), 135 - 142.
- VicHealth (2004) *The Health Costs of Violence: Measuring the Burden of Disease of Intimate Partner Violence*. Victorian Mental Health Foundation, Melbourne.
- VicHealth (2005) *A Plan for Action 2005-2007: Promoting Mental Health and Wellbeing*, Victorian Health Promotion Foundation: Carlton.
- World Health Organisation (2005) *Gender in Mental Health Research*. Department of Gender, Women and Health, Family and Community Health, World Health Organisation, Geneva.
- Women's Health Victoria (2011) *Women and Suicide, Gender Impact Assessment no. 15*, Women's Health Victoria, Melbourne.
- Women's Health West (2011) *The Social Determinants of Sexual and Reproductive Health, 2011 Report*, Women's Health West, Footscray. Available at <http://www.whwest.org.au>

World Health Organisation (2010) *Social Determinants of Sexual and Reproductive Health: Informing future research and programme implementation*, WHO Press: Geneva.