women's **health** west

Victorian public health and wellbeing plan (2019–2023)

Question 1
   a. What are the strengths of the current plan?

Women's Health West (WHW) congratulates the Victorian government on successfully implementing a strong and comprehensive Public Health and Wellbeing Plan 2015 – 2019, and on developing a new plan that will continue the current plan's key strengths.

WHW commends the government for acknowledging the social determinants of health and thanks them for their commitment to preventing men's violence against women and improving women's sexual and reproductive health.

Other key strengths of the current plan include:

- A focus on regional partnerships and place-based approaches that enable communities to design and lead their own health initiatives
- The outcomes framework and data dictionary that list specific and measurable outcomes, indicators, targets and measures for each priority area
- A commitment to enabling Aboriginal community-controlled organisations to design and lead health initiatives in Aboriginal communities

   b. What are the opportunities for improvement?

WHW recommends the government identifies gender inequity as a key determinant of health and acknowledges that women and girls experience intersecting and compounding disadvantage and health risks due to their cultural and religious background, age, Aboriginal or Torres Strait Islander identity, ability, sexuality or gender identify, and socio-economic status. A social determinants and gendered approach across all priority areas will best ensure effective, sustainable and equitable outcomes for all women, their families and communities.

WHW recommends the government identify preventing men's violence against women as a priority area in its own right, separating it from injury prevention. Men's violence against women is a significant public health problem that contributes to homelessness, isolation, financial insecurity, loss of or limited access to employment and education, and affects the development of children who witness or experience violence. This violence creates a significant social and economic burden (PwC, Our Watch & VicHealth, 2015). We recommend the plan reference actions and indicators from *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia* and *Free from Violence*.

WHW recommends the government note the crucial role of women's health services in prevention work. Ernst and Young's report on primary prevention in Victoria highlighted the notable work of women's health services in carrying out primary prevention activities, including connections through partnerships and networks. We recommend the government consider how these findings can be used to support future primary prevention activity in Victoria.

We recommend the government take a gendered approach to designing actions to combat sexually transmitted infections (STIs) in men and women and, given the prevalence of STIs in men, specifically invest in programs that support men to make healthy and safe decisions about sex. We recommend gender-transformative health promotion campaigns that redress the gendered drivers of unsafe sexual practices, such as initiatives to redress reproductive coercion and men's attitudes to using condoms.

We recommend the government include provision of safe, responsive and appropriate health services to women in the unregulated sex industry. We advise the government to consult with women's health services and organisations that represent women in the sex industry to design actions that promote women's health and agency, while minimising harm and avoiding endangering the safety of women who sell sexual services.

WHW recommends including prisons as a priority setting for all public health and wellbeing initiatives in this plan, with special attention given to prevention of STIs and blood borne viruses.

WHW recommends the government strengthens its work by explicitly acknowledging its obligation to fulfil and promote human rights, including the right to health. The government should state its legal obligation to ensure access to timely, acceptable and affordable health care, as well as to provide for the underlying determinants of health (WHO, 2017). A rights-based approach requires governments to prioritise the needs of those who experience the greatest inequity, including women.

We recommend the government use a primary prevention approach across all priority areas to design actions that redress the attitudes, practices and power differences that drive poor health. Many of the plan's actions focus on secondary or tertiary responses to health problems, without accompanying primary prevention actions that redress structural drivers of poor health. For example, the plan includes 'Identify service users who smoke, document their smoking status and put referral systems in place for people who smoke'. We recommend including actions that redress the societal factors that contribute to smoking such as low socioeconomic status, level of education, mental illness and homelessness (Purcell, 2015). Under 'tobacco-free living', we recommend focusing on preventing the uptake of smoking, as well as initiatives to support cessation. We recommend the government partner with Aboriginal community-controlled organisations to design actions to reduce smoking rates in Aboriginal and Torres Strait Islander communities

Question 2.
It is proposed that over the next four years we focus on four of the plan's identified priorities by providing additional guidance and direction for coordinated action.

Which of the following priorities can your organisation/sector implement actions for (note: you may select multiple priorities):

    a. Tobacco-free living
No

    b. Healthy eating

Yes.

While WHW does not directly contribute to healthy eating, we contribute to actions designed to increase women's participation in sports and physical activity – actions that are currently listed under 'healthier eating and active living'. We have expertise in redressing the drivers of gender inequity and we provide gender equity training and capacity building to male-dominated industries and community organisations, such as sporting clubs and associations.

c. Climate change

Yes

Climate change is a global issue that disproportionately affects women, and climate-related health initiatives require a gendered lens (Nagel, 2015).

WHW and other women's health services have unique expertise in promoting gender equity and designing and implementing actions to redress the key determinants of women's poorer health, including the emerging determinant of climate change. With adequate resourcing WHW could contribute gendered analysis to the design, implementation and evaluation of climate change actions nominated in the consultation paper.

Extreme weather events have the greatest effect on the poorest and most vulnerable in our community, especially women. Climate change exacerbates poor health outcomes for women who experience multiple and compounding forms of disadvantage. For example, women over 50 are the fastest growing group of people experiencing homelessness, low income or income insecurity and social isolation. This makes older women more vulnerable to the adverse health and environmental effects of extreme weather events. Women's socially-conditioned role as carers mean women bear the burden of caring responsibility for the very young and very old, who are most at risk of ill health during extreme weather.

Women are poorly represented in the male dominated fields of climate change science (Nagel, 2015, p.80), policy and emergency response (Nagel, 2015, p.3). More women die in climate change-related natural disasters (Nagel, 2015, p.30) and are especially vulnerable to exploitation and violence following a disaster (Nagel, 2015, p.3).

Finally, our collective ability to respond to climate change is limited by the fact that there are so few women working in climate science or climate strategy. Better outcomes could be achieved if we had more diverse representation in these fields.

c. Respond to antimicrobial drug resistance

No

Question 3.
Please tell us the importance (from most important to least important) of the following supports that would assist your organisation/sector to implement the priorities of the next plan (2019-2023).

1. **Resources for monitoring and evaluation**
2. **Change to the authorising environment**
3. **Guidance on evidence-informed practice**
4. **Platforms to share good practice across the sector**

What other supports or resources would aid your sector or organisation?

WHW recommends that the government review and increase its Integrated Health Promotion (IHP) Program funding. WHW's IHP funding is inadequate; it fails to keep pace with CPI/ wage increases, let alone the extraordinary population growth in Melbourne's west and the concomitant complex demographic shifts in the west. To allow WHW to sustainably and successfully continue to deliver primary prevention outcomes in the west, we recommend that IHP funding be increased as a matter of urgency.

Question 4.
How can we balance the need for coordinated action on specific priorities while allowing for local responsiveness?

WHW applauds the government's recognition that coordinated action and local responsiveness are equally important and need to be balanced. The use of a social determinants of health and human rights framework helps to ensure that actions are evidence-based and coordinated, while also allowing them to be adapted and tailored for local contexts.

WHW argues that place-based, local and tailored health service delivery best meets the needs of communities and is the most effective way to respond to diverse needs and inequities. We recommend the plan sets out a clear evidence-based framework that local communities and services can adapt to their context. We recommend that the government resources local services to design health initiatives in collaboration with their communities.

Further, we encourage the government to highlight the importance of partnering with organisations and sectors that have strong links with community. The government should adopt a community development framework that enables Victorian's – collectively and individually – to design and develop their own programs and to advocate for systemic change. These government-resourced, community-led initiatives will lead to improved health, social and economic outcomes for all communities.

The success of this plan depends upon strong, coordinated action across federal, state and local government and the non-government sector. We suggest the government invests in cross-sectoral regional partnerships to achieve sustainable, effective outcomes for all communities.

References

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