

Recovery and Resilience

Recognition, Representation and Gender Equal Investment after COVID-19

2022/2023

Victorian Women's Health Services submission to the 2022-2023 Victorian State Budget

Victorian Women's Health Services





























Acknowledgement

We are intersectional in our approach and are proud to stand beside generations of great women whose work has brought us closer to equality for all. We acknowledge the wisdom, living culture and connection of the Traditional Custodians of the lands on which we work, and acknowledge the profound disruption of colonisation and the Stolen Generations on Aboriginal and Torres Strait Islander peoples. We believe in shared and just cultural transformation that embraces diversity, and these acknowledgements are part of the ethical principles that guide our work and conduct.

An opportunity to invest in recovery, resilience & respect

Our Victorian community is faced with an extraordinary opportunity, in the wake of the lessons learned during the COVID-19 pandemic. Victorian Budget 22-23 presents us with an opportunity to strengthen public health and wellbeing, to encourage economic equity and to target investments to areas and people that demonstrate the greatest need.

There is no better time to innovate and remodel the way we work, the way we look after each other, and the way we structure our economy, so that recovery, resilience and respect become the cornerstones of community and life in Victoria.

This year's Women's Health Services budget submission focuses on exactly this opportunity, demonstrating how applying an intersectional gender lens to the Victorian Budget will ensure that people benefit from recovery equally, regardless of gender, race and cultural identity, sexual orientation, socio-economic status or ability.

The submission demonstrates the value of the place-based, community- and demographic-specific work undertaken by the 11 Women's Health Services across the state, and the dire need for investment in this work to help head off acute health care costs estimated at as much as \$41.2 billion over the next four years.

Critical to our submission is an alarming fact - Victorian Women's Health Services are expected to service more than three million women (an increase of 110%) on the same core funding it received in 1988, even as the Victorian population increases, its demographic changes and new health challenges emerge.

Women's Health Services only have \$2.05 per Victorian woman, per annum, to drive prevention work around these health challenges and build a more equitable, safe and healthy population.

As it is, we can only reach 16% of Victorian women on this funding.

This funding level cannot sustain the organisations that are taking the lead in the government's gender equity agenda, let alone address the inequities that women and gender-diverse people experience because of decades of underinvestment in the health and wellbeing of women and gender-diverse people..

And it does not do justice to the lessons we have learned, as a community, during the COVID-19 pandemic.

As such, Women's Health Services are urging the government to commit to investments of \$29.4 million per annum, over the next four years – a total of \$117.6 million between 2022 and 2026. We're calling for an increase of \$5.75 per woman, per annum, in the funding allocated to Women's Health Services, as well as first-time investments in women with disabilities, Indigenous women, LGBTIQ women, trans and gender-diverse people and migrant and refugee women, too.



A snapshot of our funding request

	22/23	23/24	24/25	25/26	TOTAL
GENDER EQUAL HEALTH AND WELLBEING					
Recovery and Resilience after COVID19 – Prioritising gender-based health and wellbeing through the Victorian Women's Health Program	29.4	29.4	29.4	29.4	117.6

- New staff in priority women's health crisis projects (mental health, obesity and sexual and reproductive health care)
- New staff to promote recovery and resilience for Victorian women, as a result of the COVID-19 pandemic
- Multilingual health educators, sustained over four years, and increased multilingual resources in preventative health
- Better intersectional gender health outcomes for Victorian women particularly for Aboriginal and Torres Strait Islander women - and genderdiverse people
- A more gender-informed mainstream health workforce
- More sophisticated intersectional gender data and analysis through the Victorian Women's Health Atlas
- Dedicated research staff to address the health consequences of gender inequality, including boosting gender-based health economic analysis

Gender Equal Health & Wellbeing

COVID-19 health response and recovery investment must be gender equal and tailored to address the intersectional gender needs of Victorian people, with a special focus on women, whose health has been declining in key areas for several years. To avoid acute health care costs estimated at as much as \$41.2B for preventable mental health decline, rising obesity and poor sexual and reproductive health, women's health needs urgent priority. GEN VIC urges the Victorian Government to prioritise the following initiatives of its members.

Recovery and Resilience after COVID19 Prioritising gender-based health and wellbeing through the Victorian Women's Health Program

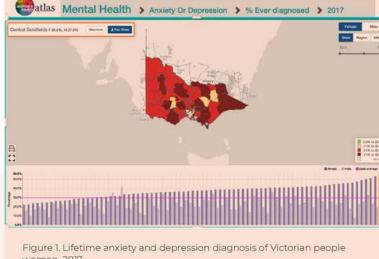
Rescuing the declining health of Victorian women in priority areas

COVID-19 is a global health disaster affecting people all across the world. But our responses to addressing it have also had health and wellbeing consequences. Lengthy home quarantines, limited travel and external recreation time, separation from family and friends and increased economic insecurity to stop the spread have also led to declines in health and wellbeing in Victoria.

GEN VIC is worried about gender equal health and wellbeing in Victoria. Long before COVID-19 hit our shores, Victorian men and women were experiencing vastly different health and wellbeing outcomes. While women continue to outlive men, gender-based disparities in health and wellbeing are limiting women's happiness, fulfilment and economic potential, contributing to avoidable acute health care costs and diminishing the capacity for women to contribute to the Victorian economy.

We are particularly concerned about the state of mental health of Victoria's women. Across most Local Government Areas, Victorian women have a far higher lifetime anxiety and depression diagnosis than Victorian men. And its increasing at concerning rates. Figure 1. below records the Life-time Anxiety

and Depression Diagnosis of people in Victoria, highlighting that in the 73 of 75 Local Government Areas, women have poorer recorded mental health than men. Further, in the vast majority of LGA's the percentage of women with a lifetime anxiety and depression diagnosis is much higher than the state average of 30%. Concerningly, in 5 rural based LGA's, nearly half the female population has been diagnosed with a mental health disorder.



women, 2017

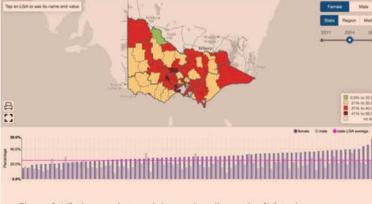


Figure 2. Lifetime anxiety and depression diagnosis of Victorian women, 2014

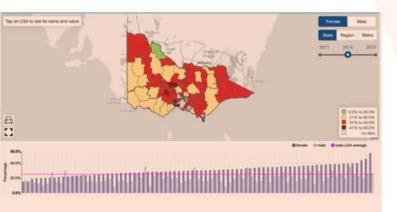


Figure 3. Lifetime anxiety and depression diagnosis of Victorian women, 2011

Victorian women were facing a mental health crisis in 2017. That crisis has been worsening over time, as data from 2014 and 2011 highlights.

We know that Victorian women's health has worsened even further during COVID-19

Mental Health is not the only areas where Victorian women's health and wellbeing is decreasing. A number of other indicators on the Women's Health Atlas developed by statewide service, Women's Health Victoria, show similar degrading levels of health and wellbeing. Women's health advocates across the state have identified 6 areas of public health concern that require urgent priority over the next four years and beyond:

- Prioritising the primary prevention of poor mental health outcomes for Victoria women.
- Addressing the health consequences of gender inequity on Victorian women's obesity and weight gain.
- Renewing a Sexual and Reproductive health strategy with increased focus on pelvic pain
- Recognising the health consequences of gendered violence
- Researching and acting to build resilience for women in a changing society caused by increase risk of pandemic, natural disaster and climate change.

Special measures investment needed to address health inequities

The history of the provision of health research, services and programs has often been affected by gender bias. In Caroline Criado Perez's Invisible Women: Exposing Data Bias in a World Designed by men, she explores the historical antecedents why the practice of medicine has skewed diagnosis of disease and the treatment of illness around the male

physiology. The consequence of the "male body as anatomy itself" has traditionally had negative impacts on women in the way that illness is diagnosed (the reduction of women's complaints about pain as hysterical and psychological rather than physiological persists today); failure to understand sex differences in the function of vital organs and risk factors for disease as well as poor testing of medicines and other treatments taking into account the female body, make providing gendered health information an essential obligation of government.

The impact of pervasive concern about the health sector to adequately address the health needs of women continues to have relevance today. While Victoria has enjoyed high levels of take up of vaccination by all genders, there are too many unvaccinated pregnant women currently in Victorian COVID-19 in hospital and Intensive Care Units. Women's distrust of vaccines indicates a lack of confidence in the efficacy of gender-based drug testing, which is no surprise when we consider the tragic history of the drug Thalidomide, which caused serious birth disfigurement in the children of mothers who took it.

Victorian women - indeed anyone with female sex organs and hormones or who identifies as a woman - needs confidence that the health system is designed and delivering to meet their unique health needs. There can be no such thing as a one-size fits all health system.

With the COVID-19 pandemic exacerbating pre-existing gender health inequalities and predicted to continue to impact adverse

During COVID-19, women experienced higher levels of depression and anxiety than men - GEN VIC COVID-19 Factsheet 2020







35% of females have moderate to severe levels of depression, compared to 19% of males

27%
of females have
moderate to severe
levels of stress,
compared to 10%
of males

37% of women aged 18-24 report suicidal thoughts, compared to 17% of men health outcomes for Victorian women in the medium term, the importance of well-resourced health promotion and primary prevention infrastructure is more important than ever.

In the early 1990s, Victoria, sensibly, began addressing gender inequities in its health system through the establishment of a regional and state-wide gender-based health sector made up of 11 Women's Health Services. For 30 years, the sector has been having a significant impact on women in key areas, helping to reduce teen pregnancy and increase the uptake of cervical cancer screening and vaccination.

The Victorian Women's Health Program (VWHP), an output initiative of the Department of Health, provides 9 place-based, regional women's health services and 2 State-wide specialist services promoting the health and wellbeing of Victorian women and preventing gender-based illness and disease.

Declining investment results in declining health and avoidable costs

Despite evidence that gender-based health promotion and primary prevention interventions work to reduce illness and disease in Victorian women and improve health and well-being, with corresponding benefits of reducing the cost of the health burden and increasing economic participation, productivity and social benefits, funding to Women's Health has not kept pace with population increase, demographic changes or emerging health challenges.

Victoria's population has doubled since 1988 when the VWHP was first established. Today, the VWHP is expected to service 3,306,680 women (an increase of 110%) on the same core funding it first received in 1988. This has had the impact of cutting the VWHP by more than 50%, from an average of \$4.35 per woman in 1988 to \$2.07 per woman in 2021. Instead of primary prevention investment in women increasing as the population increases, it has been eroding each year, with Victorian women receiving less primary health prevention support on a per capita basis.

The consequence of the under investment is that only a small number of Victorian women are being reached by this program, despite increasing evidence of Victorian women's ill-health and diminishing wellbeing.

If the poor mental health, sexual reproductive health and rising obesity rates in Victorian women are left untreated after COVID-19, the avoidable costs of acute health care will grow to an estimated amount of \$41.2B. Now is the time to boost gender based primary prevention and health promotion.

Women's Health Services Map



An intersectional gender lens on women's health – including First Nations and LGBTIQ women and non-binary people, as well as women with disability.

The Gender Equality Act 2020 (Vic), requires defined entities, such as the Department of Health, to take an intersectional gendered approach to programs and services. The Victorian Women's Health Program has set new Guidelines and priorities for its work to address gaps and meet new legislative obligations, including gaps in delivering to targeted cohorts of women.

The program does not provide sufficient funds to support targeted cohorts of women, with migrant and refugee women receiving insufficient funding, while women with disability, First Nations women and LGBTIQ identifying women receive no dedicated funding from this project at all. This initiative would see Women with Disabilities Victoria, Rainbow Health Australia and an as yet identified Aboriginal Community Controlled Health Service funded for the first time by this program and Migrant and Refugee women via the Multicultural Centre for Women's Health receiving a significant boost.

Multi-lingual health educators - permanent funding for WOMHEN Project

The Working for Victoria economic survival package funded the Workforce of Multilingual Health Educators (WOMHEn), hiring unemployed Migrant and Refugee women to support health education in culturally and linguistically diverse communities. Victoria's first state-wide coordinated workforce of bilingual and multilingual health educators, provided preventative health information to communities of women at risk of ill health, with translations of essential COVID19 information in 22 languages including, Vietnamese, Arabic, Karen and Hindi.

After recognising the success of the WOMHEn project, the Department of Health, Housing and Fairness refunded the WOMHEn project for an

additional six months to continue to provide in language health education in relation to the COVID-19 vaccine. During this time the health educators will continue to deliver critical health information to communities who are unsure about whether or not to get the vaccine.

This initiative would enable the permanent funding of the WOMHEn Project. Further, it would enable the development of further hub and spoke models of support for specific cohorts of women with intersecting attributes of disadvantage to be rolled out across the State of Victoria with organisations with lived experience and expertise taking the lead role.

Urgent investment in the Victorian Women's Health Program

This initiative will address the COVID-19 impacts on health and wellbeing of Victorian women, building resilience and recovery initiatives across the next four years:

This funding will deliver 8 key outputs:

- Recovery and resilience for Victorian women caused by the COVID-19 pandemic
- Better intersectional gender health outcomes for Victorian women and gender diverse people
- A more gender informed mainstream health workforce
- 4. Jobs for women and gender diverse people
- More sophisticated intersectional gender data and analysis through the Victorian Women's Health Atlas
- Multi-lingual gender health education resources
- Dedicated research and resources for addressing the health consequences of gender inequality including boosting gender-based health economic analysis
- Health crisis projects Targeted health prevention initiatives in three areas of priority for Women's health (mental health, obesity and sexual and reproductive health care).

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BECOME A MEMBER

GEN VIC represents organisations and individuals actoss Victoria who advance gender equity and hold values that align with feminist principles. If you or your organisation wants to be part of social and community change - then join us! Together we can make a difference and change the future of women and girls' equality and health now, and in the future.

genvic.org.au/join-us

All Illustrations by Emma Ismawi of Ismawi Designs

GENDER EQUITY VICTORIA

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