



Women's Health in the South East

Integrated Health Promotion Plan

2013 – 2017

Executive Summary

Women's Health in the South East (WHISE) is the regional women's health service for the Southern Metropolitan Region (SMR) of Melbourne. WHISE's vision is to improve the health and wellbeing of women in the SMR within a Social Model of Health and a feminist perspective, through working in partnership, with a commitment to the principles of equity and choice in health for all women.

During 2013-2017, WHISE will continue to focus on addressing the social determinants of health that contribute to women experiencing inequitable health status, with a particular focus on those related to sexual and reproductive health and mental health including the prevention of violence against women.

These 2 priority areas have been identified as areas of focus across Victoria. They are listed within the Victorian Public Health and Wellbeing Plan, one of the guiding documents used in the development of this plan. These priorities have been further supported as issues affecting women in the SMR through data collection and consultations undertaken by WHISE.

The age of Australia's population is increasing, and this is evident in the SMR. This increase in age has contributed to a higher number of incidences in many health related issues for women. Unlike other health issues that are associated with age, sexual and reproductive health receives little attention but remains an essential aspect of overall good health throughout a woman's life, therefore WHISE will focus its work in the area of sexual and reproductive health on women aged 50 and over.

Similarly, the prevention of violence against women (which is incorporated into the same priority area as mental health), has increased rapidly across the SMR. Police crime statistics have doubled in the majority of the Local Government Areas (LGAs) in the catchment with the City of Frankston being ranked in the top of all other metropolitan LGAs for incidences of family violence.

For WHISE to be more effective in their work, a catchment focus will be taken. The SMR will be divided into three catchments based on Medicare Local boundaries: Frankston/Mornington Peninsula, Bayside and South East Melbourne. WHISE's work will begin the majority of work in the Frankston/Mornington Peninsula area and move onto the other catchments as the plan progresses, while remaining visible across the entire region.

Throughout the four year plan, WHISE's objectives will focus on increasing the evidence base in the SMR for both priority areas, collaborating with service partners to increase awareness and capacity, as well as developing tools and strategies that can be implemented across the whole SRM to influence positive and sustainable change in the health status of women.

Vision

WHISE is the regional women's health service for the SMR which comprises the LGAs of Port Phillip, Stonnington, Glen Eira, Bayside, Kingston, Greater Dandenong, Frankston, Mornington Peninsula, Casey and Cardinia. WHISE is funded through the Department of Health, Victoria and is one of 11 Women's Health Services across the state.

Since commencement in 1992, WHISE's vision has been to improve the health and wellbeing of women in the SMR within a Social Model of Health and a feminist perspective, through working in partnership, with a commitment to the principles of equity and choice in health for all women. WHISE works to improve the health and wellbeing of women within the community through health promotion initiatives that address the social determinants of health.

WHISE promotes the social model of health, recognising the impact of social, economic, cultural, environmental and political factors on women's health and wellbeing, as well as medical and biological factors. WHISE is committed to promoting health and wellbeing and reducing health inequalities and inequities within the community by working with the most marginalised, strengthening wellbeing and building on the strengths of local communities to encourage inclusiveness, participation and connectedness.

WHISE works collaboratively with other organisations and service partners in the delivery of health promotion initiatives. This plan has been developed by taking into consideration the priorities and suggested directions of many of these organisations and service partners as well as the voice of the community.

During 2013 – 2017, WHISE will continue to focus on addressing the social determinants of health that contribute to women experiencing inequitable health status, with a particular focus on those related to sexual and reproductive health and mental health including the prevention of violence against women.

WHISE, as always will focus initiatives on the most marginalised women within the SMR with a particular focus on those from Culturally and Linguistically Diverse (CALD) backgrounds and those who reside in socially and economically disadvantaged areas. For the priority area of sexual and reproductive health, WHISE will primarily focus on women aged 50 and over as there is a growing concern of the issue in the region through the data that is available including

internal research conducted by WHISE. For this priority area, WHISE will mainly focus on workforce development of key partners, influencing policy and systems change through conducting further research and also increasing awareness of the issue.

Catchment focus

WHISE has chosen to split the SMR into three catchments based on the Medicare Local boundaries. Therefore there will be three catchments: Frankston/Mornington Peninsula, Bayside and South East Melbourne. WHISE has chosen to take a catchment focus where possible to be more effective in one region rather than trying to complete too much without being successful and spreading the strategies too thinly over 10 LGAs. Past experience has indicated that when WHISE tries to cover the entire region, real change is hard to achieve and maintain.

During the first and second year of this plan WHISE will focus its work in the Frankston/Mornington Peninsula Medicare Local catchment with some involvement across the entire SMR.

The work will begin in the Frankston/Mornington Peninsula catchment as it is identified as one of the most disadvantaged areas in the SMR and WHISE has established some strong partnerships in this catchment in the year leading up to the 2013-2017 funding cycle. These partners have already joined together to begin work, therefore we will begin in this area while continuing to establish partnerships in the other catchments. This will mean that during the second and into the third year, WHISE will shift its primary focus away from the Frankston/Mornington Peninsula Medicare Local catchment and into the Bayside Medicare Local catchment. For the remaining part of the plan, in years three and four, the focus will shift to the South East Melbourne Medicare Local (SEMML) catchment. The SEMML catchment has been chosen as the last area of focus as the majority of WHISE's work over the past four years has been in this catchment. A lot of progress has been made in this time, so a shift away will allow for other services to remain involved in this work while the other catchments are covered.

By taking a catchment focus, it allows WHISE to plan, implement and evaluate strategies effectively using a team focal point especially incorporating process evaluation in the first catchment area for similar completion of stages in the other catchments. This will improve the efficiency of WHISE's work by

the experience gained in the Frankston/ Mornington Peninsula catchment, especially for workforce development training and collaborating with key partners on strategies.

Despite having a catchment focus, WHISE will continue to remain active and visible in each catchment for the duration of the four year plan.

Priorities

All priorities and associated objectives and strategies are based on identified needs within the SMR. In identifying needs, WHISE considers all relevant data, in particular, Municipal Public Health and Wellbeing Plans, Medicare Local Strategic Plans and Needs Assessments, Primary Care Partnership (PCP) Health Atlases, Local Government Health and Wellbeing Profiles, Population Health Surveys, the Victorian Public Health and Wellbeing Plan, and the Women's Health 10 Point Plan, along with WHISE community consultations, stakeholder surveys and service partner interviews. WHISE also engages in local planning processes that enable women's health issues to be put on the mainstream agenda and is a member agency of the four PCPs in the SMR so has insight and representation across the region.

During the planning process WHISE conducted five community consultations across the SMR. These consultations took place in the Cardinia Shire, City of Greater Dandenong, City of Frankston, City of Kingston and City of Glen Eira. These consultations enabled community members to express their view on the status of women and have a say about the focus that WHISE should take in 2013 – 2017.

Along with the community consultations, stakeholders and WHISE members were able to contribute their views through a survey sent out using survey monkey. Out of 100 surveys sent, 44 responses were received.

One on one interviews with a range of service providers in the SMR were conducted to provide a professionals view on the issues facing women that they see and the role that they feel WHISE should have within the sector.

Priority 1: Promoting sexual and reproductive health

Issue

Sexual and reproductive health is a growing issue, particularly for women aged 50 and over, given Australia's ageing population. It is an essential aspect of general good health and human development and it is critically important at an individual and societal level.

Sexual and reproductive health is not simply the absence of disease; it is a complex array of factors in women's sexual and reproductive health. Sexual and reproductive health is affected by the socioeconomic, cultural and political environment. Principle among these is the place of women in their society, particularly in terms of their control over their own bodies, reproductive choices and lifestyles. These include having the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of birth control, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy child.

Pregnancy, childbirth, sexually transmitted infections (STIs), contraception, screening and abortions are all fundamental contributors of women's sexual and reproductive health.

It is highly evident that as Australians are living longer and having fewer children, the ageing population continues to increase. Governments recognise the importance of developing policies that have a preventative focus to lessen the burden of disease and the consequential economic cost to the community in the future. At present there has been a range of evidence and preventative measures implemented for chronic disease management for conditions such as heart disease, cancer, diabetes and arthritis, however there has been a limited focus on the issue of sexual and reproductive health for women aged 50 and over.

As women are living longer, and their life choices are broadened, they may choose to move on from their long term relationships to engage in the company of others such as after the separation of their past partner. Furthermore, as Australian women generally live longer than men, some women may choose to

re-partner after the death of their previous partner. Social networking is becoming increasingly popular amongst the mid to later life population and it is a way of meeting new partners and staying connected. Today's society is one that supports women in mid to later life. Women are exposed to opportunities that they may not have previously had, however it also exposes them to potential sexual health risks, as was recently reported, the rate of sexually transmitted infections amongst women aged 50 and over is on the rise.

It is within this context that WHISE recognises the important need to clearly understand the health, especially sexual and reproductive health issues and practices experienced by women aged 50 and over. This target group focus will contribute to best-preventative practice ensuring cost effective and positive sexual health outcomes, and also prevent unnecessary illness and disability.

Goal: Greater understanding and awareness of the sexual and reproductive health issues affecting women in the Southern Metropolitan Region, with a particular focus on women aged 50 and over.

Target population group/s:

- Women aged 50 and over
- Women from CALD backgrounds
- Women who reside in socially and economically disadvantaged areas.

Objectives:

- Increase awareness amongst the general and professional community of at least 3 under represented sexual and reproductive health concerns for women, particularly for women aged 50 and over, by collecting and collating new and existing research, and developing key recommendations for future practice within the field by 2017.

- By 2017, maintain existing, and develop new partnerships with academic institutes, community health, other service providers and/or community members to ensure that work conducted within the area of sexual and reproductive health (especially for women aged 50 and over) is consultative, collaborative and meaningful, and thus has the credibility to be used to influence change.

Priority 2: Promoting mental health – including the prevention of violence against women

Issue

Mental health is not just the absence of a mental disorder, it is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and successfully, and is able to make a contribution to his or her community. Mental illness can have severe effects on individuals and families concerned, and its influence is far-reaching for society as a whole. Gender-based discrimination, violence, social exclusion and access to economic resources contribute to women's mental health outcomes.

Mental illness involves multiple causes, and affects individuals in different ways. It has been shown that women experience higher rates of mental illness than men including anxiety and affective disorders such as depression, however, it is clear that particular risk factors contribute to a greater risk of developing a mental health issue.

Gender is a critical determinant of mental health and mental illness. Gender determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives, their social position, status and treatment in their susceptibility and exposure to specific mental health risks. Unipolar depression (major depressive disorder) is predicted to be the second leading cause of global disability burden by 2020, and is two times more common in women than men according to the World Health Organization. Reducing the overrepresentation of women who suffer from depression would contribute significantly to lessening the global burden of disability caused by psychological disorders.

Preventing Violence against Women

Issue

Violence against women has been clearly identified as a risk factor for developing a mental illness. The majority of assaults against women are perpetrated by a man known to them; either by a partner (current or ex) or family member. Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.

Intimate partner violence is the leading preventable contributor to death, disability and illness in Victorian women aged 15 - 44 years. It compounds existing socioeconomic disadvantage, can often result in homelessness, and has significant effects on the mental health of those affected. Women who have suffered from family violence have higher levels of co-morbidity of mental disorders, mental-health related dysfunction, psychological symptoms (Post-traumatic Stress Disorder), higher rates of suicidal attempts and detrimental impact on the mental health of women who experience it.

Goals:

- Reduce inequities that contribute to poor mental health outcomes for women in the Southern Metropolitan Region
- Contribute to the prevention of violence against women within the Southern Metropolitan Region

Target population group/s: Women in the Southern Metropolitan Region – particularly those from CALD backgrounds and those who reside in socially and economically disadvantaged areas.

Objectives:

- By June 2017, improve service partners' capacity by 30% to contribute to the prevention of violence against women, in an effort to improve mental health outcomes for women.
- Increase opportunities by 30% for women within the Southern Metropolitan Region to access programs and services which promote positive mental health outcomes by June 2017.
- Influence policy and system change for women's mental health and wellbeing, in particular violence against women, in the Southern Metropolitan Region by collating, localising and disseminating data by June 2017.
- Use the 'Priorities for Victorian Women's Health 2014–2018' framework to increase representation of mental health and violence against women issues and WHISE as a service amongst local government and members of parliament by 2017.