



Transcript of Women's Health Services Network Report Launch

Return of Equity: Health and economic dividends from investing in Women's Health Services

Thursday 23 November 2023 10:30am via Zoom

Speakers:

Kit McMahon (she/her) – CEO, Women's Health in the South East (WHISE)

Tricia Currie (she/her) – CEO, Women's Health Loddon Mallee (WHLM)

Dr Angela Jackson – Lead Economist, Impact Economics and Policy

Dr Helen Keleher – Adjunct Professor, Monash University

Micaela Driberg – CEO, GEN VIC

Dale Wakefield - CEO, GenWest

Shweta Dakin – Manager, Early Intervention, GenWest

Claire Vissenga – Acting CEO, Women's Health Victoria

Carolyn Mogharbel – 1800 My Options

Marianne Hendron – CEO, Women's Health Grampians

Lyndel Ward – Health Promotion Officer, Women's Health Grampians

Lou Ridsdale – Founder, Food is Free

Alison – Dja Dja Warrung, Yorta Yorta and Gunditjmara Woman and WHG Equality for All Advocate

Tania Farha – CEO, Safe + Equal

Dr Adele Murdolo – Executive Director, Multicultural Centre for Women's Health (MCWH)

Kit McMahon

Now it's my great pleasure and delight to hand over to my colleague, Tricia Currie, will be leading the proceedings today. Welcome everyone and over to you, Tricia.

Tricia Currie

Thank you so much, Kitty, and it is indeed a warm welcome to absolutely everyone here. Thank you for showing your interest in turning up. That's a wonderful act, a piece of activism that you've actually undertaken this morning. So welcome to this very exciting event for us today. What we're going to do is to launch our report, [*Return of Equity: Health and Economic Dividends from Investing In Women's Health Services*](#), and this has been put together by the wonderful team at Impact Economics and Policy. But before going any further. I would like to acknowledge and extend my appreciation for the traditional owners of the land on which each of us are meeting today and pay respects to the Elders past and present. I extend that respect to all First Nations people who are with us today, for together they hold the memories, the traditions, the culture and the hopes of all Aboriginal and Torres Strait people. We express this gratitude in the sharing of this land and waterways with our sorrow for the personal, spiritual, and cultural costs of that sharing and our hope that we may walk forward together towards truth, telling treaty and justice. Always was, and always will be. I'd also like just to take a moment before we move on to acknowledge the women who have died this year through violence and the hurt experienced by women and gender, diverse people and children living with the impact of violence. We are particularly aware of this, as we are on the eve of the 16 Days of Activism to prevent gender based violence. As I said before, thank you all. It's really, really wonderful to be here.

In terms of setting the scene for today, the Women's Health Services had been part of Victoria's social and health system in one form or another, since around 1974. In the late 1980s, however, they were really brought together to formally become what we are now known as the sector, the Victorian Women's Health Services sector. You can see a beautiful map there - we cover all of Victoria. There are nine of us who actually cover regions, and another three of the organisations that have a state wide remit. The Women's Health Services Network is entity that is holding this event today. It is the name we've given to the collaborative effort, the combined effort that we have, as we coordinate key aspects of the 12 Women's Health Services and we all share common priorities to advance gender equality. To



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prevent gender-based violence. To improve the sexual and reproductive health of women in our community. To improve women's mental health and wellbeing, and to support women's health and wellbeing at all times in a rapidly changing society with a particular focus on climate change.

So what is primary prevention and health promotion? We talk about it. But what does it look like? So we are primary prevention and health promotion and intersectional including gender experts. We're funded by the Victorian State Government and our work seeks to create a health system that is equitable. Our collaboration, our group of services work together to promote good health for all women across the State. We work for equity. We focus on what communities need and what works best. We listen and centre the voice of women. We build capacity through training. I should have said that we actually build its capability, that we build through training, and we build capacity by analysing and improving policies and procedures across many industries, so that services and workplaces are more equitable by listening to women's experiences. We address important issues and help the government plan for better health. We advocate to government, to policy makers, to those who are the decision makers, for those who do face multiple forms of discrimination. We advocate on how services, systems and policies, including our health sector, needs to do better for women and for all people. We run campaigns with the community like those, as I mentioned a little bit earlier on. And we're on the eve of the 16 Days of Activism for the prevention of violence against women, which is, you know, just part of a global movement.

The context of our work, both from place-based state wide and into a global context. We help organisations and communities understand the changing world around them - how the health system works, how to access it and how they can improve their own health. We take information from studies and government plans and use it to improve health practices on the ground. We are evidenced informed, and are often evidence creating. We implement state policy. We share what we learn and we share that with each other to be more efficient and effective, and also with our partners, the community, to improve our whole system for all Victorians. Our systems are well known for our leadership and the positive impact that we have in Victoria. We have won awards for our work, and our expertise is recognised in important government policy and practice.

So what's the evidence of our value?

Well, today we are here to launch a report to truly demonstrate this. This looks at the economic contribution that our work in intersectionality, gender, equity, health, promotion. and primary prevention does to make a difference. So at this point it is my absolute pleasure to introduce you to Dr Angela Jackson from Impact Economics and Policy, who the Women's Health Services Network commissioned to write this report. It's been a wonderful experience to work with Dr. Jackson, Angela, and for her team to really, really engage with us, being able to express what our work is, and for them to bring to us a report that so clearly states the value of our work. So Dr Angela Jackson, I think she's well known to many of you, but just to make sure that you can get a sense of the depth of the expertise that she brings to our work, not just her good humour and beautiful communication skills.

She's worked at the highest levels of government, starting a career as an economist at the Department of Prime Minister and Cabinet. Angela has worked across tax, fiscal and social policy, and as the Deputy Chief of Staff to the Australian Finance Minister. Angela was responsible for providing policy advice across fiscal policy and areas of social policy, including the National Health Reform. Angela has authored a number of high-profile reports on health, aged care, disability, housing, and gender policy. Angela is a part-time Commissioner of the Commonwealth Grants Commission and Chair of the



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Victoria National Health Heart Foundation Advisory Board. She is a member of the Interim Economic Inclusion Advisory Committee and National Chair of the Women in Economics Network. She has previously been a Board member and Chair of the Finance Committee at the Royal Melbourne Hospital. Angela holds a Masters in International Health Policy, Health Economics with Distinction from the London School of Economics and Political Science, a Bachelor of Commerce with Honours from the University of Melbourne, and a Bachelor of Economics from the University of Tasmania. In 2021, Angela was awarded her PhD on the Economics of Disability in Australia from Monash University. She has published articles in peer reviewed journals and major Australian newspapers and appears regularly in the media providing economic commentary. Angela, I'm gonna take a breath. I hope you get to take one, too. But thank you so much. And over to you.

Angela Jackson

Oh, thank you very much, Tricia. Thank you everyone for joining today. I can see there's 80 people joined, and that's just a fantastic turnout to launch the report today, and so thank you very much for coming. I would also like to start by acknowledging Country. I am on the lands of the people of the Wurundjeri people of the Kulin nation, and I do pay my respects to elders, past and present. I also like to note that at this point in our history, it is a very difficult time for Aboriginal and Torres Strait Islander people and leaders in the aftermath of the Voice Referendum, and I'd like to recommit my personal commitment and the commitment of my firm towards your Uluru Statement of the Heart and its full implementation.

Today, I'm just gonna run through a short presentation. I have a few slides to share with you, which I'm hoping will go smoothly, and that I won't share the wrong slide deck with you, to run through the findings of this important report. I think the thing to start with - can everyone see the right thing? Fantastic. The important thing to start with is that gender inequity is costly. And we start the report there. And I think it's really important to note that that it is an important social determinant of health. And it does underpin women's poor mental health outcomes, poor physical health outcomes. It underpins family and domestic violence. And just more broadly, in terms of women's economic participation, it's incredibly costly to all of us, not just women. So as a society, addressing gender inequity is an incredibly important task at hand now. Doing that is no easy task. And I think for many of us, when we were growing up, we were very much told that we were equal to men. And that you know, the fight was over. Feminism had won, if you like. But we can see across a range of metrics that that simply is not the case, that the task has not been completed, and that addressing gender inequity requires that intergenerational work, the primary prevention work around changing attitudes, changing the way in which services are delivered across the board and that organisations like the Women's Health Services here in Victoria are instrumental. There's been huge gains but there is still a very, very long way to go. And so that's sort of the context in which we are looking at what is the value? What have been the benefits, particularly around the increase funding to Women's Health Services? One, I think one budget ago, coming up to two budgets ago, and what the importance is to continue that funding and that investment in Women's Health Services across the state.

So the key findings that we found is evidence, and very strong evidence, around the fact that Women's Health Services have over a long period of time and continue to deliver well, best practice. And I think this is really important. Primary prevention is a very difficult space to show the relationship between the activities and the outcome. But where that evidence does exist, it points to building and leading the partnerships the Women's Health Services are clearly doing across Victoria, providing that training



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and expert advice. One of the things around what the Women's Health Services do is they enable others to address gender inequity. And that's what's so critical. You know, training one person. But that person's going back to an organisation delivering services in a way that accounts for gender inequity. That accounts for the intersectional issues that women face. Providing that gender based health information, critically important in terms of reducing rates of infection, in terms of addressing mental health issues, around issues of unwanted pregnancies, incredibly important, raising awareness. Women's Health Services have really been instrumental in terms of highlighting the issues that are facing women across Victoria. The evidence base learning from each other, working together as a collective in terms of impact across the state and across different areas that are facing women in this, in Victoria and that intersection, the inclusive health promotion, ensuring that we do have approaches. They do take account of the way in which women may respond to information, that things are being delivered in a way that addresses those core drivers of gender inequity and there have been evaluations done with Women's Health Services, Collective Impact Reports, that really highlight the huge value provided by the sector to women in Victoria. But really the entire community.

So what is the Prevention Pyramid, and why is it so important? Now, the Government is, to its credit, the Victorian Government, very interested in the early intervention ideas. The idea that if I invest a dollar today, I can save money into the future. Now, primary prevention, which is really where Women's Health Services are primarily working, happens before that. So before we even necessarily have a problem, what we're trying to do is address the underlying drivers of issues and health issues, in particular issues of gender based violence, issues of poor mental health. That primary prevention work is really important in terms of that population level change. It's also quite difficult. And it does take a long time. It takes relationships across the board to change attitudes, to change approaches, to really see that intergenerational change. But it's critically important that we see that occurring and that we invest in that primary prevention work. It saves a lot of money. It isn't necessarily the most expensive form of intervention, and when you see the amount of money that the Women's Health Services need and the huge value that they are delivering, it really does feel like small change for what is an incredibly large impact.

So in terms of where the Women's Health Services are spending money and where the focus of their work is? Gender equality is a really big focus as one of those key determinants. But there is more focus work as well, in terms of gender violence prevention, where Women's Health Services have been a leading organisation for decades in Victoria in terms of addressing gender-based violence.

Sexual reproductive health, of course, is critically important for women to have access to sexual and reproductive health, not just in our major cities, but across regional Victoria, where often that access can be really limited, and there is a critical role for Women's Health Services to advocate for women to ensure ongoing access. And the types of activities that we're talking about here is, you know, if the pharmacy runs out of certain medication, Women's Health Services can step in and really help those receive that access and ensure that access. And that's the type of thing that the Women's Health Services are doing across Victoria for Victorian women.

Mental health and wellbeing. We know that women suffer higher rates of poor mental health, and that has cascading impacts in terms of women's ability to participate in paid work. Really addressing what those core underlying drivers are is really important, and an emerging area for Women's Health Services is about women in a changing society, where we are faced with climate change. Unfortunately,



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we are seeing an increasing number of natural disasters across our state and across our country that have a disproportionate and quite a different impact on women. And we need to ensure that services reflect that across the State, and Women's Health Services are doing new, innovative work in this space, working with local service providers to ensure that the responses address those gender inequity issues.

So in terms of what the contribution is, and how Victoria has benefited over time, Tricia alluded to the fact that Women's Health Services were established in the late seventies. But they were really funded in the late eighties. And what we can see is that Victoria does a lot better than the rest of the country in terms of gender and equity metrics. And across a number of those metrics in core areas where the Women's Health Services have been operating. We can say, in particular, there are clear signs that the work that the Victorian Government, in terms of investing, has done through Women's Health Services and through Respect Victoria and Safe + Equal, so other mechanisms as well.

Around 22,000 fewer women experience violence each year in Victoria compared to the national average and we have seen in the latest PSS survey a real decrease in that prevalence rate across the community, which is a good sign that early intervention does work - that investing in these spaces really does provide those benefits to the community and to women.

For a long time there's been fewer teenage mothers in Victoria every year. Again, there are lifelong savings and benefits to the economy, from that better performance in Victoria. And fewer health care costs in terms of sexually transmitted infections as well. So, across areas, and I hope you can hear that, there are a lot of economic benefits in terms of the work that the Women's Health Services are doing.

So, the funding question, this is the perennial one and one where really, before the investment of the Victorian Government made, we've seen a real decline in the amount of funding for woman in Victoria over time, and I would just like to pull out the work done in terms of highlighting that whereby, when they were established, it was around \$4.35 per woman in Victoria, and it had fallen before the uplift in funding to around \$2.00 per woman in Victoria. So a real decline over time in terms of that prevention investment. It's not a lot, though, in terms of the funding per head. So we're up to, at the moment with that boost in funding, up to around \$6.00 per woman. But if that funding doesn't continue, we're gonna fall backwards again to around \$3.00 per woman in Victoria and that will have real impact in terms of service delivery, and employment to women across Victoria. So there's around 83 women who have been employed due to that increase in funding and strengthening of the sector that has been enabled by that increase in funding. But it is a short term funding boost at this point, over two years for something that will take, you know, five to ten years really for us to start to see the huge long-term benefits and impacts of that increase in funding. So in terms of what we call for in the report, it really is around maintaining that funding boost so that we can see and build on the success of the Women's Health Services across the state.

Yes, we're doing well nationally, but it's still clearly across the board. Gender inequity in Victoria is still a massive issue. We are still seeing too many women losing their lives, family and domestic violence in this state and across the country, we continue to see higher rates of poor mental health amongst women. And there still isn't the adequate access to sexual reproductive health. So this is a job that is still not done. And what we call for in the report is that ongoing investment and commitment, in adherence with that world's best practice. This isn't something that you spend a dollar today and you get a result tomorrow. These really are benefits that we will say from our daughters and going forward



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in terms of the long term benefits for Victoria and our Victorian economy. So thank you very much. I spoke as fast as I could to get it into ten minutes, so hopefully I've done all right there, and I look forward to taking some questions.

Tricia Currie

Angela, you've done better than all right. Thank you so much for that. And even as you spoke quite quickly, I think your message was just so clear. So thank you for that. I'm just looking around, is there a question, anywhere? Helen? Dr Helen Keleher, what's your question please?

Helen Keleher

Thanks, Tricia. And hello, Angela! Good to see you again, and congratulations to all of you for this report. It's really important. I wrote a note to myself, is this a landmark report? Look, I think it is at this point in time. But my question is, you know, what are the challenges, Angela, that you think we need to overcome when we're advocating to government for health promotion? And why is it so hard?

Angela Jackson

Yeah, it's a really good question. So I think the issue with it is that we can look at what we know works. And we can look at, for example, we can evaluate the role that Women's Health Services are playing, and say that there is clear value. You know those evaluations are done. But then, linking these, the population wide to specific outcomes is quite difficult. It's not like taking a pill and then you get an immediate response. These are long term outcomes and therefore you know, for governments that want, you know, something, you know, in this media cycle. And you know everything needs to be happening very, very quickly. There needs to be an understanding that this is really a long-term investment in evidence based policy that we know that works. And I think what we are doing with this report is really demonstrating, you know, what that connection is, where we can see there is evidence. But it is, I think, hard for people to get their head around. The idea of you don't necessarily see that the type of response that you might see, for example in a medical setting when you're talking about primary prevention. So it's trying to make them really understand. And for decision makers to understand, this is important. We know that gender inequity causes all these issues and contributes to all these costs. And I think, you know, Deloitte, Access economics in terms of gender norms did some really important work this year about what the economic cost of gender norms are. But addressing those does take time. And so we do need to invest in the things that we know work. We need to evaluate programs. And I think the Women's Health Services have done a really good job at opening up and learning from each other and through evaluation that they are delivering really high quality services across Victoria and we have to really back them, to continue to do that, to see that change.

Helen Keleher

Thank you.

Tricia Currie

Yeah, thank you, Angela. We have a further question from Micaela. Welcome, Micaela. Micaela is the - I'm not quite too sure how we say - it's soon to be appointed, I think it is - CEO of GEN VIC. Lovely to see you. And yeah, what's your question this morning, Micaela?

Micaela Drieberg

Thank you, Tricia, and congratulations on this report and the work that's gone into it. I'm coming to you today from the lands of the Wurundjeri people. Angela, you touched on this a little bit with your



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response before in terms of the investment in prevention. But how do you create that link and make it really clear about the incredible work in gender equity that's happening on the ground? And then it's incredible contributions to our economy at a macro and micro level in the here and now, because you mentioned, you know, sometimes it's a ten year journey. So what can we do to quantify it now?

Angela Jackson

So I think what we try and do in the report is really highlight, the fact that you know, there's a broad ecosystem in Victoria. I think we can acknowledge that. But the Women's Health Services are a real core part of that. And if you look at the history across Australia, it's something that other states are trying to emulate in terms of establishing similar bodies and sectors across the board. You can clearly see that there have been improvements, movements in Victoria that we haven't seen that have happened at a faster rate than nationally. I think there is more work to be done at something that we're looking at potentially doing, particularly around the PSS survey, looking at that prevalence of domestic and family violence where we have seen an apparent improvement in Victoria, and really digging into that and understanding what's driving that? Can we get to causality and say, "Yep, we can definitely see here that the you know, the Victorian Government's historic investment in domestic and family violence has had a real payoff here". And you know and we can quantify that, but it is a difficult space for that reason. It's not a situation where you can do a population wide intervention and have a control group, for example, and then, you know, have an RCT which would generally go to causality.

So we have to really look at the fact that we have these investments in Victoria. We have these initiatives that we know are evidence based, that are high quality and that we can see the outcomes in terms of those metrics. And so it's important that we continue to invest in those. The alternative is, you know, you say, oh, no, primary prevention, that's not important. And you know, let's not, you know, change people's attitudes. Let's not change the way in which we deliver services. None of this stuff matters when all the evidence says that this really matters, and it really makes a massive difference. And I think maybe it's also just turning it around so that it is what you're saying. We can't change attitude is what you're saying, that the way in which you know, a local government delivers a health service to ensure that it accounts for the needs of women with a disability, or women from a different cultural background. That doesn't matter. I mean, we know that's blatantly untrue. And so we clearly know that it does matter and we can see in the data, but it also makes a difference in terms of outcomes.

Tricia Currie

Fabulous. Thank you. I think we could just keep going and going with you, Angela, just so beautifully able to tune into the core of matters. So thank you so much for that, and thank you for those questions too from the crowd here today. We will move on because we've got a time limit to the time we can spend together. I'm now absolutely delighted to introduce the CEO of GenWest, Dale Wakefield. Through this next little period of time together we're going to take an opportunity to focus in on some of the women who lead the work in the Women's Health organisations and take a deeper look at the work itself. So, Dale, over to you and I think you've got someone from your team that you'd like to introduce?

Dale Wakefield

Thank you, Tricia. To those who haven't met me, I'm Dale Wakefield. I'm the CEO of GenWest. GenWest is one of the Women's Health Services that covers the western suburbs of Melbourne, which we all know is quite a diverse area, and one of the ways that we've been able to really use the additional funding we've had over the last two years is to really focus in on our multilingual health education



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team. One of the, I think, strengths of the Women's Health Network is that we're able to really focus in on the community which we serve. And I think this is a really great example, where we are reflecting the need within our particular community. So I really wanna introduce Shweta, who is our Manager of our Multilingual team. And I'm gonna ask her just a couple of questions. So Shweta, thank you for joining us today and doing this. I'm just wondering if you could talk a bit about the work you do, and maybe tell us some stories of how you've seen some direct impact in your day-to-day work.

Shweta Dakin

So as Dale mentioned, the program that we work on is called Multilingual Health Education. And the program basically provides in language evidence-based health education to migrants and refugee women on the web. But we create a culturally safe setting for that. And to do that, we have a team of five cultural workers who themselves have lived experience of migration and really are able to connect with women from very diverse communities thanks to that shared lived experience.

So, for example, in the last year, even though in my team we speak, let's say, five languages, and we come from three cultural backgrounds, because of this shared, lived experience we've been able to connect with women from over 22 countries who speak 26 different languages. And the way we do that is by primarily delivering sessions in the language that we speak in, and the community speaks but a lot of times, we end up with 15 different languages speaking groups in a room. So what we do is we talk to them in very easy English, and we also ensure that each participant receives in language resources and in language culturally safe referral pathways. So everybody is armed with knowledge that works for them. And that's really worked beautifully for us, as you can see. Speaking to women from 26 language groups has been quite an interesting experience in terms of the impact and insight. What's really interesting for us is the commonality of barriers that are faced by women from migrant and refugee backgrounds, notwithstanding their migration pathway, notwithstanding the number of years they've been in this country.

So, for example, Dale, we work very closely, let's say, with the Indian community. You know they've been here for a long time. We work with women who've been here for more than 25, 30 years and yet not a single one of them has accessed breast screening. So they just don't feel culturally safe or understand how to access that service spectrum. We might work with refugee women from a refugee background who've been here for, let's say, one year to five years, or even ten years, but they don't have the knowledge to pick up the phone and call an ambulance or to access interpretation services. So that's a very, very basic barrier of understanding the healthcare system to be able to access. It is something that's really stood out for us, and we work very deeply in that. And of course, we augment that by working in sexual and reproductive health, talking about conversations which culturally are not something we're used to really openly talking about by creating that safe space. And what we realised is that women definitely walk away with more confidence in accessing their GP, in asking questions. Is this bulk billed? Why are you giving me this medicine? Who can I speak to get more information?

That confidence has definitely increased in the work we are doing, and of course, topics like mental health and family violence because we are able to really establish long term relationships. We work with one community for, let's say, more than one year. It's only after one year that they feel safe enough to ask about mental health, talk about human rights, to understand their rights as women in this country. What does the system have to offer them, and they walk away with at least that knowledge of "Okay, these are the safe spaces I can access". This is the referral pathway available to me. These are culturally safe organisations working in this space for me, and that has really boosted their confidence in accepting those services. So in a nutshell - If I have to wrap the impact on what we are



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doing, I think in the long term, it really, really reduces the burden on the system in the country. Whether it is about pressing healthcare or other services in the long term, it will really mitigate that burden. And we've seen that actually happen in the last two years.

Dale Wakefield

Thank you, Shweta. I think as a Manager, as a CEO, I'm very proud of this program. And reading the feedback we get from individuals is really quite astounding. So I think it's a really great example of how that prevention works. Early intervention work can really make savings by making sure that people can access services in a timely way.

Tricia Currie

Thank you. Thank you so much, Dale and Shweta. Fabulous to hear that insight. And you know this tremendous depth in that work as well as into the reach, so I really appreciated you sharing that with us. I'm going to hand over to Claire Vissenga, who's currently the acting CEO of Women's Health Victoria. So Women's Health Victoria is one of our statewide services and they play a really key role in in parts of our work, particularly around sexual and reproductive health work, women's mental health as well. But, Claire, would you like to introduce the work?

Claire Vissenga

Thank you, Tricia, for the opportunity to speak today. This is a landmark piece of work, this document that has been prepared by the Women's health network. It is going to be instrumental, I believe, in supporting the funding ongoing for this sector. Many of you will know that I have a long history in this sector, and have been advocating for the funding to continue, and it is such a joy to see it quantified in this way. My background is in reproductive and sexual health and access to those services. It is such an important part of women's equity and equality in our community. And we have demonstrated on many occasions and in many different ways Equity and equality is not actually available to all women in our community. The way that this will be progressed from my point of view, is that we will continue to advocate for access to contraception. We will continue to advocate for access to self-affordable abortion services, and that we will continue to advocate for the appropriate funding for this to be done in the other areas of the women's health.

Business that I believe that Women's Health Victoria can also support is the continued work that we do in advocacy for women's rights and opportunities in our society. It is a pleasure to be here, and to hear this presentation on this piece of work. I thank all my colleagues who have put this together. It's clearly a lot of work. I hope we have the opportunity to present this to the policymakers to provide the need the authorising environment we need to proceed with this work. We've demonstrated the value. Now let's see what the Government could do to support us in this important endeavour. Thank you. I'll stop there, and you, are welcome to ask me any questions, and how we can continue to support you.

Tricia Currie

Thank you so much, Claire, and it is a warm welcome to you into the sector. We also have Carolyn Mogharbel from Women's Health Victoria, who knows inside out a really important service that's provided by Women's Health Victoria. That's the 1800 My Options. Carolyn, would you like to share some of your insights, please?

Carolyn Mogharbel

Thanks so much, Tricia, and thanks everyone for coming today to hear about the important work of the Women's Health Services. 1800. My Options is a service of Women's Health Victoria, funded by



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the State Government and we are Victoria's phone line and online service for contraception, abortion, and sexual health. At 1800 My Options, we speak to over 600 people every month who are looking for evidence based information and pathways to the services that can meet their needs. In the five and a half years that we've been operating, we've spoken to almost 30,000 people and honestly, the service is needed, because, unlike diabetes or cardiac care or maternity care, you cannot just rock up at your public hospital or your local GP and expect to be able to receive best practice abortion, contraception, and sexual health care. Many health services don't or won't provide this care. Many health professionals don't have the training, or just don't see it as part of their job. There's no way of knowing if a health service somebody's going to attend or would like to attend, is pro-choice or able to provide the services. And that's where we come in.

1800 My Options works with the entire health care system, including the Women's Health Services to identify pathways to appropriate care, making the clearly complex system that we have easier for women and gender diverse people to navigate. So we work closely with them, with health services to identify need and develop local responses to sexual and reproductive health issues informed by the issues raised by our callers and by the data from Medicare, the PBS and the state Department of Health. So alongside the Women's Health Services we listen to the voices of women and gender diverse people to ensure that all Victorians can access the abortion and contraception and sexual health services that they need, when and where they need them. And as many people have mentioned already, we know that the consequence of not being able to prevent pregnancy or continuing a pregnancy when someone would otherwise prefer to have an abortion can be dire. Contraception is safe and effective, and abortion is safe and legal. The health, financial and family outcomes of somebody not being able to control their reproductive health, impact them and their families and communities for years and the Women's Health Services have been really critical partners, ensuring that those almost 30,000 Victorians that we've spoken to can exercise their reproductive rights and access the services that they're looking for in Victoria.

Tricia Currie

Thank you, Carolyn, a beautiful insight. Thank you for sharing, you know, such an essential service. The work, you know, as you said, has some far reaching impacts. Thank you to both Carolyn and Claire for telling us a little of this. Some really incredible contributions that are made to women's health across Victoria. I'm now going to hand across to my colleague, Marianne Hendron, who's the CEO of Women's Health Grampians and Marianne has got something very special to share with us today with the work that that they do, together with the First Nations women in rural Victoria. Thanks Marianne.

Marianne Hendron

Thanks Tricia and everyone else, and congratulations, team, and thank you to Angela for an amazing piece of work for us. I will, just before I jump into the tape of our First Nations team, I just want to attest to the value of the work that Women's Health Victoria and Carolyn and her team undertake, and in regards to sexually reproductive health and kind of attest to the real difference that work is making to women's lives in the rural and remote parts of our region. It has been a game changer, quite frankly. And it's really made our lives so much more, I guess, moving towards complete in terms of access to services that are generally available elsewhere. And however, I want to move on to highlight a piece that we're involved in. And as has been referred to throughout this webinar at Women's Health Services, strive for our primary prevention work to be intersectional and to advance equity for all women. And here on Wadawurrung Country, we embarked last year on a project using some of the uplift funding that we received, to undertake a very much self determined co-design approach to working with, to engaging First Nations women, and developing projects focused on primary



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prevention that were very much led by them. And so one of these projects that has come out of this process is The Yarning Garden, and I'll hand over to Lyndel and Alison to let this video speak to that work. Thank you.

Video – The Yarning Garden

Lyndel Ward

We've decided that the one of the focuses for The Yarning Garden is going to be the growing of the plant called Murnong. Before colonisation, Murnong was a staple food for First Nations people. In books, they talk of driving from Melbourne all the way up through the Grampians, it being a sea of gold of Murnong, which is a yam daisy, which grows a tuber that First Nations people used as a staple food for making bread etc. An absolutely staple food for our communities. The Yarning Garden idea came to me approximately seven years ago now. Lou and I have been friends for many years. Lou is, Food for Free. I'm working at Women's Health Grampians, who, through some extra funding we received for the first time, we were able to start a First Nations program which is doing wonderfully. So with this extra funding, I approached Lou. So back to seven years ago, Lou commenced Food is Free. I was a volunteer with Food is Free. I became the Manager of volunteers. Full circle round. When I was working with Women's Health Grampians, I approached Lou, and we talked about, we had been talking for seven years about starting a garden for First Nations women here in Wadawurrung Country, food for plants for food, plants for medicine, plants for beautification. And planting, getting together for community to get together - people with varying experiences from walking along the in bush with their Nan's and learning about bush tucker, to people who've never planted a plant in their life. So sharing all of the information. So Lou and I talked about this at length.

Video - Lou Ridsdale

So we thought it was a perfect project, because, you know, obviously Food is Free is very much about food, security, education, but, more importantly, about inclusiveness. And it just was the perfect project. So getting the funding from City of Ballarat and the Department of Justice was just such a great opportunity to bring to life something we've spoken about for so many years, and we're really excited to see the outcomes cause we know they will be really, really empowering for mob. And it's really fabulous for anyone to connect to Country and to be able to actually share that experience is just phenomenal. And we're so grateful. And it's just going to be fun. It's going to be a really safe place for mob. And it's going to be really beneficial for First Nations Women, particularly those with health issues and mental health and actually just connecting with each other, and also connecting with the outer community. Because this space at Barclay Square is just the perfect place for The Yarning Garden to take place. So we're so excited. It's just going to be marvellous.

Video – Alison

I've been asked to be involved in The Yarning Garden through Women's Health Grampians and through Lou Ridsdale and Lyndel Ward. I'm part of the Stolen Generation. So in later years I decided to learn about my history, and this is part of my journey about learning about Indigenous plants, what foods I can eat and teach other young girls. Other women come together, yarn as a group in a safe environment where there's no judgement. And we're all learning together.

Tricia Currie

Absolutely beautiful and so powerful. Marianne, did you want to just do a little sign off there on that one?



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Marianne Hendron

Yeah, it always makes me a little bit emotional. It's something that yeah, we've sort of had a dream about for quite some time, so we will, keep you posted about how that progresses, and there are exciting plans to involve some well-known gardening people to come and help us launch. In the New Year, and if you watch Gardening Australia, you might guess who we're thinking of there and but you know, I think, that the, what I will emphasise is, I think, this is a real example of how you know this isn't work that you can rush into. This is work that takes time. And what's really crucial. And you know this speaks to some of the elements that I think Angela touched on in terms of the long-term progress, you know, and work like this - building trust and building relationships is absolutely vital. It's, you know, the foundation for really good primary prevention and work, and for work, that is, you know, really about ensuring it is led by the people that are, you know, most concerned by it. So I do hope that we get the opportunity to see it through to, you know, fruition and see it grow in terms of the number of women that are engaged with it.

Tricia Currie

Thank you. Thank you so much, Marianne. Very powerful. And you know the investment in prevention work, the health promotion and prevention work allows Women's Health Services to walk, not ahead of and not behind, but together with First Nations women. Really powerful. We're now at the point where we have the opportunity to open up the forum to any further questions. So I'll be looking for the hands up to see if we've got any questions that would like to be put. Oh, good morning, Tania. Wonderful to see you, Tania, CEO of Safe + Equal. Tania, what's your question this morning?

Tania Farha

Oh, hi, everybody! And to Tricia and all the colleagues in Women's Health Services, and Angela, great impact report, but also great to hear the stories. Still, because we know in this work, it's not just the data. It's about people and their stories, and what we see is successful so great to see both sides come out in this. I guess I just had an interesting thought about this in that we know for this year so far, we've had a lot of homicides. We're nearly at 51 in the unofficial count, probably many more, because we know many more stories are not told, and not all deaths are accounted for. And for me, I guess homicides are a bit of blunt instrument. They're not always how well we're doing in the system, per se, but because they are so visible I guess it makes you, I guess it might make people think well, what is the difference that primary prevention is making? Given, you know, these high rates of homicides, and what is so visible in the public eye, whereas they don't always see what is happening in the other stories. So just curious if you had any thoughts on that?

Tricia Currie

Beautiful question, and thank you for it, and what I might do is actually just to defer to one of my colleagues, Dale Wakefield. Dale, would you like to respond to Tanya's question?

Dale Wakefield

I think it's a very important one, Tania. Because, firstly, I just want to acknowledge the lives that have been lost this year have been awful. And we're thinking of the families that have been impacted and the communities that are impacted because what we know about via domestic and family violence is, the impact is so large across our community. And it is, I think, it's what actually I think that Angela said it really well, in terms of health. This is a really difficult one, in that you can't hand somebody a pill and see the immediate outcome. And I think, we know through research and the evidence base the gender countries where there is lower rates of gender inequity. We also have lower rates of family violence, and that is a piece of work that has been established for a long time. But we also know that we haven't



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got a great deal of evidence in the Domestic and Family Balance Bill. Really, as a society, we've only started to find it as a problem for the last 50 years. Next year is the anniversary of the first women's shelter in Australia. It is a very emerging issue. We haven't got the depth. So that real evidence base.

That's why this report is so important. Because the women's health organizations have been here for a long time, since the seventies, and we have started to build that evidence base, and we have. But we haven't been funded adequately enough to do that. So this additional funding has given us that opportunity to really show that what we do works, that the money invested in us is starting to show some of those outcomes. We know there's more to do. And GenWest is also a family violence service deliverer. So you know it's really important that there's whole parts of the system that need to be supported. To make sure we have outcomes. But we need to be really focused on that prevention because we know the impacts of family violence are intergenerational. We know the costs to our economy. We know the impacts on our community, and also the impacts on women's health are significant. So all of those parts are really important. We're starting to slowly see the investment from the Victorian government have outcomes in comparison to the rest of the country. But we need to invest, to continue to invest and hold our nerve, to know that this is a long-term game. We need to acknowledge where the system can improve for those individual deaths. And really, and I know, Safe + Equal has a really important role in that but as a prevention service, we also need to be really focused on what that larger piece of evidence is telling us. And it's telling us that what we are doing, the investment the government's made into us, is going to pay back to the community.

Tania Farha

Yeah. Great answer, yeah. I agree, by the way.

Tricia Currie

Absolutely. Yeah. And thank you for asking the question, because you know, it often sits there, you know. Can you go from A to B, and as Dale said, you know, now our work is a component of an ecosystem, it is that infrastructure that Women's Health Services are.

Adele Murdolo

Thanks Tricia, and hello everybody. I think I'd just like to add to the picture that we're drawing of a state wide infrastructure that the Women's Health Services are, and to ask a question really to Dale or Shweta about the multilingual program that they talked about, which is actually one part of a, it's not completely state wide, but there are seven services that are doing this work. So I'm just maybe wondering if I could ask that question about what is, you know? It's a fantastic impact that we've talked about in the West. What is the impact of that program being a part of a larger state wide program? And how is that, you know, the working together aspect of it and the collaboration. How does that add value? What are we seeing on as a statewide?

Dale Wakefield

I'm going to say two sentences, and then I'll hand to Shweta, because I know this is the support that the Multicultural Women's Health Services provided us is really, really important. And I think it's a really good example of the Women's Health sector really working together where your service provided that training to all the workers going in and making sure that people have the skills they needed to provide this service. But then we've been able to embed it on that local area with really specific needs to our particular community. So I think it's actually a really important example where the statewide infrastructure really is giving us outcomes. But I know Shweta will have more to say on that.



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Shweta Dakin

Definitely acknowledging that when this entire piece of work started, as we know, it is a response to Covid, wherein, we embedded bicultural workers into every Women's Health Services, and MCWH trained us in how to go out in community and do culturally safe and in language health education. And thankfully, because of the boost funding, we've been able to embed it in our organisation. But we do work very closely with other Women's Health Services. We have platforms wherein all the bicultural workers working in the state come together monthly, exchange information, exchange resources and work in partnership with each other. For example, we are working with Women's Health in The North on a Let's Talk Money program. We meet monthly. We access resources from MCWH, everybody working together to really cater to a community which exists in every single Women's Health Organisation. And the model that MCWH has come up with was the peer-based model, and that, I think, has been the most beautiful aspect of this program - that we're talking to women from a perspective of lived experience, of understanding their cultural and migration pathways. And that model, I think, has worked beautifully across the state. And we really are, I think, 40 language speaking bicultural workers across the state, and we meet, and we really exchange information and resources, and that has really shown to work well.

Tricia Currie

Thank you so much Shweta, and thank you for that question, Adele. I guess I'm sitting here in Northern Victoria saying the reach of that program is into the tiniest of rural communities where we have women from migrant backgrounds working in the agricultural industry. And giving the opportunity to do that beautiful health, promotion and prevention work together. So thank you for that. We have run out of time, which so often happens when you get to talk about things that are really important and making a difference. So with an enormous thank you to Dr Angela Jackson and the health, equity and policy crew who helped produce this wonderful report, *Return on Equity, Health and Economic Dividends from Investing in Women's Health Services*. Thank you for all participating in today's forum. And I'm just going to quickly check a final word from you, Angela.

Angela Jackson

Thank you so much for having me and for involving me and giving us the opportunity to really look into, deep dive into these issues and to hear these stories. I think, I work in numbers, and I know it is a little bit impersonal at times. But I think to really hear the human side of the impact, it's just widely important. So thanks so much Kit for really driving this and keeping everything on the show on the road, as always. Kit has put the link to the report there, for everyone who's had access to this Zoom.

Tricia Currie

And it is a shout out to the collaborative effort to actually bring this really rich storytelling to you today. A huge shout out to the Advocacy group, headed up and beautifully propelled and driven by Kit McMahon. So thank you, and to Dos as well, and to the others, everyone who's contributed to this. But this mob will sign off and thank you for being with us. Let's make sure that we keep this work continuing not just for a short term, but for a long term, ensuring that we really are making a difference. Thank you.

Kit McMahon

Thanks so much everyone, that brings to an end our function today.