

Applying a gender lens to municipal public health and wellbeing planning

YARRIAMBIACK SHIRE COUNCIL, February 2021

This resource is intended to support councils in the Grampians region to apply a gender lens to their municipal public health and wellbeing plans.

Ten priorities have been identified in the *Victorian public health and wellbeing plan 2019–2023*, with four highlighted as focus areas. Councils are required to specify measures to prevent family violence and respond to the needs of victims, and meet their Gender Equality Act 2020 obligations. The *Victorian public health and wellbeing plan* also refers to:

- **Fostering gender equality**
Consideration should be given to the importance of gender and intersectionality.
- **Responding to the needs of our diverse population**
Consideration should be given to the needs of Victoria's diverse population, including Aboriginal and Torres Strait Islander communities, people with disabilities, those from culturally diverse backgrounds, and LGBTIQ populations.

This resource provides a brief gender analysis of the four focus areas as well as the Prevention of All Forms of Violence and Improving Sexual and Reproductive Health priorities. It provides local statistics where available, and offers suggestions for actions. A note on the gendered impacts of COVID-19 response and recovery is also included.

The Health Promotion Team at Women's Health Grampians (WHG) can provide guidance on applying a gender lens to the health planning process. For further information, contact Rose Durey, Manager Strategy and Programs at rose@whg.org.au or on 0419 185 770, or your CoRE Regional Consultant.

Relevant Resources

Municipal public health and wellbeing planning 2021–2025 DHHS Advice Note 1 August 2020
Victorian public health and wellbeing plan 2019–2023: <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>

FOCUS AREA

Tackling Climate Change and its Impact on Health



Gender analysis

- Climate change affects women disproportionately, as the risk is multiplied by women's economic vulnerability and women's socially constructed role as primary carer for dependents.¹
- Extreme weather events and disasters are associated with an increase in violence against women.²
- Women's patterns of energy use and fossil fuel consumption are different to men's. Women are more likely to live alone or be rearing children alone, and to be responsible for others (family, kin, and neighbours) as paid and unpaid caregivers. They are more likely to make short trips by vehicle, depend on public transportation and travel with dependents. Women face additional challenges in meeting the rising energy, transport and food costs associated with climate change.³

Statistics

- In comparison to the Victorian average (3%), Yarriambiack had a higher proportion of the female population aged 15-54 years receiving the single parenting payment (5%),⁴ suggesting women may be more vulnerable to the increasing costs of living associated with climate change (e.g. energy, food, transport).⁵
- A greater proportion of females (58%) in Yarriambiack accessed specialist homelessness services compared to males (42%).⁶ Natural disasters may prolong displacement for those already homeless (i.e. spending longer in emergency shelters as a result of fire or floods).⁷
- 3.2% of Yarriambiack residents reported access to public transport as good or very good. This is significantly lower than the Victorian average (61.2%),⁸ influencing decisions around active transport.

Suggestions for action

1. Apply the Gender and Emergency Management Guidelines to emergency planning.
2. Apply an intersectional gender analysis to climate change decision-making. Include women in discussions about infrastructure, energy, transport, agriculture, environmental management and disaster.
3. Roll out delivery of Gender and Disaster Pod training and interventions to identify and respond to the gender specific impacts of disasters, including pandemics.

Relevant Resources

Women and Climate Change factsheet, Women's Health East, 2018: https://whe.org.au/wp-content/uploads/sites/3/2018/03/Women-and-Climate-Change-Fact-Sheet_20-03-18.pdf

DHHS Guidance: <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/tackling-climate-change>



Gender analysis

- Women’s relationship with food is impacted by gender expectations, as well as biological factors related to sex.⁹
- Socially constructed body image ideals and normalisation of dieting and other weight control behaviours are significant, and affect young women’s relationship with food in particular.¹⁰
- Australian women’s food access, behaviours and health outcomes are strongly influenced by socioeconomic determinants and how food is prepared, shared and consumed.¹¹
- Time pressure is a barrier to meeting vegetable consumption guidelines for many women due to work, study, or caring responsibilities.¹²
- Older women who are housebound, in residential care, or with decreased food intake may be at risk of deficiency.¹³

Statistics

- The Index of Relative Socio-Economic Disadvantage shows Yarriambiack in the lowest third of all Victorian LGAs, indicating a high level of disadvantage.¹⁴ Women living in areas of most disadvantage and experiencing food insecurity are more likely to be obese. This correlation is not observed in men.¹⁵
- Women in Yarriambiack were more likely to be obese/pre-obese (60.5%) than males (50.7%). This is higher than the regional (50%) and state averages (43.7%) for women.¹⁶
- Women in Yarriambiack were more likely (54.5%) than men (27.6%) to achieve adequate fruit intake. Yarriambiack women were less likely (10%) to comply with Australian standards (18%) of vegetable consumption.¹⁷

Suggestions for action

1. Ensure nutritious and affordable food is available in settings outside the home, particularly residential services.
2. Undertake health promotion campaigns where the narrative encourages healthy eating, avoids reinforcing harmful gender norms, and focuses on health rather than weight. Encourage critical awareness of gender roles related to food, food practices and body image.
3. Involve women with diverse identities and experiences in the design and delivery of health promotion programs and campaigns. Give equal consideration given to social, emotional and physical aspects of health.
4. Consider the feasibility of subsidising families to outsource household work. Women who report time pressure as a barrier are significantly less likely to meet the Australian Dietary Guidelines’ recommended intake of fruit and vegetables per day.

Relevant Resources

Serving up inequality: how sex and gender impact women’s relationship with food. Women’s Health Victoria, 2017
[https://womenshealthvic.com.au/resources/WHV_Publications/Issues-Paper_2017.10.03_Serving-up-inequality-Women-and-food_Version-2_\(Fulltext-PDF\).pdf](https://womenshealthvic.com.au/resources/WHV_Publications/Issues-Paper_2017.10.03_Serving-up-inequality-Women-and-food_Version-2_(Fulltext-PDF).pdf)

DHHS Guidance: <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/increasing-healthy-eating>



Gender analysis

- Women's participation in physical activity is impacted by gender expectations and biological factors.¹⁸
- Women face numerous barriers to being physically active including: caring responsibilities; body image issues; fear of judgement; perceptions of safety; and lack of sporting facilities tailored to women.¹⁹

Statistics

- Females of all ages generally have lower physical activity participation rates than males.²⁰
- 53.8% of females in Yarriambiack are meeting the recommended physical activity guidelines compared to the state average (49%).²¹
- 86.7% of Yarriambiack residents feel safe in the community.²² However, only 53.8% of women in Yarriambiack feel safe walking alone at night versus 78.4% of men, influencing decisions around and timing of physical activity.²³
- The proportion of females (9%) over the age of 65 years in Yarriambiack with a core activity need for assistance (severe disability) was higher than the state average (5%),²⁴ indicating a need for earlier intervention in the form of physical activity and weight bearing exercise.

Suggestions for action

1. Partner with local sporting clubs to implement a targeted gender equality program, such as Act@Play, to identify and address the gendered barriers to participation.
2. Ensure sporting facilities (grounds, venues) meet female-friendly guidelines and foster safe, welcoming, and inclusive spaces.
3. Provide professional development workshops that support women to apply for board positions in community sport and promote representation of women in leadership.
4. Partner with State Sporting Associations to offer socially modified forms of sport (e.g. Rock Up Netball, Wheelchair Basketball, Cardio Tennis) that cater to all ability levels.
5. Use sex-disaggregated and intersectional data to inform physical activity and sporting initiatives.
6. Consider the impact of emergency management, response and recovery on sport and physical activity, including damage to facilities and public space.

Relevant Resources

OurWatch: A team effort, preventing violence against women through sport - evidence guide.
<https://www.ourwatch.org.au/resource/a-team-effort-preventing-violence-against-women-through-sport-evidence-guide/>

DHHS Guidance: <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/increasing-active-living>

FOCUS AREA

Reducing Tobacco-Related Harm

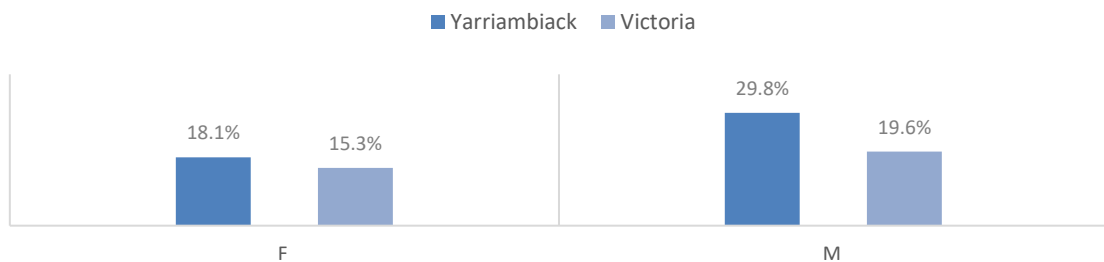


Gender analysis

- All people who smoke have an increased risk of developing cancers and heart disease, however women experience additional smoking-related risks due to pregnancy, oral contraceptive use, and cervical cancer.²⁵
- In Victorian women, significantly higher smoking prevalence is associated with mid-life, low education level or low annual household income.²⁶
- Factors associated with smoking prevalence in women include: peer pressure; fear of weight gain; low socioeconomic status; young motherhood and sole parenting; depression, mental illness; violence and trauma; stress; poor physical health; Indigenous status; and living in remote areas.²⁷
- Prevalence of current smoking in Victoria continues to decline in both men and women. While typically higher among men than women, this gap has narrowed over time.²⁸

Statistics

% SELF REPORTED 'DAILY' OR 'OCCASIONAL' SMOKERS



Avoidable Mortality Indicator: Current Smokers 2017²⁹

Suggestions for action

1. Ensure tobacco education, information and cessation efforts incorporate gender-responsive messaging. Involve affected communities in their design and delivery.
2. Take a strengths-based approach – inform and empower women to respond to the impact of tobacco use and second-hand smoke on their health.
3. Interventions tailored to women are often primarily focused on pregnant and postpartum women. Consider the impact of smoking on women across the life course, and on women from diverse backgrounds.

Relevant Resources

Women's Health East. Women and Tobacco factsheet: https://whe.org.au/wp-content/uploads/sites/3/2018/03/Women-and-Tobacco-Fact-Sheet-FINAL_1-3-18.pdf

DHHS Guidance: <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/reducing-tobacco-related-harm>

PRIORITY

Improving Sexual and Reproductive Health



Gender analysis

- Sexual and reproductive health outcomes have flow-on effects to all aspects of women’s lives – finances, education, families and overall health. Access to timely services is fundamental for gender equality and women’s participation in society.³⁰
- Women and girls carry the burden of responsibility for family planning and access to contraception. While oral contraception is most commonly prescribed, health professionals regard Long Acting Reversible Contraception (LARC) as best practice.³¹
- Sexually transmissible infections (STIs) continue to be a significant public health concern. STIs, in particular chlamydia, are a major cause of infertility in women.³²
- Teenage parenting is not always a result of an unplanned pregnancy. However, teenage women are less likely to know how to access antenatal care services, more likely to experience complications during pregnancy and childbirth (including early labour), less likely to be financially secure, and more likely to experience emotional distress.³³
- Young women are more vulnerable than older women to unsafe or unwanted sex.³⁴

Statistics

Table 1: Sexual and Reproductive Health Indicators ³⁵

TEENAGE BIRTH FERTILITY RATE (2018)	CHLAMYDIA STI NOTIFICATION (2018)	CONTRACEPTION LARC: IUD (2018)	CONTRACEPTION LARC: IMPLANT (2018)
26.0	9.0	4.8	7.0
Yarriambiack	Yarriambiack	Yarriambiack	Yarriambiack
14.6 9.5	18.6 20.8	6.1 5.7	10.3 9.3
Grampians Victoria	Grampians Victoria	Grampians Victoria	Grampians Victoria
per 1,000 women 13-19yrs	Cases per 10,000 persons	MBS claims per 1,000 women	MBS claims per 1,000 women

Rank # 3 in Victoria

Local Services: No medical services, pharmacy, imaging, hospital or counsellor options listed with [1800 My Options](#), the Victorian database of sexual and reproductive health service providers who consent to have their information provided to women. Yarriambiack has invested in six public condom vending machines.³⁶

Suggestions for action

1. Advocate for local providers to promote sexual health services through 1800 My Options including support for contraception, abortion, STI testing and treatment.
2. Maintain access to condoms as the only method for preventing transmission of STIs with condom vending machines in public spaces that young people (and others) can easily access.
3. Implement health promotion campaigns and programs to promote a respectful and inclusive culture, including support for diversity and de-stigmatisation of sexual and reproductive health.

Relevant Resources

DHHS Guidance: <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan/sexual-and-reproductive-health-guidance>

PRIORITY

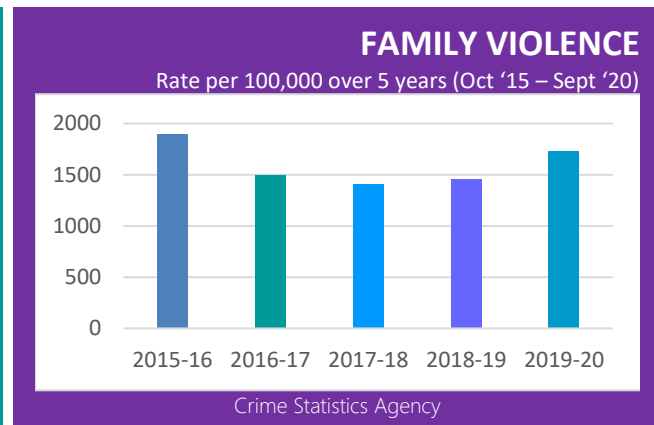
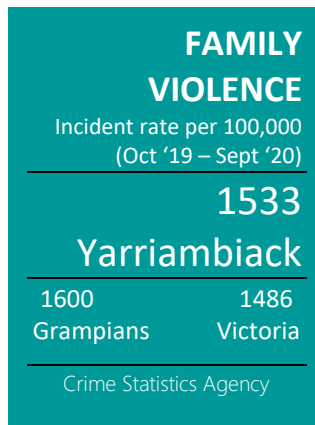
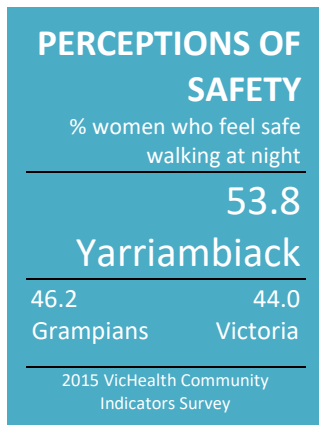
Preventing All Forms of Violence



Gender analysis

- Violence against women has far-reaching negative impacts on the health and wellbeing of women, children, families and communities. It also inflicts a significant economic burden on the Grampians region.³⁷
- Women from diverse backgrounds, such as Aboriginal and Torres Strait Islander women or women with disabilities, are more likely to experience higher rates of violence.³⁸
- Addressing the underlying causes of men’s violence against women is key to preventing it. Research indicates the key drivers include: beliefs and behaviours reflecting disrespect for women; low support for gender equality; and an adherence to rigid gender roles and identities.³⁹ It is not sufficient to challenge these attitudes and beliefs in isolation; rather we also need to address the structures, policies and practices supporting them.

Statistics



Rate has decreased over 5 years

Rate has increased 18.4% since 2018-19

Suggestions for action

1. Ensure CoRE Action Plan is up to date and on track.
2. Engage Equality Advocates to deepen action on intersectionality.
3. Continue to support a culture where taking bystander action to prevent violence against women is the norm. Ensure new staff receive bystander training.
4. Consider how COVID-19 has increased risk and prevalence of family violence. Ensure primary prevention efforts include this context, and that workplace policies and procedures incorporate measures relating to COVID-19, such as family violence risk when working from home.

Relevant Resources

Family violence and municipal public health and wellbeing planning - guidance for local government:
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/family-violence-and-municipal-public-health-and-wellbeing-planning-guidance-for-local-government>

ADDITIONAL PRIORITY AREAS

- **Reducing Harmful Alcohol and Drug Use**
- **Reducing Injury in the Community**
- **Improving Mental Wellbeing**
- **Decreasing the Risk of Drug-Resistant Infections in the Community**

Gender plays a key role in shaping health and wellbeing outcomes across the lifespan. Women and gender-diverse people experience particular health inequities and disadvantage due to their sex and gender, and a gender analysis of these additional priorities will reveal the different ways that they are impacted.⁴⁰

If you are including these priorities into your Municipal Health and Wellbeing Plan, consider how the issue impacts women, men and gender-diverse people differently. For example:

1. Use and collect gender-disaggregated data, and where possible, data that is broken down by Aboriginal and Torres Strait Islander status, ethnicity, migrant status, language spoken, ability, sexual orientation, socio-economic status, age and locality (rural/urban).
2. For each priority area, seek evidence on how gendered expectations and barriers can impact on the effectiveness of programs and services for women, men and those from diverse backgrounds.
3. Consult with a broad range of stakeholders and community members from a range of diverse backgrounds, and incorporate their feedback into the development of actions.

Resources that may assist include the CoRE Gender Lens Checklist (<https://whg.org.au/wp-content/uploads/2019/09/CoRE-Gender-Lens-Checklist.pdf>) or the Victorian Women's Health Atlas (<https://victorianwomenshealthatlas.net.au/#/>).

For additional guidance and resources, please contact your WHG Regional Consultant.

RECOMMENDED AREA

Addressing COVID-19

Gender analysis

- Women are the frontline of essential workers in this pandemic – in healthcare, teaching, aged care, social assistance and childcare. Female-dominated industries such as hospitality, retail and the arts have been hard hit by social distancing requirements, and more women than men have lost their jobs. Lower-income workers are more likely to be out of work than the highest income-earners. These women are often from diverse backgrounds.
- The existing division of labour and gendered social norms may be exacerbated as the burden of caring for children, the ill and the elderly falls unequally on women.
- Women's health is often adversely affected by pandemics as resourcing and priorities shift away from essential services such as sexual and reproductive health.
- Family violence increases during and in the aftermath of pandemics, particularly as people self-isolate at home without access to support networks and services.

Statistics

- Women make up 80.5% of people employed in the healthcare and social assistance industry in the Grampians region.⁴¹
- More women than men work in casual employment, and in industries likely to be hit by any economic downturn. For example, women make up 58.5% of the retail industry in the Grampians region.⁴²
- Women are paid less than men and more women than men live below the poverty line. 48.2% of women and 35.7% of men in the Grampians earn below the minimum wage, affecting their ability to access supplies or recover from periods of economic crisis.⁴³

Suggestions for action

1. Ensure decision-making is gender equal in post-pandemic planning, and that all rebuild efforts and investment apply a gender lens so that women and men benefit equally.
2. Collect and report on sex and age-disaggregated data to inform COVID-19 response and recovery. COVID-19 impacts not only health but also economic and social wellbeing, and therefore data should be collected on impacts on livelihoods, physical and mental wellbeing, gender-based violence, and child protection.
3. Ensure any messaging regarding COVID-19 appropriately targets women, including those from diverse backgrounds. Consult representatives from Indigenous communities, women's organisations, culturally and linguistically diverse communities, family violence organisations, LGBTQI+ organisations and disability organisations to tailor communication messaging and mediums to the needs and preferences of each group.

Relevant Resources

GenVIC COVID-19: <https://www.genvic.org.au/resources/covid-19-resources/>

References

- ¹ Australian Women's Health Network 2014, *The impact on women's health of climatic and economic disaster*, viewed 9 February 2021, <<http://www.genderanddisaster.com.au/wp-content/uploads/2015/06/Doc-043-Impact-on-Women-Position-Paper.pdf>>.
- ² Parkinson, D & Zara, C 2013, 'The hidden disaster: domestic violence in the aftermath of natural disaster', *Australian Journal of Emergency Management*, vol. 28, no. 2, pp.28-35. <<https://ajem.infoservices.com.au/items/AJEM-28-02-09>>.
- ³ Alam, M, Bhatia, R & Mawby, B 2015, *Women and Climate Change: Impact and agency in human rights, security, and economic development*, Georgetown Institute for Women, Peace and Security, viewed 9 February 2021, <<https://giwps.georgetown.edu/resource/women-and-climate-change>>.
- ⁴ Department of Social Services 2020, *DSS payments by Local Government Area 2019-2020*, viewed 9 February 2021, <<https://data.gov.au/data/dataset/dss-payment-demographic-data>>.
- ⁵ Joseph Rowntree Foundation 2016, *Climate Change Impacts on the Future Costs of Living*, viewed 9 February 2021, <<https://www.climatejust.org.uk/resources/climate-change-impacts-future-cost-living>>.
- ⁶ Women's Health Victoria 2020, *Women's Health Atlas*, viewed 9 February 2021, <[http://victorianwomenshealthatlas.net.au/#!/>](http://victorianwomenshealthatlas.net.au/#!/).
- ⁷ Australian Institute for Disaster Relief 2018, *Homelessness and natural disasters: the role of community service organisations*, viewed 9 February 2021, <<https://knowledge.aidr.org.au/resources/ajem-oct-2018-homelessness-and-natural-disasters-the-role-of-community-service-organisations/>>.
- ⁸ University of Canberra 2020, *Regional Wellbeing Survey 2020*, viewed 9 February 2021, <<https://www.canberra.edu.au/research/institutes/health-research-institute/regional-wellbeing-survey/survey-results/data-tables/2018#westvictoria>>.
- ⁹ Upston, B, Anderson, R, & Wojcik, E 2017, *Serving up inequality: how sex and gender impact women's relationship with food*, Women's Health Victoria, viewed 9 February 2021, <[https://womenshealthvic.com.au/resources/WHV_Publications/Issues-Paper_2017.10.03_Serving-up-inequality-Women-and-food_Version-2_\(Fulltext-PDF\).pdf](https://womenshealthvic.com.au/resources/WHV_Publications/Issues-Paper_2017.10.03_Serving-up-inequality-Women-and-food_Version-2_(Fulltext-PDF).pdf)>.
- ¹⁰ Ibid.
- ¹¹ Ibid.
- ¹² Ibid.
- ¹³ Ibid.
- ¹⁴ Australian Bureau of Statistics 2018, *Census of population and housing: socio-economic indexes for Australia (SEIFA) 2016*, viewed 9 February 2021, <<https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012016?OpenDocument>>.
- ¹⁵ Women's Health East 2019, *Women and Food – fact sheet*, viewed 9 February 2021, <<https://whe.org.au/wp-content/uploads/sites/3/2014/10/2019-01-24-Women-and-Food-Fact-Sheet-Final.pdf>>.
- ¹⁶ Department of Health & Human Services 2018, *Victorian Population Health Survey 2017: quick statistics for local government areas and gender*, viewed 9 February 2021, <<https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>>.
- ¹⁷ Ibid.
- ¹⁸ Women's Health in the North 2020, *Promoting women's health safety and wellbeing in health plans*, viewed 9 February 2021, <<https://www.whin.org.au/resources/resources-for-gender-equity/>>.
- ¹⁹ Ibid.
- ²⁰ Sport & Recreation Spatial 2019, *Sport participation rates – aggregation of 12 sports, Victoria 2017*, viewed 9 February 2021, <<http://www.sportandrecreationspatial.com.au/resources/SPRP%20integrated%20de-identified%202017%20300519%20RE.pdf>>.
- ²¹ Department of Health & Human Services 2018, *Victorian Population Health Survey 2017: quick statistics for local government areas and gender*, viewed 9 February 2021, <<https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017>>.
- ²² University of Canberra 2020, *Regional Wellbeing Survey 2020*, viewed 9 February 2021, <<https://www.canberra.edu.au/research/institutes/health-research-institute/regional-wellbeing-survey/survey-results/data-tables/2018#westvictoria>>.
- ²³ Women's Health Victoria 2020, *Women's Health Atlas*, viewed 9 February 2021, <[http://victorianwomenshealthatlas.net.au/#!/>](http://victorianwomenshealthatlas.net.au/#!/).

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- ²⁴ Australian Bureau of Statistics 2017, *2016 Census of Population and Housing, General Community Profiles*, viewed 9 February 2021, <https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/036?opendocument>.
- ²⁵ Women's Health in the North 2020, *Promoting women's health safety and wellbeing in health plans*, viewed 9 February 2021, <<https://www.whin.org.au/resources/resources-for-gender-equity/>>.
- ²⁶ Greenhalgh, EM, Scollo, MM, & Winstanley, MH 2020, *Tobacco in Australia: Facts and issues*, Cancer Council Victoria, viewed 9 February 2021, <www.TobaccoInAustralia.org.au>.
- ²⁷ Women's Health East 2018, *Women and Tobacco factsheet*, viewed 9 February 2021, <https://whe.org.au/wp-content/uploads/sites/3/2018/03/Women-and-Tobacco-Fact-Sheet-FINAL_1-3-18.pdf>.
- ²⁸ Women's Health Victoria 2020, *Women's Health Atlas*, viewed 9 February 2021, <<http://victorianwomenshealthatlas.net.au/#!/>>.
- ²⁹ Women's Health Victoria 2020, *Avoidable Mortality Indicator: Current Smokers 2017*, Victorian Women's Health Atlas, viewed 9 February 2021, <<http://victorianwomenshealthatlas.net.au/#!/>>.
- ³⁰ Women's Health Victoria 2021, *Delivering optimal sexual and reproductive health outcomes for Victorian women: priorities for the next women's sexual and reproductive health plan 2021-2025*, viewed 9 February 2021, <<https://whv.org.au/resources/whv-publications/delivering-optimal-sexual-and-reproductive-health-outcomes-victorian>>.
- ³¹ Women's Health Victoria 2020, *Women's Health Atlas*, viewed 9 February 2021, <<http://victorianwomenshealthatlas.net.au/#!/>>.
- ³² Victorian Department of Health and Human Services 2017, *Women's sexual and reproductive health: key priorities 2017-2020*, viewed 9 February 2021, <<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/womens-sexual-health-key-priorities>>.
- ³³ Women's Health Victoria 2020, *Women's Health Atlas*, viewed 9 February 2021, <<http://victorianwomenshealthatlas.net.au/#!/>>.
- ³⁴ Ibid.
- ³⁵ Ibid.
- ³⁶ Centre of Excellence in Rural Sexual Health 2020, *Condom Vending Machine Mapping June 2020*, viewed 9 February 2021, <<https://www.cersh.com.au/projects/improving-access-to-condoms/>>.
- ³⁷ Women's Health Grampians 2016, *Communities of Respect and Equality (CoRE) Plan 2016-2020*, viewed 9 February 2021, <<https://whg.org.au/wp-content/uploads/2019/09/CoRE-Plan-Document-2016-2020.pdf>>.
- ³⁸ Women's Health Grampians 2020, *Intersectionality Guide: A tool for CoRE members*, viewed 9 February 2021, <<https://whg.org.au/wp-content/uploads/2020/03/Intersectionality-Guide-FINAL-February-2020.pdf>>.
- ³⁹ Our Watch 2015, *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, viewed 9 February 2021, <<https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/05/21025429/Change-the-story-framework-prevent-violence-women-children-AA-new.pdf>>.
- ⁴⁰ Women's Health in the North 2020, *Promoting women's health safety and wellbeing in health plans*, viewed 9 February 2021, <<https://www.whin.org.au/resources/resources-for-gender-equity/>>.
- ⁴¹ Australian Bureau of Statistics 2017, *2016 Census of Population and Housing, General Community Profiles*, viewed 9 February 2021, <https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/communityprofile/036?opendocument>.
- ⁴² Ibid.
- ⁴³ Women's Health Victoria 2020, *Women's Health Atlas*, viewed 9 February 2021, <<http://victorianwomenshealthatlas.net.au/#!/>>.