



Women in Public Health

Survey Findings

About Women in Public Health

Women in Public Health (WPH) is a network of women from across Australia working to advance gender equity in public health leadership. WPH launched in July 2023 and has 860 members.

The WPH network is committed to ensuring that women are represented in public health in a range of roles, and from early in their career and beyond.

WPH advances gender equity by:

- **highlighting inequities** – highlighting the inequities that exist in leadership in public health and the value of diverse women's voices in advancing health
- **elevating voices** – elevating the voices of women in public policy discussions, in the media, government processes and other public forums
- **connecting women** – connecting women working to advance public health across research, policy, healthcare and service settings and beyond the health sector.

The WPH network is committed to ensuring diverse representation, including among Aboriginal and Torres Strait Islander women, women from Culturally and Linguistically Diverse backgrounds, Women with Disabilities, LGBTIQ+ women and trans and non-binary people. We recognise the importance of ensuring cultural safety in our activities, and promoting cultural safety in public health leadership.

We are grateful for the support of the Victorian Health Promotion Foundation (VicHealth) in funding this report on the WPH survey findings.

Acknowledgment of Country

We respectfully acknowledge the traditional custodians of the land on which we work and live, and pay our respect to Elders, past and present. We recognise and honour the enduring connection of Aboriginal and Torres Strait Islander women to this land, their long history of caring for Country, communities, and family, and leadership in public health. We commit to listening, learning and working collaboratively towards a future of health equity.

Summary of survey findings

The WPH network survey was a short online survey distributed via email and promoted on social media platforms. The survey was conducted to inform WPH's priorities and activities. It covered a range of topics, including interest in participating in WPH activities, priority areas for WPH, and views on why the network is needed. The survey was completed by 371 respondents from June-August 2023.

The survey found strong demand for the WPH network across diverse sectors in public health, including research, not-for-profit, healthcare and government.

There was strong interest in the WPH activities suggested in the survey (networking events; research into inequities faced by women in public health; and providing a bio to be profiled on the WPH website).


Additional activities for WPH suggested by respondents included:

- leadership training,
- mentoring programs,
- professional development and skills training,
- career guidance,
- providing a supportive platform for women to connect,
- profiling women leaders, and
- advocacy on advancing gender equity.

Respondents recommended a range of priority areas for the WPH network to focus on. The main priority areas recommended were:

- advocacy and support for gender equity and diversity in public health leadership and workforces,
- supporting women's career progression,
- providing opportunities for connection for women in public health,
- elevating women's voices,
- advocacy on health issues that affect women, and
- improving equity in health outcomes.

There was also support for the WPH network to focus on improving equity and diversity in public health



leadership and workforces more broadly, including health inequities experienced by Aboriginal and Torres Strait Islander peoples, LGTIBQ+ people, people from diverse cultural backgrounds, and people with disability.

In response to why the WPH network is needed, overwhelmingly, respondents reported the need for the WPH network to advocate to address gender inequity in public health leadership, with multiple respondents highlighting the discrepancy between the over-representation of women in the public health workforce, and the under-representation of women in leadership positions. Respondents also highlighted the need to address gender inequities in public health salaries, research funding, recognition for achievements, and career progression.

Several respondents emphasised the importance of increasing women's participation in decision making about issues that affect them to improve women's health and health equity.

Many respondents believe the WPH network will provide new opportunities for women in public health to connect, work together, and support each other.

The survey findings will be used to determine the WPH network's priorities and activities.

Survey findings

Respondent sectors

Respondents to the survey were from a range of sectors in public health, including research, not-for-profit, healthcare, and government. Respondents in the 'other' category included people working in training and education, academic teaching, aged care, community sport and recreation, advocacy, Aboriginal and Torres Strait Islander organisations, independent consultants and students.

Which sector do you work in?

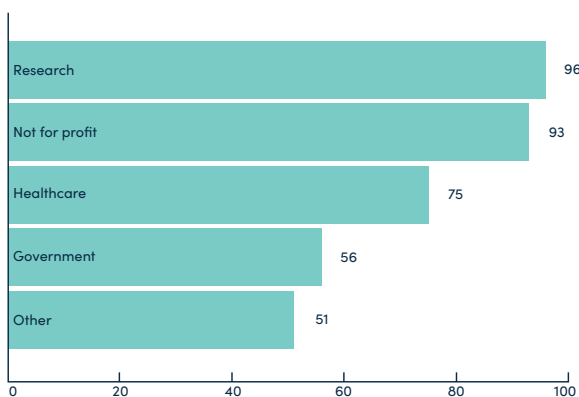


Figure 1: Respondent sector

Women in Public Health activities

There was strong interest in the activities suggested in the survey, with almost all respondents (92 per cent) interested in networking events, more than three quarters (77 per cent) interested in research into inequities faced by women, and most (63 per cent) interested in providing a bio to be profiled on the website.

Which of the following network activities would you want to be involved in?

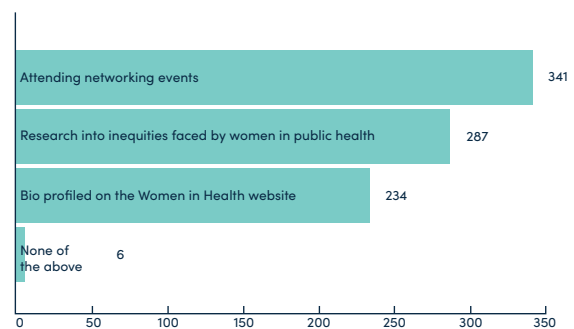


Figure 3: Interest in Women in Public Health activities

Respondents were asked what activities they would like the WPH network to undertake. The most frequently suggested activities were:

- leadership training
- mentoring programs
- professional development and skills training
- career guidance
- networking events
- seminars/webinars featuring women leaders, and
- research and advocacy on advancing gender equity.

For example, respondents made the following suggestions:

“Panel discussion of women in leadership roles. Where we can have an honest conversation about the barriers and challenges (as well as opportunities) that come with being in leadership as a woman in public health.”

“Peer support and two-way mentoring, leadership coaching, circulating leadership opportunities, annual audit and advocacy on leadership equity (like global health 5050’s annual audit but focused on Australia)...showing men and other women what it means to be a good ally.”

“Webinars about managing/developing a career in public health as a woman - specific to the structural barriers that we face (e.g., barriers to promotion, gender biases in the workplace).”

“Supporting/providing opportunities (awards/recognition) to support CV building...”

“Mentoring including for boards.”

“High level leadership training. Advocacy at national and international levels.”

“...advocacy around those recruiting to boards etc to look at what mix of background diversity they have.”

“... guidelines for boards & organisations on how to attract and support women.”

“Advocating and securing grants for more leadership pathways for women in public health. Eg capability development in mentoring or coaching, Board Director skills and qualifications etc.”

“Advocacy for gender equality strategies in public health orgs, aligned with Vic Gender Equality Act. Culture change around part time leadership roles”

“Advocacy about the unconscious biases that are seen in the way men and women are treated in public health leadership positions.”

“Activities that involve empowering early career researchers, such as navigating Australia’s academic and research sector, leadership programs, career pathways, connecting women in public health etc.”

“Advocacy for women working in healthcare who are highly skilled but not supported in developing their potential.”

“Advocacy around the difficulties faced by nurses and midwives - a largely female workforce. Low pay and massive massive massive staff shortages... how do we make it a more attractive workplace to young people and how do we keep the people we have? What pathways can we create for leadership roles in these spaces - beyond working at the coal face?”

“Encouraging and supporting leadership of women in whatever roles and levels they are working in, not just those in senior management and executive positions.”

“Organising serious executive leadership coaching. Not mentoring or networking social activities, but serious coaching from very senior people. We need to get women into the highest positions of university.”

“... seek philanthropic funding for scholarships for women to undertake leadership courses/ training, engage with media to promote achievements of women working in public health, link up with organisations that rank employers for their gender equality policies, actions and outcomes to help women find the best organisations to work with in their field.”

“A clear description of the current situation and why change is necessary - potentially as a position statement for all to own and advance, and/or a list of key messages.”

Respondents suggested that WPH could provide skills and competency training in areas such as confidence and speaking up in meetings, managing managers, developing CVs, interviewing, negotiating promotions and pay rises, overcoming imposter syndrome, mentoring other women, and board director skills:

“How to lift up other women, reaching behind you on the career ladder to pull another woman up.”

“...how to speak up and be assertive - I acknowledge that these are largely traits that women try and get better at to fit in with men. Do we need to learn these? Or do we create a new standard in PH?”

“Support in having contributions recognised in publications...Leadership and advocacy and public speaking support so we don't get talked over, or placed in the corner...”

“Activities that help women to succeed in public health, eg grant writing for success.”

“Feedback and support in negotiating and reflection concerning Award/ Salary negotiation.”

Respondents also recommended providing guidance and practical strategies to support women returning to work after parental leave, working part-time, and with young children and/or caring responsibilities, as well as support for flexible work and better parental leave policies:

“Supporting initiatives that facilitate work-life balance, such as flexible work arrangements, parental leave policies, and promoting a supportive and inclusive work culture.”

“How to ensure career progression if you are considering maternity leave or part-time hours?”

“Flexible / remote working - pilots and case studies would be useful as real world examples to prove how effective it is!”

In addition, respondents proposed that WPH could play a role in highlighting opportunities for women across the public health workforce, including regional and rural opportunities, scholarship and sponsorship opportunities, and compiling a list of boards that are seeking women applicants:

“...global opportunities in sponsorship, scholarship and networking.”

“...promoting WGEA [Workforce Gender Equality Agency] info relevant to the health sector and leadership roles to women including board directorships and other opportunities to participate in setting agendas of major players...”

“List of members as preferred suppliers.”

Some respondents also suggested activities such as monitoring of women's progress, mapping of women's roles and leadership in public health, reviewing award classifications, exchange of salary information, and highlighting pay and funding inequity:

“...exchange of information such as annual salaries in particular roles.”

“Monitoring progress of women in the health sector and comparing progress across different jurisdictions in Australia and elsewhere.”

“Audit of practitioners to understand splits “in the field” and in leadership positions, and also pay gaps.”

“Mapping the landscape of leadership in public health and then develop strategies for us all to enable change.”

“The gender gap in large organisations, including the pay gap, and developing a language to communicate these stories in a manner that resonates with Millennials and Gen Y women.”

“With women from across multiple professions working in in Public Health, it is a great opportunity to develop a map of how we all work together and what our roles are in the world of PH.”

“Highlighting the unpaid work in the sector and advocacy with organisations (government, NFP, FP) to find ways to fund people and their time, and therefore opportunities for growth and leadership advancement.”

“Profiling the various pathways women can take to lead and influence public health across the political, advocacy, governance, policy and delivery spectrum.”

“Development of a GEDSI [Gender Equity, Disability and Social Inclusion] framework for adaptation across various PH settings, from healthcare delivery to government policy. A best practice collection of critical elements that drive representation.”

“What are we worth? Are women in public health being paid appropriately, comparative to other sectors?”

“...developing or sharing statistics that can be used about women in public health in Australia.”

Several respondents suggested that the WPH network could provide supportive and inclusive forums for women to connect, and share knowledge, experiences and opportunities. In addition, it could establish links and facilitate partnerships for women across public health and other sectors:

“I’d love to see something set up so we can support each other - maybe an online platform where you can ask questions/advice and get responses from women at all levels.”

“Networking Round table, small group interaction - I don’t want to discuss sensitive issues in large groups.”

“Forums to inform about what activities are already happening and to share knowledge about successes and failures in the field. Lets learn from past experiences.”

“I think creating connections between women in public health leadership is where the organisation could start...connecting women in different parts of the public health workforce...it would be great to connect women in government with women in other sectors as a way of supporting and bolstering government capacity.”

“Connect women in public health from across different sectors and career stages (e.g. events, membership list with LinkedIn profile links etc) in less structured ways to build connections, share insights and provide mutual support...”

“A network that supports women working across a range of issues share ideas and opportunities. An opportunity to break down the siloed approach that can occur.”

“Partnership between Women in Public Health and Women’s Health Services.”

“Link to Franklin Women mentoring program.”

“Facilitate partnerships with other industries for cross pollination.”

“It would be great to see a link between this organisation and Women in Global Health Australia. Particularly to work on linking Indigenous, Pacific and global health leaders trained in Australia to the wider public health network.”

There was also strong interest in profiling diverse women in public health leadership positions, and showcasing women’s public health work and successes. Several respondents emphasised the need to highlight the benefits of diverse leadership styles and teams, and the value that women bring to leadership roles:

“Build case studies or examples of when women are in leadership roles, we have achieved public health wins, demonstrating the values that women bring to leadership roles and why it matters.”

“Hearing from women leaders about their story/progression. Particularly interested in hearing about board membership - I feel like this is so male dominated. Networking with speakers from different sectors - you can’t be what you can’t see!”

“Publicity on the work women do, especially when men are given credit for it.”

“Guest editing a journal to highlight research by women...”

“...elevate the presence and representation of diverse women in public health by hosting webinars, events, mentoring opportunities, and creating informal networks for people at various stages of their career...”

“Meaningful celebration of women’s accomplishments.”

“Highlighting experiences/opportunities/success stories of women who may face multiple inequities...”

“Stories to showcase various journeys into leadership and how women have overcome barriers including self-imposed barriers.”

Priorities for Women in Public Health

Respondents were asked which priority areas they would like to see WPH focus on. Priority areas most nominated were advocacy and support for gender equity and diversity in public health leadership and workforces, supporting women's career progression, elevating women's voices, supporting and connecting women, and improving equity in health outcomes.

The following visual representation highlights the most frequently mentioned words and themes:



Figure 4: Visual representation of key words and themes

Gender equity in public health leadership

The priority area most suggested for the WPH network was gender equity and diversity in public health leadership. There is strong demand for the WPH network to support and advocate for greater representation of women and gender diverse people in leadership roles and on boards. Suggested approaches included undertaking research to identify barriers to gender equity, advocating for structural change to overcome barriers – such as flexible work conditions and affordable childcare, and offering practical initiatives and advice to support women and gender diverse people to become public health leaders:

“To act as a powerful voice for influencing politics and policy and moving towards achieving gender equity.”

“To provide a focused vehicle for advancing gender equity in health promotion and public health leadership - a new, fresh and different model driven by and for women in public health.”

“Shining light on inequalities in leadership and career progression for women in public health.”

“Raise awareness of the importance of gender equity in health leadership. Provide information and resources for how women can enter into health leadership. Research into barriers and enablers for women entering into health leadership and provide practical, tangible solutions-based advice for how to improve this.”

Many respondents also highlighted the need to address gender inequity in public health salaries and research funding and grants, and to advocate for improved and flexible work conditions.

“...advocacy for equity in distribution of funding (e.g. NHMRC Investigator scheme)”

“Advocate for better wages for women in Public Health. We have degrees and experience, yet the roles are not as highly valued - so underpaid.”

Diversity and inclusion in public health

There was strong support for WPH to focus on improving equity and diversity in public health leadership and workforces more broadly. Several responses emphasised the importance of considering intersectionality, and advocacy and support to improve representation and inclusivity for trans and non-binary people, Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women, women with disability, and women experiencing multiple inequities:

“Highlighting inequities, and ensuring this applies to voices of all women and gender diverse people. It’s important we include gender diversity in this organisation such as trans-women and non-binary people who face similar (and often heightened) challenges as women in public health. The view of inequity needs to be intersectional and include women and gender-diverse people from all different postcodes, ethnicities, cultural backgrounds.”

“Equity, diversity and inclusion. Ensuring all women, in all areas, are represented by the work WPH does.”

“Inclusion, support, solidarity, and advocacy for trans women and non-binary people in public health/academia.”

“Helping others to apply a gender lens to their work whatever the area. Highlighting that gender may be an issue they hadn’t considered.”

“...there is also under-representation of diverse women in leadership. This should be a priority for us all to represent the populations we serve.”

“Intersectionality - recognising the additional barriers and inequities impacting on people who are trans and non-binary, women with disability, First Nations women and so on.”

“I would like to see activities that centre women from First Nations and multicultural backgrounds. There is clearly something wrong with our sector when we struggle to see these women in leadership positions. Any activities need to have an equity focus, as there is a risk of only uplifting some women through this approach, and further marginalizing groups that have already been disadvantaged by the institutions, approaches and leaders in this sector.”

Support and connection for women in public health

Support and connection for women in public health was also frequently suggested as a priority area for the WPH network. Many respondents highlighted the need for support and guidance for women early in their careers, as well as to progress careers while navigating issues such as parental leave, childcare, caring and family responsibilities, flexible and part-time work, and career and salary negotiations:

“Connecting women in public health with each other and with leadership opportunities.”

“As a young person who is graduating this year, I would love to learn how to navigate the public health space, make connections and learn from others about how they began and grew in their careers.”

“Advocacy for working public health mothers who see career trajectories stall with maternity leave and ongoing caring roles.”

“... acknowledgment and ongoing support of the non-work-related responsibilities of women is essential yet often purely tokenistic in-practice. Women need to have meaningful support and resources to adequately excel at both work and family-related/other non-work responsibilities. I personally feel like I’ve had to start my career 3 times, once after I graduated, and two further times after having my 2 children.”

Improving women’s health and addressing health inequities

Research and advocacy on health issues that affect women was frequently nominated as a priority area for WPH. Respondents emphasised the need to raise awareness of women’s health issues, improve access to health services, and address inequities in health outcomes. Recommended areas of focus included sexual, gynaecological and reproductive health, maternity, menopause, family and sexual violence, and mental health.

“Awareness and communications on highlighting the work to be done to advance women’s differences in medical treatment and addressing these concerns.”

“More research on the most serious public health issues, especially for women, like intimate partner violence.”

“Collaborative Research on women’s health especially cardiovascular health disparities.”

“...how commercial determinants impacts women’s and children’s (with the burden falling to women as primary carers) health.”

Promoting women’s research and advocating for gender equity in health research and policy was another common theme, particularly addressing the lack of representation in areas that directly affect women.

“Address the issues associated with women not being involved in research, trials, and evaluations, specifically related to women’s health conditions. Women of all backgrounds are underrepresented in studies, causing bias in the results, inaccuracy, ineffectiveness and sometime adverse events.”

“...research on women’s issues is dominated by men. Male researchers, male subjects, medications validated on male subjects.”

“Despite improvements, public health is still very focused on research/interventions for men by men, or worse still interpreted as unisex findings. It is really important that gender-based research is prioritised...”

“Improved reporting around sex and gender that is inclusive and affirming of trans women and non-binary people.”

“...rebalancing power dynamics in research and policy development...”

Many respondents also believe a priority of the WPH network should be to work to address health inequities in Australia more broadly, including health inequities experienced by Aboriginal and Torres Strait Islander people, LGTIBQ+ people, people from diverse cultural backgrounds, and people with disability.

“Health equity with priority populations and improving access to health services and information.”

“Collaborating with mainstream public health organisations to highlight the need to embed intersectionality as a core part of business and as a pathway to achieve health equity.”

Elevating women’s voices and raising their profiles

A large number of respondents suggested the WPH network should focus on elevating women’s voices in public health policy and decision making, and in forums such as the media and politics.

“Providing leadership voices for public health in Australia and more widely i.e. actively participating in and contributing to public and policy debate.”

“Women having an influential voice on women’s health policy”

“Attracting more women into leadership positions. Give them a real say about how public health is funded, provided and accessed.”

“To challenge the patriarchy in government policy making and in the commercial entities that harm public health.”

“Amplify women’s voices in an environment that is often dominated by male voices.”

There was also strong support for the WPH network to raise the profile of women in public health, and showcase their achievements. Respondents highlighted the importance of this for empowering women, inspiring and providing role models for others, and fostering a sense of community:

“Raising the profile of women leaders and experts.”

“Promoting visibility of women in public health roles, promoting their work, and the difference to outcomes that can/have been achieved.”

“Promoting emerging public health talent...”

“Women in Public Health serve as role models for aspiring female professionals in the field. Their presence and success inspire the next generation of women to pursue careers in public health, creating a pipeline of talented individuals who can contribute to improving population health.”

Why Women in Public Health is Needed

Respondents were asked why the WPH network is needed. Overwhelmingly, respondents highlighted the gender inequity that exists in public health leadership and the need for the WPH network to provide a platform for advocacy to address this. Multiple respondents noted that the public health workforce is dominated by women, but men continue to hold most positions of leadership, particularly at the highest levels:

“Despite women being the backbone of the health system (from coalface clinical care to policymaking), it is still men who make up the majority of leadership positions.”

“Because there’s more of us but it’s still men who are at the very top and make all the decisions that affect us. I’m tired of men’s privilege. I’m tired of watching men fail upwards.”

“As in many professions, women dominate in numbers but are under-represented at senior levels due often to lack of visibility of their achievements, a lack of accessibility to promotion opportunities either due to lack of confidence or structural biases arising from factors like time off to care for family or seek further qualification.”

“In past organisations, I have seen a largely women driven workforce being led by a male. In organisations where it is led by women I have noticed much more criticism towards her for simply being in a leadership position. This is not always the case but I do think a cultural shift is needed and Women in Public Health can shine a light on this.”

“Despite women making up the majority of the health workforce, we are still underrepresented in public health leadership. I have worked across the health system for decades, and have seen this underrepresentation in action. I have held leadership roles but it doesn’t feel like a level-playing field in this highly competitive space.”

“Major gap between the number of highly talented women and those holding leadership positions. The picture of a health care CEO is still very male dominated.”

“Within public health, there is a significant proportion of females represented at the middle tier of the sector. They have been there a long time. They are overlooked for leadership roles time and time again. We need to empower women to feel confident in their ability to lead effectively.”

“In health and human services NFPs, staff are mostly women and yet there is still inequity in leadership roles. Helping to support and coach/mentor women to attain senior positions would be helpful. Similarly, to support women to have more influence in shaping health policies.”

“Too often it seems public health leadership of our health departments and organisations falls to men (and also frequently public health physicians or others with medical qualifications) rather than to women who make up so much of the public health workforce. Clearly this is a systemic failure to capitalise on the available talent in the sector.”

“Prior to my current role, the three organisations I worked at had a predominantly female workforce, but the CEO/senior directors were male. In the last few years it feels like it is changing, but not quick enough. As someone who has just started a family, I do feel at a disadvantage - I question if I will be able to progress anytime soon as there are few examples I can see of senior leadership with very young children...”

“I want to be a part of the change and in years to come be a leader in public health. I think often as women we are criticised more as leaders than our male counterparts and there are still significant inequities which I’m sure Women in Public health will hope to address.”

“Although public health has a large amount of female practitioners, leadership is still often male and transparency around pay is not available. Having a set group to support each other is needed.”

“The majority of leadership roles in the Public Health are men. There are so many amazing women working in the public health sector that are amazing leaders and should have the recognition and respect! This network is a great idea and will challenge the current status quo. Excited to see what it can achieve.”

Many respondents also cited gender inequities in public health salaries, research funding, and recognition for achievements. Respondents described the many structural barriers that still exist for women in public health, and their frustration at the slow pace of change.

“Too often men get heard over women, and consequently take or receive credit for the contributions of women. The input and perspective of women needs to be valued and heard equally.”

“To redress gender inequities - they are everywhere we turn and it's not getting easier! It feels even harder since becoming a mother and trying to juggle roles and responsibilities.”

“I'm sick of being left off publications, being told by males they don't like 'my tone', and that I don't really understand the issues.”

“Because we're a large part of this field but we're not yet properly valued - from a career perspective but also from perspectives such as experience, pay, unpaid labour etc.”

“Women experience a whole labyrinth of barriers. We need to understand them and ways around them, to remove the obstructions. WPH can help change the narrative...and present solutions for unique barriers they face including in relation to the juggling act of family life or career gaps.”

“Women are still not getting a seat at the leadership table. Very hard to maintain a high profile in healthcare for women vs men. We need support to keep going as it is a tough road. This group should be about women and leadership mentoring the next generation as much as it is about reducing the gender gap. I recommend looking at top down but also bottom up approach to changing mindsets.”

“... many women who work in the field are disadvantaged from further professional growth and being listened to when contributing to the better outcome of public health. Most common issue I witnessed is when a woman’s voice was minimised and/or silenced by higher authoritative roles, especially by men. In addition, appropriate credit is not given to women that contribute to Public Health.”

“Women are often not given the same opportunities in public health as men, for example I worked in a university for over 20 years as a teaching/research academic, in a team where women outnumbered the men, however, it was the men who got promoted to senior positions, who got leadership positions in with school/university and who got higher research allocations and hence more publications and more grants, while the women were the ones doing the teaching, coordinating courses and subjects, organising student engagement activities and getting minimal time for research. Women often don’t feel like they are as capable to take on leadership even though they have excellent leadership qualities. They also are more reluctant to take on responsibility because of family and other caring responsibilities.”

“Lack of representation at the higher levels of public health (particularly in research). All aspects of current system work against career progression for women, particularly if they take time off to start a family.”

“Because the change is too slow!”

A strong theme was the opportunity for WPH to facilitate coordinated advocacy for gender equity and diversity in public health leadership and careers, and to undertake research or audits to expose inequities. Respondents highlighted the power of women advocating collectively for change.

“[An] annual audit and advocacy on leadership equity...”

“To provide a focused vehicle for advancing gender equity in health promotion and public health leadership - a new, fresh and different model driven by and for women in public health.”

“It allows women in public health to have a collective and loud voice to advocate nationally on the incredible leadership women in public health provide but also to advocate on the disparities still experienced by so many.”

“To promote female voice in public health. We should not have to adapt “masculine” ways of engagement in order to be heard.”

“To develop and grow a stronger, more diverse and more equity-focused voice for public health in Australia.”

“To advance the representation of women in leadership in public health - to ensure women’s voices are heard and to end medical misogyny.”

“Executive and operational positions in public health need to be seen as an option for graduates. Not just taking on administrative burden with no extra pay. It is also important for women to feel like they have a seat at the table to make decisions.”

“To bring about systemic change in public health leadership towards gender equity. Raising up women leaders in public health and giving them voice and representation at leadership and policy levels. Providing a platform for women in public health to contribute to policy and practice. Women working together and supporting other women will have a much greater impact than working alone.”

“Discussion and advocacy on conditions and wages, Gender and Health issues and outcomes, Use of data in the Victorian women’s Health Atlas.”

“To ensure gender equity in leadership and make it the norm for the next generation.”

Many respondents highlighted the need for WPH to increase women’s participation in decision making about issues that affect them, emphasising the importance of women’s perspectives for removing discrimination and sexism in healthcare, research and policy, and improving women’s health and health equity.

“Women should be making decisions about the health and well-being of women.”

“Women’s participation in public health is crucial for addressing gender-specific health issues, promoting equality, advocating for women’s health rights, and ensuring diverse perspectives and innovative solutions.”

“Women’s voices are paramount in ensuring public health reforms take a gender and equity-based lens that support the health of all.”

“To protect and improve women’s healthcare, more women need to be in positions of influence. Anything contributing to that is worthwhile.”

“Public health policy and decision-making is often male-centric and male-led, especially in global forums such as multi-lateral development agencies. Bringing female perspective and voice to issues, problem solving from female perspective would be highly valued among practitioners. “

“Women’s’ issues such as gyno cancers are underfunded, gendered violence is still rampant and despite our public health workforce being overwhelmingly women, women still have worse career prospects.”

“Because there is half the population that is underserved by health research, face bias accessing services and the majority of the burden of domestic violence. The voices of women are needed to move the conversation and put into practice actions that improve the health and well-being of women and those on the gender spectrum.”

“To highlight the amazing women working in public health. To challenge the patriarchy in government policy making and in the commercial entities that harm public health.”

“Because the style of leadership and the perspective women bring is vital to the future of public health and the improvement of the health of Australia and the planet.”

Finally, many respondents were excited by the opportunity the WPH network will provide for women to connect, work together, and support, learn from and celebrate each other.

“...this is a great way to support women - to build their self-efficacy & learn how to back themselves and be champions and supporters of other women too. Well done!”

“Community is important. I think a lot of people are seeking spaces where they can share ideas, be celebrated, and learn.”

“I sometimes feel like not many people understand my role and I can feel a bit lonely in the ‘uphill battle’. It’d be nice to connect with others, get advice from their experience on how to work through issues or hear their ideas. Even just a rant - to hear that others are having the same frustrations or issues. It’d be nice not to feel so isolated. When I do get these opportunities I often leave feeling inspired and motivated and it helps me to continue.”

“To enable collaboration of women in public health to determine the priorities that are important for women.”

“Recognising the wide range of skills that women working in Public Health have to offer and talking loudly about it inspires confidence. It is a huge step in showing women they have skills and experiences that are vital to creating positive change.”

“...women need a space where they can form connections, empower one another and advocate for gender equity in the field. I hope there will be diversity in the age, culture and experiences amongst women in the group, so we can further learn from one another’s lived experience as well as collaborate.”

“Women face specific challenges in leadership opportunities and we need the skills and the community to navigate through these.”

“Network of supportive peers coming together from different elements of public health to work in a more collaborative way and support each other to be leaders in the space.”

“Creating a space for women to feel seen and heard while developing our skills is very empowering. There is an element of safety in such networks as you are in the company of women who have had similar experiences, are driven by the same interests and also seek to learn more.”

“Safe space for women to develop professionally. Provides representation for younger women beginning their careers in public health.”

“It is a great way to build a really supportive connected network of public health professionals. It is also a great way to celebrate the great achievements of women in public health!”

“ ‘You can’t be what you can’t see’. I think it’s a really fabulous opportunity to collaborate, network, and learn from other women working in this space.”

“A network of like-minded women would be amazing. Imagine the change we could achieve! Imagine the mentoring opportunities that will arise. How exciting.”



Conclusion and next steps

The WPH survey demonstrates the strong need and demand for the WPH network among women in public health. There was huge interest in joining the network and participating in its activities, and overwhelming support for its aim of advancing gender equity in public health leadership.

A broad range of activities were suggested for the WPH network, including leadership training, mentoring programs, networking events, and career guidance.

The main priority areas of focus supported for the WPH network were advancing gender equity and diversity in leadership, supporting diversity and inclusion in public health, improving women's health and health equity, and elevating women's voices in public health.

Respondents believe WPH is needed due to the continuing inequities women in public health experience, and the need for research, advocacy and support for women to overcome barriers to leadership. They were excited about the potential for WPH to provide a vehicle for collective advocacy for gender equity, and a platform for connection and support for women in public health.



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