



Submission to the Moreland City Council Municipal Health Plan 2009- 2012

October 2009

Submission to the Moreland City Council: Municipal Public Health Plan 2009-2012

Summary

- Women's Health In the North (WHIN) **strongly supports** the inclusion of women as a priority population across the goals and action plans of the MPHP– this recognises the different health issues and outcomes faced by women, and the importance of a gendered approach to improving health.
- WHIN **commends** the Moreland City Council for including the health and wellbeing of women as a goal, especially with regards to addressing the barriers women face to accessing good health outcomes.
- WHIN **congratulates** Council for their existing work in supporting residents to cope with the economic impacts of climate change, especially around food, transport and living costs as these factors will continue to impact on women's access to good health.
- WHIN **strongly commends** the Moreland City Council for including the goal of a reduction in family violence against women, which is the leading cause of death and disability for women between 15 and 44 years old.
- WHIN **suggests** including older women, lesbians and Aboriginal and Torres Strait Islander women in action plans; CALD women have a sound presence in the plan which WHIN commends.
- WHIN **recommends** that gender disaggregated data be included in the action plans to be developed for each health goal (and in other council reports and plans).
- WHIN **recommends** that further consideration of women's health issues be included in the work plans for each health priority area (and in other council reports and plans) as outlined in the submission below.

Structure of Submission

Women's Health In the North (WHIN) would like to thank the Moreland City Council for the opportunity to comment on the draft of the Municipal Public Health Plan 2009-2013 (MPHP). This submission is divided into two main sections:

- 1) Theoretical overview of women's health
- 2) Commendations and recommendations

Theoretical Overview of Women's Health

Why Women's Health

Municipal Public Health Plans use a social model of health. Under this model, health is understood to be a complete state of physical, mental and social well being and not merely the

absence of disease, illness or injury. Twelve interactive determinants of health have been identified as follows:

- Gender
- Income and social status
- Employment status
- Education
- Social environment (including social support and social exclusion)
- Physical environment (including access to food, housing and transport)
- Healthy child development
- Personal health practices and coping skills
- Health services
- Social support networks
- Biology and genetic endowment
- Culture (Health Canada, 1999)

In acknowledgement that gender is a key social determinant of health, The World Health Organization (WHO) states that, "Society prescribes to women and men different roles in different social contexts. There are also differences in the opportunities and resources available to women and men, and in their ability to make decisions and exercise their human rights, including those related to protecting health and seeking care in case of ill health. Gender roles and unequal gender relations interact with other social and economic variables, resulting in different and sometimes inequitable patterns of exposure to health risk, and in differential access to and utilization of health information, care and services. These differences, in turn, have clear impacts on health outcomes" (World Health Organisation, 2002, p. 1).

Some of the specific gender inequities that exist in the Moreland region include:

- 3133 sole parent families, 83% of whom have women as the sole parent¹²
- More unpaid voluntary and carer work carried out by women³⁴

These inequities demonstrate the importance of tailoring council policies and programs to the needs of women, in a way that reflects the multiple realities of women's lives. The following checklist outlines some suggested considerations to guide gender-centred research and planning.

<i>Planning Stage</i>	<i>Checklist Question</i>	<i>Yes (✓)</i>	<i>No (✓)</i>
1. Population Profile	Does your data include separate educational, employment,		

¹ National Regional Profile, Moreland City (Statistical Subdivision) 22 July 2008, *Population/people*, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/20525Population/People12002-2006?opendocument&tabname=Summary&prodno=20525&issue=2002-2006>, Australian Bureau of Statistics, Canberra, accessed 23 September 2009.

² Women's Health Victoria 2006, *Setting An Agenda: Discussion Paper to Women's Health Matters: From Policy to Practice 10 Point Plan for Women's Health 2006-2010*, Women's Health Victoria, Melbourne.

³ Women's Health In the North 2009, *Economic participation: women and unpaid work*, <http://www.whin.org.au/pdf/Women%20and%20Unpaid%20Work.pdf> WHIN, Melbourne, accessed 23 September 2009.

⁴ Voluntary Work, Australia 2006, *Summary Commentary*, <http://www.abs.gov.au/ausstats/ABS@.nsf/Latestproducts/4441.0Main%20Features22006?opendocument&tabname=Summary&prodno=4441.0&issue=2006&num=&view> Australian Bureau of Statistics, Canberra, accessed 23 September 2009.

	income and benefits status of both women and men?		
	Does your data consider family structure (for example, single mothers)?		
	Does your data include country of birth and language of choice of both men and women?		
	Does your data include patterns in service utilisation that is recorded separately for both men and women?		
2. Participation in council processes and programs	Have women and women's services been encouraged to participate in planning and decision making processes? Tip: consider time, place, transport and child-care.		
	Are activities tailored to (and do they address) specific social, economic, cultural and life-stage realities of women's lives?		
	Are women encouraged to attend programs and events? Tip: consider appropriate facilitation, time, place, transport, child-care.		
	Do programs contribute to improving the quality women's experiences within the community?		
3. Capacity Building	Does your council have a gender sensitive commitment formalised in its policies and procedures (for example, a Statement of Commitment to Women)?		
	Does your council have mechanisms to increase women's participation in decision making and programs?		
	Does your council provide gender sensitive training, workforce development and resources for staff, managers and boards?		
	In council's role as an employer, how well are women represented at all levels of your organisation?		
4. Program Evaluation	Does your council evaluate programs with respect to specific outcomes for women?		
	Does your council assess how barriers for could be better addressed to enhance their participation in decision making processes?		
	Does your council have measures for assessing how well women's health is being incorporated into the wider framework of the organisation?		

Table adopted from Women's Health In the North (WHIN, 2003)

Commendations and Recommendations

WHIN would like to commend Moreland City Council for including priority areas in the Municipal Public Health Plan that have direct and major relevance to women's lives. WHIN thanks Moreland City Council for the opportunity to offer feedback on the Plan. To maximise the

usefulness of this submission, this section of the document follows the same structure as that of the MPHP.

Introduction

WHIN suggests the inclusion of 'gender' as a key factor in health within the Council's framework for the Social Determinants of Health. Gender could also be included in the 'Social Environment' list of factors that influence an individual's health and wellbeing, in line with the World Health Organisation's⁵ statement as quoted on the first page of this submission.

About Moreland

The proportion of people over the age of 65 is significantly higher than across other metropolitan municipalities, therefore the health of aging women is and will continue to be an important consideration. WHIN suggests developing a specific yearly action plan that commits Council to developing programs designed around the social, mental, emotional and economic health needs of women over 65. WHIN observes that an action plan around aging women's health fits well within Council's three goals under the first element of environment, Social Environment.

Disability

Over 30,000 people in Moreland, almost a quarter of the total population, experience a disability, which suggests a clear need for Council to focus on improving supports for people who identify as having disability. WHIN suggests recognition of the exclusion faced by women with a disability within the Plan, and specific strategies within the new Moreland Disability Policy and Action Plan that support removal of the barriers faced by many of the thousands of Moreland women who have a disability to accessing the community, leadership, employment, education and social connectedness.

Climate change

WHIN congratulates Council on supporting a reduction in greenhouse gas emissions and energy efficiency which promote saving money for Moreland residents, to be delivered through the Moreland Energy Foundation. It is to be commended that Council has programs in place to support residents to cope with the economic impacts of climate change.

Women are likely to be more adversely affected by the rising costs of essentials like food, water and transport⁶, which can impact adversely on the type of food women are able to purchase for their families, as unhealthy food is often cheaper⁷. It is also great to see Council include actions around food security and nutrition to support health, which WHIN feels will impact directly and positively on women.

Lesbians

Whilst Council has conducted focus groups with 'youth, including those who identify as gay and lesbian' to inform the Plan, there are currently no goals, current actions or suggested actions to

⁵ World Health Organisation 2002, *'WHO gender policy: Integrating gender perspectives in the work of WHO'*, <http://www.who.int/gender/documents/engpolicy.pdf>, accessed 23 September 2009.

⁶ Women's Health In the North 2009, *Economic participation: women and climate change*, <http://www.whin.org.au/pdf/Women%20and%20Climate%20Change.pdf> Women's Health In the North, Melbourne, accessed 23 September 2009.

⁷ Women's Health In the North 2009, *Economic participation: women and climate change*, <http://www.whin.org.au/pdf/Women%20and%20Climate%20Change.pdf> Women's Health In the North, Melbourne, accessed 23 September 2009.

support lesbians in the municipality. It is widely understood that lesbians experience significant barriers to health and require planning and policy responses that recognise this⁸. WHIN therefore suggests recognition of lesbians in the MPHP through committing to incorporate actions that promote lesbian health and wellbeing in the Social Environment facet of the Plan.

Aboriginal and Torres Strait Islander women

Aboriginal and Torres Strait Islander women are another group of women who are not specifically represented in the draft Plan. The Draft notes that there are 627 people in Moreland who identify as Indigenous, and whilst Council actively engages with Aboriginal and Torres Strait Islander residents and issues, the health and wellbeing needs of Aboriginal and Torres Strait Islander women are different and require specific planning and programs⁹. WHIN recommends that Council address the health and wellbeing needs of Moreland women who identify as Aboriginal and Torres Strait Islander in a specific action plan in Social Environment.

Social Environment

Mental health

WHIN commends the inclusion of enhanced mental health and wellbeing as an expected outcome and Council's suggestion of supporting 'programs that promote the health and wellbeing of women (particularly women who face barriers to maintain good health)' under the first goal. WHIN looks forward to continued involvement with Council on programs that support women's health and wellbeing.

WHIN would suggest acknowledging that much of the significant prevalence of mental illness in the municipality is likely to affect women, who experience a greater incidence of anxiety and mood related disorders like panic and depression¹⁰. The experience of mental illness can impact on a woman's capability to access employment and education as well as social connectedness.

Violence against women

WHIN commends Council on the inclusion of violence as an expected outcome. It is great that Council aims to achieve a 'Reduction in family violence' as part of the third goal, and WHIN suggests specifically mentioning women under this priority. Violence against women has been identified as a core issue for women, as it is the leading contributor to death, disability and illness for Victorian women aged 15 to 44 years¹¹ and one in three Victorian women experiencing intimate partner violence in their lifetime.¹² Continued support of the Moreland Family Violence Network, implementation of the Family Violence Strategy and development of community projects around violence are excellent ways to address prevention of violence against women in the municipality.

⁸ Ministerial Advisory Committee on Gay and Lesbian Health, July 2003, *Health and sexual diversity: A health and wellbeing action plan for gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians: Action plan*, http://www.dialog.unimelb.edu.au/lesbian/pdf/health_sexual_div.pdf Victoria, accessed 23 September 2009.

⁹ Australian Government, Australian Institute of Health and Welfare January 2009, *Aboriginal and Torres Strait Islander Health Performance Framework 2008 report: detailed analyses*, <http://www.aihw.gov.au/publications/index.cfm/title/10664> accessed 29 September 2009.

¹⁰ Australian Social Trends, March 2009, *Mental health*, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30March%202009> Australian Bureau of Statistics, Canberra, accessed 23 September 2009.

¹¹ VicHealth 2004, *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*, VicHealth, South Carlton.

¹² Australian Bureau of Statistics 1996, *Women's safety Australia*, <http://www.abs.gov.au/ausstats/abs@.nsf/lookupMF/B62DEB3AC52A2574CA2568A900139340> Australian Bureau of Statistics, Canberra.

Education

By recognising women as target group for the promotion of leadership opportunities under the final Social Environment goal, Moreland City Council continues to demonstrate understanding that gender impacts on women's opportunities to be community leaders. WHIN would like to see women specifically mentioned in Council's yearly action plans around other learning and personal development programs to foster women's participation in education.

Built Environment

Acknowledging that community connectedness is an important protective factor for mental health is particularly relevant to women, as being able to access safe, reliable and inexpensive transport is crucial to supporting women's health¹³, so WHIN applauds Moreland's statement of understanding around supporting factors of mental health.

Active transport

Under the first goal in Built Environment, WHIN suggests incorporating an action plan targeted specifically at women's active recreation and transport to promote and enhance safe walking, cycling and other active, non-car options for women.

Housing

WHIN recommends gender disaggregated data around housing to better understand the specific levels of disadvantage experienced by women and sole parent families headed by women. A focus on housing, as outlined in the third goal 'To enhance affordable housing opportunities especially for those in most need', really requires the addition of women under the categories of 'people most at risk', as gender is a determinant of accessing safe, affordable housing.

There is much evidence to suggest that safe, affordable housing is a very relevant issue for women, particularly those who have experienced family violence. In 2005-2006, women comprised 60 per cent of those who used Supported Accommodation Assistance Program (SAAP) and it is estimated that 33 per cent of SAAP clients in 2003-04 were women escaping domestic violence.¹⁴ Given that women with a disability are more vulnerable to violence¹⁵, accessibility requirements is likely to be a relevant consideration when documenting housing needs and WHIN supports Council devising strategies to address these.

WHIN recognises that the State Government manages public housing, therefore recommends that Council advocate to the State Government for more and improved public housing for Moreland residents without access to affordable housing opportunities, many of whom are women.

Economic Environment

¹³ Women's Health In the North 2009, *Economic participation: women and climate change*, <http://www.whin.org.au/pdf/Women%20and%20Climate%20Change.pdf> WHIN, Melbourne, accessed 23 September 2009.

¹⁴ Department of Families, Housing, Community Services and Indigenous Affairs 2008, *Which way home? A new approach to homelessness*, http://www.facsia.gov.au/housing/homelessness_report/section1.htm accessed 23 September 2009.

¹⁵ Victorian Women with Disabilities Network 2007, *A framework for influencing change: responding to violence against women with disabilities 2007-2009*, <http://www.whv.org.au/vwdn-advocacy-information-service/violence-against-women-with-disabilities/framework>, Victorian Women with Disabilities Network, Melbourne, accessed 23 September 2009.

The median income of people in Moreland is low compared to most of the other local government areas across Melbourne and it is recognised that women usually experience higher economic disadvantage than men. Whilst there are fewer unemployed women in Moreland in comparison to men, women experience more of the financial instability that comes with casual and part time work; it is applauded that Council recognises the under-employment of women in the municipality. WHIN recommends the yearly action plan around improving the economic environment in Moreland to target projects that improve women's access to financial stability.

Women across Australia consistently engage in more unpaid work such as volunteer work, housework and caring work, which the entire community benefits from¹⁶. As carers have the lowest collective wellbeing of any group, and 71% of caring is done by women¹⁷, WHIN suggests incorporating actions that recognise the contributions of Moreland women in their valuable unpaid work like caring within the Economic Environment section of the Plan.

Whilst the goal of increasing local employment options for people from CALD backgrounds is an excellent initiative, specific programs around CALD women to support employment options and community enterprises would continue Council's recognition of the barriers faced by women, in particular CALD women, around work.

WHIN thanks Moreland City Council for the opportunity to read and comment on the Draft Municipal Public Health Plan 2009-2012 and looks forward to the finished Plan as well as a continuing partnership with Council.

¹⁶ Women's Health In the North 2009, *Economic participation: women and unpaid work*, <http://www.whin.org.au/pdf/Women%20and%20Unpaid%20Work.pdf> WHIN, Melbourne, accessed 23 September 2009.

¹⁷ Australian Bureau of Statistics 2005, *Australian Labour Market Statistics*, October 2005, Cat. 6105.0. Australian Bureau of Statistics, Canberra as cited in Women's Health Victoria 2006, *Setting An Agenda: Discussion Paper to Women's Health Matters: From Policy to Practice 10 Point Plan for Victorian Women's Health 2006-2010*, pp. 8.

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