

STRATEGIC PLAN 2013-2017

About the Plan

The WHGNE Board of Management, in consultation with staff and key stakeholders, has undertaken an extensive process of reviewing, planning, and developing WHGNE's **Strategic Plan** for the period **2013–2017**.

In our pursuit of better health, safety and wellbeing outcomes for women, our **Strategic Plan** will focus on the key areas of Primary Prevention, Research & Innovation, Service Support, Communication & Promotion, and Organisational Excellence over the next four years. These key areas will in turn guide the development of our operational plan, quality and communication plans, and the individual work plans of our staff.

The Plan's goals and strategic objectives not only reflect current and emerging health promotion priorities for women in our local region, they are also informed by state and national policy and directions.

Our **Strategic Plan 2013–2017** builds on our current strengths, in the areas of research, training and service support, and identifies new opportunities for growth, leadership, strategic collaboration, and organisational best practice.

About WHGNE

WHGNE is a dynamic, independent, feminist organisation committed to improving the health, safety and wellbeing of women in the Goulburn Valley and North East Victoria. We are dedicated to promoting the health outcomes of all women, and to improving the delivery of health and community services for women in our local community.

We acknowledge and affirm the diversity, capability, strength, and resilience of women, and work to build on these strengths to achieve safer, fairer and more equitable social, environmental and economic outcomes for women.

To achieve this goal, we:

- Research women's experiences of health to raise awareness, change attitudes, and influence service response.
- Are alert to the political environment, and work to uphold and advance women's rights by influencing policy and planning.
- Provide professional training and education to develop skills and resources that empower local women, communities and service providers.
- Implement a range of integrated health promotion activities across the Hume region.
- Work in strong collaboration with women, organisations and communities.



Context

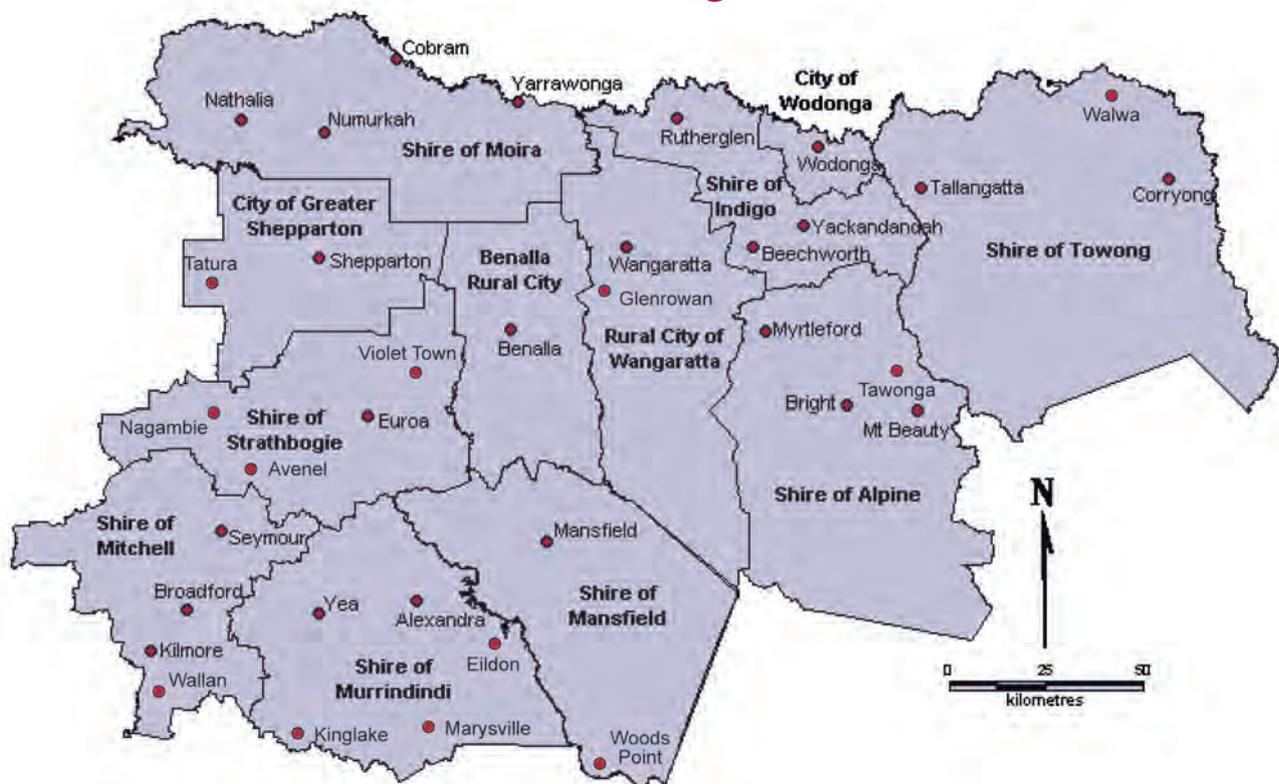
The Australian government recognises that women and men have different health and wellbeing experiences and needs, especially those at greatest risk of poorer health outcomes—Aboriginal and Torres Strait Islanders, migrant and refugee people, and women and men living in rural and remote areas.

WHGNE works from this evidence-base, to research, inform and improve services for a diverse population of women and girls across the Hume region, particularly those who live in isolated rural areas, are disadvantaged, or are from culturally and linguistically diverse backgrounds.

In comparison to Victorian state averages, the Hume region experiences higher pregnancy rates among young women, higher rates of humanitarian arrivals as a percentage of new settlers, and high rates of obesity, smoking and STI transmission.¹ The Hume region has a higher proportion of Aboriginal or Torres Strait Islander people than the state average, with Indigenous women 35 times more likely than non-Indigenous women to be hospitalised due to family violence.²

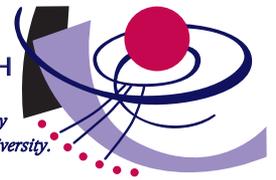
In recognition of our diverse, and sometimes vulnerable, population, WHGNE's work is underpinned by the social model of health, which aims to address the individual, environmental and social factors which impede women's access to good health outcomes.

Hume Region



¹ Department of Health (2012), Local government area profiles: Hume Region. Accessed June 2013, from <http://docs.health.vic.gov.au/docs/doc/Hume-Region>

² Victorian Health Promotion Foundation (2011), Preventing violence against women in Australia: Research Summary. Accessed June 2013, from <http://www.vichealth.vic.gov.au/Publications/Freedom-from-violence/VicHealth-local-government-action-guides-Preventing-violence-against-women.aspx>



Why Gender Matters

By incorporating gendered approaches into our work, that reflect women's health experiences in the context of their broader lives, we can be more effective in reducing inequality and improving health and safety outcomes for women and children. Research, and the individual voices and stories of women, tell us that women gain the greatest health, economic and social benefit from specialist women's health services. This, in turn, facilitates the potential for women, especially those who are most vulnerable, to lead full, healthy and productive lives, and to become active and connected members of the community.

Social Model of Health

Our work is underpinned by the social model of health. This is a framework that was adopted in 1986 at the first international Conference on Health Promotion, sponsored by the United Nations, in Ottawa, Canada. The key elements of the model were presented in the globally recognised Ottawa Charter for Health Promotion.³ In the past 30 years the foresight shown by the Charter has been adopted by many global governments, including Australia.

The social model of health is a **conceptual framework** within which improvements in health and wellbeing are achieved by directing effort towards **addressing the social and environmental determinants of health**, not just biomedical determinants. It is based on the understanding that *social, economic and environmental determinants* (people's basic needs) must be addressed first *in order for health gains to occur*.

The social model of health recognises that the conditions in which women live, work and play—and therefore their health experiences and outcomes—are shaped by particular political, social and economic factors. In accordance with a growing evidence-base, WHGNE understands that we must influence these factors to achieve improved health outcomes for women. In other words, we must intervene to change those aspects of the environment that are promoting ill health. We cannot continue to simply deal with illness after it appears, or keep exhorting individuals to change their attitudes and lifestyles, when the environment in which they live and work gives them little or no choice or support.⁴

Health Promotion

Health Promotion is an approach to health developed by the World Health Organization that attempts to reduce inequalities in health. The Ottawa Charter for Health Promotion was developed from the social model of health, and defines health promotion as **'the process of enabling people to increase control over, and to improve, their health'**.

Health is seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. The eight key prerequisites for health include peace, shelter, education, food, income, a stable ecosystem, social justice and equity. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.

³ World Health Organization (1986), The Ottawa Charter for Health Promotion, Accessed June 2013, from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index4.html>

⁴ Department of Human Services (2001), Environments for Health: Promoting Health and Wellbeing through Built, Social, Economic and Natural Environments. Accessed June 2013, from <http://www.healthyplaces.org.au/userfiles/file/Environments%20for%20Health%20Victoria.pdf>

The Ottawa Charter identifies the following **three basic strategies** for health promotion:

- 1. Enable:** Health promotion focuses on equity and aims to reduce differences in health status to ensure equal opportunities and resources to enable all people to achieve their fullest health potential. This includes access to a secure foundation in a supportive environment, and access to information, life skills and opportunities to make healthy choices. Individuals cannot reach their full health potential if they cannot control the things that influence or determine their health.
- 2. Mediate:** Optimal health cannot be ensured by the health sector alone, and health promotion requires the coordinated action by all concerned. This includes all levels of government, the health sector, non-government organisations, industry and the media.
- 3. Advocate:** Health promotion aims to make the political, economic, social, cultural, environmental, behavioural and biological factors favourable through advocacy for health.



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Social Determinants

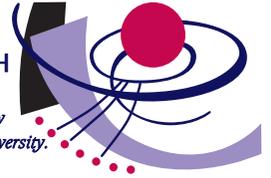
The social determinants of health are the conditions in which people are born, grow, live, work and age, and include the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are in turn influenced by policy choices. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries.⁶

5 World Health Organization (1986), Health Promotion Emblem, Accessed June 2013, from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index4.html>

6 World Health Organization (2013), Social determinants of health. Accessed June 2013, from http://www.who.int/social_determinants/sdh_definition/en/index.html

STRATEGIC PLAN 2013-2017

WOMEN'S HEALTH
GOULBURN NORTH EAST
*Challenging inequity
embracing diversity.*



Strategic Goals and Objectives



PRIMARY PREVENTION

Address the underlying conditions that influence women's health.

1. Implement and measure WHGNE's Integrated Health Promotion Plan 2013-2017.
2. Mobilise and support organisations and communities to address current and emerging priorities.
3. Prioritise gender equity through strategic partnerships.
4. Demonstrate best practice in primary prevention approaches.

RESEARCH & INNOVATION

Research current and emerging issues affecting women.

1. Build and maintain a sound, evidence-based, ethical research culture.
2. Strengthen and increase collaborations with respected and influential partners.
3. Expand the research funding base.
4. Influence the policy and practice of decision making bodies.
5. Explore new research opportunities.

SERVICE SUPPORT

Foster collaborative partnerships which improve the health outcomes of women.

1. Work with systems, organisations and communities to promote gender equity.
2. Explore opportunities to broaden our reach, influence and outcomes.
3. Provide high-quality resources, information and training.
4. Work with our partners to translate research into practice.

COMMUNICATION & PROMOTION

Expand the reach and influence of our work.

1. Embrace and develop effective information communication and promotion systems, including new technologies.
2. Review, plan, resource and embed promotion and communication strategies.

ORGANISATIONAL EXCELLENCE

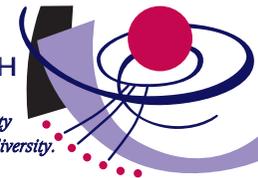
Have quality systems and practices to ensure organisational sustainability, improvement and innovation.

1. Maintain and review robust governance systems to ensure continuous quality improvement.
2. Develop and embed effective systems and processes to support delivery of our work.
3. Ensure all staff have highly developed skills and knowledge, and work in a supportive environment consistent with WHGNE's values.
4. Monitor and measure the social impact of our work.

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WOMEN'S HEALTH
GOULBURN NORTH EAST

*Challenging inequity
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Vision:

An equitable and safe society for rural women and girls.

Mission:

Improving the health, wellbeing and safety of women and girls.

Values:

Feminism:

Working in the context of a strengths-based feminist framework.

Human Rights:

Protecting and promoting women's economic, social, cultural, civil and political rights.

Respect:

Demonstrating respect for the women, organisations and communities we work with.

Women-Centred:

Placing the needs and voices of women at the centre of everything we do.

Inclusiveness:

Valuing diversity and inclusiveness without judgement.

Excellence:

A commitment to the highest standards in all our work.

Guiding Principles:

Women's Voices:

We engage with, listen to, and respond to women from different backgrounds, especially vulnerable groups.

Partnership & Collaboration:

We foster and maintain strong collaborative partnerships to drive change and improvements for women.

Leadership:

We provide leadership in integrated health promotion, research, advocacy, family violence prevention, community engagement and service support.

Theory to Practice:

We translate theory and research into practical strategies to improve women's lives.

Best Practice:

We are committed to quality, transparency, flexibility, evaluation and innovation.

People & Culture:

We work in recognition of the unique needs, values, cultures and traditions of different women.

Workplace Practices:

We foster a workplace culture which promotes the health, safety and wellbeing of our staff, and values their unique contributions.

Accountability:

We are accountable to the women, organisations, agencies and communities we work with.