

Strategic Plan

1999 – 2004

Public Health Association of New Zealand

July 1999

MISSION

**To improve the health of all New Zealanders by
(strengthening) the organised efforts of society.**

PUBLIC HEALTH DEFINED

"Public health is the art and science of preventing disease, prolonging life, and promoting the health of the population through the organised efforts of society." (Acheson Report, Public Health in England HMSO 1988)

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1.THE PUBLIC HEALTH ASSOCIATION OF NEW ZEALAND

1.1 Profile of the Public Health Association of New Zealand

The Public Health Association of New Zealand (PHANZ) is an independent, multi-disciplinary not-for-profit organisation. PHANZ was formed in 1988, out of an earlier organisation (ANZSERCH – the Australian and New Zealand Society for Epidemiology and Research in Community Health). PHANZ currently has approximately 285 individual members nationally who represent a wide spectrum of health workers and health interests, including consumers, providers, funders, researchers and policy makers. There is a network of six local branches – Auckland, Waikato, Manawatu/Wanganui, Wellington, Canterbury and Otago. The Association has an elected Executive Council, which runs the national organisation on behalf of the members and employs an Office Manager and part time Director of Public Health.

The values that underpin our organisation are:

- **An understanding that the health of the people is the responsibility of individuals, families, local communities and the wider society**
- **A commitment to social justice through equitable health outcomes for all sectors in society**
- **A commitment to The Treaty of Waitangi**
- **A commitment to the democratic process**
- **A commitment to informed debate**
- **A commitment to evidence based decision making**

1.2 Goals of the Public Health Association of New Zealand

We have seven main goals:

1. To promote informed public debate on health, and health services.
2. To participate in the formulation and evaluation of health policy.
3. To promote research and disseminate knowledge relevant to the health of New Zealanders.
4. To support informed and co-ordinated action on public health issues.
5. To support and encourage the development of trained and effective people working for public health.
6. To be a strong and informed advocate for public health.

7. To develop an efficient and effective organisation through which goals can be achieved.

2. ISSUES AND OBJECTIVES FOR PHANZ

2.1 Priorities for national action: 1999-2004 general issues

1. Addressing underlying determinants of health, such as inequality in income, housing, and unemployment.
2. Strengthening the public health infrastructure, including workforce development.
3. Strengthening the Public Health Association.
4. Supporting the work of the Maori Caucus to provide leadership and advocacy in Maori Public Health.
5. Responding to emerging Public Health Issues.

Addressing underlying determinants of health, such as inequality in income, housing, and unemployment.

1. Building strategic alliances, developing networks, promoting intersectoral participation in public health.
2. Health development approach such as strengthening community action and promoting community participation in public health.
3. Increased advocacy by PHANZ at the policy level. .
4. Focusing attention on political parties, and Ministers, making Ministers accountable for public health outcomes.
5. Coordinator of people and organisations who share public health concerns.
6. Advocating a move towards 'social' (including health) impact assessment being part of environmental impact assessment and required of all proposals for development, resource use, and government action.

Strengthening the public health infrastructure, including workforce development.

1. Work with the HFA, MoH to provide leadership in public health workforce issues.
2. Provide active networks for public health workers.

Strengthening the Public Health Association.

1. Building membership numbers.
2. Engaging the membership through consultation.
3. Public health branding, drawing the distinction between Public Health and Public Health Services.

2.2 Determining priorities for regional action

Regions will determine their own priorities. The National Office will assist regions in meeting these priorities when appropriate.
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3. STRATEGIC APPROACHES

Strategic approaches are advocacy, policy, research, workforce, and organisation. These approaches are suggested to link the strategies of PHANZ to the goals, and to fit within resources currently available. The recent development of a media advocacy strategy, made possible with the support of the HFA, has enabled PHANZ to more effectively meet goals previously outlined. The role of the media advocacy contract is explained within each strategy.

3.1 Advocacy

Advocacy is undertaken to ensure that accurate analysis of need is met with informed debate from a credible stakeholder in New Zealand public health. The strategies outlined below address goals 1, 4 and 6:

"To promote informed public debate on health and health services"
"To support coordinated action for public health"
"To be a strong and informed advocate for health"

3.1.1 Strategies to promote and inform public debate include:

1. Providing information on public health issues.
2. Providing opportunities for discussion of public health issues.
3. Use of the media to raise the public's awareness of public health issues (see below).

3.1.2 Strategies to support coordinated action include:

1. Maintaining collaborative relationships with groups with similar aims.
2. Being an effective link between groups that wish to work together.
3. Creating new networks and special interest groups for emerging issues.
4. Development of PHANZ policy statements on relevant public health issues.

3.1.3 Strategies to provide strong and informed advocacy include:

1. Identifying priority issues for public health.
2. Effective use of the media advocacy to raise awareness and stimulate debate.
3. Political advocacy, including submissions and direct responses to ministers (also see policy approach).
4. Strengthening community action to lobby for change.
5. Building strategic alliances.

3.1.4 Key media advocacy strategies as outlined by Simon Chapman will also be incorporated with this strategy. These include:

1. Being there - be a player, not just a critical spectator.
2. Seeing advocacy as a strategy, not an end in itself - advocacy requires strategic planning, including consideration of public health objectives, media advocacy objectives and the relationship between the two.
3. Framing and reframing issues - maximising affirmative, and minimising negative values associated with an issue.
4. Networking and coalition building.
5. Strategic research on advocacy for public health.

3.2 Policy

Government is the most significant contributor to public health and a policy approach is critical to the development of public health services to meet public need as identified by PHANZ. The strategies outlined below address goal 2:

"To participate in formulation and evaluation of health policy"

1. Advocate for of public health in policy positions, including Treasury, HFA, Housing, Health (including National Health Committee), Income Support, PM's Department, TPK.
2. Submissions on formulation of key policy (proactive) and responding to key policy documents select committees and annual reports.
3. Direct response to Ministers and MPs.
4. Direct response to political parties.
5. Informed public debate to influence MPs (democratic process).

3.3 Research

The emphasis on evidence-based policy development, needs assessment, monitoring and evaluation requires PHANZ to have a research based strategy. The strategies outlined below address goal 3:

"To promote research and disseminate knowledge"

1. Providing opportunities for the presentation and discussion of research findings.
2. Identifying priorities for public health research.
3. Supporting and strengthening public health information systems.
4. Translating research into a useable format to inform public debate.

3.4 Workforce

The development of a skilled and informed public health workforce is essential to the continued development of effective public health interventions, policy and research. The strategies outlined below address goal 5:

"To support the development of trained and effective public health workforce"

1. Taking part in and encouraging new and existing programmes
2. Identifying training and development options.
3. Identifying the public health workforce.
4. Strengthening multi-disciplinary aspects of public health.
5. Advocate for supportive infrastructure so that workforce development is possible.
6. Valuing and using the expertise of the present workforce to train other workers, especially across disciplines.

3.5 Organisation

Responding to new public health challenges and opportunities requires a robust and flexible organisation. The strategies outlined below address goal 7:

"To develop an efficient and effective organisation through which goals can be achieved"

1. Good management practices including quality processes for budget, business plan, human resource policy, and office policy.
2. Good governance processes including orientation and training for Executive Council members.
3. Diversification of funding sources and investment of funds towards financial independence.
4. 10 year plan to build an independent income source/trust/ bequeathment.
5. Networking and coalition building (also see goals 1/4/6).
6. Recruitment strategy.

4. 1998/1999 TIMELINE

	Dec	Jan	Feb	Mar	Apr	May	Jun	July-Jun
1. Develop strategic plan								
1.1 Prepare draft plan	■							
1.2 Circulate to Exec		■						
1.3 Collate feedback from Exec		■						
1.4 Draft plan to HFA (20/1/99)		*						
1.5 Circulate to members			■					
1.6 Hold regional meetings				■	■			
1.7 Finalise strategic plan					■			
2. Develop business plans						■		
2.1 SP and BP to Executive						*		
3. Run business plans							■	■

5. MATERIAL USED IN THE PREPARATION OF THE DRAFT

Job description of PHANZ director

Contracts between the PHA NZ and HFA, 1996 and 1998

Current priorities for Young and Associates (dated March 1997)

Information on the PHA Australia policy process, from the In Touch magazine May 1998, "The PHA Policy Process"

PHA management and support systems: a discussion document for PHA Executive Council

PHA relationship strategy paper 1998, PHANZ and advocacy paper 1998, and Options for advocacy in public health (and responses from the Executive on these documents)

Better health through public policy: The strategic plan (1992-1994) of the Public Health Association of New Zealand. (March 1992)

The Public Health Association of New Zealand: A Strategic View of a Future. (September 1996)

Strategic Directions for PHA, session facilitated by Bob Williams 28 June 1995 at the PHA Annual Conference

Strategy for the Advocacy Contract, developed by Bob Williams and Lorna Dyall, (December 1996)

Draft Proposal to the Public Health Association of New Zealand Inc, from Lauren Young and Associates, (December 1996)

Salmond and Bowers. (1997). Public Health Workforce Development

Ministry of Health. (1997). Strengthening Public Health Action: The strategic direction to improve, promote and protect public health.

Minutes from the PHA AGM, July 2 1998, Christchurch

Minutes from the meeting of the Executive Council held on Friday 6 November 1998, Wellington

Ministry of Health. (1998) Progress on Health Outcome Targets.

Chapman and Lupton book, "The Fight For Public Health"

Chapman's paper delivered at the Christchurch, "Pecked to Death by Ducks"

6. STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS (May 1999)

6.1 Strengths of PHANZ

1. A membership, which is diverse, professional and well informed on public health matters.
2. Independent organisation and the only one which provides an independent voice for public health in New Zealand.
3. Not-for-profit organisation – community focussed and driven ('community' being the public health workforce).
4. Resources for a communications and media strategy (advocacy contract) from the HFA.
5. Commitment to providing leadership for public health in New Zealand, particularly in public health advocacy.
6. Strong Maori presence on the Executive Council – five of the 12 current members are Maori.
7. Strong emphasis on research and evidence based decision making.
8. Clear purpose and goals.
9. Well developed networks among the membership and with the wider community of people who influence public health across many disciplines.
10. Our unique location in the Pacific.
11. The energy and spirit of our membership.
12. Heightened public awareness of public health issues as a result of the communications and media strategy activity to date (Lauren Young and Joanna Paul).
13. Increased political discussion of social capital, determinants of health and their importance for a healthy society.
14. The international standing of Public Health Associations as influential and respected bodies.
15. PHANZ's long standing relationship with other Public Health Associations through the World Federation of Public Health Associations.

6.2 Weaknesses of PHANZ

1. Low Maori membership numbers, with little or no Maori representation at branch levels.
2. Low Pacific membership numbers (only one member identifiable from current membership directory).

3. Low membership of other ethnic minority groups.
4. Credibility of PHANZ is low in terms of perceived political importance (for example, public health professionals have been referred to as 'long haired sandal wearers').
5. Limited funds for meeting the goals of PHANZ.
6. Limited services to members as a result of a small national office (only one employee until the advocacy contract provided the means to employ a Director of Public Health).
7. Low public profile – invisible to the public and to many public health professionals. (The advocacy contract has raised the profile of public health issues amongst the public, but the PHANZ is still largely unknown).
8. Decline in membership over the last five years.
9. Branch location in main centres means rural public health issues receive less attention (urban bias).
10. Limited branch activity in smaller branches (most notably Otago and Waikato).
11. Poor recognition of diversity in the Maori and Pacific Island populations.
12. Not clear where health promotion sits with PHANZ, both as a philosophy and a discipline.
13. Weak grass roots representation in the membership (academic and policy bias).
14. Invisibility of mental health and lack of clarity as to where it fits within PHANZ.
15. Loss of institutional memory (poor continuity at National Office).

6.3 Opportunities for PHANZ

1. Increase effective advocacy for public health through resources provided by the HFA contract – generating increased public awareness of public health issues.
2. Support the continuing development of a Treaty-based Maori public health movement.
3. Advocate for increased Government commitment to the Treaty of Waitangi (with possible results being higher priority for Maori health objectives, new research and training opportunities, increased Maori leadership and community participation, and improved management and organisational structure etc).
4. Support the development of a Pacific public health movement, for Pacific people in New Zealand and in the Pacific.
5. Opportunity to take leadership role in the regulatory environment as a result of changes to legislation (note: this could also be a threat).

6. Address public health issues of other ethnic minorities in New Zealand.
7. Lead global change by setting good example, such as indigenous health advocacy, development, and advancement.
8. Raise the profile and credibility of PHANZ.
9. Increase contract earnings.
10. Diversify income to retain independence of voice.
11. Develop closer relationship with the political process.
12. Increase rural and provincial focus within PHANZ.
13. Reorienting the personal health sector (starting with developing relationships between HCA and PHANZ).
14. Build strategic alliances (eg non-partisan political alliances, alliance with Health Care Aotearoa; alliance with movements such as business for social responsibility).
15. Develop closer relationship with the Health Promotion Forum.
16. Develop leadership in the public health workforce.
17. Recruit and develop grass roots workers in the public health workforce.

6.4 Threats to PHANZ

Note: the strengths, weakness and opportunities categories apply directly to PHANZ as an organisation. The threats to PHANZ are both a direct result of PHANZ activity and the influence of the broader environment in which PHANZ operates. Threats have thus been categorised as direct or indirect.

6.4.1 Direct threats

1. Poor governance of PHANZ leading to loss of membership confidence in the organisation.
2. Inability to maintain an adequate financial base, for example through failure of the conference to generate funding.
3. Failure to inspire members to contribute to the goals and activities of the PHANZ.
4. Failure to identify and address important Maori and Pacific peoples' public health issues.
5. Reliance on contract funding to deliver on the goals and objectives.
6. Government attack on robust advocacy.
7. Failure or delay in delivering contracted outcomes leading to loss of HFA funding.

8. Failure to serve members leading to a decrease in membership.

6.4.2 Indirect threats

1. Prevailing market economy focussing on individualising public health service assessment and delivery.
2. Perceived conflict between Government policy direction and public health strategies, and the role of government in public health.
3. Changes in the health sector and other sectors, which create a less favourable environment for public health.
4. Recent changes in the regulatory environment that alters individual rights and freedom and changes the nature of social responsibility and governance responsibility.
5. Increasing fragmentation of public health infrastructure - failure of public health infrastructure to support the public health workforce.
6. Public health workforce issues unmet: weak leadership, lack of career structure, failure to understand or value work done by some public health workers such as public health workers and community health workers.
7. Increasing pressure on members from job/life, meaning that they are less able to contribute to the voluntary activities of the PHANZ.
8. Slow resolution of Treaty claims and Treaty issues such as shifts in responsibility for health service provision, funding and governance.
9. Environmental disaster, such as major earthquake, which stresses the public health system.
10. A reversion of public health to individual matters rather than the organised efforts of society.
11. Population-based funding for health promotion going to IPAs (with danger of becoming individualised).
16. Insufficiency of identification of some parts of the workforce with public health - many public health workers are not aware that they are part of a public health workforce.
17. Lack of branding - poor understanding of the relationship between public health and personal health by most people not in public health –.

7 APPENDIX 1:

7.1 Vital Statistics of PHANZ

- Number of members Nov 1998: 250.
- Membership has decreased 22% since 1996.
- Membership has decreased 32% outside of Auckland and Wellington.
- 56% of the membership live in Auckland and Wellington.
- 5.4% of the members are Maori.
- 0.4% of the members are from Pacific Nations.

APPENDIX 2:

7.2 Priority areas from "Progress on Health Outcome Targets" (1998) Ministry of Health.

Targets of special relevance for Maori health:

Fluoride and oral health - dental caries
Tobacco - tobacco consumption
Immunisation
Sudden Infant Death Syndrome (SIDS) and SIDS risk factors
Unintentional injuries - burns from hot liquids and vapours
Child hearing loss
Sexually transmitted diseases
Ischaemic heart disease
Rheumatic fever
Stroke
Cervical cancer
Diabetes

Goal: Health of Maori

The goal is to improve, promote and protect Maori health status so in the future Maori will have the opportunity to enjoy at least the same level of health as non-Maori. The objectives are:

- To ensure that all services funded are culturally appropriate and compatible with gains in Maori health
- To show an understanding of and commitment to the Treaty of Waitangi

Note: targets relating to Maori health status are discussed, where relevant, under each of the other public health goals and objectives

Goal: Health of Pacific peoples

The goal is to improve, promote and protect the health of Pacific peoples. The objectives are:

- To provide Pacific peoples with the opportunity to play a major role in the design development, implementation and evaluation of public health services which affect their communities
- To ensure that all services are culturally appropriate and relevant to Pacific peoples in structures, settings and languages that Pacific communities can identify with and use.
- To ensure funding of education and cross-cultural training opportunities in public health which reflect the health and cultural needs of Pacific peoples, and to increase the recruitment of Pacific peoples to reflect their representation in the local population.
- To recognise and respond to the needs for coordination in the delivery of public health services, consistency in monitoring the effectiveness and efficiency of health promotion and management of these services

Note: Targets relating to Pacific health status are discussed, where relevant, under each of the other public health goals and objectives.

Goal: Health of children/tamariki

The goal is to improve, promote and protect the health of children/tamariki. The objectives are:

- To reduce tobacco use, exposure to environmental tobacco smoke, and their adverse health consequences
- To protect children/tamariki from preventable infectious diseases by improving immunisation
- To continue the reduction in rates of SIDS
- To reduce death rates and disability from unintentional injuries
- To reduce death rates, injury and disability from child abuse
- To reduce hearing loss in children/tamariki in the under-five age group
- To reduce disability and death rates from asthma

Goal: Health of adults/pakeke/matua

The goal is to improve, promote and protect the health of adults/pakeke/matua. The objectives are:

- To reduce illness, disability and death rates from heart disease and stroke

- To reduce illness, disability and death rates from cancers
- To reduce disability and death rates from diabetes mellitus

Goal: Health of older people/kaumatua

The goal is to improve, promote and protect the health of older people/kaumatua. The objectives are:

- To maintain and improve mobility among older people/kaumatua
- To protect older people/kaumatua from preventable infectious diseases, such as influenza
- To reduce disability from incontinence
- To improve and maintain social support for older people/kaumatua