Runanga Whakapiki Ake i te Hauora o Aotearoa
Health Promotion Forum of New Zealand

Health Promotion Infrastructure

A Thinkpiece

By Paul Stephenson

Commissioned by HPF under its Occasional Paper series

P O Box 99 064, Newmarket, Auckland 1149 Level 1, 25 Broadway, Newmarket, Auckland 1023

Phone (09) 531 5500 Fax (09) 520 4152 E-mail: hpf@hauora.co.nz

Website: www.hauora.co.nz

Charities Commission Registration Number: CC36008

CONTENTS

1. FORMAL AND ENDURING STRENGTH

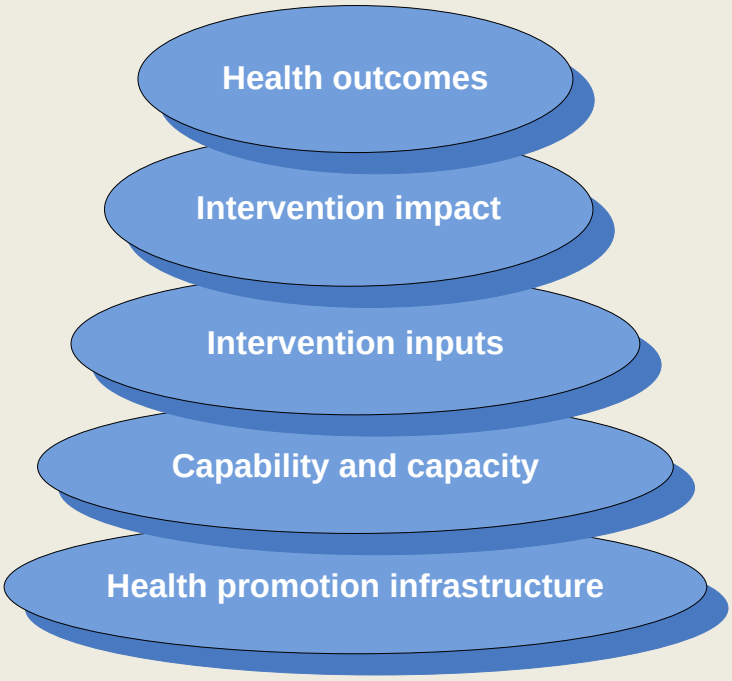
1.1 WHAT IS INFRASTRUCTURE

Infrastructure is the underlying framework or feature of a system or organisation. Infrastructure contributes to the capacity of that system or organisation to carry out its core functions.

When we talk about infrastructure, we usually mean 'hard' infrastructure, which includes things like roads, water supplies and power lines, which support our economy.

We can also have 'soft' infrastructure, which is similarly the underlying framework that supports our social response and capability.

Within health promotion, infrastructure can be seen as the foundation for the collective strengths we bring to a health promotion strategy or intervention, as shown in the outcomes framework (below).



Strong infrastructure creates the platform for a high performing system. Poor infrastructure impedes capacity and capability development, which degrades the value chain, ultimately leading to poor outcomes.

The international literature suggests we should define infrastructure in public health across three key domains:

- Sufficient and competent workforce
- Organisational capacity
- Information and knowledge systems

The above categories were proposed following a detailed review of national public health infrastructure undertaken by the Canadian system[1]. They concluded:

> *Any enterprise or system must be concerned with its people, its organization, and its resources. This is neither unique nor any less important for public health. There needs to be a sufficient, competent and appropriately distributed workforce; adequate capital investment well-developed business processes; and an ability to manage information upon which decision- making is dependent. Without these, system outputs and outcomes will be less than optimal*.

Similarly, the United States has defined the infrastructure required for supporting core functions of public health as being:[2]

- A capable and qualified workforce
- Up-to-date data and information systems
- Public health agencies capable of assessing and responding to public health needs

A further important aspect of health promotion infrastructure, according to WHO, is that it should be 'formal and enduring'[3]. By this they mean that things like developing competent people, capable organisations and effective knowledge systems require a mandated strategic focus that is maintained over time. Maintaining this infrastructure should be endorsed as a formal responsibility of government.

---

[1] Improving public health infrastructure in Canada, Public Health Agency of Canada, 2005.

[2] Healthy People 2020, US Dept of Health and Human Services, 2010

[3] Public Health Infrastructure and Knowledge, WHO, www.who.int/trade/distance_learning/gpgh/gpgh6/en/index.html

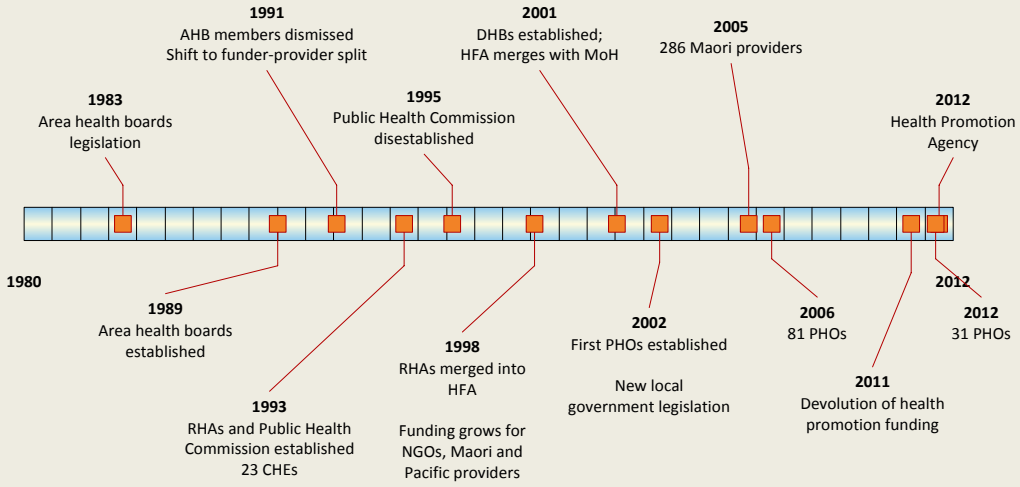
Government should ensure health promotion infrastructure has the capacity to respond to today's health needs, anticipate tomorrow's challenges and has the surge capability to respond to a public health emergency.

So, what is the state of our health promotion infrastructure? How should we improve it? And whose responsibility is it to lead?

2. GROWTH AND DIVERGENCE

2.1 DIRECTION OF INFRASTRUCTURE IN NZ

To think about health promotion infrastructure in NZ, it may be useful to take a snapshot 25 years ago and another now.



In the mid 1980s, health promotion was mostly delivered through the Department of Health, a national centralised Government Department with branch offices in districts. There were a small number of NGOs and the Ottawa Charter was fresh off the press (1986) and challenging a predominantly 'education' driven world view. It was a centralised, structured, hierarchical, mono-cultural way of organising a health promotion response to need.

Since then the story of health promotion has been one of chaotic and creative growth, development and divergence. We now have health promotion providers that include a large number of condition-specific NGOs, Maori, Pacific and Asian NGOs, Primary

Health Organisations, some local government, regional sports trusts and public health units.

Funders include the Ministry of Health, District Health Boards and local government.

In recent years health promotion infrastructure has come under pressure of financial constraint, after several years of expansion. The constraint has been uneven.Some areas (such as Healthy Eating Healthy Action) have endured reduced funding, whilst others (Whanau Ora) have experienced growth and development.

Organisations

This growth and divergence of health promotion activity has not been part of a specific government strategy around health promotion, but has generally been a consequence of a policy shift that was often focused in other areas. We now have a situation where many health promotion organisations are small or extremely small by global standards. There is some strength to this in that they are closely aligned to communities of interest, but there are also real weaknesses in terms of opportunity for professional development, peer review, specialisation, integrated programme development and proper evaluation.

Small organisations are very vulnerable. Government is responding in many areas by pushing for amalgamations of NGOs to form larger and more capable organisations. This amalgamation has been rapid amongst PHOs, down from 81 nationally in 2006 to 31 in 2012. Given Government signals regarding health expenditure, it would be expected that the environment of constraint will be in place for the medium term, putting pressure on both Government and NGO organisations to merge for increased efficiencies.

Within this situation, there has been little debate around health promotion infrastructure. There is a focus on defining capabilities (Public Health Association)[4] , competencies (Health Promotion Forum)[5] and core functions for public health (NZ Public Health Clinical Network)[6] but not on the leadership and investment required to maintain our underlying infrastructure. Clear leadership and a well defined strategy

---

[4] Ngã Kaiakatanga Hauora mõ Aotearoa, Health Promotion Competencies for Aotearoa New Zealand, Health Promotion Forum, 2012

[5] Generic Competencies for Public Health in Aotearoa - New Zealand, Public Health Association of NZ, 2007

[6] Core Public Health Functions for New Zealand, NZ Public Health Clinical Network, 2011

regarding underlying infrastructure may be one of the best ways to efficiently increase health promotion sector performance.

Workforce

The issues with the public health workforce were clearly and comprehensively articulated by the public health workforce survey in 2004. Whilst, there has not been a more recent comprehensive survey, anecdotally, many of these issues identified still hold. [7]

- Most people in public health have tertiary qualifications but few are in public health
- No united approach across curriculum development
- Inequalities in access to training
- Little collaboration across training providers
- High proportion of Maori in public health but disproportionate number of lower paid jobs

"Overall, the public health sector has very weak and fragmented professional infrastructure and professional leadership"

All of these issues relate to core workforce infrastructure. Health Workforce New Zealand has been established to bring leadership to long term workforce development. However, their priorities to date have been in areas other than health promotion.

On the positive side, options for training are increasing with many people taking up in-work training, whether post graduate qualifications in public health or focused skills development in particular areas (e.g. Smokefree, or Pacific Community Health).

The health promotion workforce is diverse in culture, age, skills and employers. This diversity is both a strength, in that it is creative, challenging and accepting of new ideas, but also a weakness in that core technical capabilities, such as programme design, evaluation and evidence into practice are not well developed.

There is significant opportunity to enhance the health promotion workforce through investment in skill development and improved ways of learning from each other. However, at present there does not seem to be leadership at a national level.

---

[7] Public health workforce development research, Phoenix Research, 2004,

http://www.publichealthworkforce.org.nz/health-jobs-workforce-health-issues_167.aspx

Where the health promotion workforce has been successful is in reflecting a consistency of values in practice, such as a focus on human rights and inequalities, and enduring practice frameworks, such as the Ottawa Charter and the Tiriti.

Information and knowledge

The knowledge systems and infrastructure supporting health promotion have also grown and diversified, with the internet, a growing research base and challenges to traditional Western knowledge paradigms. The internet has expanded access to knowledge and the speed of development of this technology (typified by the current investment in fibre optics that will be increasingly available from this year) constantly challenges government and service providers to keep up with providing knowledge content that is useful and relevant to health promotion in New Zealand.

Despite this explosion of access to information, there is still a weakness in our health promotion practice in relation to relevant research about effective interventions, especially with our diverse multi-ethnic communities, where inequalities are often most manifest. Many areas of health promotion practice do not currently have a strong evidence base, and are not systematically evaluated. For those areas where there is local evidence and evaluation information, we lack proactive infrastructure for ensuring there is translation of this knowledge into practice.

Within New Zealand, some thinking is challenging traditional health promotion models. Maori health promotion organisations are exploring new ways of designing interventions and working with communities through a focus on the whole person and wellbeing within the whanau. As Whanau Ora strategies around health and social services integration and whanau strength continue to mature, they bring with them a uniquely New Zealand way of organising knowledge and its application in a community.

3. MOVING FORWARD

Moving forward, there are opportunities to create improved central leadership for health promotion infrastructure. Wee also need to think about how to build infrastructure differently in today's diverse, networked, landscape. These issues are explored below.

3.1 OPPORTUNITIES FOR TOP-DOWN LEADERSHIP

The International Union for Health Promotion and Education (IUPHE) has identified that: *National Centres of Excellence in health promotion are vital for policy advocacy, the integration of diverse health promotion activities and technical support – through information provision, knowledge collation and capacity building*.[8]

To date, New Zealand has not had a national centre for excellence or leadership for health promotion. According to IUPHE, this is a serious gap in our national infrastructure. Or to be more blunt, we don't have the infrastructure to lead thinking and action on how we need to develop our infrastructure.

However, we are now on the verge of creating a national leadership hub for health promotion, through the establishment of the Health Promotion Agency (HPA). This agency is being achieved through merger of the Alcohol Advisory Council of New Zealand (ALAC) and the Health Sponsorship Council (HSC) and relevant functions from the Ministry of Health.[9]

The HPA is being established on1 July 2012. The functions, duties and powers of the HPA as defined in its empowering legislation include:[10]

HPA must lead and support activities for the following purposes:

(a)promoting health and encouraging healthy lifestyles
(b)preventing disease, illness, and injury
(c)enabling environments that support health and healthy lifestyles
(d)reducing personal, social, and economic harm

There are also further specific functions relating to alcohol and sponsorship.

The HPA provides an opportunity for New Zealand to respond to IUPHE's challenge for leadership in the development of infrastructure required to support high performing health promotion. The HPA does not appear to have a specific role in health promotion infrastructure, however, it is not excluded. And it could be argued that in order to achieve its mandated outcomes, it will need to be working within an effective nationwide health promotion system.

---

[8] Shaping the future of Health Promotion: Priorities for action, International Union for Health Promotion and Education & Canadian Consortium for Health Promotion Research, 2007

[9] NZ Govt Press release, 17 Nov, 2011

[10] Crown Entities Reform Bill, http://www.legislation.govt.nz/bill/government/2011/

As we have seen recently, different governments have quite different approaches to the role and approach of health promotion. What is needed is a strong and stable voice that transcends political swings and maintains a focus on the requirement for 'formal and enduring' infrastructure.

The Ministry of Health and the Board of the HPA may wish to take note of IUHPE's advice and pick up the challenge of providing more visible leadership for the ongoing development and maintenance of health promotion infrastructure. The aim is not to usurp the roles of other organisations which have mandated roles in this area, such as Health Workforce NZ and the Ministry of Health, but to provide strong advice and advocacy on the need for active leadership to build health promotion infrastructure.

3.2 Opportunities for networks

In a diverse and complex sector, populated by multiple organisations of varying sizes, the most effective response to building effective infrastructure may be that of establishing networks.

Clinical networks have now been established for many areas, including cancer, CVD and mental health and are operating across districts, regions and the nation. High performing networks are a cost effective way of organising people and resources around a common goal, often crossing organisational borders. Low performing networks are time consuming, bureaucratic talk-fests. Unfortunately, many health networks are the latter.

Within the multiple small and vulnerable organisations working in health promotion, networks represent a challenge. Becoming part of a network may mean specialising, compromising some autonomy and becoming more reliant on other organisations. For small autonomous organisations competing for funding dollar, this transition is difficult, but the alternative may be to cease operating.

Networks are emerging but it is slow. We need funders to think further about how their incentive frameworks maintain multiple small organisations, or whether funding and contracting can become a catalyst for functional operational networks of health promotion organisations specialising and working together for common goals.

Larger health promotion organisations and the public health units (PHUs) should be promoting their role as hubs in networks, working with partners to build joined-up interventions and also to be local providers of infrastructure services, supporting workforce development, local knowledge and organisational capacity.

The PHUs have an opportunity to take on a more formal role as hubs in operational networks and to be more active in supporting small NGOs with services that support infrastructure development, such as on-the-job training, support for integrated

programme design and evaluation skills. Some PHUs are outward focusing and see their role as creating value across networks of providers, others are still inward looking and behave competitively.

Building functional networks is hard work, but the sector requires local leaders who think beyond their own organisation to encompass building enduring health promotion infrastructure across the sector.

3.3 Opportunities for grassroots leadership

The international views on the definitions of health promotion infrastructure only tell half the story. Anyone working in health promotion knows that success involves a chemistry between promoters and communities. It is often the community leaders (the infrastructure of society) who are the real reason we make gains.

This contract with the community is based on something beyond skills and capabilities. It is reflected in a values system that resonates and grows across health promoters and communities.

Building an enduring values system will not come from the top but emerges from practitioners themselves. Both the IUPHE core competencies for health promotion and the Health Promotion Forum's competencies for NZ have values as a central theme. A Society of Health Promoters is currently being established in New Zealand. This will be a body that supports the professional practice and value structures of health promotion. Health promoters should take the opportunity to support this new society. The Society of Health Promoters should hold itself to account for the professional values promulgated through health promotion practice and it should hold the government to account for appropriate investment in formal and enduring infrastructure.

The society will be a welcome addition to the Health Promotion Forum and Public Health Association, in providing representative bottom up leadership.

The Public Health Association, Health Promotion Forum, the NZ Public Health Clinical Network, the College of Public Health Physicians and our public health academics must also be challenged to create improved alignment across their definitions of public health and health promotion capabilities, competencies and core functions and to provide joined-up advice to government on how their vision fits together and what it means for long term investment in infrastructure.

Flaxroots leadership around infrastructure is also emerging from Maori health organisations, with networks of providers, trainers, knowledge and funding working together in the cross pollination between health promotion and Whanau Ora.

We have a challenge to research Whanau Ora and to grow a knowledge base of effective interventions within a Whanau Ora framework as part of our infrastructure (and our contribution to the international health promotion knowledge infrastructure). Given that the investment in Whanau Ora is likely to continue to grow, a knowledge strategy that systematically builds an accompanying evidence base and evaluation insight is a matter of priority.

The area is still very young and should be given some space and nurtured to define for itself what the unique components of infrastructure are that support Whanau Ora health promotion.

3.4 BRINGING IT TOGETHER

Building health promotion infrastructure requires a long term vision, which is implemented across decades. Given the importance of infrastructure to performance – and ultimately health outcomes – there has been very little explicit focus on infrastructure in sector debate.

In our environment of constraint, there is unlikely to be new resources for improving infrastructure. Solutions will involve using our existing strengths better and latching on to opportunities.

This paper proposes four key areas of immediate focus to improve the development, organisation and performance of our current infrastructure, without requiring further investment.

1. Charging the Health Promotion Agency with leading a national-level view of developing formal and enduring health promotion infrastructure.
2. Making more use of networks to achieve better use of the infrastructure we do have. Funding and planning managers and public health units have a leadership responsibility to act as catalysts.
3. Supporting more coherent bottom-up leadership for infrastructure, including the establishment of the Society of Health Promoters and joining up thinking on infrastructure across current sector membership organisations
4. Providing space and a supportive environment for the emergence of Whanau Ora health promotion infrastructure to enable ongoing investment for high needs populations and reducing inequalities.