

**American Public Health Association**  
**Health Administration Section**  
**2011 Strategic Plan**

## **Background**

At the annual meeting of the American Public Health Association in 2010, and under the direction of the Health Administration Section Executive Committee of Gretchen Sampson - Chairperson, Bud Nicola - Immediate Past Chairperson and Mark Bittle - Chairperson-Elect, the section council decided to update the strategic plan via a collaborative process lead by section member Brian Martin. This process was modeled on the previous efforts of Vonna Henry, Joyce Gaufin, John Thomson, and Gloria Brown McNeil, past Chairs of the Health Administration Section. Under their leadership, a strategic planning process was initiated for the Health Administration Section and culminated in the production of the section's 2002-2003 strategic plan.

## **History of the Section**

The American Public Health Association (APHA) is the oldest and largest organization of public health professionals in the world, representing more than 50,000 members from over 50 occupations of public health. APHA brings together researchers, health service providers, administrators, teachers, and other health workers in a unique, multidisciplinary environment of professional exchange, study, and action. APHA actively serves the public, its members, and the public health profession through its various programs and activities: Scientific and practice programs, publications, annual meeting, awards, education services and advocacy efforts.

The Health Administration Section was originally constituted in 1908 as the Municipal Health Officers Section. The membership was described as "but of one class" and included "municipal health officers, members of municipal boards of health, municipal epidemiologists, vital statisticians, laboratory men, engineers, and others engaged in like technicalities as applied under municipal conditions". The purpose of the Municipal Health Officers Section was "the presentation and discussion of papers bearing upon the theory and practice of professional public hygiene, as applied to the health of municipalities."

In the early 1920's, dissatisfaction developed regarding the membership composition, which seemed to have been inclusive. In 1926, the name was changed to the Health Officers Section. The Section Council's action in 1927 made the Section an exclusive, rather than an inclusive, membership.

In 1970, the Health Officers Section, recognizing its own changing character, petitioned the Executive Board for a name change. Approval of the present title of the Health Administration Section resulted. The Section engaged in recruitment of a broad range of health administrators to Section membership. The continued activity and attitude of the Section is illustrated by the broad professional representation of its membership, producing a coalition of physician health officers and professional health administrators with an interest in public health.

## **Statement of Purpose**

The purpose of the Health Administration Section is to assure the highest quality of public health practice by identifying issues in public health administration and seeking solutions which enhance the

health of the people, by providing nurture, support, training, and information to public health administrators of all disciplines, and by publicly advocating the highest quality of public health practice based on sound administrative and scientific principles.

### **Strategic Planning Process**

The following steps were used to conduct the Health Administration strategic plan:

- Step I.** Create and convene a Strategic Planning Committee
- Step II.** Re-examine mission and vision statement and core values
- Step III.** Conduct a SWOT analysis
- Step IV.** Develop goals and objectives
- Step V.** Create an Action Plan/work plan

The results of those steps are described below.

#### **Step I. Create Strategic Planning Committee and obtain commitment to the strategic planning Process**

The concept of strategic planning was introduced by the section chair at the 2010 HA Section Annual Business Meeting in Denver, Colorado. The Section Councilors and section members present at the annual business meetings were invited to take part in the process, and to provide their input on what was needed to assure the strategic planning was successful. The first meeting of those who volunteered to be on this committee occurred in early spring of 2011. [See appendix 1 for list of leaders involved in the strategic planning process] This was a large group and it was decided that a smaller subcommittee should conduct the initial process which would include re-examination of the section vision, mission, guiding principles, goals and objectives. Section member Brian Martin agreed to facilitate the process. Once the initial process is completed, the larger committee recommended it be sent back to them and to the section council and general membership for input

#### **Step II. Re-examine mission and vision statement and core values**

The subcommittee acknowledged the need to align our mission with the APHA mission and decided to revise the section mission to state:

***“The mission of the APHA Health Administration Section is to promote public health and health equity by advancing the quality and practice of health administration”***

There was discussion of the vision and need to have a statement that is not exclusionary. The slightly revised vision of the section is stated as:

***“The APHA Health Administration Sectioning will be a cutting edge forum providing timely and reliable information on the best practices of health administration, including networking, mentoring and skill building opportunities”***

The Health Administration Section will achieve this vision by embracing the following **core values**:

**Diversity** – We embrace and encourage diversity among our membership in all activities.

**Ethical Practice** – We adhere to the Public Health Code of Ethics

**Collaboration** – We seek to develop and sustain partnership in achieving common goals.

**Knowledge Growth** – We advance the field of health administration by creating and dissemination innovative research and practice based information.

**Sustainability** – We promote the growth and development of our section through the identification, recruitment and mentoring of members.

### **Step III. Conduct a SWOT analysis**

The committee conducted a SWOT analysis during the June, 2011 meeting. The results were:

#### **Strengths of Section**

- Active membership the past few years
- Strong section leadership
- Leadership recognizes and acts on the need for ongoing assessment/reassessment of section work
- Core set of senior section members with a lot of experience and knowledge
- Energy and interest from students in helping with section work
- The section has very accomplished members both active and non active – some have national reputations as HA leaders
- Members want to be engaged in section work
- APHA support: toolkits available for sections, i.e. membership, policy, newsletter support, etc
- APHA logistical and administrative support
- APHA link to local affiliates
- Lobbying infrastructure to help sections achieve policy goals
- Section budget – has been adequate for the work of the section so far
- Section attracts and provides quality scientific sessions at the APHA annual meeting
- Other sections hold us in high regard, i.e. the section has a strong reputation
- Commitment and dedication of our leadership (i.e. all volunteer work!)
- The section is committed to diversity and proactive in assuring it is honored

#### **Weaknesses of Section**

- Size and complexity of APHA makes it difficult for members to find their place
- Nature of health administration discipline crosses over into many other disciplines so some of our potential members go to other sections
- Have a limited section budget
- Have not managed budget thoughtfully, i.e. have not linked it to section strategic plan
- APHA restrictions on expenditures in section budget is a barrier to some section work
- No paid staff and geography of membership a barrier to meetings and getting section work done
- The section could collaborate more with other APHA sections that share our goals as well as with other organizations outside of APHA with health administration linkages

### **Opportunities (What can we take advantage of considering our strengths?)**

- Working collaboratively with other sections and organizations
- Large need for administrative knowledge –could we do more to meet this need?
- APHA has opportunities for us to take advantage of their diverse toolkits
- Educational content that could be of value to section and secondary members

### **Threats (what comes from the external environment)**

- Current economy, including lack of resources for professional training (membership and attendance)
- Downsizing of all governmental public health workforce (local, state, federal)
- Section membership has been going down (over 12% last year)

### **Step IV. Develop goals and objectives**

During the July, 2011 meeting, the committee reviewed the SWOT analysis and identified six critical issues needing attention. These issues were:

1. Need to increase membership.
2. Member engagement – more than just paying dues and attending national meetings; being willing to work on committees and contribute outside the annual meeting. Professional development needed – for health administrators and for those who cannot attend the annual meeting. Career development important and usually well responded to in past.
3. Policy development – developing, advocacy, involvement by members; increasing awareness of ACA legislation to members
4. Financial Planning – more planning needed and could plan more around enrichment fund. Do we need a finance chair?
5. Becoming a Resource to APHA/others - Making our expertise accessible and available to our parent organization. Leadership of the section could inform APHA executive director of local impact of legislation and other issues.
6. Partnering/Collaborating with Other Sections.

From these critical issues/strategic areas, the committee developed the following objectives:

#### **Strategic area: Increase Membership**

Team members: Ruth Roman

Objective 1: By February 2012, develop student outreach strategy (working with Student Assembly) to enroll members. (Ruth)

Objective 2: By March 2012, develop outreach strategy with other sections and caucuses to enroll members. (Ruth)

Objective 3: Annually (i.e. June/August), host 2 Connect Ed sessions and invite 5 largest HA co-membership sections and Student Assembly members. (Ruth)

Objective 4: Annually, review and update outreach strategies with Membership Committee Chair(s), Student Assembly, and other section/caucus liaison's. (Ruth)

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Strategic area: **Member Engagement**

Team members: Alan Baker, Brian Martin

Objective 1: Increase networking opportunities for members and future members by connecting new members with existing members at the annual meeting. (Alan)

Objective 2: Institute a formal "welcome" to new members – could be by phone, email or letter – within 3 months of a new member joining the section. (Alan)

Objective 3: Institute a mentoring program for section members. (Alan)

Objective 4: Open the policy development process to all section members instead of the current focus on section leadership. (Alan)

Objective 5: To develop and implement quarterly professional development sessions (e.g., what does it mean to be a health administrator?) and offer them to all section members. (Brian)

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Strategic area: **Policy Development**

Team members: Gretchen Sampson

Objective 1: By April 1, 2012, develop and prioritize a policy agenda that interfaces with APHA's policy initiatives. (Gretchen)

Objective 2: Annually, submit a section policy paper or resolution to APHA for consideration at the annual meeting. The policy paper or resolution may include collaborative efforts beyond the section. (Gretchen)

Objective 3: By October 31, 2012 develop a mechanism to assure Health Administration section input on APHA policy initiatives relevant to the field of health administration. (Gretchen)

Objective 4: Annually, sponsor at least one educational and skills building session on policy development at the annual meeting. (Gretchen)

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Strategic area: **Financial Planning**

Team members: Mark Bittle, John Williams, Brian Martin

Objective 1: To develop Finance Committee for the Health Administration section at the 2011 Annual Meeting. (Brian)

Objective 2: To implement a structure for annual review of the budget by the Finance Committee and section Executive leadership, with a goal of allocating resources to meet strategic objectives, by March 2012. (Brian)

Objective 3: To establish a process, in conjunction with the membership committee, to proactively track and contact membership lapses in anticipation of the August 31<sup>st</sup> count of members, which establishes the budget for the coming year by March 2012 (Mark)

Objective 4: To set annual financial goals and objectives, welcoming organization-wide input. Its purpose(s): (John)

- To identify key future issues and priorities
  - To allow section leadership an opportunity to understand and contribute to APHA's direction
  - To ensure the strategic plan supports board policy
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Strategic area: **Becoming a Resource to APHA**

Team members: Mark Bittle, Bud Nicola

Objective 1: Establish at least twice a year calls with the APHA Executive Director to share HA section's position on issues of import to public health and inquire how the HA section may be of service to APHA. The first call should occur by January 2012. (Mark)

Objective 2: Conduct a leadership briefing for the APHA Executive Board at the annual meeting on a public health issue to be jointly identified by the HA section leadership and the APHA. (Mark)

Objective 3: introduce HA management consultation to other APHA Sections at the July Section Chair-Elect meeting (Bud)

Objective 4: Develop a job description for "APHA Liaison" as a management resource for APHA (Bud)

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Strategic area: **Section Partnerships/Collaboration**

Team members: Mark Bittle, John Williams, Stephen Keener

Objective 1: Participate (co-sponsor) in one joint policy development initiative per year for submission to JPC. (Mark)

Objective 2: Host at least one invitation only webinar per year with joint content development and or presenters from HA and the invited section by June 2012. (Mark)

Objective 3: Solicit abstracts directly from at least one other section and accept at least 2 abstract each year (Mark)

Objective 4: Bring together the section presidents (chairs) and vice-presidents of the BIG 5 sections (e.g., nursing) for the purpose of establishing a strategic alliance on a targeted initiative. (John)

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The next step in the planning process is to develop action plans that are specific to each objective. Prior to developing action plans, the committee sought input from the larger strategic planning group and the general membership.