

## **Think Piece Papers on developing the workforce for health promotion in Aotearoa New Zealand**

The Ministry of Health has recently funded the development of seven “think piece” or discussion papers on developing and strengthening the workforce for health promotion in Aotearoa New Zealand. The papers are part of the wider body of work currently underway with the Public Health Workforce Development Plan (PHWDP).

The priority actions arising from the PHWDP include a major focus on developing appropriate training for public health, especially at undergraduate level, and the development of career pathways, which enable and support transitions across disciplines.

Development of the “think pieces” was one of the recommendations of a think tank meeting of stakeholders from the health promotion sector held in Auckland in February 2006. The papers are now completed and are available to the wider health promotion sector.

The purpose of the papers is to inform on-going discussion on how to build the future capacity and capability of the health promotion workforce as a component of the wider public health sector.

Each of the papers has been written by an author(s) representing a particular perspective.

<b>Perspective</b>	<b>Author(s)</b>
The health promotion practitioner	Helen Rance, Fran Manahi and the Health Promotion Forum team
The health promotion workforce in Public Health Units	Gerrie van der Zanden (Canterbury District Health Board)
The health promotion workforce in NGOs	Fiona McAlevey (Mental Health Foundation)
The health promotion workforce in the PHO environment	Based on consultation at the National Networking Hui for Health Promotion within PHOs June 2006
The Maori health promotion workforce	Hapai Te Hauoroa Tapui Ltd
The Pacific health promotion workforce	Dr Ate Moala (Pacific Child, Youth and Family Integrated Care)
The health promotion workforce and the education sector	John F. Smith (Auckland University of Technology)

Each author was asked, from their own particular perspective, to identify a range of strategies that would best enable the development of a well trained workforce with the skills and capability to lead health promotion in New Zealand at all levels.

To achieve this outcome the authors were asked to address the following specific questions

- How can **access, cohesion and linkages** in the development and delivery of health promotion training best be achieved?
- How can **strong and diverse leadership** in health promotion be developed and promoted?
- How can a **strong focus on community development** for the health promotion workforce be maintained?
- How can a **strong focus on the determinants** of health and the **reduction of inequalities** for the health promotion workforce be developed?
- How can the voice of health promotion within public health and primary health care be **strengthened**?

- How can **competence** in the workforce for health promotion be built and ensured?
- How can **cultural competence** in the workforce for health promotion be built and ensured?
- Are there any **other strategies** you would recommend to support the **development of a well-trained workforce** for health promotion?

Since the papers address the same questions they can usefully be considered as a compendium, each adding value to the other across a range of workforce issues. Each paper also stands alone giving a valuable insight into a particular perspective.

While we are sure you will enjoy reading each of the papers in full we have also provided a summary of some of the main themes that occur across the think pieces. The summary reflects the reality that the strategies and solutions put forward to address the same issues are often quite different. The Ministry does not necessarily endorse or support the particular views expressed in any of the think pieces.

## **Think Piece Papers on Developing the Workforce for Health Promotion: Main Themes**

### **What is the present status of the workforce?**

The papers identified many positives on which to build:

- Health promotion is a significant player in the public health sector and expanding into a wider range of settings and organizations.
- The introduction of PHOs and the development of their role as vehicles for implementing the primary health strategy has been stimulating for health promotion and has challenged the sector to consider new ways and places to practise.
- There is a high level of commitment from all perspectives to developing a competent workforce, greater visibility and a strong, recognised voice for health promotion.
- There is broad commitment to the determinants of health and the reduction of inequalities as principles that should guide health promotion practice, and agreement on a need to focus on strengthening the Maori health promotion workforce and Maori leadership.
- The Health Promotion Forum's establishment of Maori and Pacific and reference groups and their appointment of senior Maori and Pacific staff members are positive steps towards the provision of relevant and quality training for Maori and Pacific health promoters. The Academic reference group provides a starting point for building a national stair-cased training framework.
- The public health competencies currently underway as part of the Public Health Workforce Development Project (PH WDP), and the health promotion competencies already developed by the Health Promotion Forum, provide a sound basis for further work.
- The body of research undertaken by Phoenix (2003/ 2004) has provided some useful indicators as to who the health promotion workforce is, and the key workforce issues. The PH WDP is a useful vehicle for moving issues forward

The papers also identified a number of challenges facing the sector:

- Beyond the Ottawa Charter and te Tiriti o Waitangi providing a unifying value base there is a level of confusion about what health promotion is in this country, and a reluctance in some quarters, to embracing the validity and the indigeneity of health promotion practice in New Zealand.
- Diversity is a major characteristic and challenge for the sector; diversity in work settings, in levels and types of education and training, in conceptual models and practices and in relationships working "with/ on or from within", communities.
- There is an urgent need to develop strong and recognised leadership, especially in Maori and Pacific health promotion, refugee/ new migrant health promotion and health promotion in primary health care.
- A high proportion of the workforce is at the 'beginning' level of health promotion and there is a lack of senior positions/ leadership roles to aspire to, especially in the NGO sector. Senior health promotion personnel are rarely found in health management positions.
- There is no clear qualification or career pathway for the workforce, fragmentation and competition amongst tertiary training providers, no nationally accredited curriculum, and no recognised body to set professional standards and identify specific qualifications for the sector.

- Fragmented and un-coordinated service provision across a wide range of organizations and settings limits opportunities for networking and setting common goals, and for assessing the impact and value of the work being done.
- There are barriers for some groups in the workforce including Maori and Pacific practitioners to accessing educational opportunities (eg quality, relevance and progression of training programmes, location and cost, work and family commitments).
- The perception (or reality) that health promotion lacks rigour as a discipline, especially in a clinical setting where there is frequently a higher expectation of professional qualifications, undermines health promotion's credibility as a discipline.
- The logistics of project-driven funding, contracting processes and management perspectives often run counter to health promotion's widely expressed values of consultation, intersectoral collaboration and community participation. Thus pragmatic accommodations around values and practice are often forced on the workforce

### **Strategies for moving forward**

These were many and varied and some of the individual papers make a number of specific recommendations. These are best read in the context of each paper.

Some themes

- Workforce development in Aotearoa New Zealand should be driven by a broad and inclusive definition of health promotion drawing on both Maori and Western health promotion knowledge and experience.
- Establishing a range of training/ education options and pathways and a co-ordinated and planned approach to health promotion and public health will require collaboration from a wide range of stakeholders and strong leadership from the sector.
- Collaboration needs to be extended to global/ international opportunities; there is a need to integrate international learning with careful adaptation for the unique features of the NZ setting.
- Nationally consistent and recognised standards are needed to inform training programmes and qualifications for the workforce. These should draw on competency sets already developed and those currently under development.
- The standards, their content and implementation pathways, must draw on indigenous values, skills, knowledge, models and ways of working. This might well involve the development of culturally specific competencies alongside mainstream competencies.
- Adopting a holistic approach to health that is consistent with a Pacific worldview (eg importance of family, community, church, spirituality, actions to address poverty) will be critical to the successful training and development of a Pacific health promotion workforce.
- Accredited qualifications are important to address the status of the profession and help to establish career pathways. The sector must work towards a national stair-cased training framework with varied entry points and flexible transfer points. Accreditation options include the TEC or NZQA framework.
- Alongside the more conventional modes of learning in education settings there needs to be a recognition of;

- the place of workplace training and assessment
- the value of community and volunteer experience
- recognition of current competence/ prior learning
- There is a need to develop professional opportunities at all levels (certificate programmes, undergrad and post grad qualifications) and opportunities for those new to the sector and those who have been in health promotion for some time.
- The establishment of training standards, the development of curricula and the assessment and accreditation of qualifications needs to be managed by an organization/ body / association with the capacity to work across the sector.
- The best structure for setting up such a body and how it would work would be a major task for the sector. Suggestions include;
  - an independent public health body with subgroups for health promotion and protection
  - a representative Advisory Group for health promotion possibly within the PHWAP structure
  - the Academic Reference Group recently established by the Health Promotion Forum.
- The establishment of a sector wide body would also encourage strong national leadership. However leadership in health promotion needs to occur at many other levels. Leadership might be developed through;
  - a regional network for the North Island similar to the Te Waipounamu Health Promotion Coalition
  - formal leadership training opportunities such as DHBNZ LAMP or the *Organisational Toolkit for Health Promotion Leaders*
  - training managers and governance groups in health promotion ways of working especially in the PHO and NGO settings
  - support for a national network (electronic/ face to face) of health promoters in PHOs, NGOs
  - development of support and mentoring programmes and educational opportunities for those in leadership and management positions within the sector
- Leaders are not only those who hold management positions in health promotion. More recognition needs to be given to Maori world-views of leadership and the way in which these attributes are used. The Leadership in Maori Public Health Programme is an initiative that could be used to develop future Maori health promotion leaders.
- Building the capacity and capability of the health promotion workforce encompasses more than training and qualifications. A range of other strategies are also needed. These include;
  - mentoring, coaching and professional supervision
  - internships and work placement
  - support to attend and present at conferences and hui
  - scholarships
- Health promoters need to make a more convincing case for the value and worth of what they do. There is a need for practitioners to document, evaluate and publish their work; particularly work that demonstrates effective outcomes for community development and community action approaches.
- As challenges to health often come from decisions made outside of health there is a need to keep a strong focus on wider determinants of health. Existing tools such as Tu HANZ and

Health Equity Assessment Tool should be promoted more widely with practical demonstration of their use.

- Collaborative research opportunities between academics and practitioner communities are a means of maintaining a strong focus on community development for the workforce and need to receive priority from research funding agencies.
- Pay scales and training structures that recognise and reward Maori, Pacific and other practitioners working in specific settings would help to reduce disparities and inequalities within the health promotion workforce.
- An ethnic/ cultural lens needs to be applied to all health promotion work not just that delivered by Maori and Pacific providers. The Whanau Ora monitoring tool requiring public health providers to report on achievement of Maori health gain should be a valuable tool.

## **Getting started; Recommendations**

### **1. Investigate options for the setting up of a sector-wide body for workforce development**

Many of the suggestions for moving forward are predicated on a body/ organisation/ association being in place to provide the necessary infrastructure.

The establishment of such a body, its structure, its reach and where it would best be positioned would require a careful and comprehensive consideration of the options available, some of which have been discussed in the papers.

A sensible first step would seem to be to explore these ideas further and develop some detail to the suggestions.

### **2. Expand the capacity and capability of the workforce through the development of nationally consistent mentoring, supervision and leadership programmes.**

Initiatives should build on programmes already in place, many of which have been mentioned in the papers

Initiatives might include mentoring and supervision programmes, leadership development, and internships and scholarships.

They should meet the needs of those new to health promotion and those who have been in the sector for some time and encompass those involved in the management of the health promotion workforce.

Programmes must recognise to Maori health promotion knowledge experience and concepts of leadership.

Special attention should be given to new settings for health promotion and/or where health promoters are isolated.