The Development Of A Well Trained Workforce With the Skills And Capability To Lead Health Promotion in New Zealand At All Levels

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"It is axiomatic that when we are healthier, we are better able to participate in both the public and private lives in our communities, that healthier communities are more productive, and children are better cared for. Continued investment in health promotion is essential for those communities, which will see the value of disease prevention through education, legislation, support and treatment services, refuges, community and corporate responsibility, and a sense of solidarity - a sense that the health of the community is the responsibility of that community. These are all rights' issues – the right to the best care available, the right of equality of access – they are the rights both of the individual and of the community of which he or she is part. Health care without consideration of rights, will not meet the needs of either."

Governor-General
Dame Silvia Cartwright
Health Promotion Forum Symposium: Hauora: Health and Wellbeing – Everyone's Right
Auckland.
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Health Promoters – who are we?

Health Promotion. It is what we do. We talk about empowering people within communities to have control over their health and wellbeing. We talk about principles such as equitable outcomes for all groups. However do we really practise what we preach *(walk the talk?)* in our own community of health promoters? We need to improve the skills and capacity of our health promotion workforce so that we are better able to support the health and wellbeing of the people we serve.

What does our health promotion community currently look like? Health promotion employment used to be concentrated in public health services and Maori organisations. In more recent times our community has diversified to include people from a wide range of backgrounds. Our workforce makes up nearly a quarter of the public health workforce and we are employed by NGOs, community groups, public health units, Primary Health Organisations (PHOs), independent health promotion agencies, MoH contracted services, Maori health providers, Pacific community health providers, advocacy organisations, academic departments, government departments, policy units, and local authorities (www.hpforum.org.nz). We have a high proportion of Maori and Pacific workers in comparison to other areas of health, and numbers are steadily increasing. This diversity has enabled health promotion to lead understandings of wellbeing that have been taken up by the wider health sector and other sectors. Much of that understanding has come through Maori health promoters.

Our diversity, while a strength because of the experience and skills we bring to our work, has also resulted in a fragmented workforce with a high proportion of people at a 'beginning level' of health promotion. With a changing focus in health to include a greater emphasis on population health and health promotion within primary health, our workforce will continue to grow. We need to address the issues of fragmentation and lack of leadership quickly.

Within our workforce, there is no clear career pathway, and a lack of senior positions/leadership roles to aspire to. In addition, the majority of health promoters have no health promotion or public health qualifications and few opportunities for new training or education (Ministry of Health (a), 2005: 8). Health promoters make up nearly a quarter of the public health provider workforce. Half of the full-time public health workforce earn less than $43,000 per annum. Most of these are Maori and Pacific workers (Ministry of Health (b), 2005: 18).

For Non-Governmental Organisations (NGOs) it is both a strength and a challenge to employ health promoters. Employing people from diverse backgrounds helps NGOs to develop relationships with a wide range of groups and sectors. However, the paucity of funding for many NGOs, particularly smaller ones, gives less ability to be able to employ people in higher-paid leadership positions. In addition the number of health promoters that NGOs are able to employ depends on the size of the organisation. These funding issues lead to problems with workforce retention, which in turn, lead to problems of leadership within health promotion since people do not stay for long periods of time to develop the health promotion experience and skills that might inform this leadership.

Development of a well trained workforce

Perhaps it is time for the health promotion community to think seriously about equity for our own workforce? Having work opportunities that are meaningful, that give a sense of control over making decisions, is a determinant of health (Canadian Public Health Association, 1996). If we continue to allow health promoters to be undervalued, we will also continue to have '…little prestige or professional identity' as a health promotion community (Ministry of Health (a), 2005: 8). Furthermore, in order to have a strong role in improving the health of all people in Aotearoa New Zealand it will be necessary to have a workforce that has highly developed health promotion skills. To help reduce inequalities it will be necessary to have a workforce that can collaborate effectively with other sectors.

How then can we progress the development of a well trained workforce with the skills and capability to lead health promotion in New Zealand at all levels? Currently, there is some training available for health promoters, mostly aimed at the entry level of health promotion. There is a dearth of health promotion professional development opportunities for those who have been in the workforce longer and for health promotion managers. In workplaces, health promoters are often restricted in their ability to undertake new learning. Many health promoters are offered only one professional development opportunity a year – for example attendance at a conference. What this often means is that the choices health promoters make is in their specific subject area and not health promotion as a subject in itself. It is often the case that the managers of health promotion do not come from a health promotion background. There needs to be more health promotion education aimed at teaching managers the '…benefits of health promotion rather than the application of specific skills and competencies.' (Swerissen and Tilgner, 2000: 412). In addition, there is a resource that has been specifically designed to assist health promotion managers from non-health

promotion backgrounds – the ‘Organisation Development Toolkit for Health Promotion Leaders’ (Health Funding Authority, 2002). Funding could be attached to a national ‘roll-out’ of this resource. Health promoters are often asked to find solutions to problems within their work, but where is the funding to be able to use the solutions in meaningful ways?

The whole health promotion community needs to talk together and make decisions based on their conversation. It is, in fact, a conversation that the health promotion community has been engaged in for several years. The Health Promotion Forum has consulted at length with the workforce. This consultation has seen the development of health promotion competencies, and a subsequent review of the competencies (with more consultation) has led to a range of recommendations.

The workforce needs to make some decisions based on these recommendations. Are we prepared to commit to an action plan to strengthen workforce capacity and capability, and give oversight of the plan to an advisory group with ‘…representatives from Maori, mainstream, and Pacific health promoters, management, practitioners and training providers’? Are we ready to establish a professional ‘health promotion association’ (Health Promotion Forum, 2004: 13) to give us a more cohesive and louder voice? Having a unified, loud voice or perhaps more appropriately, chorus, of health promotion voices is vital to the longevity and success of health promotion. As a workforce we are widely spread out in a variety of areas within the health sector, and there are also those in other sectors who use health promotion in their work.

Are we ready to support the development of competencies into standards – providing of course, that competencies are also developed by Maori health promoters in consultation with Maori that ‘…reflect Maori values, models, skills and knowledge requirements in health promotion’? (Ibid). Any standards that are developed must be inclusive of the diverse groups within the health promotion field. The standards must also provide alternatives for those who either cannot or do not want to undertake study or qualifications. One of the fundamental strengths of health promoters is their strong community links. If we travel too far down the road of a need for credentials, we run the very real risk of losing our strong community focus, as we lose many of the people with those long-standing connections.

Intersectoral Collaboration

One of the ways health promotion can make certain its voice is heard more strongly is by ensuring it works collaboratively across disciplines and sectors. This will become increasingly important as the shift in government policy towards ‘…prevention and primary health’ (Ibid: 34) creates a need for more workers in the areas of ‘…population health, primary health and health promotion.’ (Health Promotion Forum, 2004: 35)

The need for collaboration includes not just services within health but other sectors too. Collaboration is one of the cornerstones of effective health promotion. We know that mental health promotion is more effective when it

happens intersectorally. One of the central tenets of the Bangkok Charter is a call for greater collaboration '…within public health and other sectors' on a national and international basis. (Keating, 2005: 4). Having a willingness and openness to hearing how other sectors work and their ideas can help the health of our communities.

As Wise and Signal, (2000: 245) have noted, challenges to health often come from 'decisions made by sectors other than health.' They suggest that health promotion in New Zealand needs to have a much stronger focus on the determinants of health such as income, education and employment. In their view this '…will provide a mandate for broadening the base from which action to promote health is taken, to include all government sectors, but also, the non-government, private and community sectors. It will also ensure that there is a much greater emphasis on reducing inequalities in health.' (Wise and Signal, (2000: 245-246).

This focus on determinants of health and reducing inequalities – what some would also call a human rights approach (Keating, 2005: 5) – has the potential to give communities greater ownership over finding solutions to their own problems. As Durie (1999) elaborates on in Te Pae Mahutonga, health promotion works best in communities when leaders from communities are involved alongside community groups. In the Aotearoa New Zealand context, disparities between Maori and non-Maori affirm the need for health promotion to maintain a strong focus on Maori leadership and development. Leadership sits alongside the need for autonomy for Maori.

The review of health promotion competencies conducted by the Health Promotion Forum brought clear feedback from Maori health promoters. It echoed Durie's concern about the importance of '…autonomy and control…for Maori development.' (1999: 11). In addition to the need for appropriate competencies as referred to earlier, Maori health promoters want organisational standards rather than individual standards; assessment processes based on cultural values; organisational auditing and accreditation; skilled Maori auditors who audit both Maori and mainstream organisations; access to training and recognition of the skill, knowledge and experience of many kaimahi (2004: 27-31).

One strategy for including Maori leadership in health promotion workforce development could be working alongside existing Maori-led collaborative ventures that are focused on developing the Maori health workforce. Two examples are national Maori workforce development organisations - hauora.com and Te Rau Matatini. Te Rau Matatini funded by the Ministry of Health, has a mental health development focus, and works across the whole health sector throughout Aotearoa. hauora.com brings together a range of 'Maori health professionals, health providers and health workers' (www.hauora.com). Both organisations aim to build the capacity of the Maori workforce in order to improve the health of Maori communities. They have supportive networks, experience and expertise. Their knowledge would also be instrumental in finding ways to ensure that the mainstream workforce is responsive to Maori through their work and organisational practices. Any training that is provided for the whole health workforce needs to teach them to be aware of the '…impact of their own cultural

frameworks…[particularly when]…planning and delivering programmes, activities and interventions' (Katene, 2004: 10).

Getting it right for Maori health promoters will mean that the needs of a wide range of people within the health promotion workforce are likely to be met.

Public Health/Primary Health

One of the key recommendations which resulted from the review of health promotion competencies was a framework '… to strengthen the development of health promotion…in conjunction with other workforce development initiatives in public health.' (Health Promotion Forum 2004: 13).

The Public Health Workforce Development Plan (PHWDP) is one such framework. To ensure the primacy of health promotion as part of this plan, health promoters will need to ensure they have better cohesion and linkages with the wider health sector. As the HWAC has cautioned (2005: 2), it is easy for workforce development to be '… undertaken in siloes.' They note further that there has been comparatively little work on developing an integrated and strategic direction for the workforce as a whole' (Ibid).

If health promoters had a workforce development advisory group to represent them, that group could play a key role within the PHWDP. Such a group could also have an impact on developing relationships with the tertiary education sector and others involved with training provision. They would work to ensure that health promotion was a key part of any training/education development and that it was '…tailored to suit the differing needs of those with a role in health promotion.' (Swerissen and Tilgner, 2000: 412). One strategy to help achieve this is to encourage health promoters to write about the work they do and have it published in journals. It would also help to bring more recognition to health promotion as a whole.

As the International Union for Health Promotion and Education has clearly stated, health promotion needs to be recognised as '…a worthwhile investment' (Mittelmark, 2003: 21). Health promoters need to '…make a more convincing claim for the *work* before clamouring for a better workforce.' (Ibid) Part of this validation for health promotion would come through appropriate training and education for managers and decision-makers.

New Zealand's changing health sector has seen the introduction of the Primary Health Care Strategy. This strategy has seen '…the incorporation of a population health and health promotion focus into Primary Health Organisations' (Penney et al, 2003: 2). This has led to a rapidly changing environment for those working in primary health care. Health promoters can help ease the way by sharing their knowledge and skills in public health and health promotion.

The development of PHOs has been stimulating for health promotion as a whole. It has provided increased opportunities for the health promotion workforce and has challenged the health promotion field to consider new ways and places to

practise health promotion. Health promoters have had varying amounts of involvement in PHOs – for some, minimal involvement but for others a great deal. For example some health promoters have been seconded to well-paid positions within PHOs where they are able to lead the health promotion planning within that organisation.

NGOs

One of the key ways that the voice of health promotion can be strengthened through primary health care is through alliances with NGOs. In his address to the Health and Disability Sector NGO – MOH Forum in 2005, George Salmond eloquently identified many of the reasons NGOs are ideally placed to be of influence within the PHO environment:

- 'NGOs excel at 'mobilising all of the health-related resources a community can muster to work together to actively promote and protect health as well as providing good health services.' (Salmond, 2005: 3)
- NGOs have the community links, the local networks, the creative insights, the energy, the enthusiasm and the drive necessary to engage their communities, to mobilise resources, and to tailor initiatives and programmes to local needs mobilising local resources and working in local community settings." (Ibid: 5).

Salmond went on to discuss the importance of relationships between the Ministry of Health as the main funder, DHBs, and NGOs. He suggested that '…suitably targeted investment in workforce development is going to be the key to building and sustaining successful relationships.' (Ibid: 7).

This commitment to professional development is echoed by Pullon and McKinlay (2004: 269) in their challenge to health funders to '…support effective professional development…The MOH and CTA, DHBs and PHOs now have a responsibility for interdisciplinary and collaborative primary health care workforce development….' Sustained funding for NGOs will allow them to employ more health promoters in positions of leadership and in turn, to have greater staff retention, and a strengthened health promotion workforce.

Conclusion

The health promotion workforce will continue to grow. To meet the demands that accompany this increased growth, there needs to be investment in ensuring equitable outcomes for all health promotion workers with better staff retention rates, a clear career pathway, more leadership positions and better professional development opportunities. This will help to create more prestige for health promotion as a whole.

Specific strategies to achieve these aims include:

- Development of an action plan to strengthen workforce capacity/capability
- A representative advisory group nominated by health promotion workforce to oversee the plan

- Development of alternatives to qualifications for those who do not wish to or cannot undertake further study
- Development of kaupapa Maori competencies and training of Maori auditors
- Consultation with Te Rau Matatini and hauora.com
- Fund the roll-out of training for health promotion managers on the use of the *Organisational Toolkit for Health Promotion Leaders*

Inequitable health outcomes in Aotearoa New Zealand will continue unless we are able to support communities with a skilled and knowledgeable health promotion workforce.

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