



Discussion Paper on Strengthening the Health Promotion Workforce from a Maori Perspective/Focus

Ko Te Amorangi ki Mua ko te Hapai o ki Muri

Strong Leaders Require Continuous Support

This whakatauki¹, can be related into the context of this paper. Through tautoko or support for initiatives which develop the Maori health promotion workforce we will have a pathway forward to lead health promotion at all levels for te Iwi Maori.

This discussion paper provides an overview of some of the key issues, along with proposed solutions in relation to strengthening the Maori Health Promotion workforce in New Zealand. The paper has a key focus on Kaimahi Maori who participate in health promotion related activities rather than the entire health promotion workforce.

So who is the Maori health promotion workforce? A Public health workforce project undertaken by Phoenix Research for the Ministry of Health, surveyed providers who had contracts with the public health directorate. Maori organisations comprised 39% of the organisations surveyed, 30% of the positions and 30% of the full time equivalent. Health Education and Health Promotion practitioners comprised 23% of the workforce with Community health workers making up a further 11%. (Phoenix Research; Public Health Workforce Survey. Report to Ministry of Health, 2004)

The research undertaken by Phoenix identified Maori in health promotion positions were based in a variety of organizations; in particular Maori or Iwi Health Providers, Public Health Units, and a smaller number in Non Governmental Health Organisations. However, Maori health promoter's work in a range of provider organizations that may not be funded through the Public Health Directorate. District Health Boards contract with Maori Providers for Whanau Ora services and although the funding is personal health focused, the providers may also undertake health information and education related activities.

The establishment of Primary Healthcare Organisations (PHO) also contributes to the Maori health promotion workforce. In addition, Maori staff in social service providers, trust boards, runanga and other government organizations such as Housing NZ, along with volunteers within the Maori community (such as Maori Women's Welfare League, marae committees) also undertake components of 'Maori health promotion'

¹ This whakatauki is the mission statement of Hapai Te Hauora Tapui-Auckland Regional Maori Public Health Provider



Firstly, what constitutes health promotion from a Maori perspective? Is it different to the type of health promotion activities which non Maori practice? Ratima in her PhD Thesis 'Conceptualising Māori Health Promotion', defines Māori Health Promotion as;

"the process of enabling Māori to increase control over the determinants of health and strengthen their identity as Māori and thereby improve their health and position in society. It is based on a broad concept of health which can be expanded as a broad basis for a more general argument for Māori advancement.

Ratima's research concluded that Māori health promotion draws primarily on the heritage and new knowledge that arises from Māori and Western experiences, but remains grounded in the distinctive concepts and values of Māori worldviews. It is a distinctly Māori process in step with Western and indigenous health promotion, but centred primarily on the determination of Māori to be Māori.

Maori realities are not the primary focus of generic health promotion as they are in Maori health promotion, and the characteristics of generic health promotion are not specifically tailored to Maori concepts of community and wellbeing. However both Maori health promotion and generic health promotion share the common goals of facilitating peoples control over the determinants of their own health and the attainment of good health. (Ratima, MM 'Conceptualising Maori Health Promotion' PhD Thesis, Massey University)

There is still a school of thought amongst groups of health promoters (including academics) that overlooks the validity - the indigeneity of health promotion practice in NZ. Some practitioners instead choose to draw on overseas theorists such as Ron Labonte when the writings of academics such as Ratima, Durie and Reid help provide a good foundation for health promotion practice in New Zealand.

At a National Maori Health Promotion gateway hui² held at Waipapa Marae, Auckland University in April 2004 (recognised officially as a gateway event to the World International Union Health Promotion and Education conference in Melbourne) key themes included;

- **Recognition of the validity of Maori health promotion models, frameworks and concepts**
- Maori health promotion is centred on Maori people, values and Maori collectives
- **Maori self determination and control, therefore Maori driven and led**
- Acknowledge barriers, including institutional racism
- **Determinants of health, including political and cultural determinants**

² National Maori Health Promotion Gateway Hui. Refer June 2004 Health Promotion Forum Newsletter



- Opportunities to learn
- **Recognition of the value of contemporary tools and methods**
- Mutually beneficial partnerships
- **Support for workforce capacity building**
- Recognition of diversity
- **Value in an evidence based approach**
- Maori define criteria for evidence and approach

Participants in some of the consultation hui for the Ministry of Health's Public health Framework - Achieving Health for All, identified certain occupations, tasks and activities such as health information, education and advocacy that Maori are drawn to because of cultural beliefs and practices, and a collective (focus on whanau, hapu and iwi) world view.

When asked if they work in health promotion, many Maori health promoters are just as likely to describe their work or field as Maori health working to achieve Whanau Ora. It is often through the contracting process that distinctions or categorising occurs.

Whanau Ora is the key aim of He Korowai Oranga – the Governments Maori Health Strategy. The application of this strategy for health promotion workforce development needs to affirm Maori approaches and improve Maori outcomes. Approaches need to build on the gains that we as a Maori health promotion workforce have made doing things our way.

However, it is a key aim of this paper is also to recommend strategies which support; the development of a well trained Maori health (promotion) workforce with the skills & capabilities to **lead health promotion in New Zealand at all levels**

So what would a well trained Maori health promotion workforce look like?

Whilst we cannot purport to have all the answers for the Maori health promotion workforce, we can draw on our own experience over a number of years in Maori and Public health, participation in various workforce development and public health reference groups; and as a Regional Maori Public Health Provider which undertakes a range of Maori health promotion tasks to provide our 'whakaaro' or feedback on the questions which this paper seeks to answer.

Our experience has shown that our Kaimahi Maori have a strong focus on whanau participation, undertake activities based in the community of interest, are reliable and committed, kaupapa Maori focused, contribute to community health outcomes through an improved awareness on health issues.

However, sector changes in the health (and political) environment over the last 5 years, (eg changes from race to needs base), increasing health inequalities, combined with a need to validate Maori models of practice to a range of stakeholders - have meant that there is increasing need to develop additional skills, for example, those of advocacy and use of data.



Public health employees who participated in the Phoenix workforce development survey identified a large number of skills important for their roles in public health. Those seen as most important included;

- Team work, interpersonal skills, and partnership building
- Cultural understanding and awareness
- Communication skills for dealing with the public/stakeholders
- Health Promotion skills
- Up-skilling in te reo

Many of our kaimahi already actively practice team work, interpersonal, partnership, cultural understanding and awareness skills in the way which we as Maori work with our communities. The need remains to develop skills in relation to the understanding of the mainstream political system and tools of advocacy and policy to deal with this system.

How can access, cohesion and linkages in the development and delivery of health promotion training best be achieved?

In order to provide better access to training we need to understand the range of factors which affect access to training in particular for Maori. Research undertaken by Tunks, identified a range of barriers for Maori Public health workers. These barriers included;

- Cost of tertiary study
- Access, flexibility of courses
- Lack of availability of courses
- Course cost
- Time available to attend
- Work commitments/Family commitments
- Relevance and applicability to the working realities of students
- Lack of relevant and flexible courses incorporating Maori perspectives/models

A range of strategies were identified in both the Tunks and Phoenix workforce development research reports in order to overcome a number of these barriers. These included; supporting kaimahi to attend and present at conferences, forums and hui, peer support, access to Maori specific courses, mentoring and supervision, recognition of prior learning, funding and resources such as scholarships, cultural supervision, placements, internships, and the provision of training in the workplace.

So how do we achieve better cohesion and linkages in the development of health promotion training?



There still remains a need for both the education and health sectors to collaborate more effectively. So How do we avoid duplication and get training providers to work together when there is so much competition in the education sector amongst tertiary providers 'for bums on seats' ?

Although the health and education sector contracting process often results in patch protection amongst providers, this very same process can also be used to help achieve better cohesion.

One way is through the provision of incentives along with a range of quality criteria and quality control process. Training providers would have a criteria which needs to be met such as;

- ✓ Relevance for Maori
- ✓ Access for Maori into the course
- ✓ Recognition of prior learning
- ✓ Cost
- ✓ Availability
- ✓ Potential along with a timeframe for linking into NZQA
- ✓ Support from the Tertiary education Commission

Establishing a group of key Maori providers involved in the delivery of 'quality' health promotion activities to Maori communities could also provide advice on the relevance, effectiveness and quality of training courses.

The Health Promotion Forum has already commenced a step forward in this direction through the establishment of Maori, Pacific and Academic reference groups along with the appointment of Senior Maori and Pacific staff members at the Forum. These reference groups provide additional expertise to ensure their respective professional experience and community expertise are reflected in initiatives undertaken by the Forum. The appointment and contracting of Te Rau Matatini to develop strategies for Maori Public health will also benefit the future development of health promotion.

The provision of on site training and providing up to date information about the type of training available (through a range of different methods) is key. This should also include the provision of information to inform employers (Managers) about the type of training that staff should undertake. Very few Health Promotion Managers are Maori – and make decisions about which type of training Maori staff should undertake. Smaller Maori health providers located out of the City areas have also been disadvantaged by a lack of available training and lack of support for Managers unsure of the type of training that would best suit their sole health promoter.



How can strong and diverse leadership in health promotion be developed and promoted?

Firstly we need to consider the differing views around leadership. More recognition needs to be given to Maori world views of leadership and the way in which these attributes are used.

In Durie's model for Health Promotion, Te Pae Mahutonga, he refers to Nga Manukura: leadership which includes – community leadership, health leadership, tribal leadership, communication and strong networks and alliances. The ability to communicate with and understand their people and move with ease in the dual worlds is an important skill which in turn will impact on positive health outcomes for Maori.

Kohanga Reo is one example of a Maori model of community leadership and development which was initiated through the Maori community recognising the leadership roles which Kuia and Whaea play in Maori society.

It is important to make the distinction that those who hold management positions in health promotion may not be considered leaders. There are few Maori in senior management positions within mainstream organisations in Public Health, such as District Health Board Public Health Units, and the Public health Directorate.

Maori voices are often suppressed in mainstream health providers. In order to support the development of strong Maori leadership within these organisations, there is a need for skill development which recognises the validity of matauranga Maori along with; good understanding of health promotion Maori and Non Maori models, how these activities fit within the context of Whanau Ora and Public health; and the ability to be able to advocate effectively within the mainstream system.

There remains a need to safeguard Maori specific positions at senior level. These positions have an important role in providing leadership to more effectively promote ways of working with Maori communities. The blow out from Don Brash's Orewa speech has been felt within the health promotion sector with the dis-establishment of a number of Maori positions within Public Health Units as directives from central government require changes from race to needs based policy.

Ratima also notes the role which Non Maori health professionals have in supporting the development of Maori leadership by sharing expertise in a way that does not suppress Maori leadership. Working and providing health sector leadership at the interface between the Maori and the Western world to improve Maori public health requires particular expertise.



Leadership in Public health is identified as one of the objectives of Achieving Health for All. By including Maori in the process of decision making, then this is one active way of building capacity and fostering leadership

One of the key aspects of the Leadership in Maori Public health training programme³ involved the tuakana/teina relationship or peer support and mentoring which the mix of participants provided naturally. There was no cost for participants to attend the course, and effort had been made to inform employers so they would support their staff to attend. Successful outcomes from participants who attended the programme include; Co-ordination of a network to develop responses to policy documents, development of a Maori Health Gain plan for the former Public health Leaders Group (now referred to as Public Health Service Network), participants undertaking or further developing their tertiary qualifications, and the career development of a number of participants into management/leadership roles.

The programme which has since been run for participants from the Auckland and Tai Tokerau Regions was formally evaluated in 2004. The overall results were extremely positive, and a key developmental outcome for the next stage of the programme was how it could be linked into the NZQA framework. (Pipi, K. Evaluation of the Leadership in Maori Public Health Programme Report to Public Health Workforce Development Advisory Group, 2005)

This is an initiative that should be fostered to help develop future Maori health promotion leaders. Why reinvent the wheel with new initiatives? This is one example of a proven programme that works. It should be made available into more regions.

In our own organisation – Hapai, our focus on Healthy Marae takes a much broader approach to health promotion leadership by working to address the broader range of health determinants with the range of leadership which is present in marae settings. For example, kuia and kaumatua, marae committees, kohanga, kura, sports clubs and the wider whanau, hapu and communities which link in to this environment.

<p>How can a strong focus on community development for the health promotion workforce be maintained?</p>

Community development is a key health promotion activity, and is identified on the scale used by the Ministry of Health to illustrate health promotion in Primary healthcare organisations. However, what is missing on this scale, is whanau, hapu and Iwi development - important for the validation of Whanau Ora and Maori models of health promotion.

³ The Leadership in Maori Public Health Programme was first initiated through the Midlands Public health Locality team in 2002. Run through Mauriora Associates, the programme provides four two day marae wananga covering a range of relevant topics in Public Health.



Good practical training with real examples is important to understand the differences between community action and development. Funding of Formative evaluation, which is undertaken by experienced Maori evaluators (who also have an understanding of the health issues being addressed) is another way of working alongside to support community development.

Ratima and Ratima in a series on Public health leadership, discuss the importance of a partnership approach between public health organisations with whanau, hapu, Iwi and other Maori organisations in the community to improve Maori public health and enhance the public health organisations capacity to deliver its public health function in a way which benefits both Maori and Non Maori. (Ratima, K., Ratima, M., 2004)

Working closer with local government, offering training, developing joint ventures or memorandum of understanding with marae, runanga, health providers and other Maori organizations are also ways in which the health promotion workforce can maintain its community development focus.

How can a strong focus on the determinants of health and the reduction of inequalities for the health promotion workforce be developed?
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In considering the development of the Maori health promotion workforce through academic qualifications, we need to consider the bigger picture which education plays. There are a range of wider structural factors such as socio-economic issues which have impacted on Maori participation in the tertiary education sector (and subsequently entry into and completion of training for health careers). Entry into tertiary training for some health promotion courses is not equal for Maori.

The introductory short course in health promotion run by the Health Promotion forum has enabled many Maori health promoters to obtain NZQA accreditation and provided a foray into tertiary study. The course is accessible, cost effective and relative to health promoters working realities. However changes by the Tertiary Education Commission have meant that this course cannot continue in the way it has previously. Negotiations continue to find a way forward with the education sector for this. However demand for the course continues. Many Tertiary providers are not interested in level 4 courses showing preference instead for bachelors and post graduate training. This disadvantages a number of our Maori health promoters who may not have the entry level requirements needed, or who cannot afford the time or course fee.

Extra consideration through resourcing (both financial and through education) needs to be made to ensure Maori health promoters are supported to attain similar levels.



Recognition also needs to be made of the role social determinants, and cultural determinants also play in relation to inequalities within the health promotion workforce. Better recognition and validation needs to be made of Maori models of health promotion along with other key themes which were raised at the National gateway hui in April 2004.

Other strategies, such as the increased availability of training in areas outside of the larger cities have also been identified in a earlier section of this paper.

Professionalising Health Promotion is likely to require the attainment of a certain level of competency and qualification, and there is a risk that some Maori health promoters may be excluded if practitioner standards were enforced. Whilst there is consensus that there is no place for inadequate practice, this needs to be viewed in association with job vacancies that providers may not be able to fill, and support be given for strategies that aim to empower kaimahi to obtain the relevant skills required to meet this standard (rather than imposing some sort of regulation)

How can the voice of health promotion within public health and primary health care be strengthened?

As discussed earlier, for many Maori health promoters, both primary care and health promotion are viewed in the wider context of Maori health and achievement of whanau ora.

It is important for both health promoters and primary care workers that each have an understanding of one another's roles and how these fit in the wider context of either Maori or Public health. Opportunities for training, networking, and building relationships should be sought.

The role of health promotion has increased since the primary healthcare organizations (PHO's) were first established, and opportunities to showcase and build on the successes of Maori health promotion activities in PHOs need to happen.

How can competence in the workforce for health promotion be built and ensured?

There is a lot of work (and korero) around public health competencies at the moment. The Maori health promotion workforce needs clear examples and dialogue on the role and purpose of competencies and how these can be useful. The point at which the workforce is brought on board is important as there is always the potential to feel that this is yet another tauwi measure imposed.



Competencies have a role especially in helping to inform the curricula of training programmes, along with the quality and relevance of the training. We need to make sure that these are both relevant and meaningful to the Maori health promotion workforce and we are actively included in the process in which they are assessed/determined.

The Health Promotion Forum of New Zealand refers to competency as a combination of attributes which enable an individual to perform a set of tasks to an appropriate standard, and competencies as; attributes or components which combine to enable competency – and allow for the achievement of competence in a recognised way. (Smith, V 2003)

The Health Promotion Forum (HPF) has developed a set of competencies incorporating a set of knowledge and skill clusters of relevance for Health Promotion in New Zealand. A review of these competencies was carried out in 2003 and a range of key stakeholders were consulted. A focus group of Maori participants undertaken as part of this review discussed;

“Many Maori do not see the present competencies relevant to their mahi because the document strongly reflects Pakeha perspectives not indigenous kaupapa and values. There is also a perception that the processes revolving around competencies, standards and assessment procedures reflect Pakeha perspectives and ways of working, they do not reflect indigenous ways of working and values” (Review of the Future of Health Promotion Competencies” – Health Promotion Report to the Ministry of Health, 2003)

Other key themes identified from the Maori focus group⁴ included; the importance of processes and content development around competencies and standards in reflecting indigenous values, skills, knowledge, models and ways of working that are appropriate to the reality of kaimahi and their culture, recognition of prior learning and community skills, access (including financial support) to training opportunities, a stronger preference for organisational assessment which should include appropriate measures for organisational cultural competence, and the appropriateness and level of understanding of assessors and auditors. (Health Promotion Forum, 2003)

We also need to think outside the square around how we can also support the development and demonstration of both Maori health promotion competencies, and the Maori health promotion workforce attaining the desired competency. Mentoring programmes, and initiatives which utilize Tuakana/Teina roles (such as the Leadership in Maori Public health programme) will be useful to support this.

⁴ The Maori focus group undertaken in Auckland was made up of Maori Public Health Professionals from both Maori/Iwi Health Providers, other NGO and DHB Public Health Units from around the country.



How can cultural competence in the workforce for health promotion be built and ensured?

In many ways this is probably more of an issue for the non Maori workforce. Workforce development research undertaken by Tunks discussed the cultural competence of public health organizations and Managers as needing to be addressed and strategies put in place which make both organizations and Managers more responsible for meeting Maori health gain. Managers make the decisions about staff attending training, however, often they are required to enforce human resource policies which limit development and access.

The Whanau Ora monitoring tool is going to require public health providers to report on achievement of Maori health gain in a way that many organizations have not previously. Consideration also needs to be made for the way in which competencies are assessed and access to the appropriate training and expertise in order to do this.

Are there any other strategies you would recommend to support the development of a well trained workforce for health promotion?

There is also a need to equip Kaimahi who work in Non Maori organizations with the skills to be able to effectively cope with the Institutional racism which occurs, and the ability to challenge mainstream views.

Finally, priority should also be given to the purchase of initiatives which develop Maori capability and capacity, such as the Leadership Programme in Maori Public Health and initiatives which promote and identify available training opportunities. The selection of Te Rau Matatini as the preferred provider to develop Maori Public health activities/strategy is an exciting development for the Maori health promotion workforce.

Tunks, M (2004) Maori Public Health Workforce Development Report to the Ministry of Health, Auckland.

Phoenix Research (2003/2004) Public Health Workforce Development Research Report to the Ministry of Health.