Pacific Health Promotion
Workforce Development
A report for the
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Developing a Pacific health promotion workforce in Aotearoa

Introduction

This discussion paper is one a number of think pieces on strategies for strengthening the workforce for health promotion. The intention is to use the paper as a basis for discussion with the wider health promotion workforce on how to build the Pacific health promotion workforce capacity and capability in a changing and challenging environment (Ministry of Health brief, 2006).

The purpose of the paper is to recommend strategies to support the development of a well trained workforce with the skills and capability to lead health promotion in New Zealand at all levels (Ministry of Health brief, 2006).

The paper aims to address the following questions (as per the MoH brief 2006):

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?

Background

There is scarcity of reliable and comprehensive data on Pacific public health and Pacific health promotion workforce.

Pacific people and hence Pacific public health workers have a holistic approach and they work across disciplinary silos. The Pacific health promotion workforce is largely unregulated and is mostly from the voluntary sector. This needs to be acknowledged and reflected in the training and resourcing of Pacific health promotion workforce training and development.

The development of a competent, well-trained and responsive Pacific health promotion workforce can contribute to improving the health outcomes for Pacific people and reducing inequalities. However, there are external forces that are beyond the direct control of Pacific people and the public health sector.

Discussion

There is a need to shift paradigms from a disease-based and single-issue focused approach to a population and community development approach that is cognizant of, and address the underlying socio-economic determinants of health. Adopting a holistic approach to health that is consistent with a Pacific worldview will be critical to the successful training and development of a Pacific health promotion workforce.

The development of a Pacific health promotion workforce must integrate a Pacific framework that is underpinned by the principles* outlined below:

ï Family-based
ï Community-based
ï Church and spiritual beliefs have a key role
ï Leadership
ï Pacific leaders (community and church leaders) ñ have a key role
ï Cultural competence and contextual sensitivity
ï Effective Pacific participation and advocacy
ï Intersectoral partnership to address health determinants and poverty
ï Long-term investment
ï Build Pacific capacity and sustainability

*(Moala, A 2006, Effective Pacific Health Promotion, PhD thesis. Massey University)

Recommendations

These include action on the broader determinants of health, responsiveness of services to Pacific peopleís needs through the training of a competent (including cultural competent) workforce, investment in the development of Pacific health promotion workforce capacity, development of Pacific ethnic-specific resources, and improving Pacific health information.

How can a strong focus on the determinants of health and the reduction of inequalities for the health promotion workforce be developed?

1. Actions to address poverty and the socio-economic health determinants
To improve health outcomes for Pacific people, significant investment is needed to address the broader health determinants, improve their socio-economic status and alleviate poverty. Action to reduce the socio-economic barriers for Pacific people requires inter-sectoral collaborations and effective participation of Pacific communities. Re-orienting of health promotion services and increasing the range of community-based services linked to Pacific primary care and public health services, developing a competent (including culturally competent) workforce will reduce barriers of access to and through services for Pacific people.

Innovative Pacific models of care and services provide useful examples for addressing socio-economic barriers for Pacific people. They provide affordable community-based Pacific services to improve access to care by reducing sociocultural, language and cost related barriers for services. Adequate resourcing will reduce cost barriers provided the funding formula reflects the poor socio-economic circumstances and high health needs of Pacific people.

2. Pacific community development approach for developing vibrant, resilient and healthy Pacific communities
The training of the Pacific health promotion workforce needs to be shifted to a holistic community development approach. The aim of the community development approach is to train and develop a health promotion workforce who is cognizant of the broader health determinants so that they can be effective in helping Pacific people to alleviate poverty and build strong Pacific communities which consists of vibrant, resilient and healthy Pacific families, Pacific ëvillagesí in Aotearoa (Pacific churches, sports clubs, womenís groups, menís groups, youth groups, fanau).

Due to migration, urbanisation, westernisation and other external forces, the traditional Pacific family structures have become frayed and weakened significantly. Some of the health consequences of fragmented and broken families, fatherlessness and solo parenting are evident in increasing teenage pregnancies, school drop-outs, youth suicides, high crimes rates, poor educational achievements, low-skilled employment and high unemployment rates. Resnick and Blum in 1997 documented the protective factors that enable young people to achieve well at school and protect them from risk-taking behaviours (drugs, teenage sex, teenage pregnancies and youth suicides). They found that these young individuals are connected to their families and significant others. Spiritual beliefs and religion also have an important place in these young lives. (Resnick, Blum, 1997, JAMA).

Current health initiatives thus far in Aotearoa for Pacific people generally have failed to include these protective factors which are important part of Pacific peopleís heritage. The development of a Pacific heatlh promotion workforce must be consistent and deliberate to include best evidence and factor in the need to foster family connectedness, spirituality and religion into a Pacific community development approach to address poverty, health determinants, reduce inequalities as a long-term investment into improving Pacific health outcomes.

3. Developing a strong and diverse leadership in health promotion
Leaders of Pacific communities and churches working in partnership intersectorally with government and mainstream organisations, NGOs and community groups can effectively address the current challenges to Pacific peopleís health, wealth and wellbeing (such as smoking, obesity, gambling, poor educational achievement, unemployment, gambling, poverty that are prevalent in Pacific communities).

Auckland-based Reverend Tavake Tupouís strategies for Pacific churches and leaders is an innovative example of Pacific church and community leadership moving outside of the ëchurch boxí comfort zone to partner intersectorally with health, education and employment agencies to promote health, wealth and well-being for Pacific families and their communities. (Personal communication, June 2006).

(Tupou, Tavake: Rethink Culture, An address at the Pacific Economic Prosperity conference,
Ministry of Pacific Island Affairs, Auckland 2006).

A ëground-upí approach where the initiatives are envisioned, owned and driven by Pacific communities is important for empowering Pacific people rather than a top-down approach.

Pacific people and communities need to be empowered to have meaningful work and employment so that they can be freed from a legacy of deadly dependency on ëwelfareí and ëhand-outsí that have robbed Pacific people and fanau of their dignity for generations.

Community-based meaningful Pacific wealth-creation projects that involves families across generations (children, youth and elderly folks) for example is one of the strategies to break the cycle of poverty and disadvantage.

To counter poverty, wealth creating community projects (for example gardening, farming) are taking momentum in some Pacific communities. They provide Pacific adults, youth and children meaningful work together and remuneration. Low interest loans need to be made available to kick-start these community driven initiatives. These family projects and community schemes enable the young people to connect with the parents, grandparents, older generations again when there are reciprocal responsibilities to care and nurture together. The gardening working times together provide a platform for joke telling, sharing stories of origins/migration which helps anchor young people, foster their search for Pacific/Aotearoa identity and where they can take pride in their Pacific heritage.

ï Health promotion workforce must be relevant to a changing environment. There is a switching of working roles in the current environment. In contrast to the 1970s where Pacific men came to work in forestry, farms and factories, now more Pacific men are increasing unemployed. Men tend to be at home while women are working (cleaning jobs). For some of these men cooking roles, keeping the home, and supermarket shopping can be quite a foreign concept. Therefore the health promotion workforce needs to be able to effectively equip Pacific men and unemployed adults to adapt to the new environment of home making for example. A Pacific multi-disciplinary health promotion workforce need to be skilled across varying disciplines to teach cooking classes on healthy cooking options, budgeting, supermarket shopping tours, unblocking of sinks, cleaning products, laundry, prepare pack lunches for fanau to prevent them buying ëjunk foodí for breakfast and lunches snacks from dairies on the way to and from school.

Community education programmes need to be delivered by community development workers to raise Pacific peopleís awareness of investment and wealth creation opportunities while simultaneously alert people to the negative consequences of high interest loans, ëloan sharksí, gambling that robs the next generation of Pacific fanau of their health, wealth and well-being.

4. Achieving access, cohesion and linkages in the development and delivery of health promotion training

A community development approach to health promotion training can be achieved by ensuring the right mix of Pacific public health promotion workforce is trained at every level of society and community. Training investment resources should be allocated to health promotion at different levels including:

- Public health specialists training
- Undergraduate and postgraduate students training in mainstream educational institutions
- Pacific community health workers (Health Promotion Certificate) training in community-based and with Pacific training providers
- Upskilling of community groups (for example women, men, youth, community and church-based groups to be custodians of key public health and community development messages.

For example at every level of society and community there should be promoters of healthy nutrition, physical activity, good education, meaningful work ethic, wealth creation and a good business sense. Dedicated adequate resources for mentoring at all level must be also available.

A Pacific public health promotion training pathway model is needed. Such Pacific training programmes need to be broad-based, holistic and adopt a multi-disciplinary approach rather than being single issue focused.

Appropriate mechanisms (career pathways, mentoring, scholarships, support mechanisms) need to be identified and developed to facilitate and encourage the development of the Pacific public health promotion workforce.

A few organisations are offering Pacific community health training programmes currently. The opportunity for collaborative partnerships needs to be explored between Pacific public health training providers to broaden the community-based training to include health promotion training. For example, the role of Massey University, Auckland University (Department of Pacific Health), Whitireia Polytechnic and The National Heart Foundation, in the training of Pacific community health workers. For example, Professor Sitaleki Finau (now based at Massey University) spear-headed these community health development training programmes for the Pacific countries in the past two decades, for New Zealand at Auckland University (Pacific Health Section) in the early 1990s then in the Fiji School of Medicine in the past five years. Professor Finau could potentially be approached to lead this Pacific developmental paradigm shift from community health training to a

Pacific community development approach that includes health promotion and public health workforce training, poverty alleviation and wealth creation for Pacific community.

Various certificate programmes for Pacific community workers can be broadened in order to develop a national NZQA Pacific community development programme that includes health promotion, community health, community nutrition etc.

Conclusion

In summary, the development of a Pacific health promotion workforce has the potential to improve health outcomes for Pacific people and reduce inequalities.

The development of a Pacific health promotion workforce must go hand in hand with actions to address the broader determinants of health and poverty. A paradigm shift from a disease-focus and single-issue focus to a population and community development approach is necessary in order to equip and empower Pacific people to partner effectively with mainstream and government and NGOs to face the challenges (of poverty, obesity, smoking, ill-health, gambling, unemployment, poor educational achievement) that are prevalent in Pacific communities.

A Pacific health promotion workforce must be multi-skilled and have a multidisciplinary approach in order to be relevant to the changing environment. A competent Pacific health promotion and community development workforce must be able to empower Pacific people to self-determine, own and drive community-based wealth creation initiatives that will enable Pacific people to break free from dependency on welfare and handouts, break the cycles of poverty and disadvantage. Such a strategy has the potential to restore Pacific peopleís dignity through regaining family connectedness, celebrating their Pacific spirituality, values, beliefs and heritage for now and for the fanau generations to come.

To achieve the above, the Ministry of Health and government have an important role to identify gaps, support Pacific peopleís development through the provision of adequate resources at a national, regional and local levels for the training of a competent (including culturally competent) workforce, invest in the development of Pacific leadership, Pacific health promotion workforce capacity, development of Pacific ethnic-specific resources, and improving Pacific health information.

These investment into Pacific health promotion workforce capacity and Pacific community development must be for the long haul and sustainable.