

Discussion Paper

A Collective Identity for Health Promotion in Aotearoa-New Zealand

Helen Rance October 2006

“Current health promotion sector is fluid, disorganized and with no shared sector standards of practice that are visible and easily accessible.”
Faye Ryan 2002

1 **Introduction**

- 1 This paper considers how the sector might approach the development of a collective identity for health promotion which
 - can support and strengthen the workforce
 - uphold and improve the standard of health promotion training and practice.

- 2 This discussion paper is to inform debate, discussion and planning. In the first instance it was presented to the Health Promotion Forum (HPF) Council early in October 2006 and now they are sharing this concept and beginning consultation with the health promotion workforce.

3 **Feedback**

We value your comments and ideas to help shape a collective identity that will work best for you and we encourage you to raise and discuss these issues in your workplace. A feedback form is attached to this paper or if you prefer phone Helen.

4 **Contact Us**

If you are interested in being further involved or forming a working group please contact

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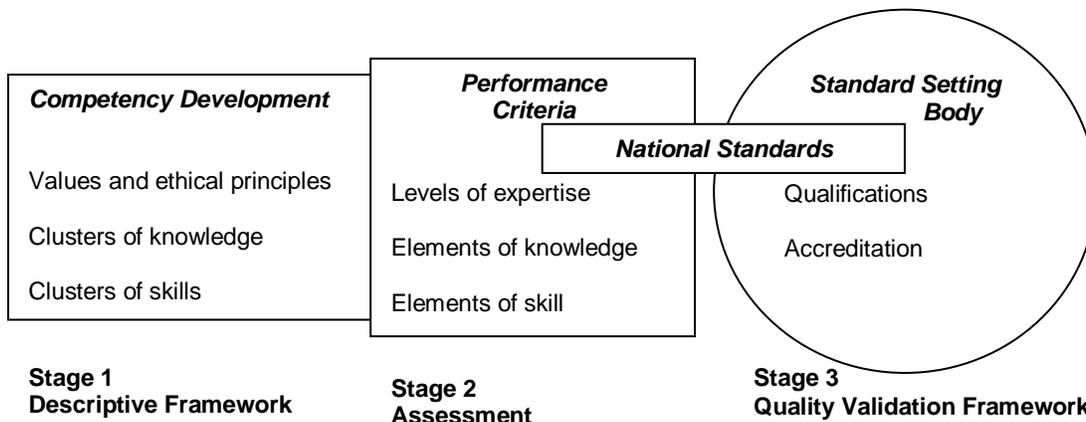
2 The Journey so far

1997

- 5 The journey started at the 4th HPF conference October 1997 ‘*Creating The Future*’ where the format was concurrent workshops and “The focus was to be us, the health promotion workforce, our stories and strengthening our future. And so it proved to be ” (HPF Newsletter # 42 December 1997).
- 6 The Forum was subsequently funded for a workforce development project addressing a number of issues raised in the remits, including the development of core competencies and competency based standards for health promotion. After an extensive consultative process *Ngā Kaiakatangā Hauora mō Aotearoa, Health Promotion Competencies for Aotearoa-New Zealand* were published in May 2000.
- 7 Other funding supported the development of a framework to operationalize Te Tiriti o Waitangi and *TUHA-NZ* was published in June 2002.
- 8 Other remits to come from workshops at the 1997 Conference called for;
 - “A position to begin the process of establishing a training standards board that represents the workforce.”
 - “To investigate the viability of developing a professional association for health promotion. That this process not be rushed but be started by the HPF with the establishment of a network of interested people.”
 - A call for ethical guidelines was later incorporated into the Competencies document.

1999

- 9 At the 5th HPF Conference ‘*Health Promotion on the Move*’ Napier October 1999 the coordinators of the Competencies project conducted consultative workshops and presented the following model for competencies implementation.



Stage one of this process has been completed. While stage two is described in the Competencies document it is not yet supported by implementation pathways.

2002

- 10 At the HPF’s 6th biennial conference ‘Making the Connections’ held in Christchurch 2002 Faye Ryan presented a paper called “*Health Promotion Centre Stage, Coming Ready or Not.*”

- 11 As she predicted, health promotion has come to the fore of government thinking and health policy, provider organizations have proliferated, and there are high expectations for health promotion to deliver results. However the “current health promotion sector is fluid, disorganized and with no shared sector standards of practice that are visible and easily accessible.”
- 12 Faye’s paper was part of a larger workshop which presented an ‘action statement’ to the final plenary of the Conference.
- 13 The ‘action statement’ included a call for
 - “action to progress the health promotion competencies to nationally adopted standards”, and for
 - “the HPF (to) be urgently funded to develop mechanisms to establish, implement and monitor health promotion standards of practice through the health sector eg, - professional body/association – advocacy to the Ministry of health re contracting from a standards position.....”

2003 / 2004

- 14 During 2003 the competencies were reviewed for content, gaps, usefulness and future directions. “*A Review of the use and future of Ngā Kaiakatanga Hauora mō Aotearoa, Health Promotion Competencies for Aotearoa-New Zealand*” was submitted to the Ministry of Health and the workforce in January 2004.
- 15 Among the 17 recommendations are the following;
- 16 “#1 That a comprehensive strategic and action plan to strengthen the development of health promotion knowledge and skills be developed in conjunction with other workforce developments in Public health.”
- 17 “#15 That the health promotion sector investigates the feasibility of setting up a health promotion association to support and strengthen the development of health promotion knowledge skill and practice.”

2003 to present

- 18 **Public Health Workforce Development Project (PHWDP)**
Work started on several aspects of this Project with various workforce survey’s in 2003 and a series of consultation hui throughout 2005.
- 19 **A Discussion Document on Draft Generic Competencies for Public Health Practitioners in Aotearoa-New Zealand** is presently circulating for consultation. This project is led by the Public Health Association with HPF involvement at governance and working group levels. Helen Rance represents the HPF on the Working Group.
- 20 The draft generic competencies focus on entry into the public health workforce, and sit alongside and complement other discipline specific competencies.
- 21 **Strategies to Strengthen the Health Promotion Workforce in Aotearoa-New Zealand.**
Eight Think Pieces or discussion papers were commissioned as part of the wider body of work currently underway as part of PHWDP.

- 22 Helen Rance and Fran Manahi coordinated input from others for the HPF's 'A Practitioners Perspective.' This paper identified the HPF as "the best placed organisation from which to establish a national focal point for the Health Promotion workforce. The HPF has a national overview, with established expert reference groups and access to expertise through its operations team and strategic alliances with other organisations. Their membership provides extensive stake holder and workforce networks from which to seek further mandate."
- 23 **Stop Press** These discussion papers are expected in the next few days and will be available from the HPF website, www.hpforum.org.nz. They background many issues surrounding the need for a collective identity and are recommended reading.

3 ***Selected Models of Collective Action***

- 24 Other sectors of the health workforce continue to actively develop their identities, to strengthen their voice and establish standards of practice some examples are;
- 25 **Youth Workers** are organizing through a national network. They have chosen a Code of Ethics as the pathway for a collective identity. Their very diverse workforce bears some similarities with the health promotion workforce. (See www.youthworkers.net.nz)
- 26 **Health Protection; Non Designated Officers** have some flexibility of qualifications when they enter the workforce but to be a **Designated Officer** requires specific qualifications. Ongoing competence is audited by the Ministry of Health (MoH) and practitioners are required each year to achieve a certain number of points to maintain their designation. They do not have a professional association or a focal point outside the MoH.
- 27 **Maori Community Health Workers** have developed their own national entity Te Whiringa. Some are also affiliated with other organisations.
- 28 **New Zealand Nutrition Foundation** is a charitable trust offering both corporate and individual memberships. "It works proactively in all sectors of the food and nutrition industry, Ministry of Health, other health promotion agencies, schools and the media....." (NZNF website.) The membership shows some similarities to the Health Promotion sector. It covers a range of qualifications and interests from people with academic, research and science foci, to nutritionists, cooks, and members of the public interested in food issues.
- 29 **Australian Health Promotion Association (APHA)** offers a mix of functions similar to those already offered in Aotearoa by the HPF plus other functions that might be undertaken by a collective identity. They are presently reviewing the Australian Health Promotion Competencies.
- 30 **Objectives of the AHPA are:**
- To provide opportunities for the professional development of members, including the opportunity to meet and exchange ideas and information.
 - To provide opportunities for the exchange of knowledge in the field of health promotion through the annual national health promotion conference, and the publication of the Health Promotion Journal of Australia and other contemporary media.
 - To develop and comment upon existing and proposed health promotion policy and programs in the wider community and to advocate for contemporary directions.

- To support members in their endeavours to increase public awareness of the concept of health.
- To make recommendations with respect to the standards and practice of health promotion as well as the training of health promotion practitioners.
- To represent the interests of Australian health promotion practice when liaising with other organisations.

31 Membership includes provision for Australian and overseas members in four Corporate and three Individual categories.

4 A Collective Identity for Health Promotion in Aotearoa-New Zealand

32 For nigh on ten years the workforce has been requesting and expressing the need for a collective voice and the development of some sort of standards body.

33 A collective identity refers to 'an organized group, body or collective' that will strengthen the health promotion workforce without restricting its diversity. Health promotion needs a clear and unified voice if it is to be accorded the credibility it seeks, yet that voice also needs to reflect the diversity within the sector.

34 The collective could be developed as a 'guardian' of health promotion standards rather than an exclusive 'professional association.'

35 To be effective the collective will need 'buy in' and a mandate from a majority of the workforce. Careful planning to achieve buy in will be essential to engage the diversity of part-time health promoters, volunteers, and many without qualifications. It is likely that a range of strategies and streams will be needed.

36 Functions of a collective might include:

- Establish agreed standards of health promotion, definitions of best practice and ethical action
- Develop an advisory group to promote standards in the training sector and provide coordination between the training and practice sectors
- Promote health promotion competencies including Maori and Pacific competencies and establish implementation pathways
- Benchmark health promotion activity and action as a guide for new provider organizations
- Develop the ethical guidelines into a code of practice and establish an implementation pathway
- Recognise and reward excellence in the sector
- Research and write a strategic plan to guide health promotion workforce development to ensure a future workforce that is trained to meet a variety of work settings and environments

- Develop nationally consistent pay and qualification processes and other strategies to address inequalities in the workforce.

37 Delays in organizing health promotion run the risk of it being subsumed by ongoing developments in the broader Public Health sector, or redefined by people with lesser levels of health promotion expertise.

5 Possible ways forward

38 Several pathways could progress a collective identity and here are four suggestions for possible ways forward. They are likely to change and evolve and we expect that feedback from the workforce will suggest even more options.

39 These four suggestions are compatible with the goals of the HPF Strategic plan, particularly Goal 3 around strengthening and building the capacity of the health promotion workforce.

40 Activities should be started as soon as funding can be found. Other initiatives such as specific competencies for the Māori and Pacific health promotion workforce need not be delayed. Several activities can be undertaken in parallel and processes interlinked.

- 1** The HPF be funded to establish a working group of interested and influential key people in the workforce to:
 - explore and collate relevant information and evidence
 - guide the establishment process
 - establish an initial structure, purpose and functions for a sustainable collective identity.
- 2** The HPF plan proactive approaches for contracts and projects to further the concept of a collective identity.
- 3** The working group analyse recommendations and implications from all eight discussion papers "*Strengthening the Health Promotion Workforce*" as soon as they are released and give full consideration to this information when planning subsequent actions.
- 4** The HPF and working group critically analyze and evaluate their ongoing roles and how they fit alongside each other. The different functions of the two bodies be promoted so they are understood, identified and clearly articulated to all stakeholders.

“ME TITIROWHAKA MURI, KA MARAMA TE HAERE O MUA”

**“LOOK BACK TO THE PAST,
TO GET A CLEAR VISION FOR THE FUTURE”**