

# **Briefing Paper for the HPF Council**

## **A Collective Identity for Health Promotion in Aotearoa-New Zealand**

Helen Rance Sep 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**

### ***Introduction***

This paper aims to provide a background for the HPF Council to inform debate and promote planning. The intention is for the HPF to proactively plan and position for future contracts and developments that will support and strengthen the workforce, uphold and improve the standard of health promotion training and practice.

### ***The Journey so far***

#### **1997**

The journey started at the 4<sup>th</sup> 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)

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 Kaiakatanga Hauora mō Aotearoa, Health Promotion Competencies for Aotearoa-New Zealand were published in May 2000.

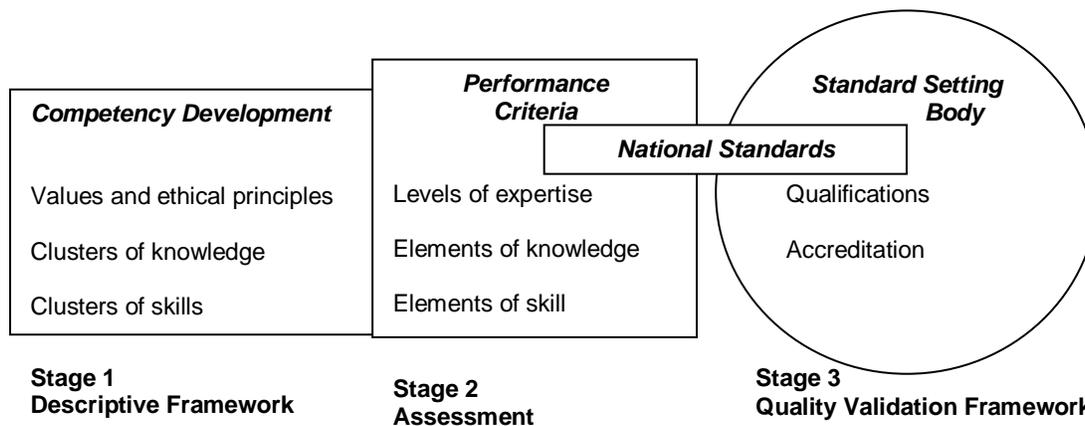
Other funding supported the development of a framework to operationalize Te Tiriti o Waitangi and TUHA-NZ was published in June 2002.

Other remits to come from workshops at this 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**

At the 5<sup>th</sup> HPF conference ‘*Health Promotion on the Move*’ Napier October 1999 the authors of the competencies 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

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.*”

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.”

Faye’s paper was part of a larger workshop which presented an ‘action statement’ to the final plenary of the conference.

The ‘action statement’ included a call for;

- “action to progress the health promotion competencies to nationally adopted standards” and that
- “the HPF 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

During 2003 the competencies were reviewed for content, gaps, usefulness and future directions. “*A Review of the use and future of Ngā Kaiakātanga Hauora mō Aotearoa, Health Promotion Competencies for Aotearoa-New Zealand*” was submitted to the Ministry of Health and the workforce in January 2004.

Among the 17 recommendations are the following;

- “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.”
- “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**

### **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.

- **A Discussion Document on Draft Generic Competencies for Public Health Practitioners in Aotearoa-New Zealand** is presently circulating for consultation. Helen Rance represents the HPF on this working group. These competencies focus on entry into the Public Health workforce, sit alongside and compliment other discipline specific competencies.

Delays in organizing Health Promotion run the risk of it being absorbed / overtaken by the broader Public Health sector.

- **Strategies to Strengthen the Health Promotion Workforce in Aotearoa-New Zealand.**  
7 Think Pieces or discussion papers commissioned as part of the wider body of work currently underway as part of PHWDP. Helen Rance and Fran Manahi coordinated input from others for the HPF's 'A Practitioners Perspective.'

In this paper the HPF is identified 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.”

The 7 papers have been now been collated and we await their publication.

They are likely to support the concept of a Health Promotion collective identity / professional body and the need for a training standards body.

- Recent staff and structural changes within the MoH Public Health Directorate have interrupted information flows about upcoming workforce development plans.

### ***Selected Models of Collective Action***

Other sectors of the health workforce continue to actively develop their identities, to strengthen their voice and establish standards of practice some examples are;

**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.

**Non Designated Health Protection 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 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.

**Maori Community Health Workers** have access to Te Kaunihera O Nga Neehi Maori O Aotearoa, National Council of Maori Nurses. “Maori Community Health Workers & Maori Nursing Students fees are currently set at \$20.00 per member paid to the Business Unit” (MCHW website.)

**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.

**Australian Health Promotion Association (APHA)** offers a mix of functions similar to those already offered in Aotearoa by the HPF and functions that might be undertaken by a collective body. They are presently reviewing the Australian Health Promotion Competencies.

#### **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.

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

### ***A Collective Identity for Health Promotion in Aotearoa***

For nigh on 10 years the workforce has been requesting and expressing the need for a collective voice and the development of some sort of standards body.

- A collective identity refers to ‘an organized group / voice / 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.
- The collective should be developed as a ‘guardian’ of health promotion standards rather than an exclusive ‘professional association.’
- 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.
- 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
  - Promotion of Health Promotion competencies including Maori and Pacific competencies and establish implementation pathways
  - Benchmark Health Promotion activity and action as a guide for new provider organisations

- Recognition of and reward for excellence in the sector
- 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.

## ***Recommendations***

### **Roles for the HPF**

- 1 Establish a steering committee or work group, comprising governance, operations team and other key people to;
  - explore and collate relevant information and evidence,
  - guide the establishment process
  - gain buy in from interested and influential key people in the workforce
  - establish an initial structure, purpose and functions for a sustainable collective identity.
- 2 Plan proactive approaches to MoH for contracts / projects to further the concept of a collective identity.
- 3 Analyse all recommendations, subsequent actions and implications from all 7 discussion papers "Strengthening the Health Promotion Workforce" as soon as they are released by MoH.
- 4 Critically analyze and evaluate the ongoing role and fit of the HPF alongside a new collective identity. Promote the different functions of the two so they are understood, identified and clearly articulated.

**"ME TITIROWHAKA MURI, KA MARAMA TE HAERE O MUA"**

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