

Changes in the Health Promotion Sector

Resilience and adaptation

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Background: health promotion coming of age?

“It is hardly surprising that such a young discipline should have a crisis of confidence ... Vigorous and sustained political advocacy therefore is crucial.”
(Scriven, A., 2007)

Experts at the top of the cliff!

“health promotion is arguably one of the most ambitious health related enterprises”
(Carlisle S., 2000)

Diversity is our strength and challenge

“Diversity is a major characteristic and challenge for the sector”

“A high proportion of the workforce is at the ‘beginning’ level of health promotion”
(McCraken, H. 2006)

Workforce internationally?

“Workforce capacity and capability for health promotion is well developed in only a few countries, and under resourced and entirely lacking in many.” (Editorial, Promotion & Education; 2007)

Qualitative Study

Research Methods

Interviews and focus groups carried out over 2008-9. Participants included:

- 64 health promoters from 5 public health unit regions
- 21 health promotion leaders
- Participation highest amongst public health unit employees, lowest amongst PHOs
- Interviews and focus groups transcribed
- Thematic coding undertaken with NVivo software

	Health Promoters	Leaders
PHOs	1	5
NGOs	14	10
Public Health Units & DHBs	47	6
Other organisations	0	2
Totals	64	21

Participants by Organisation Type

Advocating for Health Promotion

Are we playing to our strengths?

“...it’s actually really difficult to find ways of finding evidence that health promotion works that sits comfortably with people. I think, personally, that health promotion is very vulnerable at the moment with the political environment that we have... A lot of people think health promotion is about just health education and, you know, that’s a barrier for health promotion being well thought of because it’s just seen as not working anyway.”



Participants expressed concerns over:

- Health promotion currently politically vulnerable
- Poor understanding of community development in health sector
- Poor public understanding of health promotion
- Ground-level work dominates community capacity building/health promotion in New Zealand

Organisational Equity

Are health promoters in some organisations systematically disadvantaged?

“[There are] major inequalities of salaries and then the NGO health promoters go to the DHB to get more money so it's like robbing or poaching staff... we have no way of dealing with that through scholarships or secondments and those sorts of things have been talked about over the years, heaps over the years.” (PC1:DHB)



Participants expressed concerns that within NGOs:

- Health promoters are receiving less pay than their PHU peers
- Training and workforce development opportunities are limited
- Fundraising a drain on time for NGO health promoters
- When health promoters gain qualifications their organisation may not be able to remunerate appropriately
- Organisations without a critical mass may be increasingly marginal

Staff Turnover

The Implications

“...it's really important to make sure that staff are happy and stay in their jobs... having worked in the community myself before, I know it takes at least three years to develop those sorts of relationships so if you have a high turnover you just don't get anything done and then people lose trust in your organisation, if you like, or that position in terms of having a good relationship so it is important to try and have stable staff....” (N1_NGO)



High turnover and short-term contracts are in sharp contrast to the ideology of health promotion where:

- Strong networks and working relationships are built up over time
- Community change is a 5-10 year process
- Relationships with the community may be delicate
- Communities most in need are often described as taking the longest time to gain entry into

Supporting Health Promoters

What we are doing

- Networking
- Training workshops
- Organisations are investing their own money into staff development
- Developing a professional association
- Mentoring

- What is needed
- Greater funding for training and education
- adequate funding to remunerate up-skilled staff
- strong leadership and pathways for professional development
- More, dedicated health promotion resources
- More evaluation expertise
- More access to research

HP Recruitment & Retention Survey

Research Methods



Survey Responses

Surveys were received from:

- 10 of 12 public health units
- 45% of PHOs
- 53% of NGOs
- 46% of Maori organisations

Surveys were sent to 160 organisations nationwide

Telephone contact was made to ensure each organisation currently employed health promoters

Between September and October 2010 surveys were returned by 85 organisations representing a 53% response rate. Reminder letters and phone calls were made to all organisations

Descriptive statistics were extracted from the data but the results are not generalisable to the whole of the health promotion sector

Not all respondents answered every question

Changes to Government Funding



22% of organisations reported decreases in government funding

An overall decrease in government funding of \$2,441,959 (equalling 6.3%) was experienced between 2009 and 2010

Those organisations identified as most vulnerable (NGOs and Maori Organisations) appear to have been least affected by funding changes

Health promotion FTEs declined by 7.1% between 2009 and 2010.

HP Recruitment & Retention

- Funding issues & attracting appropriate HPers
- Amongst Health Promoters recently hired:

46% were Maori; 38% were New Zealand European and 8% were Pacific.

36% had no health promotion experience

Those employed into Public Health Units tended to be educated to a higher level and received a higher starting salary than NGO hires.

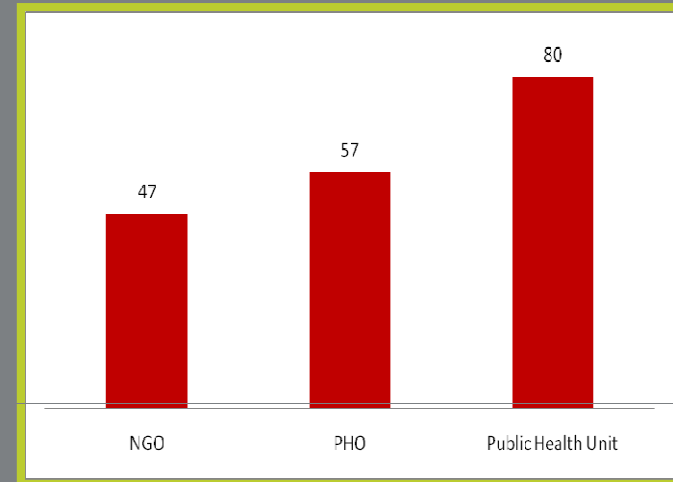


Retention of Health Promoters

48% felt new health promoters require support and/or supervision

Most common retention strategies included supporting workforce development through:

- access to study
- training and other opportunities
- providing psychosocial/ professional support, and
- flexible working conditions



Percentage of organisations employing staff on fixed term contracts

- 52% of all health promoters were on time-limited contracts
- Time-limited contracts were most common in public health units

Changes in the Health Promotion Sector

Professional, political and public vulnerability

Key Questions...

How can we...

- 1. Adapt to changing government priorities?**
- 2. Build HP when budgeting strategies (short-term contracts, project based funds) undermine the ideologies of HP?**
- 3. Create pathways for leadership and a stronger workforce within a changing sector?**
- 4. Strengthen and support Maori health promotion and reduce inequities between organisations**
- 5. Better articulate who we are and the value that we bring?**