



A Professional Association for Health Promoters in Aotearoa- New Zealand
Discussion Paper

13 June 2011

1. Introduction

For the purposes of this discussion paper the following information is provided in the first instance to inform the Health Promotion and Public Health workforce of progress made by the Health Promoters Association Working Group and second, to call for feedback and discussion on the establishment of a new representative body/ entity for health promoters.

Although formal work on this project commenced in July 2010 the notion of a professional body has been topic of discussion within the health promotion sector since at least the late 1990s. This paper will cover in brief a background to this work and describe some of the issues that the Working Group has deliberated on over this initial period.

2. Background

(Adapted from *Collective Action to Strengthen and Unify Health Promotion in Aotearoa-New Zealand- written by Helen Rance, 2010*)

“The health promotion sector is exploring the notion of a Collective Identity/Professional Association as a unification mechanism through which to enable purposeful action and progress (particularly in respect of workforce and other health promotion developmental aspirations and obligations).” Grant Berghan 2007.

In 2007 Grant reflected that the debate has been ongoing for several years. By 2010 there were indications that the health promotion workforce was ready to take action and develop a professional association.

The proposal to form a Working Group built on earlier discussion papers ‘*A Collective Identity for Health Promotion in Aotearoa-New Zealand*’ written by Helen Rance, 2006, a companion paper ‘*What does a collective identity mean from a Māori point of view?*’ written by Grant Berghan, 2007 and ‘*Collective Action to Strengthen and Unify Health Promotion in Aotearoa-New Zealand*’ *A New Discussion Paper*, January 2009. All papers are available on the Health Promotion Forum (HPF) web site www.hauora.co.nz and they provide a clear picture of the journey so far.

The terms “Collective Identity” and “Collective Entity” were used for a time reflecting that there was no preconceived format for the entity. HPF was suggesting that the entity should be based on respect for everyone’s right to hauora, collective rights and individual perspectives; support and encourage ethical health promotion practice; and model and mediate understanding, respect

and goodwill within the workforce, all the while being grounded on collective aspirations, shared values and an agreed purpose.

In 2010 the terms 'Collective Identity' and 'Collective Entity' were replaced by 'Professional Association'. An initial format, structure and focus for the association will be decided after further consultation by the *Working Group* and the final format will evolve over time.

As this journey has progressed, feedback from the health promotion workforce has broadly supported the concept, encouraged the development of a professional association and mandated HPF to take the lead.

In the past some feared that a professional body might exclude practitioners without appropriate qualifications but in 2010 the talk was about the need for a professional organisation to ensure safe practice for communities, protect practitioners, provide mutual support and to 'raise the bar.'

Initial Working Group

In early 2010 an initial working group was formed to look into the process of moving this work forward. Membership comprised HPF, Public Health Association and Hauora.com. These organisations were principally involved in the earlier discussions and were given a general mandate from the sector to look into the possibility of creating a professional body. Further discussions ensued and eventually it was agreed that the HPF would lead the project. MoH agreed to provide initial funding.

HPA Working Group

In July 2010 an Expressions of Interest process was commenced to bring together the HPA Working Group. After closing off expressions in August the initial working group were invited to meet to consider the applications. The appointment of the HPA working group was based on several parameters:

- 10 members in total
- Equitable distribution (Māori(4)/ Pacific(1) / Asian(1)/ Pakeha (4) plus geographical considerations)
- A knowledge and skill in relation to health promotion
- Expertise in public health research and policy
- An involvement with health promotion networks
- Knowledge of Māori and Pacific health promotion issues
- The ability to provide a broad and complementary overview

The process for selection was made extremely difficult as the calibre of applicant was very high.

The current working group is comprised of the following members and their organisations:

Ann Shaw	Public Health Association
Annie Davey	Community and Public Health, Canterbury DHB
Cheryl Ford	Cancer Society of NZ (Health Promoter)

Glen Thomas	Physiotherapist (Formerly Nelson Marlborough PHO)
Riripeti Haretuku	Hauora.com
Papa Nahi	Māori Public Health Leadership Programme Graduate
Donna Leatherby	Toiora- Healthy Lifestyles Ltd
Stephanie Erick-Peleti	Tala Pasifika Coordinator National Pacific Tobacco Control
Alison Blaiklock	Health Promotion Forum
Trevor Simpson	Health Promotion Forum (secretariat)

3. Purpose of the working group:

To form a Health Promotion Professional Association for Aotearoa/ New Zealand.

4. Advisory Group

An Advisory Group has also been formed to provide feedback to the working group. The advisory group is comprised of initial working group applicants from the expressions of interest process (those not recruited to the HPA working group) together with other expert contributors.

The advisory group is formed of the following members and their organisations:

Kay Lindley	Health West PHO
Lorelle George	Harbour Health PHO
Fungai Mhlanga	Health Promoter Waikato Migrant Resource Centre
Peter Burton	Nelson Marlborough DHB
Debbie Petersen	Waikato DHB
Dr Kawshi De Silver	Counties Manukau DHB
Mary Martin-Smith	Community and Public Health (Canterbury DHB)
Sue Price	Southland PHO
Grant Berghan	Consultant

5. Working Group Terms of Reference:

Agreed terms for how the Working Group will operate are shown in **Appendix 1**

6. Assistance to HPA Working Group

The MoH also provided funding to engage a researcher to assist the Working Group in its deliberations. The company appointed to do this was Head Strategic Ltd who in turn recruited researcher Bruce MacDonald to produce the body of work. After initial discussions the following research brief was agreed to:

1. To undertake a desk review of relevant membership based professional associations/ organisations both in New Zealand and internationally, and to describe in the review report the key themes arising from the why, how, and what of the “professionalisation” of the professional groups.
2. Define a draft scope of practice of Health Promotion

A summary of the desk review and scope of practice report is comprised in **Appendix 2**.

7. Consultation

This discussion document is provided in accordance with the Working Groups Communication Plan and will feed into the deliberations as the idea of a professional body takes shape. The consultation sequence is as follows:

1. Five National Māori Public Health Hui (Palmerston North, Wellington, Auckland, Hamilton and Christchurch) –consultation complete, summary report to follow.
2. Four HPF National Providers meetings (Auckland, Wellington, Dunedin, Christchurch) –underway- to be completed in June.
3. This discussion document to Advisory Group and wider sector. Documentation also to be made available through HPF Website.
4. HPF Symposium July 7/8 2011 - theme is Nga Ara Tohungatanga o te Hauora- Defining Professional Pathways in Health Promotion

8. Statement of Ethical Practice

A draft 'statement of ethical practice' is being drawn up for the Working Group's and in due course, the health promotion sector's consideration. This will provide a basis for moving the work in forming a professional health promotion body forward, through identifying key underpinning philosophical principles. The statement will thus begin a process for the eventual compilation of a Code of Ethics, Code of Practice and underpinning Health Promotion Values for the Health Promoters legal body.

9. Formation of a Register of Interest

An additional purpose for the Statement of Ethical Practice is to provide a basis to call for a registration of interest from health promoters, the public health sector workforce and other interested individuals. A registration form will be provided for interested parties, a list compiled with a view to formalising membership following the establishment of the Health promoter's association/ society.

10. Other considerations:

The following factors are considered to be a paramount consideration in the discussions of the Working Group and are amongst the subject matter put forward for the sector to consider.

- That Te Tiriti o Waitangi is of high importance as a foundation to Aotearoa New Zealand's approach to health promotion
- That strong Health Promotion values and ethical approach would be a key consideration in the formation of an association/ society
- The HPA/society must not negate a movement towards equity and hauora as everyone's right
- That the HPA must serve health promoters and health promotion practice

Appendix 1

1. Values (adapted from the Health Promotion Forum Constitution):

- Respect for, and commitment to, Te Tiriti o Waitangi, which includes commitment to the application of the principles of the Treaty of Waitangi in the actions and every day practice of the Working Group.
- Respect for mana and dignity of each and every person. This includes respect for, and commitment to, rangatiratanga, manaaki, tapu and noa.
- Commitment to improving hauora, health and wellbeing.
- Recognition of the importance of social justice, equity, taonga tuku iho, tinana, wairua, hinengaro and mana.
- Respect for peoples' rights to aroha, awhi and hauoratanga.
- He mahinga i runga i te mahi tika me te take mana tangata me he ngakau tapatahi – commitment to acting honestly, ethically and with integrity.

2. Ways of Working:

The Working Group for a Professional Association for Health Promoters in Aotearoa- New Zealand will adopt and align efforts to the following ways of working:

- Equitability
- Transparency
- Consultative
- Promote best practice

3. Objectives:

2. To develop and put in place an organisational structure that ensures the 'ways of working' as described in Section 3 above are up-held
3. To maintain a commitment by the Working Group and the Association to te Tiriti o Waitangi
4. To communicate to the workforce the coverage and benefits of the Association.
5. To advocate for health promotion as a profession

4. Responsibilities:

1. The working group is responsible for establishing organisational structures for the development of the association
2. The working group is responsible for identifying the criteria for membership

3. The working group is responsible for formulating recommendations to the health promotion workforce and communicating benefits
4. Minutes of meetings will be kept and will be available to members (HPF to cover secretariat duties in initial stages)

5. *Financial Considerations:*

Funding for the initial Working Group activities will be provided via the Health Promotion Forum/ Ministry of Health (Public Health Operations Group) contract. This funding does not extend to time costs for Working Group members.

6. *Records:*

The Health Promotion Team member providing secretariat services for the Working Group will be responsible for maintaining records. These include:

- Terms of Reference
- Current membership and contact details
- Meeting agenda and papers
- Minutes of meetings
- Records of key discussions by email and / or teleconference
- Provision of information to the Workforce and records of this information.

Appendix 2

Summary of a review of selected materials relevant to the development of a professional body for health promoters in Aotearoa New Zealand

A limited scope desk review was prepared in December 2010 to inform the work of the Health Promoter's Professional Association Working Group. Key summary points from the review are as follows.

1.0 Context

Drivers for the impetus to establish a professional body for health promotion include:

- raising the profile of health promotion as a career choice to improve recruitment and retention of health promotion staff,
- a move to strengthen the credibility of health promotion within public health and the health sector, and
- raising the quality of health promotion practice to ensure health promotion practice is safe both for the practitioner and the target audience.

2.0 Professional development model for an occupational association

A professional development model for an occupational association is envisaged which involves:

- a focus on skills and competencies required to practice the occupation,
- promotion of standards, ethics and best practice,
- developing mechanisms to recognise and maintain the professional expertise of workers,
- assisting development of appropriate training courses and qualifications in conjunction with tertiary education providers, and
- taking responsibility for registration and deregistration of workers including disciplinary processes.

3.0 Scope of health promotion practice

There are difficulties in attempting a detailed and comprehensive definition of actions within the scope of health promotion practice. Instead it is suggested a broad definition is preferable, for example adapting the definition used by CompHP in Europe:

A health promoter for the purposes of membership of the association, is defined as a person who works to promote health and reduce health inequities through the actions defined by the WHO's Ottawa Charter which are:

- *building healthy public policy,*
- *creating supportive environments,*
- *strengthening community action,*
- *developing personal skills, and*
- *reorienting health services.*

For absolute clarity it may be useful to add exclusions in any document defining the scope of practice for membership purposes e.g. the document should make it clear that:

- *the provision of treatment services is outside the scope of practice for health promoters, as is the provision of clinical, diagnostic and treatment advice on the specific health needs of individuals/whanau, and*
- *the organisation employing health promoters should also be committed to promoting health and reducing health inequities (e.g. some organisations may have objectives inconsistent with the scope of practice for health promoters).*

An association could also make it clear that the particular combination of knowledge and skills for someone to be a specialist health promoter requires specific education and/or training in health promotion, and ongoing professional development to maintain knowledge and quality of practice. The association has an opportunity to identify minimum qualification or training requirements for levels of membership of an association.

4.0. Consideration of whether statutory regulation under the Health Practitioners Competence Assurance Act 2003 is an appropriate way to regulate health promotion

In brief, while statutory regulation might arguably be an option for health promotion in the future, in the short term it is neither a risk of, nor an alternative to, self-regulation. However the mechanisms, processes and procedures provided by statutory regulation do provide a good template for self-regulation of health promotion.

5.0 International scan

An international scan, mostly through web page searching, has not been able to identify any English-speaking country that has a health promoters' professional body in line with the professional development model outlined at 2.0 above. There is however a mechanism in the UK to register as a health promotion specialist which provides similar status to a public health medicine specialist; and there are moves to create a lower level for public health practitioners. The USA has a system of credentialing individuals working in health education or public health. In Canada there has been opposition to the establishment of a health promoters' association as some see it as contradictory to the Canadian move to "mainstream" health promotion, and others consider that health promoter expertise is not exclusive to health promotion (other disciplines require similar expertise).

As has been the case in the United Kingdom and the USA, in Europe the primary focus has been on mechanisms to register or accredit health promoters (as part of quality assurance and setting standards for health promotion practice, research and training) rather than on establishing professional associations for health promoters. However the Netherlands and Estonia have developed competencies, standards and accreditation systems for health promotion and have health promotion associations similar to the model outlined at 2.0 above. The IUHPE is also leading some work to develop a pan-European health promotion accreditation system.

6.0 Relevant NZ membership-based professional associations

A number of occupations in New Zealand provide precedents for the development of professional associations. They include social workers, community workers and community development workers, youth workers, environmental health workers and health protection practitioners. Some of the occupations reviewed have developed successful professional associations, others have tried without succeeding, and others are still on the journey. It would be of assistance to the Working Group to

maintain linkages with, and learn from the experiences of, organisations like Aotearoa New Zealand Association of Social Workers (ANZASW), Ara Taiohi (youth workers association), Drug and Alcohol Practitioners Association of Aotearoa New Zealand (DAPAANZ), Health Protection Practitioners Association (HPPA), and New Zealand Institute of Environmental Health (NZIEH).

7.0 Potential barriers and discussion

7.1 Sector mandate: The lack of a clear sector mandate to establish a professional body has been an issue for a number of professional groups in this country (e.g. community development workers) and it is one of the issues preventing the establishment of a health promotion professional body in Canada. It is important the health promotion sector is consulted about the shape and nature of a professional body at all points in the journey – but it would be a mistake to expect unanimous support.

7.2 Funding: Funding has been a significant issue for many groups looking to set up a professional body. For independence there is advantage in a professional body being funded and governed by members – reliance on government funding has been problematic for some organisations.

7.3 Membership: The challenge in relation to membership is that on the one hand being a member of a professional body should say something about a person's knowledge, skills and values, and a professional body should be maintaining standards of practice – but on the other hand the nature of health promotion and health promotion practice is to be inclusive. This tension can be mitigated in a number of ways eg membership being voluntary with different levels, but open to all.

7.4 Structure: An incorporated society would be an entirely appropriate structure for a health promotion association that is membership-based.

7.5 Cultural considerations: Any development will need to address cultural considerations. There are relatively few examples in New Zealand of competency-based professional groups offering culturally specific models for competency assessment. One that does is ANZASW. It offers the Niho Taniwha competency assessment process established by the ANZASW Tangata Whenua Caucus in 2000. This assessment measures the same standards of practice but with processes that are more culturally appropriate for Tangata Whenua members.

7.6 Building Blocks: Some of the professional bodies reviewed took years, even decades, to get to a point where they were providing competency assessments for prospective members, registration, and professional development programmes as part of an ongoing re-registration process and disciplinary hearings. In some cases the impetus came through legislation, which is not likely to be the case for health promotion. Two essential building blocks are:

- health promotion competencies (a review and alignment of New Zealand health promotion competencies with the international CompHP work is well underway), and
- a code of health promotion ethics.