

**Ngā Kaiakatanga
Hauora mō Aotearoa**

**Health Promotion
Competencies for
Aotearoa-New Zealand**

Mihimihi

Tihei mauri ora
Ka nui te mihi, ka nui te tangi
Haere ngā mate o te wa, haere ki te pō.
Te hunga mate ki te hunga mate
Te hunga ora ki te hunga ora
Tēnā tātou katoa.

E whai wahi ana i konei te mihi atu ki te hunga nā rātou i takoha mai ētahi wāhanga o te tuinga nei.
Ngā mihi a te Runanga Whakapiki ake i te Hauora ki te tini mano o ngā kaihautū o te hauora i Aotearoa nei.
Ko te tūmanako, e whai take ana ngā kaiakatanga nei hei kōkiritanga mā tātou.
Tēnā koutou, tēnā koutou, tēnā tātou katoa

Ngā Whakawhetai - Acknowledgements

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Rūnanga Whakapiki ake i te Hau Ora o Aotearoa - Health Promotion Forum of New Zealand

The Health Promotion Forum is a national umbrella organisation providing national leadership and support for good health promotion practice in Aotearoa-New Zealand. The Forum works from the principles of te Tiriti o Waitangi and has a governing council which is elected biennially. Incorporated in 1988 the Forum has more than 200 member organisations throughout the country and over 1500 individual newsletter subscribers. The Forum provides information, training and skills development to the health promotion workforce and organises opportunities for networking, informed debate and contribution to policy development regionally, nationally and internationally.

The Forum keeps up to date with the state of the workforce through regular surveys and consultation and has a number of workforce development-related service delivery contracts. Major projects presently underway include development of te Tiriti o Waitangi based practice guidelines for health promotion, competencies and standards for the health promotion workforce and an undergraduate diploma in health promotion. Other details and activities of the Forum are further described on our web site www.hauora.co.nz

Ngā Kai o te Kete - Table of Contents

Mihimihi	2
Ngā Whakawhetai - Acknowledgements	2
Rūnanga Whakapiki ake i te Hau Ora o Aotearoa - Health Promotion Forum of New Zealand	2
Ngā Kai o te Kete - Table of Contents	3
Whakatūwheratanga – Introduction	4
Te Tirohanga Whakamua – Background	4
Mō wai mā ngā Kaiakatanga - Who are these Competencies for?	5
Te Whakamahinga i ngā Kaiakatanga - Uses for the Competencies	5
Ngā Wāhanga o tēnei Tuhinga - Structure of this Document	6
Te Tiriti o Waitangi	6
Ngā Tikanga Manaki - Values and Ethics	7
Ngā Paerau - Performance Criteria	8
Ngā Kāhui Matauranga - Knowledge Clusters	9
Te Tiriti o Waitangi	10
Cultural Diversity in Aotearoa-New Zealand	11
Origins and Evolution of Global Health Promotion	12
Theory Underpinning Health Promotion Practice	13
The Health Status of New Zealanders	14
Community and Political Awareness	15
Research, Planning and Evaluation	16
Ngā Kāhui Pūkenga - Skill Clusters	17
Working with Te Tiriti o Waitangi	18
Programme/Project Planning, Implementation and Evaluation	19
Contribute to the Learning of Others	21
Advocacy and Political Action	22
Communication	24
Facilitation	26
Research	27
Professional Development	28
Health Promotion Management	29
Papakupu - Glossary	30
Useful Documents	31

Whakatūwheratanga – Introduction

Nau mai, haere mai

Welcome to the Health Promotion Competencies for Aotearoa-New Zealand.

The competencies in this document have been constructed to strengthen health promotion practice and training. They have been developed by the Health Promotion Forum in consultation with the workforce. We see them as a tool for workers to critically reflect on their practice and a framework for trainers to develop relevant and useful courses and qualifications. These competencies are part of an ongoing and evolving process and their usefulness will be subject to review at a later date.

For the purposes of this document we have taken competency to mean a combination of attributes that enable an individual to perform a set of tasks to an appropriate standard. These attributes have been interpreted as including not only knowledge and skills but also the values and beliefs, which shape health promotion practice.

Health promotion in this document is defined as found in the Ottawa Charter for Health Promotion:

"Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to wellbeing" (World Health Organisation 1986).

Te Tirohanga Whakamua – Background

Development of this framework began at the Health Promotion Forum's 1997 conference, Creating The Future, which focussed on workforce development.

At that time a number of remits put forward by the workforce recommended a variety of initiatives including; development of a professional association, training standards, a code of practice and ethical guidelines.

Early in 1998 the Forum began the process of developing a competency framework to underpin this work. The process focussed on workforce involvement through a series of consultative discussion papers sent out to more than 1200 organisations and individuals. Articles in the Forum's newsletter kept the workforce up to date with progress. Input was also received from a 'think tank' and participants in a workshop at the Forum's 1999 conference, Health Promotion on the Move. The 'think tank' involved a number of experienced practitioners from around the country. A bibliography of literature consulted during this process is available from the [Forum](#) on request.

Mō wai mā ngā Kaiakatanga - Who are these Competencies for?

This document has been written for the health promotion workforce in Aotearoa-New Zealand. People working in health promotion come from a wide range of backgrounds, are employed in a variety of settings and do not necessarily all identify as health promoters. However, common values and approaches underpin much of our work.

This project is a way for us as a workforce to make the ethical basis of our work visible and to step back and identify the skills and knowledge necessary to do our jobs well. We hope the health promotion workforce find this document useful and empowering in their journey towards "best practice" and "health for all".

Your [comments](#) are invited on this document.

Te Whakamahinga i ngā Kaiakatanga - Uses for the Competencies

This competency document describes the multi-faceted skills that the health promotion workforce needs to do their job well. Uses of the document are likely to depend on a health promoter's work situation. It is designed to empower workers at all levels through a variety of possible uses including:

Quality improvement programmes:

The competencies can be used in quality improvement programmes by bench-marking good practice and making this visible to decision-makers.

Training courses:

Training providers will be able to use this document to inform the development of training and qualifications.

Strategic development:

These competencies will enable managers to develop strategic human resource plans for their teams. They will be able to map the competencies of their team, to identify gaps and develop strategies to fill them.

Staff development:

The competencies can be used to illustrate what is expected of practitioners and to help identify their training needs. It will also enable workers to critically reflect on their practice.

Staff recruitment and selection:

The competencies can also be used as a framework for developing job descriptions. They will allow this process to be clearer for both interviewers and applicants. Training needs will be clear from the outset.

Ngā Wāhanga o tēnei Tuhinga - Structure of this Document

This document consists of the following separate but related sections which together comprise a framework for health promotion competencies:

- Te Tiriti o Waitangi
- Values and ethics
- Knowledge and skill based competency clusters
- Performance criteria

Te Tiriti o Waitangi

Te Tiriti o Waitangi, signed in 1840, established the fundamental basis of the contractual relationship between tangata whenua and the Crown. Te Tiriti was a declaration of the traditional Māori rights of tino rangatiratanga over Aotearoa.

Within this authority the signing chiefs permitted the Crown a governorship role. Te Tiriti is a statement of this agreement and forms the constitutional basis of New Zealand. Today the Crown is represented by the New Zealand government and agencies which are funded or mandated to implement government policies.

The underlying aspirations of health promotion can be seen in te Tiriti o Waitangi. Te Tiriti was partly developed as a result of concerns over Māori health. Te Tiriti is, a key document which provides a framework for Māori to exercise control over their health and wellbeing.

Through extensive consultation with the health promotion workforce there is both a clear commitment to maintain the mana of te Tiriti o Waitangi and to use it as the basis of health promotion action in Aotearoa-New Zealand. Hence the current development of the [TUHA-NZ Memorandum](#) (Tiriti Understanding of Hauora in Aotearoa-New Zealand) which is a model for operationalising te Tiriti.

Ngā Tikanga Manaki - Values and Ethics

Values and ethics provide a means to guide and appraise health promotion conduct and practice. This section of the document recognises that health promotion competency involves a willingness to continually reflect on our values in pursuit of ethical practice and provide a set of standards by which the workforce can determine what is legitimate or acceptable behaviour within our practice.

The following statements draw on values and ethical principles that the global health promotion community might recognise as part of competent practice. These core values include a belief in equity and social justice, respect for the autonomy and choice of both individuals and groups with collaborative and consultative ways of working.

Ethical health promotion practice as recognised globally often involves

- recognition of the need to identify and question our own values and the implications for practice
- commitment to identify and pursue well-informed practice and competence in health promotion
- commitment to working in collaborative and collective ways with communities and colleagues
- responsibility to benefit the communities we work with
- responsibility to do no harm to the communities we work with
- respect for diversity of gender, sexual orientation, age, religion, disability, ethnicity and cultural beliefs
- commitment to respect and create environments which facilitate individual and group autonomy
- responsibility to be honest and explicit about what health promotion is, and what it can and cannot achieve
- responsibility to work with those whose life conditions place them at greatest risk
- confidentiality and respect for the rights of those we work with

The following statements provide a vision of ethical practice relevant to our unique context. In Aotearoa-New Zealand, the traditional values inherent within whanau, hapu and iwi social structures are important aspects of health promotion action, as is te Tiriti o Waitangi.

Ethical health promotion practice in Aotearoa-New Zealand would

- recognise Māori as tangata whenua and acknowledge the provisions of te Tiriti o Waitangi
- see Aotearoa-New Zealand as a country in which Māori have at least the same health status as non- Māori
- have health promotion actions and outcomes that reflect the hopes and aspirations of Māori for self determination in respect of their own affairs
- see informed individuals, whanau and communities empowered to make their own choices and realise their full potential through utilising community development principles
- be based on effective healthy public policies, supportive social, cultural, and physical environments, the development of personal skills and a health system focused on wellbeing
- have a well resourced and competent workforce
- work towards achieving social justice and equity through strong commitment to the prerequisites and determinants of health.

Ngā Paerau - Performance Criteria

The performance criteria section of the document fills out the details of the competencies. When reading and using the performance criteria we also need to keep in mind the other parts of the competencies framework, in particular, our responsibilities to te Tiriti o Waitangi and the values and ethics that underpin competent practice.

The performance criteria identify a number of elements for each of seven knowledge based competency clusters and nine skill-based competency clusters. Elements describe the knowledge or activities expected in the cluster. Performance criteria describe the behaviour that constitutes competency. It is likely practitioners will be working at different levels within knowledge and skill areas at the same time.

The performance criteria are divided into three performance levels denoting the different levels of competence. At each performance level there is recognition of learning gained through training and on the job experience. Health promoters will take varying years of experience before they perform at the different levels. While presented as discrete entities these levels are best thought of as inter-related and continuous. Most practitioners will overlap more than one level.

	LEVEL ONE Approximately up to two years	LEVEL TWO Approximately two – five years	LEVEL THREE Approximately More than five years
Practitioner Experience	<p>Developing health promotion knowledge and skills</p> <p>Undertaking health promotion work but requiring supervision of day to day work</p> <p>Participating in team meetings and networking.</p>	<p>Applying sound health promotion principles</p> <p>Accessing supervision in challenging work contexts</p> <p>Taking a leadership role in team</p>	<p>Advancing health promotion practice as a skilled practitioner</p> <p>Working unsupervised in most work contexts and environments</p> <p>Critically reflecting on practice</p> <p>Acting as a catalyst in team</p>
Qualifications and Training	<p>Evidence of formal or informal learning of health promotion principles and practices</p> <p>Attending appropriate workshop opportunities</p> <p>Receiving workplace mentoring, supervision</p>	<p>Likely to be working towards a recognised qualification in health promotion or related area</p> <p>Recognising individual training needs and actively seeking further upskilling</p> <p>Utilising and participating in peer learning opportunities</p>	<p>Evidence of a recognised qualification in health promotion or related area</p> <p>Actively pursuing ongoing formal or informal learning</p> <p>Assisting the learning of others</p> <p>Providing supervision and mentoring to others</p>

Ngā Kāhui Matauranga - Knowledge Clusters

The knowledge based competencies listed below, and outlined in more detail in the following tables, reflect learning from a variety of sources. We have described knowledge and theories from a range of social and behavioural sciences contributing to health promotion, while also recognising the learning accumulated by experienced health promoters in the field.

KNOWLEDGE CLUSTERS

One

Te Tiriti o Waitangi

Two

Ngā Kanorau Tikanga i Aotearoa - Cultural Diversity in Aotearoa-New Zealand

Three

Ngā Pūtaketanga me te Kunenga mai o te Whakapiki Hauora Puta noa i te Ao
- Origins and Evolution of Global Health Promotion

Four

Te Ariā o te Mahi Whakapiki Hauora - Theory Underpinning Health Promotion Practice

Five

Te Hauora o ngā Tāngata o Aotearoa - The Health Status of New Zealanders

Six

Ngā Mōhiotanga Totika - Community and Political Awareness

Seven

Te Rangahau, te Maheretanga me te Arotakenga - Research, Planning and Evaluation

KNOWLEDGE CLUSTER ONE

Te Tiriti o Waitangi

Elements

- 1.1 Historical background and context
- 1.2 Content and meaning of Māori and English texts
- 1.3 Relevance and significance to both treaty partners

<i>At level one a health promoter will have knowledge of</i>	<i>At level two a health promoter will have knowledge of level one as well as</i>	<i>At level three a health promoter will have knowledge of level two as well as</i>
<ul style="list-style-type: none"> • The 1835 Declaration of Independence • Other key events leading to the signing of te Tiriti o Waitangi in 1840 • The significance of the two treaty partners • The articles of te Tiriti and relevant health promotion models 	<ul style="list-style-type: none"> • Both the Māori and English texts and the significance of the oral account • The cultural, political and economic impact of colonisation on Māori since the signing of te Tiriti • The pre-eminent place of te Tiriti in guiding health promotion practice in Aotearoa-New Zealand 	<ul style="list-style-type: none"> • The legal and cultural significance (law and lore) of te Tiriti o Waitangi for both Māori and Tauīwi • Organisational policies and practices around operationalising te Tiriti • Contemporary debate on te Tiriti

KNOWLEDGE CLUSTER TWO

Cultural Diversity in Aotearoa-New Zealand

Ngā Kanorau Tikanga i Aotearoa

Elements

2.1 Cultural awareness and responsiveness to the needs of tangata whenua

2.2 Cultural beliefs, norms and practices of different Pacific peoples

2.3 Cultural beliefs, norms and practices of Taiwi

<i>At level one a health promoter will have knowledge of</i>	<i>At level two a health promoter will have knowledge of level one as well as</i>	<i>At level three a health promoter will have knowledge of level two as well as</i>
<ul style="list-style-type: none">• The significance of tangata whenua as the indigenous people of Aotearoa-New Zealand• Examples of tikanga Māori concepts relevant to health promotion practices• The multi cultural make up of Aotearoa-New Zealand	<ul style="list-style-type: none">• The cultural diversity between and within iwi and hapu• The different Pacific Islands communities within New Zealand and understand key individual differences• The principles and elements of cultural safety	<ul style="list-style-type: none">• Models of behaviour consistent with tikanga Māori• The different contexts and backgrounds of migrant and refugee peoples• The tikanga around use of te reo, powhiri and poroporoaki

KNOWLEDGE CLUSTER THREE

Origins and Evolution of Global Health Promotion

Ngā Pūtaketanga me te Kunenga mai o te Whakapiki Hauora Puta noa i te Ao

Elements

- 3.1 Historical developments in health promotion philosophy and practice
- 3.2 Content, context and significance of the Ottawa Charter
- 3.3 Current and on going developments and approaches
- 3.4 Relationship of health promotion to public health, health education and disease prevention

<i>At level one a health promoter will have knowledge of</i>	<i>At level two a health promoter will have knowledge of level one as well as</i>	<i>At level three a health promoter will have knowledge of level two as well as</i>
<ul style="list-style-type: none"> • Health promotion key concepts and values and how these differ from health education • The medical, behavioural and socio-environmental approaches to health • The content and importance of the Ottawa Charter as a tool for health promotion practice 	<ul style="list-style-type: none"> • Origins of public health and its relationship to health promotion • Global developments in health promotion leading up to the Ottawa Charter and the key stages in its evolution since then 	<ul style="list-style-type: none"> • The global determinants of health

KNOWLEDGE CLUSTER FOUR

Theory Underpinning Health Promotion Practice

Te Ariā o te Mahi Whakapiki Hauora

Elements

- 4.1 Models of health promotion practice
- 4.2 Models of empowerment and enablement
- 4.3 Diverse theories of learning
- 4.4 Group processes and dynamics

<i>At level one a health promoter will have knowledge of</i>	<i>At level two a health promoter will have knowledge of level one as well as</i>	<i>At level three a health promoter will have knowledge of level two as well as</i>
<ul style="list-style-type: none"> ● Awareness of the differences between communities ● Ways of empowering individuals, groups ● The significance of context and process in effective adult learning ● Change as a key element in health promotion practice 	<ul style="list-style-type: none"> ● Community based practice and community development ● Structural analysis and its role in bringing about change ● The nature of group processes ● Principles and practices of adult learning ● The nature and dynamics of inter-personal power and decision making 	<ul style="list-style-type: none"> ● The theory, characteristics and criteria upon which to base best practice ● How to devolve decision-making and other resources to communities

KNOWLEDGE CLUSTER FIVE

The Health Status of New Zealanders

Te Hauora o ngā Tāngata o Aotearoa

Elements

- 5.1 Wider determinants of health status and wellbeing
- 5.2 Lifestyle factors that influence health status and wellbeing
- 5.3 Major diseases contributing to ill health
- 5.4 Demography of health inequalities

<i>At level one a health promoter will have knowledge of</i>	<i>At level two a health promoter will have knowledge of level one as well as</i>	<i>At level three a health promoter will have knowledge of level two as well as</i>
<ul style="list-style-type: none"> ● The wider determinants of health and well being ● The major lifestyle factors and diseases which influence health status ● The four cornerstones of Māori health; tinana, hinengaro, wairua and whanau 	<ul style="list-style-type: none"> ● How models and theories of change influence health behaviours ● The relationship between structural inequalities and the demography of health ● The implications of population based and health strategies for health status 	<ul style="list-style-type: none"> ● How epidemiology relates to health status ● The link between health status and social sciences fields of study

KNOWLEDGE CLUSTER SIX

Community and Political Awareness

Ngā Mōhiotanga Tōtika

Elements

- 6.1 Community networks, agencies and services
- 6.2 Range of information and resources available
- 6.3 Health systems and relevant structures in Aotearoa-New Zealand
- 6.4 Impact of local, national and global policies on health
- 6.5 Social movements and philosophies that influence social change

<i>At level one a health promoter will have knowledge of</i>	<i>At level two a health promoter will have knowledge of level one as well as</i>	<i>At level three a health promoter will have knowledge of level two as well as</i>
<ul style="list-style-type: none"> • Key community agencies, services and resources • Decision makers at local and national levels • Health systems and structures in Aotearoa-New Zealand • Public health policy 	<ul style="list-style-type: none"> • Gaps in information and community resources • Key legislation and policies • Awareness of a variety of group and organisational cultures • The processes involved in building coalitions and strategic alliances • Networking processes • The policy making process 	<ul style="list-style-type: none"> • The impact of global policies on Aotearoa-New Zealand • Different group and organisational theories • Social movements, theories and philosophies that influence change

KNOWLEDGE CLUSTER SEVEN

Research, Planning and Evaluation

Te Rangahau, te Maheretanga me te Arotakenga

Elements

7.1 Range of planning and evaluation approaches

7.2 Range of research methods

7.3 Kaupapa Māori research

7.4 Ethical issues in research

<i>At level one a health promoter will have knowledge of</i>	<i>At level two a health promoter will have knowledge of level one as well as</i>	<i>At level three a health promoter will have knowledge of level two as well as</i>
<ul style="list-style-type: none">• What is involved in conducting a needs assessment• Goals, objectives and strategies as key elements in the planning of a health promotion programme• Formative, process and impact/outcome evaluation	<ul style="list-style-type: none">• A range of planning models appropriate to health promotion• The merits, limitations and appropriate use of qualitative and quantitative research• The processes involved in kaupapa Māori research• The steps involved in a research process	<ul style="list-style-type: none">• The key ethical issues in health promotion research and their implications for practice• A range of research methods and models appropriate to health promotion

Ngā Kāhui Pūkenga - Skill Clusters

The following clusters set out the skills that a health promotion worker needs to be a competent practitioner. The skills reflect ability acquired from a variety of sources. We have described skills which might have been learnt as a result of formal training, as well as those that might have been developed on the job.

SKILL CLUSTERS

One

Te Mahi Tahī me Tiriti o Waitangi - Working with te Tiriti o Waitangi

Two

Te Maheretanga, te Whakatinanatanga me te Arotakenga - Programme Planning, Implementation and Evaluation

Three

Te Tautoko Āwhina i te Akoako a etahi atu - Contribute to the Learning of Others

Four

Te Kanohi Tautoko ka Kitea - Advocacy and Political Action

Five

Te Whakawhitiwhiti Kōrero/Whakaaro – Communication

Six

Te Āwhina Rapuara – Facilitation

Seven

Ngā Mahi Rangahau – Research

Eight

Te Whakapakari Pūkenga - Professional Development

Nine

Te Whakahaere Whakapiki Hauora - Health Promotion Management

SKILL CLUSTER ONE

Working with Te Tiriti o Waitangi

Te Mahi Tahī me Te Tiriti o Waitangi

Elements

- 1.1 Integrate the principles and provisions of Te Tiriti into health promotion practice
- 1.2 Integrate Māori perceptions and realities of health into health promotion practice
- 1.3 Raise awareness of the relevance of te reo and tikanga
- 1.4 Consult iwi using appropriate processes
- 1.5 Advocate by, with and for Māori health promotion practice

<i>At level one a health promoter will be able to:</i>	<i>At level two a health promoter will be able to demonstrate level one skills and in addition:</i>	<i>At level three a health promoter will be able to demonstrate level two skills and in addition:</i>
<ul style="list-style-type: none"> ● Recognise cultural requirements of Māori and how tikanga relates to health promotion, practice ● Build appropriate working relationships with Māori colleagues 	<ul style="list-style-type: none"> ● Practice health promotion within a te Tiriti based framework ● Critically evaluate own and the organisation's work practices to facilitate cultural safety for Māori ● Analyse work issues from a tikanga Māori and Tauīwi perspective ● Model behaviour consistent with tikanga in relationships with Māori ● Encourage and support Māori health promotion practice ● Build appropriate working relationships with Māori communities and groups ● Use waiata and karakia appropriately and participate in Māori processes 	<ul style="list-style-type: none"> ● Support others in the process of developing te Tiriti based health promotion practice ● Advocate for the prioritisation of resources for Māori and help build structures and processes that work for Māori ● When appropriate develop the use of te reo in both oral and written communication

SKILL CLUSTER TWO

Programme/Project Planning, Implementation and Evaluation

Te Maheretanga, te Whakatinanatanga me te Arotakenga

Elements

- 2.1 Structure planning to achieve well informed and sustainable programmes and services
- 2.2 Work collaboratively when planning, implementing and evaluating programmes
- 2.3 Identify, use and integrate a range of health promotion strategies
- 2.4 Manage the expectations of a range of stakeholders

<i>At level one a health promoter will be able to:</i>	<i>At level two a health promoter will be able to demonstrate level one skills and in addition:</i>	<i>At level three a health promoter will be able to demonstrate level two skills and in addition:</i>
<ul style="list-style-type: none"> ● Conduct a needs assessment that identifies and describes <ul style="list-style-type: none"> - a health problem and population of interest - the risk factors/ conditions - the key stakeholders ● Develop a written programme plan that includes <ul style="list-style-type: none"> - a goal and specific, measurable and achievable objectives - an action plan that includes realistic timetables and appropriate strategies ● Undertake the core steps involved in a formative and process evaluation ● Develop programme plans that include a consideration of the potential impact on Māori 	<ul style="list-style-type: none"> ● Utilise a variety of sources for programme planning <ul style="list-style-type: none"> - consultation with a range of stakeholders - research existing programmes & resources ● Write a programme plan that addresses <ul style="list-style-type: none"> - evidence for the chosen strategies - specific performance indicators - budget management - appropriate evaluation approaches - factors needed to ensure sustainability ● Implement or facilitate an evaluation plan that <ul style="list-style-type: none"> - collects, analyses and interprets evaluation data - reports on findings ● Implement a programme in a variety of key settings or environments ● Contribute to the acquisition of 	<ul style="list-style-type: none"> ● Incorporate into programme planning <ul style="list-style-type: none"> - a critique of the approaches taken - a focus on long term strategies and outcomes - a consideration of the requirements and confines of contract specifications ● Analyse the influence of national and global contexts and trends to programme planning ● Negotiate for funding from a variety of sources ● Support colleagues and agencies in their planning processes

	<p>funding</p> <ul style="list-style-type: none">● Use multifaceted programme strategies addressing<ul style="list-style-type: none">- advocacy for healthy public policy- determinants of health- education and skill development- creating supportive environments- social marketing- community development and community action- reorientation of health services	
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SKILL CLUSTER THREE

Contribute to the Learning of Others

Te Tautoko/Āwhina i te Akoako a etahi atu

Elements

- 3.1 Deliver and enable learning in a range of contexts
- 3.2 Develop individual skills and knowledge
- 3.3 Develop group/community skills and knowledge
- 3.4 Train the trainers/educate the educators
- 3.5 Promote workforce development and training

<i>At level one a health promoter will be able to:</i>	<i>At level two a health promoter will be able to demonstrate level one skills and in addition:</i>	<i>At level three a health promoter will be able to demonstrate level two skills and in addition:</i>
<ul style="list-style-type: none"> ● Plan a learning opportunity/ training session outlining <ul style="list-style-type: none"> - introduction and aims - main content - conclusion - tasks for the trainer and learner ● Deliver and assess such a session either with or under the supervision of a more experienced practitioner ● Use basic teaching aids including whiteboard, flip chart and OHT projector ● Provide relevant information, advice and support 	<ul style="list-style-type: none"> ● Independently plan, deliver and assess a training session in specified contexts ● Integrate content, context and process when planning training ● Plan, deliver and evaluate a session that <ul style="list-style-type: none"> - assesses knowledge, skills and attitudes of participants - sets learning goals and objectives - delivers content suitable for time, resources, participants - takes into account the characteristics of adult learners - utilises a range of teaching aids - creates physical, psychological and cultural climates conducive to learning ● Assess learning through <ul style="list-style-type: none"> - skills learned - learner feedback 	<ul style="list-style-type: none"> ● Conduct a training needs analysis ● Plan, deliver and evaluate a training session in a variety of contexts and formats ● Train others to deliver training

SKILL CLUSTER FOUR

Advocacy and Political Action

Te Kanohi Tautoko ka Kitea

Elements

- 4.1 Build inter-sectoral coalitions and strategic alliances
- 4.2 Inform, engage and support community action
- 4.3 Influence local, national and global decision-makers for healthy public policies
- 4.4 Pro-actively reorient health services to focus on wellbeing

<i>At level one a health promoter will be able to:</i>	<i>At level two a health promoter will be able to demonstrate level one skills and in addition:</i>	<i>At level three a health promoter will be able to demonstrate level two skills and in addition:</i>
<ul style="list-style-type: none"> ● Identify the issue, potential allies and opponents ● Raise awareness and influence public opinion by <ul style="list-style-type: none"> - identifying and accessing media - acquiring and disseminating a range of resources and information useful for groups and communities ● Participate in formal and informal community networks 	<ul style="list-style-type: none"> ● Communicate and/or negotiate with key decision-makers <ul style="list-style-type: none"> - local authority personnel - Members of Parliament - government agencies and officials - community leaders ● Participate in other key lobbying processes for policy change including <ul style="list-style-type: none"> - make oral and written submissions - circulate and promote petitions - prepare and circulate position papers ● Utilise the power of networks and coalitions by <ul style="list-style-type: none"> - seeking out networks and actively participating in them - establishing local or national coalitions - facilitating networking and coalition processes - resourcing community action with practical support for coalition maintenance 	<ul style="list-style-type: none"> ● Plan a campaign that <ul style="list-style-type: none"> - frames up the debate for policy change in a health promotion context - sets clear advocacy objectives and uses a range of advocacy strategies - develops and maintains strategic alliances - develops and implements a media advocacy plan - critiques opposing arguments and develops strategies to address with them - evaluates and reformulates plans ● Utilise political and social change processes in strategies ● Advocate for adequate and appropriate resources and policies for health promotion work to address the determinants of health ● Strategise around internal organisational constraints when they conflict with sound health

	<ul style="list-style-type: none">• Advocate for health promotion to be on the agenda of sectors other than health• Advocate for health services, structures and policies to focus on health determinants and wellbeing	<p>promotion practices</p> <ul style="list-style-type: none">• Use global political movements to influence change in Aotearoa-New Zealand and internationally
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SKILL CLUSTER FIVE

Communication

Te Whakawhitiwhiti Kōrero/Whakaaro

Elements

- 5.1 Communicate in written form and orally to suit a range of contexts and stakeholders
- 5.2 Develop media skills and engage the media
- 5.3 Identify and develop information and resources
- 5.4 Demonstrate an understanding of social marketing

<i>At level one a health promoter will be able to:</i>	<i>At level two a health promoter will be able to demonstrate level one skills and in addition:</i>	<i>At level three a health promoter will be able to demonstrate level two skills and in addition:</i>
<ul style="list-style-type: none"> • Communicate simple written and oral messages clearly in a given context <ul style="list-style-type: none"> - write reports and letters - question to confirm understanding - listen actively - respond to body language • Use the media as a source of information 	<ul style="list-style-type: none"> • Communicate complex written and oral messages clearly in a range of contexts <ul style="list-style-type: none"> - adapt language, delivery and protocol to audiences and settings - listen reflectively, question actively - respond to the unexpected • Communicate effectively using available electronic devices <ul style="list-style-type: none"> - world wide web - email - range of tele-communications • Access and strategically use the media <ul style="list-style-type: none"> - develop and maintain relationships with key media personnel - develop arguments that advance health promotion objectives - write letters to the editor, press releases and articles - develop techniques for handling radio and television interviews 	<ul style="list-style-type: none"> • Communicate complex ideas and concepts clearly across a range of contexts

	<ul style="list-style-type: none">● Develop a social marketing plan that includes an audience analysis and identifies appropriate messages and mediums ● Plan and develop a health promotion resource<ul style="list-style-type: none">- establish need- consult, develop and pre test- produce- develop a distribution strategy- evaluate	
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SKILL CLUSTER SIX

Facilitation

Te Āwhina Rapuara

Elements

- 6.1 Facilitate group processes
- 6.2 Facilitate community processes
- 6.3 Acknowledge and mediate conflict

<i>At level one a health promoter will be able to:</i>	<i>At level two a health promoter will be able to demonstrate level one skills and in addition:</i>	<i>At level three a health promoter will be able to demonstrate level two skills and in addition:</i>
<ul style="list-style-type: none"> ● Assist group and community meetings/sessions by <ul style="list-style-type: none"> - collecting agenda items/preparing proposed agenda - introducing participants - opening/setting the scene - attending to both task and process - seeking contributions from others in group - summing up/closing - assigning and following through on tasks ● Facilitate small group discussions 	<ul style="list-style-type: none"> ● Assist group and community processes by: <ul style="list-style-type: none"> - establishing safe ground rules - employing strategies to deal with problems/ pitfalls - testing for consensus decision making/ agreement ● Use an understanding of power to empower groups and communities ● Assess group dynamics to facilitate group processes 	<ul style="list-style-type: none"> ● Assist group and community processes by <ul style="list-style-type: none"> - assuming 'outside' facilitator's role on request - acknowledging and mediating conflict - dealing with negative feelings in positive ways - facilitating for social change - encouraging and supporting leadership ● Train others in facilitation skills

SKILL CLUSTER SEVEN

Research

Ngā Mahi Rangahau

Elements

7.1 Critically analyse and disseminate relevant research and literature

7.2 Identify and employ a range of research approaches

7.3 Plan, conduct and write up a research project

<i>At level one a health promoter will be able to:</i>	<i>At level two a health promoter will be able to demonstrate level one skills and in addition:</i>	<i>At level three a health promoter will be able to demonstrate level two skills and in addition:</i>
<ul style="list-style-type: none"> ● Identify sources of information ● Review relevant research articles ● Use research findings to inform health promotion practice 	<ul style="list-style-type: none"> ● Review relevant research and critique key information using critical appraisal techniques ● Keep up to date with contemporary health promotion related research ● Employ electronic technology for research where this is available ● Design and pilot identified data collecting tools ● Gather information through <ul style="list-style-type: none"> - sample surveys - interviews - focus groups ● Work collaboratively with communities and other stakeholders on action research 	<ul style="list-style-type: none"> ● In collaboration with researchers, undertake the steps involved in a formal research programme/ project <ul style="list-style-type: none"> - access funding - review recent literature - frame up a research question - address ethical issues - choose methods or approaches that enable the question to be answered - gather and collate the information - analyse the data - write up a research report - disseminate the findings ● Use research results and epidemiology to inform policy and programme development

SKILL CLUSTER EIGHT

Professional Development

Te Whakapakari Pūkenga

Elements

- 8.1 Critically reflect on and evaluate own work
- 8.2 Maintain professional knowledge and skills
- 8.3 Identify, develop and maintain professional networks
- 8.4 Assist colleagues achieve professional growth

<i>At level one a health promoter will be able to:</i>	<i>At level two a health promoter will be able to demonstrate level one skills and in addition:</i>	<i>At level three a health promoter will be able to demonstrate level two skills and in addition:</i>
<ul style="list-style-type: none"> ● Identify own professional strengths, weaknesses and needs with manager/mentor ● Access identified opportunities for professional growth/ up-skilling ● Reflect on the core values underpinning health promotion practice ● Participate actively in own performance review 	<ul style="list-style-type: none"> ● Develop ongoing goals for professional growth with manager/ mentor/ peers ● Pro-actively maintain and update professional growth ● Critically reflect on own performance and practice and integrate learning ● Receive constructive feedback from others and integrate learning ● Give constructive feedback to others ● Apply ethical principles/ guidelines as they relate to health promotion practice ● Participate actively with others in any relevant professional networks and organisations ● When possible present at national workshops/ conferences and publish papers 	<ul style="list-style-type: none"> ● Provide supervision/ mentoring for colleagues ● Pro-actively address political and organisational barriers to professional development ● Take a leadership role in professional networks and organisations ● Contribute to the critical debate on health promotion in Aotearoa-New Zealand ● When possible present at international workshops/ conferences and publish papers ● Provide the team with <ul style="list-style-type: none"> - strategic direction - leadership - a role model for best practice - knowledge or skills in rare supply

SKILL CLUSTER NINE

Health Promotion Management

Te Whakahaere Whakapiki Hauora

Elements

- 9.1 Advocate for effective, healthy and sustainable services
- 9.2 Promote and demonstrate sound health promotion principles and practice
- 9.3 Actively develop the health promotion workforce
- 9.4 Demonstrate strategic leadership

Health Promotion Management is presented as only one level. Health promotion management incorporates high level technical capabilities and knowledge. This cluster presumes the competent manager has an in-depth knowledge and understanding of te Tiriti o Waitangi and the Ottawa Charter.

In addition to generic management knowledge and skills a health promotion manager will be able to:

- Promote understanding of the need for, and the adoption of, health promotion practice based on te Tiriti o Waitangi
- Demonstrate the full range of knowledge and skills required for competent practice
- Successfully negotiate contracts and funding for sustainable services
- Facilitate strategic health promotion planning
- Demonstrate accountability and effectiveness to a range of stakeholders
- Advocate for health promotion at all levels
- Challenge organisational decisions that constrain or prevent good health promotion practice
- Facilitate robust critical debate and reflection on health promotion practice
- Undertake meaningful assessment of staff performance
- Access and provide opportunities for quality health promotion training for staff
- Develop and implement quality assurance and quality improvement strategies
- Model and support consultative ways of working and other key health promotion principles
- Have a recognised health promotion or related qualification

Papakupu - Glossary

Advocacy - is the process of defending or promoting a cause. It involves active participation in public debate and activity to gain political commitment, social acceptance and policy support for a particular issue or change.

Colonisation - is the process by which one nation state takes over another to form a colony usually for purposes of trade or nationalism.

Community - is any group of people who share a sense of identity or purpose.

Community development - is the process of involving communities to make their own decisions about factors, which determine their health. It concerns working in collaborative ways with people and communities to develop their strength and confidence over an extended time period, as well as addressing immediate and pressing problems.

Consensus - is a decision-making method, which stresses the co-operative development of a decision with group members working together. The goal of consensus is that decisions are acceptable to all group members.

Determinants of health - the range of personal, social, economic and environmental factors and conditions which determine the health status of individuals or populations. Determinants of health include such things as housing, education and income.

Empowerment - is the process through which people gain greater control over decisions and actions affecting their lives. It may be a social, cultural, psychological or political process.

Equity - means fairness. Equity in health means that needs guides the distribution of opportunities and resources for wellbeing.

Facilitation - is a process, usually led by a facilitator, to guide a group towards an agreed destination, decision or action.

Hapu - is a sub tribe of a larger tribe or iwi. Māori who share close common ancestry.

Health status - is a description of the health of an individual or population at a particular point in time. It can be measured against identifiable standards, usually by reference to national or international health indicators.

Iwi - is a tribe of Māori who share common ancestors.

Karakia - Māori prayer or chant.

Kaupapa Māori research - is research carried out in 'a Māori way' that is using methods that are culturally safe, informed and appropriate. Kaupapa Māori research is usually carried out by Māori for Māori.

Lobbying - is the process of attempting to persuade decision-makers to support certain positions or programmes.

Mentor - A mentor has skills, experience, understanding and networks, which they share with less experienced health promoters to guide their practice. It is primarily a personal and informal relationship based on trust.

Qualitative research methods - such as focus groups or stakeholder interviews are used to look in detail at the nature of responses rather than the number of responses to a given issue. The aim is to increase in-depth understanding of others' experience and viewpoints.

Quantitative research methods - record the frequency or number of responses to a given question or issue.

Social justice - is a vision of society where rules are just and fair and resources are shared equitably among the members of the community, in the interests of the common good.

Social marketing - is the application of marketing technologies to the planning, execution and evaluation of programmes. It is designed to influence the voluntary behaviour of specific audiences, in order to improve their personal welfare and that of society.

Stakeholders - are people who have a stake or interest in the outcome of a health promotion programme or issue. They may be funders, agencies or members of the community.

Supervision - is a semi-formal or formal process of gaining feedback about one's practice, usually from a manager or supervisor. It is commonly used to help deal with difficult situations, to develop action strategies and to improve practice.

Tāngata whenua - means 'people of the land' or 'caretakers of the land'. In New Zealand, Māori are the indigenous or first people and are the tangata whenua.

Tauīwi - is a Māori word commonly referring to non- Māori residents of Aotearoa-New Zealand.

Te Reo - Māori language or speech

Tikanga - is Māori customary laws and practices. These rules or right ways of doing things are laid down by ancestors. They are guidelines rather than immutable laws, allowing some flexibility in interpretation.

Waiata - Māori song, chant or psalm, or to sing.

Whanau - an extended Māori family, usually biologically related, sometimes not.

Useful Documents

You may find the following documents useful to read alongside the Health Promotion Competencies.

Health Promotion Forum, 2000, *TUHA-NZ Memorandum - A Tiriti Understanding of Hauora in Aotearoa-New Zealand*, Auckland.

World Health Organisation, 1997, *The Jakarta Declaration on Health Promotion into the 21st Century*, Jakarta, Indonesia.

World Health Organisation, Health and Welfare Canada and Canadian Public Health Association, 1986, *Ottawa Charter for Health Promotion*, Ottawa Canada.

