Te Uru Kahikatea

The Public Health Workforce Development Plan

2007-2016

Building a public health workforce for the 21st century
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Mihi:
He mihi whānui tēnei ki a koutou katoa
E awhi nei te kaupapa. Ko te kōrero,
“Ka tū te rua ti o te tangata
Ka kīia he tangata”
No reira e ngā pae maunga
Tihei mauri ora!

Translation:
Greetings to you all
For your endorsement of the plan
It is said,
“One who has a store of skills
Is someone of importance”
You of the lofty mountains,
Are the breath of life!

Te Uru Kahikatea
While each tree stands tall and majestic in its own right it also exists as part of a grove of kahikatea.
The title represents these two elements, individuality and interdependence.
Each tree is distinguishable from the other, yet they are unified in their collective growth.
The idea of collectivity and collaboration is also represented in the roots of the trees, which can be seen above the ground where the trees are strengthened by their interwoven roots; supported by the rich nourishing earth.
This symbolises the strength, unity and power of an integrated public health workforce development approach which is built on a sustaining foundation.
These are the themes that resonate in this document.
The title captures all these elements as well as the importance of valuing the store of skills and experience that people bring to the sector.
For the grove to flourish, it has to protect the individual vitality of the kahikatea within it.
This Plan is about cultivating the earth, nourishing the roots, valuing and supporting both the individual and the collective, and strengthening the current and future growth of the grove.
Acknowledgements  *Ngā Whakawhetai*

The Ministry of Health would like to acknowledge the many individuals and organisations who have contributed to the development of this Plan.

A particular thanks goes to the Public Health Workforce Development Plan Sector Reference Group and the Māori Working Group, both for their invaluable contribution and for their ongoing guidance with this work. We are very grateful to the people who took time from their busy schedules to respond to the public health organisation and individual surveys in 2004, and to the many contributors who provided feedback in 2005 at meetings or in writing on the proposed framework and priority work areas.

A special thanks to Viv Head of Head Strategic Limited, who wrote the PH WDP and project-managed its development and the many foundation research and development projects. Head Strategic Limited’s consortium of consultants also played vital roles, in particular Allison Nichols-Dunsmuir, Ruth Malo, Jenny Richards and Helen McCracken.

Many thanks also to Tu Williams for the mihi, Māori translations and for developing the essence that supports the PH WDP title, Te Uru Kahikatea.
This is an important period in the development of New Zealand’s health and disability sector. District Health Boards and primary health organisations are well established. Non-governmental organisations are maturing and innovating in service delivery. Services are adapting to meet changing health needs in New Zealand.

An important part of this development is a growing emphasis on population health approaches to address evolving challenges such as an ageing population, an increasing use of new technologies, increased global health risks and environmental risks impacting on health, the growing burden of chronic diseases and increased public expectations.

A population health approach takes into account and plans for all the factors that determine health. It requires a focus on prevention, education, health maintenance and wellbeing. A strengthening of connections with whānau, hapū and iwi, other health agencies, and social and community services is required. It demands culturally appropriate services, inclusive and consumer-centred service provision, and the development of new health care services. As a result, the health workforce is increasingly required to work in new ways, with new roles evolving.

Integrating a population health approach into the practice of the health sector involves thinking of the public health system as a whole rather than being divided into ‘personal’ health and ‘public’ health. It is an opportunity of enormous potential to do population health at both the broadest and the most local levels, to access families and communities through patients. This requires a shift in thinking and practice.

Orienting the health sector towards a population health approach requires a strengthening of public health competencies across the public health workforce and the wider health workforce involved in public health-related activities. It may also, over time, require the health workforce to engage in and embrace a reconfigured system that has a strong focus on reducing inequalities and working to better prevent and manage long-term conditions, including their determinants and risk factors, among groups at greatest risk of ill health. The nature of public health requires that multidisciplinary, collaborative and system-based approaches become the norm.

The public health workforce includes, to varying degrees, all workers who are performing public health activities as part of their work role. The Ministry of Health is committed to actively leading and participating in the development of this workforce and to strengthening public health skills in the wider health workforce. District Health Boards, service providers, educators, professional bodies and other key stakeholders also need to play their part in growing and supporting the development of the public health workforce.
The Public Health Workforce Development Plan (PH WDP) takes the sector forward in ways that are consistent with the recommendations of the former Health Workforce Advisory Committee. It adopts a future focus, while emphasising that a range of actions are required now to meet immediate priorities and in order to be well positioned to face future challenges. It is an evolving plan that over time allows for the work to adapt as the way we think about and deliver health care changes. While retaining a strong public health workforce focus, the PH WDP aims to support public health training and development for the whole health workforce, particularly the primary and community workforces.

We appreciate the extensive work already done by the sector in supporting the development of the PH WDP, and welcome your continued involvement.

Don Matheson
Executive Summary  Kōrero Whakarāpopoto

The public health workforce is facing major challenges. An ageing population, continuing inequalities in health status, new and re-emerging global diseases and the growing dominance of chronic health issues are having an increasing impact on public health in New Zealand. As a result of these and other challenges there are growing opportunities to use public health and population health approaches. Increasingly, the health and other sectors see public health as their business. It is therefore essential to have a broad, intersectoral and co-ordinated approach to workforce development that can encompass an expansive vision of public health action: the Public Health Workforce Development Plan (PH WDP).

The general consensus across the entire health sector is that the pace of workforce change must quicken – now. The challenge is the same for the public health workforce, who must equip themselves to adapt to changing models of care, changing community and societal structures, changing population demographics and changing public health issues.

The PH WDP provides a national strategic approach to public health workforce development that is mandated and influenced by high-level government strategies. It aims to further two high level government priorities; improving Māori health (Minister of Health and Associate Minister of Health 2002a) and reducing inequalities (Ministry of Health 2002), particularly for Māori and Pacific Peoples. These two priorities sit at the heart of the PH WDP work. Opportunities to further these two priorities are to be included in the implementation of all the PH WDP actions. A Māori public health workforce development approach will strengthen the capacity and capability of the whole of the public health workforce to respond more effectively to the health needs of Māori, and will positively influence inequalities in health status. Similarly, the PH WDP includes specific workforce development initiatives to improve Pacific health gain.

The vision is that inequalities will be reduced and the health of all peoples in New Zealand will be improved through public health and societal strategies that are:

- delivered by a properly configured, responsive, well-trained and competent (including culturally competent) workforce
- strengthened with core public health skills and knowledge
- supported by infrastructure and workplaces that actively encourage and develop the public health workforce.

The PH WDP was developed on foundation research (see Appendix 1) and sector feedback (see Appendix 2). The PH WDP has a 10-year outlook. It has two overarching goals, which encompass nine objectives and corresponding actions for the first five-year term (2007-2011). An evaluation programme will monitor the development and effectiveness of the first term implementation and inform the development of actions for the second five-year implementation term (2012-2016) and beyond.
Implementation of the PH WDP will, over time, build a whole-of-sector systems approach to public health workforce development. The work builds on existing workforce development activities, will adapt to emerging challenges in the public health environment, and will link to and engage with workforce development happening in other sectors. The Health Workforce Advisory Committee's seven strategic principles to guide workforce development will influence the implementation approach (HWAC 2005), see page 23.

Successful implementation relies on a cohesive, sector-driven response to the PH WDP priorities, goals and actions: working collaboratively, drawing on best practice, encouraging innovation, sharing development opportunities and, where appropriate, co-ordinating work programmes.

Table 1 (below) outlines a summary of the PH WDP goals, objectives and actions for the next five years. Some of the work is new; some builds on existing work. The various pieces do not sit in isolation, but are integrated parts of the overall approach. The priorities of Māori health gain and reducing inequalities (in particular, Pacific health gain) sit at the heart of this framework. The full framework commences from page 29.

Table 1 is perforated for easy removal.
Section 1: Building a Public Health Workforce for the 21st Century

Te Hanga Kaupapa
The public health workforce is facing major challenges. An ageing population, continuing inequities in health status, new and re-emerging global diseases and the growing dominance of chronic health issues are having an increasing impact on public health in New Zealand. Epidemics of obesity and diabetes, and environmental emergencies pose major challenges to the health services of the future. Effective intervention to prevent disease, to address the determinants of ill health and inequalities is required to improve the health of New Zealanders. The health of New Zealanders is also affected by the workforce's preparedness for serious and unusual emergencies and events. The public health workforce in health organisations and in related agencies across our communities must grow and upskill to meet these challenges.

There are growing opportunities to use public health and population health approaches to meet these challenges. District Health Boards (DHBs) are increasing their investment in public health action. Many parts of the health and other sectors now see public health as their business, in particular primary care and local authorities. Public health expertise is sought by agencies outside the health sector; for example in the housing, education and sustainable environments sectors. A broad, intersectoral and co-ordinated approach to workforce development that can encompass an expansive view of public health action is therefore required. This is why the Public Health Workforce Development Plan (PH WDP) has been developed.

The PH WDP is based on a wide range of foundation research (see Appendix 1). A 2004 survey of public health providers and the workforces in those organisations (Phoenix Research 2004), the public health sector feedback (Stewart 2006) and emergency management research (Business Research Council, Marketing and Social Research with Allen and Clarke Ltd 2003, Booz Allen Hamilton 2005) provide a clear indication of some of the issues impacting on the public health workforce. The PH WDP offers specific strategic approaches and actions to address these issues, which are summarised in Table 2.

Table 2: The PH WDP approach to public health issues

<table>
<thead>
<tr>
<th>The issues</th>
<th>The PH WDP approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and education</td>
<td>Establish an integrated, staircased framework of training, qualifications and ongoing education in public health.</td>
</tr>
<tr>
<td>• Eighty-three percent of employees in public health providers have some tertiary qualifications, but only a low percentage have specific qualifications or training in public health.</td>
<td></td>
</tr>
<tr>
<td>• There is no united public health voice to influence curriculum development in education and training.</td>
<td></td>
</tr>
<tr>
<td>• The public health workforce needs increased skills and expertise to lead health sector and community action to promote and improve health and reduce inequalities.</td>
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</tr>
<tr>
<td>• There are significant inequities in the availability of, and access to, training and professional development.</td>
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</tr>
<tr>
<td>• There is little collaboration between training providers, or between the public health sector and tertiary education providers.</td>
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</table>
### Māori public health workforce development

- Māori make up 33% of the workforce yet are concentrated in lower-paid positions with limited decision-making power.
- Māori are under-represented in some professional groups, in particular public health medicine and health protection.

Strengthen the Māori public health workforce.

Increase the capability of the non-Māori workforce to improve Māori health and reduce inequalities.

### Pacific public health workforce development

- There is incomplete robust and comprehensive information on the characteristics, numbers, locations, occupations and workforce issues of the Pacific public health workforce.
- Pacific peoples are not well represented in some professional groups (eg. public health medicine, health protection and in senior positions).

Strengthen the Pacific public health workforce.

Increase the capability of the non-Pacific workforce to improve Pacific health gain and reduce inequalities.

### Public health professional development

- Overall the public health sector has very weak and fragmented professional infrastructure and professional leadership, although some groups (most notably public health physicians) have a robust professional body.
- A large proportion of the provider workforce is unregulated, with little or no professional infrastructure, standards or career pathways.

Build infrastructure for public health professional development.

### Wider public health workforce development – in particular the primary health care setting

- Public health is no longer solely the domain of public health services. Many more parts of the health sector and other sectors are taking responsibility for public health action, which means workforce development initiatives need to consider the needs of a diverse group of health workers and health professionals.
- There is an immediate need for public health training in primary care to meet the public health responsibilities of primary health organisations (PHOs).
- Many parts of the health sector require an understanding of public health/population health to effectively address the current and future health challenges.

Strengthen the public health capability of the wider health workforce.
Public health does not have enough trained staff to mount an effective response to or work alongside other agencies in, large-scale serious and unusual emergencies within NZ and the Pacific. The public health and wider health workforces need training to strengthen the public health sector’s capacity to manage such events.

### Workforce planning

- There are presently no nationally consistent planning tools to assist programme planners, DHBs and providers to predict and plan for a public health workforce that will meet future public health demand.

### Supportive workplace cultures

- There is a need for workplace environments that encourage recruitment, retention and ongoing learning and development.
- Supportive managers and workplaces are key to the uptake of training and career opportunities.

### Improving public health careers

- There is a need to increase New Zealanders’ and the health sector’s understanding of ‘what is public health’.
- The range of public health careers and public health competencies is not well understood.
- Recruitment and retention is an issue across all occupational groups.

The PH WDP provides an opportunity for innovation and expansion in the way we think about and act on public health workforce development. It proposes organised, immediate and incremental change to:

- accommodate the complexities of the public health workforce
- strengthen the wider health workforce’s training in and understanding of public health
- plan for the workforce we will need to meet future public health service delivery
- address structural and professional development issues at a national level
- support and foster regional and local workforce development and ingenuity.
What is the PH WDP? Te Ngako

The PH WDP is a tool to guide and direct existing and new public health workforce development in New Zealand. The PH WDP adopts a systems approach that takes a broad view of public health workforce development. It will guide public health workforce development over the next 10 years, with specific actions for the first five-year term (2007-2011). An evaluation programme will inform the implementation of actions for the second five-year term (2012-2016). The structure of the PH WDP framework is outlined in Figure 1.

**Figure 1: Structure of the PH WDP framework**


**Reducing inequalities**

**Improve Māori health**

**Pacific health gain**

**VISION**

Inequalities will be reduced and the health of all peoples in New Zealand will be improved through public health and societal strategies that are –

- delivered by a properly configured, responsive, well-trained and competent workforce (including culturally competent),
- strengthened with core public health skills and knowledge, and
- supported by infrastructure and workplaces that actively encourage and develop the public health workforce.

**GOAL ONE: Develop an effective and sustainable workforce to meet PH need in New Zealand**

- Education and training
- Māori PH workforce development
- Pacific PH workforce development
- PH sector professional development
- Wider PH workforce development

**GOAL TWO: Support PH environments to grow and develop the PH workforce**

- Workforce planning
- Information policy and research
- Supportive workplace cultures
- Public health careers

**Objective 1**

**Objective 2**

**Objective 3**

**Objective 4**

**Objective 5**

**Objective 6**

**Objective 7**

**Objective 8**

**Objective 9**

**Actions**

Implementation and evaluation to inform the second five-year term of the PH WDP
The PH WDP objectives and actions are more fully described in the summary framework on pages xi and xii and the full framework from page 29.

The PH WDP is structured so the work can build on existing workforce development activities, adapt to emerging challenges in the public health environment and link to and engage with workforce development happening in other sectors. It works at two levels: local action, and national infrastructure and support. Achieving the objectives will, over time, strengthen local planning and development through:

- regional, district and provider-level workforce plans
- workplace strategies
- a stronger focus on building capacity to address local priorities
- local relationships with tertiary providers.

These actions will be supported by national infrastructure development, such as the establishment of generic public health competencies, stronger sector wide professional development and a national training and qualifications framework with new public health training courses and qualifications.

The impact and effectiveness of the PH WDP over the first 5 year term will be evaluated to inform implementation in the second 5 year term.
Who is the public health workforce?

*Kaimahi Hapori Hauora*

Public health has been defined as the ‘science and art of preventing disease, prolonging life and promoting health through the organised efforts of society’ (Acheson 1988). The public health workforce encompasses not only those who work in public health services, but also those who carry out public health roles in other organisations and sectors. The PH WDP goals and actions are relevant to all people engaging in public health activities, regardless of what part of the health or related sectors they work in. The workforce is diverse, ranging from people with highly specialised technical expertise working in public health services, to those who take more generalist population health roles in the wider health sector or community. For some, public health may be only one component of the work they do.

There is a wide range of disciplines in the public health workforce, including public health medicine specialists, public health nurses, health promoters, health protection officers, community health workers, public health dieticians, policy analysts, demographers, planners, epidemiologists, environmental health officers and researchers. The majority of public health workers work in 21 DHBs and 12 public health units, over 210 non-government organisations (including Māori and Pacific ones), 81 PHOs, the Ministry of Health, and over 80 local authorities, universities and research institutions.

The following is a snapshot of the Ministry of Health-funded public health provider workforce in 2004 (Phoenix Research 2004). Over time more in-depth and comprehensive workforce information is required to inform ongoing public health workforce development.

**A snapshot of the public health workforce funded by the Ministry of Health**

- There are approximately 3600 public health-related positions in the organisations surveyed.
- Health promotion and education workers are the largest employee categories at 23%. Community workers make up 11%, public health nurses 8%, and 6% are allied health professionals (public health dieticians, health technicians, dental therapists, etc). Managers and advisors make up 10%, public health physicians and other medical practitioners 3%, and health protection officers 5% of the surveyed workforce. There was a large group (30%) of ‘other support workers’ (eg. receptionists, administrators, immunisation co-ordinators, IT positions).
- The 12 public health units in New Zealand account for 34% of the workforce.
- Māori organisations make up 38% of the surveyed organisations, and 26% of the workforce surveyed is employed in those organisations.
- Fourteen organisations describe themselves as ‘by Pacific for Pacific’, and these account for 7% of organisations and 4% of the workforce.
- A high proportion of the individuals surveyed have some tertiary qualifications: 54% have degrees, 3% of whom have a Master of Public Health and a further 10% other Master’s degrees.
- Almost a quarter of the workforce (23%) are currently engaged in study towards tertiary qualifications.
- Twenty percent of the surveyed workforce work part-time.
A particular focus of the PH WDP is to strengthen the public health workforce working in organisations funded to deliver public health services to their communities. However, the wider workforce plays an increasingly important role in community health outcomes for the population of New Zealand. The PH WDP will strengthen the wider public health workforce by:

- considering the public health workforce development needs of the wider health and other sectors’ workforces in all PH WDP actions
- where possible, widening the scope of PH WDP actions to encompass the wider public health workforce in areas such as training opportunities
- developing combined initiatives with other sectors or parts of the health sector; for example, working with:
  - DHBs to address the workforce needs of those who work across public and personal health (e.g. public health nurses, Māori workforces, PHO workforces and Pacific workforces)

The median age for all those working in public health organisations is 44 years, with most in the age range 30–59 years.

Employees report moderate levels of satisfaction with their current public health roles, with 25% ‘very satisfied’ and a further 38% ‘satisfied’. A further 23% stated they are ‘somewhat satisfied’.

Those working in health protection roles have the lowest levels of satisfaction, with only 2% ‘very satisfied’ and the neutrals and dissatisfieds well above average.

Twenty-five percent of those surveyed consider they will ‘definitely’ still be working in public health in five years, and a further 36% consider they ‘probably’ will. Retirement is the most common reason for leaving, while pay rates are among the other prominent reasons to consider exiting.

The opportunity to develop new skills is valued by more public health employees than other values, including ‘good money’. (This does not necessarily mean people see this as the most important thing, as they were not asked to identify the most important.)

Public health units report considerable difficulty in recruiting across a wide range of positions (e.g. 93% report difficulty recruiting health protection officers).

Fifty-seven percent of Māori public health organisations find it difficult to recruit Māori managers.

The median income for those working full-time is $43,000 per annum.

There is low representation in the high-income groups for both Māori and Pacific workers.

Staff recruitment and training are the two most important concerns for Pacific organisations.

Over half of all Pacific public health providers are located in the Northern region (62%). This group of organisations accounts for almost all of the positions with Pacific providers (91%). Each Pacific organisation in the Northern region averages just over 17 employees – much more than the national average for Pacific organisations (just over 8).
– local authorities to identify training and development opportunities for environmental health officers
– community-based organisations to offer basic training that enables them to participate in emergency responses when events impact on their community
– tertiary training providers to strengthen the public health skills of the primary care and nursing workforces
– organisations to develop workforce plans for cross-sector issues, such as cancer control
  • where appropriate, leading or contributing to specific workforce plans that involve many sectors, such as injury prevention, Māori health and Pacific health
  • acknowledging that strengthening the public health workforce has an indirect flow-on benefit to other sectors due to movement across sectors.
The PH WDP supports the priorities of other relevant high-level government health and public health strategies. Figure 2 illustrates the strategic documents that establish the need for and influence the PH WDP approach.

**Figure 2: Relevant high-level government health and public health strategies**
What principles underpin the PH WDP?

Ngā Matapono

The former Health Workforce Advisory Committee developed seven strategic principles to guide workforce development across the whole health sector (HWAC 2005). These principles have influenced the development of the PH WDP and will support its implementation. They are summarised in Table 3.

Table 3: The Former Health Workforce Advisory Committee’s strategic principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>Equity and appropriateness</td>
<td>All communities in New Zealand must be able to expect equitable outcomes from health and disability support services, have equitable access to services that are provided in the manner most appropriate to their needs, and be able to participate in the health and disability support workforce on an equitable basis.</td>
</tr>
<tr>
<td>Strategic and sustainable supply</td>
<td>Development of the health and disability support workforce must be strategic in nature, reflect identified priorities and issues for the population, and ensure that New Zealand possesses an appropriate, sustainable and affordable supply of health and disability support practitioners.</td>
</tr>
<tr>
<td>Healthy workplaces</td>
<td>The health and disability support sector must be an attractive and healthy environment in which to work.</td>
</tr>
<tr>
<td>Collaborative practice</td>
<td>The health and disability support workforce must be encouraged and supported to work in an integrated, interdisciplinary and Intersectoral fashion.</td>
</tr>
<tr>
<td>Effective education</td>
<td>The health and disability support workforce must have access to appropriate and relevant education and ongoing training.</td>
</tr>
<tr>
<td>Stakeholder involvement</td>
<td>Effective health and disability support workforce development must be a collaborative process and involve a genuine commitment to participation and co-operation between all stakeholders, including consumers.</td>
</tr>
<tr>
<td>Information and monitoring</td>
<td>Effective health and disability support workforce development requires capturing relevant information, the capacity to use this information, and effective monitoring and evaluation tools.</td>
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</table>
Public health is also driven by *Achieving Health for all People* (AHFAP) (Ministry of Health 2003a), which has a set of principles to guide public health action. The following are an adaptation of the AHFAP principles into a workforce development context. They are a working standard applicable to all public health workforce development.

- **Improve Māori health** – ensure there is Māori participation at all levels of public health workforce development, active partnership in planning and implementing workforce development initiatives, and protection and improvement in the capacity and capability of the Māori public health workforce.

- **Strengthen leadership** – strengthen public health leadership to guide the health and social sectors to promote and improve public health and reduce inequalities.

- **Reduce inequalities** – ensure all workforce outcomes contribute to the reduction of health inequalities, particularly in Māori and Pacific public health, as this will make the greatest difference to the future health of New Zealanders.

- **Foster innovation** – foster innovation, creativity and a future focus for public health workforce development.

- **Active participation** – ensure the public health workforce actively participates at all levels in public health workforce development decisions and activities.

- **Focus on effectiveness** – using an evidence-based approach, focus on the combined effect of comprehensive public health workforce development, not just on completing tasks.

- **Build on existing strengths** – build on existing strengths by:
  - identifying and supporting what workforce development is already working well in the public health workforce development and the wider health sectors
  - identifying what is not working well, and introducing appropriate and effective alternatives.

- **Work across sectors** – the responsibility for some aspects of public health workforce development lies outside the public health sector. Working relationships with the wider health and related sectors must therefore be strengthened to ensure there is a joint commitment to improving the whole of the public health workforce.

- **Build consensus** – build consensus by working towards widespread support for a cohesive, multidisciplinary approach to public health workforce development.
Māori and public health workforce development

Te Whānake Kaimahi Māori Hapori Hauora

Māori public health workforce development is a priority of the PH WDP framework to improve Māori health and address the health disparities between Māori and non-Māori.

Health inequalities for Māori

In New Zealand there are health inequalities between socioeconomic groups, different ethnic groups and males and females. The inequalities in health are not random. In countries like New Zealand, indigenous peoples have poorer health even when socioeconomic position is considered. The broader determinants that have been shown to have the greatest influence in promoting and protecting health are income, employment, occupation, education and housing. In the health and disability sector the focus is to:

• remove barriers that affect access to health and disability services by population groups in need
• promote workforce development that will increase the capacity and capability of a more representative workforce for those higher-need population groups.

Effective distribution of resources can best be achieved by working with other sectors such as employment, income, housing, education and justice to influence approaches that positively impact on the wider determinants of health.

Responsiveness to Māori

Government agencies and community groups have different strategic frameworks for how they work with and respond to Māori to address Māori needs. The key priority is to ensure that services are available, accessible and appropriate for Māori, and are of high quality. Responsiveness to Māori requires measures that reach the structure, strategies, systems, management, staff and culture of the organisation in such a way that it will account for the needs and aspirations of Māori in all its activities, in particular, its core business.

The guiding framework used in the health sector for responding to Māori health issues is outlined in He Korowai Oranga: Māori Health Strategy (Minister of Health and Associate Minister of Health 2002a). The He Korowai Oranga framework uses the concept of whānau ora (Māori families supported to achieve their maximum health and wellbeing). Whakatakekai: Māori Health Action Plan (Ministry of Health and Associate Minister of Health 2002b) is also a vital document as it provides actions to implement He Korowai Oranga and gives rise to Raranga Tupuake: Māori Health Workforce Development Plan (Ministry of Health 2006c).

Whānau ora

In addressing Māori public health workforce development, it is essential to recognise that Māori social structure is such that income, occupation and employment factors impact not only on individuals and their whānau, but also on hapū and iwi. Raranga Tupuake (Ministry of Health 2006c), acknowledges the importance of using Māori concepts of hauora and whānau ora to address Māori disparities in employment, income and occupational status by developing a comprehensive public health workforce development plan.
The steps to achieve whānau ora are clearly set out in He Korowai Oranga. The concept of whānau ora within this strategy identifies four pathways to achieving better Māori health outcomes. This is a valuable framework for addressing the spectrum of approaches required for Māori workforce development. The four pathways are outlined below.

1. Whānau, hapū, iwi and community development
   This pathway focuses on promoting wider community development and participation, led by Māori, to provide a strong base for Māori whānau. Where whānau can manage their own health the whānau is strengthened, as is their ability to participate in their own communities. Services need to be organised around the needs of whānau rather than individuals, and physical, financial and cultural barriers need to be removed.

2. Māori participation
   This pathway focuses on supporting Māori participation in all levels of the health and disability sector. It is about effective partnerships with iwi and Māori communities, such as strengthening the capacity and scope of Māori providers, and developing the Māori workforce with new types of service-worker training and accreditation. Māori providers and workers are uniquely placed to work with whānau and hapū in holistic ways.

3. Effective service delivery
   This focuses on reducing inequalities for Māori in health by ensuring mainstream services accept increased responsibility for Māori health, and deliver services in ways that are culturally appropriate and of the highest quality. Effective service delivery includes high-quality research and information to inform government and help whānau to determine and provide for their own needs.

4. Working across sectors
   The final pathway focuses on government sectors working together to address the wider issues affecting Māori health, including occupational, economic, social and cultural aspects. It is also about sharing a common interest, and achieving improved co-ordination and service integration. An intersectoral approach to workforce development is essential.

It is also important that the frameworks and initiatives for public health – including the Māori public health workforce development approach – are aligned with the workforce development plan for the whole Māori health workforce: Raranga Tupuake (Ministry of Health 2006c).
Who will implement the PH WDP? *Mahia te mahi*

Overarching implementation of the PH WDP is the responsibility of the Public Health Directorate of the Ministry of Health. However, the workforce development priorities are relevant to many levels of the public health, education and wider sectors.

The Public Health Workforce Development Implementation Plan, which will be released in 2007, will provide a rationale for the PH WDP objectives, links to other sector strategies and initiatives, and three- to five-year outputs for the actions. It will also indicate responsibilities and the key players who will need to be involved in the various aspects of the work to ensure successful public health workforce development.

The Public Health Directorate will align its purchasing policy with the overarching goals and actions of the PH WDP and will redirect workforce development funding accordingly. In particular, public health service providers will be required to develop workforce development plans for their workforce that set and achieve development goals, such as an increase in the proportion of the workforce who have appropriate public health training and qualifications.
How will we know if the PH WDP is working?

Aromatawai

As part of the implementation plan, mechanisms will be developed to:

- over time monitor change to assess whether public health workforce issues are successfully being addressed
- provide early warning signs of the need to review, extend or develop new workforce development activities
- guide the investment in and prioritisation of the workforce development activities.

Figure 3 outlines the kind of evaluation mechanisms that may be used to assess the success and support the implementation of the PH WDP. A mix of different evaluation methods may be employed. Further work to determine suitable methods will be carried out in conjunction with the development of the PH WDP Implementation Plan.

Figure 3: Evaluating the implementation of the PH WDP
Section 2: The Public Health Workforce Development Plan Framework

Tohenga Tuarua – Te Anga
Introduction *Whakatūwhera*

The PH WDP is a response to the need for a co-ordinated strategic plan for public health workforce development to address current and future needs. The following framework has two overarching goals with nine objectives, and each objective has areas for action for the next five years. The objectives reflect the priorities identified in key sector workforce development documents, foundation research and sector input (see Appendix 1). Towards the end of the first five-year term (2007-2011), ongoing and new action areas will be identified and will become the focus for the second five-year term (2012-2016). Evaluation of the PH WDP implementation will inform ongoing and new PH WDP work (see page 28 for more information on evaluation).

The Public Health Workforce Development Implementation Plan (to be available in 2007) will identify key players and other workforce development activity planned or already occurring, relevant to the PH WDP action areas.
Goal 1: Develop an effective and sustainable public health workforce

Whakapakari

The objectives and action areas in Goal 1 are organised under the following themes:

- Education and training
- Māori public health workforce development
- Pacific public health workforce development
- Public health sector professional development
- Wider public health workforce development
Education and training  Te Aō Mārama

Objective 1

Establish an integrated, staircased framework of training, qualifications and ongoing education in public health

The aim is to grow an organised and coherent training and qualifications framework, based on generic public health competencies, which will build on courses and qualifications already available, identify gaps in training, offer opportunities to address the training needs of the workforce, and provide a basis for clear career pathways. This work will:

• improve the availability and accessibility of training, prioritising under-represented sections of the workforce
• provide a common framework for professional development
• increase the opportunities for development through structured career progression in and across professional groups
• promote life-long learning opportunities for the public health workforce
• assist with recruitment and retention issues
• help to maximise the potential of the workforce (eg. through mentoring opportunities)
• provide for increasing workforce flexibility and mobility across workforce roles
• improve the effectiveness and responsiveness of the workforce.

Both the review of current courses (Ministry of Health 2005) and sector consultation (Stewart 2006) found there is a reasonable level of availability of postgraduate training, such as the postgraduate certificate, postgraduate diploma and master in public health, as well as other postgraduate courses with a public health specialty (eg. in Māori health and population health). The most significant gaps lie in the area of undergraduate-level training. There are some courses and degrees in this area, but they are not universally accessible. The priority is to work with tertiary providers to improve the availability of undergraduate degrees such as the bachelor in health science with a public health specialty, and to develop a public health undergraduate qualification.

This work does not sit in isolation but needs to be supported by other initiatives, including the following.

1. Develop co-operative relationships between the health and education sectors: building a coherent training and qualifications framework will require formal and informal relationships between public health and education sectors at national and local levels.
2. **Build opportunities for ongoing development and training:** public health leadership development is a key objective of *Achieving Health for All People* (Ministry of Health 2003a). The overarching goal is to improve the capability of the workforce to take on leadership roles in developing public health action across public health, wider health and other sectors. This work will develop a range of strategies and initiatives to increase the proportion (and balance) of the workforce who have the opportunity to undertake leadership/management training, including ongoing professional development, scholarships, internships and ‘on the job’ training opportunities.

3. **Disseminate training and careers information:** improving access to training and development requires accessible information about public health training and careers (e.g. education opportunities, careers planning advice, staircasing, scholarships).

4. **Build supportive workplaces:** academic training is only one component in building competent and effective public health workers with satisfying and supported career pathways. Supportive managers and workplaces are key to the uptake of training and career opportunities.
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<th>Action</th>
<th>Three- to five-year outcomes for this objective</th>
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| **1.1 Develop and implement generic public health competencies across the public health workforce to provide a common framework for professional development and a foundation for skill development, including:**  
  • developing a multidisciplinary workgroup to manage this process. |  
  • Generic public health competencies are increasingly being implemented across the public health workforce. |
| **1.2 Integrate generic public health competencies into professional development, education, training and workforce planning.** |  
  • All professional groups in public health are using and building on a generic set of competencies as the foundation for cross-sectoral public health action.  
  • Training and qualifications are consistent with generic competencies (the public health sector is in partnership with tertiary trainers and the Tertiary Education Commission to achieve this). |
| **1.3 Progressively develop and build commitment to a national training and qualifications framework by:**  
  • establishing mechanisms to engage and link with the Tertiary Education Commission, and tertiary education organisations charged with improving the coherence and accessibility of public health training  
  • building on existing training to develop structured pathways  
  • developing and maintaining a public health training directory. |  
  • New Zealand has an appropriate staircased national training and qualifications framework for public health that is well understood and supported by trainers, employers, policy and funders.  
  • A tertiary training network or stakeholder group demonstrates ongoing commitment to the public health national training and qualifications framework.  
  • Key tertiary training stakeholders are actively promoting public health training.  
  • A web-based public health training directory is established. |
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<th>Action</th>
<th>Three- to five-year outcomes for this objective</th>
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| 1.4 Progressively fill the gaps in the availability and appropriateness of training at all levels by:  
  - identifying and addressing gaps in training and career pathways  
  - as a priority, progressing the development and availability of a nationally available public health/health promotion undergraduate qualification in public health. | • A national undergraduate qualification in public health is available in New Zealand. |
| 1.5 Progressively address the barriers to the accessibility of public health training, including:  
  - identifying priority access issues and supporting initiatives to address these issues  
  - funders of public health services are supporting providers to upskill their workforce in public health training and qualifications. | • Initiatives to address access issues have been identified and priority areas are being addressed.  
  • Providers and service planners are prioritising public health training and capacity development.  
  • There is a measurable increase in the number of public health workers who have recognised public health qualifications and training. |
| 1.6 Lift the capability of the public health workforce to lead health sector and community action by:  
  - developing a systematic approach to improving the leadership capability of the public health workforce  
  - increasing the suitability of, or extending, existing leadership programmes  
  - improving access to mentoring and scholarship opportunities. | • A leadership development plan is fully implemented and supported. It supports identifying emergent leaders and provides opportunities for development across the sector; for example:  
  - an effective and supported public health leadership development programme or programmes is/are well established  
  - a scholarship programme is instituted with appropriate criteria and full uptake  
  - mentoring activities are underway. |
Māori public health workforce development

Te Whānake

Objective 2

Strengthen the Māori public health workforce and the capability of the non-Māori workforce to improve Māori health and reduce inequalities

The mission for public health action in New Zealand is to reduce health inequalities and improve overall health status through population and public health activities and the organised efforts of the whole of society (Ministry of Health 2003a). To reduce inequalities and improve overall health status, efforts must be concentrated to bring about health gains and address the health disparities between Māori and non-Māori.

Developing a national Māori public health workforce development framework is a high priority. The overall goal of this priority area is to strengthen the capacity and capability of the whole of the public health workforce to respond more effectively to the health needs of Māori. The work includes developing a strategic workforce development framework within which to address the development and priority strategies for the Māori public health workforce. This work will start with a profile of the workforce (including the Māori public health workforce) to strengthen the information base for planning for Māori public health workforce development, and will include drafting a practical three-year implementation plan with a focus on priority strategies and projects.

International workforce literature indicates that measuring workforce requirements is one of the first steps in developing capability and capacity (Te Rau Matatini Ltd 2006). The former Health Workforce Advisory Committee estimated the proportion of Māori health practitioners in the regulated workforce across all health services is around 5%, but noted there was no information available for the non-regulated workforce (HWAC 2002). This point also applies to public health, although early indicative information is available: a baseline survey of the Māori workforce was undertaken as part of the survey of the general public health workforce (Phoenix Research 2004). The baseline survey showed that Māori comprise around 30% of the public health provider workforce. Although this indicates a relatively high proportion of Māori, Māori are unevenly represented across the workforce and are concentrated in less senior and less well-paid positions; for example, in the community worker, health promotion and health education fields (the unregulated public health workforce).

Although there is much to be done, preliminary research and feedback have identified the immediate priorities, which form the basis of the actions outlined in this PH WDP objective. These priorities will be further researched and integrated into the Māori development framework as it develops.
### Action

2.1 Develop a planned and strategic approach, and an implementation plan, to:

- strengthen the Māori public health workforce
- increase the capability of the non-Māori workforce to improve Māori health and reduce inequalities.

This work requires appropriate advice and the identification of strategies to support the public health workforce to more effectively address the health needs of Māori.

It will include developing a sector profile, working framework and implementation plan for the public health workforce to respond more effectively to the needs of Māori.

### Three- to five-year outcomes for this objective

- A national Māori public health workforce development provider is providing leadership and management of:
  - Māori public health workforce development initiatives
  - workforce initiatives aimed at strengthening the responsiveness and capability of the non-Māori workforce to advance Māori health.

### Action

2.2 Maximise opportunities in all the other PH WDP objectives to further Māori public health workforce priorities by:

- encouraging Māori recruitment and retention in public health careers where Māori are under-represented
- enhancing training and development opportunities for Māori in public health
- reducing training and development barriers for the Māori public health workforce
- increasing cultural support in the workplace for Māori
- improving the responsiveness of the overall workforce to Māori health needs
- implementing strategies to advance careers and leadership opportunities for Māori working in public health.

### Three- to five-year outcomes for this objective

- The number and proportion of Māori working in public health medicine, health protection and other areas of the workforce where Māori are under-represented has measurably increased.
- The number and capability of Māori working in senior, management and leadership roles in the public health sector have measurably increased.
- Other action areas have been prioritised and are being implemented.
Objective 3

Strengthen the Pacific public health workforce and the capability of the non-Pacific workforce to improve Pacific health and reduce inequalities

Similar to the overarching goals identified in the Pacific Health and Disability Workforce Development Plan (Ministry of Health 2004b), initial PH WDP research indicates the following priorities for Pacific public health workforce development:

- improve the workforce information base
- address the capacity and capability issues
- support the development of Pacific cultural competencies
- enhance access to training and development opportunities (Phoenix Research 2004).

If we are to improve the health of Pacific peoples in New Zealand and reduce health disparities, it is essential to build the capacity and capability of the Pacific public health workforce and increase the responsiveness of the non-Pacific public health workforce to Pacific public health need.

There is little baseline information available in this area. The Health Workforce Advisory Committee identified Pacific people as comprising 1.8% of the regulated health workforce (HWAC 2002). Information on the unregulated health workforce is even more scarce. We do know that the Pacific public health workforce represents a very small proportion of the sector and that few Pacific people occupy senior roles. Low numbers and low rates of representation of Pacific peoples in governance, administrative and clinical leadership roles create the potential for the health care system to be disconnected from the Pacific communities it serves. Issues such as recruitment and retention are of most concern to Pacific organisations, and the vacancy rate in Pacific public health organisations is over double the rate in public health organisations in general (Phoenix Research 2004).

Preliminary research (NZIER 2006a, NZIER 2006b, Phoenix Research 2004, Stewart 2006) has identified workforce priorities for the Pacific public health workforce that will form the basis for the actions outlined in this objective. These include:

- having robust and comprehensive information about the Pacific public health workforce to inform workforce development
- improving career pathways and succession planning for Pacific health workers, and working collaboratively with key stakeholders to help achieve improved health outcomes for Pacific peoples.
### Action

3.1 Support the development and implementation of a strategic approach to:
- strengthen the Pacific public health workforce
- increase the capability of the non-Pacific workforce to improve Pacific health and reduce inequalities

This work includes:
- improving information about the Pacific public health workforce and sharing that information appropriately with key stakeholders
- improving career pathways and succession planning for Pacific health workers
- working collaboratively with Pacific communities and the Pacific health sector to increase the understanding of public health and public health workforce roles.

3.2 Maximise opportunities in all the other PH WDP objectives to further Pacific public health workforce priorities by:
- encouraging Pacific recruitment and retention in public health careers where Pacific peoples are under-represented
- reducing training and development barriers for the Pacific public health workforce
- increasing cultural support in the workplace for Pacific public health workforce
- improving the responsiveness of the overall workforce to Pacific health needs
- supporting strategies to advance careers and leadership opportunities for Pacific people working in public health.

### Three- to five-year outcomes for this objective

- Agreed actions based on a national strategic approach are effectively being implemented.
- Accessible and useful information is available to key stakeholders to inform Pacific public health workforce development.
- The numbers of Pacific health workers in under-represented roles have measurably increased through effective and appropriate career pathways and succession planning.
- Pacific communities and the Pacific health sector have a greater understanding of the roles of the Pacific public health workforce.
- The actions arising from the other PH WDP objectives explicitly consider and, as appropriate, support Pacific public health workforce priorities.
- The number and capability of Pacific people working in senior management and leadership roles in the public health sector have measurably increased.
- Other action areas have been prioritised and are being implemented.
Objective 4

Build infrastructure for public health professional development

The Ministry of Health and District Health Boards (DHBs) have increased their expectations of the public health workforce as not only providers of public health services but also as influencers, planners and developers of public health/population health approaches across the wider health sector, particularly within Primary Health Organisations, DHBs, local government and other sectors (eg. housing).

This expectation has partly arisen from the escalation of challenges posed by the increasing complexities relating to re-emerging communicable diseases and the growing burden of non-communicable diseases. Consequently, there is greater pressure on the essential skills and competencies in both the specialised and generic ends of the public health workforce spectrum, as well as specific demands on various professional groups.

The public health workforce is small in comparison to the wider health workforce, but is made up of a wide range of disciplines and professional groups, including:

- health protection officers
- health promoters
- public health nurses
- community health workers
- public health physicians
- epidemiologists
- policy analysts
- health education practitioners
- health technicians
- public health managers
- researchers
- medical officers of health
- public health registrars
- public health advisors
- dental therapists
- public health dietitians/nutritionists.

In general, the public health workforce is not supported by a strong professional infrastructure. Only public health physicians, public health nurses and dietitians are registered under the Health Practitioners’ Competence Assurance Act 2003 (HPCAA), and only the physicians have a robust professional body within public health. The majority of the workforce are not part of regulated professions and most workers do not have the support of any professional or industry body. This work is about supporting professional groups to build infrastructure and therefore support the career development of the various disciplines within public health.
Due to the small size of the workforce and the large areas of shared competencies, it is likely that much of this can best be done if all the key groups work together to develop the workforce as a whole. This approach will strengthen opportunities to influence training and education, share infrastructure, resources and best practice, and help to balance the inequities in development opportunities. Examples of this in the short and medium term include identifying common competencies and finding opportunities for cross-disciplinary training and shared professional development. In the longer term it is envisaged that a multidisciplinary mechanism or body could be established to lead and support public health workforce development and oversee multidisciplinary training, similar in level to the training programme available for public health physicians. Comprehensive public health action will also be strengthened by this approach.
### Action

**4.1 Support the development of a multi-disciplinary collective approach to public health workforce development across professional boundaries that:**

- provides a unified public health voice to the education sector
- develops collective strategies
- assists multidisciplinary training and professional development.

**3- to five-year outcomes for this objective**

- An active multidisciplinary entity is well supported by all the key professional groups and is adding value by supporting the professional development and ongoing training of all groups in the sector.
- The public health sector is more effective at working across professional boundaries.

**4.2 Establish (where they do not already exist) professional development mechanisms for key public health workforce groups to lead professional development, develop competencies and standards, and achieve external recognition; in particular:**

- support the development of groups/mechanisms to lead the professional development of health promotion and health protection workforces
- work with leaders/stakeholders for public health nurses, community health workers and other public health disciplines to identify ways of supporting the professional needs of the respective workforce groups
- investigate options for an industry-wide approach or body to manage public health professional and sector development.

**3- to five-year outcomes for this objective**

- Appropriate career pathways have been identified and a process is in place to foster course availability and accessibility; leading to ongoing professional development.
- A professional leadership body is in place, or is in progress, for health promotion, health protection and other priority workforce groups for setting standards, developing external recognition and self-regulation. They may be working towards formal registration through the HPCAA. (This may be the multidisciplinary body above.)

**4.3 Support key professional/occupational groups to develop professional competencies (which are built on the public health generic competencies) that strengthens:**

- discipline-based career pathways
- inter-professional career pathways
- recruitment and retention strategies.

**3- to five-year outcomes for this objective**

- Professional competencies (if required), that build on the generic public health competencies, are in place for each professional/occupational group.
Wider public health workforce development

Ngā Kaimahi o te Hapori Hauora Whānui

Objective 5

Strengthen the public health capability of the wider health workforce

The public health workforce is not confined to public health ‘services’. Public health skills and experience (including the skills to deal with new and re-emerging diseases and mass casualty events) are required across the wider health sector (eg. PHOs, community services, DHB planning and governance, hospitals, disability services) and other sectors with population health responsibilities (eg. local authorities).

The most urgent priority identified in sector consultation is to address the workforce development requirements of the Primary Health Care Strategy (Minister of Health 2001). Indeed, this is one of the priorities identified in Framing Future Directions (HWAC 2003a). PHOs are responsible for the health of their enrolled populations and for the provision of public health actions, which entails providing access to public health training and development opportunities for the relevant workforce in primary care environments. The development of PHOs is a significant opportunity for public health action to be strengthened in a primary care environment, but also poses a workforce challenge for both the traditional primary health care and public health sectors.

A second priority is the need to strengthen the public health/health promotion skills of the wider health workforce (eg. in hospitals and community services) through the provision of support and input to professional training and competency development.

A third focus of this work area is the development of links across training and qualifications. In particular, integrating training for primary care into the public health training and qualifications framework and strengthening synergies between common programmes across sectors.
### Action

#### 5.1 Build the public health capability of the wider health workforce; in particular:

- support the development of a training course or courses for public health/health promotion in a primary health care setting
- ensure training for ‘public health in a primary health setting’ is a part of all public health training courses and qualifications
- identify opportunities to strengthen the public health component of clinical training programmes and competencies (eg. GPs, practice nurses)
- support the health and other related sectors to build workforce capacity and capability to deal with new and re-emerging diseases and mass casualty events
- support emergency response training for the wider health sector (including community-based organisations) to ensure an integrated approach is achieved nationally and to enable public health services to obtain surge capacity (eg. in primary care).

#### 5.2 Analyse and link training and career pathways for common programmes across sectors; eg. health protection (public health services), environmental health (local government) and emergency management (Co-ordinated Incident Management System).

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<th>Three- to five-year outcomes for this objective</th>
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<tr>
<td>• Appropriate high-quality health promotion/public health training is available for health promotion practitioners, planners and managers in PHOs.</td>
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<tr>
<td>• Health promotion/public health in a primary care setting is a core component of training and qualifications in public health.</td>
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<tr>
<td>• Public health competencies are incorporated into training and competencies of other health professionals (eg. GPs, practice nurses).</td>
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<tr>
<td>• Emergency training programmes for health and other sectors incorporate emergency issues relating to public health responses.</td>
</tr>
<tr>
<td>• Public health services participate in and promote emergency response training, including participation in exercises at a minimum of once per year.</td>
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<td>• Commonalities in training and career pathways are identified and linked.</td>
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Goal 2: Support public health environments to grow and develop the public health workforce

Tautoko, Whakatipua I Ngā Kaimahi o Te Hapori Hauora

The objectives and action areas in Goal 2 are organised under the following themes:

- Workforce planning
- Information, policy and research
- Supportive workplace cultures
- Public health careers
**Objective 6**

**Advance workforce planning and capacity building to grow the public health workforce**

Workforce planning for public health is not straightforward. Services are provided to a whole community, not to individuals, and include both the prevention of illness and responsiveness to public health emergencies and threats. It is difficult, therefore, to predict and plan a workforce to meet these demands. The priority is to work with DHBs and public health providers to develop a workable planning model and tools to assist programme planners, DHBs and public health organisations to predict and plan for future workforce needs.

It is envisaged that generic workforce planning models and tools will need to be adaptable to specific organisational or programme contexts, and that the initial development of the model will therefore focus on a specific public health issue (eg. the workforce requirements for Healthy Eating-Healthy Action). However, the overall objective is to develop a model that can be used at the national programme level, regional/district level and provider level.

Effective public health workforce planning needs to be carried out in conjunction with planning for sector development. Public health services, by definition, must adapt to the changing needs of the communities they serve and work in partnership with the evolving health sector. Any planning model needs to allow for public health roles to evolve and change. For example, DHBs are increasingly using public health professionals in population health planning and needs assessment. The development of PHOs has allowed new public health roles to emerge. Finally, the requirement for long-term council community plans by local authorities is demanding a stronger public health role in building healthy public policies and environments.
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<tr>
<td><strong>6.1 Develop and trial a public health workforce planning model and</strong></td>
<td>• The planning model is effective and useful at national, regional and provider levels.</td>
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<td><strong>tool(s) to assist the Ministry of Health, DHBs and providers to</strong></td>
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<td><strong>plan for their workforce needs and to build the capacity of</strong></td>
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<td><strong>their workforces.</strong></td>
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<tr>
<td><strong>6.2 Incorporate the planning tool(s) into</strong></td>
<td>• Assessment and future planning for the public health workforce is built into appropriate national, DHB and provider-level strategic and operational planning.</td>
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<tr>
<td><strong>overall health workforce planning at local and regional levels and</strong></td>
<td>• The use of workforce planning tools is generating information to inform curriculum development.</td>
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<td><strong>into national programme planning for public health.</strong></td>
<td></td>
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<tr>
<td><strong>6.3 Develop ongoing review mechanism(s).</strong></td>
<td>• There are regular reviews of the use and effectiveness of the planning tools.</td>
</tr>
<tr>
<td><strong>This work requires workforce modeling and benchmarking and is</strong></td>
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<tr>
<td><strong>informed by links to:</strong></td>
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<tr>
<td>• the information initiatives in Objective 7</td>
<td></td>
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<tr>
<td>• existing resources and information sources</td>
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<tr>
<td>• capacity planning (service delivery planning).</td>
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Objective 7

**Strengthen the public health workforce information, policy and research base to inform ongoing public health workforce development**

The unregulated nature of much of the public health workforce means there are many gaps in its information base. Strengthening this information base is essential for effective ongoing planning and relevant workforce development to take place at national, regional and local levels.

Accurate, timely and useful information, research and evaluation are necessary to:

- build a workforce with the right numbers to meet current and future demand
- identify gaps in competencies, career pathways, training and educational opportunities
- identify geographical shortages and under-representations of cultural groups in particular disciplines
- identify emerging workforce development issues for the whole of the workforce, particular disciplines or specific cultures
- monitor targets, benchmarks and trends
- evaluate the effectiveness of the initiatives
- refocus the overall approach, goals and objectives of the PH WDP to ensure that over time, they remain relevant.

Work to review international links and development is also essential to ensure we remain current with public health workforce development in other countries.

The former Health Workforce Advisory Committee’s principle of ‘Information and Monitoring’ states that effective health and disability support workforce development requires capturing relevant information, the capacity to use this information, and effective monitoring and evaluation tools (HWAC 2005). Objective 7 directly supports this principle.
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<tr>
<td><strong>7.1</strong> Develop and implement initiatives to obtain (on an ongoing basis) relevant workforce and service delivery information to inform public health workforce development using and linking to relevant existing or new information sources and initiatives (eg. the DHBNZ Health Workforce Information Project).</td>
<td>• Accessible, useful information is routinely available to inform public health workforce development.</td>
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<tr>
<td><strong>7.2</strong> Identify and implement ongoing research activities to inform and support public health workforce development; in particular • assess the workforce needs of people from other ethnicities (eg. Asian) working in public health • assess the capacity and capability of the public health workforce to respond to emergent and irregular demands.</td>
<td>• New and emerging research needs are identified, and priority work areas are commencing. • Project work to assess the needs of people from other ethnicities working in public health is underway or completed. • An assessment of the public health workforce’s capacity and capability to respond to emergent and irregular demands is underway or completed, and priority actions are commencing.</td>
</tr>
<tr>
<td><strong>7.3</strong> Align all public health workforce development approaches, initiatives and activities with relevant policy, regulation and legislation, such as: • the HPCAA • the Public Health Bill.</td>
<td>• All PH WDP activities and initiatives align with relevant policy, regulation and legislation.</td>
</tr>
<tr>
<td><strong>7.4</strong> Instigate ongoing evaluation activities to: • contribute to the effectiveness of the implementation of the PH WDP • assess the impact of the PH WDP’s implementation • provide insight into how the PH WDP can be enhanced or adapted to better meet the needs of the public health workforce.</td>
<td>• Ongoing PH WDP strategy development and implementation are informed by effective evaluation and monitoring.</td>
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Supportive workplace cultures

Ngā Tikanga o te Wāhi Mahi

Objective 8

Nurture and develop supportive workplace cultures to achieve optimal workforce capability and capacity

This objective encompasses two key ideas. The first, drawing from the Health Workforce Advisory Committee’s Strategic Principles for Workforce Development in New Zealand (see page 23), is that the workforce should be working in environments that are themselves healthy (HWAC 2005). The second is the importance of establishing learning environments that encourage recruitment, retention and ongoing learning and development. Workforce potential, participation and productivity are maximised by ensuring that workplace environments, cultures and employment practices are responsive to the needs of the workforce (Ministry of Health 2006b).

As they are for the health sector as a whole, recruitment and retention are major issues for public health. The 2004 survey of the public health workforce identified a range of factors affecting staff recruitment and retention, such as unsupportive workplaces, unclear career pathways, the poor profile of public health, poor pay rates, and limited vision or opportunity for future progression (Phoenix Research 2004). Māori respondents identified a number of issues relating to the workplace environment, including cultural sensitivity and issues of role clarity.

The former Health Workforce Advisory Committee identified the development of healthy workplace environments as a key priority for New Zealand’s health and disability support sector:

- Developing such environments will enhance our ability to recruit and retain appropriate staff in a competitive global environment, have financial benefits for health service providers and, perhaps most importantly, have a positive impact on the health outcomes of health and disability support service users. (HWAC 2006)

High turnover results in loss of institutional knowledge, workplace stress, reduced service quality, diminished attractiveness of the workplace and reduced productivity. The aim is to nurture and sustain healthy environments. Healthy workplaces have strong internal infrastructures, positive organisational culture, good leadership, governance and management, and support workers with professional and career development opportunities.

Efforts to increase the number of Pacific people in the public health sector rely on supportive environments. Future Directions (HWAC 2003b) includes several recommendations for improving the employment environment for Pacific people.

Some important public health outcomes are achieved as a result of organisation-wide actions and capabilities, rather than those of individual members of the workforce. Investigation and description of these organisational characteristics and processes could benefit all organisations that have a public health role, including those in the wider health sector and beyond.
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<th><strong>Action</strong></th>
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| 8.1 Develop tools and national guidelines (drawing on existing tools where they exist) to support planning and healthy workplace environments for public health providers at an organisational level. This work will include guides and toolkits or initiatives to assist with:  
  • organisational development activities and incentives (including sharing of best practice)  
  • linking performance management to generic public health competencies  
  • induction and other training and development opportunities. | • Organisations report a measurable improvement in indicators of recruitment and retention.  
  • Public health organisations are seen as supportive workplace environments, with policies that foster learning and development and promote rewarding career pathways.  
  • Public health providers are developing workforce plans and using national guidelines.  
  • Information from monitoring of the workforce plans is part of an ongoing workforce planning role at a national level. |
| 8.2 Develop and progressively implement a set of organisational competencies that could be built into organisational development programmes. | • Organisational competencies are starting to be built into organisation development programmes. |
| 8.3 Develop and progressively implement a set of organisational Māori responsiveness competencies for improving Māori public health. | • Māori responsiveness competencies for organisations are being implemented. |
| 8.4 Develop and progressively implement a set of organisational Pacific responsiveness competencies for improving Pacific public health. | • Pacific responsiveness competencies for organisations are being implemented. |
| 8.5 Instigate contractual requirements for workforce development plans and monitoring in all Ministry of Health public health provider contracts, and implement ongoing review mechanisms. | • Providers have workforce development plans that are monitored through contracts. |
Public health careers

Ngā Umanga o te Hapori Hauora

Objective 9

Increase the understanding of, and promote careers in, public health

In comparison to other health careers, public health careers tend to have a low profile. This is fuelled by a lack of understanding that public health is a distinct layer of the health system and that population health issues are often not visible in society. Lives saved and inequalities prevented are not considered priority news, and basic services such as safe water, health-protecting legislation and the promotion of health are not high in the community’s mind unless there is a major crisis. Effective recruitment relies on a common understanding of what public health is and the belief that careers in public health are well supported and fulfilling.

Current information suggests that the public health workforce does not always reflect the community it serves and is not configured to address the inequalities in our community. For instance, Māori appear to be well represented in overall numbers, but not in positions of seniority and leadership. Pacific peoples are under-represented in the public health workforce. Also, it appears that young people are not sufficiently represented in the public health workforce to counter-balance the impacts of our ageing population.

The changing roles of public health professionals resulting from the need to incorporate population health approaches across the wider health sector and other sectors mean there is a need to recruit and train a higher proportion of workers with public health competencies. Public health’s profile needs to be promoted as part of sector-wide initiatives planned for the future.
<table>
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<tr>
<th>Action</th>
<th>Three- to five-year outcomes for this objective</th>
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<tr>
<td>9.1 Develop a sector-wide approach to:</td>
<td>• There is an agreed approach, with identified initiatives, and some of those initiatives are underway.</td>
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<tr>
<td>• improve the profile and understanding of public health careers</td>
<td></td>
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<tr>
<td>• promote careers in public health.</td>
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<tr>
<td>This work links to the brand development work led by DHBNZ to</td>
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<td>grow positive perceptions of careers in the health sector as a whole.</td>
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<tr>
<td>9.2 Implement initiatives to promote public health careers, including</td>
<td>• The public health careers booklet, Working for a Better Future (Ministry of Health 2006e), is widely disseminated.</td>
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<td>recruitment tools and materials (print and web based); in particular:</td>
<td>• A web-based guide to public health workforce development and careers is available and accessible.</td>
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<td>• develop information initiatives that focus on tertiary study</td>
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<td>leavers and the returning workforce (eg. the public health careers</td>
<td></td>
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<tr>
<td>booklet)</td>
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<td>• establish a web-based guide to public health workforce development</td>
<td></td>
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<tr>
<td>and careers.</td>
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<tr>
<td>9.3 Implement initiatives to encourage entry into under-represented</td>
<td>• Under-represented disciplines are identified and initiatives to encourage entry are underway.</td>
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<td>disciplines in public health.</td>
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<tr>
<td>9.4 Improve the wider health workforce’s understanding of public</td>
<td>• The wider health workforce has an improved understanding of public health competencies and skills.</td>
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<tr>
<td>health competencies and skills through initiatives and communication</td>
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<tr>
<td>opportunities.</td>
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This appendix summarises the links between the final reports commissioned as part of the development of the PH WDP, and the goals, themes, objectives and actions in the PH WDP. They are a mix of published and unpublished reports that were written between 2002 and 2007. They are presented in categories, in date order. Copies of the reports can be obtained from www.publichealthworkforce.org.nz or from the Public Health Directorate of the Ministry of Health.

At the time of publication of the PH WDP, the following work was underway, but not finalised:

- a Māori public health workforce development approach and recommendations for implementation
- the development of a public health workforce development website.

**Public health workforce issues and contextual information**

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<tr>
<th>Report</th>
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<th>How the report has been incorporated into the PH WDP</th>
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<tr>
<td><em>Stocktake – Workforce Development in Public Health Directorate Contracts</em> (2004) Diane Ryan</td>
<td>This report summarises the content of a range of contracts between the Ministry of Health's Public Health Directorate and providers (including a workforce development component) during the period 2003/04.</td>
<td>Ministry of Health public health contracting will evolve as the PH WDP is implemented (eg. Action 8.5: ‘Instigate contractual requirements for workforce development plans and monitoring in all Ministry of Health public health provider contracts, and implement ongoing review mechanisms’).</td>
</tr>
<tr>
<td><em>Public Health Workforce Development: Background Literature Review</em> (July 2004) Health and Safety Developments, Auckland</td>
<td>This report identifies the context for and issues related to public health workforce development in New Zealand and selected other countries. It summarises approaches taken to public health workforce development, including defining public health work in terms of core functions and essential services, the competencies of the workforce and public health organisations.</td>
<td>Approaches used in other sectors and other countries will be reflected in PH WDP initiatives (eg. Objective 7: ‘Strengthen the public health workforce research, policy and information base to inform ongoing public health workforce development’). In addition, specific findings in the report, such as the international trend for developing competencies, are reflected in the PH WDP (Action 1.1).</td>
</tr>
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1 The full version of this report is available from www.publichealthworkforce.org.nz.
2 This appendix includes a few reports that were not specifically commissioned by the PH WDP project, but which relate to public health workforce development in at least some respect, and were completed during or just before the project period. Those which were not project-commissioned reports have an asterisk after the report title.
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<th><strong>Report</strong></th>
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<tr>
<td>Public Health Workforce Development Research: Survey of organisations and individuals (2004) Phoenix Research Ltd</td>
<td>The main report provides the overall findings of three linked surveys of the public health workforce. There are also separate volumes which analyse specific workforces: community health workers, DHB public health unit employees, public health nurses, injury prevention workers and those employees of the Cancer Society who hold public health roles. There are also separate volumes analysing findings for those respondents who identified themselves as Māori or Pacific people. Topics include: the profile of public health organisations and their employees; perceptions of public health workforce issues and their importance; experience, recruitment, satisfaction and retention of employees, and initiatives being used to address these; qualifications and training, training needs and barriers; and responsiveness to Māori and Pacific workforces.</td>
<td>These detailed profiles of the workforce offer a foundation for further analysis, setting priorities for workforce development and monitoring trends over time (eg. the initiatives in Objective 7: ‘Strengthen the public health workforce information, policy and research base to inform ongoing public health workforce development’, particularly Actions 7.2 and 7.4)</td>
</tr>
<tr>
<td>Essential Public Health Functions: Carpe diem time for New Zealand? (July 2004) Helen McCracken</td>
<td>This ‘think piece’ is a vehicle for informing and progressing discussion on the relevance and usefulness of essential public health functions (EPHFs) in the New Zealand context. EPHFs are defined as conditions that permit better public health practice and strengthen the institutional capacity needed to deliver on public health goals (ie. addressing the determinants of health, protecting a population’s health, and treating</td>
<td>A New Zealand EPHF framework would be developed outside the PH WDP process. This report is included in the PH WDP here to promote wider discussion.</td>
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<td>Report</td>
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<td>How the report has been incorporated into the PH WDP</td>
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DBK Consulting Ltd Auckland               | Five EPHF frameworks are reviewed, including considering their development and how they have been applied in practice. An analysis of how EPHFs may be used to achieve positive public health outcomes is presented, and further reading is included. | Objective 6 (relating to workforce planning) and Objective 7 (on information, policy and research) will integrate the content of this report. |
| *Māori Health Protection Scoping Paper*    | This report identifies the relevant context and issues relating to the specification, collection and analysis of public health workforce information, and recommends principles, data elements and a framework for action in New Zealand. | Objective 2 is to: ‘Strengthen the Māori public health workforce and the capability of the non-Māori workforce to improve Māori health’, and this includes the issues identified for health protection officers. |

**Māori public health workforce development**
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<tr>
<td>Māori Public Health Workforce Development Project: Report to Public Health Directorate, Ministry of Health (July 2004) Auckland Regional Public Health Services</td>
<td>This report canvasses the major issues relating to Māori public health workforce development, citing a number of other reports and interview findings. It provides an overview and scope of a range of topics of relevance and consideration to Māori public health workforce development, and assists in informing the wider workforce development project. The focus is on public health practitioners with Māori ethnicity, although some mention is made of the workforce development needs of non-Māori who work with Māori communities.</td>
<td>The PH WDP’s Action 2.1 will build on this report: ‘Develop a planned and strategic approach, and an implementation plan, to strengthen the Māori public health workforce and increase the capability of the non-Māori workforce to improve Māori health gain and reduce inequalities.’ PH WDP Action 8.2 is also relevant. This involves developing organisational competencies, including workforce responsiveness competencies, to increase Māori and Pacific health gain. Māori will also be a specific focus for work to be done in Objective 9: ‘Increase the understanding of, and promote careers in, public health.’</td>
</tr>
<tr>
<td>Evaluation Report on the Leadership in Māori Public Health Programme (July 2005) Paewhenua Hou Partnership</td>
<td>This report documents an evaluation of the leadership in Māori public health programme (LIMPH), as delivered in 2002 in the Midland region, and in 2004 in the Auckland region, by Mauri Ora Associates. The evaluation focused on the effectiveness and applicability of this kaupapa Māori programme to contribute to the Māori public health workforce development strategic goals for Māori public health leadership development. Effectiveness was evaluated in terms of the individual</td>
<td>This report will inform the actions that emerge from PH WDP Objective 2. It has added to the understanding of leadership issues for Māori, and the benefits of specific leadership development programmes.</td>
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<tr>
<td>Mentor as a Viable Element for Workforce Development in the Public Health Workforce: Final report (July 2005) Tuituia Consultancy Services</td>
<td>participants’ leadership skills, knowledge and confidence development, and the development of their ability to build capacity in others, to create change, and to establish a support network with others. Programme applicability considered programme strengths and weaknesses, its potential in other areas, and its impact on improving Māori public health service delivery.</td>
<td>This exploratory report considers issues relating to mentoring, particularly the validity and applicability of mentoring in a Māori cultural context, for the Māori public health workforce. This is phrased as: ‘Can mentoring, whānau support (whanaunga-tanga) and further training provide a pathway for Māori currently in the health workforce to ensure their career aspirations can be met?’ Definitions are included, and comparisons are made with other approaches to providing support for workers. Mentoring-related activities in a number of New Zealand sectors are described. The report provides a foundation for further work on tools/frameworks that could be developed to implement mentoring for the Māori public health workforce.</td>
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## Pacific public health workforce development

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<tr>
<td>Pacific public health workforce needs assessment: Stage one – desk research (August 2006) NZIER</td>
<td>This report presents the findings of the first stage of a ‘needs assessment’ study of the Pacific public health workforce. The desk research aims to profile the Pacific public health workforce, identify the key workforce development issues facing the Pacific public health workforce, and potential strategies to address those issues which can then be tested through fono and interviews. The overall study will inform the actions and initiatives implemented to strengthen the Pacific public health workforce, and where appropriate the non-Pacific public health workforce, to improve Pacific public health gain.</td>
<td>Issues identified in the PH WDP include: There is incomplete robust and comprehensive information on the characteristics, numbers, locations, occupations and workforce issues of the Pacific public health workforce. Pacific peoples are not well represented in some professional groups (eg. public health medicine, health protection and in senior positions). The PH WDP approach is to strengthen the Pacific public health workforce and increase the capability of the non-Pacific workforce to improve Pacific health gain and reduce inequalities.</td>
</tr>
<tr>
<td>Pacific public health workforce needs assessment: Final stage – strategy development (December 2006) NZIER</td>
<td>This report provides final recommendations to the Public Health Directorate of the Ministry of Health for a Pacific public health workforce needs assessment. The purpose of this study was to identify practical strategies to improve representation of Pacific people in the public health workforce, as well as to assist small providers, strengthen career pathways, and improve professional support of the Pacific public health workforce.</td>
<td>Objective 3 is to strengthen the Pacific public health workforce and the capability of the non-Pacific workforce to improve Pacific health and reduce inequalities, and includes Action 3.1 – Support the development and implementation of a strategic approach to: • strengthen the Pacific public health workforce • increase the capability of the non-Pacific workforce to improve Pacific health gain and reduce inequalities. Also, Action 3.2 is to maximise opportunities in all the other PH WDP objectives to further Pacific public health workforce priorities.</td>
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APPENDIX 1: RESEARCH REVIEW REPORT SUMMARY • NGĀ MATAKINO

Report Scope How the report has been incorporated into the PH WDP

Objective 8 is to nurture and develop supportive workplace cultures to achieve optimal workforce capability and capacity, and includes an action to develop and progressively implement a set of organisational Pacific responsiveness competencies for Pacific public health.


Emergency management workforce development

Report Scope How the report has been incorporated into the PH WDP

Review of the New Zealand health sector’s response to the outbreak of severe acute respiratory syndrome (SARS)* (2003) BRC Marketing & Social Research with Allen & Clarke Ltd
This report provides a review of the New Zealand health sector's response to the threat of SARS, covering the responses of the Ministry of Health, DHBs, public health units and the wider health sector. It identifies areas of strength on which to build, weaknesses that can be addressed, and lessons learned that will see New Zealand’s health sector better prepared for the next global infectious disease outbreak. Workforce issues are incorporated in the analysis.
Action 5.1 includes support emergency response training for the public health and wider health sector to address capacity and capability issues in emergency management, new and re-emerging diseases and mass casualty events.
Action 5.2 provides for Co-ordinated Incident Management System training.
Action 7.2 provides for assessment of the capacity and capability of the public health workforce to respond to emergent and irregular demands.

Review of the capacity of the national health system to respond to serious and unusual emergencies (Study Report (Final))* (2005) Booz Allen Hamilton
This report reviews the capacity of the health sector to deal with serious and unusual emergencies. It provides advice on options to address gaps in capacity, and makes recommendations based on a high level cost benefit analysis.
Action 5.1 includes support emergency response training for the public health and wider health sector to address capacity and capability issues in emergency management, new and re-emerging diseases and mass casualty events.

APPENDIX 1: RESEARCH REVIEW REPORT SUMMARY • NGĀ MATAKINO

Report Scope

The workforce study questions included:
• Are there shortfalls in the availability of specific health occupations relevant to the emergency response?
• Are there gaps in skills related to basic professional training, specialist training, or training through participation in emergency response exercises?
• What are the options to address identified gaps?

How the report has been incorporated into the PH WDP

Action 5.2 provides for Co-ordinated Incident Management System training.
Action 7.2 provides for assessment of the capacity and capability of the public health workforce to respond to emergent and irregular demands.

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Education, leadership and public health careers

**Report**

Public Health Leadership Programme Review: Issues and options for New Zealand (July 2004)
Allison Nichols-Dunsmuir

**Scope**

This report identifies the background issues and a range of options for the Public Health Directorate to consider in relation to leadership development of the public health sector, with a focus on specific leadership programmes. It also identifies current leadership-related activities. Recommendations are made encompassing both a specific leadership programme and other ways the Directorate can facilitate public health leadership.

**How the report has been incorporated into the PH WDP**

Action 1.5 proposes to lift the capability of the public health workforce to promote and improve health and reduce inequalities by developing a systematic approach to improving the leadership capability of the public health workforce through increasing or extending access to leadership programmes, mentoring and scholarships.
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<th>Report</th>
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<th>How the report has been incorporated into the PH WDP</th>
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<tr>
<td>Project to Undertake Research Relating to Core Public Health Competencies: Project report (March 2005) Competency International Limited</td>
<td>This report includes a literature search on models and concepts of competence, approaches to its description, and good practice in competency-based assessment and training in the workplace. The report analyses 1270 relevant existing competency statements from 15 New Zealand and nine representative sample internationally sourced documents, organising them into common categories, identifying gaps, and proposing a set of competencies relevant for public health. The proposed competencies would be categorised as generic, advancing and technical. Recommendations are provided for the way forward, with competency development in the public health sector with risk analysis and implications.</td>
<td>PH WDP Action 1.1 involves developing and implementing generic public health competencies to provide a common framework for professional development and a foundation for skill development across specific public health issues.</td>
</tr>
<tr>
<td>Review of Issues Relating to Establishing a Public Health Industry Training Organisation: Report and appendices (May 2005) Competency International Limited</td>
<td>This report provides background information and canvasses issues and options for training infrastructure in public health. The focus is on options for an industry training organisation (ITO) or similar arrangements. Topics discussed include: What are ITOs and how might they relate to public health structures?; the potential contribution of ITOs and other options, benefits, risks and difficulties; the impact of the HPCAA; current relationships between ITOs and professional bodies; current coverage of the</td>
<td>All of the actions in PH WDP Objective 1 require an understanding of the education sector, as outlined in this report. The PH WDP recognises the potential of strong health/education links, as well as the key role played by professional bodies, reflected in Objective 4: ‘Build infrastructure for public health professional development’.</td>
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<td><strong>A Report on Multidisciplinary Approaches in Public Health</strong> (May 2005) Competency International Limited</td>
<td>This report discusses multidisciplinary approaches to work in a range of professions, defined as a new way of working that involves the coalescing of disciplines/professions in groups to address an issue or issues. There is little literature on multidisciplinary models in public health compared to other areas of health service delivery. An exception is the UK Faculty of Public Health, which has opened up its membership to non-doctors. Definitions are given, and theoretical and practical issues are identified, including benefits, barriers and wider implications of adopting multidisciplinary approaches. A bibliography of articles and websites is included for further reading.</td>
<td>The PH WDP considers the potential for the public health workforce to operate in a multidisciplinary fashion, where appropriate; examples include Action 4.1: ‘Support the development of a multidisciplinary collective approach to professional development; and Action 5.2: ‘Analyse training and career pathways for common programmes across sectors; eg. health protection (public health services), environmental health (local government) and emergency management (CIMS).</td>
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<tr>
<td><strong>Career Pathways in Public Health: Stage one project report</strong> (September 2005) Competency International Limited</td>
<td>This report examines issues relating to career pathways relevant to the public health workforce. The lack of a career pathway was identified in the Phoenix workforce surveys as an issue for the current workforce that may contribute to recruitment and retention problems. An international literature review identifies definitions, and a range of approaches that different health professions and localities have taken to career pathways as relevant to workforce development and</td>
<td>The PH WDP’s Objective 1: ‘Establish an integrated, staircased framework of training, qualifications and ongoing education in public health’ is informed by this report. It confirms the Phoenix report survey information regarding the importance of progress in this area for the public health workforce. To help make it happen, the PH WDP’s Objective 4 will involve the professional bodies in a range of initiatives to improve career pathways in public health.</td>
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### Draft Generic Competencies for Public Health in Aotearoa-New Zealand, and Draft Implementation Report

**Scope:** These reports present the results of a project to develop generic public health competencies, and the consultation on the draft competencies. These competencies represent the minimum baseline knowledge and practice for all public health roles across the entire health sector, and include competency statements and performance requirements. The implementation report discusses the development and use of the competencies, and includes recommendations for their implementation.

**How the report has been incorporated into the PH WDP:** Actions 1.1 and 1.2 provide for the development and implementation of generic public health competencies, which are an essential building block of the PH WDP work. They are linked to many of the PH WDP objectives and provide a common framework for professional and skill development, and a basis for workforce planning. Generic competencies will, over time, be integrated into training and qualifications, and professional development.

### Health protection workforce

#### Defining Competencies for Designation as a Health Protection Officer

**Report**

Defining Competencies for Designation as a Health Protection Officer
(October 2002)
Ministry of Health

**Scope:** This report provides recommended core competencies to be used when the Director-General of Health designates new health protection officers. There are detailed lists of competencies to be attained. It recognises that education and training need to be flexible to meet individual needs.

**How the report has been incorporated into the PH WDP:** The PH WDP will involve the development of public health competencies that will align with existing competencies, such as those for HPOs. The role of professional bodies is recognised (e.g. in Action 4.2, one aspect of which is to: ‘Support the development of groups/mechanisms to lead the
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<tr>
<td>Identifying Ongoing Competence Requirements for Designated Health Protection Officers (Final Report) (October 2003) Allen and Clarke</td>
<td>This report sets out the findings of a consultation exercise on the ongoing competence requirements for health protection officers (HPOs). It identifies a proposed option for establishing an ongoing competence scheme and, as part of this, identifies broad-level areas in which HPOs are required to maintain competence. It makes both in-principle strategic and operational recommendations regarding the adoption of a formal ongoing competence programme for HPOs, including principles and draft programme provisions. A timetable for implementation is outlined.</td>
<td>The PH WDP addresses ongoing competence across the public health workforce, including professional competence for HPOs. The professional bodies will be integral to this (Action 4.2).</td>
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See also the Māori Health Protection Scoping Paper by Chris Webber. (June 2004)
Primary health care and public health

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<tr>
<td>Workforce Development to Support a Population Health Approach in Primary Health Organisations (PHOs): Final report (December 2003) Liane Penney, Julie Macdonald, Dr Paul Duignan</td>
<td>This report provides an overview of workforce development issues arising from the implementation of the Primary Health Care Strategy which are related to strengthening a population and health promotion focus in PHOs. It includes a detailed stakeholder plan outlining a recommended process for working with the diverse range of stakeholders. Actions required to address inequalities are identified. The report also identifies key elements that should underpin a PHO’s focus on population health and health promotion, and relevant activities that might be adopted by PHOs. It outlines a process called collaborative ongoing formative evaluation (COFE), recommending it be used to progress the necessary organisational workforce development in PHOs.</td>
<td>A significant aspect of the PH WDP involves strengthening the public health capability of the wider public health workforce (Objective 5) with a particular focus on the primary health care sector.</td>
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<tr>
<td>Primary Care Clinicians Supporting Health Promotion Project: Report on stage one, consultation (November 2004) Doone Winnard</td>
<td>This report presents the results of the consultation phase of a project designed to develop champions for a public health and health promotion perspective among clinicians and senior management in PHOs in the three DHBs in the Auckland region, by organising a series of workshops to promote team learning. The report identified support for the aims of the project, but found that the need to clarify shared working definitions, expectations of PHOs in relation to their roles in public health</td>
<td>A significant aspect of the PH WDP involves strengthening the public health capability of the wider public health workforce (Objective 5), with a particular focus on the primary health care sector.</td>
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<td>Workforce development for health promotion and population health in primary care: Equipping people to ask the ‘right’ questions to achieve the population health goals of the Primary Health Care Strategy (March 2006) Doone Winnard</td>
<td>This report highlights key issues related to how health promotion capacity in PHOs can best work with and support the primary care workforce to achieve the goals of the Primary Health Care Strategy and makes recommendations for action, some of which are needed urgently, to enhance this capacity.</td>
<td>A significant aspect of the PH WDP involves strengthening the public health capability of the wider public health workforce (Objective 5), with a particular focus on the primary health care sector. PHOs are noted in the PH WDP, with an immediate need for public health training in primary care to meet the public health responsibilities of PHOs, and the new public health roles emerging as a result of the PHO model. The most urgent priority identified in PH WDP sector consultation is to address the workforce development requirements of the Primary Health Care Strategy.</td>
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<tr>
<td>Strategies to strengthen the health promotion workforce in the PHO environment (June 2006) Doone Winnard</td>
<td>This report outlines the perspectives of those attending the National Networking Hui for Health Promotion in PHOs held in June 2006. Eight questions were considered, relating to leadership and status of health promotion, community development, reducing inequalities, health promotion competence and training, and cultural competence. Overall,</td>
<td>A significant aspect of the PH WDP involves strengthening the public health capability of the wider public health workforce (Objective 5), with a particular focus on the primary health care sector. There is an immediate need for public health training in primary care to meet the public health responsibilities of PHOs, and</td>
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# Report: Health Promoters in the PHO Workforce

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<td>health promoters in the PHO workforce see the need for a consistent, supported career pathway, along with opportunities to enhance reflective, inequalities-focused leadership in their work at the interface of primary care and public health.</td>
<td>the new public health roles emerging as a result of the PHO model.</td>
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## PH WDP project management

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<tr>
<td>Report on Feedback from Consultation Meetings and Written Submissions on ‘A Proposed Framework for Public Health Workforce Development in New Zealand’ (March 2006) Liz Stewart</td>
<td>This report describes the themes reflected in the written and verbal consultation processes carried out with the public health sector in late 2005, in response to the proposed approaches to public health workforce development. Those areas that are supported by the framework are identified, as well as areas that submitters believed needed greater emphasis. Overall, the direction was supported.</td>
<td>This report was a significant part of the evolution of the PH WDP, from the draft framework to the final version. The consultation showed particularly strong support for Objective 1 (competencies, training), Objective 2 (Māori public health workforce development), Objective 3 (Pacific public health workforce development), Objective 8 (supportive workplaces), and Objective 9 (increase the understanding of and promote, public health careers).</td>
</tr>
<tr>
<td>PH WDP Research Review Report (January 2007) Allison Nichols-Dunsmuir</td>
<td>This Research Review Report summarises each of the 37 reports considered as part of the development of the PH WDP. It makes the links between the evidence in the reports and the approaches outlined in the PH WDP explicit. Its purposes are to: document the evidence base used to develop the PH WDP;</td>
<td>This report analyses the links between the research reports and the PH WDP framework, identifying issues to be considered to finalise the PH WDP. This appendix is based on the links between the PH WDP and the full set of research reports completed at the time of publication.</td>
</tr>
<tr>
<td>Report</td>
<td>Scope</td>
<td>How the report has been incorporated into the PH WDP</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Alignment Review (January 2007) Allison Nichols-Dunsmuir</td>
<td>This report summarises and compares the main points arising from a number of key New Zealand health and disability sector workforce development reports, as they apply to the PH WDP. The main analysis highlights gaps and opportunities for collaboration which were identified when the PH WDP was in draft form.</td>
<td>This report analyses the draft PH WDP framework against other workforce development approaches, identifying issues to be considered before finalising the plan. Overall, the PH WDP is consistent with the New Zealand approaches in other health workforce strategies.</td>
</tr>
<tr>
<td>Future View Report (draft May 2006) Karen Holland</td>
<td>This report signposts key public health workforce development initiatives that could bring the draft PH WDP 10 priority strategies identified in 2005 to fruition over a three- to five-year timeframe in a logical and connected way. For each priority project, the key components and influencers are stated, the key interdependencies between each of the 10 projects are identified, and a ballpark budget is suggested.</td>
<td>This report will be used to inform the PH WDP Implementation Plan, to be released in 2007.</td>
</tr>
</tbody>
</table>
Appendix 2: Sector Update and Feedback Meetings and Submissions

Ngā Pito Kōrero

Public Health Workforce Development Plan: Regional Meetings

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Number of meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland</td>
<td>3 November 2005</td>
<td>2</td>
</tr>
<tr>
<td>Blenheim</td>
<td>23 November 2005</td>
<td>2</td>
</tr>
<tr>
<td>Christchurch</td>
<td>22 November 2005</td>
<td>2</td>
</tr>
<tr>
<td>Dunedin</td>
<td>9 November 2005</td>
<td>2</td>
</tr>
<tr>
<td>Gisborne</td>
<td>9 December 2005</td>
<td>1</td>
</tr>
<tr>
<td>Hamilton</td>
<td>28 November 2005</td>
<td>2</td>
</tr>
<tr>
<td>Napier</td>
<td>15 November 2005</td>
<td>1</td>
</tr>
<tr>
<td>New Plymouth</td>
<td>14 November 2005</td>
<td>1</td>
</tr>
<tr>
<td>Palmerston North</td>
<td>17 November 2005</td>
<td>1</td>
</tr>
<tr>
<td>Rotorua</td>
<td>2 December 2005</td>
<td>1</td>
</tr>
<tr>
<td>Wellington</td>
<td>25 November 2005</td>
<td>1</td>
</tr>
<tr>
<td>Whangarei</td>
<td>7 November 2005</td>
<td>1</td>
</tr>
</tbody>
</table>

Other meetings

17 October 2006 – Public Health Advisory Committee
6 December 2005 – District Health Boards New Zealand
2 February 2006 – Health Workforce Advisory Committee
Written submissions received from organisations

ALAC (Alcoholic Liquor Advisory Council), Wellington
Hapai Te Hauora Tapui, Auckland
Mental Health Foundation, Auckland
Maataa Waka Enterprises Ltd, Blenheim
New Zealand AIDS Foundation, Auckland
New Zealand Family Planning Association, Wellington
New Zealand Public Service Association, Wellington
Population Health Service, Waikato DHB, Hamilton
Public Health Advisory Committee, Wellington
Public Health Association, Wellington
Royal New Zealand Plunket Society, Wellington
Whanganui Regional Primary Health Organisation, Wanganui
Women’s Health Action Trust, Auckland

Written submissions received from individuals

Jeanette Arnold, Tauranga
Jan Ewart, Gisborne
Mary Ryan, Lower Hutt
### Appendix 3: PH WDP Governance and Oversight

**Te Taumata**

<table>
<thead>
<tr>
<th>Members</th>
<th>Role &amp; organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allison Blaiklock</td>
<td>Executive Director, Health Promotion Forum, Auckland</td>
</tr>
<tr>
<td>Brian Prendergast</td>
<td>Manager, Health Protection, Crown Public Health</td>
</tr>
<tr>
<td>Carol Wildermoth</td>
<td>Portfolio Manager, Public Health Directorate, Ministry of Health</td>
</tr>
<tr>
<td>Dr Ate Moala</td>
<td>Public Health Physician, HRC Training Fellow, Centre for Public Health Research, Massey University, Wellington Campus</td>
</tr>
<tr>
<td>Faye Ryan</td>
<td>Portfolio Manager, Services Development, Bay of Plenty DHB</td>
</tr>
<tr>
<td>Gay Keating</td>
<td>Director, Public Health Association</td>
</tr>
<tr>
<td>Gerrie van der Zanden</td>
<td>Programme Development Manager, Community &amp; Public Health, Canterbury DHB</td>
</tr>
<tr>
<td>Heather Forsythe</td>
<td>Portfolio Manager, Clinical Training Agency, Ministry of Health</td>
</tr>
<tr>
<td>Helen McCracken</td>
<td>Consultant, Workforce Development, Auckland</td>
</tr>
<tr>
<td>Iain Potter</td>
<td>Director, Health Sponsorship Council</td>
</tr>
<tr>
<td>Isobel Stout</td>
<td>Environmental Health Officer, President, NZ Institute of Environmental Health Inc., Christchurch City Council</td>
</tr>
<tr>
<td>Kathrine Clarke</td>
<td>CEO, Hapai te Hauora Tapui Ltd, Auckland Regional Māori Public Health Provider</td>
</tr>
<tr>
<td>Louise Signal</td>
<td>Senior Lecturer, Health Promotion, Department of Public Health, Wellington School of Medicine &amp; Health Sciences</td>
</tr>
<tr>
<td>Marilyn Rimmer</td>
<td>Portfolio Manager, District Health Boards NZ</td>
</tr>
<tr>
<td>Mary McCulloch</td>
<td>Chief Executive Officer, Te Hotu Manawa Māori</td>
</tr>
<tr>
<td>Megan Tunks</td>
<td>Hapai Te Hauora Ltd (formerly the Māori Service Development Manager, Regional Public Health Service, Auckland DHB</td>
</tr>
<tr>
<td>Mihi Ratima</td>
<td>Associate Professor of Māori Public Health, Auckland University of Technology</td>
</tr>
<tr>
<td>Rebekah Duthie</td>
<td>Workforce Development Co-ordinator, Toi Te Ora, Bay of Plenty DHB</td>
</tr>
<tr>
<td>Sally Gilbert</td>
<td>Team Leader (Environmental Health) Public Health, Ministry of Health</td>
</tr>
<tr>
<td>Stephen Palmer</td>
<td>Regional Leader, Public Health Services, Hutt Valley DHB</td>
</tr>
<tr>
<td>Susan Hayes</td>
<td>Workforce Development, National Screening Unit, Ministry of Health</td>
</tr>
<tr>
<td>Viv Head</td>
<td>PH WDP Project Manager, Managing Director, Head Strategic Limited, Auckland</td>
</tr>
<tr>
<td>Warren Lindberg</td>
<td>PH WDP Professional Leader (August 2006 onwards), Operations Manager, Public Health Directorate, MOH</td>
</tr>
</tbody>
</table>
Previous PH WDP Sector Reference Group Members

Diane Casey
Jeanine Stairmand
Kathy Pritchard
Liz Stewart
Maggie McGregor (PH WDP professional leader to August ’06)
Melissa Lees
Teina Kake

PH WDP Māori Working Group

Kathrine Clarke
Mary McCulloch
Megan Tunks
Viv Head

PH WDP Project Steering Group

Allison Nichols-Dunsmuir
Carol Wildermoth
Corina Grey
Debra Tuifao
Jennifer Davidson
Jo Elvidge
Maggie McGregor
Maraea Craft
Maraea Johns
Miria James-Hohaia
Sally Gilbert
Susan Hay
Viv Head
Warren Lindberg (PH WDP professional leader from August ’06)

Previous PH WDP Project Steering Group Members

Diane Casey
Felicity Curtis
Jenny Richards
Mary McCulloch
Ricky Carr
Appendix 4: Strategic Context  *Te Ngako*

The following outlines the New Zealand health sector strategic frameworks that underpin the Public Health Workforce Development Plan.

**The New Zealand Health Strategy (Minister of Health 2000)**

This strategy sets the strategic direction for all health services in New Zealand and outlines the goals and objectives for health gain. It includes a strong focus on population health and on addressing health inequalities, particularly for Māori and Pacific peoples.


These documents provide guidance on how to achieve health gains for Māori at both the local and national levels, and indicates the Government’s commitment to the improvement of Māori health outcomes and reduction of Māori health inequalities.

**Achieving Health for All People: Whakatutuki te Oranga Hauora mo ngā Tangata Katoa: A framework for public health action for the New Zealand Health Strategy (Ministry of Health 2003a)**

Achieving Health for All People builds on the population focus of the New Zealand Health Strategy. The AHFAP vision will be achieved by progress towards three goals: improving the overall health status of the New Zealand population, improving the health status of Māori, and reducing inequalities in health. Development of a public health workforce plan is a priority action area in AHFAP.

**The New Zealand Disability Strategy (Minister for Disability Issues 2000)**

This strategy aims to move New Zealand towards a more inclusive society that eliminates barriers to people with disabilities participating in and contributing to society.

**The Primary Health Care Strategy (Minister of Health 2001)**

This strategy provides direction for the future of primary health care and aims to re-orient the primary care sector towards population health approaches. This means that primary health care services, such as PHOs, will aim to reduce inequalities between different groups and focus on increasing the health status of the population.

**The Pacific Health and Disability Action Plan (Minister of Health 2002)**

This plan details important activities to improve overall health outcomes for Pacific peoples and reduce inequalities between Pacific and non-Pacific peoples. Priority 4 points to the importance of developing both a Pacific health and disability workforce and a mainstream health and disability workforce that is responsive to the immediate and long-term needs of Pacific peoples.
The New Zealand Health Sector Quality Improvement Strategy: Improving Quality: A systems approach for the New Zealand health and disability sector (Ministry of Health 2003d)

This strategy aims to develop an environment that supports an ethic of shared quality improvement, practiced by all participants in the health sector. Aspects of quality include safety, effectiveness, efficiency, equity, access and people-centredness. This strategy has 11 goals that support quality improvement, many of which impact on workforce development.

The Māori Public Health Action Plan (Ministry of Health 2003c)

This action plan contributes to the objectives of He Korowai Oranga, the Ministry of Health’s Māori Health Strategy, and Achieving Health for All People, the strategic framework for public health. It builds on Māori public health issues and priorities that were identified from 10 hui nationwide. The plan has five action areas to assist the work of the Public Health Directorate to make progress on improving population health for Māori. Action Area 3 (‘Strengthen Māori public health infrastructure’) aims to promote and implement Māori leadership programmes; strengthen the relationships between Māori providers; scope and develop Māori public health infrastructure initiatives, including scoping the Māori public health workforce sector to identify areas to be resourced and developed; and develop strategies to address Māori workforce development issues.
Appendix 5: Workforce Development Strategies and Contextual Influences

Ko te Hä me te Ngako o te Kaupapa

A number of workforce development strategies and contextual influences have affected the development of the Public Health Workforce Development Plan and will continue to do so throughout its implementation. These strategies and influences are summarised below.

The former Health Workforce Advisory Committee

In 2003 the Health Workforce Advisory Committee (HWAC), which was charged with the task of providing strategic advice to the Minister of Health on the health and disability workforce, provided recommendations to guide national workforce development policy (HWAC 2003b). In determining national priorities, HWAC identified seven key areas, including the need to develop healthy workplace environments, address workforce education issues, and progress Māori and Pacific workforce development. HWAC’s national priorities for the health sector, apply to the public health sector.

Ministry of Health workforce development

A range of workforce development activities are occurring through the Ministry of Health. A strategic review of the Ministry’s role and work programme in workforce development has recently been developed by the Sector Policy Directorate (Ministry of Health 2006b). The review aligns with the outcomes in the Ministry’s Statement of Intent (Ministry of Health 2006d), and the workforce priorities of the sector, which include taking account of, and ensuring a consistent approach to, the DHBNZ’s Workforce Action Plan (District Health Boards New Zealand 2005), the HWAC’s recommendations to the Minister on future directions (HWAC 2003b), the Clinical Training Agency’s Strategic Intentions 2004–2013 (Ministry of Health 2004a) and the Tertiary Education Strategy (Minister of Education 2002).

Public health workforce development

A large number of public health workforce development initiatives are already in place. These include the training programme for public health medicine specialists, the health promotion training and development provided by the Health Promotion Forum, and training around specialist public health skills such as evaluation, and specific programme areas such as tobacco or injury prevention. Connecting and valuing these and other initiatives within a strategic framework for future planning will be part of the PH WDP.

Workforce development activities and documents

There are also a number of other workforce development-related activities and documents that are relevant to the development of the PH WDP; for example, Review of the Capacity of the National Health System to Respond to Serious and Unusual Emergencies (Booz Allen Hamilton 2005), The New Zealand Cancer Control Strategy (Ministry of Health and Cancer Control Trust 2003), the National Screening Unit: Cervical and Breast Cancer Screening Programmes Workforce Development Strategy and Action Plan 2002–07 (National Screening Unit 2003), Healthy Eating – Healthy Action: A strategic framework (Ministry of Health 2003b), Good Oral Health for All, for Life: The strategic vision for oral health in New Zealand (Ministry of Health 2006a), plus the work of the Health Research Council and others.
Raranga Tupuake: Māori Health Workforce Plan (Ministry of Health 2006c)

This plan provides a national framework and overall direction for Māori health and disability workforce development for the next 10–15 years, from which more specific local and regional plans can be developed. It pulls together and integrates a broad range of Māori workforce development activities and initiatives so that efforts are not duplicated and good models can be shared. It also helps to clarify the roles, responsibilities and accountabilities of key stakeholders who may contribute to aspects of Māori workforce development, identifies and deals with Māori-specific issues and approaches over and above other generic systemic workforce development activity, and provides the education sector with guidance on health and disability sector needs and priorities.

Pacific Health and Disability Workforce Development Plan (Ministry of Health 2004b)

This document provides a plan to progress key priority areas on workforce development from the Pacific Health and Disability Action Plan (Minister of Health 2002) and HWAC’s recommendations. It offers four goals designed to contribute to a competent and qualified Pacific health and disability workforce that will meet the needs of Pacific peoples:

• increase the capacity and capability of the Pacific health and disability workforce
• promote Pacific models of care and cultural competence
• advance priorities in the Pacific health and disability workforce
• improve information on the Pacific health and disability workforce.

District Health Boards

DHBs are responsible for developing workforce development plans that are consistent with the DHBNZ Future Workforce strategy for inclusion in their district annual plans (District Health Boards New Zealand 2005). In delivering services that meet the needs of their local populations and in meeting the objectives of the New Zealand Health and Disability Strategies, DHBs’ role in workforce development is to recruit, retain and develop the workforce to deliver services appropriately. This may be at district and regional levels. Section 23(j) of the New Zealand Public Health and Disability Act 2000 requires DHBs ‘to participate, where appropriate, in the training of health professionals and other workers in the health and disability sector’.

Future Workforce (District Health Boards New Zealand 2005)

DHBNZ provides national co-ordination and direction for DHBs on workforce development issues. To this end, DHBNZ has developed its Future Workforce strategy, which provides a co-ordinating framework for workforce development across the wider health sector. It aims to:

• build a shared direction for workforce development across the health sector based on the work of HWAC, the New Zealand Health Strategy and other key strategy documents
• work in partnership with other key workforce stakeholders to deliver shared projects
• use the three key priorities of the Future Workforce strategy to populate the plan with projects from DHBs and the wider health sector. The three key priorities are: accurate workforce information, co-ordinated relationships and building strategic capability.
The Health Practitioners’ Competence Assurance Act 2003
This legislation provides a framework for the regulation of health practitioners to protect the public where there is a risk of harm from the practice of the profession. It includes mechanisms to assure the public that a registered health practitioner is competent to practice.

Public Health Bill
In 1998, and again in 2001, the New Zealand Cabinet agreed to replace the Health Act (and the Tuberculosis Act 1948) with a new Public Health Bill. The proposed new Bill will retain many of the tried and true features of the existing legislation, but will also bring it up to date with recent developments in public health practice and legislative drafting. It will also take into account experience with recent events such as SARS. The Public Health Bill will include an all-risks approach to public health, but will keep a strong focus on environmental health and the prevention and control of communicable disease. In doing so, it will retain a significant ongoing role for local government, as well as a clear role for statutory officers who are agents of central government (ie. appointed by and accountable to the Director-General of Health), even though these officers may be employed in a devolved health sector (eg. DHBs). In addition to preserving these best features of the existing legislation, the proposed Bill will take a more flexible, risk management approach to the identification, assessment and control of risks to public health, both locally and nationally. This will even extend to the international arena, where the Bill will complement and give effect to the same sorts of risk management principles espoused by the WHO in the revised International Health Regulations 2005.
## Glossary Rārangī Whakamārama

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td><strong>Access</strong></td>
<td>Ability of people to reach or use health care services. Barriers to access can be a person's locality, income or knowledge or services available; or the acceptability or availability of existing services.</td>
</tr>
<tr>
<td><strong>Determinants of Health</strong></td>
<td>The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.</td>
</tr>
<tr>
<td><strong>Disparity</strong></td>
<td>Socioeconomic or health inequality relative to the local community or wider society to which an individual, family or group belongs.</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>Physical surroundings and conditions.</td>
</tr>
<tr>
<td><strong>Equity (in health)</strong></td>
<td>Fairness</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>Assessment against a standard. Evaluations can assess both the process (e.g. of establishing a programme to deliver an outcome) and outcomes (e.g. ultimate objectives).</td>
</tr>
<tr>
<td><strong>Fono</strong></td>
<td>A Pacific Islands large or small council/meeting.</td>
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<tr>
<td><strong>Goal</strong></td>
<td>A high-level strategic statement.</td>
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<tr>
<td><strong>Hapū</strong></td>
<td>Sub-tribe</td>
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<tr>
<td><strong>Health gain (loss)</strong></td>
<td>Health gain (or loss) is a way to express improvement (or deterioration) in health outcomes. It can be used to measure the improvement (or deterioration) in population health status, or the degree to which the level of health of a population has changed in response to a policy or other intervention.</td>
</tr>
<tr>
<td><strong>Health promotion</strong></td>
<td>The process of enabling people to increase control over and improve their health status, as described in the Ottawa Charter (WHO 1986).</td>
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<tr>
<td><strong>Hui</strong></td>
<td>A Māori gathering or meeting.</td>
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<tr>
<td><strong>Intersectoral collaboration</strong></td>
<td>Joint projects involving various sectors of society including central and local government agencies (health, education, welfare and so on), community organisations and the private sector.</td>
</tr>
<tr>
<td><strong>Iwi</strong></td>
<td>Tribe</td>
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<tr>
<td><strong>Mana</strong></td>
<td>Integrity, prestige, jurisdiction, authority.</td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td>A statement of what is to be achieved and the range of desired outcomes to achieve a goal.</td>
</tr>
<tr>
<td><strong>Ottawa Charter</strong></td>
<td>A document produced by the World Health Organisation in 1986 which describes the process of enabling people to increase control over and improve their health status.</td>
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</table>
Pacific Peoples   A diverse range of peoples from the South Pacific region (eg. Tongan, Niuean, Fijian, Cook Island Māori, Samoan, Tokelauan) living in New Zealand, who have migrated from those island nations or identify with them because of ancestry or heritage.

Population health The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, social criteria such as socioeconomic status, or cultural criteria such as whānau.

Primary health care Essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function of, the country’s health system, and is the first level of contact with the health system.

Primary health organisation A group of health providers whose job it is to provide primary health care to all the people enrolled with them. The group will always include a general practitioner and may also include some or all of the following (often working in teams): nurses, Māori providers, Pacific providers, health promotion and public health workers, pharmacists, dieticians, mental health workers, community health workers and dentists. Primary health organisations (PHOs) are the local provider organisations through which District Health Boards implement the Primary Health Care Strategy.

Programme A planned group of activities directed towards achieving defined objectives and targets.

Provider An organisation or individual providing health and disability services.

Public health The science and art of promoting health, preventing disease and prolonging life through the organised efforts of society.

Public health approaches Work towards the goals of public health, which are to focus on the determinants of health, build strategic alliances and implement comprehensive programmes to promote public health.

Public health services Goods, services or facilities provided for the purpose of improving or promoting public health.

Rangatahi Māori youth in the 15–24 years age group.

Strategy A course of action to achieve targets.

Whānau Family

Whānau ora Healthy family

Whānaungatanga Having a shared vision and connectedness.
### Abbreviations  *Ngā Whakapotonga*

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFPHM</td>
<td>Australasian Faculty of Public Health Medicine</td>
</tr>
<tr>
<td>CIMS</td>
<td>Co-ordinated Incident Management System</td>
</tr>
<tr>
<td>DHB</td>
<td>District Health Board</td>
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<tr>
<td>DHBNZ</td>
<td>District Health Boards New Zealand</td>
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<tr>
<td>EPO</td>
<td>Environmental Protection Officer</td>
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<tr>
<td>EPHF</td>
<td>Essential Public Health Functions</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HPCAA</td>
<td>Health Practitioners' Competence Assurance Act 2003</td>
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<td>HPO</td>
<td>Health Protection Officer</td>
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<td>HWAC</td>
<td>Health Workforce Advisory Committee</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>LTCCP</td>
<td>Long Term Council Community Plan</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>NZIER</td>
<td>New Zealand Institute of Environmental Research</td>
</tr>
<tr>
<td>ITO</td>
<td>Industry Training Organisation</td>
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<tr>
<td>PH</td>
<td>Public Health</td>
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<tr>
<td>PH WDP</td>
<td>Public Health Workforce Development Plan</td>
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<tr>
<td>PHA</td>
<td>Public Health Association of New Zealand</td>
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<tr>
<td>PHD</td>
<td>Public Health Directorate of the Ministry of Health</td>
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<tr>
<td>PHO</td>
<td>Primary Health Organisation</td>
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<tr>
<td>TEC</td>
<td>Tertiary Education Commission</td>
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</tbody>
</table>
References  Ngā Whakapuakanga


Booz Allen Hamilton. 2005. Review of the Capacity of the National Health System to Respond to Serious and Unusual Emergencies (Study Report) (Final).


