

# Advancing health promotion through professional development

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Since the 1980s, when health promotion started differentiating itself from health education and became mainstream in multi-disciplinary public health, professional development issues have been an important and recurring theme. Workforce surveys have been conducted, consensus on core skills for health promotion has been sought, training programs in the process and skills of health promotion have been developed and implemented, and under- and post-graduate university courses have been established.

For experienced health promoters who have witnessed these developments it is evident that the field of health promotion has advanced considerably. The standard of research and programs being implemented routinely has risen, although there is constant pressure to improve further. Yet there are also still many people who talk about 'health promotions' and who see the primary role of health promotion professionals as attending stalls and giving out balloons and brochures.

We seem to have been better at improving our skills and the way we work than at defining, marketing and protecting our professional niche. Some working in health promotion see considerable benefits in establishing health promotion as its own registered profession, with minimum entry requirements, structured continuing education and (hopefully) recognition in the broader health workforce. Establishing health promotion as a profession in its own right could be a vehicle for maintaining health promotion standards and competencies, and has the potential to considerably improve population health.

On the other hand, is this 'professionalism' simply self-serving and enhancing our own career interests separately from the ways in which these might serve the health of the community? The time and energy that should or could be devoted to improving our skills and practice might be siphoned off by the fight for a profession and then by the demands of the system needed to maintain it.

There is still considerable debate about the core skills of professional health promotion practitioners and researchers – about what differentiates health promotion workers from other professionals within and beyond the health field. The generic skills of needs assessment, planning, implementation and evaluation are not the exclusive domain of health promotion. How does health promotion differ from or contribute to population health or public health? This may not matter in

practical ways, but is hugely important when arguing for the maintenance of defined health promotion staff and appropriate salaries. Our role might be, though, to discuss career paths for health promotion – developing ideas about ways to ensure that we're able to influence policy and practice and evaluate programs in other fields and disciplines; about ways to foster good people; and about ways to 'work better' within the health system.

New South Wales is still the only Australian State with a specific award under which many health promotion staff are employed. The fact that this industrial award is called the 'Health Education Officers Award' attests to its age and origins! However, even in NSW there are no particular job requirements needed to pay a new staff member under this award – it could be a project officer doing lab-bench research or biostatistics. This erosion of recognition of the skills of the health promotion workforce is a serious concern. Recent award reviews by the NSW Health and Research Employees Association (HREA) may help those in NSW, but does little for the rest of the country.

This issue contains a number of articles addressing professional development themes. The paper by Redman and O'Hara raises the important issue of credentialling for the health promotion workforce. A system of credentialling has been in place in the United States for more than a decade and appears to have been quite successful. Jones et al. describe the professional development activities of a sample of members of the Australian Health Promotion Association. Shilton et al. examines the variations in competencies between urban and rural settings. Taking the perspective from an allied health group, Proctor examines the attitudes and beliefs of oral health professionals about their role in health promotion, illustrating well the health promotion professional development issues in a workforce that does not exclusively engage in health promotion practice.

## Changing the guard ...

This issue of the Journal is the last to be edited by the Interim Editorial group, although there are still a few manuscripts to be processed that have been handled by the previous Editor, Rob Moodie, and this interim group. A special thanks to Jeanne Daly and Damien Jolley for their significant contribution in helping the Journal through this transition period. Following an independent tender process, the new editorial team of Chris Rissel, Marilyn Wise and Adrian Bauman has been selected.

The stated editorial goal of the *Health Promotion Journal of Australia* is to facilitate communication between researchers and practitioners involved in health promotion activities. We fully endorse this goal and feel that after 12 years the Journal is now well established with a growing readership and an expanding role. We respect the developmental stages the Journal has been through and the work that has gone into developing its style,

contributions and readership. We feel that the next phase of the Journal needs to focus on continuing improvements to the overall quality of the Journal and expanding the readership.

We would like to add two objectives:

- To improve the quality of health promotion practice through improved quality of reporting of research and evaluation.
- To extend the impact of research and evaluation on policy and practice.

We see the Journal as contributing to building the body of knowledge of high quality evidence and wish to ensure that it is a tool for teaching. The Journal should also aim to provide better evidence for policy changes and for advocacy, to provoke thought and to facilitate discussion about specific issues, and to influence stakeholders in the field.

We see at least three clear priorities for the Journal. First, the professional and academic standards of the Journal should aspire to meet the criteria for indexing by electronic databases (e.g. Medline, EMBASE, etc). This would mean focusing on improving the quality of articles published, which would require an increase in the quality of submissions received. Better-quality papers would also increase the Journal's readership.

Second, the Journal should make a significant contribution to the base of evidence for health promotion and support the translation of research into practice. This will mean focusing on evidence to support interventions to address the multi-factorial determinants of health and interventions to reduce inequalities in health. It will mean improving the standard of published program evaluations and qualitative and quantitative research, with particular emphasis on interventions that acknowledge the context and constraints on health promotion in the real world. We encourage regular reviews of evidence for effectiveness of strategies, dialogue and discussions of different methodological approaches necessary to build evidence, and experiences of applying research into practice.

Third, we see the Journal as developing a broader audience. Many sectors are involved in health promotion and there are many perspectives that are necessary to the success of the work. This means inviting relevant contributions from a range of professional fields and from a range of contributors (eg policy makers, practitioners from diverse sectors and agencies, teachers and researchers). We see that health promotion will be more effective if it works from a broad base: health promotion is in the business of influence and empowerment not only the generation of new knowledge. We plan to disseminate information from the Journal proactively to the Australian media to promote the Australian Health Promotion Association (AHPA) and the content of the Journal.

Longer-term directions include focusing on specific topics in theme issues of the Journal, as well as increasing the level of

interaction between readers and authors. This will involve greater use of web-based technology and rapid-response publication. We will seek to engage more actively with the AHPA members and to encourage interaction among members.

We look forward to working with the authors, reviewers, readers and production team in this next phase of the *Health Promotion Journal of Australia*.

## The health promotion workforce and workforce development

*Marilyn Wise*

A knowledgeable, skilled health promotion workforce is a key component of the capacity needed by nations to promote the health of their populations. The nature of health promotion (the discipline or area of practice), however, makes workforce development a complex issue. Questions such as who is in the health promotion workforce, what kinds of knowledge and skills they need, and what policy and organisational support they require, have not yet been answered definitively.

There have been significant efforts within Australia, particularly (although not only) over the past decade, to develop a knowledgeable, skilled workforce that has the capacity to design, deliver, and evaluate effective interventions to address public health problems. These efforts have focused, principally, on professionally preparing those who work in designated health promotion positions primarily in the health sector, including community organisations (such as Aboriginal Medical Services) and health-related NGOs such as the National Heart Foundation.

Over the past decade, the National Public Health Partnership has overseen the development of nationally agreed competency standards, and the Public Health Education and Training Program has been the catalyst for the development of a national set of core learning outcomes for tertiary education in public health, including health promotion. The National Health and Medical Research Council has developed a national training and employment strategy for Aboriginal and Torres Strait Islander health workers and professionals working in Aboriginal and Torres Strait Islander health.

The same period has seen the development of considerable infrastructure to provide preparatory and ongoing professional education for health promotion practitioners and researchers, using a variety of methods of delivery. Considerable effort has also been made to provide other health professional groups with knowledge and skills in health promotion relevant to their roles.

In this issue of the Journal, four papers present perspectives on