

Ministry of Health

Public health workforce development plan

*All the information in these posters originates from the
Phoenix Research
Public Health Workforce Development Research
Survey of Organisations and Individuals
2004*

Public Health Workforce Development Research: Survey of Organisations and Individuals Phoenix Research 2004

READER INFORMATION

- The information in these public health occupational profiles comes from a Phoenix Research report on the public health workforce: Public Health Workforce Development Research: Survey of Organisations and Individuals, 2004.
- The report presents the results of a series of three linked surveys covering public health organisations in New Zealand that directly contract with the Public Health Directorate of the Ministry of Health, as well as the employees of these organisations.
NOTE: this information does not yet include important sections of the public health workforce, in particular Primary Health Organisations and Local Government.
- The data for these surveys was collected in the first half of 2004, while the numbers of employees and numbers of positions are all as at 1 January 2004.
- An Organisation Telephone Survey, which used a CATI (computer-aided telephone interviewing) method, collected information from 185 of the organisations, with a response rate of 95%.
- An Organisation Self-completion Survey received responses from 133 of the organisations, with a response rate of 64%.
- An Individual Survey, also a self-completion survey, was completed by 666 members of the public health workforce, with a response rate of 36%.
- As at 1st January 2004, there were approximately 207 organisations in New Zealand that directly contracted with the Public Health Directorate of the Ministry of Health.
- The surveyed organisations included DHB based Public Health Units, DHB non PHU organisations, non-Government organisations, Māori providers and Pacific providers.
- A pilot survey of the injury prevention workforce was also conducted as a means to determine how we might survey the wider public health workforce (other than the workforce who work within organisations that contract directly with the Public Health Directorate of the Ministry of Health).

The public health workforce

Description:
This profile is of the public health workforce as a whole, including individuals who identified themselves as Māori, Pacific or other ethnicity.

Profile of the Public Health Workforce

Ethnicity of the workforce

NZ European	60%
Māori	33%
Pacific	6%
Other ethnicities	11%

Age of the workforce

Less than 20 years	0%
20 – 29 years	9%
30 – 39 years	27%
40 – 49 years	35%
50 – 59 years	23%
60 years and over	6%

Other information

- 77% of the public health workforce work full-time.
- 67% have worked in their current role for five years or less.
- 43% have worked in public health for five years or less.
- 63% are either very satisfied or satisfied with their current role.
- 61% consider they will probably or definitely be in public health in five years.
- The median income is \$42,000 with many incomes in the range \$40,000 to \$50,000.



Most valued aspects of public health positions

The respondents indicated that the most valued aspects of their public health positions are:

The opportunity to learn new skills	81%
A supportive employer	67%
Good money	61%
A clear career pathway	61%
Good peer support	57%
“I can make a difference”	52%

Dislikes about public health positions

Pay rates	17%
Heavy workload	12%
Lack of career path	8%
Under funding	7%
Lack of internal support	7%
Low status	6%
Bureaucracy	6%

Most important issues for the public health workforce

Management of staff	33%
Funding and salaries	30%
Staffing	22%
Training issues	20%

Public health programme areas

(Note – individuals often work in more than one)

The main programme areas being worked in as mentioned by the public health areas are:

Health education	36%
Nutrition	33%
Social environments	33%
Physical activity	30%

Management/HR/Admin	30%
Tobacco control	27%
Communicable disease control	26%

Public health workforce qualifications & training

- 83% have some tertiary qualifications.
- 3% have Masters in public health.
- 41% have degrees.
- 4% have public health diplomas.
- 47% have “other tertiary diplomas”.
- 10% have health promotion certificates.
- 23% are currently engaged in study towards tertiary qualifications.
- Employer subsidy and accessibility would increase the likelihood of doing more tertiary qualifications related to public health.
- Cost, training and work commitments are the major barriers to more tertiary and non-tertiary training.
- 92% have received some non-tertiary training from their employer in the last 2 years.
- The most frequent forms of this training are conferences (54%), computer training (52%) and training on the Treaty of Waitangi (44%).
- Individuals indicated that the most important skills for their public health role are team work, interpersonal skills and partnership building, cultural understanding and awareness skills, communication with the public/ stakeholders and health promotion.
- Te Reo was mentioned most by individuals as the area where more “up-skilling” is needed.

Māori public health workforce

Description:
This profile is of the Māori public health workforce. The information comes from the Māori public health research carried out by Phoenix Research in 2004. The individual information is based on responses from individuals who identified themselves as Māori.

Profile of the Māori public health workforce

- 72 (39%) of the 185 organisations that were surveyed identified themselves as Māori organisations. These 72 organisations have 745 (29%) of the 2601 public health positions identified by all the organisations surveyed.
- 360 of the 745 positions in Māori organisations were identified as dedicated Māori positions. 16 of those 360 positions were vacant in January 2004.
- 217 (33%) of the individual respondents (total of 666 respondents) across all organisations identified their ethnicity as Māori.

Of the 217 Māori employees who participated in the individual survey:

- 51% work in Māori organisations, 21% in Public Health Units and 14% in Non-Government Organisations
- Māori public health workers are less likely to be aged 50 years and over than in the wider public health workforce
- 87% of Māori public health workers work full-time
- the main current and future workforce issues identified by respondents are funding and salaries/financial, particularly pay rates, management of staff, including not valuing/acknowledging staff and increased workloads/burnout
- 81% of the Māori have been in their current role for less than five years. This proportion is significantly higher than for the overall workforce
- 56% have worked in public health for less than 5 years which is also higher than the total workforce (43%)
- 65% are either “very satisfied” or “satisfied” in their workforce role
- 63% will either definitely or probably be working in public health in 5 years
- the three things Māori public health employees value most about their current public health positions are the opportunity to develop new skills (77%), supportive employers (73%) and clear career pathways (68%)
- a significantly greater number of Māori respondents have incomes less than \$30,000 (25% Māori, 14% for the total surveyed public health workforce), or between \$30,000 and \$40,000 pa. (37% Māori, 28% total workforce)
- Māori employees within Māori organisations are more likely to be in the lowest pay bracket (less than \$30,000).

The qualifications & training of the Māori public health workforce (as identified by the 217 Māori individual survey respondents)

TERTIARY TRAINING

- 71% of the individual Māori respondents have a tertiary qualification, compared with 83% in the total public health workforce.
- 29% have degrees, compared with 45% in the total public health workforce.

- 65% indicate that some form of tertiary qualification is necessary for their work compared with 74% for the total public health workforce.
- 27% of all Māori respondents are currently completing tertiary training, which is a similar level to the total public health workforce (23%).



- The two types of employer support most frequently received are time off for lectures and payment of course fees.
- The uptake of tertiary training by the Māori public health workforce is likely to increase if the training was available in the regions where they live or as in-service, if the training was culturally focused and if the training can be built on to get a higher qualification.
- The main barriers to tertiary and non-tertiary training are work & personal commitments and cost.

NON-TERTIARY TRAINING

- The most common forms of non-tertiary training received by Māori respondents are health promotion workshops, conferences, computer training and Treaty of Waitangi training.
- The main areas in which Māori respondents would like more non-tertiary training are Te Reo, health promotion workshops, management and project management.
- 9% of Māori respondents indicated that “training not culturally appropriate” is a barrier to non-tertiary training. This is significantly higher than for the total public health workforce (4%).
- The most common other knowledge and experience brought by Māori respondents to their public health positions are life experience, specific areas of work, community experience, networking and Māori Tikanga.
- Māori respondents mention a wide range of skills as important for their roles, many of which receive significantly greater mention than by the total workforce. The most commonly identified skills are cultural understanding and awareness, teamwork, implementing the Treaty, health promotion, communication, programme planning, Tikanga Māori, advocacy, community development skills, leadership.
- The main areas where Māori employees feel they require up-skilling are Te Reo, epidemiology, policy development, contract management and advocacy.

Pacific public health workforce

Description:
This profile is of the Pacific public health workforce. The information comes from the Pacific public health research carried out by Phoenix Research in 2004. The individual information is based on responses from individuals who identified their ethnicity as Pacific.

Profile of the Pacific public health workforce

- 14 (8%) of the 185 organisations that were surveyed identified themselves as Pacific organisations. These 14 organisations have 114 (4%) of the total 2601 public health positions identified by all the organisations surveyed.
- 103 of the 114 positions in the surveyed Pacific organisations were identified as dedicated Pacific positions. 8 of those 103 positions were vacant in January 2004.
- 38 (6%) of the individual respondents (total of 666 respondents) identified their ethnicity as Pacific.
- Over one 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 within 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).

Profile

- The Pacific public health workforce work more in the areas of Nutrition (53%) or Physical Activity (47%) compared with public health employees overall (33% and 30% respectively).
- One third cite issues over the Management of Staff as the most important current workforce issue (32%), the next most important issues are training (24%), funding and salaries (24%) and staffing issues (24%). The vacancy rate in Pacific organisations is over double the rate in public health organisations in general, with 10 vacancies to 114 positions, a vacancy rate of 9%. The overall public health vacancy rate is 4%.
- The issues of most concern in the next three to five years are the need for more training (11%) and general health promotion issues (13%).
- 56% of the surveyed Pacific workforce have been in their current positions for between three and 10 years and 64% have worked in public health for between three and 15 years.
- 53% of the Pacific respondents work in Health Promotion/ Education roles, slightly higher than the overall public health workforce proportion.
- 94% of the Pacific respondents earn less than \$50,000; 69% earn \$30,001 – \$50,000.
- 71% of the Pacific respondents are very satisfied or satisfied with their current public health role.
- 81% definitely or probably will be in public health in five years compared to 61% of the overall public health workforce.
- 87% value their supportive employer significantly and 71% value that they can make a difference; both ratings are higher than for the workforce in general.
- Pacific employees “dislikes” are similar to the total workforce, particularly the pay rates (16%) and the heavy workload (13%).



Qualifications & Training

TERTIARY TRAINING

- 29% of the Pacific public health workforce hold a degree, 34% hold a Diploma (other than the Diploma of Public Health) and 29% hold a certificate of some kind, including a Health Promotion Certificate (13%).
- 16% are undertaking a tertiary course of training. The uptake of training would be increased if the training courses were available in the regions where the respondents live, if it was culturally focused and public health focused training.
- The main barriers to tertiary training are cost (69%) and personal commitments (54%).

NON-TERTIARY TRAINING

- The most commonly attended non-tertiary courses are computer training, health promotion workshops, Treaty of Waitangi training, job orientation, conferences and issue based training. A majority find all these courses “very useful”.
 - Project management (26%) and computer training (24%) are most often identified as areas where more training is desired by the Pacific respondents.
- Cost, work & personal commitments are the major barrier to non tertiary training.
- Policy development & analysis, contract management/negotiation, Te Reo, health management and advocacy for healthy public policy are areas the Pacific respondents indicated they would like the most “up-skilling”.
- The other knowledge and experience Pacific respondents indicated they bring to their work are Pacific related issues, language specific areas of work. The respondents mentioned language skills, being a Pacific Islander and multicultural skills more often than the public health workforce in general.