Strengthening health promotion in community health:
the views of health promotion practitioners

David Godden

North Yarra Community Health

Issue addressed

Approximately 100 community health services operate across Victoria, delivering a range of primary health care services. These organisations are key players in the delivery of health promotion in Victoria. The Department of Human Services (DHS) annually invests approximately $30 million in health promotion in community health services through the Community Health Program. Further funding for health promotion activities is provided through other government and non-government sources.

Victorian community health services have been operating within a framework known as 'Integrated Health Promotion' since 2000. In that time there has been a focus on capacity building for the health promotion function. The Victorian Government has identified a leadership role for community health services in health promotion as part of the Primary Care Partnerships strategy (DHS 2004). However, a 2007 report by the Victorian Auditor General found that community health services experience a range of challenges in integrating health promotion with their service delivery roles (Auditor General 2007).

A survey of health promotion practitioners in community health sought to document their perceptions of the strengths and weaknesses of health promotion in the sector, the barriers to more effective practice and the changes required to strengthen the work of the sector. This poster synthesises the findings on how health promotion in community health can be strengthened.

Methods

An online survey was developed that included quantitative questions asking respondents to rank their organisations in various areas of health promotion practice, and open-ended questions asking respondents to outline their perceptions of:

- Barriers to better health promotion (HP) practice in their organisations;
- Effective capacity building strategies for HP;
- Strengths of HP in community health;
- Weaknesses of HP in community health;
- Opportunities for the future development of HP in community health;
- Threats to the future effectiveness of HP in community health;
- Suggested changes to strengthen HP across the community health sector.

The target for the survey was defined as workers in community health services for whom health promotion constitutes the primary focus of their position. The survey was disseminated to this target group in July 2008 via DHS Regional Health Promotion Officers, community health service Chief Executive Officers or senior managers, and Primary Care Partnership Integrated Health Promotion Officers.

Acknowledgements

A number of people have provided support for this project including Vera Boston, Bich Ha and Kristine Olaris at North Yarra Community Health, Priscilla Robinson at La Trobe University, Stephanie McAdam at the DHS North and West Region and my colleagues from the Northern Region Health Promotion in Community Health Network. Thanks are also due to all the people who helped disseminate the survey and to everyone who completed it.

Results

Profile of respondents

- 61 responses were received in total.
- 29 respondents worked for Independent or Stand-alone Community Health Services, 21 for Integrated Community Health Services and 11 for Multipurpose Health Services.
- 24 worked for services in a DHS rural region and 37 for services in a metropolitan region.
- 28 respondents identified their role as HP Officer, 12 as HP Coordinator, 6 as HP Manager, 7 as Manager with responsibility for HP and 8 as 'other'
- 41 respondents had a formal qualification in health promotion.

Several themes emerged as key areas of concern for practitioners about health promotion in community health.

Resources
Concern over lack of resources was the most prominent theme across responses to the questions on barriers to better practice, weaknesses of current practice, threats to future effectiveness and changes people would like to see. Inadequate funding was the most frequently mentioned resource issue, but lack of time and lack of staff also featured strongly in responses. Lack of resources was identified as impacting on the effectiveness of the work people were able to do and the extent to which work is done thoroughly, as well as contributing to practitioners feeling over-stretched.

Knowledge, skills and understanding
Concern over the level of knowledge, skills and understanding of health promotion amongst managers and other health professionals in community health was a strong theme in responses to the questions on barriers and weaknesses. There were frequent references to a lack of understanding of the role of health promotion, poor knowledge of health promotion theory, lack of general health promotion skills and weak skills in specific areas such as evaluation.

Commitment to and support for health promotion
The commitment of colleagues and management to health promotion was also raised in responses to the questions on barriers, weaknesses and threats. Colleagues were seen as not valuing health promotion whilst managers were seen as failing to offer support and leadership. A strong theme was that health promotion often loses out to competing priorities from direct care. Many respondents raised an increasing focus on chronic disease management as a trend that threatens to further undermine commitment to health promotion.

Organisational structure
Issues around the way health promotion is structured within organisations were raised by a number of people but there were diverging views on this. Some respondents said that there were too many people doing health promotion within their organisations, resulting in resources being thinly spread, whilst others said that too few people were engaged in the process. Several people mentioned the creation of dedicated health promotion teams as an effective capacity building strategy employed in their organisations. A few respondents called for more leadership from DHS on how health promotion should be structured in organisations.

Workforce issues for practitioners
Several people raised workforce issues specific to health promotion practitioners. The recruitment and retention of health promotion practitioners was identified as a challenge. Several issues were seen as impacting on this including the lack of a career path for health promotion practitioners in community health, burn-out and lack of professional recognition, such as a dedicated award.

Commitment from government
The key policy theme was the call for more resources, but more generally there was an over-arching theme about the commitment to health promotion from governments. Concern that the Victorian Government is now more interested in chronic disease management than health promotion was a strong theme. In contrast, however, a number of respondents were optimistic that there was increasing support for primary prevention at both federal and state level.

Discussion

It is unsurprising that lack of resources should top the list of barriers identified by health promotion practitioners. The level of investment in health promotion and primary prevention by governments across Australia has remained at 1.7% of the total health budget since 1999, a level of investment that the Victorian government has itself described as "not enough" (DPC 2008, p. 20). The Auditor General's report into health promotion in Victoria identified lack of resources as a barrier to effective health promotion for some community health agencies although it noted that others had made strong progress (Auditor General 2007).

The optimism expressed by some respondents that health promotion was moving up the political agenda is a view shared by Lin and Fawkes (2007) who argue that since the late 1990s a new policy space has been created for health promotion by increasing concern over the cost of medical care and labour productivity amongst decision makers in Treasury and other parts of government. That health promotion practitioners feel lack of resources to be the major barrier to more effective action in their organisations suggests this policy interest has not been translated into funding delivered to health promotion at the community health level. If community health is to benefit from increased interest in prevention it may need to become a stronger advocate for the importance and effectiveness of its role.

A number of other findings of the survey reinforce findings from a study by Keleher et al (2005) that evaluated the impact of one of the Victorian government's major capacity building strategies for health promotion, the five-day short course. That study, which encompassed a range of sectors but with community health as the most strongly represented, identified lack of understanding by managers, lack of managerial support and lack of time as key issues preventing people implementing in their work the health promotion learning from the short course.

Conclusion

Lack of resources was clearly identified as the major barrier to effective health promotion in community health. Health promotion practitioners strongly argued that increased investment is required to strengthen health promotion in community health. The responses also suggest that to be successful at least part of any new investment needs to be directed towards addressing organisational and workforce barriers in the system. Organisational and workforce development are required to ensure that managers and workers in community health have an understanding of health promotion and possess the skills to support and/or undertake health promotion work.

References

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