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| **Health Promotion Workforce in New Zealand (HPWiNZ)** |
| **Background/Objectives**The health promotion workforce in Aotearoa-New Zealand (ANZ) has undergone extensive growth and development in the past three decades. As a yet unregulated profession, it is difficult to know who constitutes the workforce, and how they see their profession, practice and professional development. **Our purpose** was to describe this workforce in ANZ, including the current demographics, their workplaces, and their experiences in the workforce. **Methods**This cross sectional survey of the self-identified health promotion workforce cast a wide net. The intention was to survey all who identified as health promoters in their core or primary role. No list of registered practitioners was available to use as a sampling frame. A snowball sampling technique was used. The electronic link to the survey was initially posted to all those who were on the Health Promotion Forum of ANZ’s mailing list (2,008 individuals) and to all known workplaces of health promoters (e.g. Public Health Units and NGOs). Individuals were asked to invite their colleagues, from their workplace and networks who were also health promoters, to participate. The Public Health Association of ANZ posted the link to their Facebook page. Consequently, we are unable to report the denominator or the response rate.**Results**There were 481 participants, although not everyone answered all questions. Approximately 84% of respondents were female. Just over half of respondents worked for Government public health units or primary health organisations while the rest worked for NGOs or other organisations such as iwi health providers. Almost one quarter were Māori. The mean length of time working in health promotion was 10.6 years; 60% had worked in health promotion for 10 years or less, and a quarter had worked in health promotion for 11-20 years. Other key results include employment characteristics, principles and values, competencies, work environment and satisfaction, and professional development. For example, when participants were asked to prioritise health promotion values, they ranked ‘Prioritising the needs of those experiencing discrimination, poverty or social marginalisation’, along with a ‘commitment to improving health equity’ the highest.**Discussion**This presentation reports the constitution of the workforce, their values and practice, and workplace environments. Understanding the workforce will, among other things, inform the development of appropriate professional development.**Keywords**Workforce, Values in practice |