Who are the community-based HIV/Hepatitis C education workforce?

About the project

For nearly a decade now, Australia’s national HIV/AIDS (and more recently Hepatitis C and related diseases) strategies have defined education and prevention as priority areas. As a result, the community-based health education workforce has played a central role in the design and delivery of health education to infected/affected populations in Australia. Yet, this workforce is mostly ‘assumed’ and there has been little research for policy, training, and capacity-strengthening purposes, which investigates the workforce, its composition, origins, training, community attachment, HIV/AIDS, Hepatitis C and related diseases experience, institutional settings, and the social resources the workforce employs in its work.

The Community Education Workforce and Training (CEWT) study is the first to investigate the HIV community-based health education sector in Australia with a view to informing systematic policy, training, and capacity-strengthening initiatives. The CEWT study is a two-year, two-stage project, funded by the National Health and Medical Research Council, consisting of:

1. a national survey of community health educators, investigating backgrounds, training, experience, community attachment, agency settings, and major educational styles, activities and resources; and

2. six action research projects, describing and analysing the major pedagogical and curriculum development strategies and resources community health educators bring to their daily prevention and health education work. (This stage of the project began in mid-2000.)

CEWT Broadsheets

This is the first of a series of CEWT Broadsheets that will focus on the results of the survey phase of the project. We have selected broadsheets as this format provides easier access to those findings than a more traditional, long report. Other forms of reporting will be employed as well, such as conference presentations and publications in academic journals.
Survey sample
To be included in the national survey, education workers (paid and voluntary) needed to:

- currently work for non-government and/or community sector agencies/programs that receive HIV/AIDS and/or Hepatitis C designated funding;
- undertake activities that include educating people about HIV/AIDS, Hepatitis C & Sexually Transmissible Infections

In order to estimate the size of the workforce, it was decided to contact a key person in each agency and ask them how many paid workers and how many volunteers were involved in any kind of work that fitted into a very broad definition of education. This process estimated the workforce's size at approximately 480 paid workers and 810 volunteers. So far, we have received 304 questionnaires from 235 paid workers, 59 volunteers, and 10 respondents who did not give their payment status. This reflects a good response from paid workers (approximately 50%), but many less volunteers. We suspect that the volunteers who filled in this survey were those who spend more time in their agency and therefore do more educational work than the non-respondents would. This should be kept in mind when interpreting these findings.

Findings
This Broadsheet looks at who these community educators are in terms of social characteristics, educational history, daily work practices, and the agencies that employ them. All statistics involving the general population or the national workforce, used occasionally for comparison, come from the Australian Bureau of Statistics.

Social characteristics
The sample is constituted by about as many women (53.9%) as men (46.1%). Compared with national workforce figures, workers in this sector have a similar pattern of ages in general, but are significantly more likely to be aged between 25 and 44. Most (62.9%) live in the inner suburbs of a capital city (see figure 1).

Figure 1: Area of residence of workers in the community-based HIV/Hepatitis C education workforce

They are most likely to be heterosexual (47.0%), but are also gay (28.6%), lesbian (5.9%) or bisexual (7.9%). Figure 2 shows the breakdown of sexuality by agency type worked for. Workers in most agency types are most often heterosexual. However, those who work for AIDS Councils and PLWHA-focused organisations are most often gay men, with sex worker organisations containing a relatively large proportion of bisexual people.
Figure 2: Sexuality of workers in the community-based HIV/Hepatitis C education workforce by agency type worked for

Note: AC=AIDS council, HCC=Hepatitis C council, UG/NSP=UG/NSP group/needle & syringe program, SWD=SWD worker organisation, PLWHA=PLWHA-focused organisation, MA/HCO= Miscellaneous AIDS/Hepatitis C organisation, NHSCO= Non-health specific community organisation, MHFO=Miscellaneous health-focused organisation.

The workforce contains an almost identical proportion of Indigenous Australians (2.3%) and people born overseas (24.7%) as in the general population (2.1% and 23.6% respectively). Like the general population, those born overseas most often have come from the UK, but this is significantly more common among our respondents (43.2% vs 26.1%). Only 10.5% of the sample frequently speak a language other than English, with 40.6% of these using this language at work. Many of the workers in this sector are single. However, most are in some kind of relationship (see figure 3).

Figure 3: Relationship status of workers in the community-based HIV/Hepatitis C education workforce

Agencies worked for

Table 1 shows the broad range of different agency types in which educators work. While they most commonly work in AIDS councils (27.0%), this is far from the majority. Approximately two thirds of the sample (66.2%) work in agencies that have ten or fewer staff, while almost the same proportion (60.4%) work in agencies with more than ten volunteers. The findings suggest that AIDS Councils by virtue of their size use the most paid and voluntary staff. Elsewhere, organisations that have more volunteers (e.g. PLWHA-focused organisations, other AIDS/Hep C organisations) tend to have fewer paid staff; organisations that
had more paid staff (e.g. sex worker organisations, other health-focused organisations) tend to have fewer volunteers. Most (92.0%) respondents report that their agencies receive some designated HIV/AIDS or Hepatitis C funding, with most also reporting that their agencies are either fully externally funded (60.0%) or partially self-funded (36.9%).

Table 1: Agency type worked for by sex for workers in the community-based HIV/Hepatitis C education workforce

<table>
<thead>
<tr>
<th>Agency type</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>AIDS Council</td>
<td>42.1</td>
</tr>
<tr>
<td>Hep C Council</td>
<td>7.1</td>
</tr>
<tr>
<td>Haemophilia Foundation</td>
<td>0</td>
</tr>
<tr>
<td>Hospital</td>
<td>1.4</td>
</tr>
<tr>
<td>Peer-based user group</td>
<td>6.4</td>
</tr>
<tr>
<td>Sex worker organisation</td>
<td>2.9</td>
</tr>
<tr>
<td>PLWHA organisation</td>
<td>7.9</td>
</tr>
<tr>
<td>Family planning association</td>
<td>2.1</td>
</tr>
<tr>
<td>Halpline</td>
<td>5.7</td>
</tr>
<tr>
<td>Youth organisation</td>
<td>6.1</td>
</tr>
<tr>
<td>Needle and syringe program</td>
<td>6.4</td>
</tr>
<tr>
<td>Miscellaneous PLWHA-focused organisation</td>
<td>1.4</td>
</tr>
<tr>
<td>National peak body</td>
<td>2.1</td>
</tr>
<tr>
<td>Miscellaneous health-focused organisation</td>
<td>3.6</td>
</tr>
<tr>
<td>Non-health specific community organisation</td>
<td>.7</td>
</tr>
<tr>
<td>Miscellaneous AIDS organisation</td>
<td>3.6</td>
</tr>
</tbody>
</table>

The majority of agencies are located in capital-city, inner suburban areas (77.7%, see figure 4).

Figure 4: Location type of agency for workers in the community-based HIV/Hepatitis C education workforce
Employment

On average, workers in this sector have been in their jobs for almost three years, work 28 hours a week and, if in a paid position, do an extra half-day a week in unpaid overtime. Paid workers in this sector are significantly less likely to be full-time than paid workers in other sectors of the general workforce (60.4% vs 69.4%). Workers for most agency types were most commonly full time. However, workers for sex worker organisations and PLWHA-focused organisations are most commonly part-time, and workers for other AIDS/Hep C organisations most often work on a casual basis (see figure 5).

Figure 5: Work status of workers in the community-based HIV/Hepatitis C education workforce by agency type worked for

Most workers are continuing, paid staff members (57.5%). However, there are also significant proportions of volunteers (19.8%) and workers on fixed-term paid contracts (15.9%). For most agency types, their workers are most frequently continuing paid staff members, the exceptions being workers for PLWHA-focused organisations and other AIDS/Hep C organisations, who are most often volunteers (see figure 6).

Figure 6: Payment status of workers in the community-based HIV/Hepatitis C education workforce by agency type worked for

Paid workers most commonly have income levels between $32,000 and $42,000, while many volunteers have incomes below $10,400 (see figure 7). Average wages in Australia are currently $32,177.60 per annum. The majority of paid workers in the community-based HIV/Hepatitis
Figure 7: Income of paid and voluntary workers in the community-based HIV/Hepatitis C education workforce.

C education workforce earn average wages or just above the national average. When compared with incomes paid to similar workers in non-managerial Education, Health and Community sector services, workers in the community-based HIV/Hepatitis C education workforce are less well paid overall and there are fewer workers receiving higher wages. This low level of remuneration is notable when the qualifications of workers in this sector are taken into account (see figure 8).

Figure 8: Incomes of full time non-managerial employees in the community-based HIV/Hepatitis C education workforce versus those for similar employees in the Education, Health and Community Services sector

Working environment

The workers’ job titles indicate that they are often not called ‘educators’ (see figure 9). In fact, only 29.0% had job titles that indicated an ‘educational’ focus. ‘Educator’ is the most common category for most of the different agency types. However, workers for PLWHA-focused organisations are most commonly ‘managers or administrators’, probably a reflection of the number of paid workers in the sample versus the number of volunteers. Workers for miscellaneous AIDS/Hepatitis C organisations are most commonly
'medical and/or emotional support workers'. Workers for non health-specific community organisations and miscellaneous health-focused organisations are most commonly 'project workers'.

Figure 9: Category of job title for workers in the community-based HIV/Hepatitis C education workforce

Most workers (66.0%) are part of a designated team within their agency or program. These teams are most commonly 'education' teams, or teams with a 'welfare or support' focus (see Figure 10). Large proportions of workers in AIDS Councils (60.3%) and Hepatitis C Councils (50.0%) are in 'education' teams. Large proportions of educators in PLWHA-focused organisations (41.7%), other AIDS/Hep C organisations (56.3%), user group/needle and syringe programs (45.5%), and Hep C councils (40%) are in 'welfare or support' teams.

Figure 10: Category of team for workers in the community-based HIV/Hepatitis C education workforce that identify as part of a team

A proportion of workers (20.5%) have more than one job in their agency. Most of these second jobs (61.1%) involve management and administration.

Outside the agency

Many workers (18.7% of paid workers and 44.8% of volunteers) have a paid job outside their agency. Most often these jobs involved education (21.7%), or medical or emotional support (20.0%) and most commonly are in the health/community/welfare services (44.3%) or education sectors (16.4%). A number of workers (23.7% of paid workers and 17.2% of volunteers) have a voluntary job outside their agency. These are most frequently administration and management positions (47.6%), such as serving on committees of management. These voluntary jobs are most commonly in the health/community/welfare services non-government sector (68.7%).
Work history

Workers have been in the sector for an average of five years and eleven months in either a paid or voluntary capacity. There is no significant difference between the amount of time worked in the sector between volunteers and those currently working as paid workers. A number of workers (37.3%) have been out of work and looking for work for a period of more than two months in last five years. Table 2 shows the sector of employment of workers immediately before entering the community-based HIV/Hepatitis C education sector. Workers most commonly came from the health/community/welfare services sector, with other strong contributions coming from the education, hospitality, and retail and wholesale sectors.

Table 2: Industry of job immediately before starting work in the community-based HIV/Hepatitis C education sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health/community/welfare services (non-govt)</td>
<td>20.1</td>
</tr>
<tr>
<td>Health/community/welfare services (govt)</td>
<td>15.0</td>
</tr>
<tr>
<td>Education</td>
<td>7.8</td>
</tr>
<tr>
<td>Cultural, arts and recreational services</td>
<td>4.8</td>
</tr>
<tr>
<td>Accommodation, cafes and restaurants</td>
<td>10.2</td>
</tr>
<tr>
<td>Government administration and defence</td>
<td>7.1</td>
</tr>
<tr>
<td>Communication services</td>
<td>1.0</td>
</tr>
<tr>
<td>Wholesale/retail trade</td>
<td>7.5</td>
</tr>
<tr>
<td>Finance/insurance/property/business services</td>
<td>2.4</td>
</tr>
<tr>
<td>Personal/other services</td>
<td>2.7</td>
</tr>
<tr>
<td>Manufacturing/construction</td>
<td>4.1</td>
</tr>
<tr>
<td>Other</td>
<td>17.3</td>
</tr>
</tbody>
</table>

Education and training

Past study

The workforce is generally well educated, with over three-quarters having received some kind of post high-school qualification (see figure 11). Workers in this sector are significantly more likely to have a university degree than workers in the Health and Community Services sector generally.

For these, the most common fields of study for their highest qualification (see figure 12) are welfare (27.3%) and other society and culture fields (32.7%), with a surprisingly small proportion (10.5%) in
Among workers with post high-school qualifications, those from PLWHA-focused organisations are the most likely to have studied education as their highest qualification (25.0%).

**Figure 11:** Education level of workers in the community-based HIV/Hepatitis C education workforce compared with those for the Health and Community Services sector.

**Figure 12:** Field of study for highest qualification for workers with post high-school qualifications in the community-based HIV/Hepatitis C education workforce.
Figure 14 shows that workers for most agency types most commonly have university degrees, with the one exception being workers for PLWHA-focused organisations, who more commonly have tertiary diplomas, trade certificates or TAFE qualifications.

Figure 14: Level of education by agency type worked for by workers in the community-based HIV/Hepatitis C education workforce

Current study

More than a quarter (28.8%) of workers in this sector are also undertaking some form of study outside the workplace. Between the ages of 25 and 64, which includes 90.8% of our sample, workers in this sector are significantly more likely to be attending an educational institution than the national average (28.8% vs 7.6%). Most (72.4%) of this study is being carried out at a university. The most frequent areas of study are in welfare fields (32.9%) and other society and culture fields (36.7%) (see figure 15).

Figure 15: Field of study for those members of the community-based HIV/Hepatitis C education workforce currently studying for a degree
Conclusions

HIV/AIDS, Hepatitis C and related diseases community-based education workers are a very diverse group of people, coming from a range of backgrounds, work histories and experiences. Yet, these workers at times do cluster in agencies that reflect concerns similar to their own, but it is also clear that not all the workers in various agencies of the sector are necessarily members of the communities served by those agencies. This issue of community attachment will be explored in a later broadsheet.

On average these workers are not well paid for what they do, and many work beyond the hours for which they are paid, either as volunteers or in other jobs. Yet, it is a highly qualified workforce, offering considerable capacity to the sector. The unusually large proportion of university qualifications in this workforce and the comparatively large number continuing their training at university level (compared with workers in similar sectors) indicate a high degree of commitment to working in this field. Creating a more satisfactory wage structure and one that reflects a real possibility of advancement within the sector will be an important aspect of any policy that seeks to strengthen and develop the sector’s workforce.

Retaining such committed workers will also require recognition of that commitment and appropriate workforce training agendas must take this into account. Clearly, a focus on further university-based training must be a major component of a training agenda, and it may be that universities might develop postgraduate courses that reflect more closely the concerns and interests of the HIV/AIDS, Hepatitis C and related diseases sector.

Further broadsheets will report findings on education and evaluation practices, community attachment, and training needs.
Contact us

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