Building and finding the new leaders in health promotion: where is the next wave of health promotion leaders and thinkers? Are they emerging from particular regions, and are they less than 40 years old?

I asked myself these two questions recently after attending two conferences: the IUHPE Conference in Paris in July 2001 and the National Health Promotion Conference on the Australian Gold Coast in June 2001.

At both conferences, a range of papers and posters were presented reflecting various issues, which participants argued were part of health promotion. Many of these were excellent descriptions of what was being done at local and regional levels to address a categorical issue, e.g. tobacco use, sedentary behaviour, sun protection, poor diet, etc. Most presented evaluation findings and a few provided a brief overview of what the results meant for health promotion theory and practice. My impression was that the quality of the health promotion interventions around health issues (and their conference presentations) had shown considerable improvement over the last 15 years. Many of the presenters were less than 40 years old and it appeared that a substantial number had gained specific qualifications in public health, health promotion and health education.

At the same conferences, a number of keynote presentations, papers, posters and workshops were conducted by people closer to 50 years or over who provided ideas and insights into various discourses about health promotion. Also, many of these people challenged, often implicitly, the direction health promotion had taken over the last few years, e.g. an increasing focus on attempting to change individual risk related behaviours often without addressing the contextual issues which may cause such behaviours.

Reading this journal also conveys the diversity of contributions to health promotion. Articles reflect what is happening in health promotion in many countries and it is encouraging that more contributions are emerging from developing nations. There have been some excellent articles describing and analysing the outcomes of well designed health promotion interventions, and a number of thought provoking papers which have pushed our way of thinking about some of the concepts underpinning health promotion, e.g. articles about the settings approach, and ways to improve empowerment of disadvantaged groups. My observation is that the contributions of the younger generation in health promotion are nearly all concerned with practice. They are clearly developing technical competencies through their education and training experiences and in their employment frameworks to practise their craft in health promotion with high levels of technical efficiency. But where have we provided opportunities for this generation to be enterprising and entrepreneurial in how they think about health promotion theory and practice, and above all its reason for being? This group, after all, will lead health promotion in the early part of this millennium. Could they have written the Ottawa Charter?

We have fostered a community of practitioners, it seems, whom we exhort to strive for technical excellence and whom we surround with such concepts of ‘best practice’ and ‘benchmarking’. In their writings, both Lave and Wenger highlight the importance of identifying change through learning experiences (Lave, 1990; Wenger, 1998). They also argue that the people who are concerned about ‘getting it wrong’ and whose job security may be based on their technical competency are the group most unlikely to take risks with
existing frameworks or practices. This group of practitioners are certainly not going to challenge the underlying principles or theories of health promotion, and are probably less likely to develop a new way of looking at issues to generate any different models.

Our younger practitioners should not be criticized for being practitioners—this is what our programmes and projects have required of them. Perhaps the criticisms need to be directed at those of us who have been involved in health promotion for over a decade. Why haven’t we nurtured the next group of leaders and thinkers? Surely the discourses in health promotion in the late 80s and 90s are not exhausted.

One of the dilemmas in encouraging creativity about health promotion in the early part of this millennium relates to the plethora of courses that exist around the world in the areas of health promotion, health education and public health. We have generated fields of study with a number of theories and evidence-based examples of quality practice. We are able to demonstrate to new students appropriate, or even approved ways of designing a health promotion intervention around a particular health problem, such as tobacco, cardiovascular disease or injury. We have even identified in many of our courses and training programmes the disciplines we see as important to health promotion, e.g. epidemiology, biology, sociology and economics.

The strength of health promotion, when one looks at its origins, is its multi-disciplinary focus. The early group of leaders operated around a set of principles such as advocacy, social justice and equity. The discipline base of people was incidental, whereas the commitment to social change and an eclectic view of health was more fundamental.

Mezirow, in a challenging publication, has described three different ways of learning (Mezirow, 1991): (i) instrumental learning (the attainment of skills and knowledge to make systems work and sustain them); (ii) interpretive or communicative learning (the capacity to solve problems and exchange ideas, and to understand people’s values); and (iii) critical or emancipatory learning (the ability to understand the psychological and cultural aspects that shape the way we think, feel and act).

Newman argues that this third way of learning enables us ‘to see ourselves seeing the world’ (Newman, 2000). The focus here is on review and reflection and the capacity to take action based on a meta perspective of issues related to our health and society.

When I look at the content and learning methods of courses for health promotion students I see an emphasis on instrumental learning and, occasionally, interpretive/communicative learning. We rarely embrace critical/emancipatory learning. Perhaps as we have developed more education and training programmes in health promotion and health education we have provided a quasi-educational straitjacket for our next generation of health promoters. It may be that we need to embrace people from outside the health promotion framework to add to the thinking and leadership over the next 15 years.

What do we need to do to involve younger thinkers in shaping health promotion? As we become more technically competent and evidence-based in health promotion, is it more difficult for new models and frameworks, which challenge or enrich those of the past, to emerge?

As health promotion begins to grow in developing countries it is important to remind ourselves that we should not impose, as the solution, an approach that has been successful in developed countries. Elements of such health promotion approaches are useful, but not essential as the starting point. It may be that many of the future ways of looking at health promotion will emerge from developing countries and their younger generations, who are thinking differently to their colleagues about the principles that underpin their society. These thinkers need to be given room for their ideas to flourish.

We also need to support the next generation of health promotion leaders in developing countries. I do not believe this group will necessarily all grow out of the current cluster of competent practitioners. Some could well be people with experiences in entrepreneurship, where they have sought to develop better and innovative ways of looking at societal issues, and devising strategies for change that are confronting and controversial. We need to identify these potential leaders and provide them with opportunities to enter the field. We should let them develop their ideas and plans to build on the creativity of the now older health promotion thinkers of the mid-80s.

The new thinkers from developing and developed countries will find a great deal has been achieved in the last 15 years, as demonstrated by the 1999 European Report ‘The Evidence of Health Promotion Effectiveness’ (European
Commission, 1999). A challenge for the people in health promotion who have generated the ideas, frameworks and evidence of success in the last 15 years is to provide pathways for the next generation of leaders. These pathways should enable our emerging leaders to take the opportunities to enrich the discourses in health promotion, to improve its practices and to move in appropriate new directions in the next decade. Let’s hope they thrive.

Lawrence St Leger
Associate Editor

REFERENCES


