

# Health Futures @ Health2004

**Sally Fawkes**  
**La Trobe University**  
**Australia**  
**Evelyne de Leeuw**  
**University of Southern Denmark**  
**Denmark**  
**Maurice Mittelmark**  
**University of Bergen**  
**Norway**

## Introduction

"*Valuing Diversity; Reshaping Power*" was selected as the "theme for our time" to mobilize participation for the 18th World Conference on Health Promotion and Health Education (*Health2004*). Held in Melbourne Australia in April 2004, the conference drew over 3000 people from 105 countries to debate, learn and think about issues, policy, research and action from the perspective of promoting the health of populations and individuals. Participants reflected the breadth of people needed to investigate and act at local, national and international levels to improve health. They included: academics, researchers, practitioners, students, politicians and leaders and officials of health bureaucracies, non-government organizations and international organizations (including People's Health Movement, WHO, World Bank and UN-Habitat).

This broad range of individuals and organizations is essential for conferences on health promotion: it is well recognized in definitions of health promotion<sup>1</sup> that a complex set of factors, issues and challenges determine human health. Such "determinants of health" include policy and political aspects of health decision making at governmental, community and personal levels, challenges in the physical and social environment and human responses to those, social-economic aspects

of lifestyle options (including equity in health) and what is now known as "the salutogenic perspective". Stepping away from a more traditional bio-medical and bio-behavioural perspective, salutogenesis considers those factors that make individuals and populations healthy, rather than the pathogenic perspective (also referred to as the "epidemiological model") that looks at the development of disease. Health promotion thus values community participation, equity in health, and sustainable development as crucial elements in the improvement of health.

The Health Futures stream (*a set of sessions linked by a theme and flowing through the program*) was offered as a program innovation for the first time during a IUHPE world conference. It joined a cast of streams that have a more established history within IUHPE conferences. These concerned technical matters (research, generating and applying evidence, health communications, effective advocacy); key areas for building capacity to make health promotion effective (workforce development, leadership, partnerships and networks); settings for health promotion (health services, schools, cities, workplaces); and issues (health inequalities and poverty, mental health, ageing, health literacy, HIV/AIDS, cancer, cardiovascular diseases).

Here is a brief story of how the Health Futures stream was conceptualized and staged, and some of its

impacts. For readers who work in areas not explicitly associated with health, the authors hope that this account will represent how bridges can be built between the field of futures studies and important social domains such as public health.

### Background: IUHPE and its Perspective on Future Challenges

The International Union for Health Promotion and Education (IUHPE) is a global, independent, professional organisation of about 2000 members from 90 countries. The IUHPE, which celebrated its 50<sup>th</sup> birthday in 2001, has the mission to improve the quality and effectiveness of health promotion, and to strive for the achievement of equity in health between and within countries. It draws its strength and authority from the quality and commitment of its diverse membership, including government agencies, universities, non-governmental organisations, and individuals. The IUHPE decentralises its activity through regional offices on every continent. It works in close cooperation with major inter-governmental and non-governmental organisations to influence and facilitate the development of health promotion strategies and projects.

Co-ordinated from its headquarters in Paris, the IUHPE aims to have an impact through a range of activities including:

- Undertaking and publishing health promotion effectiveness reviews;
- Supporting a family of three print journals and one online journal;
- Conducting global and regional health promotion conferences;
- Mounting and conducting advocacy campaigns;
- Conducting short courses, seminars and symposia for workforce development, and
- Undertaking applied research and education projects in partnership with organisations such as the US Centers for Disease Control and Prevention and the World Health Organization.

In his conference address, IUHPE President Professor Maurice Mittelmark addressed the

need for health promotion to reach out to a broad range of social progress movements with which the IUHPE shares core values and aspirations. He noted the strengths and accomplishments of environmental, women's, children's and human rights organizations in tackling many of the same determinants of wellness with which health promotion is concerned, and called for better linkage of interests and resources. Professor Mittelmark called also for the health promotion arena to strengthen itself academically, by more fully engaging disciplines with much to add, such as history, the arts, law, business, economics and community psychology.

His remarks reflect the simple fact that the current context for health promotion is a challenging one and health promotion must adapt to better succeed: we are living in a rapidly changing world in which major drivers of change, such as globalisation of trade and communications, are generating multiple, complex new risks to population health as well as opportunities for improving health. Many of these risks and opportunities can be foreseen. For example, in a world where hunger persists in populations across many countries, it is apparent that the rate of increase of childhood obesity in a number of western societies will be expected to produce an adult population with a significant prevalence of obesity-related conditions (such as type 2 diabetes, cardiovascular diseases and musculoskeletal problems). On the other hand, many risks and opportunities will be unpredictable and unforeseen because of uncertainties in how trends will interact and shape major determinants of health.

The importance of innovations in health promotion research, evaluation and methodology has never been greater, especially in relation to improving the health of people in low to middle income countries. New ways of approaching problems and applying methods continue to be generated around the world at a steady pace. The ability to explore interpersonal, social, economic and environmental futures in an integrated way is crucial for the continuing development of health promotion as a (socially) relevant domain. Health promotion researchers,

practitioners and policy makers, particularly those in leadership roles, should have an open, enquiring mind about the future and be able to anticipate, adapt and adopt.

### Stream Planning

Conference presentations - especially keynotes - often follow a pattern of assessing the past, describing the present and speculating about the future. These speculations (at least in public health conferences) are often quite limited extrapolations of trends (such as epidemiological or demographic data) selected to emphasise a particular case. The intention of the Health Futures stream convenors was to initiate a focus on integrated futures at an IUHPE conference, and extend the awareness, knowledge and skills of participants in the area of futures thinking and practice.

Stream convenors were able to tap into the expertise of individuals within IUHPE, invited presenters and registered participants to offer a suite of complementary sessions. These examined perspectives about the future among current leaders in health promotion; challenges for our public health systems in developing foresight in policy and preparedness; and a specific issue that threatens to distort how we invest in our future (bio-terrorism). Being a new stream, no dedicated budget was available to fund presenters, such as those who work privately in the futures field or who require funding to travel and participate, and this limited the extent to which the stream could utilize the specialized knowledge base and experience of professional futurists.

Skills development sessions were new to the conference and a session was developed especially for the conference to provide an opportunity for skills development, so that people unfamiliar with the principles, methods and application of futures studies could obtain an overview and encouragement to learn more. Additionally, quality proffered papers that took a futures perspective were drawn together for a session on trans-disciplinary concepts and approaches to sustainability and health.

### Stream Design

The stream staged at *Health 2004* comprised five sessions.

- *Health Promotion Leaders in Conversation about Health Futures* (Vivian Lin, La Trobe University, Australia). Presenters: Evelyne de Leeuw (Denmark), Michel O'Neill (Canada), Anu Kasmel (Estonia), Bengt Lindstrom (Sweden), Spencer Hagard (UK).
- *Health Promotion Systems with Foresight* (chaired by IUHPE President, Maurice Mittelmark, University of Bergen, Norway). Presenters: Colin Sindall (Australia), Ann Taket (UK), John Allegrante (USA) and a proffered paper (Nazeem Muhajarine (Canada).
- *Dangerous choices? Bioterrorism vs Population Health* (chair Phillip Adams - ABC broadcaster). Presenters: Ian Lowe (Australia), Don Nutbeam (Australia), Kristine Gebbie (USA), Peter Rumm (USA).
- *"Get Ready for Your Future" Skills session on futures methods and health promotion* presented by Melbourne-based colleagues Daryl Taylor and Jose Ramos (Australia).
- *Trans-disciplinary paradigms and action for sustainability and health* (Tord Kjellstrom, WHO/ Australian National University). Proffered paper session.

### Stream Accomplishments

As expected, the stream crossed some fascinating and complex terrain.

Delineating and assessing futures and pathways to them are characteristics of leaders in all fields. The session *Health Promotion Leaders in Conversation about Health Futures* provided a platform for outstanding professionals from Canada, Denmark, Sweden and United Kingdom to reflect on how the worldview that informs their leadership activities and profile, and their views of the future, has developed. The diversity of panellists' backgrounds was revealed - from landscape design to paediatrics to public health medicine in developing countries - as well as their common views of things

that matter for the future. For example, panelists demonstrated that leadership in health promotion involves advocating for: a salutogenesis model of health; layered, systems perspectives to analyse the root causes of population health problems; multi-level, multi-sector pathways to address the problems; and an anticipatory, rather than reactionary stance.

Leaders nominated a range of issues that need to be on the "public health agenda" now if the health chances and opportunities of future populations are to be maximised. Ecological health - and the pursuit of value systems and systems of production that underpin sustainability - topped the list. The over-arching concept of mobility was presented as a significant, shared challenge, with multiple dimensions including environmental. To what extent are we anticipating future forms, patterns and causes of mobility and investing in options that make mobility safer, healthier - and a choice? Movement of people at the international or cross-border levels currently poses significant health risks arising from traveling to find or undertake work when local economies and communities are unsustainable, or from conflict situations which force people into refugee status. Movement of people at the local level carries its own set of risks. When transport options are not made available for all population groups that are compatible with physical, social and mental health for all (such as walking, using a wheelchair or assisted walking methods, bicycling, mass transport in safe environments), health threats emerge: injury, breakdown of social connections and trust, fear, isolation, reduced ability to control weight and worsening health equities.

In the session *Health Promotion Systems with Foresight*, examples of two major activities featuring thinking about the future were described, and activities and the value of futures work in the Australian Commonwealth Government were explored.

In the United States, the prestigious Institute of Medicine (IOM) has a long commitment to futures exploration. Starting with a landmark publication in 1988 on the future of the public's health, the study was repeated in

2002. The most profound finding was that the US public health system was in disarray and the public's health was said to be under threat. Parallel to this exercise, another one (*"Who Will Keep the Public Healthy: Educating Public Health Professionals for the 21st Century"*) has been exploring public health training needs in and for the future. The report calls for more interdisciplinary training action for public health, with population health perspectives included in curricula of the other health sciences. Issues such as globalisation, inter-agency collaboration and medical-technological advances should acquire a more prominent place in public health training within and outside university-based schools of public health.

In Europe, the WHO Regional Office aims to include futures thinking in its policy development processes. Drawing on the 1980s work of the Netherlands' "Steering Group Futures Scenarios for Health" (STG, a government agency privatised in the 1990s), WHO now collaborates with the substantial work on United Kingdom future explorations done by the Nuffield Trust. In its most recent report, *"The Future of Health - Health of the Future"*<sup>2</sup>, the future of European public health is explored in terms of six themes: people's expectations and financial sustainability; patterns in demography and aging; information and knowledge management; scientific advances and new technology; workforce education and training; system performance and quality (efficiency, effectiveness, economy and equity).

One of the key participants in the WHO futures work over the last decade, Professor Ann Taket, explored why a "health promotion system with foresight" is needed, what it looks like and some of the ethical issues associated with looking to the future. She proposed that a health promotion system with foresight capacity is needed to:

- "Predict" future developments
- Provide early warning of potentially threatening developments, or potential opportunities
- Stimulate learning processes, imaginative thinking and creative design for the future

- Enable people to determine the future they prefer
- Explore a range of alternative options, and
- To support strategic policy development.

The common features of a "health futures system" were depicted as follows:

- Futures thinking is integral to the policy-making process
- Health futurist expertise is available at all levels
- Scanning activities (present, prospective) are undertaken systematically
- An active intelligence function exists: to convert data to information
- Some type of visioning process is used
- Widespread participation is enabled
- Transferable futures tools are used
- Suitable databases are produced.

In outlining these features, Professor Taket reminded participants that in developing any dimension of a public health system, ethical considerations are crucial. For example: To what extent are the vulnerable taken into account? Whose lives are we talking about? What is the value of these lives (now and in the future)? What kind of life is worth living? What kind of life is worth counting? Who is doing the thinking, projecting, counting?

The session *Dangerous choices? Bioterrorism vs Population Health* explored the following dilemma. In the early 21<sup>st</sup> century, terrorism in its many forms is a prevailing concern in countries across all regions of the world. In the wake of actual attacks, broad-ranging consequences for population health have become apparent. These include disruption of social stability and cohesion, damage to ecosystems when toxic chemicals are released to the environment and de-stabilisation of systems that support health: food supply, transport, health care, education and housing. These impacts have profound implications in the long term for public health, as well as the short-term. The root causes of terrorism have also been shown to be highly complex and associated with modernity. However, are bio-terrorism threats "as real" or "as large" as other public health threats - short or long term? What variations are there around the globe in

relation to these threats? By scaling-up bio-terrorism surveillance, protection and response strategies, are critical trade-offs being made in the short term that might undermine investments benefiting population health in the longer term? In the follow-up discussion, the roles of governments in shaping our futures were explored, with one commentator suggesting that the reason that governments ask the public health sector to "guarantee that what it does actually *works*" lies in the fact that they are generally reluctant to take public health *action*. This pressure is not placed on other decision domains (such as international conflicts, signing free-trade agreements, or many areas of social policy).

The skills session, *Get Ready for Your Future*, engaged participants in a review of different future exploration technologies and methodologies. It reinforced the convenors' belief that health promotion academics and practitioners feel a great need for more information on this exciting realm, to explore how it could make a difference to their work. Immediately following the conference, a new website was set up by Jose Ramos and Daryl Taylor, "Health Promotion Futures" ([www.hp.openfutures.org](http://www.hp.openfutures.org)) to carry on the stream agenda, and to develop the application of futures studies to health promotion.

## Where to Next? Vancouver- Canada, 2007

Recommendations were made to the organisers of the next World Conference on Health Promotion and Health Education, to be held in Vancouver, Canada in 2007.

- Include a keynote speaker on health futures to set some challenging and intriguing points of reference for the conference in relation to thinking about possible/probable/preferred futures.
- Develop the stream further as a full parallel program, offering sessions for people who are new to this thinking and research as well as those who are already well acquainted with the field

and are interested in looking at issues for health systems and policy.

- Develop a coherent theoretical foundation for the stream to aid planning ensure the experience of attending the stream will be satisfying. For example, Inayatullah's description of futures oriented policy could be used to ground sessions about health policy that is geared to the future.

Futures-oriented policy:

1. Is focused on the implications of current decisions on the future
  2. Anticipates trends and emerging issues thereby providing early warnings and opportunities for change
  3. Maps alternative futures so that uncertainty is better understood and more effective decisions can be reached today
  4. Extends the temporal horizon so that costs and benefits analysis includes future generations
  5. Embeds flexibility into the vision of the future, and
  6. Develops processes so that policy-making remains a living process
- Invite all stream convenors to examine the nexus between their set of issues and future scenarios (e.g. health systems or schools of the future; advocacy in 2030 - who, what and how?; health promotion leadership in an era of advanced telecommunications).
  - Ensure that the futures that are discussed embrace all cultures, peoples and geopolitical domains. Ensure that full participation by people who speak a range of languages is made possible in both plenaries and subplenaries.
  - Include a session on health futures research to present and discuss what is happening where and why and how the research is intended to be used. Conference themes and the program need to give a high profile to health futures to attract people to submit abstracts for oral papers and posters.
  - Engage "futures rapporteurs" - people with specific content and methodological expertise in futures - to report with-

in the conference from a futures perspective or lead a poster tour. They could actively look out for things such as trends people are talking about, "futures narratives" that are appearing in sessions, scenarios about alternative futures and so on. This would enable a different type of critical eye - and an integrated perspective - to be brought to the proceedings. A lead rapporteur could be engaged to report back to plenary sessions.

- Facilitate participation by a diversity of people in planning (e.g. young/old, from the north/south-east/west).
- Exploit visual products to a much greater extent to enable the exchange of ideas regardless of language.

## Conclusion

The enthusiasm and commitment displayed during the stream sessions by both presenters and participants, combined with our recommendations, have led IUHPE headquarters to start a process of including futures perspectives in communications with its members (through the Union's official publications) and indeed an exploration of the possibilities for including a similar stream as a more permanent fixture in ensuing world conferences. This is a challenge that is taken up by the convenors of the Health2004 futures stream. The future - the next world conference in Vancouver (Canada, 2007) - will include *more* futures.

## Correspondence

Sally Fawkes, PhD scholar, School of Public Health, La Trobe University, Australia. [sally@gracebayard.com.au](mailto:sally@gracebayard.com.au)

Evelyn de Leeuw, Professor, Public Health, University of Southern Denmark, Denmark. [edeleeuw@health.sdu.dk](mailto:edeleeuw@health.sdu.dk)

Maurice Mittelmark, Professor, Research Centre for Health Promotion, University of Bergen, Norway. President, International Union of Health Promotion and Education.

## Notes

1. The Ottawa Charter on Health Promotion (1986), developed in 1986 at a first World Health Organisation conference on health promotion, offers the following definition: "the process of enabling individuals, groups and communities to increase control over the determinants of their health, and thereby improve their health."
2. WHO Regional Office for Europe and Nuffield Trust. The future of health - health of the future. Fourth European Consultation on Future Trends. World Wide Web: <http://www.euro.who.int/document/E81516.pdf> accessed 5 March 2004

