

ISSUES SERIES



Power,
Participation and
Partnerships for
Health Promotion

Dr. Ron Labonte



VicHealth

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Published by Victorian Health Promotion Foundation
P.O. Box 154 Carlton South, Victoria, Australia.
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First published March 1997.

Copies of this publication may be obtained from Victorian Health Promotion Foundation
P.O. Box 154 Carlton South, Victoria, Australia.

ISBN 0 7311 0570 2



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FOREWORD

When you are working at the health promotion coalface, deeply committed to the hands-on work of your project and struggling to overcome the hazards of finance, bureaucracy, time, and humanity that have unexpectedly intruded themselves into your path, you tend to overlook the longer-term issues of whether anyone else will want to do this again, and if so why and how. All too often, then, the project finishes up leaving behind only a brief stapled report with several statistical appendices, something that is both unable to inspire emulation and insufficient to inform replication.

Most outcome reports in fact are rendered both lifeless and useless by their neglect of the social dimension in their work. Both individual and collective health endeavours operate within the framework of a society that has many other concerns beside health. Operating in society involves negotiation and co-operation with other people and other agencies, the building of partnerships for health. Those negotiations, and those partnerships, and that society are held together, shaped and bounded by a web of power relationships. Health promotion is about giving people power over the conditions of their own health, and empowerment rests on an understanding of power and its use. Participation - working collaboratively in a social enterprise - is a precondition of power, and health promotion needs to explore how participation in partnerships can confer and control the power to create favourable environments for health.

There is in this context increasing controversy over the choice of health promotion methods. Increasingly it is found that large mass media campaigns aiming only at changing behaviours do not work very well in the long term - that they have a brief effect, but are unsustainable without more deeply rooted changes in the settings in which we live. However such campaigns are necessary to achieve important cultural change through their contribution to general awareness and, most importantly, political awareness of the issues. Thus support for policy change, legislation, and resource allocation are generated. One of the most valuable legacies of the women's movement has been the increasing acceptance of different modes of working together, ways that value networking, the sharing of knowledge, building on wisdom, and listening to others, where all concerned combine to explore new approaches.

This new paradigm informs the best elements of contemporary health promotion. If we are to build on the achievements of others we must be able to capture the lessons of our projects - where they worked, where they did not, what the keys to the individual situation may have been. We must then find a way to pass this knowledge along, and ways to compare it to our own endeavours. Traditional recording and evaluation techniques are often static, and are often unable to transmit the full lessons of the project experience.



This book explores alternatives. Dr. Labonte's use of storytelling to extract the pith from the experiences of health promotion workers in the field and to draw out the meanings of programs and projects offers an alternative to traditional epidemiological evaluation that is no less rigorous, no less informative, but is at the same time more open, more generative, and more humane.

The book provides a method for unpacking the deeper content of a project and applying that learning to the development of unique and effective health promotion and social development strategies. The lessons of this book cast a new light on the development not only of health program evaluation but also on health promotion as a whole - what can be expected of it, what should be invested in it, and where it may lead us.

Rhonda Galbally
Chief Executive Officer
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