Wicked problems and Health Promotion: reflections on learning

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What do complex issues such as inequity, climate disruption, food insecurity and obesity challenge us to learn? These are *wicked problems* that require action at every scale.[1, 2] With multiple, interacting causes, solutions lie well beyond the traditional domain of any one jurisdiction or organisational entity, and beyond *business-as-usual*.[2-5] A discourse is emerging in health promotion literature on relevant new perspectives and practitioners now appear to be poised at a significant learning threshold. [6, 7]

We are practitioners in a team of health promoters who are encouraged to innovate. Addressing health inequity and climate change in North Coast New South Wales, we launched an Action Learning process to understand how Complex Adaptive Systems theory could help address *wicked problems*.[8] We discussed articles, podcasts and videos, helping each other understand new concepts such as self-organisation, emergence, networks, and key concepts of resilience theory. [9-11] We came to realise that human communities are not well served by the dominant, mechanistic framework that assumes clockwork predictability.[3] We learnt that communities are webs of cause/effect characterised by non-linear feedback loops, tipping points, and unpredictability; that trying to reduce them to treatable components ignores the dynamic interconnectedness of the whole and dismisses the power of networked communities to address problems in unexpected ways. [3, 5, 12] We now see ourselves as active members of these networks and our actions as events within the developmental history of the community.[6] We started embedding these learnings into our practice. Sensitised to the surprising outcomes from community development, we now understand that reductionist bio-medical approaches are not helpful in planning, evaluating and managing projects that address complex problems.[13] They cannot help us understand creative, emergent action in communities.

On reflection, our learning journey followed a well worn path. At first we were unaware of what we needed to know. Then came disorientation as we sensed the rich potential of concepts we did not yet fully understand. Our collective process finally helped us understand the complexity framework and then apply it to planning, design, evaluation, collaborative engagement, governance and organisational change. Optimism grew with application. We know there is more to learn before fluency, but this gap gives hope of future effectiveness in addressing the complex, urgent issues that demand our attention.

How does this relate to Health Promotion more generally? At the 2011 National Health Promotion Conference, we invited attendees to participate in a *Social Determinants Think Tank,* a summary of which is available from the Australian Health Promotion Association website (http://www.healthpromotion.org.au/events/past-events/304-20th-national-conference). The method was informed by complexity theory to maximise collective problem-solving.[14] We asked delegates to engage with the following scenario:

> *"Imagine it's 2020…Poor people are healthier – catching up with the better off. Upstream factors driving poor health have been reversed. Journals constantly showcase upstream work. We're competent at doing and evaluating upstream work. We're experts in social innovation.*
>
> *How did we get there? What got in the way?"*

From diverse regions, roles and work settings, participants posted a rich array of ideas from which they then distilled necessary changes to address the social determinants of health. They expressed an urgency to do so but recognised that it involves complex webs of cause and effect, not amenable to health promotion business-as-usual. They called for a shift from current thinking based on a biomedical perspective, individual lifestyle solutions and reductionist thinking, to a new paradigm based on equity and wellness, a broad and social view of health, complexity thinking and a systems approach. Participants also called for broad-scale action on wealth redistribution, human rights, community empowerment and early childhood development, highlighting the need for health promoters to embark on a major learning journey to develop the necessary competencies.

The sense of urgency expressed in the *Think Tank* reinforced our view that our profession is at a learning threshold, as if collectively we realise *what we don't know.* This is clearly a time to stretch our conceptual framework and learn new skills appropriate for the complex environment in which we work. We need a range of learning experiences such as workshops, symposia and practice networks to help practitioners engage the interactive intelligence of their communities. With this focus, should we re-think our core competencies? Could Action Learning be used more often in Health Promotion teams? Might Complex Adaptive Systems theory become a generally-accepted core requisite of Health Promotion studies?

We thank all those who helped shape our journey including Ken McLeod, Uta Dietrich, Learning Circle colleagues, Kath Fisher, Viv Reid, Suzanne Gleeson and *Think Tank* participants. The NSW branch of the Australian Health Promotion Association sponsored the *Think Tank*.

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Winners of the 2011 Ray James Award

Congratulations to Jillian Adams, Maxine Molyneux and Lucy Squires who received the Ray James Award* for their article in the April 2011 issue of the HPJA:

Sustaining an obesity prevention intervention in preschools

Special commendation was also given to Husna Razee, Hidde van der Ploeg, Ilse Blignault, Ben Smith, Adrian Bauman, Mark McLean and Wah Cheung for their article in the August 2010 issue:

Beliefs, barriers, social support, and environmental influences related to diabetes risk behaviours among women with a history of gestational diabetes

* The Ray James Award was conferred for the first time in 2010. It is a prize of $1000 awarded for an outstanding article published during the previous year in the HPJA, which has a first author who is an individual member of the Australian Health Promotion Association.

Further details about the selection criteria and process are available at:

http://www.healthpromotion.org.au/journal/table-of-contents/266-ray-james-award