

“I see myself as someone who likes to push boundaries and suggest some radical things”

The renowned specialist on health promotion and youth work, Sarah Schulman, on a participatory approach in research, the dangers of overprofessionalisation and international conferences as a source of inspiration.

Ms Schulman, you have been involved in health promotion from a very young age. Now you're working on your doctorate. Have you gone from being an activist to a researcher?

I still do both. I'm interested in research questions that are relevant in practice. When I realised how separate academic institutions are from practitioners and from real people on the ground, I was pretty frustrated. I try to really use a participatory approach and so to redefine what counts as research, and to think much more broadly about the kinds of evidence that we're using to support good practice. I'm trying to push some of the academic boundaries with my own work. It's certainly a luxury to be able to sit back and think about certain areas sometimes. As activists and advocates we are often doing so many things that we can't be as reflective. The research and academic world can remind us to ask ourselves some questions and be more reflective practitioners.

You've worked in a number of different countries. Can your approach and experiences with the empowerment of youth be translated from one country or culture to another?

That is a huge question, and one I'm still trying to unravel. I think the methods we used to actively listen and to understand where people are coming from, what their motivations and aspirations are, how they see themselves in their world – I think that these techniques can be applied everywhere. However, what emerges from these varies greatly and must be adapted to the respective context. The work I do is all about building the capacity of people in different cultures to ask the questions that are most relevant to them. I don't presume to go in and know what those questions are, I just go in thinking that it's good to ask them and train people to be able to do that. Whether you're working with kids, young people or families, there are similarities in terms of how people define what they want from their lives.

What universal expectations are these?

Wherever I go, people talk about how they want to live in great places, surrounded by healthy and happy family members and that they want to do things that they're passionate about and that bring meaning to them. In the health field, it's always about making people reduce bad things in their lives – such as smoking, or diseases. But generally, no matter where I go, people don't talk about themselves in those terms. As practitioners in health issues, we have to accept that. It's got to be about reorienting our systems and services so that they're about people and what people want, rather than about reducing bad things in their lives.

So is your work more about finding out what dreams people have, than about turning the system into an efficient machine?

That's right. Depending on the place and the culture, people may have different dreams, and our facilities and services should reflect this. But the common point is that they should be oriented around how people want to live their lives and not how the system wants them to live their lives.

How does this go down with representatives of official health promotion agencies?

That depends. But I think there is growing receptivity to the fact that things aren't working, and that we've been trying for many years to make governments more efficient and to make services work better and that that's not enough. It leads to some pretty narrow-minded thinking when you're always looking at how to reduce costs or reduce the incidence of a problem. But it is a lot of work to reorient a system around how people want to live, and often, there is not the kind of risk-taking behaviour that you need to make that happen.

Where have you seen a reorganisation like that?

The best examples I've seen are very local ones. Places where policymakers have some political freedom or don't feel their re-election depends on something. And situations in which people are really innovative and want to try out things.

For example?

A few years ago I worked in the US state of Oregon on changing how we look at evidence. Often evidence-based policymaking is used as an excuse not to be innovative, or as a reason for why we can't listen to young people because 'they don't know what's best for them – the evidence does'. We were able to set up some research teams driven by young people, who asked some different questions and started to drive through some very different changes in policy, particularly around teenage pregnancy. This was a pocket of good practice where people in government were willing to do things differently even though there were high risks associated with it, as some of the things the young people were saying went against some of the best evidence, or were politically sensitive.

What were some of these sensitive issues?

Issues around contraception and abortion, which are very controversial in the US. But also about relationship issues, how sexually active boys and girls at young ages are. Oral sex – a whole list of issues that make politicians nervous. But we had a bit of freedom to experiment and to try some new ways of doing things.

You're an important speaker at "Geneva 2010". How do you see conferences – as a tedious necessity or a personal enrichment?

There was a time when I believed that conferences were worthless. And I asked myself why I should waste any more time attending them. But again and again I thought: great, a conference is something very inspiring! I think that's exactly what conferences should be: a source of inspiration. What counts is to be confronted with new ideas. There is something refreshing about that which is important for all of us. Conferences are not the place where practices are fundamentally changed.

Is there a conference which has affected you personally?

I was 12 when I took part in my first conference. It was the world conference “Tobacco or Health” and I had the opportunity to listen to top people from the public health domain in the US. They spoke about changes within a period of about 40 years, and this made me realise that change really is possible. Also big policy changes – for example on smoking. When you’re in the trenches and working on something on a day-to-day basis, it’s often difficult to see that radical changes are taking place around you. It can be a big relief to step back a little and to appreciate all that we have achieved – even if we still have a long way to go.

What will you talk about in Geneva?

I want to challenge people, and I will talk about my own evolution in the health promotion field. I was seven when I began to fight against smoking. Since then, I’ve gone through a process of changing my own thinking about how change happens. When I first started it was all about stopping bad things from happening. And then I moved into education, and social marketing, and I believed that information was the key to changing people’s behaviour. Over the past year I’ve started to learn about design and systems thinking, and applying some very different tools and paradigms – it’s a paradigm shift for me – about how to make change happen. Today, I try to understand people’s motivations. I try to understand the disconnect between what people say they want and what they actually do. I feel like I’ve come across a new way of doing that, which will be useful for redesigning services and systems around people.

What are you hoping to achieve in your presentation at the most important meeting of health promotion officials in the world?

I want to challenge people in the health promotion community to see themselves as catalysts. Much is underway already, but there’s also the danger of over-professionalising what we do. Professionalisation can have a negative force, and what we should be doing is enabling everybody to promote health and to think much more broadly about health. Rather than trying to retain health promotion as our exclusive domain, we should be helping lots of lay people do what we do.

US-born Sarah Schulman, 26, already has a remarkable career in health promotion under her belt: at the age of seven she began her fight against smoking and took on cigarette vendors. Now, Ms Schulman is completing her doctorate at Oxford University on participative governance and bureaucratic reform. She holds a BA in Human Biology and a Masters in Education Policy from Stanford University. For the past ten years Ms Schulman has run Youth Infusion, a youth-run organisation she started as a thirteen-year old that provides technical assistance and capacity building to organisations targeting youth. She has also worked as a consultant on youth participation for governments in various countries. In addition to her studies, Ms Schulman currently works for the London-based organisation Participle, which focuses on the reorientation of public services.