Is health promotion in Canada, or anywhere else, different from Australia?

Penelope Hawe

Last month, I was at a health promotion conference in Europe and overheard a remark at dinner. The conversation seemed to be about how other countries 'do' health promotion. Pricking up my ears at the word 'Australia', the remark was not about the quality of our work, but our attitude towards it. I cannot get the word they used right here, but the phrase that comes to my mind in trying to capture the sentiment is one we used to hear a lot last century: 'cultural cringe'. Put more bluntly, according to my dinner companions, Australia (and a couple of other countries, I gather) don't seem to recognise that they are first class when it comes to health promotion. They think that the rest of the world must be ahead of them. Funny that. Yes, it's silly. And then the conversation moved to something else.

I sat there trying to deal with my reaction to this, while at the same time staring at my glass of cabernet sauvignon and trying to continue with the façade that I was not eavesdropping. I did react emotionally, to the extent that I thought my country was being slighted. And then I realised that in fact we were being praised. The moment struck a chord with me.

In July 2000, I left an academic position in health promotion in Sydney to take up a Chair at the University of Calgary, Canada. Since that time, my entire experience has been one of trying to work out what I am doing, what is happening, what is the procedure for ordering a cup of coffee in this place, etc. But one thing I am struck by is the number of times I am called upon to draw comparisons between Australia and Canada, or Australia and the United States or Australia and the rest of the world. By Australians, by Canadians and by Americans (although the Americans don't ask quite as much). My first reaction is always that I can't. It is like being called upon to make authoritative comments on the way different nationalities breathe. Or that first time when a doctor asks a woman if her menstrual cycle is normal (Normal? What's normal? I only know mine). So, when people ask me to comment on health promotion in Australia (as the editors of this *Journal* did), I ask myself: am I being asked to compare, or am I being called upon to judge, or am I being asked to reassure? Maybe the difficulty I have in responding indeed comes from being a product of growing up in the time of cultural cringe in Australia, a time when we thought our own culture, heritage and intellectual pursuits were 'naturally' inferior to Britain (and pretty much everywhere else). That is, who am I to answer such a question?

If I quit the psychoanalysis and instead accept the notion that Australians have a tendency towards "looking outward and benchmarking (their) work relative to world practice" (that is how we expressed it to the readers of an American journal),[1] then that to me has a great upside. The tendency to look outwards when we are setting up a new policy or developing new directions in health promotion in Australia, the tendency to import the big names from North America or Europe for a few weeks and give them a spin on the harbour or take them to Rottnest or a game at the MCG, illustrates that our accepted custom, before we do anything else, is always to go searching for the gold standard. There is a twofold legacy from this. First, the world generally does come to Australia when it is invited. So hundreds of practitioners and policy makers have had the chance to participate in forums where some great ideas have been conceived, some great debates have been had and many have been able to go away saying, "Well, I don't know what all the fuss is about. We've been doing that in Kempsey for years." Second, and more important, by searching for, recognising, interrogating and redefining the gold standard in our field, the 'what should be' is now second nature to us. Thank goodness that it is no longer just represented by the faces of distinguished visitors. It is in landmark initiatives like the National Public Health Partnership, the world-leading work in AIDS/HIV control, incredible achievements and leadership in tobacco control, adolescent health, the new mental health promotion initiatives. The list goes on. The thinking-edge in health promotion in Australia is being fuelled by those governments and decision makers who know that you have to invest in both long-term infrastructure in health promotion *and* have funds for innovation (the latter should not be an excuse to erode the former). It is also being fuelled by a groundswell of practitioners who are seizing the agenda, winning the grants, writing the papers and organising the conferences.

There is an old saying that you don't know what you have until you go somewhere and see it missing. I cannot speak for all of Canada. It is exciting to be in the home of the Ottawa Charter (although I was a bit disappointed that this is not on the sign as you drive into town). But, in my home province of Alberta (a province of three million people with a politically conservative government), I see a couple of worrying things with health promotion. I will choose just one of these to illustrate.

Right now I am engaged in a number of battles (I believe the correct term is inter-organisational opportunities) about the nature and practice of health promotion. Contrary to my experience, among some particularly powerful players there is no rush to define the gold standard of what should be. Recently, after performing a routine 'occasion of service' in health promotion, which was supplying a copy of the results of a systematic review summarising 20 years of studies in community-based cardiovascular disease prevention[2] to a planning group, I was told, "thanks but the results don't apply here. We are going to set up clinics to do cholesterol screening and lifestyle assessment and counselling anyway" (a multi-million dollar funding decision). Of course, my advice is ignored everywhere. But this was more like a slap in the face. You see in

Alberta, drug company-supported, private-for-profit 'wellness care' is insinuating itself into the field of health promotion. 'Bold new directions in health promotion policy' mean that private wellness care doctors will receive public subsidies to perform services that are likely to have pretty much negligible population health benefits, taking money away from places where it could be much better spent. In speaking out about this, it is no surprise that we get backlash from providers who stand to benefit. The disappointment comes when fellow colleagues in population health go along with it, thinking that they can develop win-win methods to also secure what they want for the community, school interventions, actions against poverty and so on. But this is what I mean about keeping the eye on the gold standard. Words like 'partnership', 'participation' and 'agreements' can easily be used to gloss over the fact that the gold standards in health promotion, our evidentiary and equity base, are being sidelined. Losing battles is bad. But the real insult is when someone steals or defaces your flag.

Regardless of how and why Australian health promotion policy and practice came to be so outward looking, the single best outcome of that is having shining, uncompromising standards. Why am I drawing attention to this? Should not an editorial about health promotion in the two countries be listing all sorts of informative things about funding mechanisms, degree courses, the different role of non government organisations and so on? Well, not for me. For me, the most important thing right now about health promotion *in any country* is how well prepared we are for threat. That means knowing your strengths and your vulnerabilities. In my province, the biggest single threat to health promotion is erosion from within. The tendency to be inclusive, to avoid confrontation, to find a pathway to common ground, may be lulling people's sense about what is really important and when to stand up for it. Whether inadvertent or not, this is a dangerous situation when 'the other side' is the pharmaceutical industry. Australia has no reason to think it will be immune to this new player in health promotion for much longer. So cherish your values, hoist up your standards and be bold. Maybe one good thing about health promotion in Australia having been marginalised by the mainstream health sciences for many years is that we know about conflict. It is like when Simon Chapman talks about watching for the smiling assassins.

So, where does this leave the Europeans enjoying their dinner on a balmy evening? Were they right about Australia? Maybe, but we don't derive our self esteem from others' opinions of us anyway, of course. And we do know a lot about wine.

References

1. Hawe P, Wise M, Nutbeam D. Policy and system-level approaches to health promotion in Australia. Health Education and Behavior 2001;28(3):267-73.

2. Ebrahim S, Davey Smith G. Multiple risk factor interventions for primary prevention of coronary heart disease (Cochrane Review). In: The Cochrane Database of Systematic Reviews, Issue 2, 2002. Oxford: Update Software, 2002.

Postscript

Three weeks after I wrote this Editorial, a colleague of mine in Alberta was sacked for standing up for health promotion. David Swann, a medical officer-of-health in a rural health region, lost his job because he spoke out in public about the health benefits that could come from the Kyoto Agreement. The Alberta government is against Kyoto. Alberta derives a lot of its wealth from the oil industry.

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