Personal and peripatetic health promotion reflections

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Taking the opportunity of some university leave has provided the opportunity for some personal reflections on health promotion in the Americas. This is a career first – after 20 years as a health promotion academic, I have never opined on health promotion in print before; at least not without a lot of data to make me feel more comfortable.

Anyway, this is part of a university sabbatical (a term of 'a more civilized age'?), now called less polite names by university managers and probably destined for extinction within a decade. In an Internet era of instant answers, 'thinking time' seems to be less valued than it once was. Did we really read the literature more and debate the findings and nuances of individual health promotion programs, rather than rely on summary reviews, seeking instant opinions and meta-analyses for solutions to the complexities of health promotion, community development and policy change?

I sought contemplative refuge in Canada, specifically in Ottawa, which shares Canberra-like capital status, being nearly equidistant from the two (rival) largest cities, Toronto and Montreal. It shares other characteristics that make me feel very much at home – a large federal health department challenged by downsizing and restructures, and linked to provinces that do different things with their health budgets, reinventing public health and health promotion differently according to local customs, politics and influences. One strength in Canada seemed to be a deeper and more sustained understanding and use of social marketing and campaigns,[1] albeit not as connected to mainstream health promotion as one might like. What seemed to be missing was some of our integrative efforts, such as our National Public Health Partnerships.[2]

The Canadian system felt even more like home when detailed corporate memory for previous programs seemed to be missing and policy implementation was patchy. So Canadians, in typical quiet and resolute fashion, proceed more at the local level. It appears that community-based health promotion and old-fashioned grassroots coalitions still exist, and can flourish, even exerting national influence.[3] This may be selective perception – a view from Ottawa, which is a friendly and smallish city – but does offer hope for our efforts to reinvent community health promotion under labels such as 'social capital' and 'community capacity'.

Moving south, my views of the US had not changed much over two decades. In the US, there is a manifest commitment that individual behaviour change interventions in selected samples is the same thing as health promotion. The US Government and other public sector agencies are still not co-ordinated and are vastly under-funded. However, much of what we describe as the programmatic part of delivering health promotion has always been funded through the large philanthropic organisations, such as the Robert Wood Johnson Foundation.

Recently, some of these philanthropic agencies have moved away from traditional preoccupations with individual change, and have provided generous funding to projects exploring ecologic models and socio-environmental factors as determinants of poor health. If current efforts continue, and the combination of technically excellent 'science' (of qualitative and quantitative measurement and research design) is applied to larger settings and to research into intersectoral partnerships and healthy public policies, then we may see advances in the evidence base emanating from North America. None the less, optimism should not be unbridled – the Washington-based NIH (National Institutes of Health, analogous to the NHMRC only hundreds of times bigger) will take a long time to view health promotion research as other than randomised trials.

Travelling much further south did provide one optimistic case study. A remarkable health promotion projects started in the city of Sao Paulo, Brazil, about six years ago.[4] A grassroots community-based project to promote physical activity was initiated by a small group of university academics and practitioners, targeting the diverse 16 million people resident in Sao Paulo city. This core group developed the concept of 'Agita Sao Paulo', with the word 'agita' having the connotations of encouraging movement and physical activity and of a political 'agitation', a sense of 'stirring' up the issue. They started with community projects for older adults, workers, poor slum dwellers and school-age children, moving to organising mass events, where people danced, celebrated and did what Brazilians love to do, en masse and in public. This idea attracted immediate media and state government attention. Soon there were 'Agita' projects across Brazil, and by 2000 had projects mushroomed, such as: 'A moverse Argentina', 'Uruguai em movimento', and 'Activa Risaralda' and 'Muoverte Bogota' in Colombia, as well as in most other regional nations. The process of community awareness raising, developing partnerships with governments, NGOs, professional bodies, and informally using the media has been astounding. Despite the flexible and sometimes fluid nature of diverse interventions and partnerships, efforts have been made to conduct formative, process and impact evaluation of 'Agita Sao Paulo'.[4] The culmination of this local project eventually resulted in World Health Day, 7 April 2002.[5] Gro Bruntland, director-general of WHO, visited Sao Paulo and launched 'Agita Mundo, move for health' as a global event. Sadly, we hardly noticed this in Australia, given recent policy directions that reduced the role of Active Australia as our integrated national physical activity framework.

'Agita Sao Paulo' is a model of grassroots health promotion. It implemented all the principles of the Ottawa Charter, although the Sao Paulo team hadn't heard of any of them. They didn't need to theorise – it seemed to come naturally and logically and

now resonates across South America. Will it change physical activity prevalence? That's not the immediate concern; as a health promotion movement, it has raised the issue across regions, driven the policy agenda and used community-based approaches to achieve global recognition. That this can still happen, in this stressed and economically constrained world, is indeed good news from the Americas.

In summary, there are good things going on in health promotion, often in unexpected places. Keeping an open mind, but challenging our innovative projects to be accountable for evidence of their effects, remains important. Providing evidence of long-term program effects requires huge efforts, but is an essential prerequisite for sustainable health promotion. Otherwise, we will be forever constrained by the 12-month project funding cycle and flit from program to program, without institutionalising what we do.

Travel broadens the mind, but most of what one sees is still replicative, modestly effective in the short term, and not sustainable. Find and test innovative solutions to health promotion programs, report on your evaluation findings thoroughly, and then 'agitate'. It's the process and spirit of 'Agita!' that we can still learn a lot from.

References

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