Advocating for public health: does the real world matter?

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Researchers are, with some exceptions, notoriously reluctant to occupy the public stage. With some notable exceptions, their work is mostly done behind a screen of academic or organisational inscrutability, with findings being revealed via journals boasting a readership, if one is lucky, of a few hundred. It's not uncommon for research findings to be regarded as highly successful if they've been cited by a dozen other authors. Many articles are read and acted upon by almost no-one, even though they may represent a considerable advance in knowledge. Attacking the academic publishing system is not the intention of this editorial, as appropriate as such an attack may be. What this does suggest, however, is that researchers concerned with improving public health and wellbeing need to re-think strategy. Observation of the public health and health promotion record over many years suggests that health promotion should be rooted in the idea that research must be tied to action; to be effective, evidence must be operationalised. The truth may indeed set us free, but it needs to be effectively deployed before that happy consequence can be realised.

The biggest enemy of public health improvement in first world countries (and perhaps in the rest of the world as well) remains vested interest. Massive corporations selling junk 'food', alcohol and gambling, have literally trillions at stake. The experience of tobacco control has established that material change to the relevant regulatory regime is far more effective than public information or education campaigns, as appealing to government as those latter might be (appealing because, being ineffective, they are supported by industry and unlikely to have tangible impacts)[1].

What has been effective in controlling tobacco will, almost certainly, also work in controlling obesity, excessive alcohol consumption and harmful gambling: appropriate demand reduction strategies enacted via reform of the regulatory framework with an accompanying but secondary channel of media-based reinforcement . To date, we've had to content ourselves with the second, much less effective channel. This, generally, reinforces the industry message: errant individuals are the problem. People make bad decisions so that's where the focus should be [2,3].

What we all know is that industrially scaled systems of exploitation and harm-production are deployed globally to configure consumption by populations. At the population level, patterns of consumption will be largely subject to material circumstances carefully designed and expensively deployed to maximise consumption and thus profits. A society where the sales and advertising of a product are virtually unrestricted, where that product is cheap and ubiquitous, and where sponsorship has been carefully and systematically attached to local sporting clubs, as well as elite athletes, international competitions and almost all significant cultural activities, is likely to consume significant amounts of that product. This will occur regardless of how many messages are available reminding people that this product may be harmful. This is not a puzzle. It worked for tobacco for many years. It works now for junk 'food', gambling and, of course, alcohol.

Our priority, as practitioners and researchers concerned with improving public wellbeing, is to disrupt such systems of harm production. Such an approach requires researchers to get out from behind the world of research evidence and engage deeply with government and the broader community. It also requires adoption of a serious critical perspective on the activities – all of the activities – of industry.

This is neither easy nor popular. Academic researchers are not much rewarded for taking a public stance on matters of public health importance. Those who accept grants from industry generally are. Nonetheless, in the face of disincentives to do so, the example of engaged public health practitioners and researchers suggests that unremitting commitment can be highly effective, embarrassing governments into accepting that regulatory reform is in the public interest, and, most importantly, supported by the public[4]. Few governments are willing to take on powerful vested interests until they realise that they will gain politically from such a stance.

Evidence-based policy is a terrific idea, so terrific an idea that it would be wonderful to see it being adopted across the spectrum of public health. But the truth alone is not enough. If evidence stays within the field of learned practice and research, its effect remains negligible. Dangerous consumption industries are adept at hiring their own researchers, inventing their own evidence, and obfuscating and lying. These carefully assembled discursive practices must be critiqued[5]. If evidence is to form the basis of effective policy for better public health, the health promotion and public health community must also become far more adept at communicating the lessons of evidence into practical programs to attack harm producing discourses. This, dare I say, requires politics and practice somewhat at odds with existing circumstances. Effective knowledge transfer in this mode requires almost constant engagement with an often disinterested media, endless repetition of what seem to be self-evident understandings, and patient rebuttal of the 'common-sense' peddled by vested interests in defence of those interests.

It involves tedious preparation of submission after submission to seemingly pointless government inquiries and committees, and frequently more tedious repetition of this content to politicians and other decision makers whose views appear both uninformed and unchangeable. Above all, it requires translation of what can often be complex and difficult concepts into simple and straightforward propositions.

This requires reform of academic and scholarly practices so that knowledge transfer in the public interest becomes a significant indicator of academic achievement (even where industry may not fund it, or government rush to adopt it). Those who create evidence from research are thus far doing only half of what is needed. The other half is just as challenging, and perhaps more necessary.

References:

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