The pioneer, the activist: An interview with Trevor Hancock

Ross Graham, MSc, CHE

Dr. Trevor Hancock

Trevor Hancock has been a key health promotion figure for over 30 years. He was a pioneer of the 'healthy cities,' 'healthy communities,' 'health-promoting hospitals' and 'green healthcare' movements, and has worked with organizations and policy-makers across Canada and internationally to advance these initiatives. His many contributions to public health include coining the term 'healthy public policy,' organizing the first conference on the issue – "Beyond Health Care" – in 1984, and serving as the principal consultant for the 'Healthy Toronto 2000' report as well as a consultant to the World Health Organization's Healthy Cities Project.¹ Prior to his current role as professor and senior scholar at the University of Victoria, Dr. Hancock was the first leader of the Green Party of Canada in the 1980s, and a part-time associate professor in the Faculty of Environmental Studies at York University. He was also a founding member of Paradigm Health, a health futurism think-tank, and co-founded the Canadian Association of Physicians for the Environment and the Canadian Coalition for Green Health Care. Dr. Hancock has published widely on health promotion, planning, health policy and health futurism, and was awarded an Honorary Life Membership to the Canadian Public Health Association in 1990.

Interview

Ross Graham (RG): *What attracted you to public health?*

Trevor Hancock (TH): After four years of family practice, I was tired of patching people up and sending them back into the war. I wanted to go upstream. This interest was also triggered by my involvement in ecological politics and my work at a health centre in Etobicoke where the majority of patients were on some form of social support. Their problems were clearly not medical problems – they were social and economic problems. As well, in 1996 I returned to a small town in northern Borneo where I had worked as a volunteer 30 years prior. During that trip, I realized that my interests in healthy communities and the 'beyond health care' movement were likely founded during that volunteer experience in the 1960s, before I went to medical school. I realized after I came back that their community was in many ways very happy and healthy. They weren't dying of starvation, and were generally healthy and productive. Yet, they had very little of the so-called 'benefits' of western medicine.

RG: *You've been involved in public health, academia and politics throughout your career. Do you consider yourself primarily an academic, a politician, or a public health physician?*

TH: I'm not a politician anymore. After my role with the Green Party, I haven't been involved in politics, in that sense, since about the late 1980s. I think of myself primarily as a public health activist. Sometimes that's been as a practitioner, a consultant, an academic, and even as a politician, but essentially I've been a public health activist first and foremost.

RG: *What have been some of the most exciting moments of your career?*

TH: There was a very exciting period in the 1980s. In 1984, I organized the Beyond Health Care conference. Then the first meeting of the healthy cities movement in Europe was in 1986. The Ottawa Charter for Health Promotion was also in 1986, where I gave the Health and Environment paper. In 1988, we released the Healthy Toronto 2000 report.¹ Then there was a lot of consulting work, which was really fun, throughout the 1990s. More recently, the Core Public Health Functions (CPHF) work that I was leading here in British Columbia (BC) was very exciting.²

RG: *Similarly, what have been some defining challenges of your career?*

TH: The most immediate challenge that comes to mind, and the reason I left the BC Ministry of Health, was that after doing really good and innovative work on the CPHF for seven years, we had a change of Minister and Deputy Minister, and neither of them really 'got it.' Not only that, they were, in some aspects, hostile. So all the good work we'd been doing for seven years just

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Editor's Note: This is part of a series of interviews conducted with Canadian public health leaders. The aim of the series is to capture the leaders' personal perspectives, allowing readers to benefit from the former's wisdom and insights gained through a career in public health.

went sideways, and it was very disappointing and upsetting to see that happen, to see such good work trashed.

Another challenge is that we've done a poor job of getting the ecological determinants of health into the minds of public health professionals and organizations. We've focused a lot on the social determinants, but very little on the ecological determinants. The report on this issue by the 1992 CPHA Taskforce, of which I was a member, had little impact, which is why I am co-leading a new report we hope to release next year; ecological decline is, in my view, the single greatest threat to population health in the 21st century, both in Canada and globally.³

RG: *What skills and abilities have been most valuable during your career?*

TH: It's important to know your own strengths and weaknesses. My strength is that I'm a good initiator or pioneer. I'm passionate about things. I get engaged and I throw myself into them. I'm not a good maintainer. In order for me to be effective, I need a partner who has those skills, otherwise things usually collapse once you're no longer there. And then you've just wasted time and energy. I've been very fortunate over the years to work with many who are good at this, and so the combination of those two skills is very important.

It's also important to be self-confident. The attitude that 'I'm right and the world is wrong' can be a weakness of course, but self-confidence is critical. And behind self-confidence, you had better know your facts. You had better have data to not just defend your position, but push it forward.

As well, be willing to speak out, although I realize this is difficult for various reasons. It clearly helps being a physician; partly because physicians are trained to be 'little gods.' Which, in many ways is not a good thing, but in terms of nurturing self-confidence, it is helpful. Medical Officers of Health (MOH) generally have protection that allows them to oppose powerful forces in their community, be it the Mayor or local business leaders, without retribution. This protection is not given to other professionals. I feel very strongly that since MOHs are given this protection, they have a duty to use it. MOHs should be speaking out and willing to fight publicly for the good of the health of the public.

RG: *What skills and abilities are most important for today's public health leaders?*

TH: It's critical to be able to apply population health thinking to public health practice. Beyond clinical training, you need to understand what makes populations healthy or unhealthy. This is why public health does not belong within faculties of medicine or anywhere near medical schools. I worked at York [University] precisely because it doesn't have a medical school. The whole discussion about health within a university that has a medical school quickly becomes a discussion about bio-medicine and

health care. Health care is a determinant of health, but not by any means even close to the most important one. Similarly, I strongly believe public health does not belong within health authorities, because they tend to see us as 'that bunch who are not providing health care and not helping the wait-time problem, plus a bit of a nuisance when they speak out about political and social issues that make us uncomfortable.' Ontario's approach] is the way it should be. Public health should be municipally based, as the people we really need to talk to are the planners, the politicians, public works, parks, recreation, housing, as well as local business and of course community organizations and citizens. So public health needs to be locally-based and based outside of the health care system.

RG: *What advice would you give to someone considering a public health leadership position?*

TH: Have a good understanding of the concepts, the history and the philosophy. I'm very much a believer in the notion that 'those who don't know history are doomed to repeat it.' You need to understand population health and public health; what they are, what they do, and their history. You also need to understand the determinants of health in the broadest possible sense. And not just understand it, but be very comfortable with the data.

Then you need to be a team player while [at the same time] being comfortable out front. You will need a good support network as you don't want to be all alone. Build your community and be part of your professional and local community. And you need to speak out, although I realize this requires a certain amount of foolhardiness, even bravery. I knew going into the BC Ministry of Health that I wouldn't be able to speak out. I accepted that and lived with it. Now, as an academic, I have all sorts of ways to speak out. That's something in particular that senior academics need to do: they need to speak out because they have tenure. They have academic freedom and should speak publicly and write public materials because they can do what their public health colleagues in the field may not be able to. That's part of the world of an academic. Why the hell would we give them tenure and academic freedom if they're not going to use it? They have a responsibility to use that freedom for the sake of the health of the population.

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