Politics, Policies, Practices and Outcomes:

Despite Canada's Reputation, the Nordic Nations are the Leaders in Health Promotion[1]

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Nordic nations' public policy approaches to securing economic and social security for its members - embedded within their tradition of social democratic governance - provide what the World Health Organization (WHO) initially termed the prerequisites of health, now known as the social determinants of health. In contrast, Canada, traditionally seen as providing leadership in developing health promotion concepts and practices, fares rather poorly against the Nordic yardstick. In this article, we argue it is now the Nordic nations that provide leadership in implementing policies and practices consistent with WHO principles of health promotion at the national, regional and municipal levels. These policies and practices - and the positive health outcomes associated with them - derive from the distinctive politics of the Nordic welfare state. Nevertheless, threats associated with growing acceptance of neoliberal approaches to governance and anti-immigrant sentiment threaten these achievements. We review these developments from a Canadian perspective contrasting the Nordic public policy and health promotion scenes with Canada to illustrate both the achievements and threats to the Nordic health promotion agenda.

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Introduction

The World Health Organization (WHO) defines health promotion as the "process of enabling people to increase control over their health and its determinants, and thereby improve their health" (WHO, 2005). The Ottawa Charter for Health Promotion identifies these determinants as prerequisites of health: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity (WHO, 1986). The phrase social determinants of health has replaced the term prerequisites of health and covers much the same ground (Marmot and Wilkinson, 2006; Raphael, 2016c; Raphael et al., 2020).[i] People gain control over these, thereby improving their health, through five processes: *Building Healthy Public Policy, Creating Supportive Environments, Strengthening Community Actions, Developing Personal Skills,* and *Reorienting Health Services.* WHO declarations assert that healthy public policy is paramount in enhancing the social determinants of health and enacting the four subsequent processes (WHO, 1988; WHO, 2003; WHO, 2008; WHO, 2011). Providing economic and social security is an essential component of promoting health (Dyakova, 2017; WHO, 2015).

This being the case, the health and quality of life of citizens in Nordic nations provide the yardstick against which other nations' approaches to promoting health should be evaluated (Marmot, 2018). Indeed, a 2019 ranking of OECD and EU nations on an index of social justice based on indicators of poverty prevention, equitable education, labour market access, social inclusion and non-discrimination, intergenerational justice, and health, identified Iceland, Norway, Denmark, Finland and Sweden as the five top nations (Hellmann et al., 2019). While this enviable situation can be attributed to their history of social democratic governance (Fosse, 2009), most Nordic nations have also developed exemplary local approaches to health promotion. As a result, Nordic nations are now the leaders in health promotion (Côté and Raynauilt, 2015; Fosse and Helgesen, 2019).

Canada, despite its earlier reputation in health promotion, performs poorly in its making of healthy public policy, local health promotion action, and health outcomes (Bryant and Raphael, 2020; Restrepo, 2000; Hancock, 2011). It ranks 12th in the social justice ratings on which the Nordic states excel. We attribute this contrast between Nordic and Canadian health promotion profiles to differing politics (the contrast between the social democratic and liberal welfare state), policies (how government legislation and regulation differentially distribute the social determinants of health), and practices (the development and implementation of local health promotion activities). These different profiles lead to contrasting health outcomes between the Nordic nations and Canada.

There are however, two key threats to the Nordic health promotion scene: growing adoption of neoliberal approaches to governance and increasing anti-immigrant sentiment (Raphael, 2014). Both trends threaten the values of equality that are the foundations of both the Nordic welfare state and health promotion.

We first focus on the public policy situation across the Nordic nations and how the Nordic welfare state provides quality and equitable distribution of the social determinants of health. The contrast with the Canadian scene highlights the differences between what Esping-Andersen identifies as the social democratic and the liberal welfare states. We then describe local health promotion activities across the Nordic nations, identifying their distinctive features.

We argue that growing adoption of neoliberal approaches to governance - the celebration of the market over the State in distributing resources - and anti-immigrant sentiment across the Nordic nations threaten these achievements. Of special focus are the delivery of health and social services and the integration of immigrants into the mainstream. Throughout our analysis, we consider how the situation in Canada informs the Nordic scene. While Canada has done poorly in resisting neoliberal approaches to governance, it does well in avoiding anti-immigrant sentiment with one notable exception being legislation banning religious symbols and headwear for public employees adopted in the province of Quebec in 2019.

Politics and Health Promotion

Esping-Andersen's typology of welfare states identifies liberal, conservative and social democratic welfare states (Esping-Andersen, 1990). The Nordic nations fall into the social democratic cluster while Canada and other Anglo-Saxon nations fit in the liberal cluster. The social democratic welfare state and its basket of public policies reflects the ideological inspiration of *equality*, the conservative welfare state inspiration of *solidarity*, and the liberal welfare state one of *liberty* (Saint-Arnaud and Bernard, 2003). In addition, the social democratic welfare state achieves its inspiration of *equality* through its organizing principle of *universalism* of benefits and supports with the State serving as the central institution (Saint-Arnaud and Bernard, 2003). In contrast, the liberal welfare state provides benefits and supports described as *residual* with its central institution being the market.

Esping-Andersen shows how these features drive (in the case of the social democratic welfare state) or hinder (in the case of the liberal welfare state) the provision of economic and social security by the State through processes of decommodification and managing stratification (Esping-Andersen, 1999; Esping-Andersen, 2015). The affinities between principles of the social democratic welfare state and health promotion as defined by the WHO are especially evident in Finland, Norway, and Sweden (Fosse and Helgesen, 2019).

Public Policies and Health Promotion

Two aspects of public policy that differ among the welfare states merit special attention. The first is the management of income distribution -- wages and benefits -- through the extent of union membership and collective agreement coverage, and redistribution through the tax structure (Raphael, 2015). The second is the extent to which the welfare state reduces risk across the life span by providing childcare and family benefits, income support and training if employment is lost or not possible, public pensions, and comprehensive health and social services (Côté and Raynauilt, 2015; Olsen, 2010).

The percentage of workers employed under collective agreements negotiated by unions, percentage of low-wage workers, and overall income inequality and poverty are good indicators of wage and income-related processes. Table 1 shows union density and collective agreement coverage are very high in the Nordic nations. The percentage of low-wage workers is low with the exception of Iceland, and income inequality and poverty rates for all Nordic nations are lower than the OECD average and especially Canada's scores.

Table 1. Indicators of Economic and Social Security, Nordic Nations and Canada against the OECD Average, 2017

Area	Canada	Denmark	Finland	Iceland	Norway	Sweden	OECD
Union Density (%)	30.1	65.4	64.6	91.8	52.5	66.8	25.0
Collective Agreements (%)	30.3	84.0	89.3	92.0	67	90.0	32.0
Low Paid Workers (%)	22.0	8.5	7.5	16.3	9.0	10.0	15.4
Income Inequality (Gini Coefficient)	.31	.26	.27	.26	.26	.28	.32
Poverty Rates (%)	12.1	5.8	6.3	5.4	8.4	9.3	10.0

Sources: Organisation for Economic Cooperation and Development, 2019f; Organisation for Economic Cooperation and Development, 2019a; Organisation for Economic Cooperation and Development, 2019g; Organisation for Economic Cooperation and Development, 2019c; Organisation for Economic Cooperation and Development, 2019b.

Public social spending on early childhood and families, active labour market policy that includes training and retraining, supports for those with disabilities, and public pensions are good indicators of State management of risk across the life course. Nordic nations - with the exception of Iceland - allocate proportions of their GDP to social spending (Denmark, 28%; Finland 28.7%; Norway, 25%; and Sweden, 26%) that are well above the OECD average (20%) (Organisation for Economic Cooperation and Development, 2019d). Canada allocates only 17.3% to total social spending, similar to the Nordic outlier Iceland (16%).

Spending differences are especially striking between all Nordic nations and Canada in the areas of incapacity (Denmark, 4.4% of GDP; Finland, 3.6%; Iceland, 2.8%; Norway, 4.3%, Sweden, 4.1%; and Canada, 0.8%) and active labour market policy (Denmark, 3.0% of GDP; Finland, 2.6%; Norway, 1.0%, Sweden, 1.8%; and Canada (0.8%); data for Iceland is not available. Nordic nations also outspend Canada on early childhood and families, and public pensions.

This spending is facilitated by Nordic greater tax progressivity. The marginal tax rates and the threshold at which these rates apply (multiple of the average wage) are Denmark, 56%, 1.3; Finland, 49%, 1.9; Iceland, 44%, 1.2; Norway, 38%, 1.6; and Sweden, 60%, 1.5 (Organisation for Economic Cooperation and Development, 2019e). In contrast, the marginal tax rate for Canada of 53% only applies at 4.1 times the average wage.

Not surprisingly, Nordic nations' health indicators are generally positive, and this is especially so for infant mortality and low birthweight rates (see Table 2). Four Nordic nations have lower suicide and homicide rates than Canada, a shift from earlier trends. Notably, Canada now ranks 14th in life expectancy of 36 OECD nations, a decline from 2007 when Canada ranked 7th of 30 nations.

Table 2. Health and Quality of Life Indicators, Nordic Nations and Canada against the OECD Average, 2017/2018

Area	Canada	Denmark	Finland	Iceland	Norway	Sweden	OECD
Life Expectancy	82.0	81.2	81.7	82.7	82.7	82.5	80.7
Infant Mortality/1000	4.5	3.8	2.0	2.7	2.3	2.4	3.5
Low Birthweight/100	6.5	4.9	4.2	3.8	4.5	4.6	6.5
Suicides/100,000	11.8	9.4	13.9	9.7	11.6	11.1	11.6
Homicides/100,000	1.3	0.6	1.3	0.5	0.4	0.9	3.7

Sources: Organisation for Economic Cooperation and Development, 2019f; Organisation for Economic Cooperation and Development, 2019e; Organisation for Economic Cooperation and Development, 2019g; Organisation for Economic Cooperation and Development, 2019c; Organisation for Economic Cooperation and Development, 2019b

These redistributionist and security enhancing public policies are common across the Nordic nations. In most cases, they are identified in government policy documents as part of a health promotion agenda, although they would likely have been implemented anyway (Fosse and Helgesen, 2018). In regard to specific local health promotion activities, these documents outline various tasks to be undertaken by regional and municipal authorities (Fosse and Helgesen, 2019). These health promotion activities clearly surpass Canadian efforts.

Local Practices and Health Promotion

Local health promotion activities make health equity a goal of municipal and regional activity. This is especially the case in Norway. In Norway the 2012 *Public Health Act* took promoting health equity to a new level (literally and figuratively) (CHRODIS, 2018). It called for coordinating health equity horizontally across sectors and vertically across local, regional, and national levels of government. Each of the 428 municipalities in Norway was provided with a mandate and tools for promoting health equity amongst its residents. Box 1 provides a summary of these activities in each of the Nordic nations. Details concerning the exemplary Norwegian approach are available as are scholarly examinations of their successes as well as barriers to action (Hagen et al., 2018; Fosse et al., 2018; Hagen et al., 2016).

Box 1. Summary of Public Policy Statements Regarding Health Promotion across the Nordic Nations

Denmark

The 2011 report *Inequality in Health - Causes and Efforts* outlines the Danish strategy to address heath inequalities.

- National focus on individual lifestyles; socially related health inequalities are seen as a problem of disadvantaged groups' unhealthy lifestyles, i.e. tobacco, alcohol and diet.
- Health promotion guidelines narrowly focused on behaviours.

Finland

The *Health Care Act of 2010* has five tasks for municipalities:

- Assess and consider effects decisions may have on health and social welfare.
- Set out objectives and measures in municipal strategies.
- Assign responsibilities for health and welfare promotion.
- Local departments work together in health and welfare promotion, cooperating with NGOs and private enterprises.
- Monitor and report on health and welfare by population groups yearly to municipal council and every fourth year more extensively.

Iceland

The *Act on Health Services (2007) and the Act on Health and Social Services at the Municipal Level* are focused on health behaviours.

- Iceland has no explicit policy to reduce social inequalities in health.

- Very little if any explicit health promotion activities outside of addressing risk behaviours.
- Iceland's situation is a focus of the political economy rather than health promotion literature.
- Addressed collapse of the banking sector in Iceland in 2008 and ensuing economic crisis and its consequences, by governmental policies to ensure the health and well-being of children.

Norway

The 2007 *Public Health Act* took promoting health equity to a new level (literally and figuratively).

- Takes an explicit need to narrow the social gradient in health approach.
- Calls for coordinating health equity both horizontally across various sectors and vertically between different levels of government at local, regional, and national levels.
- Each of 428 municipalities was provided with a mandate and tools for promoting health equity.
- Extensive work is examining the facilitators and barriers to effective action.

Sweden

The *Government White Paper* based on the 2015 Commission on Health Inequalities calls for eliminating avoidable health status gaps between population groups within one generation, but the action plan to achieve this ambitious goal has not been clearly spelled out yet.

- Sweden made major contributions to promoting health under the leadership of Gunnar Agren in 2005 with its progressive public health goals.
- It has been revitalized by the establishment in 2015 of a Swedish Commission on Equity in Health.
- The Commission called for action in seven areas to reduce the social inequalities that lead to health inequalities: early life development, knowledge, skills and education, work, working conditions and working environment, incomes and economic resources, housing and neighbourhood conditions, health factors, control, influence and participation, and equitable and health-promoting health and medical services.

Sources: Raphael, 2012; Fosse and Helgesen, 2019

Nordic nations, especially Norway, Sweden and Finland, therefore, provide the best examples of health promotion principles being put into action with evidence of partnerships being established between government and local agencies and groups. Evaluation of their health effects are underway (Lundberg, 2018; Fosse et al., 2018; Holt et al., 2018; Haglund and Tillgren, 2018; Bekken et al., 2017; Povlsen et al., 2014).

In contrast, the health promotion scene - including local activity - in Canada is under siege (Pederson et al., 2017). Despite being the birthplace of the Healthy Cities Movement (Raphael, 2001), there is no systematic federal, provincial, or municipal health promotion strategy in place, and the issue of health equity does not appear on any governmental agenda at any level (Raphael and Bryant, 2019). Reviews of the state of health promotion in Canada consider it to be "grasping at straws" (Raphael, 2008), representing "25 years of unfulfilled promise" (Hancock, 2011), and full of "lessons forgotten and still to be learned" (Low and Therault, 2008). Most health promotion activities that do take place are not focused on implementing public policy that distributes the social determinants of health, but rather is aimed at modifying behavioural risk factors (Raphael, 2016b).

Threats to Health Promotion in the Nordic Nations

There are threats to the Nordic health promotion scene. The increasing ascendance of neoliberal approaches to governance and anti-immigrant sentiment threaten the ideological inspiration of equality and the organizing principle of universalism that underlay the social democratic welfare state with implications for health promotion. We consider each in turn.

Neoliberalism as a Governance Model

Neoliberalism is the resurgence of liberal political ideology towards the role of government and the appropriate means of distributing economic and other resources among societal members (Springer et al., 2016). Liberal political ideology - a concept from political science and political economy - endorses the market economy as the primary institution within a society for distribution of resources and provision of supports and services (Bryant and Raphael, 2020). It sees its primary enactment in the form of the liberal welfare state with its limited role for government in managing the economy, distributing resources amongst the population, and delivering health and social services (Saint-Arnaud and Bernard, 2003).

The neoliberal resurgence during the 1970s affected all forms of the welfare state with its greatest effects manifesting in liberal welfare states (Springer et

al., 2016). Three key tenets of neoliberalism have the potential to shape public policy: 1) markets are the best and most efficient allocators of resources in production and distribution; 2) societies are composed of autonomous individuals (producers and consumers) motivated chiefly or entirely by material or economic considerations; and 3) competition is the major market vehicle for innovations (Coburn, 2000). Its most notable feature is its shifting of macro-level public policy towards retrenchment of government spending and greater income inequality, but it also shapes the organization of health and social services, endorsing market approaches, privatization, and emphasis on quantitative indicators of effectiveness (Kamali and Jönsson, 2018). The next sections overview these developments in the Nordic nations.

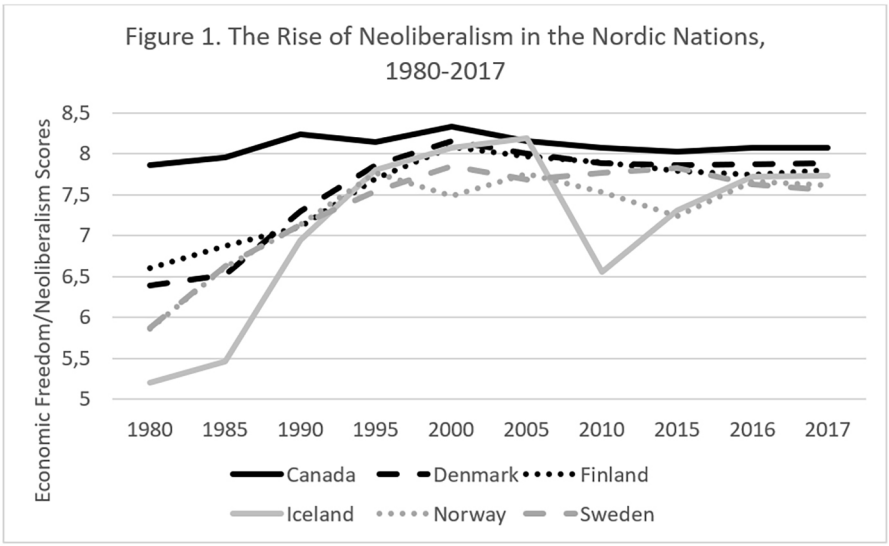
Fraser Institute Index of "Economic Freedom" or Neoliberalism Governance

Schrecker and Bambra use the Canadian-based Fraser Institute's *Index of Economic Freedom* as a good proxy for institution of neoliberal approaches to governance (Schrecker and Bambra, 2015): "The index measures size of government (expenditures, taxes, etc.), legal structures and security of property rights, access to finance, freedom to trade internationally and the regulation of credit, labour and business" (p. 15). Its metric is from 1 to 10 with highest scores representing higher levels of 'economic freedom' as defined by neoliberals -- meaning "fewer rights for workers, lower taxes on businesses, easier (although not necessarily less costly) access to credit and less State regulation (i.e. freedom for capital not necessarily for people)" (p. 15).

Figure 1 shows Nordic nations' scores increasingly paralleling Canada's rather high neoliberalism scores (Fraser Institute, 2019). Of particular note is Iceland's scores that peaked right before the 2008 economic crisis and then declined sharply as it struggled to respond to its effects. It has since been moving back towards the scores of the other Nordic nations.

In Canada, these processes are associated with a) limiting State resources for programs in tandem with reducing taxes for the corporate and business sector and the wealthy; b) instituting public-private partnerships and growing privatization of the public sphere; c) unwillingness to hold businesses to account for deteriorating labour conditions, stagnating wages, and shifting of businesses out of the nation; and d) growing concentration of corporate and business sector power that weakens the labour sector and increases income inequality (Carroll and Sapinski, 2018; Peters, 2012; Bryant and Raphael, 2020; Whiteside, 2015).

In the Nordic nations, these processes have had differential effects upon welfare state processes. There has been little effect on union membership and collective agreement coverage, though it has been suggested that the labour sector has lost power in Denmark during periods of neoliberal restructuring (Ibsenas,



Source: Fraser Institute. (2019) Economic Freedom of the World: 2019 Annual Report. Available at: https://www.fraserinstitute.org/resource-file?nid=13069&fid=12710.

2012; Klitgaard and Nørgaard, 2014). Similarly, there have been only small declines in Nordic social spending except in Iceland (Organisation for Economic Cooperation and Development, 2019a, 2019d, 2019f).

There are other effects, however. The labour market in the Nordic nations is becoming less secure with increases in flexi-time and use of agency and posted workers (Sippola, 2012). Income inequality is increasing in Sweden, Norway and Finland, and the rise in poverty has been especially evident in Sweden since 2013 (Organisation for Economic Cooperation and Development, 2019b, 2019c).

In Norway, it has been suggested that a drift towards conservative public policy at the national level under a centre-right government makes local health promotion efforts more difficult. These national processes include changes to tax policies and social programs that increase income inequality (Bekken et al., 2017). These same processes are noted in Sweden (Burström, 2019), Finland (Kokkinen et al., 2019), and Denmark (Balorda, 2019).

The second area is governance and organization of health and social services. This area is now receiving greater attention in the Nordic academic literature (Farrants and Bambra, 2017; Farrants et al., 2017; Farrants, 2017; Kamali and Jönsson, 2018). Box 2 provides specific examples of the impacts of neoliberal-inspired management procedures.

Box 2. Key Themes in Nordic Governance of Health and Social Services

I. Institution of "New Public Management" distorting the delivery and evaluation of services which includes (Marjanen et al., 2018, p. 80):

- development and use of explicit standards and performance measures;
- development of professional management within the public sector;
- focus on results rather than processes;
- disaggregation of the public sector;
- increased market competition in public sector services;
- use and promotion of private sector management techniques; and
- use of increased discipline and resource utilization.

These processes are seen as occurring across all the Nordic nations. The specific situation in Denmark is described as follows (Andersen, 2018, p. 28):

> *In brief, neoliberalism -- in the format of New Public Management -- in Danish welfare services has provided a quasi-market, consumerism, performance management, marketization and individualization through generations of modernization programs displaying objectives and performance criteria.*

II. Increasing use of labour activation policies which require employment in order to receive benefits. In Finland it is described as follows (Kokkonen et al., 2018, p. 40):

> *This government strived to increase flexibility and the labor market by linking social benefits to labor market activity with workfare type policies -- yet another typical strategy and neoliberalism, often also known by the term flexisecurity. In its activation policies this government did not emphasize structural and economic measures to reduce unemployment but rather turned towards coaching individual unemployed citizens. It was assumed that citizens' ability to meet the standards of contemporary work is most efficiently improved through education and rehabilitation, thus solving the problem of unemployment without structural changes in social policy or the labour market.*

III. Greater Marketization and Privatization of Services
In the Nordic nations, there has been increasing willingness to have the private sector provide home care for the elderly, provision of child care, and the operation of nursing homes (Petersen and Hjelmar, 2014). This is occurring despite any evidence for greater effectiveness or efficiency and in some cases, documentation of adverse effects.

In summary, changes in macro-level public policy are increasing income inequality and poverty rates in the Nordic nations (Farrants and Bambra, 2017). Marketization, retrenchment, and adoption of neoliberal governance approaches to health and social services threaten the universalism of Nordic welfare states (Farrants et al., 2017; Szebehely and Meagher, 2018).

Rise of Anti-Immigrant Sentiment

The rise of anti-immigrant sentiment in the Nordic Nations is receiving growing attention (Widfeldt, 2018). These developments have the potential to weaken the ideological inspiration of equality that is the foundation of the Nordic welfare state (Saint-Arnaud and Bernard, 2003). Anti-immigrant sentiment has been especially evident in Denmark and Finland. Positive attitudes towards immigration over the period 2002-2014 differ among Nordic nations' residents as follows: Denmark: 42%; Finland: 30%; Norway: 55%; and Sweden: 84% (Bohman, 2018). Negative attitudes towards immigration held by members are as follows: Denmark, 15%; Finland, 37%; Norway, 17%; and Sweden, 8%. On a measure of nativist opposition whereby immigration is perceived as a threat to the ethnic and cultural homogeneity of the country, Danes scored highest at 21% and Swedes the lowest at 3%. Finns and Norwegians were both at 13%. Scores for Iceland are not available.

Anti-immigrant sentiment in Denmark is long-standing, having been promoted through the Danish Peoples Party since the 1970s (Bakah and Raphael, 2017). More positively, in the June 2019 election, the Danish People's Party's share of the vote declined from 20% to 8%. This decline may have occurred as a result of the successful Social Democratic Party adopting a generally anti-immigrant policy position, thereby doing little to reduce anti-immigrant sentiment (Milne, 2019). In Finland, the rise of anti-immigrant sentiment is promoted by the anti-immigrant Finns Party, formerly the True Finns. The 2019 national election saw the formation of a red-green-feminist coalition which is generally seen as a rebuff of the anti-immigrant positions of the Finns Party.

In the Nordic nations, while right populist parties do not challenge the redistributive State, they help reframe the welfare state as sovereign and exclusive with clear national boundaries (Nordensvard and Ketola, 2015). In Denmark, Finland, and Norway, right populist parties have in the past gained over 20% of support among voters and served in government coalitions. Only Sweden has kept these right-wing populist parties out of power (Widfeldt, 2018). A recent analysis suggests that anti-immigrant sentiment – focused on use of services by immigrants -- is used by political parties of the right to gain greater influence (Widfeldt, 2018). As a result, this form of "welfare chauvinism" attacks the universalism of supports and services which is a core principle of the social

democratic welfare state (Jørgensen and Thomsen, 2016). Indeed, a columnist in the New York Times states: *The Nordic Model May Be the Best Cushion Against Capitalism. Can It Survive Immigration?* (Lorek, 2019). Once the premise of universalism is questioned, it opens the door to further attacks on it.

Success in Integrating Immigrants into Mainstream Life

One way of countering anti-immigration sentiment is integrating immigrants into mainstream life. Analyses suggest that Sweden and Norway, the countries with the least anti-immigrant sentiment, are especially successful in doing so. The Migration Policy Group produces an index of such success entitled the *MIPEX* consisting of six key components based on both quantitative indicators and qualitative interviews carried out with policymakers in 38 nations (Migration Policy Group, 2015).

Scores of 80-100 are seen as Favourable while scores of 60-79 are Slightly Favourable. Scores of 41-59 are Halfway Favourable and those of 21-40 are Slightly Unfavourable. Sweden ranks first among 38 nations with a score of 78. Norway and Finland also do well, sharing scores of 69 with a rank of 4th, while Canada scores 68 for a rank of 6th. Scores for the other Nordic nations are Denmark, score 59, ranking 13th, and Iceland, score 45, rank 23rd. Differences in scores are both a reflection of, and contributor to, extent of anti-immigrant sentiment in nations.

Lessons from Canada

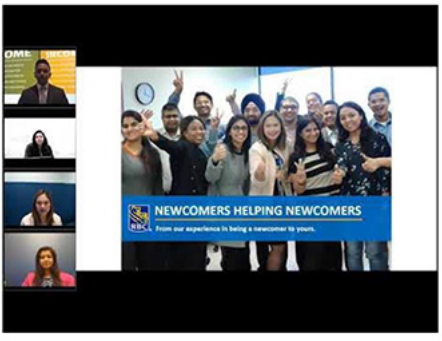
Canada has been seen as a leader in the integration of immigrants, although MIPEX scores suggests this title more appropriately belongs to Sweden, with Finland and Norway just behind. During the 1970s, the concept of multiculturalism was accepted as official government policy, recognizing the contributions that immigrants from diverse cultural backgrounds contribute to Canadian life (Hyman, 2016). As a result, Canada has rather less anti-immigrant sentiment than is the case in many other OECD nations (Perreaux, 2018). A striking exception to this trend is the passing of Bill 21 in Quebec which forbids public employment to anyone wearing religious symbols including headgear. It is seen as a thinly veiled attack on Muslims and Jews and is being fought in the court system (Canadian Civil Liberties Association, 2019).

Canada has done less well in resisting neoliberal approaches to governance (Carroll and Sapinski, 2018; Peters, 2012; Bryant and Raphael, 2020). Canada has one of the highest rates of low-wage employment among OECD nations, above OECD average levels of income inequality and poverty, and certainly less spending in a wide range of public policy areas (Bryant and Raphael, 2020).

When considering the situation of immigrants, this results in a very high poverty rate for immigrants of colour even after they attain employment which is frequently low-wage and poor quality (Raphael, 2016a). Despite the rather stringent requirements for immigration that require higher level of education and proficiency in English or French, immigrants of colour to Canada perform poorly in attaining economic and social security. In contrast, in every Nordic nation, once immigrants have employment, poverty rates are very low (Raphael, 2016a).

On the positive side, outside of the Quebec situation, Canada shows how a society can not only accept immigrants but do so within a welcoming environment (see Box 3 for examples). Immigrants are recognized as a profound benefit to Canadian society and both the public and private sectors take steps to further this view. Canada promotes multiculturalism, fights racism and discrimination, and encourages political participation. As noted, it does less well in promoting quality employment (Hyman, 2016).

Box 3. Examples from the Toronto Subway of a Welcoming Environment for Immigrants



Implications for the Future of Nordic Health Promotion

The social democratic welfare state increases the success of health promotion activities at every level from creating healthy public policy to promoting take up of healthy behaviours (Bryant and Raphael, 2020). The social democratic approach to governance provides the prerequisites of health, is more responsive to the needs of citizens, and makes adoption of unhealthy coping behaviours less likely. However, neoliberal governance and anti-immigrant sentiment threaten both the future of health promoting public policy as well as the ability of communities and individuals to benefit from opportunities provided by locally based health promotion. Also, the stresses of insecurity associated with neoliberal governance make the adoption of healthy lifestyle behaviours more difficult as they serve as means to cope with perceived economic and social insecurity.

The lessons for Nordic health promoters are threefold. First, it is important to maintain the progressive macro-level public policies typical of the Nordic State that provide economic and social security to citizens. Second, it is important to resist the marketization and privatization of health and social services. Third, it is important to counter anti-immigrant sentiment that threatens the foundations of the social democratic welfare state.

More specifically, Bryant suggests maintaining public support for the Nordic welfare state by continually evaluating and communicating its successes in promoting health and well-being as compared to other nations (Bryant, 2012). Using Canada as an example can help communicate how neoliberal restructuring of health and social services systems threatens vulnerable populations. These efforts are underway and need to be expanded (Kamali and Jönsson, 2018; Kvist et al., 2012; Marthinsen, 2019).

In relation to combatting anti-immigrant sentiment, Bryant suggests adopting multiculturalism-oriented public policy, fighting racism and discrimination, promoting labour integration, and enhancing democratic participation (Bryant, 2016). A key component of multiculturalism is accommodation. This does not mean assimilation, but rather acceptance and acknowledgement of immigrants' cultural heritages.

In response to reports of discrimination against immigrants, the Norwegian government passed initial laws against discrimination in 2005 and a *Second Action Plan for Prevention of Ethnic Discrimination* in 2009 (Schou and Fosse, 2016). The latter is wide ranging and covers discrimination in the housing market, school and education, working life, public services, child welfare and family services, health care, and justice (Norwegian Ministry of Children and Equality, 2009).

Regarding labour market integration, it is important to identify the types of jobs immigrants are filling. In all nations, precarious employment is increasing and this is especially so for immigrants. In Canada, such employment is low paying and insecure. Employment is important for integration, but quality of employment is also very important.

Democratic participation is about immigrants being integrated into the political process and contributing to policy development to meet their needs. Norway funds the activities of ethnic groups, and ensures municipal authorities promote the social determinants of immigrant health in participatory ways (Schou and Fosse, 2016). All these processes will help resist anti-immigrant sentiment.

The Nordic nations are clearly leaders in both macro-level public policy that promotes health, and in the case of Norway, Sweden, and to some extent Finland, in local health promotion activities. In this paper, we celebrate these Nordic successes and identify threats. The social democratic welfare state provides the foundations necessary for health. Promoting health requires its maintenance as well as resisting the forces that threaten it.

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