SUMMARY REPORT - CPHA SYMPOSIUM ON HEALTH PROMOTION
"Passing the Torch to the Next Generation"
[#PassTheHPTorch]

CPHA Public Health 2016
Conference Sheraton Hall A Lower Concourse, June 13, 2016

This session, on the 30th Anniversary of the Ottawa Charter for Health Promotion (Ottawa Charter), was intended to provide an opportunity for members of the next generation to share their contributions to date in Health Promotion. Health Promotion practitioners, researchers and policymakers met to discuss and debate with each other what they have done in their own work and what else might be done individually and collectively to "catch the torch" from the current generation, using innovative ideas and approaches.

The purpose of this document is to summarize the content of the session and to set the stage for further engagement on the question of future leadership for Health Promotion in Canada.

This word cloud is intended to convey some of the key ideas shared during the conference session, both by the speakers and by audience members.

Several organizations provided financial support to this event, particularly to facilitate the meaningful involvement of Francophone audience members through support for simultaneous translation:

- Health Promotion Ontario / Health Promotion Canada
- Lambton Public Health
- Peel Public Health
- Centre for Health Promotion Research, University of Alberta
- Centre for Population Health Promotion Research, University of British Columbia
- National Collaborating Centre for Determinants of Health

Format

This conference session was designed to create dialogue among the presenters and audience. Dr. Trevor Hancock set the stage with some opening remarks. Three speakers then responded to his initial comments, guided by two questions:

1. In what ways have you and/or your colleagues "caught the torch" in the past 5 years to respond to the challenge?
2. In what ways do you and/or your colleagues plan to address challenges to Health Promotion in the next five years?

Once all the presenters had spoken, the symposium participants were invited to a shared, interactive dialogue.

Presentations

Setting the stage

Trevor Hancock

Professor and Senior Scholar, University of Victoria, Victoria, BC

Trevor reminded us of the Ottawa Charter's commitment to ecological determinants of health:

- The stimulus for this session was a presentation made at the 25th anniversary of the Ottawa Charter for Health Promotion (OCHP)[1], however he suggested that nothing has changed in 5 years.
- He noted that the Ottawa Charter referred to:
  - Prerequisites for health include "a stable ecosystem and sustainable resources"
  - "Create Supportive Environments: Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health."
- Accordingly, "we need to pick up the other bit of Charter and the challenge: Whatever happened to ecology?"
- Moving into the future he stressed that caring, holism and ecology are essential issues in developing strategies for Health Promotion.
- The participants in the Conference that produced the Ottawa Chapter pledged to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.
- In his view, "we got the 'socio' bit and lost the ecological bit – we have been, for the most part, ecologically blind. Ecological health is inextricably linked to social in the determinants of health."

He directed participants to see the recent (2015) CPHA policy report on Addressing the Ecological Determinants of Health, which has challenged us to remedy this situation.

[1] T. Hancock. The Ottawa Charter at 25. *Can J Public Health* 2011;102(6):404-6. DOI: http://dx.doi.org/10.17269/cjph.102.3035

He then outlined specific challenges we need to address, including:

- Integrating the ecological and social determinants of health in our thought and work, recognising that each shape both each other and health (see model in Appendix 1).
- Changing training and professional development curricula to incorporate an ecological approach.
- Undertaking research on the health implications of global and local ecological change.
- At a societal and policy level, challenging the prevailing economic model that creates unsustainable and unjust development – and help create the new healthy, just and sustainable economic model we need.
- Including measures of ecosystem health and ecolologically sensitive health indicators in population and community health reports.
- Undertaking integrated impact assessments that include ecological and human health impacts.
- Using the powers of public health to oppose developments that harm ecosystem and human health.
- Working with partners at the local level to create healthy, sustainable and just communities.

Trevor concluded by suggesting that the greatest challenge to Health Promotion practice in the future is how to live equitably in harmony and in good health on this small planet and reiterated his challenge to the new generation of health promoters to "catch the torch".

Here, catch! It's yours! (wished he had an actual torch to pass).

Panelist Responses

Rebecca Fortin
Research and Policy Advisor, Region of Peel – Public Health, Mississauga, ON

Rebecca began by observing she likely has always been a Health Promoter:

- Having only being exposed to traditional professions: teacher, lawyer, doctor: she perused health studies wanting to "prevent illness" – not knowing exactly what that meant. In her undergraduate studies, luckily, she stumbled across a framework called: Health Promotion.

Practicing Health Promotion – Locally

- While Rebecca has practiced Health Promotion in a variety of settings, 5 years ago she began working for Peel Public Health (PPH) – a public health department as part of the Regional Municipality of Peel in Ontario. It was her first position with "Health Promotion" explicitly in the title. This, in fact, made her nervous but was pleasantly surprised that the public health practiced at PPH was far from traditional "Health Education".
- PPH's senior leadership challenged staff to focus on population-wide healthy policy development. If any programming or service delivery was offered, it would be in support of these broader initiatives to create supportive environments for healthy living.

- As the advisor in chronic disease and injury prevention, she helped to set that direction with the 2012 report: Changing Course – Creating Supportive Environments for Healthy Living. Changing Course set direction for staff in Peel Public Health to focus on land-use planning, physical food environment, building design – and working in settings of workplaces, schools and the broader community.
- She mentioned that she has been involved in an all-of-government approach (involving Region of Peel's Facilities, Human Resources, Social Services, and Public Works departments) to use a settings approach to address the design of buildings/land spaces to promote health.
- In working on this, an ecological perspective has been brought in to look at how changes to the physical built environment – not only provides more opportunities for people to be more active throughout the day, but also creates opportunities to address environmental sustainability.

Practicing Health Promotion – Nationally

- Nationally, in the past 5 years, Rebecca has been leading work to develop and validate across Canada a set of competences for health promoters. She and her colleagues secured a 3 year contribution agreement with the Public Health Agency of Canada to validate an initial set of competencies developed by Health Promotion Ontario with consultations in Manitoba, Nova Scotia, Alberta and British Columbia.
- This work references the Ottawa Charter as its cornerstone, and provides another framework that can be used by all health professionals to apply Health Promotion to their work.

Practicing Health Promotion – In the future

- PPH's approach of working across departments and a focus on a settings approach has worked. Region of Peel has just set the agenda for their entire organization – outlining 4 year priorities that contribute to a 20 year plan. The Health Promotion agenda is evident throughout the plan – from reducing poverty, to creating thriving communities that are healthy and environmentally sustainable. Furthermore, Region of Peel has committed to doing this by working ***with*** residents and across departments. [New corporate tagline: ***Working With You***]
- At a national level, the Pan-Canadian Health Promoter Competencies are complete. At presentations at CPHA 2015, audience members heard everyone loud and clear – we [you] are done consulting, you [we] need to get the Competencies "out there" to support the workforce.
- Now emerging from a project into an association called Health Promotion Canada (HPC) (new website under development). HPC will work as an alliance to advance the practice of Health Promotion across Canada. HPC has partnered formally with Health Promotion Ontario, and is working to establish Provincial/Territorial/Regional chapters across Canada.
- On a personal note, Rebecca will advance the agenda of the Ottawa Charter over the next 5 years as a Fellow in Global Journalism with the Munk School of Global Affairs at University of Toronto. She will be looking to us [you], as her colleagues, to break out [your / your communities'] stories, and get our [your/ your communities'] heard by the public and by

decision makers – so that we can make societal changes to address the people and environmental injustices we see in our daily practice.

- Rebecca joked that she was only 4 years old when the Charter was created, and states that she feels like she is only getting started in Health Promotion.
- Taking on the torch, to her, not only means shining it brighter than she has ever had before; but taking on the responsibility of mentoring others who also hold these same values –and continue to fan the flame.

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Sume Ndumbe-Eyoh

Knowledge translation specialist | Spécialiste du transfert des connaissances, National Collaborating Centre for Determinants of Health | Centre de collaboration nationale des déterminants de la santé

- Sume grew up with the Ottawa Charter as it turns 30 and she is 30 something as well [she completed the same Health Promotion master's program at the Dalla Lana School of Public Health, University of Toronto and was in Rebecca's class], but it feels like it is still an uphill battle after 30 years.
- Sume asked herself and by extension all of us in the audience: "*Has she [the Ottawa Charter] let me down or have I failed to live up to her expectations?"*
- Sume asked her colleagues about what we've done in 5 years of Health Promotion practice. We have seen increased mention of equity and social justice in public health practice. Health Promotion is one of the public health disciplines which has fully embraced these values. However she suggested that two main obstacles remain:
    1) Health Promotion in practice is too micro, not embracing macro/structural determinants of health; still comfortable with individual level intervention and "lifestyle drift";
    2) Challenge for knowledge translation (KT) organization like National Collaborating Centre for Determinants of Health (NCCDH) in its approach to evidence, as there is a tension on how to produce work that is grounded in 'evidence' and drives action. While there is more to learn about "what works" there are many opportunities to implement what we already know .
- Sume offered confessions/reflections: "fantasy paradigms of health inequalities" article (A Scott-Samuel and KE Smith, 2015)[2] that applies to Health Promotion and Public Health – talking about the issues was substituted with doing something concrete.
- She suggested that the answer to the question in recent in evaluations (at NCCDH) "Has action has changed in the last 3 years because of what we've learned and done?" was Not really. Though we talk about determinants of health, our actions are not necessarily changing".
- She noted that the NCCDH has provided frameworks which help with public health roles, leadership (the importance of taking risks and courage), competencies, intersectoral action,

[2] Scott-Samuel, Alex, and Katherine Elizabeth Smith. "Fantasy paradigms of health inequalities: Utopian thinking & quest." *Social Theory & Health* (2015): 418-436.

community engagement and advocacy. Sume reflected that the next step with regard to leadership and advocacy is the need to teach bravery and courage.

- She reported that having a healthy dose of scepticism about Health Promotion especially if it doesn't challenge unequal structures.
- For the next five years, Sume named the challenge of thinking about how society is organized – both social and ecological.

    1. Health Promotion's silence when movements like Idle No More (and indigenous movements have been at the forefront of a range of ecohealth issues) or Black Lives Matter emerge says we have a long way to go.
    2. Even with a healthy dose of skeptism, Sume thought Health Promotion offered viable possibilities for liberation and for that to be truly realized more of Health Promotion will likely have to take place in communities and not within the boundaries of formal public health which is increasingly subject to political interference – real or imagined.

The NCCDH released A Common Agenda for Public Health Action on Health Equity which builds on public health roles and articulates a set of priorities for public health organizations. In that document the NCCDH recognized some of the tensions inherent in our work as public health stakeholders and called on the field to be bold and relentless in our action.

In closing Sume asked:

- "Is our work in Public Health too local (not able to be global)"?;
- "If we have been are unsuccessful in some ways we should ask **why?** So that we can learn from the past.

–

Valéry Ridde

Professor and Senior Scholar, University of Montreal | Université de Montréal, Montréal, Quebec

Note: Valéry's remarks were offered in French, translated to English by simutanious translation.

- In trying to answer the two questions that were posed to panelists, Valéry started with Trevor's model, noting that such models often overlook *inequities* – which are the core of population health and maybe more of Health Promotion[3].
- In his past five yeas of working in global health, primarily in West Africa, he found that the Ottawa Charter is not well known.
    - The issue for people, particularly among Burkina Faso's most vulnerable and poor people, was inequitable access to healthcare. Increasing access to health has been key for promoting health. This is why Valery and his team have been involved for 15 years on action research and population health research interventions to improve access to health care for the most impoverished. The idea is that research is not sufficient, actions are needed. But action research is good solution science, even if

[3] http://www.ncbi.nlm.nih.gov/pubmed/17665700

action research projects are difficult to secure funding from entities such as the CIHR or IDRC which decided to not fund Canadian researchers any longer.

- Valéry questioned his own research practice, whether it acts on inequities and why he had not ever studied where he lived, i.e. Montreal. He has since developed a project in Montreal on health care for immigrants with no health insurance. He suggested that we need to understand their issues such as, the impacts of a depressed Montreal economy, and costs for pregnant women of seeking maternity care without health insurance, ranging from $7,000 to $15,000, creating significant barriers and long term human and economic costs for the whole society.
- According to him, public health practitioners (and researchers!) must use more reflective practice on health inequities. He suggested that we need tools for public health action and the tools developed by his team are available in English, French and Spanish and can help address health inequalities in work and in Health Promotion interventions. For example:
    - They developed a Social Autopsy tool, like medical (verbal autopsy) used now for maternal mortality. The (ecobio) social autopsy tool was tested in Colombia, and is currently used to assess car accidents in Burkina Faso to understand deaths where little data are available.
    - With the Direction de santé publique de la Montérégie (Quebec), the team developed ***RÉFLEX-ISS*** – a reflexive process tool for teams to observe, understand, analyze and improve an intervention with regard to social inqualities in health (SIH). See tool online.

- He concluded by identifying the following keey activities for the next 5 years:
    - Call to action on ecobiosocial health and submit a research proposal about ecohealth intervention against Aedes and Zika in Brazil, as Health Promotion must be more applied to flight against these challenges to health. The proposal was submitted with colleagues from Brazil and Colombia.
    - Training and issues of interdisciplinary work (too siloed, lack of training or understanding same language and complex interventions). Example of challenges of interdisciplinary work (entomology, sociology, epidemiology, public health, public policy) and complex interventions is in Burkina Faso work in infectious disease such as dengue (usually febrile patients presumed to have malaria, without testing for other diseases like dengue)
    - Work collaboratively, across disciplines/sectors (health, transport, ecology, etc.), and
    - Be reflexive in practice : Valery establish a group of 25-30 students from Montreal School of Public Health in order to organize a workshop this autmun 2016 about global health and reflexive practice.

Facilitated exchange with symposium participants

Chaired by Rosie Dhaliwal
Health Promotion Specialist, Simon Fraser University, Vancouver, BC

The floor was opened to the audience/participants to contribute their ideas, with panelists' invited to respond. Rosie encouraged everyone to consider being around the warm, glowing fire of the Ottawa Charter, and come in close to "spark" conversation.

- *Hannah Moffat, Winnipeg Regional Health Authority, Winnipeg, MB:* Returning to Sume's final question, asked panelists and the rest of the participants– "Why did we/Health Promotion fail?"
- *Marjorie Macdonald, University of Victoria, Victoria, BC:* sees some positive changes
  - subversive Health Promotion that used plain Healthy Living programs to raise new understandings of health equity.
  - incorporated equity in all research projects, people understand it differently than 9 years ago (awareness improved, but practice is another question).
  - Questioned if we needed a global commission on ecological health.
- *Sume:* We should not need to talk about equity & inequity, what these core concepts mean. We should be there by now. But practitioners do not all agree on core concepts like equity.
  - Health Promotion is more professional than previously, livelihood issues persist, and that may be why we fail. We feel more restricted, but possibly we have more latitude than we expect.
- *Trevor:* Reminded us that we have not failed, just not yet succeeded. He quoted Thomas Kuhn regarding paradigm shifts and reminded us of changes in languages and ideas. It takes a generation for many changes to happen as old ideas need to die off. We've now reached generation-shift time. This is the end of the beginning.
- *Kevin Churchill, Lambton Public Health, Sarnia, ON:* With his 20 years in Health Promotion, he suggested that perhaps we are settling into a problem of too much 3 Cs: Comfortable; Complacent; Career-driven
  - Valéry added a 4th C – Conservative

  Kevin also suggested that we need to ***take risks, challenge more, find confidence, courage, [encourage] subversion***,
- *Suzanne Jackson, Dalla Lana School of Public Health, Toronto, ON*: Suzanne explained that the Ottawa Charter has been challenged many times, e.g., in the 1990s it was challenged by Population Health. She and Barb Riley wrote about the timeline of Health Promotion, discussing bureaucracy, practitioners doing frontline work, but not making impact. Health Promotion goes through cycles. She stated, ***Health Promotion sticks because we are guardians of the values and the spirit.***
- A question was posed on how Primary Health Care and Health Promotion intersect?
  - *Trevor:* responded that the Ottawa Charter was the industrialized world's response to the 1978 WHO Alma Ata declaration on primary health care. He cautioned of *a vast sucking sound* as public health gets pulled into the lure of primary care when it is actually medical care.
- Another participant saw a critical mass of graduates/Masters' degrees in Public Health and Health Promotion who are ready to pick up the torch.

- It was suggested that a database is needed for Health Promotion. Need to concentrate on those who are at the greatest risk/need, and target Health Promotion interventions there.
- Concerns were expressed that Public Health/Health Promotion programs in Quebec [at provincial/regional level] are being lost, and all health and social services are now being done in primary care focused at a very local-level.
- A question was posed on whether Health Promoters should join other groups to get Health Promotion work done, if it cannot happen under public health? There appeared to be full agreement on this statement.
- A final closing question was offered to the presenters, panelists and the audience: What are the ***top competencies for Health Promotion***?
    - *Sume:* We need to learn how to be political, join social movements, bring politics back into discussions; learn how to address complexity; and learn organizational change management.
    - *Rebecca:* Health promoters need to celebrate small successes; and build on those to make the next courageous act; Need to focus on leadership skills, and make connections with civil society partners working outside of government/public health.
    - *Trevor:* We need think holistically, work horizontally and across disciplines.
    - *Valéry:* We need to take time to think, use reflexivity and slow science.
    - *Charlotte Lombardo, Dalla Lana School of Public Health, Toronto, ON*: We need to build leadership on value-based Health Promotion. The next frontier is to learn how to use language in disruptive ways.

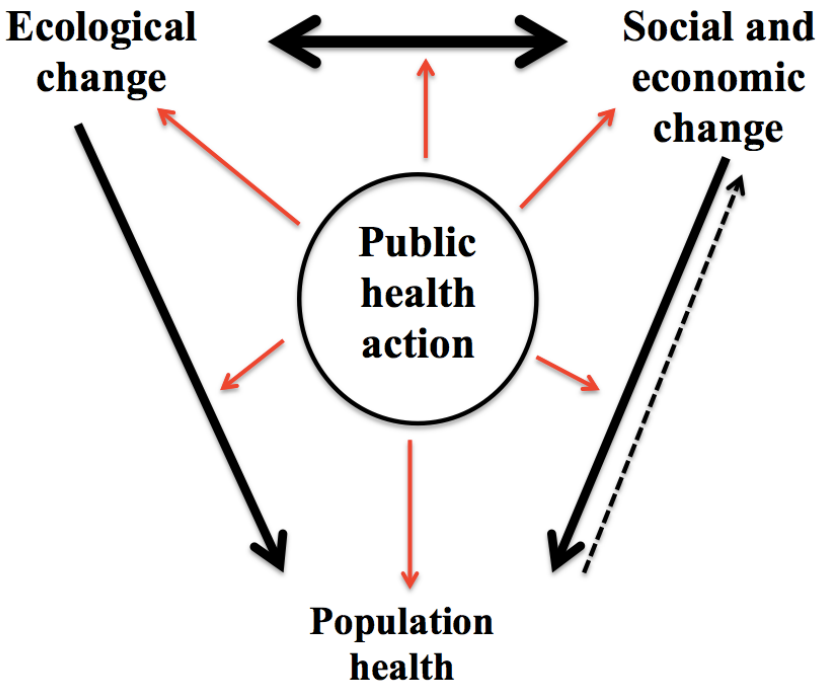
Conclusions

Passing the torch implies a generational shift in taking responsibility for Health Promotion, including the infrastructure that supports it in Canada. Health Promotion Canada, launching this year, is evidence that a generational shift is taking place. With the next generation of health promoters taking up the torch by leading this collaborative, HPC will work to connect health promoters from coast, to coast, to coast to be vibrant, connected and effective in the development and action in Health Promotion practice.

This symposium highlighted that one of the key tasks for this century is to attend to the ecological determinants of health as well as the social determinants of health. We continue to need to develop the evidence base for health promotion and for that we need to continue to use diverse methods to engage individuals and communities in action on the determinants of their health. We also need to recognize that many people—both in Canada and globally—lack access to primary health care and that this is a legitimate area for health promotion action.

In a context of scarce resources and recurrent change in the structures of health care, participants in the symposium were nevertheless able to offer encouragement to one another. By being creative, seeking opportunities, working through unusual partnerships and alliances, being strategic, and being disruptive of what we often take for granted—assumptions, traditions, stereotypes, and power-relations—we can continue to forge alliances to promote health in the future.

Appendix 1:


Ecological change
Social and economic change
Public health action
Population health