



Public Health Association of British Columbia

Final Report of the Pre-conference Workshop at the Canadian Public Health Association Conference on the Future of Health Promotion in Canada

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Executive Summary

The 25th anniversary of the *Ottawa Charter for Health Promotion* in 2011 provided an impetus to critically assess the state of health promotion in Canada. With support from the Public Health Agency of Canada, the editors of the third edition of *Health Promotion in Canada* hosted a half day pre-conference workshop entitled «The Future of Health Promotion in Canada» on June 11, 2012 immediately preceding the annual Canadian Public Health Association (CPHA) Conference in Edmonton, Alberta. The goal of the workshop was to elicit feedback and reflections on a background document that summarized the current state of the field of health promotion in Canada and to explore avenues to strengthen the field of health promotion in Canada. Forty-one participants were provided the background paper that offered an initial analysis of the current state of the field inspired by a SWOT (Strengths, Weaknesses, Opportunities, Threats) methodology. This report provides a summary, analysis and conclusions of the workshop based on the input from and reflections of the participants.

The workshop consisted of small group discussions and a plenary session using a “World Café” approach, which is a simple flexible format for hosting large group dialogue based on five questions provided in the background paper:

1. Are there any missing strengths, weaknesses, opportunities or threats related to the current state of health promotion in Canada?
2. Do you disagree with any of the strengths, weaknesses, opportunities or threats identified?
3. Based on the strengths, weaknesses, opportunities and threats discussed, what do you think what is more realistic: the optimistic or the pessimistic scenario? Can you think of a third scenario? If so, what would it look like?
4. What type of tasks, what resources are required and who should be involved to improve the field of health promotion?
5. What do you foresee as your role in the future of health promotion in Canada?

In general, if the workshop participants expressed support for the portrait offered in the background paper, they were nevertheless able to expand beyond the SWOT items identified by the literature review of the discussion paper. The list of “strengths” of health promotion in Canada were expanded significantly to include models of good practice and availability of educational resources and the “weaknesses” section focussed on the fact that health promotion is too traditional while facing competing perspectives, under-theorization and a lack of political focus. The “opportunities” section noted that the public is ready for health promotion and the need to use social media to engage it on building upon the lifestyles approach and the “threats” section examined the marginalization of health promotion with competing discourses and a finite amount of resources. The workshop participants also noted the challenge of language and terminology within the field and debated the contemporary meaning of the term “health promotion” and the values and limitations that arise from its continued use.

The background paper offered readers two scenarios for the future, one optimistic and one pessimistic. The workshop participants agreed with elements of both scenarios; there was agreement that health promotion has experienced both encouraging and unpromising periods since its inception. It was discussed that during the current era of retrenchment, health

promotion should be regrouping, re-theorizing and being reflexive to be ready for emerging opportunities. A pan-Canadian plan was suggested with some concerns about who would own this plan, its implications and possible barriers to implementation. In addition, suggested tasks included the creation of a health promotion foundation and of a national board that would engage in innovation. When asked how they would commit to strengthening health promotion in Canada, the majority of participants did so around advocating for health promotion in various ways.

Recommendations are made for the creation of national leadership in health promotion and for this leadership to play a significant role in improving the health of Canadians by:

1. Supporting diverse stakeholders in acknowledging health promotion as a priority in public health and other fields;
2. Establishing an independent Expert Panel on Health Promotion in partnership with others to develop a pan-Canadian plan for health promotion based on evidence and experience to date in the field;
3. In connection with this Expert Panel, sponsor a series of regional workshops on the future of health promotion in Canada across the country in partnership with others as well as consultations using social media and a national meeting to review the findings from these consultations. These workshops could use a revised version of the Background Paper.
4. Organizing a workshop at the next CPHA conference to discuss progress in strengthening health promotion in Canada including the findings of the regional workshops to that date

Introduction

The *Ottawa Charter for Health Promotion* celebrated its 25th anniversary in 2011. Several events were held in Canada to acknowledge this milestone and to examine the impact of the *Charter* on the field, both in and outside of Canada. Journals devoted special issues to the analysis of the impact of the Charter, special symposia were held, and there were numerous discussions among academics and practitioners about the nature of the field and its future prospects. In an effort to consider the implications of all of these contributions for the future of health promotion in Canada, the editors of the Third Edition of *Health Promotion in Canada* offered a half-day workshop on «The Future of Health Promotion in Canada». The workshop was held on June 11, 2012, as a pre-conference event one day before the annual Canadian Public Health Association (CPHA) Conference in Edmonton, Alberta. The aim of the workshop was to analyze the current state of health promotion in Canada and to identify suggestions as to how to improve its future.

A discussion paper was developed as a backgrounder for the workshop consisting of an analysis inspired by a SWOT methodology (Strengths, Weaknesses, Opportunities and Threats) that drew on approximately 30 recent documents on the current state of health promotion in Canada. Key themes were identified and filtered through the lens of the SWOT analysis. The overall implications of the analysis were then interpreted and framed as two future scenarios, one optimistic, the other pessimistic. The paper was distributed to the registered participants in advance of the event. It is included as Appendix A. This report provides a summary, analysis and conclusions based on the input from the workshop participants and their reflections on the background paper.

Workshop Objectives

The objectives of the workshop were:

1. To familiarize participants with the recent critiques of the *Ottawa Charter for Health Promotion* and the current status of health promotion in Canada;
2. To discuss recommendations for strengthening health promotion in Canada suggested in the recent commentaries on the field and identify appropriate means and actions for moving forward.

Format of the Workshop

The editors of the third edition of *Health Promotion in Canada* facilitated the workshop (see Appendix B for the program) and notes were taken by graduate students in public health at the University of Alberta. The workshop was conducted in English although the possibility of conducting it in both official languages was offered to the participants. Through a small group process, workshop participants addressed the following five questions in relation to the discussion paper and the field more generally:

- 1) Are there any missing strengths, weaknesses, opportunities or threats related to the current state of health promotion in Canada?

- 2) Do you disagree with any of the strengths, weaknesses, opportunities or threats identified?
- 3) Based on the strengths, weaknesses, opportunities and threats discussed, what do you think what is more realistic: the optimistic or the pessimistic scenario? Can you think of a third scenario? If so, what would it look like?
- 4) What type of tasks, what resources are required and who should be involved to improve the field of health promotion?
- 5) What do you foresee as your role in the future of health promotion in Canada?

Workshop participants rotated through small groups inspired by a World Café methodology with authors of various chapters of the book serving as small group discussion leaders, in order to comment on each SWOT element, followed by a plenary to address the scenarios. In addition, each participant was given a postcard (see Appendix C) to fill out addressed to him or herself. These postcards will be mailed to them by the organisers as a reminder at the end of the year of their individual dedication and intended actions in contributing to the strengthening of health promotion in Canada.

Participants

41 participants attended the workshop including academic researchers, students and representatives from governmental and non-governmental organizations working in public health in Canada. The names and Affiliations of the participants can be found in Appendix D.

About this Report

The purpose of this report is to report key points raised in the workshop and make final recommendations to support diverse stakeholders in the advancement of health promotion policy and practice in Canada.

Workshop Themes

Table 1 is taken from the background paper summarizing the key points of the SWOT.

Table 1: SWOT Summary: Health Promotion in Canada

Strengths	Weaknesses
<ol style="list-style-type: none"> 1) A coherent foundation of core concepts, values and principles 2) A strong and broad infrastructure 3) Internationally recognized as a front runner 4) Strong scientific base and community of practitioners and organizations 5) Fundamental element of public health 	<ol style="list-style-type: none"> 1) No unified pan-Canadian plan for health promotion and no national, measurable public health promotion goals 2) Weakening infrastructure; deteriorating capacity and status 3) Neglect of a policy framework and approach and the significance of the ecosystem 4) Public Health ownership limits public

	<p>awareness and action</p> <p>5) An overemphasis on the healthy lifestyles discourse</p> <p>6) Gaps in evidence and evidence based implementation</p> <p>7) Limited public policy development</p>
<p>Opportunities</p> <p>1) Aligning with related social movements</p> <p>2) Seeking leadership outside of the government</p> <p>3) Building people-centred public policy outside of the health sector</p> <p>4) Working with technology</p> <p>5) Use of existing resources for evidence based action</p> <p>6) Linking globally to share knowledge and build collaborations</p> <p>7) Renewed interest</p>	<p>Threats</p> <p>1) Political context characterized by a limited role of government increases wealth inequities</p> <p>2) Economic conditions; increased privatization and industrialization</p> <p>3) Media fails to acknowledge social determinants of health</p> <p>4) Ecosystem decline results in food insecurity, conflict and instability</p> <p>5) Conditions that are uncertain and constantly changing</p>

Within each category, participants either expanded upon an existing element, provided suggestions for new elements, disagreed with elements identified and occasionally provided suggestions that belonged to one of the other categories. These reactions are organized under the categories of Strengths, Weaknesses, Opportunities and Threats.

Comments¹ Regarding Strengths, Weaknesses, Opportunities and Threats Related to Health Promotion in Canada

Strengths

Expansion of Existing Strengths

Canada is internationally recognized as a front runner in health promotion

- also a continued interest and support internationally

There is a strong scientific base and community of practitioners and organizations in Canada

- engaged and passionate community of practitioners and organization ready to move beyond theory to practice and work towards a more fluid interchange between theory and practice
- health promotion works, it is logical and includes engagement and empowerment of users

¹ These comments were made by individuals at the workshop and do not necessarily reflect the consensus of everyone at the workshop

New Strengths

- movement towards intersectoral collaboration; different disciplines and professions are adopting health promotion
- excellent models of good practice including innovative programs and opportunities (eg. comprehensive school health) and availability of educational resources
- growth and development of mental health promotion and participatory health research
- history and linkages to Canadian culture
- *Ottawa Charter* is a great influence on health promotion and its action areas are used in practice
- Canadians are making substantial contributions to the development of theory in health promotion (e.g. ecological theory, intersectionality theory and social theory)

Disagreements with Existing Strengths

A coherent foundation of core concepts, values and principles

- core concepts, principles and values not as clear across sectors and in the translation of theory into practice
- an enduring rather than coherent foundation

A strong and broad infrastructure

- the majority is based out of educational institutions
- only some infrastructure

Strong scientific base and community of practitioners and organizations

- growing rather than strong scientific base and community of practitioners and organizations

Fundamental element of public health

- there are limited resources within public health, health promotion needs to define its public health role and also go beyond public health

Weaknesses

Expansion of Existing Weaknesses

Neglect of a policy framework and approach and the significance of the ecosystem

- health promotion needs to be more politically astute

Overemphasis on the healthy lifestyles discourse

- funding attached to tasks

Gaps in evidence and evidence based implementation

- need more practice-based evidence
- barriers to evidence such as stigma and resistance to sensitive issues
- lack of health promotion indicators and measurements

New Weaknesses

- Competing perspectives (eg. Bio-medical vs. Socio-ecological, Health System vs. Health Promotion Communities)
- Lack of trust from community

- Health promotion is under-theorized (e.g. Justice: what do we mean and how do we achieve it?)
- Conflict between political alignment vs. community alignment
- Too traditional; health promotion does not answer the question, what is health?

Disagreements with Existing Weaknesses

Public Health ownership limits public awareness and action

- ownership is crowded

Suggested Weaknesses that are Threats

- short political cycle
- social justice movement not on political agenda

Opportunities

Expansion of Existing Opportunities

Working with technology

- use of social media; making it strategic

Use of existing resources for evidence-based action

- build upon what has been done rather than creating new things

Renewed interest

- population is ready to move forward

New Opportunities

- Building a critical mass outside the healthcare sector
- Linking, aligning and creating formal and informal partnerships with business, sports organizations, healthcare professionals, city planners; identify return on investment, create a business case and align messaging
- Integration of health services
- Focus on health promoting cities and municipalities by taking notice of emerging opportunities and allies, engaging in different ways and building from the bottom up
- Re-theorize health promotion; question linear models and recognize that traditional thinking is not working
- Have health promotion in the curriculum of early education (e.g. elementary and high school)
- Engage younger generation
- Linking theory and practice
- Identify allies within the current political context
- Address healthy lifestyle issues; help the public understand

Disagreements with Existing Opportunities

Aligning with related social movements

- take action rather than simply aligning with all rather than related social movements; seek leadership from social movements

Seeking leadership outside of the government

- government should continue to play a role

Working with technology

- health promotion still needs face-to-face interaction at the community level

Use of existing resources for evidence-based action

- resources need to be reallocated using a broad array of evidence

Suggested Opportunities that are Weaknesses

- “innovation fatigue” or “change fatigue”; apathy towards change as a result of a rise in the number of changes, frequency of changes and speed of change

Threats

Expansion of Existing Threats

Political context characterized by a limited role of government increases wealth inequities

- political ideology limiting health promotion focussed on the social determinants of health
- health promotion not on governments’ agenda

Economic conditions; increased privatization and industrialization

- financial pressures can make shifting resources within healthcare difficult
- privatization and commodification of healthy lifestyle discourse by private sector
- fiscal decrease in budget

Media fails to acknowledge social determinants of health

- media is communicating health promotion incorrectly

Conditions that are uncertain and constantly changing

- health promotion cannot react effectively due to resources available and velocity of change
- policy change cannot keep up with changing conditions

New Threats

- Competing messaging from media and private sector creates confusion and loss of health promotion language
- Competing resources within health system marginalizes health promotion
- Marginalization of health promotion in the discourse: competing perspectives (e.g. population health, biomedical model, chronic disease, prevention and management dominating, acute care vs. health promotion)
- Hierarchical sources of knowledge can influence funding (i.e. practice vs research; qualitative vs. quantitative)
- Short-term funding structure results in a lack of commitment to long-term innovative projects

Suggested Threats that are Weaknesses

- health promotion is isolated into one sector
- social justice has been pushed out of health promotion

- lack of health promotion champions
- power dynamics limits upstream thinking

Comments on the Scenarios

Box 1 is taken from the Background paper depicting the two future scenarios.

Box 1: Future Scenarios

Pessimistic scenario

Health promotion in Canada will not attain a higher profile or greater visibility. The weaknesses as discussed above can be matched with the existing threats. The uncertain conditions cannot be overcome without unified leadership at the national level. Health promotion has no unified goals and lacks direction. Health promotion practitioners continue to work invisibly in various sectors. The type of economic growth is a factor in ecosystem decline; this decline has a significant health impact yet health promotion continues to ignore how ecological health mediates other determinants of health. The ecosystem is spiralling downwards, contributing to increasing health inequalities, poverty and ill health. Health promotion is no longer relevant as the focus will be to meet basic human needs. There is a continued overemphasis of the healthy lifestyles discourse supported by the current political landscape. The media fuels this weakness by not acknowledging the importance of the social determinants of health. Government power is limited and society is ruled by the marketplace. Therefore, responsibility for health is shifted from the government to the individual. However, individuals lose control over their health as capitalism and privatization have taken priority over human development. As a result, the health of Canadians declines.

Optimistic scenario

Health promotion in Canada gains status and successfully permeates all sectors. Strengths can be matched with opportunities. Health promotion's foundational values and principles match with social movements on equity and social justice. As a result, health promotion becomes part of these broader social movements. This also opens up the option to address how health promotion aligns with ecological health. A strong and diverse infrastructure is conducive to achieving leadership both outside the government and at all levels of government including federal, provincial, territorial, and municipal. This new leadership and the re-established international reputation of Canada support the ability to collaborate and share knowledge globally. In addition, national leadership can facilitate the development of healthy public policy and having a critical socio-political lens for health promotion practice. Also, evidence-based action can be achieved because of the strong research component of health promotion and the dedicated and engaged practitioners that apply this key resource to their practice.

1) General Reactions

The majority of participants were both pessimistic and optimistic. It was noted that health promotion has experienced both encouraging and unpromising periods since its inception. Health promotion is regarded as a social change mechanism. Furthermore, health promotion is considered an impetus for moving other social movement agendas forward. The current threats are real and it is likely that the situation will get worse before it gets better. Therefore, the importance of continuing to be optimistic while being patient and ready for any opportunities for change was discussed. In addition, it was suggested that health promotion should be regrouping, re-theorizing and being reflexive during the era of retrenchment. This will likely last for at least a few years given the current political context. As a result, the field will be ready when the time is right and in this era, it should consider expanding its forces to include the younger generation in a more proactive manner. Technology, specifically social media, could facilitate this expansion as it is significantly used by the younger generation and is now a key vehicle of the public response to social movements. In addition, there are many opportunities available including harnessing a collective social movement and citizen-to-citizen engagement. A radical third scenario was suggested involving the replacement of health promotion itself with different concepts possibly more appealing to the general public such as wellness, social capital or social cohesion while still achieving health promotion goals.

2) Answers to the Specific Questions

2.1) What do you think might be done to improve the future of the field of health promotion in Canada?

The creation of a pan-Canadian health promotion plan was cautiously suggested with multiple unanswered questions, including whether the federal government should be the promoter of such a plan. Many provinces oppose being told what to do by the federal government and as a result would not easily buy in to such an endeavour. Therefore, questions remain about who would own the plan, what would be its implications and about the barriers and opportunities generated by such plan. It was noted that the ideal plan would include the general public as a mechanism to generate enthusiasm, coherence and mobilization.

2.2) What type of tasks, what resources are required and who should be involved to improve the field of health promotion?

The first step to improve health promotion in Canada is to have a plan and a unified vision. This is an evolving, iterative process that requires risk-taking and working within and outside health promotion. Therefore, traditional health promotion thinking should be pushed forward in a different way. While the field of health promotion passionately holds on to its current vision and concepts, it needs to embrace the broader society and broader holistic concepts. It is likely that health promotion will never be a popular movement, but rather a vanguard for political change. There is a current opportunity to engage with communities who are aware of social injustices and ready to change. Other suggested tasks include the creation of a health promotion

foundation and of a national board that would engage in innovation. Resources should come from many sectors including government, general public, business and foundations. Past students in health promotion are a hidden set of resources and should be systematically asked to contribute.

2.3) What do you foresee as your role in the future of health promotion in Canada?

Some workshop participants shared their ideas which included being involved with a healthy campus initiative, being an integrator and champion of health promotion and facilitating discussion with past health promotion students. In addition, the role of the workshop group as a whole was discussed. Suggestions included a Facebook group, creating a community of practice or website and turning the themes of the workshop into a declaration statement which could possibly evolve into a future-oriented strategy.

Analysis of the Postcard Contents

As another mechanism to reflect on their role, workshop participants were given postcards where they were asked to complete the sentence: `My personal commitment to strengthening health promotion in Canada is:``

These commitments are presented below based on the principles of health promotion mentioned in the *Ottawa Charter*: advocate, enable and mediate. Most of the workshop participants were committed to advocating for health promotion in various roles.

Examples of *advocating* for health promotion:

- ❖ providing feedback and advocating for a unified health promotion statement, plan or message
- ❖ write a popular book on what health promotion is
- ❖ realign public health work to be consistent with health promotion goals and approaches
- ❖ engage nursing students in discussion of health promotion; advocate for health promotion principles; excite and involve students in the future of health promotion
- ❖ develop and implement a strategy for healthy campuses and mobilize young adults to participate and to become politically active in health promotion
- ❖ organize another workshop on the future of health promotion in Canada at the CPHA conference in 2013
- ❖ continue to include health promotion as part of every class taught and push for addition of health promotion courses into the curriculum
- ❖ continue to bring the broad health promotion focus to program planning and evaluation
- ❖ help and support more health promotion projects as a biostatistician

Some workshop participants were committed to *mediate*. Examples are below:

- ❖ be inclusive of all who have a stake in the issue at hand who are outside the traditional health care sector
- ❖ integrate health promotion concepts more within chronic disease prevention discussions

- ❖ strengthen voices of young health promoters
- ❖ act to help reorient health systems in BC
- ❖ use or develop social media channels that can connect health promoters, libraries and activists with issues of health equity, literacy, environment at community and wider level and activate a network

Other workshop participants were committed to *enable*. Examples are below:

- ❖ continue working with vulnerable groups in addiction and mental health and with the aboriginal population on a variety of social and health issues
- ❖ as a researcher in the health of sexual minorities, continue to promote a global vision of health
- ❖ explore health promotion theory development
- ❖ increase the knowledge of at least 30 students a year teaching health promotion and increase excitement about health promotion in these students
- ❖ support evaluation of the health promotion process and share this information

Based on the five *Ottawa Charter* strategies (developing personal skills, creating supportive environments, strengthening community action, reorienting health services and building health public policy) the majority of commitments were within creating supportive environments and strengthening community action. Examples are below:

- ❖ enhance intersectoral collaboration for healthy built environments and ecosystems health by connecting organizations at all levels of the socio-ecological model
- ❖ making tangible, real application of health promotion at the local community level
- ❖ increase community engagement and development activities
- ❖ continually advocate for upstream approaches that go beyond individual behaviours
- ❖ work with community to develop and organize programs for better life quality

Reflections and Recommendations of the Workshop Organizers for Strengthening Health Promotion in Canada

Although as indicated above, a number of helpful suggestions and recommendations were made on how to strengthen health promotion in Canada and personal commitments were made by many of the workshop participants to do so within their spheres of influence, recommendations were not formulated explicitly or voted on. Thus, we are not in a position to claim that we have unanimous support from the workshop participants on these recommendations. However, as the organizers of the workshop, we are in a position to share our own thoughts and make some recommendations in relation to the future of health promotion in Canada based on our own observations of the workshop, on its background paper and our current observations of the field as reflected in the contributions of ourselves and about 70 other authors to the third edition of *Health Promotion in Canada* launched immediately following the workshop.

One of our key observations is that in spite of the critiques that have been made over the past few years, there are still many health practitioners, researchers and others including new

entrants into the field in Canada that have a strong commitment to health promotion based on the values, concepts, approaches and strategies outlined in the *Ottawa Charter for Health Promotion*. In line with this, we found that the atmosphere of the workshop, even if we can assume it was mostly attended by hard core believers in the field, was surprisingly positive and energetic. A second key observation is that some infrastructure still exists that embody these values, concepts, approaches and strategies. In addition, there are many opportunities to strengthen the field of health promotion in Canada through formal or less formal partnerships with individuals or units at all levels of government, and a wide range of organizations and sectors as noted above. However, the field does have some serious weaknesses and faces a number of threats. One of the most critical of these weaknesses is an apparent absence of leadership for pan-Canadian efforts in health promotion. We believe that there needs to be national leadership of health promotion, working in partnership with all levels of government, researchers, practitioners, the general public, the media and others who can also provide leadership. But we also think that in a complementary way, significant leadership could also come in a more informal way from a variety of members of the younger generation through social media and other forms of channels yet to be invented.

Thus, we as organizers of this workshop recommend that a national leadership in health promotion be created to:

1. Support diverse stakeholders in acknowledging health promotion as a priority in public health and other fields;
2. Establish an independent Expert Panel on Health Promotion in partnership with others to develop a pan-Canadian plan for health promotion based on evidence and experience to date in the field.
3. In connection with this Expert Panel, sponsor a series of regional workshops on the future of health promotion in Canada across the country in partnership with others as well as consultations using social media and a national meeting to review the findings from these consultations. These workshops could use a revised version of the Background Paper.
4. Organize a workshop at the next CPHA conference to discuss progress in strengthening health promotion in Canada including the findings of the regional workshops to that date.

If steps along these lines are taken relatively soon, we believe that health promotion can continue to play a significant role in improving the health of **all** Canadians.

Postscript

The workshop participants were given an opportunity to comment on this report. Seven did so, even if asked in the midst of vacation time. The following is a summary of the comments that we received, but does not necessarily represent a consensus from the workshop participants. Most of the respondents commented on how much they enjoyed reading the report and how well it synthesized and captured the main points that were discussed. Some even mentioned that the

report caused further reflection on their workshop experience including reflection on the current state of health promotion and its future. One wanted the passion, excitement and optimism of the workshop to be better highlighted while another agreed that health promotion has a passionate workforce; a workforce that has a desire to move beyond health promotion as simply a category of public health to embracing different forms of evidence and successes in order to keep all sectors accepting its value. However, there was some disagreement with the report, notably about the hope to move beyond the lifestyle approach rather than building upon it and also the need to have the expert panel connected through provincial ministries. In addition, a participant commented on the lack of discussion around the link between health promotion and primary health care. Three respondents questioned whether health promotion should be less reliant on government funding and support in order to become a true social movement, and whether health promotion will be able to have champions from multiple, if not all, political parties. Furthermore, there was a suggestion to debate the use and value of the lifestyle approach at a future workshop.

Appendices

Appendix A: Background paper

On the Future of Health Promotion in Canada/ L'avenir de la promotion de la santé au Canada

By/par

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A background document to be discussed in the pre-conference workshop on
«The future of Health Promotion in Canada»
at the 2012 CPHA Conference,
Edmonton, June 11, 2012

Un document préparatoire à discuter lors de l'atelier préconférence
«L'avenir de la promotion de la santé au Canada»
dans le cadre de la conférence 2012 de l'ACSP
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officiel.

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Résumé exécutif²

Ce document est destiné à stimuler la réflexion et la discussion lors d'un atelier pré conférence sur "L'avenir de la Promotion de la santé au Canada» au congrès annuel l'Association canadienne de santé publique (ACSP). Il présente d'abord le contexte de développement du champ de la promotion de la santé au Canada et en offre une définition. Il a été rédigé par les organisateurs de l'atelier avec l'aide d'une assistante de recherche et s'appuie sur un ensemble de d'éléments récents (livres, articles scientifiques, présentations, conférences, colloques et rapports gouvernementaux) qui ont offert des commentaires sur l'état actuel de la promotion de la santé au Canada et à l'étranger ainsi que sur son avenir. Ces matériaux ont été utilisés pour mener une analyse s'inspirant de la technique SWOT (Strengths/Forces, Weaknesses/Faiblesses, Opportunities/ Opportunités et Threats/Menaces), dont les résultats sont résumés au tableau 1 de la page suivante.

Le document présente finalement deux scénarios élaborés à partir de cette analyse, un pessimiste et un optimiste, d'où les questions suivantes auxquelles réfléchir en préparation à l'atelier où elles seront discutées :

- 1) Y a-t-il des forces, faiblesses, opportunités ou menaces qui auraient été oubliées en ce qui concerne l'état actuel de la promotion de la santé au Canada?
- 2) Parmi les forces, faiblesses, opportunités ou menaces identifiées y en a-t-il avec lesquelles vous êtes en désaccord?
- 3) Sur la base des forces, faiblesses, opportunités et menaces évoquées, lequel des deux scénarios proposés vous semble le plus réaliste: l'optimiste ou le pessimiste? Un troisième scénario serait-il envisageable? Si oui, quel serait-il?
- 4) Quels types de tâches et de ressources seraient nécessaires et devraient être mises en place pour améliorer le champ de la promotion de la santé?

² Pour des raisons hors du contrôle des auteurs, il a été impossible de produire une version française du présent document à temps pour la conférence, ce dont nous nous excusons. Ce résumé exécutif en français compense partiellement cette situation.

5) Comment voyez-vous votre rôle dans l'avenir de la promotion de la santé au Canada?

Tableau 1: Résumé de l'analyse SWOT sur l'avenir de la promotion de la santé au Canada

<p>Forces</p> <ul style="list-style-type: none"> • Une base cohérente de concepts fondamentaux, de valeurs et de principes • Une infrastructure solide et étendue • Une reconnaissance internationale de son leadership • La solidité de ses bases scientifiques et de sa communauté de praticiens et d'organisations • Le fait que ce soit un élément constitutif fondamental du champ la santé publique 	<p>Faiblesses</p> <ul style="list-style-type: none"> • Pas de plan directeur pancanadien ni d'objectifs nationaux de promotion de la santé publics et mesurables • Détérioration des infrastructures, des capacités et du statut • Absence d'un cadre politique et indifférence à l'importance de l'écosystème • Inclusion dans la santé publique qui limite la sensibilisation du public et l'action • Trop grande importance du discours sur les modes de vie favorables à la santé • Lacunes dans les données probantes disponibles et dans leur utilisation • Développement limité des politiques publiques
<p>Opportunités</p> <ul style="list-style-type: none"> • Possibilités de s'allier avec des mouvements sociaux connexes • Rechercher du leadership en dehors du gouvernement • Développer des politiques publiques centrées sur la personne à l'extérieur du secteur de la santé • Travailler avec la technologie • Utiliser les ressources existantes pour mettre en place des actions fondées sur des données probantes • Maintenir des liens internationaux de partage de connaissances et de collaborations • Tabler sur le regain d'intérêt 	<p>Menaces</p> <ul style="list-style-type: none"> • Un contexte politique caractérisé par un rôle limité du gouvernement qui augmente les inégalités de richesse • Les conditions économiques avec croissance de la privatisation et de l'industrialisation • Les médias qui ne reconnaissent pas l'importance des déterminants sociaux de la santé • La détérioration de l'écosystème causant insécurité alimentaire, conflits et instabilité • Un contexte général d'incertitude et de changements constants

Executive Summary

This background paper is intended to stimulate thinking and discussion at a pre-CPHA conference workshop on the “Future of Health Promotion in Canada”. It sets the context by briefly describing the development of the field of health promotion in Canada and presenting key definitions of the field. It was drafted by the workshop organizers with the help of a research assistant and draws on recent books, journal articles, presentations, conferences, symposia and government reports that have offered commentaries on the current state of health promotion in Canada and abroad as well as on its future. These materials were used to conduct a modified SWOT (Strengths, Weaknesses, Opportunities and Threat) Analysis.

The findings are summarized in the following table:

Table 1: SWOT Summary: Health Promotion in Canada

Strengths <ul style="list-style-type: none">• A coherent foundation of core concepts, values and principles• A strong and broad infrastructure• Internationally recognized as a front runner• Strong scientific base and community of practitioners and organizations• Fundamental element of public health	Weaknesses <ul style="list-style-type: none">• No unified pan-Canadian plan for health promotion and no national, measurable public health promotion goals• Weakening infrastructure; deteriorating capacity and status• Neglect of a policy framework and approach and the significance of the ecosystem• Public Health ownership limits public awareness and action• An overemphasis on the healthy lifestyles discourse• Gaps in evidence and evidence based implementation• Limited public policy development
Opportunities <ul style="list-style-type: none">• Aligning with related social movements• Seeking leadership outside of the government• Building people-centred public policy outside of the health sector• Working with technology• Use of existing resources for evidence based action• Linking globally to share knowledge and build collaborations• Renewed interest	Threats <ul style="list-style-type: none">• Political context characterized by a limited role of government increases wealth inequities• Economic conditions; increased privatization and industrialization• Media fails to acknowledge social determinants of health• Ecosystem decline results in food insecurity, conflict and instability• Conditions that are uncertain and constantly changing

Drawing on the analysis, the paper concludes with a presentation of two scenarios, one pessimistic and the other optimistic and proposes the following questions to reflect on in preparation for and to discuss during the workshop:

- 1) Are there any missing strengths, weaknesses, opportunities or threats of the current state of health promotion in Canada?
- 2) Do you disagree with any of the strengths, weaknesses, opportunities or threats identified?
- 3) Based on the strengths, weaknesses, opportunities and threats discussed above, what do you think is more realistic: the optimistic or the pessimistic scenario? Can you think of a third scenario? If so, what would it look like?
- 4) What type of tasks, what resources are required and who should be involved to improve the field of health promotion?
- 5) What do you foresee as your role in the future of health promotion in Canada?

Background and Purpose

The beginning of the field of health promotion in Canada can be traced to the release in 1974 of *A New Perspective on the Health of Canadians* by Marc Lalonde, the federal Minister of Health and Welfare at that time (commonly referred to as the “Lalonde Report”) (1). Among other things, it identified health promotion as one of five strategies for improving the health of Canadians and defined it as a strategy “aimed at informing, influencing and assisting both individuals and organizations so that they will accept more responsibility and be more active in matters affecting mental and physical health” (36).

The release and international acclaim received for the Lalonde Report led to the establishment in 1978 of the Health Promotion Directorate in the Canadian Department of Health and Welfare which was the first central government body with this name in the world (1) and initially adopted the definition of health promotion in the Report. However, as a result of critiques of the definition and the “Lifestyle” approach which the Report seemed to promote and collaboration with the European Office of the World Health Organization, the following definition of health promotion was adopted: “the process of enabling people to increase control over, and to improve, their health”. This was the definition of health promotion in The Ottawa Charter for Health Promotion (38) released at an international conference in Ottawa in 1986 as well as in a publication called *Achieving Health for All: A Framework for Health Promotion* released at the same conference by Jake Epp (37), who at that time was the Minister of Health and Welfare Canada. Since that time, this definition has been the most widely used and cited definition of health promotion in Canada and in the world (1), although recently, a slight elaboration of the definition, cited in an 1985 glossary published by the World Health Organization, has become preferred by many people in the field (i.e. “the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health”). The advantage of this elaboration is that it makes it clear that the field of health promotion is concerned not only about individuals, but also groups of people and most importantly, the “determinants of health” which has become the cornerstone concept for the field of “Population Health” that developed in the 1990’s in Canada and subsequently in other countries.

A field of practice such as health promotion consists of more than just definitions. It also consists of the people, organizations, institutions that conduct their work in accord with a set of key values, principles, concepts, theories and practices. The authors of this paper have argued that “what really defines health promotion is its focus on the *planned change* of lifestyles and life conditions having

an impact on health, using a variety of specific strategies, including health education, social marketing and mass communication, on the individual side as well as political action, community organization and organizational development on the collective side” (1, pp. 22-23).

The 25th anniversary of the *Ottawa Charter for Health Promotion* in 2011 marked a favourable time to critically reflect on the field and a range of books, journal articles, presentations, conferences, symposia and government reports have offered commentaries on the current state of health promotion in Canada and abroad as well as on its future. This paper, prepared by the editors of the third edition of *Health Promotion in Canada* (1) offers a synthesis of the recent materials in the field, including those produced as part of last year’s anniversary. It is intended to serve as a backgrounder for a pre-conference workshop on the “Future of Health Promotion in Canada” to be held prior to the annual meeting of the Canadian Public Health Association in June 2012. Following the conference, we will prepare a report suggesting the avenues that seem most promising for the future of the field in Canada, based on input from the workshop participants and their reflections on the present document.

In order to develop this paper the authors, through their extensive knowledge of the field and with the help of some additional experts³, identified key materials that provide analytical and critical views on the current and future status of the field of health promotion in Canada. Materials for the review were limited to those produced within the past five years, with particular attention to those produced within the last two, given the extensive commentary inspired by the anniversary of the Ottawa Charter. These materials were used to complete an analysis of the current state of health promotion in Canada inspired by a SWOT methodology (Strengths, Weaknesses, Opportunities and Threats) in order to generate ideas of what the future of health promotion in Canada could look like. Based on a summary of these four elements, key themes were identified and two future scenarios were generated, one optimistic, the other pessimistic. These two scenarios offer contrasting interpretations of the potential implications of the SWOT analysis and suggest alternative directions for the field in the future.

It is important to note that in presenting the elements of the SWOT analysis that we did not try to create an exhaustive or coherent picture or to reconcile the emerging contradictions. Nor do the elements of the SWOT necessarily reflect our own views on the current and future status of the field,

³ Trevor Hancock Suzanne Jackson, Ron Labonte, Blake Poland, and Dennis Raphael whose input we gratefully acknowledge.

which have been expressed in detail elsewhere (2, 3, 4). Rather, these elements are meant to trigger the thinking of the workshop participants so that people prepare themselves in advance to participate in the workshop.

SWOT Analysis

Strengths of the Field of Health Promotion in Canada

Authors reflecting on the field of health promotion in Canada have suggested that the field has a number of strengths including a common set of core concepts and values; a certain degree of infrastructure; a positive reputation and internationally-recognized leadership; networks of practitioners and researchers; and its relationship to public health.

Core Concepts and Values

In the field of health promotion in Canada, health is defined as a broad concept that is and is not just about preventing disease but about creating and enhancing well-being (5,6). Other key concepts that are accepted by most people in the field include the social determinants of health, quality of life, and health literacy (6). The field of health promotion is guided by the values of social justice, equity and empowerment (6, 7). In addition, some of the common principles of health promotion practice include the attempt to be context-sensitive, theory-based, reflexive and to use participatory approaches in research, program planning and evaluation and a socio-ecological approach which builds on the inextricable links between people and their environment (8, 17).

The *Ottawa Charter for Health Promotion* has provided guidance to the field in Canada and elsewhere and will most likely continue to be relevant (9) although its limitations have been recognized in recent critiques (15, 20, 24, and 31). Health Promotion's core values and concepts have had positive uptake in a range of sectors outside of the health sector, including schools and workplaces – partly as a result of the growing acceptance of the “settings approach to health promotion”(10). Furthermore, Francophones and Anglophones in Canada have been able to collaborate on health promotion issues as the three editions of *Health Promotion in Canada* have demonstrated (1, 12, and 13). These partnerships between different sectors and areas have helped to foster the development of new concepts such as quality of life and health literacy in relation to health promotion (6).

Infrastructure

The consolidation and institutionalization of health promotion in Canada has been characterized by the creation of infrastructure within government, universities, scientific research, knowledge transfer, and education and training opportunities that peaked in the mid 1990's. Health promotion has been able to permeate government agencies and also be supported by federal-provincial-territorial committees (13). In turn, this well-developed infrastructure has been able to support a wide range of practitioners, researchers and policy makers through multiple centres for health promotion in Canada and numerous university graduate and undergraduate programs (13). This infrastructure has also led to discussions and developments on the professionalization of the field (14). Possibly the most noteworthy consequence of that infrastructure was in the areas of knowledge development and knowledge transfer and exchange. Health promotion in Canada has strong support in the research community, members of which continue to be committed to knowledge exchange through conferences, scientific journals, listservs, summer schools, books, and electronic bulletins (15, 16). Health promotion in Canada also has a strong community of practice including community efforts supported by the centres of health promotion and the healthy communities networks operating in many provinces (17).

Reputation and Leadership

The *Lalonde Report*, *Ottawa Charter*, and *Epp Report* all contributed to acknowledgement and recognition of the field of health promotion in Canada and elsewhere (27, 36, and 38). The field has been successful in developing and applying the strategies of developing personal skills, creating supportive environments and strengthening community action discussed in the *Ottawa Charter* (15). In addition, the *Ottawa Charter* as well as the *Epp Report* have been frequently used to support knowledge development, communication and program planning (17). They also have been catalysts for the settings approach not only in cities but in a variety of venues (10). As a result of Canada's accomplishments, health promotion in Canada is well recognized internationally and Canada is still acknowledged as one of the leaders in the field globally (17).

Resources

In Canada, health promotion has a strong community of practitioners and organizations that support practice and build on the evidence base developed by researchers; this constitutes an enduring, enthusiastic, reflexive and engaged community of individuals and organisations linked through existing health promotion centres, knowledge networks such as the National Collaborating Centre on the Determinants of Health, the Senate's Subcommittee on Population Health (15,18) and many other

mechanisms. Health promotion in Canada has remained resilient throughout societal changes because of these ties (17) as well as funding that has been provided through various granting mechanisms.

Relationship to Public Health

Health promotion as a whole, including its core competencies and organizational bodies, is acknowledged as a viable area of public health activity, one that has been part of the revitalization of the public health field in recent years and has helped raise the profile of public health nationally (2). Health promotion is not only an everyday discourse, but a critical discourse within public health (19). Furthermore, health promotion has successfully permeated public health in Canada (19) and is recognized as a core function of the Public Health Agency of Canada.

Weaknesses of Health Promotion in Canada

The infrastructure for health promotion has weakened in Canada since the mid-1990s. Health promotion has not always had strong leadership nor been a political priority. The field has also had limited impact on public policy, and been too focused on healthy lifestyles, to the neglect of other key areas. Public awareness of health promotion is low, possibly because the field is too closely identified with the professional practice of public health as opposed to other critical social movements.

Declining Infrastructure

From the mid 1990's on, due notably to the emergence of the population health discourse (13), health promotion in Canada has suffered from a weakened infrastructure, diminishing its status and capacity (17). The closing of health promotion centres at the University of Toronto and University of Victoria and the termination of the Canadian Consortium of Health Research resulted in a decline in collaborative and participatory research across Canada (17). In addition, the opportunity to develop capacity was reduced with these closures (17). The cancellation of the Ontario Summer School in health promotion is another example of the diminished capacity (16). Both the infrastructure and institutional status of health promotion continue to be threatened, in part, by reduction of provincial and federal budgets and transfers (16).

Lack of Leadership and Political Priority

Even if there was a rekindling of interest in health promotion with the creation of the Public Health Agency of Canada, leadership in health promotion at the national level could be improved, and currently suffers from diminished visibility. Despite health promotion having an overall mission to

reduce disparities and improve overall population health, there is currently no unified pan-Canadian plan for health promotion in Canada and there are no national measurable public health promotion goals (20). As a consequence health promotion in Canada lacks an identity: no unified voice or goals causes confusion as to whether health promotion is a philosophy, discipline or a practice (21). Health promotion in Canada is still an emerging field and some have argued that it has never been a dominant force and hasn't had much visibility (20). This may be a result of the difficulty of determining the influence of health promotion on the health of Canadians. . It may also be due to the fact that the positive definition of health, while an important foundational principle, has failed to be operationalized concretely in policy and programmatic terms. For example, the influence of the *Ottawa Charter* on reducing health inequities or achieving specific positive outcomes cannot be determined directly without a surveillance system that considers specific metrics of positive health promotion outcomes.

Areas of Neglect

Analysts of health promotion in Canada have observed that the field has a number of areas of relative neglect including a socio-political approach, a political science critical lens (17) and vital subject areas such as the state of the ecosystem (22,23). It has also been suggested that currently, health promotion is too focused on scientific content while its focus should be on the political context, creating societal norms and guiding action (19). In addition, ecosystem health continues to be neglected; environmental education is a component of health promotion, but the field is inadequate in attending to the triple threat of ecological degradation, climate change and peak oil (25) and the massive scale of collective change that needs to occur is not being supported. In addition, the lack of social analysis of the determinants of health may be contributing to the continued widening of health disparities based on socioeconomic status, gender, ethnicity and race. Moreover, the health inequities between Aboriginal and non-Aboriginal Canadians are overwhelming – the health of Aboriginal people and First Nations in Canada is below average and requires greater attention from a health promotion perspective (26).

Limited Engagement with Public Policy

Health promotion in Canada has inadequate public policy development characterized by limited impact on policymakers and governments of Canada and failing to apply health impact evidence into public policy (16). The public policy scene has stagnated recently, in part due to the current global financial situation that is forcing governments and policymakers to limit investing new funds into health promotion and related fields (16). The public policy that is developed fails to include vital evidence that could impact health (19).

Low Public Awareness

Health promotion in Canada is stagnating and possibly declining as an outcome of public health's ownership of health promotion resulting in a lack of public awareness and action; therefore, there is a reduction in people-led action (15, 27). Health promotion is not a social movement as described in the *Ottawa Charter*, but still rather a professional movement; health promotion cannot become a social movement if public health cannot share health promotion with the people that will benefit from its efforts (2, 3, and 4).

Focus on Healthy Lifestyles

Health promotion in Canada remains overshadowed by the healthy lifestyles discourse, limiting the focus of the field to individual behaviour (particularly smoking and physical activity) within the health sector. Placing responsibility for health on the individual is inappropriate because living a healthy lifestyle is becoming increasingly difficult for many people; however, the provincial and federal governments continue to focus on healthy living, although sometimes with some emphasis on the broader determinants of health (16, 17). In addition, this limited focus is paralleled within health promotion research where the focus of research is often on diseases and behaviours (28). Structural limitations such as funding being linked to a disease reinforce this focus. Health promotion is too health-centric and the concept that individuals should receive help in gaining control over the social determinants of health is not accepted widely (20, 21)

Limited Information Base

Although health promotion in Canada has made some progress in developing a scientific evidence base, there continue to be gaps in evidence and evidence-based implementation. The evaluation of health promotion interventions is difficult and still deficient (15, 21). Furthermore, local level data are of mixed quality and generally not comparable (18). According to Kickbusch, health promotion “got caught up in the mire of the Cochrane medical mindset rather than focus on the social nature of risk and we need to understand the social nature of risks and better understand systemic risk” (29, p.311). Evidence can also consist of moral and ethical information that support changes at the political and institutional level; health promotion is lacking in these types of evidence (30). Further, the evidence that health promotion has managed to generate is not being fully integrated into health promotion practice (19).

Opportunities for development of Health Promotion in Canada

The field of health promotion in Canada could be strengthened by strong alliances with popular social movements and engagement with leaders outside the formal public health sector and/or government. Health promoters could take advantage of the new information technologies and globalization to build and strengthen existing and new research and knowledge networks. Renewed government and public interest in prevention offers new opportunities for health promotion.

Align with Social Justice Agenda, Sustainable Development and Environmental Movements

Health promotion in Canada could broaden its influence by allying itself to related social movements such as those promoting equity and sustainable development. It could move away from a professional movement towards a social movement if it relates better with global social movements for health and justice (16). In addition, the health promotion agenda can be revitalized by broadening its agenda outside of health (29). For example, in realizing the scale and the rapidity of ecosystem decline, health promotion can help sustain the environment that supports health and well-being of individuals. In order for health promotion to stay relevant, it must fully embrace sectors outside of health (3). For example, health promotion can work towards a model for a health promoting economy. It is the work outside the conceptual territory of health promotion that allows for innovation and the creation of new ideas (33). Health promotion should take this opportunity to be more reflective of the future of Canada which needs to be more people-centred and environmentally and socially sustainable (27).

Seek Leadership Outside of Government

The field of health promotion in Canada can stay active by seeking leadership outside of the government; researchers, practitioners and the public can serve as advocates for people-centred interventions and community movements. These advocates can be encouraged to collaborate with each other through capacity-building efforts such as summer schools. New leadership may develop with links to sectors outside of the health sector complimented by increased knowledge transfer (5, 27). As a result, civil society can be the advocate for change in government and public policies. This people-centred approach uses people's own sense of control and power while encouraging participation, empowerment and social and community development (27).

Seek Policy Links with Other Sectors

Health promotion in Canada can be transformed by building on public policies outside of healthcare policy and policies that are centred on people's well-being. It has been suggested that health promoters should become more political (31). Common goals can be achieved when policy is linked across sectors. For example, healthy public policy on a population level where people's well-being is at the centre can also be part of an economic recovery policy. In this same manner, health promotion may be able to address some of the social determinants of health that undermine population health.

Engage with Information Technology

Health promotion in Canada can connect to the next generation of practitioners by taking into account the new information technology that shapes peoples' values and everyday lives. By understanding and embracing rapidly these changing technologies, health promotion in Canada can keep up with societal progress.

Strengthen Existing Research and Knowledge Networks

Health promotion practitioners in Canada can use existing resources to support evidence-based actions. For example, research could be better used to examine if and how health promotion principles and processes are achieving measurable public health goals. In addition the World Health Organization's Knowledge Networks have made recommendations for action based on summaries of current public health knowledge which could be addressed by the field of health promotion in Canada (28).

Globalisation

Globalisation has opened up the possibility of learning from international experiences, linking globally and assessing the impact of globalisation on health. Not only can health promotion align itself with global social movements, but it can also connect with other countries in the discussion about global health equity (30). Ironically, globalisation has influenced both global health equity itself and the capacity to improve it. There is also the opportunity of international knowledge-sharing that may provide ideas of what Canada can strive to achieve. For example, the European Union has moved from a focus on health to one of shared societal goals in their intersectoral work; in addition, global linkages allow for coordinated funding, organizations and agreements around shared goals (28).

Renewed Interest

The federal and provincial governments in Canada have a renewed interest in prevention as evidenced by recent federal, provincial, and territorial discussions including those by Canada's Ministers

of Health and Health Promotion/Healthy Living (38) and the Standing Senate Committee on Social Affairs, Science and Technology (39). There have been recommendations to shift investment from the acute care system into prevention, particularly to the social determinants of health (18). In addition, primary healthcare is increasingly accepting health promotion as a viable component of its work. It is increasingly aligning with actions on the social determinants of health and human rights treaties (31).

Threats to Health Promotion in Canada

Current trends, particularly the changing political landscape and global economic and political uncertainty are potential threats to the field of health promotion. The media has not embraced the messages from health promotion beyond the lifestyle issue and the field is not closely engaged with the critical discussions of eco-system decline and climate change.

Political Landscape

Some believe that the current ideological discourse in Canada is characterized by the dominance of the marketplace and a limited role for government. Government cutbacks on social expenditures can result in increased wealth inequities and economic instability. Therefore, health promotion policies become difficult to implement under market fundamentalism, a belief that a free market provides a natural equilibrium resulting in the greatest social well-being and equity (20). There is continuing debate as to whether health promotion can thrive in this type of environment; government social expenditures are reduced, program cuts, privatization thrives, government control decreases and society's social safety net is systematically weakened (17).

Economic Conditions

Canadian economic conditions can be characterized in terms of accelerated industrialization and growth, increasing private sector power in pursuit of profit and accumulation of wealth (17, 23, and 32). The public's health is at risk as more power is given to the marketplace, particularly private corporations that are required to maximize their profits (31). Canadian society is currently valuing short-term profit and accumulating wealth (23) which can result in negative consequences (32). Furthermore, the current western culture values "growth" as a sign of progress; however, this way of life is causing the widening of wealth disparities and of health inequities (34). As a result, a sense of community becomes distant as individuals compete with each other and more people are pushed into poverty.

Media Focus

Perhaps as a result of the lack of clearly aligned and consistent health promotion messages on the part of all Canadian jurisdictions and sectors, the Canadian media continue to focus on a healthy lifestyles discourse while failing to acknowledge the social determinants of health (35). As a result, it becomes difficult for the public to become advocates of health promotion programs and policies fostering positive outcomes for all Canadians, rather than falling into a lifestyle only victim-blaming mentality. Given the fact that the media is a powerful education tool, the acceptance of health promotion as a legitimate area of work is threatened.

Eco-system Decline

The eco-system is deteriorating with the depletion of non-renewable resources, climate change and peak oil, resulting in substantial impact on food security, stability of health systems, resource conflict and health inequalities. The political ideology and rapid population growth are factors in the depletion of non-renewable resources. In addition, the economy of production and consumption play a role in the high level of greenhouse gas emissions (22, 25). Ecological degradation, climate change and peak oil are deemed a triple threat to the earth's ecosystem (22,25) which has the capacity to influence food security, amplify resource conflicts and create instability in health systems (22,25). Addressing the triple threat may be difficult because social change is inhibited by the socially and psychologically entrenched ways of living and accepted ways of thinking.

Uncertainty

It is difficult for health promotion in Canada to find stability in conditions of uncertainty and accelerated change. In addition, health is influenced by all other sectors and therefore the context of the field of health promotion in Canada will remain uncertain and constantly evolving.

Possible futures for Health Promotion in Canada

We see two possible futures for health promotion in Canada – one largely pessimistic, in which the field declines and has little influence – and the other fairly optimistic, in which the disparate threads of health promotion are united in a common direction and the field solidifies and reaches its full potential.

Pessimistic scenario

Health promotion in Canada will not attain a higher profile or greater visibility. The weaknesses as discussed above can be matched with the existing threats. The uncertain conditions cannot be overcome without unified leadership at the national level. Health promotion has no unified goals and lacks direction. Health promotion practitioners continue to work invisibly in various sectors. The type of economic growth is a factor in ecosystem decline; this decline has a significant health impact yet health promotion continues to ignore how ecological health mediates other determinants of health. The ecosystem is spiralling downwards, contributing to increasing health inequalities, poverty and ill health. Health promotion is no longer relevant as the focus will be to meet basic human needs. There is a continued overemphasis of the healthy lifestyles discourse supported by the current political landscape. The media fuels this weakness by not acknowledging the importance of the social determinants of health. Government power is limited and society is ruled by the marketplace. Therefore, responsibility for health is shifted from the government to the individual. However, individuals lose control over their health as capitalism and privatization have taken priority over human development. As a result, the health of Canadians declines.

Optimistic scenario

Health promotion in Canada gains status and successfully permeates all sectors. Strengths can be matched with opportunities. Health promotion's foundational values and principles match with social movements on equity and social justice. As a result, health promotion becomes part of these broader social movements. This also opens up the option to address how health promotion aligns with ecological health. A strong and diverse infrastructure is conducive to achieving leadership both outside the government and at all levels of government including federal, provincial, territorial, and municipal. This new leadership and the re-established international reputation of Canada support the ability to collaborate and share knowledge globally. In addition, national leadership can facilitate the development of healthy public policy and having a critical socio-political lens for health promotion practice. Also, evidence-based action can be achieved because of the strong research component of health promotion and the dedicated and engaged practitioners that apply this key resource to their practice.

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Appendix B: Program of the Workshop

PROGRAM

Workshop on “The Future of Health Promotion in Canada”

Salon 9, Shaw Conference Centre

Edmonton, Alberta

June 11, 2012

1:00-1:10: Background and objectives of workshop

1:10-1:20: Summary of key elements of background paper

1:20-2:30: Small Group Discussions at tables using specific issues suggested in the background paper – based on the 4 elements of the SWOT analysis





2:30- 2:50: Reporting back









2:50-3:50: Plenary discussion on how to go forward

3:50-4:00: Closing Comments

4:00-5:00: Launch of the third edition of “Health Promotion in Canada”

Appendix C: Postcard

<p>The Future of Health Promotion in Canada</p> 	<p>The Future of Health Promotion in Canada</p> 
<p>The Future of Health Promotion in Canada</p> 	<p>The Future of Health Promotion in Canada</p> 

<p>From : </p> <p>My personal commitment to strengthening health promotion in Canada is :</p> 	<p>To : </p> <p>My personal commitment to strengthening health promotion in Canada is :</p> 
<p>From : </p> <p>My personal commitment to strengthening health promotion in Canada is :</p> 	<p>To : </p> <p>My personal commitment to strengthening health promotion in Canada is :</p> 

Appendix D: List of participants

Donna Baird, University of Calgary

Margot Biro, Community Member

Jason Bostick, Alberta Health Services

Judy Burgess, University of Victoria (Facilitator)

Simon Carroll, University of Victoria (Facilitator)

Siu Mee Cheng, Ontario Public Health Association

Sarah Cosco, University of Alberta Public Health Graduate Student (Recorder)

Sophie Dupéré, Université Laval (Organizer, Presenter, Facilitator)

Peggy Edwards, Consultant (Facilitator)

Carla Eskow, Concordia University College of Alberta

Beth Evans, Alberta Health Services

Laura Ewart, Northern Health

Song Gao, Alberta Health Services

Lucie Granger, Association pour la santé publique du Québec

Marcia Hills, University of Victoria (Facilitator)

Trevor Hancock, University of Victoria

Maricon Hidalgo, University of Alberta Public Health Graduate Student (Recorder)

Tammy Horne, Consultant

Charlene King, University of Alberta Public Health Graduate Student (Research Assistant, Presenter, Facilitator, Recorder)

Janice Miller, Alberta Health Services

Michael O'Neill, Université Laval (Organizer, Presenter, Facilitator)

Heather Ouellette, University of Northern British Columbia

Ellen Pearce, Alberta Health Services

Ann Pederson, B.C. Centre for Excellence for Women's Health (Organizer, Presenter, Facilitator)

Janelle Pellizzari, Alberta School Employee Benefit Plan
Lisa Richards, Winnipeg Regional Health Authority

Kerry Robinson, Public Health Agency of Canada

Tanis Robinson, Medicine Hat College

Irving Rootman, Public Health Association of British Columbia (Organizer, Presenter, Facilitator)

Baldev Sandha, Alberta Health Services

Faye Skaarup, Horizon Health Network

Jane Springett, University of Alberta

Malcolm Steinberg, Simon Fraser University

Alison Stirling, Health Nexus (Facilitator)

Barbara Willet, Health Nexus

David Williams, Thunder Bay District Health Unit

Sharlene Wolbeck Minke, SWM Consulting

Alysha Visram, University of Alberta Public Health Graduate Student (Recorder)

Tin Vo, University of Alberta Public Health Graduate Student (Recorder)

Valerie Walker, Public Health Agency of Canada

Mary Jane Yates, Public Health Agency of Canada

Lyann Yates, Health Canada