

“Health Promotion: Alive and Kicking”

Report on a Workshop at the 2013 Canadian Public Health Association Conference

Ottawa, June 10, 2013

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Executive Summary

Following a workshop on the Future of Health Promotion in Canada at the 2012 Canadian Public Health Association Conference (CPHA) in Edmonton, a workshop was organized for the 2013 CPHA Conference in Ottawa. The learning objectives of the workshop were as follows:

1. Analyze the current state of health promotion in Canada;
2. Propose one or more mechanisms for strengthening Health Promotion capacity in Canada;
3. List factors to consider in developing a multisectoral action planning framework for the future of health promotion in Canada.

72 participants attended the workshop representing a wide geographical range across Canada. The workshop consisted of three short presentations, small group discussions and a plenary session. The presentations consisted of a review of a SWOT analysis (strengths, weaknesses, opportunities and threats) from the 2012 workshop and introduced emerging health promotion frameworks. Participants were asked to answer the following three questions:

i) What do you *expect* to see coming out of this workshop?

Most participants expected to see the development of a national conversation on health promotion that includes other sectors, more emphasis on health promotion by CPHA, increasing opportunities for dialogue. Increasing dialogue could be facilitated through the establishment of a common or collective channel of communication and renewed leadership in health promotion.

ii) What would you *like* to see coming out of this workshop?

Participants would like to see health promotion knowledge accessible and utilized through interactive knowledge banks and knowledge exchange with a wide audience including practitioners, researchers, policy-makers and health promotion and public health professional associations. They would also like to see improved awareness regarding health promotion best practices by creating national health promotion standards where health promotion values and principles are stated in a consistent manner with approaches as to how these standards and practices can become incorporated into public health work. Some groups also noted that they would like to see clear priorities identified which would require a realistic decision about the next steps for this group.

iii) What would you *love* to see coming out of this workshop?

Participants would love to see health promotion taking an intersectoral and inter-disciplinary approach working from the bottom-up on issues of inequity, sustainability and the social determinants of health. Participants suggested that sectors outside the health would be also reached. Furthermore, they would love to see health promotion better known and understood, by the public and decision-makers and recognized for its mandated role and as a leader in public health and prevention.

The participants also considered the question of which of four options to choose for a Pan-Canadian mechanism for guiding health promotion development and action in Canada. Options included a stand-alone organization, a virtual organization, an affiliated organization and the status quo. A consensus could not be achieved among the participants. However, during the plenary discussion participants emphasized the importance that the operating foundations of any future collaboration be based upon common values. Here, the creation of a health promotion organization was identified as one means to assure a consolidation in common working values in addition to facilitating access to a health promotion forum and wide diffusion of promising practices throughout the country.

Immediately following the workshop there was a considerable amount of enthusiasm and interest in developing a Pan-Canadian Collaborative or “community of practice” through email communication and other means. Through this follow-up, it has become known that the Pan-Canadian Committee on Health Promoter Competencies has recently received funding to validate health promoter competencies at the national-level and subsequently create a national network of those working as Health Promoters (in public health and the community). This work will support the desire for an established standard that can be used by the field across Canada. Members of this group will remain connected with this process, and ways for cross-collaboration will be explored.

The workshop organizing committee has agreed to move forward, beginning with drafting and disseminating this report, creating an interim steering committee, creating an online space and drafting a mission, mandate and objectives for this Pan-Canadian Collaborative for the Promotion of Health and Well-being.

Résumé exécutif¹

Un atelier portant sur l'avenir de la promotion de la santé au Canada a été organisé dans le cadre de la conférence de l'Association Canadienne de Santé Publique (ACSP) tenue à Edmonton en 2012. C'est dans le prolongement de cette activité qu'un second atelier a été organisé à Ottawa en 2013, à l'occasion de la dernière conférence de l'ACSP. Les objectifs d'apprentissage poursuivis dans le cadre de cet atelier étaient les suivants :

1. Analyser l'état actuel de la promotion de la santé au Canada ;
2. Proposer un ou plusieurs mécanismes pour renforcer la capacité de la promotion de la santé au Canada ;
3. Identifier les facteurs essentiels au développement d'un cadre de planification et d'action multisectoriel pour l'avenir de la promotion de la santé au Canada

72 participants provenant de différentes régions du Canada ont assisté à cette rencontre. L'atelier a débuté par 3 courtes présentations, suivies de discussions en petits groupes et d'une séance plénière. Les 3 présentations avaient pour but d'une part de passer en revue les forces, les faiblesses, les possibilités et les menaces de la promotion de la santé au Canada identifiées lors de l'atelier de 2012, et d'autre part, d'introduire de nouveaux cadres d'analyse de promotion de la santé. À la fin des présentations, les participants ont été invités à répondre aux trois questions suivantes :

I) Quelles sont vos attentes à l'issue de cet atelier?

D'après les propos recueillis, la plupart des participants s'attendent à l'amorce d'un dialogue national sur la promotion de la santé, et que d'autres secteurs d'activité prennent part à la discussion. En outre, les participants s'attendent à ce que l'ACSP mette dorénavant plus d'accent sur la promotion de la santé et, à voir les opportunités de dialogue se multiplier. Selon eux, la mise en place d'un réseau de communication et le renouvellement du leadership en promotion de la santé pourraient faciliter et dynamiser le dialogue.

II) Que voudriez-vous voir émerger à l'issue de cet atelier?

Les participants souhaiteraient que les connaissances relatives à la promotion de santé soient accessibles via des banques de savoirs et que l'échange et le partage de connaissances s'intensifient notamment entre les praticiens, les chercheurs, les décideurs et les associations professionnelles de promotion de la santé et de santé publique. Les participants aimeraient aussi que les personnes soient davantage sensibilisées aux *pratiques exemplaires* en promotion de la santé. Selon eux, créer des standards nationaux en promotion de la santé où les valeurs, les principes et les approches de promotion de la santé sont clairement énoncés, et intégrés de manière cohérente à la pratique en santé publique. Certains participants souhaiteraient que le

¹ Translated by Sophie Dupéré, Thérèse Yéro-Adamou, Georges Batona & Jacky Ndjepel

comité organisateur identifie clairement ses priorités et prenne des décisions concrètes et réalistes concernant les prochaines étapes.

III) Qu'aimeriez-vous idéalement voir émerger à l'issue de cet atelier?

Les participants aimeraient que la promotion de la santé s'inscrive dans l'intersectorialité et l'interdisciplinarité et qu'elle adopte une approche ascendante de type « bottom-up » pour traiter des questions d'iniquités, de développement durable et de déterminants sociaux de la santé. Pour les participants il est important que les secteurs d'activités autres que celui de la santé soient également rejoints. De plus, ils souhaiteraient que la promotion de la santé soit plus connue et mieux comprise par le public et les décideurs, que son rôle soit apprécié à sa juste valeur, mais aussi, qu'elle soit reconnue comme un leader en santé publique et en prévention.

Les participants ont également discuté du mécanisme pancanadien à privilégier pour guider le développement de la promotion de la santé au Canada. Il leur a été demandé de faire un choix parmi les quatre options suivantes : créer une organisation autonome, une organisation virtuelle, une organisation affiliée ou au contraire, opter pour le statu quo. Aucune des propositions formulées n'a fait l'objet d'un consensus. Cependant, lors de la plénière, les participants ont insisté sur l'importance d'ancrer toutes futures collaborations dans les valeurs communes. La création d'une organisation de promotion de la santé a été identifiée comme l'une des mesures permettant la consolidation de ces valeurs. D'autres moyens identifiés seraient de faciliter l'accès à un forum de promotion de la santé et de diffuser largement les pratiques exemplaires à travers tout le Canada.

Suite à l'atelier, il y a eu un enthousiasme et un intérêt considérable à développer une collaboration pancanadienne ou de créer une « communauté de pratique » qui communiquerait soit par voie électronique (e-mail), soit via d'autres moyens de communication. Le comité organisateur a appris qu'un comité pancanadien sur les compétences des promoteurs de la santé a récemment reçu des fonds pour valider les compétences des promoteurs de la santé au niveau national et créer un réseau national regroupant les personnes œuvrant en promotion de la santé (en santé publique et de la communauté). Ce travail va contribuer à l'établissement de standards en promotion de la santé à travers le Canada. Les membres de notre comité organisateur suivront avec intérêt l'évolution de cette initiative et exploreront les possibilités de collaborations.

Le Comité organisateur de l'atelier s'accorde pour dire qu'il est maintenant important d'aller de l'avant. La toute première étape sera d'achever la rédaction de ce rapport pour pouvoir ensuite le diffuser. Quant aux étapes suivantes, il s'agira de former un Comité de direction intérimaire, de créer un espace virtuel, mais aussi de travailler à la rédaction de la mission, du mandat et des objectifs de ce réseau pancanadien pour la promotion de la santé et le bien-être.

Introduction

Background

At the Canadian Public Health Association (CPHA) Conference in Edmonton in 2012, several of the organizers of the 2013 workshop² organized a pre-conference workshop on the Future of Health promotion partially supported by the Public Health Agency of Canada in which participants reviewed and discussed a SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis of health promotion in Canada based on publications and presentations during the 25th anniversary year of the *Ottawa Charter for Health Promotion* which occurred in 2011. The proceedings and outcome of the 2012 workshop were summarized in a report in both English and French posted on the website of the Public Health Association of British Columbia (PHABC)³.

Given that most of the 41 participants in the 2012 workshop were from Western Canada, the organizers promised to hold a workshop at the 2013 CPHA Conference to engage a broader audience from across Canada in a discussion about the future of health promotion in Canada and to pursue the reflections of the 2012 workshop. To this end, they assembled a larger organizing committee from across Canada, most of whom were at the Edmonton workshop, and submitted an abstract to CPHA to hold this follow-up workshop in the 2013 Conference. The abstract was accepted and a larger group⁴ planned this workshop through a series of teleconferences from March to June, 2013.

Objectives

The learning objectives of this workshop were to:

1. Examine the current state of health promotion in Canada;
2. Propose one or more mechanisms for strengthening health promotion capacity in Canada;

² Irving Rootman, Ann Pederson, Michel O'Neill and Sophie Dupéré

³ http://www.phabc.org/userfiles/file/CPHA-HPworkshop_reportFINAL_EN.pdf and http://www.phabc.org/userfiles/file/CPHA-HPworkshop_reportFINAL_FR.pdf.

⁴ Paola Ardiles, Sherri Bisset, Sandra Crowell, Sophie Dupéré, Jean-Marc Dupont, Suzanne Jackson, Charlene King, Ann Pederson, Irving Rootman, Jane Springett, Alison Stirling

3. Identify factors to consider in advancing a multisectoral action for the future of health promotion in Canada.

Workshop Participants

As expected, this workshop had 31 more participants than the Edmonton workshop and the participants constituted a broader representation of provinces and territories from across Canada with at least one person from every Province and Territory with the exception of Manitoba, Northwest Territories and the Yukon (See Appendix A for list of participants). In addition, the participants came from a number of areas including academic/research, government, local public health, voluntary organizations and the private sector. All of the participants were from Canada with the exception of one person from South Africa, another from France, a third from Scotland and a fourth from the United States. Almost all were associated with the field of health with the possible exception of two from other sectors (corrections, and recreation). There were five students present, three of whom helped with the registration and took notes during the workshop.

Format of Workshop

Following a brief welcome and introduction to the workshop by Irving Rootman, Paola Ardiles, the workshop facilitator, was introduced and outlined the program (See Appendix B).

Paola invited participants to join one of six tables around the meeting room, each of which had a facilitator assigned to it and one of which was designated to be held in French. Each table was asked to choose a note-taker, read options for mechanisms (See Appendix C), introduce themselves, choose a preferred option and discuss the following questions: 1) What do you *expect* to see coming out of this workshop?; 2) What would you *like* to see coming out of this workshop?; and 3) What would you *love* to see coming out of this workshop? Responses were to be recorded on flip charts. After 30 minutes of discussion, each group was asked to report back to the plenary and to participate in an open discussion around conclusions and moving forward facilitated by Paola Ardiles.

Irving Rootman closed the workshop with thanks to presenters, the planning committee, recorders and facilitators, student helpers, CPHA and workshop participants.

About this Report

This report was drafted by Irving Rootman, Alison Stirling and Charlene King based on notes provided by the three students from Laval University (Thérèse Yéro-Adamou, Georges Batona & Jacky Ndjepel) as well as material derived from the report on the 2012 workshop, notes from a teleconference and observations of the authors. Drafts were reviewed by the

members of the organizing committee as well as other participants in the workshop and modified accordingly.

Summary of Workshop Discussions

Presentations

The first brief presentation by Sophie Dupéré summarized the SWOT Analysis completed for the 2012 workshop, including the comments and suggestions made by the 2012 workshop participants (See Appendix D and the 2012 Workshop Report).

The second presentation, by Ann Pederson, presented an innovative “Framework for Gender Transformative Health Promotion for Women” developed by the “Promoting Health in Women” project located at the British Columbia Centre of Excellence for Women’s Health which she directs (See Appendix E).

The third presentation by Jean-Marc Dupont was a “Health Promotion Life Course Framework” originally developed for the Public Health Agency of Canada under his leadership (See Appendix F). Paper copies of the S.W.O.T analysis, the two frameworks and the list of options and instructions were provided for participants use during the small group discussions.

Small Group Discussions

The discussions of each of the small groups are summarized in Appendix G and H.

Responses to the question “**What do you expect to see coming out of this workshop?**” were:

- Development of a more robust theoretical framework.
- Health promotion reaching out other sectors.
- CPHA putting more emphasis on health promotion this year.
- Development of a critical mass within the field.
- A national multisectoral conversation on health promotion.
- Recognition that a circle of leaders is needed to advance this dialogue
- A mechanism to provide leadership that is not bureaucratic and limited in scope

Responses to the question “**What would you like to see coming out of this workshop?**”

- A renewal of leadership. There is a feeling that we are losing some of the older leaders. Looking for young blood.
- CPHA acting as a beacon for health promotion.
- The mobilisation of user knowledge in our frameworks to build a national health promotion movement.
- Health promotion standards at national level (just like public health standards).
- Interactive knowledge banks.
- A health promotion association which adopts a role of lobbying, marketing and knowledge broker.
- Development of leadership in health promotion.
- A clear articulation of health promotion in terms of definition, roles, values and principles.
- Creation of a space for dialogue between researchers, practitioners and policies makers.
- Establishment of a connection with sustainable development to ensure a better integration of health in sustainable development.
- A model with clear priorities.
- Maintenance of best practices.
- End of “pilot” projects.
- Adoption of intersectoral and interdisciplinary approaches
- Knowledge transfer and knowledge mobilisation with different audiences (media, public, community and government).
- Principles and values of health promotion incorporated.
- A realistic decision about next steps, in terms of what we might do next in this group.
- A discussion of the concept of health promotion, what we are looking for and what are the gaps.
- Creation of links between existing health promotion and Public Health professional associations at the provincial level.

Responses to the question “**What would you love to see coming out of this workshop?**” were:

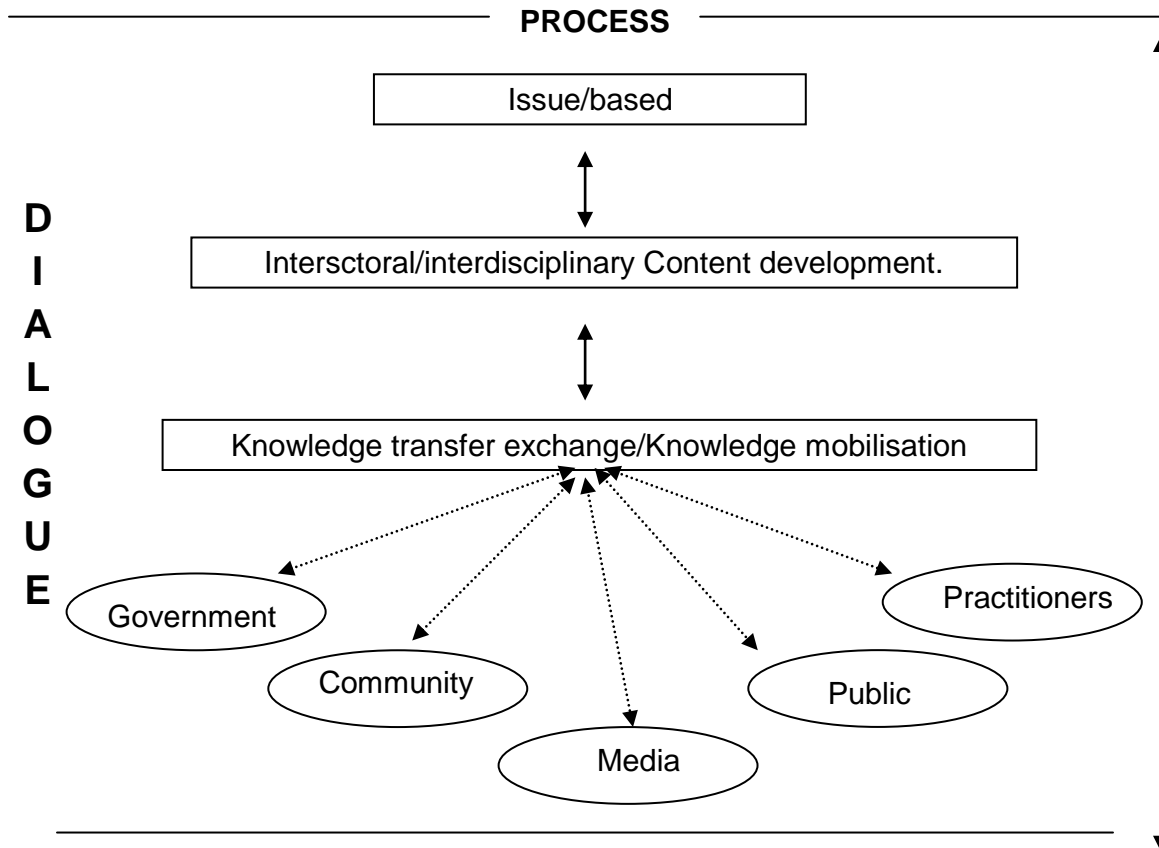
- Health promotion recognised by the health field as the mechanism for prevention and population health.
- A better and common understanding of health promotion among the public and decision makers.
- Expansion of intersectoral networks.

- A focus on (1) inequity and (2) social determinants of health/structural factors.
- Outcomes especially on social determinants of health (Necessity to have structural changes).
- Becoming anchored in the practice of non-governmental organisations and civil society.
- Collaborations and intersectoral approaches
- Sustainable funding.
- Health promotion organized but not becoming an organisation.
- Building or development of policies from the bottom up to the federal level.
- Identification of mechanisms that focus on what is working.
- An integrated intersectoral and Interdisciplinary approach
- Recruitment of a group of champions from different sectors or organisations and not just from public health.
- A reframing of health promotion to deal with issues about language: Should we use the term “health promotion”? How to connect with other sectors of activity that actually use health promotion but that do not see themselves as part of health promotion?

The groups also considered the question of which of the four “mechanism” options to choose. Four of the groups were not able to reach an agreement on which option they preferred and the others seemed to prefer different options. For example, one group preferred a “stand-alone organisation” that works with other sectors and disciplines. Another preferred a “virtual organization” that was either affiliated with CPHA but clearly distinguishes itself within Public Health, or an independent association with a strong leadership (which distinguishes itself from Public Health). The third preferred an “affiliated organization” but one affiliated with multiple organisations (i.e. decentralised affiliation).

Two of the groups also developed diagrams to illustrate their discussion of some of the issues and what needs to be done to address them. The first one is a diagram to illustrate the process related to dialogue needed to renew health promotion (See Figure 1 and Appendix H).

Figure 1: Process Related to Dialogue in Health Promotion



The second was a diagram to illustrate the development of a new process to define health promotion (See Appendix G)

Plenary

Following the small group discussion, a plenary session heard reports from the small groups (See Appendix H). Participants were invited to comment. The following were comments made in response to this invitation:

One person noted that although she does not have Canadian experience, when she was working in health promotion in China, her objective was to look for the common values in people, in order to involve more people working together.

Another suggested that we should focus on “Equity”

A third expressed the view that: “We do not have a problem with what the values and principles of health promotion are. They are written in the Ottawa Charter: these are *empowerment, participation, equity*. These are basics of health promotion, this is not to debate. The real issues are how do we make it clear and how do we encourage people to put investments in and collaborate on”. He mentioned that he is personally engaged at the level of building healthy public policies.

Another participant who is an independent public health practitioner liked the idea of bringing people together in health promotion by creating an organisation. He noted however that such a process is difficult even though we have the knowledge and facts. He suggested that we have to focus more on the outcomes and on how we can make change in our culture, and how we can bring people to make good choices for their health.

Finally, a participant suggested that “it is more important to focus on mobilisation and build actions in the future which involve community”.

Conclusion

Irving Rootman noted that in addition to producing a report, the organizers of the workshop suggested that following the workshop it might be possible to establish a blog where information from this workshop and the 2012 workshop could be posted to facilitate the dialogue started in both workshops. They also thought that a leadership group can emerge after the meeting and that people who are interested should be invited to join. He invited young people to take the lead. In concluding, he thanked the presenters, planning committee, facilitators, recorders, student helpers, and CPHA and workshop participants.

Post-Workshop Reflections

In the Workshop Room

Immediately, following the workshop a group of about twenty workshop participants gathered at the front of the room to reflect on the workshop. In general, they were enthusiastic about continuing the dialogue on health promotion that was started at the 2012 workshop and continued this year and urged the workshop organizers to find a means of doing so. In

response, one of the organizers, Jane Springett (Director, Centre for health promotion, University of Alberta) based on her own successful experience in the U.K., suggested that we:

1. Initiate a Pan-Canadian Collaborative/Network for the Promotion of Health and Wellbeing;
2. Formulate some aims and objectives;
3. Set up a website simply stating in the first instance that we exist as an entity;
4. Invite others to join us;
5. Set up a small steering group.

This suggestion seemed to resonate with those who were present and one person (Malcolm Steinberg) suggested that we might refer to ourselves as the “Canadian Health Promotion Vanguard”. He also suggested the need to organize a conference on health promotion in the near future and suggested that we approach CPHA to see if they would be willing to do their next annual conference on the theme of “Renewing Health Promotion in Canada.”

By e-mail

In the few weeks after the workshop Irving Rootman received a number of emails related to the workshop. The first was from the students who produced a list of participants with e-mail address and summaries of the workshop small group and plenary discussions as well as a proposal to solicit involvement of students in creating a Pan-Canadian mechanism for the promotion of health and possibly, creating and leading a student group to work with a Steering Committee. A first step could be that they contact all the Canadian health promotion student associations to inform them that a pan-Canadian health promotion mechanism will probably be implemented and to explore if some students would like to get involved. The objective will be to recruit at least 2 contact students in each university to create a student network across Canada. The 2 students designated in each university will be charged to relay the information from the students to the steering committee and vice versa. Another way to recruit students could also be to contact all the Health promotion programs directors across Canada to ask them to disseminate the information (to the current and future students) through their list serve.

Jane Springett reiterated the suggestions that she made following the workshop. In addition, she suggested thinking about charging a small sum for membership to fund administration and considering other issues such as affiliation, conferences and position papers as the community of practice or “Collaborative” develops. She offered to contribute to leading this effort to renew health promotion in Canada at least over the short-term in her role as the Director of the Centre for Health Promotion Studies at the University of Alberta. Jean-Marc Dupont endorsed Jane’s ideas and offered to adjust the website that he is setting up for his Health Promotion Framework to accommodate the needs of “the Collaborative”.

Irving Rootman received a message from a workshop participant, Kevin Churchill, who attended the workshop on behalf of the Pan-Canadian Committee on Health Promoter Competencies. This committee of Health Promoters from across Canada has recently received funding from PHAC to continue developing a set of competencies for Canada, and to establish a national-level network to support those working in Health Promotion. A set of competencies has previously been validated in Ontario and partially in Manitoba. The 3-year project will support validating the competencies in up to three additional provinces/territories, and developing a workforce toolkit to equip and support health promoters in practice. Kevin noted that “that there is considerable alignment between the goals of your group and the Pan Canadian Competencies work, which is beginning to gear up” after a period of dormancy. He expressed interest in keeping in touch with people working on a national scale regarding the Competencies Project. He concluded by expressing the sentiment that “it was great to attend the session, and to see the interest in working towards some kind of national health promotion network”.

Finally, Irving Rootman received an e-mail from Marjorie MacDonald, President of the Public Health Association of BC, who was unable to attend the workshop but asked to be included in follow-up activities resulting from the workshop as may be the case with others who were unable to attend this workshop or last year’s workshop.

Meeting of the Organizing Committee

The entire workshop organizing committee met on June 28 by teleconference to reflect on the workshop and formulate a plan for moving forward. In terms of reflections, the committee members agreed that:

- Overall, the workshop was quite successful and provoked a lot of enthusiasm and good discussion as well as commitment to move forward to “renew health promotion in Canada.”
- However, the view was expressed that we may have been too ambitious in our objectives for the workshop given the amount of time that we had and some of the other constraints (e.g. in contrast to 2012, we didn’t know who and how many were coming in advance of the event).
- A number of people who attended didn’t have a background in health promotion but were interested in learning more. Also many participants came from a lifestyle perspective suggesting that there is a need to build capacity in that constituency as well.
- There are many students and alumni from health promotion programs across Canada that might be interested in getting involved in a renewal of health promotion.
- Many people are looking for a focus for their continued learning suggesting that there is an opportunity for helping people understand what health promotion is and what it has to offer

The Committee also agreed on the following plan for moving forward:

- Create an Interim Steering Committee to establish Pan-Canadian Collaborative for the Promotion of Health and Wellbeing (by October, 2013)
- Produce and disseminate a workshop report with input from the organizing committee and participants (by October, 2013)
- Establish an e-mail list starting with participants in 2012 and 2013 workshops and adding others who are interested (by November 2013)
- Draft a statement of mission, mandate and objectives with input from the e-mail list (by December, 2013)
- Establish a website to serve Pan-Canadian Collaborative for the Promotion of Health and Wellbeing (by December, 2013)
- Initiate development of a student group linked with Pan-Canadian Collaborative for the Promotion of Health (by November, 2013)
- Initiate establishment of a Pan-Canadian Collaborative for the Promotion of Health and Wellbeing (by December 2013)
- Invite others to join the Collaborative (by December 2013)
- Develop preliminary action plan for Collaborative for 2014 (by December 2013)
- Establish an inter-sectoral Steering Committee for Pan-Canadian Collaborative for the Promotion of Health and Wellbeing (by June, 2014)
- Initiate planning for Pan-Canadian Conference on Health Promotion (by December 2014)
- Establish working relations with other organizations with similar objectives such as CPHA, Social Determinants of Health Alliance and the Healthy Living Alliance (by December 2014)

The members of the workshop organizing committee agreed to provide the core membership for the Interim Steering Committee and are willing to organize monthly teleconference meetings of the Committee at least until the end of December, 2013.

Appendix A: List of Participants

Thérèse Adamou, Laval University
Emilie Baro, Public Health, Lille
Georges Batona, Laval University
Caroline Bergeron, University of South Carolina
Marianne Beaulieu, University of Montreal
Sherri Bisset, Laval University
Lynn Vivian Book, Newfoundland and Labrador Public Health Association
Diane Borg, Consultant
Kathleen Brennan, Government of PEI and Public Health Association of NB/ PEI
Janel Budgell, Government of Nunavut
Guicherd Callin, University of Quebec, Montreal
Simon Carroll, University of Victoria
Shawn Chirrey, Cancer Care Ontario
Michèle Charrier, Health Canada
Mitulika Chawla, PHAC
Candice Christmas, York University
Kevin Churchill, County of Lambton Community Health Services
Carolyn Cyr, Health Canada
Julie Dénommé, Sudbury and District Health Unit
Shannon Doram, Calgary YMCA
Maude Downey, M. Downey Consulting
Louis Dundon, Health Canada
Sophie Dupéré, Laval University
Lesley Dyck, National Collaborating Centre on Determinants of Health
Peggy Edwards, Chelsea Group
Bethany Elliott, Provincial Health Services Authority, BC
Ruth Fox, Public Health services Col-East Unit Health Authority, NS
Hélène Gagné, Ontario Neurotrauma Foundation
John Garcia, University of Waterloo
Norman Giesbrecht, Centre for Addictions and Mental Health, Ontario
Lucie Granger, Public Health Association of Quebec
Marcia Hills, University of Victoria
Linda Kessler, Northern Inter-Global Health (SK)
Adam King, Perinatal Services, BC
Karen Langevir, Public Health Agency of Canada
Nadine Larivière, University of Sherbrooke
Annie Laruche, University of Montréal
Anne Lebars, Correctional Services of Canada
Kevin Linn, Canadian Cancer Society
Suzette Llacer, University of Guelph
Brittany Lockwood, Simcoe-Muskoka Regional Cancer Program
Abiola Macrainguola, University of Sheffield
Julie Maher, Ontario Women's Health Network
Mary Martin-Smith, University of Saskatchewan
Tamara Ndaba, South African High Commission
Jacky Ndjepel, Laval University

Libby Oakley, Health Canada, FNIHB
Cathie O'Shea, University of New Brunswick
Beata Pach, Public Health Ontario
Ann Pederson, BC Center of Excellence for Women's Health
Dennis Raphael, York University
Andrea Reist, Region of Waterloo Public Health
Ben Rempel, Public Health Ontario
April Rietdyk, Chatham-Kent Public Health Unit
Shannon Robinson, Northwestern Health Unit, Ontario
Shirley Ann Rogers, Injury Free Nova Scotia
Irving Rootman, Public Health Association of British Columbia
Claude Rulan, Independent
Laure Sabatier, Queens University
Suneet Sandhu, Government of Nunavut Department of Health
Ashley Schofield, Durham Region Health Department
Jane Springett, University of Alberta
Malcom Steinberg, Simon Fraser University
Alison Stirling, Health Nexus
Sara Torres, University of Montreal
Marie Claude Tremblay, University of Montreal
Andrew Tugwell, Provincial Health Services Authority, BC
Jane Underwood, Mc Master University
Anita Verlangen, Saskatoon Health Region Health Promotion Department
Cathy Winters, Health Canada
Deborah Wood, York Region Public Health

Appendix B: Workshop Program

2:00-2:10: Introduction

- Welcome and background (Irving Rootman)
- Objectives and overview of program (Paola Ardiles)

2:10-2:30: Presentation of Analytical Overview

- SWOT analysis (Sophie Dupere)
- PHI Women Framework (Ann Pederson)
- Life Course Framework (Jean-Marc Dupont)

2:30-3:00: Vision Exercise about Pan-Canadian health promotion mechanisms in small group discussion facilitated by workshop organizers and others

3:00-3:20: Report back and large group discussion (Facilitated by Paola Ardiles)

3:20-3:30: Moving forward/next steps/conclusions/thank you (Facilitated by Paola Ardiles)

Appendix C: Instructions for Small Group Discussions

CPHA 2013 Workshop on the Future of Health Promotion in Canada

Instructions

A) Please choose a note-taker/reporter at your table.

B) Please read the following section on your own:

Options for a Pan-Canadian Mechanism for Guiding Health Promotion Development and Action in Canada

The Issue

Although there are some mechanisms for communication among people in Canada working or interested in health promotion there is no overall mechanism to guide and facilitate health promotion action in Canada in relation to capacity development, public education, collaboration and advocacy.

Options

The following are some options to consider if there is a desire in the health promotion community in Canada to address this issue:

1. *Stand Alone Organization:* An organization such as CPHA with a Board, paid staff, annual face-to-face meetings, committees, working groups, newsletter, conferences, Projects and other elements that National Organizations have.
2. *Virtual Organization:* An organization that operates entirely through electronic media with a Board or Steering Committee that may occasionally meet face-to-face in connection with conferences organized by other organizations (e.g. CPHA, CDPAC) that could have many of the same elements of a Stand Alone Organization with the possible exception of paid staff and annual face-to-face meetings.
3. *Affiliated Organization:* An organization that is affiliated with another larger organization such as CPHA that meets and sponsors events in connection with the Annual Conference of the larger Organization (e.g. Teachers of Community Health). It may have most or all of the elements of a virtual organization.

4. *Status Quo*: No new organization. Perhaps enhanced communication using existing mechanisms (e.g. Click4HP, OHPE).

C) In your small groups, please:

a) Introduce yourself and briefly share where you are located and what is your role in health promotion (e.g. research, policy, practice)?

b) Keeping in mind the 3 short presentations you heard in the workshop, please briefly discuss at your tables the issues and options presented above in the context of building an intersectoral and inter disciplinary Pan Canadian mechanism to strengthen health promotion capacity nationally.

i) What do you expect to see coming out of this workshop?

ii) What would you like to see coming out of this workshop?

iii) What would you love to see coming out of this workshop?

(Include some consideration to:

Resources needed? Who do we need to engage? What are the principles and values? How do we link to other social movements? Etcetera...)

Please take notes in accordance to the 3 questions above in order to facilitate large group discussion.

Thank you!

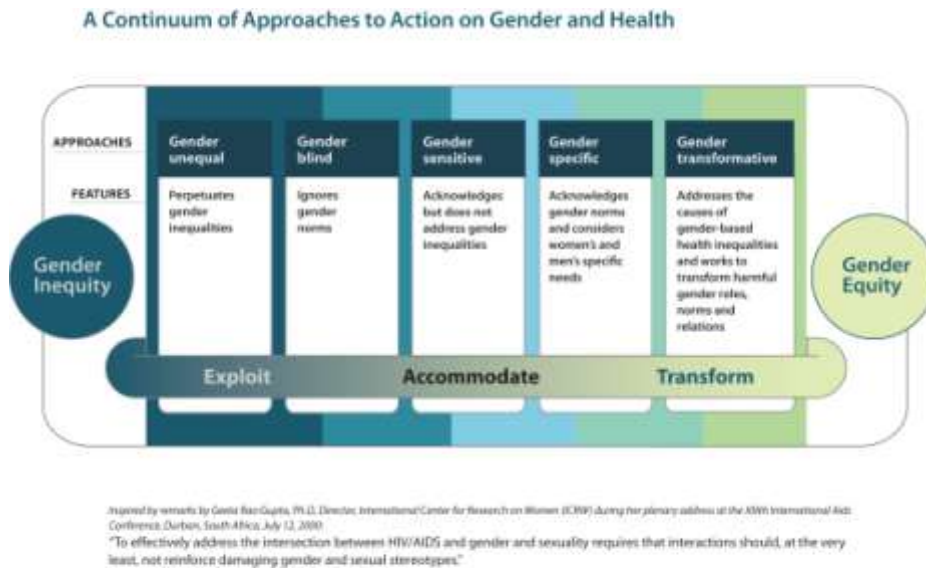
Appendix D: 2012 S.W.O.T. Analysis

Table 1: SWOT Summary: Health Promotion in Canada

Strengths <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 	Weaknesses <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 awareness and action 5) An overemphasis on the healthy lifestyles discourse 6) Gaps in evidence and evidence based implementation 7) Limited public policy development
Opportunities <ol style="list-style-type: none"> 1) Aligning with related social movements 2) Seeking leadership outside of the government 3) Building people-centred public policy outside of the health sector 4) Working with technology 5) Use of existing resources for evidence based action 6) Linking globally to share knowledge and build collaborations 7) Renewed interest 	Threats <ol style="list-style-type: none"> 1) Political context characterized by a limited role of government increases wealth inequities 2) Economic conditions; increased privatization and industrialization 3) Media fails to acknowledge social determinants of health 4) Ecosystem decline results in food insecurity, conflict and instability 5) Conditions that are uncertain and constantly changing

2012 workshop participants expanded beyond the above SWOT items identified by the literature review of the discussion paper. For examples, 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.

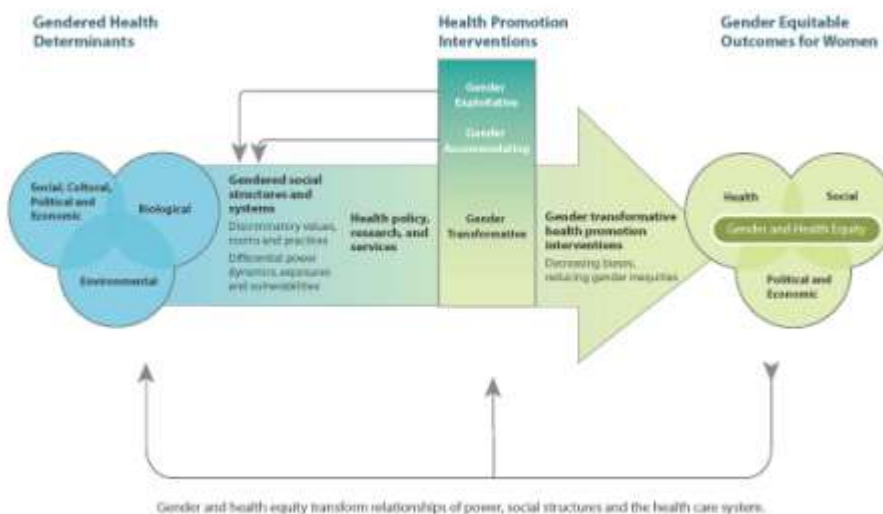
Appendix E: Framework for Gender-Transformative Health Promotion for Women



Phi Women: promotinghealthinwomen.ca
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A Framework for Gender Transformative Health Promotion for Women

Gender transformative health promotion strives to improve the health and status of women



Phi Women: promotinghealthinwomen.ca
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Appendix F: Health Promotion Life Course Framework

What it attempts to do

- **Avoid duplication** and “re-inventing the wheel”.
- **Connect** disparate, related initiatives and strategies at various levels and in various jurisdictions (e.g. child development + physical activity + nutrition + obesity + mental health + injury prevention + etc.)
- **Align** multisectoral efforts, initiatives, strategies, programs, policy development to maximize impact.
- Inspire and point towards a clear, measurable, common vision
- **Focus** decisions based **on evidence** of what works (be validated by experts).

Other considerations ...

- Focus on the promotion of **positive outcomes** (Health for All) and not just the prevention or elimination of negative outcomes for some.
- Ensure the outcomes can be **measured** and reported upon (“positive health surveillance”).
- Be **comprehensive, yet simple** enough to ensure understanding and buy-into.
- Be **flexible** enough to: be understood and implemented by various jurisdictions and stakeholders; allow for priority-setting; and allow for political “areas of emphasis”.
- Be academically, conceptually and programmatically **sound**.



Framework Structure

Seeks a balance between being a conceptual framework and an evidence-based action planning logic model.

1. Based on the entire life course approach.
2. Identifies the key successful developmental transitions Canadians should make throughout their life from pre-birth to death.
3. Allows for targeting positive health outcomes we would like to see all Canadians achieve as they transition.



Framework Structure

5. Focuses on what key influencing factors that determine the ability of Canadians to achieve positive outcomes.
6. Proposes evidence-based strategies for key determining factors of each outcome.
7. Highlights all sectors of society as contributors to the health of Canadians (socio-ecological approach).
8. Focuses on action alignment to maximize impact.

Appendix G: Summary of Small Groups

Group 1

EXPECT:

- To see/develop a more robust theoretical framework – while reaching out to other domains
- Some pan-Canadian representation
- That this year CPHA put more emphasis on health promotion
- Build critical mass

LIKE:

- Option 3
- Multisectoral, multidisciplinary
- Renewal of leadership (losing older leaders?)
- To see us mobilized. Take a health promotion approach to build an national health promotion capacity

LOVE:

- To see health promotion recognized as the mechanism for prevention /population health
- Better understanding of health promotion (public/policy)

Group 2

National Con → health promotion

Circle of leaders

LIKE:

National Health Promotion Standard

Interactive knowledge banks

LOVE:

Stand alone -- multisectoral

Group 3

EXPECT:

- Communauté virtuelle
- Une organisation → action (collaboration)

LIKE:

- Définition de la promotion de la santé
- S'ancrer davantage dans le concret (pratiques)
- Changements structurels (DSS)
- Collaboration nécessaire en Promotion de la santé
- Courtage de connaissances
- Diffuser ces connaissances (démocratiser)
- Leadership

Group 4

EXPECT:

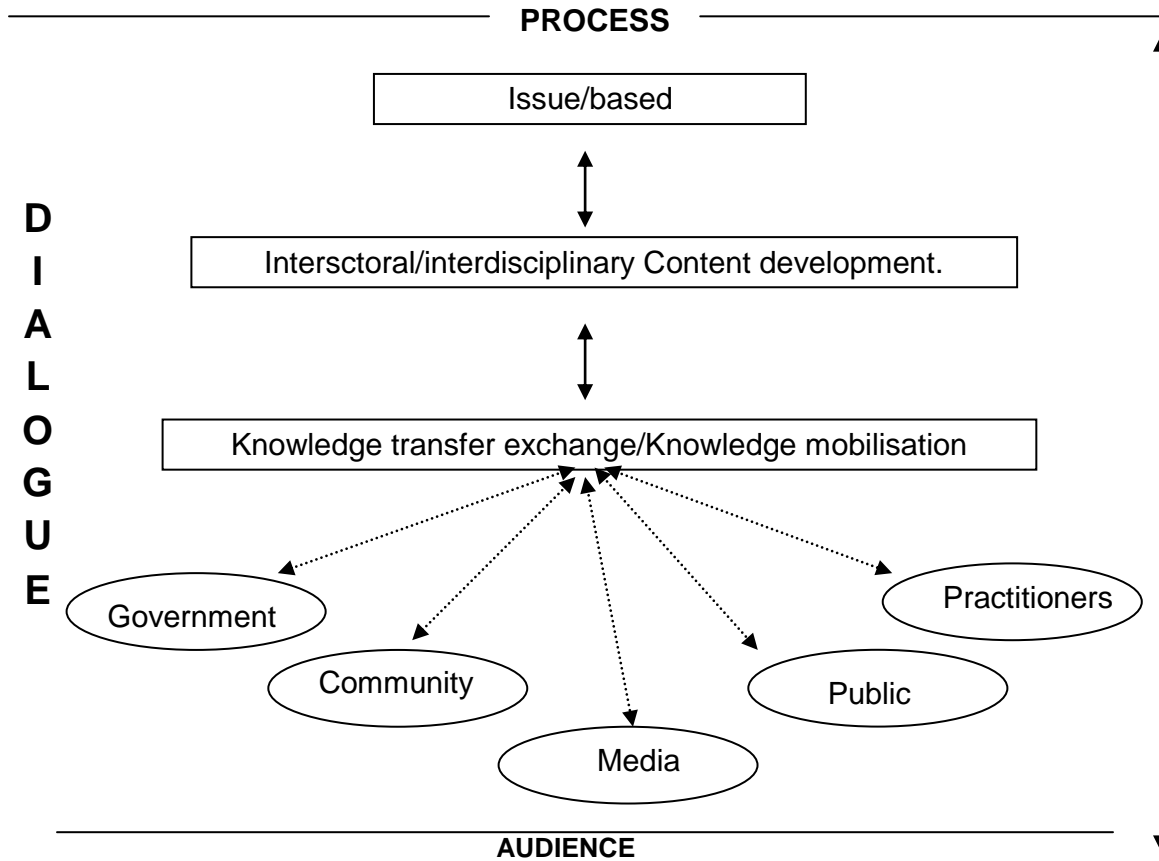
- A new organisation/ leadership... BUT limited in scope, bureaucracy, lacking holistic approach
- Clear priorities that existing groups/organisations can work (vs. creating new)

LIKE:

- Stewardship model that is permeable to bottom-up initiatives (contributors take ownership)
- Do not re-invent the wheel! Use what works.
- The end of pilot projects:

Organise Health Promotion vs. Create an organisation

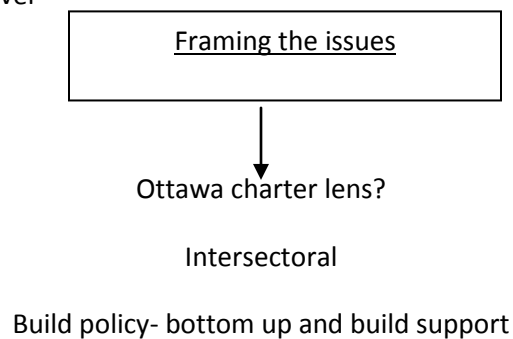
Group 5



Gap? Health Promotion?

EXPECT:

- Working at the community level
- Barrier at the politic level



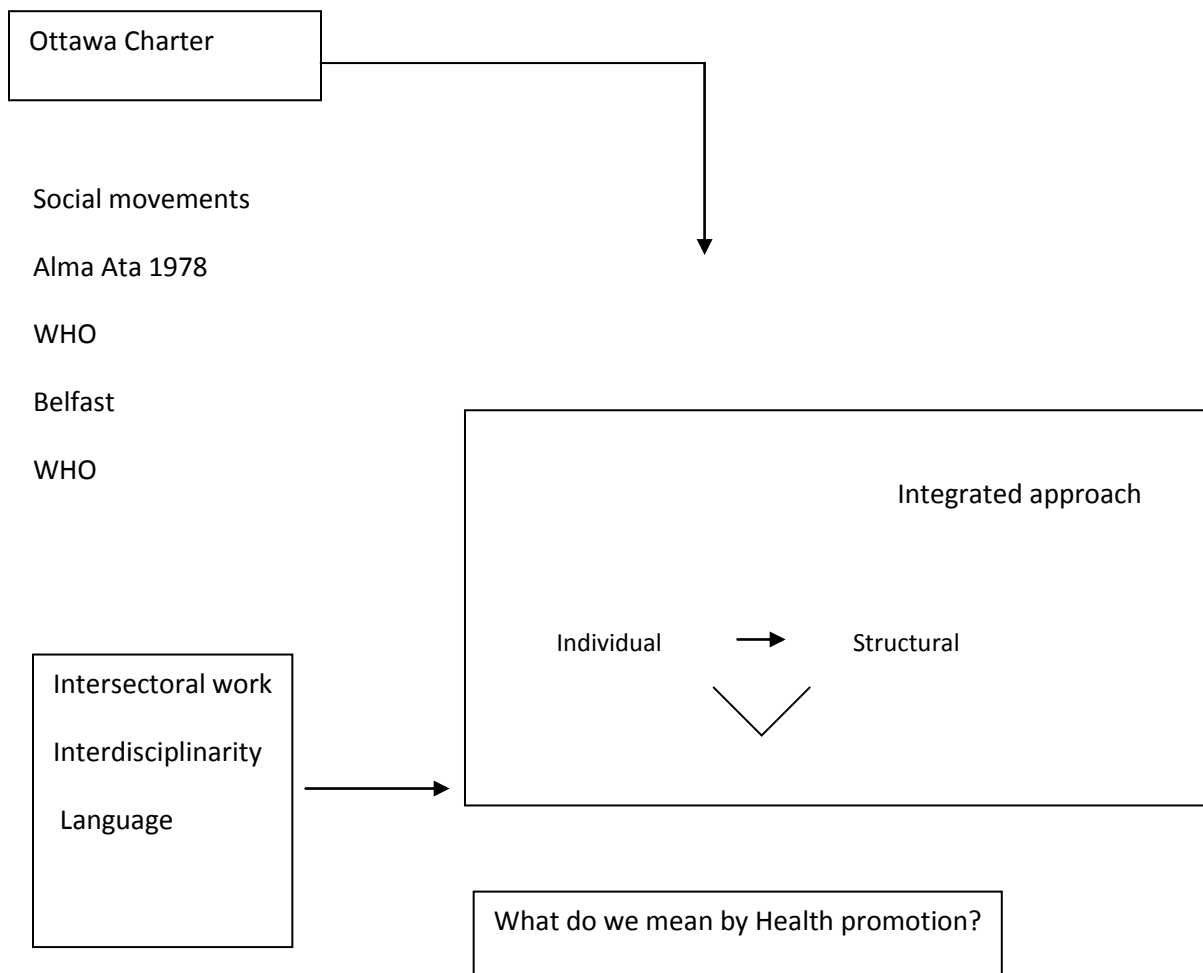
LOVE:

- Sustainable funding for best practices (eg. Policy)
- Wellness foundation (e.g. Alberta)
- Structures that enables: international collaboration ; training-education opportunities
- Communities of practice /share the responsibilities between sectors

Group 6

EXPECT/LIKE/LOVE

- We would love principles and values incorporated
 - Dialogue
-
- What is health promotion? Mutually encourage each other rather than separate projects



Group 7

EXPECT:

- Building on a discussion
- Go next with concrete outcomes
- Report

LIKE:

- Decision about next step

LOVE:

- How we recruit a group of champions (intersectoral)
- Reframing of health promotion (version 2.0)
- Affiliation/multiple networked/decentralized.

Appendix H: Summary of Final Plenary Notes

Summary: Plenary notes compiled by Thérèse Yéro-Adamou, Georges Batona, Jacky Ndjepel

	Expect	Like	Love	Option
Group 1	<ul style="list-style-type: none"> -To see /to develop a more robust theoretical framework -An HP which is reaching out other domains -To see the CHPA puts more emphasis on HP this year -To build a critical mass within the field 	<ul style="list-style-type: none"> -To see more multisectoral and multidisciplinary approaches -A renewal of leadership. There is a feeling that we are losing some of the older leaders. Looking for young blood. -CPHA should act as a beacon for HP -A real need to mobilise user knowledge in our frameworks to build a national HP movement. 	<ul style="list-style-type: none"> To see HP recognised as the mechanism for prevention and population health -A better and common understanding of HP among public and decision makers 	They were not able to have a consensus around a pan Canadian organisation would look like. But, it is clear that something is needed. Maybe the option 3, but there was no consensus.
Group 2	-A great national conversation on HP. This should be	-To have HP standards at national level (just like public	To work with other sectors	-Option 1 (a Stand-alone organisation)

	<p>multisectoral</p> <p>-A circle of leaders is needed</p>	<p>health standards)</p> <p>-To have interactive knowledge banks (best practices could be a stored hand access)</p>		<p>An organisation who works with other sectors and disciplines.</p>
Group 3 (francophone)		<p>-To develop an association which adopts a role of lobbying, marketing and knowledge broker</p> <p>-To develop leadership in HP</p> <p>-To clearly put forward HP in terms of definition, roles, values and principles</p> <p>-To create a space of dialogues between researchers, practitioners and policies makers</p> <p>-To make connection with sustainable development and to ensure a better integration</p>	<p>-The ideal is a focus on (1) inequity and (2) social determinants of health/structural factors.</p> <p>- To have outcomes especially on social determinants of health, and not on health in general (Necessity to have structural changes)</p> <p>-Need to be anchored in the practice of non-governmental organisations and civil society.</p> <p>Collaborations and intersectoral approaches are required</p>	<p>Option 2 (a Virtual organisation) based on the use and integration of social media. This will facilitate access and a large diffusion throughout the country. However, face to face meetings are also needed (interactions are required).</p> <p>-Two options were identified:</p> <p>(1) To create an association affiliated to the CPHA but which clearly distinguishes from Public health</p> <p>(2) To create an independent association with a strong leadership (which always</p>

		<p>of health in Sustainable Development</p> <p>-To make sure to create links between existing HP and Public Health professional associations at provincial level</p>		distinguished from Public health).
Group 4	A mechanism to provide leadership that is not bureaucracy and limited in scope	<p>To see a model with clear priorities</p> <p>To continue to maintain best practices but they would like to see the end of the pilot projects</p>	<p>-Sustainable funding</p> <p>-To see the HP organized but not become an organisation</p> <p>-Mechanisms that really focus on what is working</p>	
Group 5	<p>Before deciding which organisation we should create, we need to discuss of the concept of health promotion, what we are looking for and what are the gaps. So this group did not try to identify what the organisation does look like and preferred focus their discussion on the process. 2 issues were identified:</p> <p>1) We are working at the community level in term HP but there are barriers at the political level. How do we overcome this issue? Should we act through an organisation or a framework? This supposes two different strategies.</p> <p>2) Do we go back to Ottawa Charter and use that lens as a framework for how to proceed. Everyone agreed that we need to adopt intersectoral and interdisciplinary approaches, given the nature of social determinants of health. This is complicated at this point. We should build or at least develop policies from the bottom up and bring up them at the federal level. Knowledge transfer and knowledge mobilisation are important because we talk to different audiences (media, public, community, government). The community need to be involved. Transfer knowledge and mobilisation are capital to initiate the dialogues.</p>			

Group 6		<p>To see principles and values of HP incorporated</p> <p>More dialogues</p>	<p>-An integrated approach</p> <p>-An intersectoral work</p> <p>-Interdisciplinary</p>	
Group 7	Build a discussion on HP	A realistic decision about next steps, in terms of what we might do next in this group	<p>-Recruitment a group of champions that come from different sectors of organisations and not just from of public health</p> <p>-A reframing of HP: 2.0 in order to deal with these all issues about language: Should we use the term HP? How to connect with other sectors of activity that actually use HP but that do see themselves as part of HP?</p>	Option 3: An affiliated organisation. However rather to be affiliated to one unique association, like CPHA, they propose to create an organisation affiliated with multiple organisations. This means a decentralised affiliation.