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Health Promotion Canada 2019 Annual General Meeting

February 10, 2020

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Traditional Land Acknowledgement



AGENDA

Monday, Feb. 10, 2020

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12:00 pm EST

- **Welcome, Opening Remarks**
– Kevin Churchill & Josée Lapalme
- **2019 HPC Highlights**
- **Regional Highlights** – regional reps
- **Membership & Finance Update**
- **Professional Development Committee Update:**
Dr. Irv Rootman
- **KEYNOTE Presentation: Health Promotion 2020:**
Dr. Don Nutbeam

1:00 pm EST - END

Checking In

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1. Where are you from?
2. What Sector do you work In?
3. What do you call yourself?

www.healthpromotioncanada.ca

H.P.C. Highlights 2019

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- About Health Promotion Canada
- HPC Membership
- Chapter Development
- HPC Webinar Series
- Accreditation Survey
- 2019 HPC Awards
- Relationship Building – Indigenous Health, IUHPE

Financial and Membership - 2019

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| | | | 2019 |
|--|---|-----------------|-----------------|
| | Starting Budget | Members | 5,757.81 |
| REVENUE | | | |
| | Membership Organization | 125 (x 3) = 375 | 1,925 |
| | Membership Individual - 60 | 60 | 2,580 |
| | Membership Associate / International-80 | 80 | 40 |
| | Membership Student/Additional Member – 25 | 25 | 725 |
| | HPO Conference Revenue | | |
| Total | | 540 | 5,245.00 |
| EXPENDITURES | | | |
| | Pay Pal | | 156.86 |
| | OPHA Membership | | 2,000 |
| | OPHA In-person meeting | | |
| | HPO Expense (e.g. in-person lunch) | | 39.00 |
| | HPO Conferences | | |
| | Wild Apricot | | 1496.17 |
| | Website (e.g. overall, additional security) | | 582.27 |
| | HPC Expense | | 61.52 |
| | HPC CPHA Conference | | |
| | Banking Fees | | |
| Total | | | 4,340.82 |
| Operating Surplus (Deficit) | | | 6,686.99 |

Regional Highlights - **BC**

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Submitted by Irv Rootman and Lesley Dyck

- Started exploring establishment of “Network of Networks”
- Organized meeting of representatives from organizations, sectors and networks in June
- Organized webinar in October to discuss next steps
- Organized panel at PHABC Conference in November to inform public health workers about activities to build “Network of Networks”



Regional Highlights - **Alberta**

Submitted by Teree Hokananen

- Still in developmental stages yet Alberta has the second highest number of registered Health Promotion Canada members (after Ontario)
- 90 health promoters receiving email updates
- Private Facebook group with 67 members
- 3 health promoters completed website training for the HP Canada website.
- Next steps: informal connection events hosted locally
- Interested in helping us build Health Promotion Alberta? Contact healthpromotionalberta@gmail.com
- [Health Promotion Alberta Closed Facebook Group](#)
[Health Promotion Canada](#)



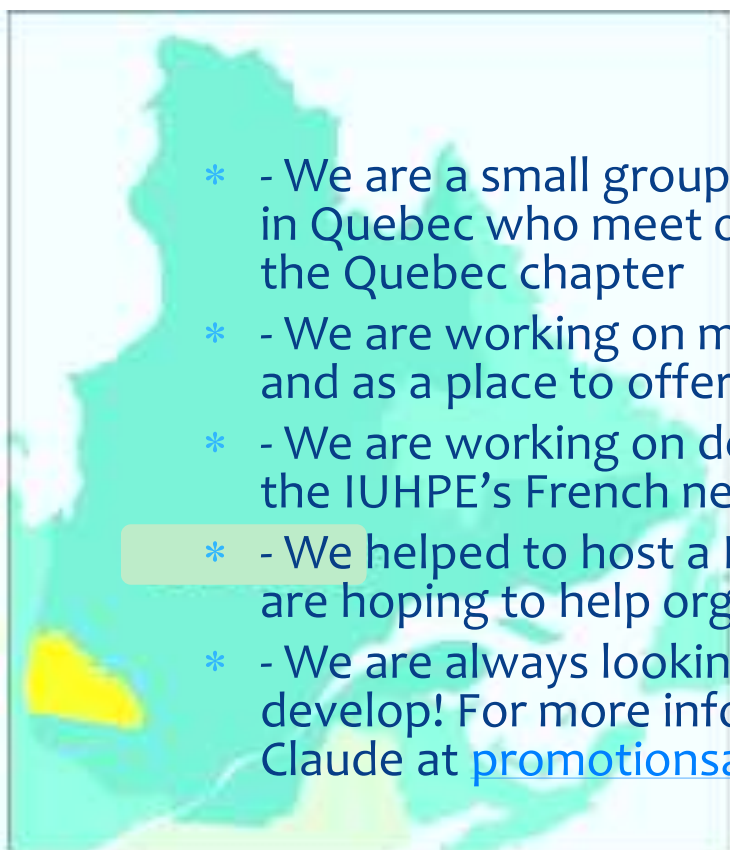
Regional Highlights - **Ontario**

- Ontario Public Health system changes
- Advocacy efforts

<https://www.healthpromotioncanada.ca/chapters/ontario/advocacy/>



Regional Highlights - Quebec

- 
- * - We are a small group of health promotion professors and students in Quebec who meet once a month to discuss the development of the Quebec chapter
 - * - We are working on making our chapter website more user friendly and as a place to offer more health promotion resources in French
 - * - We are working on developing collaborations with the IUHPE and the IUHPE's French network (RÉFIPS)
 - * - We helped to host a French webinar in HPC's webinar series. We are hoping to help organise more French webinars in 2020.
 - * - We are always looking to recruit more members to help us develop! For more information, contact Josée, Geneviève or Marie-Claude at promotionsantequebec@gmail.com



Atlantic Summer
Institute on
Healthy and Safe
Communities

l'Institut d'été
sur les collectivités
sûres et en santé au
Canada atlantique

Update for Health Promotion Canada AGM

By the Atlantic Summer Institute (ASI) on Healthy and Safe
Communities, Inc.

February 10, 2020



Mission of ASI

“To be:

- *a world-class institute in Atlantic Canada;*
- *a focal point for learning, training, inter-sectoral collaboration;*
- *a facilitator of research, promoter of healthy and sustainable policies; and*
- *a catalyst for social justice and equity in the areas of health promotion, social development, community safety and crime prevention*

...as a means to building sustainable, inclusive communities.”





Program Themes



- Based on priority areas identified by our participants
- Past themes have included: diversity and inclusion; gender and community leadership; democracy and social justice; and literacy
- Since 2015, ASI programs have focused on child and youth mental health promotion, calling for upstream investment



Atlantic Summer Institute on Healthy and Safe Communities

2020 Policy Forum

**Upstream Investment in
Mental Health Promotion –
the answer to the mental
health crisis!**

August 24-26, 2020
Charlottetown, PEI

Informed by Atlantic
consultations April 2020



info@asi-iea.ca
www.asi-iea.ca

THE **Quaich** INC.



2019 HPC Award Winners

**Please go to the HPC Website to see the
2019 Awards winners!**

[https://www.healthpromotioncanada.ca/get-involved-
canada/recognition-awards/awards-winners/](https://www.healthpromotioncanada.ca/get-involved-canada/recognition-awards/awards-winners/)

Professional Development Working Group

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Report to 2019 A.G.M., February 10, 2020



Presented by Irv Rootman

P.D. Working Group Sub-Committees

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1. Webinar
2. Survey
3. Accreditation
4. Advocacy
5. Academic Liaison
6. Indigenous Health Promotion

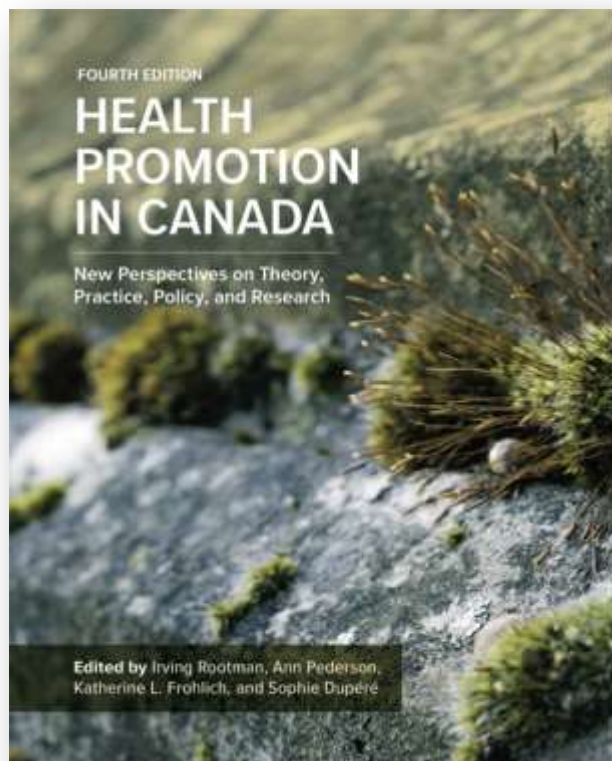


Webinar Series 2018-19

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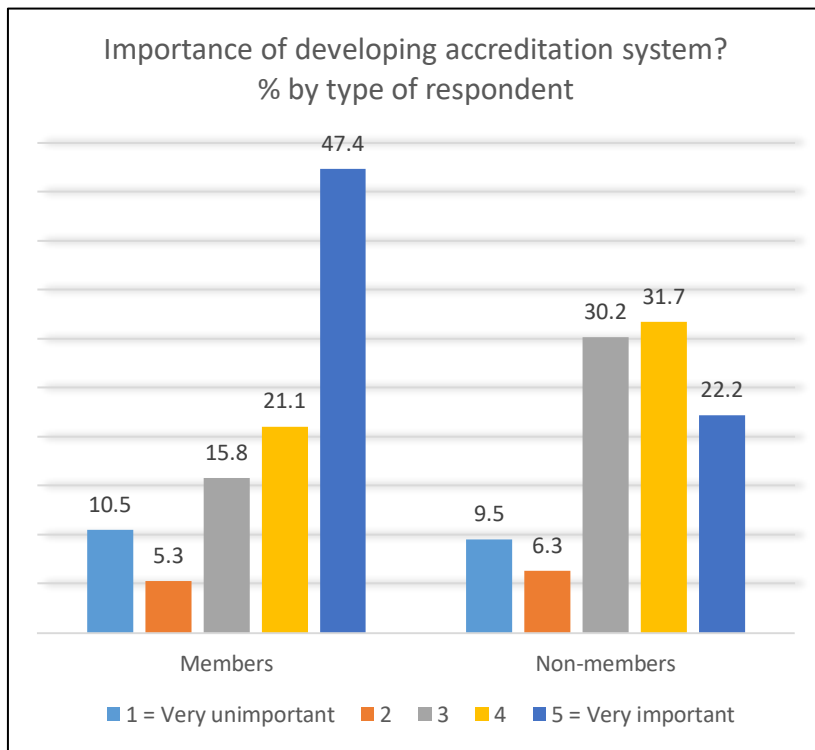
1. Contrasting Entry Points for Intervention in Health Promotion Practice
 2. Indigenous Community Health Promotion
 3. Participatory Practice and Health Promotion
 4. Health in All Policies
 5. Implications of Inequities for Health Promotion
- Sponsors: NCCDH & Canadian Scholars'

Survey Findings – Accreditation (practitioners)

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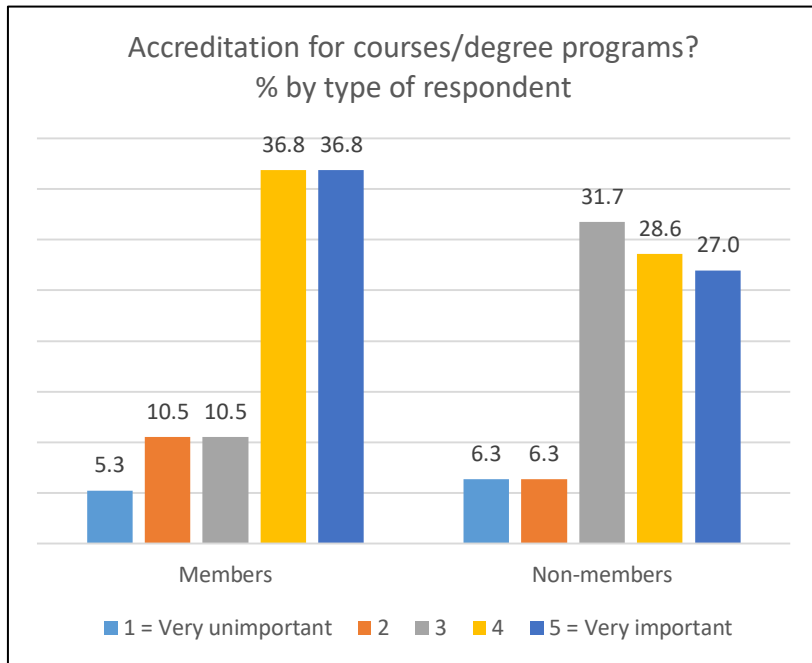


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- General support, but with cautions
- Members more supportive
- Concerns about field becoming too narrow, further inequities for informal health promoters (e.g. in Indigenous communities)
- Support related to helping ensure quality and respect, as well as collaboration with other professionals

Findings – Accreditation (courses/programs)



- Overall strong support, with HPC members more supportive
- Concern about limiting the diversity of programs that can be taken and prevention alternative programs from being available
- Potential benefits include improved practice standard, helping managers with limited HP knowledge
- Would need to be developed in partnership with stakeholders



Findings – Accreditation (models)



- High support for basing on Canadian competencies
- Good support for continuing education credits, entry level and expert standards
- Neutral response to independent assessment and annual fee
- Cost/benefit seen as a challenge as employers reluctant to accept
- Not clear how accreditation can adequately support the diversity of health promotion roles
- Would be beneficial to work with an accreditation system that already exists (e.g. CSEP, Accreditation Canada)



Conclusions - Accreditation



- Accreditation is seen as an important issue by members of Health Promotion Canada and non-members
- Developing a system for accreditation needs to be implemented carefully, taking into consideration individual and program/training issues and involving the range of stakeholders at the national level
- Next Steps: share Survey Report with stakeholders, committee to consider findings
- Full Survey Report findings to be posted on www.healthpromotioncanada.ca



Other New Initiatives

- Established Academic Liaison Committee and Indigenous Health Promotion Committee last year
- Academic Liaison Committee is working on a Paper
- Indigenous H.P. Committee is consulting with IUHPE office regarding the development of an Indigenous Program for the 2022 International Meeting in Montreal

Interested in Joining the P.D. Working Group or a sub-committee?
Contact irootman@telus.net



KeyNote Presentation



Featured Speaker:

Dr. Don Nutbeam

Professor of Public Health
University of Sydney, Australia

<https://croakey.org/how-early-life-experiences-shaped-a-stellar-career-in-public-health-professor-don-nutbeam/>

What would the Ottawa Charter look like if it was written in 2020?

**Don Nutbeam, Professor of Public Health
Prevention Research Collaboration,
School of Public Health
University of Sydney
Australia**



THE UNIVERSITY OF
SYDNEY

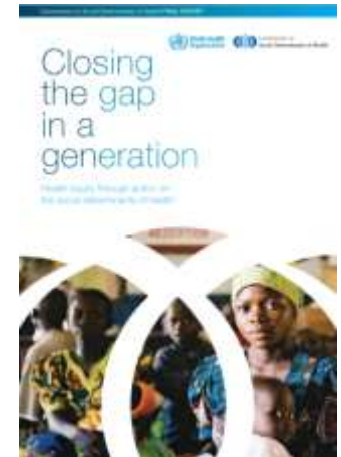


The WHO Ottawa Charter and the “new public health”

- *The Ottawa Charter for Health Promotion* has guided the development of health promotion, and shaped public health practice in many countries over the past 25 years.
- The *Charter* emerged as a response to the marginalisation of public health, and over-simplistic “lifestyles” interventions
- The major themes of the Charter reflected the traditional roots of public health (public policy and environmental control to address the determinants of health), new tools such as community mobilisation, and perennial challenges to reorient health services

35 years on – what has changed?

- More sophisticated understanding of the underlying **social, economic (commercial) and environmental determinants** of health, and their differential impact on **health inequalities**
- Renewed focus on **public health intervention**, and significant growth in evidence of effectiveness
- Greater recognition of the need for sophisticated, **multi-component interventions** to solve complex public health problems



35 years on – what has changed?

- The **globalisation of trade** has had significant social and economic consequences for governments and their citizens.
- The evolution of the **internet and digital communication** has changed methods of communication, social interaction, and commerce,
- Access to **genetic information**, and developments in **AI** hold significant future possibilities for “**personalised prevention**”
- Demographic changes, **population ageing** presents challenge to improve **health expectancy** alongside life expectancy
- Changes to the **burden of disease** have occurred new threats to health have emerged such as HIV, Ebola and obesity, some have diminished.



Healthy public policy

What are the origins?

- derived from an analysis of the impact on health of public policies (particularly social policies) in industrialized countries with functioning, democratic governments. Can be seen in *health in all policies* (Helsinki) and *good governance for health* (Shanghai)



What has changed?

- Continued focus on **economic growth policies** by most countries and the impact of the **globalization of trade** on health
- **Digitization of communication and commerce**
- Implies an **interventionist role for governments** that is neither so simple nor desired by many high income countries, and not achievable in many of the world's low income countries

Healthy public policy

What does the future look like for health promotion?

Thinking about *healthy public policy* needs to

- **Adapt** to make it relevant for the range of political and governance structures in different parts of the world - to reflect better the impact of more locally determined “policy”
- **Engage** with globalization and its impacts – for example through assertive engagement with national and international bodies that regulate trade,
- **Implement** Health in all Policies to address complex origins of current public health challenges, and address inequities in health
- **Judicious dialogue** with the private sector in alliances for health promotion

Supportive environments for health

What are the origins?

- basic foundation of public health - management of threats to the physical environment connected to growing understanding of sustainable development
1987 Brundtland Report – *Our Common Future*

What has changed?

- **Rapid urbanization and movement of people** in many countries, including many of the poorest countries, has created living and working conditions that are unsafe and hazardous to health.
- **Global commitment to Sustainable Development Goals** – greater awareness of co-dependencies between the Goals



Supportive environments for health

What has changed?

- Greater awareness and understanding of health effects of climate change



Supportive environments for health

What does the future look like for health promotion?

At a local level

- **Promote and further develop** settings-based approaches that have enabled the development of practical and locally relevant health promotion interventions with potential to address a full range of the determinants of health
- These practical interventions create a defined “supportive environments” that can be adapted to a greater variety of social, political and economic circumstances.

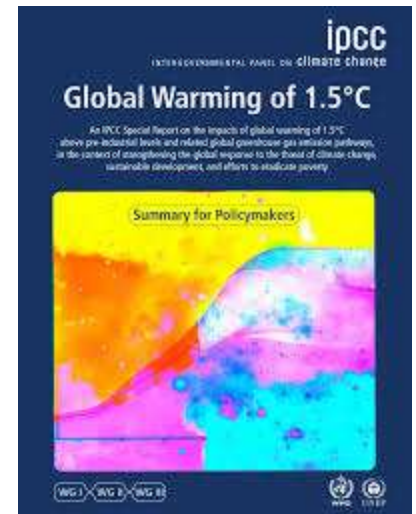


Supportive environments for health

What does the future look like?

At a national and international level

- **Advocacy** for action to address the major environmental threats to planetary health
- **Engagement** with the SDGs, emphasizing the substantial co-dependencies between human health, sustainable development, and equitable economic development
- **Coalition-building** to respond productively to the inherent co-dependencies



Re-orienting health services

What are the origins?

- health systems focused on the provision of care for acute and chronic conditions , the development of primary care, primary prevention and health promotion was neglected.
- Funding for health promotion was often limited, narrow in focus and often short-term.

What has changed?

- **Too little has changed.** For the majority of people in the world, access to appropriate and affordable health care, especially primary health care, remains a fundamental challenge.
- Some progress can be seen in the priority given to primary prevention and health promotion in individual countries
- Some progress in improving evidence concerning the economic and social benefits of health promotion.

Re-orienting health services

What does the future look like?

- Positioning health promotion in context of **universal health coverage** as a top priority of WHO
 - ensuring that all people have **access to needed health services** (including prevention, health promotion, treatment, rehabilitation and palliation) of **sufficient quality to be effective** while also ensuring that the use of these services **does not expose the user the financial hardship**.



Re-orienting health services

- Positioning health promotion in context of primary health care
 - Primary health care is a whole-of-society approach to health..... centred on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing.
 - It provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases.... as close as feasible to people's everyday environment.
 - Primary health care is rooted in a commitment to social justice and equity and in the recognition of the fundamental right to the highest attainable standard of health



Re-orienting health services

At a more local level

- **Harness** commitment to primary care, local services that are responsive to local needs and priorities
- **Mobilise** available evidence to support local health promotion strategies and methods: **practical and cost effective**
- **Capitalise** on consumer voice in health care – **no decision about me without me**, link to health literacy
- **Engage** with **health promoting hospitals** movement



Developing personal skills

What are the origins?

- A reaction to unduly simplistic, **individual behavioural interventions** that had emerged in the 1970's
- Focus on **enabling personal skills** as a part of a more integrated and sophisticated set of actions to promote good health
- Emphasis on social skills development and **empowerment**



What has changed?

- Revolution in **access to information** as a consequence of the internet, digital communication platforms and social media
- Greater than ever **competition** in an overcrowded information market (400k+ health apps, millions of health web pages)
- Evolution in understanding of **health literacy** and its importance in the digital age



Developing personal skills

What does the future look like?

- **Focusing** health education and communication on the development of **health literacy skills across the life-course**,
- **Harnessing** the potential of digital technologies by creating **relevant, accessible, trustworthy sources**, and regulating to minimize harm
- **Developing capacity** (among educators and clinicians) to respond successfully to the challenges of low health literacy through professional education and continuing professional development
- **Creating consumer environments** that are supportive for health, ensuring service organisation and delivery is sensitive to low health literacy

Community Action for Health

What are the origins?

- Community Action for Health was derived from evolving ideas of community development, focusing on methods of mobilizing communities to engage in communal action to promote and protect health

What has changed?

- The theoretical base for community action has developed, for example, being informed by research into *community capacity building*, and concepts such as *social capital*.
- The role of *civil society* is better established and an effective mediator between people and governments
- The concept of “community” is undergoing a profound change as a consequence of widespread access to *digital technology and social networking*

Community Action for Health

What remains to be done?

- **Capture** the extraordinary range and quality of experience of community action from low and middle income countries, in particular in non-English speaking Latin America, and Asia
- **Build partnerships** with civil society organisations who have a credible voice in their community and can deliver programs and services that governments find hard to deliver.
- **Recognise, understand and use** the digital media for health community building
- **Advocate for and mobilize communities** around the big issues that impact on public health; environmental safety, climate change, equity

Concluding remarks

Looking back:

- **Major progress** observable across the world – in quality, sophistication, reach, and effectiveness of health promotion
- **Continuous adaptation** to changes in global, national and local circumstances has been achieved, but much remains to be done

Looking Forward:

- **Effective advocacy**, and ability to **forge partnerships** is central to continued progress in delivering healthy public policy to tackle the determinants of health, and in reorienting health services
- **Improving health literacy** in populations through **effective health education** and communication remains the cornerstone for developing personal skills.
- **Harnessing** the potential of **new and emerging technologies** essential to ensure continued relevance and effectiveness