Health Promotion Canada
Summary of Survey Results
June 2023

This summary has been prepared by the volunteers serving on the *HPC Renewal Working Group*, to share the results of the survey with the wider health promotion community.

The data summarized here was shared in a webinar (March 9, 2023) co-hosted by the National Collaborating Centre for Determinants of Health (NCCDH) and the recording can be found on the NCCDH website: You Talked, We Listened: What's next for Health Promotion Canada?

Thank you to everyone who took the time to respond to the **survey**, participate in the **discussion groups** that were part of the data collection process, and attend the **webinar**. We have used your input to develop a renewal plan for HPC and look forward to connecting with you in the future.

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Contents

Background

Health promotion is a universal approach for creating a healthy society. The *Ottawa Charter for Health Promotion* lays the foundation to achieving health built on five core actions: build healthy public policy, create supportive environments, strengthen community actions, develop personal skills, and reorient health services. The *Charter* has provided the foundation for public and population health work in Canada for decades, including public health mandates, health professional training, policy development, academic research, and underpinning the development of national and global strategies.

Health Promotion Canada was formed in 2016 with vision of being a vibrant, connected and effective member-based organisation to advance workforce development and action in health promotion by 2026. The goal was to ensure all health promoters are equipped to foster health equity for all by 2046.

Leadership has been provided by a national executive team of volunteers with reps from each province/territory or region organized as 'chapters'. Members are individuals who pay the $60 annual fee. Activities of the organization have included: recognition awards, learning opportunities (webinars, conference presentations), and promotion of the *Pan-Canadian Health Promoter Competencies* (and tool kit)

Throughout the recent COVID-19 pandemic, the HPC Executive persevered, continuing to meet and discuss how the pandemic was impacting our already struggling profession and how HPC, as a national body, might support health promotion and the pressing need to rebuild and repair our communities from coast to coast to coast. There was recognition that a renewal plan would be necessary and that this should start with a survey of the wider health promotion community in Canada.

as they share findings from a recent survey of health promotion practitioners and academics in Canada. This webinar will explore themes related to the need for a Canadian health promotion organization or network to support intersectoral and interdisciplinary action to address the social and structural determinants of health. Participants in the webinar will contribute to a discussion of possible options including structures to support the renewal and sustainability of Health Promotion Canada.

Survey Methodology

The survey was built using Google Forms and distributed using the HPC member list, newsletter contact list (with over 1,000 contacts), and through requests to other organizations and networks to promote. It was open for the month of **January 2023** and received **181 responses in English and 7 in French**. The questions were all 'optional', with the exception of 2 (an email address and selection of a province/territory were required). Our estimated completion rate is over 65%.

The data presented in this summary has not been 'cleaned' due to the lack of capacity of the working group volunteers. We have provided 'caution notes' throughout to help with interpretation. However, we feel that the information is valuable, even in a rough state, and want to provide it back to the health promotion community so you know what we heard through this process.

As you review, please note:

- Percentages/charts do not include responses from the French survey
- French qualitative data has been added in 'blue'

- The appendices include data summaries with themes for interpretation

Discussion Groups

During the period when the survey was open we hosted 5 discussion group (1 in French), which had 56 registrants and 30 attendees.

The purpose of these groups was to supplement the survey data, share and explore ideas about the need for a national health promotion organization and potential structures to support, and find other keen volunteers to help with the renewal process!

Our questions included:

- What are your thoughts on the current state of health promotion in Canada?
- What is your vision for the future of health promotion in Canada?
- What could a national health promotion network look like?
- How could a national health promotion organization/network support you right now? And in the future?

The results were very consistent with the survey findings summarized here.

What We Learned – In Summary

About our respondents:

- We had a good diversity of respondents … ages, level of focus, and disciplines.
- The education of the majority was 'Masters' (49%), followed by 'Bachelors' (27%), 'PhD' (18%)
- Importance of 'identity' well recognized, especially gender and race (81 responses)
- Level of focus was across all, with regional/local the highest (73%), international the lowest (4%), and urban/rural very even (31%/37%)
- Only 9% of respondents were HPC members (representing 28% of our members)
- Disciplines were diverse, and in rough order: Health promotion (including combination with other disciplines), Public health, Health/medicine/nursing, Nutrition/dietitian, Education, Psychology, Kinesiology/sport/recreation and Other.

Personal reasons for responding to the survey:

- Raise the profile and enhance credibility of Health Promoters
- Grow and maintain knowledge in the field
- Meet and stay connected to colleagues in the field
- Improve the overall systems we live and work in – especially the health care system
- Garner new and continued support and investment in upstream prevention and Health Promoters

Benefits of developing a Canadian health promotion organization:

- Model - strong focus on the social, cultural, economic, political, built and natural environments, and on health inequity
- Education - tools and resources oriented to the Canadian context in one place, assuring consistent standards in the training; maintain educational competencies and standards; Improved recognition and understanding of health promotion as a practice; bring credibility to the profession.
- Opportunities - academic institutions and community partners; basic guidelines applicable across provinces & territories; national, coordinated voice for HP would bring credibility; national voice on critical issues
- Leadership – including Gerontology, Kinesiology, Social Work; champion federal investments; coherent conceptual foundation for policies and programs, regionally and nationally
- Advocacy – prevent reinventing the wheel; resist industry pressure; share resources; address equity issues and promote cultural safety

Barriers to developing a national Canadian health promotion organization:

- Funding/capacity – 60+ times; A fee-based model of membership may not be affordable or practical:
- Jurisdiction – 30+ times; diversity and regional and provincial variations in terms of how health promotion is organized and delivered across the country is a barrier to organizing ourselves at the national level
- Vision/role – 15+ times; challenging to define a common unified definition and purpose for a national organization; embedded in other disciplines
- Communication - leading to a lack of awareness among the public and decision makers; we have difficulty articulating the value of what we do in a way that people understand

Important functions of a national heath promotion organization in Canada, from most to least important:

1. Collaborative action / advocacy on health promotion issue
2. Learning and staying up to date on health promotion tools and techniques
3. Networking with other health promoters
4. Finding other health promoters and health promotion organizations to partner with on projects
5. Recognition of my skills and expertise

Respondents were also asked to identify any other functions that should be added to the list:

- Strategic approach as a discipline/specialization – links to collaborative action and recognition; aligning stakeholders/decision makers – but this may be more for the field? Not for the organization?
- Secured funding – from the range of vested partners (all levels of govt, NGOs)
- HP curriculum – linked to Learning
- Evaluation – linked to learning and research
- Knowledge dissemination – share research findings
- Media – have a presence and promote common messages

Important structures for developing a sustainable national health promotion organization in Canada, from most to least important:

1. Website
2. Online network platform
3. Working groups/committees
4. Board governance structure
5. Organizational membership fees
6. Individual membership fees

Your experience with HPC:

- Webinars by far the most used HPC 'engagement activity'
- Competencies used by almost all (94%) of respondents to that question (84), while the Tool Kit only used by 52%

What are the top 3 next steps to renew HPC as a national organization? The themes included:

- Value for members – certification, career supports, professional association, mentorship
- Planning – 3-year plan, governance model with a board, hire staff … or sunset the organization
- Promotion – lobby, call for members, advocate to employers
- Partnerships – join others, be unique
- Projects/activities – practice projects, conferences, advocate
- Equity/diversity – as a central issue
- Funding – find funder, research funds … keep costs down as employers won't pay

Are you interested in being involved in supporting next steps?

- Yes – 22%
- No – 23%
- Maybe – 55%

Key Messages

About the situation …

- Health promotion is everywhere (in public health and other sectors) without the recognition, nor the credibility of the specific skill set and added value HP brings to well-being, health equity, social equity, etc.
- Health promotion is very diverse (where we work and what we work on) and can contribute to a lack of vision and lack of a united front
- But health promotion is particularly important because of high (growing) inequities, privatization, etc. (Focus on equity, social determinants of health, upstream, etc.; Make link between community and policy (we're connected in both))
- Practitioners are worried for the future of HP as a field of action and research (incorporated into public health more broadly and loose the distinction of HP skills and values).

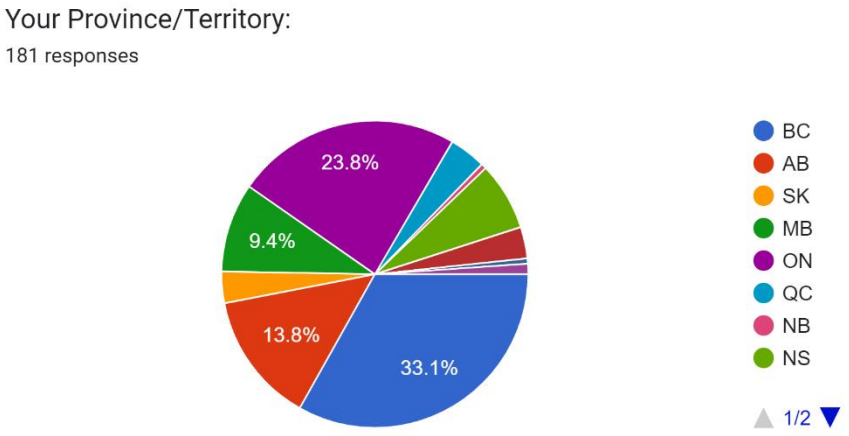
Possible solutions …

- Collaboration with other health promoters and intersectoral organizations: networking, sharing new ideas/knowledge; Partnerships with key organizations such as the NCCs, RÉFIPS, IUHPE, etc.
- Pursue recognition and credibility through accreditation
- Support learning: training, HP curriculum, shared resources, staying up to date
- Provide leadership, including a clear and concise vision and strategic approach that is easy to communicate; Use this message to advocate for health promotion (and specific issues/causes) to varying audiences, including policy makers
- Create activities and spaces where people can meet and share
- Ensure funding to support and build capacity (human resources etc.)
- Develop a broad communication strategy to inform health promotion practitioners about HPC and activities as many were not aware of HPC before this survey

DATA SUMMARY

PART 1: Personal – about you

Province/Territory



Names

Your Name: **170 responses**
NOTE: not summarized

Town/City

Your town/city: **173 responses**

Alberta

Edmonton x 7
Calgary x 4
Lethbridge x 2
Edson
Grande Prairie
Westlock
Langdon
Airdrie
Breton
Vermilion
Red Deer
Bonnyville
High River
Alhambra

British Columbia

Vancouver x 22
Victoria x 7
Nanaimo x 4
Prince George x 4
Invermere x 2
Abbotsford
Kelowna
Sunshine Coast
Langley
Port Moody
Kimberley
Smithers
Galiano Island
Langley
Ucluelet BC
Dawson Creek
Cobble Hill
Surrey
Fort St John
Terrace
Chemainus
Gabriola
Burns Lake
Nanaimo, Surrey & North Van
West Vancouver
Vernon

Manitoba

Winnipeg x 3
Steinbach x 2
Thompson
Swan River
Pine Falls
Roblin
Selkirk
Brandon
Killarney
Ste. Rose du Lac
Rivers
Whitemouth

New Brunswick

Fredericton
Bathurst

Newfoundland and Labrador

St. John's

Nova Scotia

Halifax x 12
Antigonish

Ontario

Toronto x 8
Ottawa x 5
Hamilton x 3
Scotland x 2
Sarnia x 2
Mississauga x 2
Barrie x 2
Oxford, Elgin and St. Thomas
Stratford, ON
London
Waterloo/Ottawa
Komoka
Kagawong
Sudbury
St. Catharines
Clinton
Grand Bend
Renfrew
Lambton Shores
Chatham-Kent

Prince Edward Island

Georgetown Royalty
Charlottetown x 5

Quebec

Montreal x 6
Sherbrooke x 2
Deux-Montagnes
Québec x 3

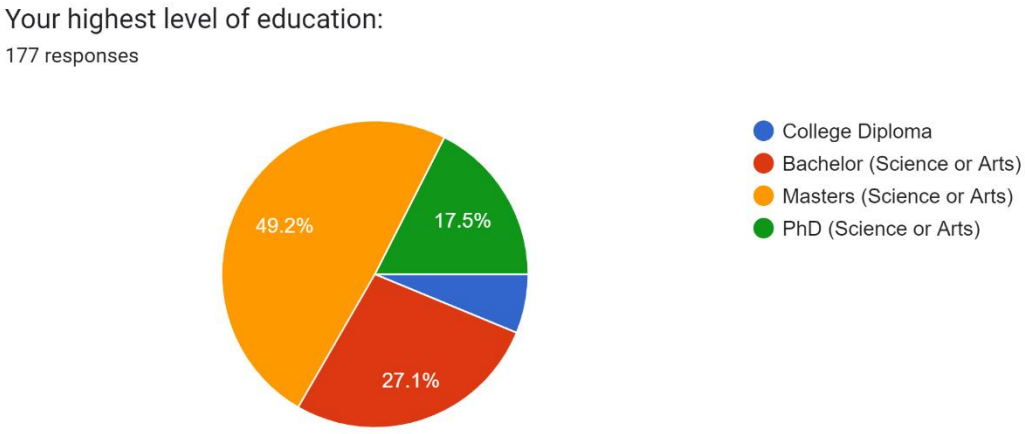
Saskatchewan

Saskatoon x 3
Regina
Swift Current
Spiritwood

Yukon

Whitehorse x 2

Education



Education area/discipline

Your education area/discipline: **173 responses**

NOTE: Organized by area, but there is considerable overlap

Health/medicine/nursing

- Nursing x 13
- Health
- Health Science
- healthcare
- Health Studies
- Nursing and Health Studies
- Medicine x 2
- Health Literacy
- Perinatal health - Underserved youth - Newcomers to Canada
- Health policy
- Health care management
- MD FRCP Internal Medicine, Surgery, public Health
- Medicine and public health
- Nursing and Public Health
- BSc. MPH, Project Management
- Bachelor of Public Health (BPH), currently working on an MPH.
- MPH Health Promotion
- public health / social science / community development
- Master of Public Health with Specialization in Health Promotion
- Community Health & Epidemiology

Public health

- Public health x 9
- Public Health / Health Promotion x 5
- Population and Public Health x 3
- Public health - population health and epidemiology
- Bachelor of Arts in Sociology, currently doing MPH
- Public Health - Health Sciences
- Global Public Health
- Public Health and Preventive Medicine/ Epidemiology
- Physician and Community Medicine and Epidemiology

Nutrition/dietitian

- Nutrition x 2
- Dietitian x 3
- Dietetics
- Health Promotion/ Public Health Nutrition
- nutrition epidemiology
- nutrition/health promotion/ adult education
- Nutrition/interdisciplinary studies
- Nutrition and Community Health

Health Promotion

- Health promotion x 21
- Nursing/Health Promotion

- Sociology/Health Promotion
- Health Promotion & Public Health x 3
- Sustainability / Health Promotion
- B.A. Spanish/ BSc Health Promotion
- PhD Medical Sociology/Health Promotion/Public Health
- Health Promotion / Global Health & Anthropology / MBA
- Social and Behavioural Health Sciences (Health Promotion)
- Health promotion, nursing, community health, palliative care
- Environmental Studies (Masters), Occupational and Public Health (Bachelors), Biology (Bachelors) and Health Promotion & Education (certificate)
- Health & Rehabilitation Sciences (Health Promotion)

Education

- Education and Health Studies
- Adult Education & Community Development
- Adult Education
- Education x 2
- Physical Education x 2
- health education x 2
- School Health Promotion/Health Administration
- Educational Leadership
- Dental hygiene, Education Leadership & Policy
- Early Childhood Education x 2
- Ergotherapie et Andragogie

Psychology

- Psychology x 3
- Health Psychology
- Psychology/ Kinesiology
- Psychology and Food Policy
- Behavioural Psychology and Critical Disability Studies
- Sociology and Psychology
- Social Psychology
- Clinical Psychology
- Business, Psychology
- Exercise psychology

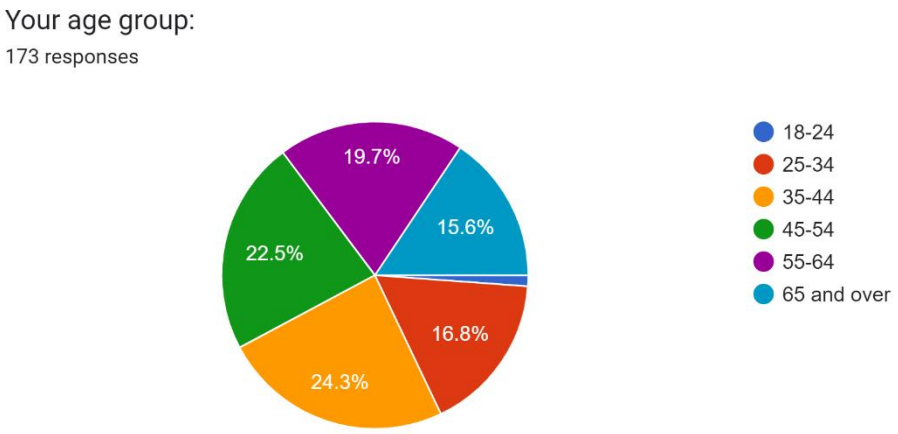
Kinesiology/sport/recreation

- Kinesiology/Athletic Therapy
- Human Kinetics and Recreation
- Recreation Therapy
- Kinesiology x 2
- Recreation, Community Development, Health
- Kinesiology and active MAHSR student
- MBA and MSc Exercise Physiology
- Recreation and Sports
- Physical Activity Sciences
- Physical activity

Other

- Business / Business and Health Administration / BA & Diploma in Business Administration / Administrative / Biochemistry/Business = 5
- Social work = 4
- Communications, Marketing, Design/ Communication / Communication and Marketing =3
- Human Ecology / Human geography / Bachelor of Human Ecology, Child Studies concentration = 3
- Sociology - Gender and Health / sociology = 2
- Gerontology = 2
- Mental health = 2
- Injury Prevention = 2
- Urban Planning
- Sexual health
- Cancer Prevention & Epidemiology
- Biology
- Integrated studies & native studies
- Community Development
- Tobacco
- Inter-disciplinary Studies
- Social Sciences
- International Affairs
- Environmental Studies
- Cultural Studies, with a focus on gender and decolonization

Age group



Identity

Do you have any other identity descriptors (e.g. gender, ethnicity, race) you feel would be helpful for us to understand your survey responses?: 81 responses (Excluding 'no' 'n/a' = 61)

Female x 18

Female, white and/or European and/or Caucasian x 7

Cis-woman/female:

- cis woman racialized second generation immigrant
- cisgender, heterosexual, female, Caucasian,
- Cis-gender woman
- White cis-woman
- White, cis-female
- Latinx, cis gendered woman
- Cis woman, queer/bisexual, Arab/Middle Eastern/West Asian
- rural, white, cis-female with brown hair

Female:

- Female, Black African
- Female, disabled
- female, disability
- Female, Middle Eastern
- Female. Indigenous
- Metis, Female
- Female, Muslim, South Asian

Male:

- cis gay white male able bodied
- Male, European descent
- He
- Straight, white, male
- Caucasian, Male
- White Canadian Male

Indigenous:

- First Nation
- Metis Francophone
- Metis

Other:

- married to a Francophone in Alberta
- Caucasian
- Executive Member of Health Promotion Canada
- middle eastern
- Pashtoon
- Person of colour
- Vietnamese
- Queer, white, working-class
- Person of color, immigrant, interested in Indigenous and decolonial approaches to health promotion
- Francophone x 2
- white settler of European descent, gender fluid
- Community organizer
- LGBTQ+

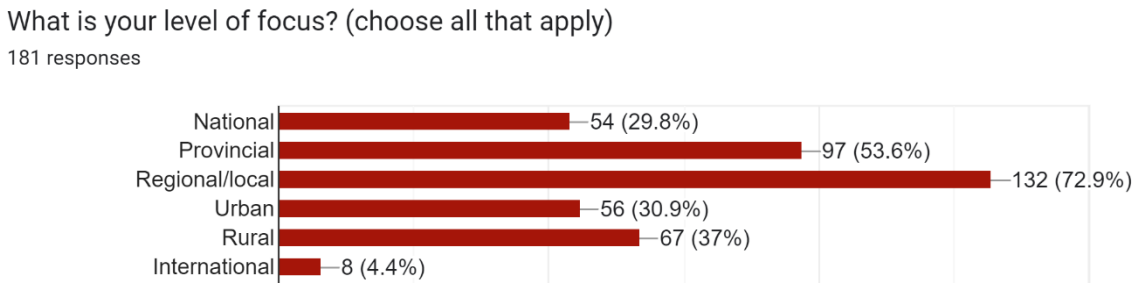
Work Status

Please describe: 175 responses

a) Employment/student/retirement
b) Job title
c) Employer
d) Work area/discipline

See Appendix A

Level of focus



NOTE: Because respondents could choose all that apply, and add others, the percentages should be disregarded. An analysis of which levels were combined with other levels has not been done.

Added/Other: (1 each)

- global
- International
- Municipal/communities
- organizational
- sporadic focused work with local agencies, some of which provide service provincially or nationally
- Territorial
- Workplace (provincial)
- Off reserve Indigenous people
- Settings
- Vancouver Island
- Visible minorities
- Research collaboration
- suburban

PART 2: HPC Renewal

Personal reasons

Personal reasons for responding to this survey: **174 responses**

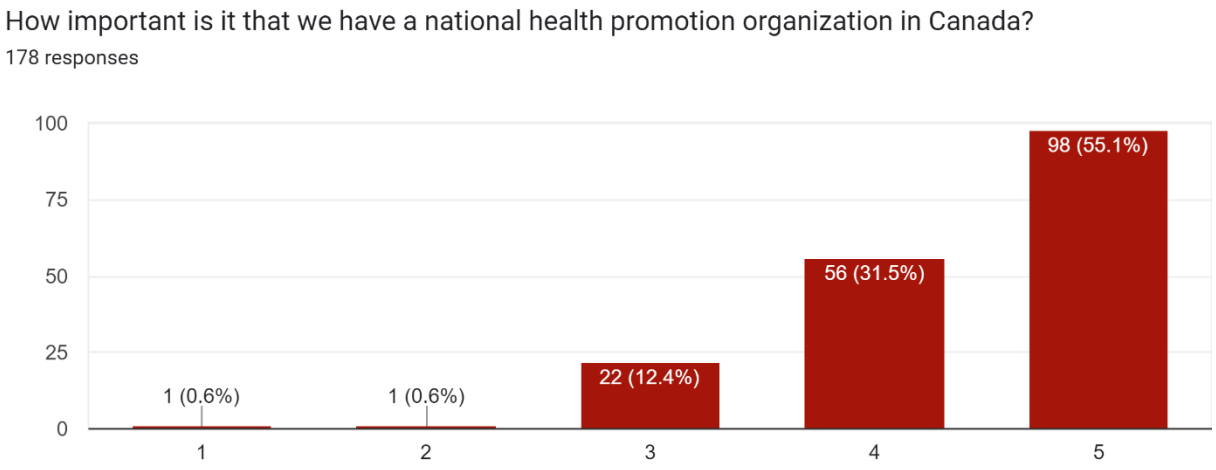
See Appendix B

Membership model

Why do you think current model has not generated many members outside of Ontario? **163 responses**

See Appendix C

Importance of national organization



1 = Not important at all
5 = Very important

Benefits

3 main benefits of developing a national Canadian HP organization? **167 responses**

See Appendix D

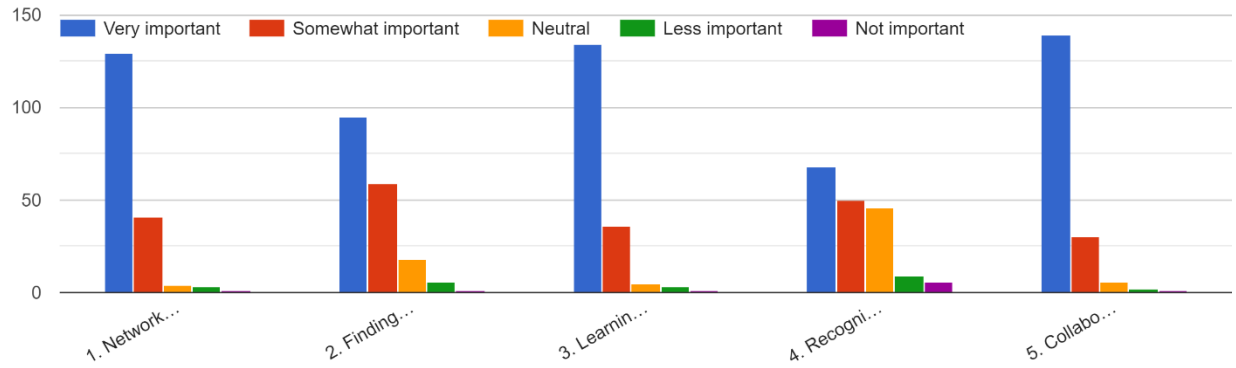
Barriers

3 main barriers? **172 responses**

See Appendix E

Important functions

Please rate the importance of each of the following FUNCTIONS for a national health promotion organization in Canada:



1. Networking with other health promoters
2. Finding other health promoters and health promotion organizations to partner with on projects
3. Learning and staying up to date on health promotion tools and techniques
4. Recognition of my skills and expertise
5. Collaborative action/advocacy on health promotion issue

Other functions

Are there any other functions you feel are important and should be added to this list? **73 responses**
(Removal of 'no' 'n/a' 'none'= 67)

See **Appendix F**

PART 3: National structure

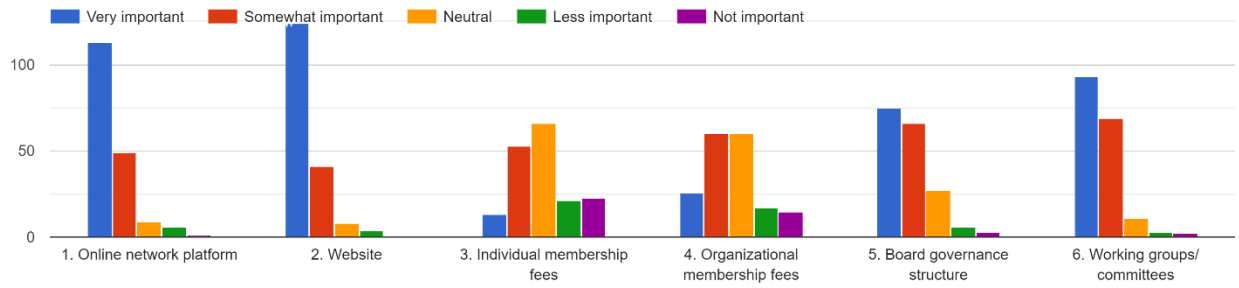
Purpose

Most important purpose for a national HP organization? **161 responses**

See Appendix G

Important structures

Please rate the importance of each of the following STRUCTURES for developing a sustainable national health promotion organization in Canada:



1. Online network platform
2. Website
3. Individual membership fees
4. Organizational membership fees
5. Board governance structure
6. Working groups/committees

Examples of structures

What examples of effective organizational structures and/or networks would you recommend for HPC? (Please provide examples from other organizations/networks, if possible, for example: Canadian CED Network, Integrated Youth Services Network of Networks, Council of Senior Citizens Organizations of BC): **93 Responses (24 not sure/nothing to suggest)**

NOTE: Responses have been roughly grouped by theme

National/public health

- CPHA x 7
- PHAC x 2
- The Pan Canadian public health network and Council. Reporting to CDMH
- the NCC's are great examples of evidence sharing structures - however we are still archaic in many licensure bodies for health professionals as they vary across the country and there's a lack of good examples for PD. Perhaps post-secondary teaching PD structures or other national equivalents could be examined.

- National Collaborating Centre for Determinants of Health (Gold Standard)
- National Collaborating Centres for Public Health (https://nccph.ca/)
- Canadian CED
- unsure - depends on determined purpose of national body - specific linking with all of NCCMTs
- Urban Public Health Network - less so the rural network
- Health Promotion Directorate, Health Canada (Extinct). CHP, U.of T. (Extinct)... HP NCCds have been useless and self absorbed.
- In the past the La Leche League supported chapters forming in any & every community who requested. This allows real, in person support.
- Health Canada,
- Société santé en français (network of networks) https://www.santefrancais.ca/en/ (English website)

Provincial/public health

- Public Health Association of BC x 2
- Ontario Public Health Association x 2
- Ontario Agency For Health Protection and Promotion (Public Health Ontario), Association of Local Public Health Agencies (alPHa),
- Ontario Public Health Association, alPHa, ... I think you need to have top leaders involved with the decision making. Members from Health Canada, Public Health Agency of Canada, etc. as members on the board. They should see it as part of their public health legacy advancing the profession and supporting new members.... but maybe they would be more interested once membership reaches a critical mass across Canada.
- Manitoba Harm Reduction Network (MHRN),
- Early Childhood Coalitions of Alberta (ECCA) used an online platform for coalitions doing the work to connect and network (COLAB)
- Provincial and Territorial Group on Nutrition, CAPE Community of Practice
- Healthy Built Environment Alliance (in BC)
- Health Promotion Ontario had an effective structure at one time although membership and conference quality diminished over the years
- Drug Strategy Network of Ontario, Ontario Public Health Association - COPs (i.e. Health Equity Working Group)

Nurses/physicians/dieticians

- Canadian Association of Physicians for the Environment x 2
- For the Canadian Nurses Association-the specialty certification program is popular and provincial special interest groups connected to provincial colleague memberships are very popular. Participation in a provincial special interest group counts as hours toward national certification.
- Community health nurses of Canada.
- Well, the one I am most familiar with is Dietitians of Canada
- Alberta Association of Registered Nurses and the affiliation across with the Canadian Nurses Association - key membership benefits - connection, advocacy and professional development. I realize this is an expensive structure to put into place, but this would be the ideal from my perspective

Global/international

- Health Promotion Networks in other countries i.e. Australia. The Health Promotion Foundation Victoria (in Australia).
- Canadian Association for Global Health
- National Health Education Credentialling (NCHEC)

- International Health Literacy Association,
- Canadian Partnership for Women and Children's Health (CanWaCH) https://canwach.ca/
- IUHPE, World Health organization (WHO), World Bank, United Nations Children's Fund, United States Agency for International Development, USAID, European Network of Health Promotion Agencies (ENHPA), UNICEF, CDC, European Centre for Disease Prevention and Control (ECDC), European Commission, United States Agency for International Development, International Committee of the Red Cross (ICRC), Medecins Sans Frontieres, OXFAM, UN High Commissioner for Refugees (UNHCR), World Food Programme (WFP), Food and Agriculture Organization (FAO), UN High Commissioner for Refugees (UNHCR), International Red Cross and Red Crescent Movement, CARE USA, CARE International, Catholic Relief Services (CRS), etc., etc..
- RÉFIPS

Generic structures/principles

- Political parties
- Re: working groups - this would be a good way to engage with Indigenous organizations. But again, because the needs of Indigenous communities differs so much from one region of the country to another, representation from different regions and urban and rural would have to be considered/included. Perhaps there could be a national Indigenous working group â€“ all Indigenous people do share some experiences/needs, but they could also discuss differences, and report back to the main HP group.
- Those who pay attention to the grassroots and have Indigenous Partners
- Any organization that has a national, probity/territorial and ideally local structures
- membership structures are becoming antiquated. can you find another structure that resonates with principles of hp? same goes with board governance! why not look for something that aligns with equity, participation, community action more closely than traditional cpha board structures? that would definitely differentiate it.
- Generally, solidifying a national structure to guide the provincial ones and hold them accountable for activities, and then grouping regions together for higher interactions (Maritimes, Prairies, Territories, etc.).
- Provincial Boards, Working/Strategy Groups
- Constellation model https://socialinnovation.org/about/innovations-publications/constellation-model-of-governance/
- heading committees/working groups (poverty, activity, tobacco, etc)
- structure some of this along the lines of a Community of Practice? (CoP)

Aging/disability/injury

- Training about Suicide prevention - intervention - postvention is very important.
- Canadian Frailty Network
- Canadian Concussion Network
- The Canadian Frailty Network is an organization that I am very familiar with. I feel it could be a good model to assist in developing a network structure across the country.
- LOOP (Seniors Falls Community of Practice) - on line https://www.fallsloop.com/ (I am not involved in the organization of this, but understand it is a well-used community of practice). There is also LOOP Jr too (for child injury prevention) - however this group is still growing.
- "Fall Prevention Community of Practice LOOP, "
- Can Age canage.ca; National Institute on Ageing nationalseniorsstrategy.ca
- Age-Well
- Ontario Age-Friendly Communities Network,
- Council of Senior Citizens

Sport/recreation

- CPRA, CFLRI
- Special Olympics Healthy Athletes
- BC healthy living alliance
- HUB Cycling of BC

Community development

- Atlantic Summer Institute on Healthy and Safe Communities (ASI) x 2
- Tamarack x 2
- Community Based Research Centre: https://www.cbrc.net/
- OUR Cowichan Community Health Network

Nutrition/food systems

- BC food systems network;
- shuswapfood.ca They are a society that is working progressively and collaboratively in their community

Population focused

- Indigenous organizations - Friendship Centres,
- The court system and charging all promoted with Crimes Against Canadians
- addictions, youth, new moms

Research/evaluation/KT

- I don't know much about how Canadian Evaluation Society is governed but the parallels might make it an interesting example.
- Knowledge Translation and Exchange Community of Practice
- Canadian Institute for Substance Use Research, Community of Practice (CISUR CoP)
- Canadian Evaluation Society
- Participaction advisory network (PAN)
- University research centers
- See anything to do with Strategy for Patient-Oriented Research

Other

- Heart & Stroke Foundation,
- Canadian Home Care Association, Paramedic Association of Canada, Parachute, Search and Rescue Association of Canada
- plant based nutrition and industry association
- A scaled-down version of the Project Management Institute: https://www.pmi.org/about/leadership-governance
- Projet collectif (network of networks)

Don’t know/not sure/nothing to suggest x 24

- Not sure - depends on the current priorities. National board to have representation across the country.
- I feel out of the loop on this....since the pandemic.
- I can't think of any right now, but I agree with these 2 suggestions
- I am not aware of highly functioning networks outside those for other health professions.
- Has an interest for a national health promotion network been demonstrated?

Other sectors

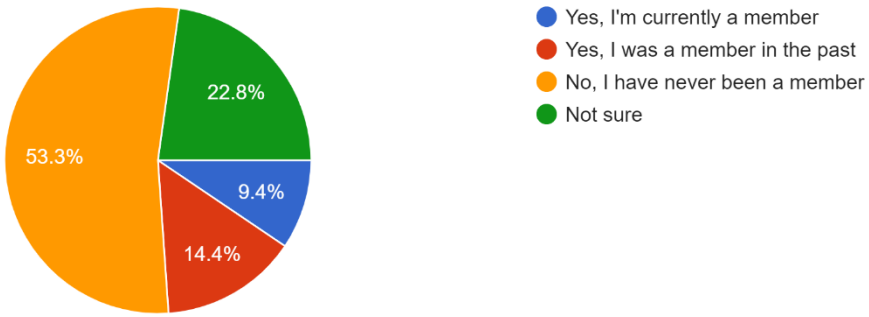
We know that intersectoral action is essential for effective health promotion outcomes. In addition to the HEALTH SECTOR (including public health, primary care, home care, long term care, hospital care) at all levels (national, provincial/territorial, regional/local), which OTHER SECTORS do you feel should be members (individual and/or organizational) of a renewed HPC? (Please provide examples of organizations, if possible): **145 responses**

See **Appendix H**

PART 4: Your involvement with HPC

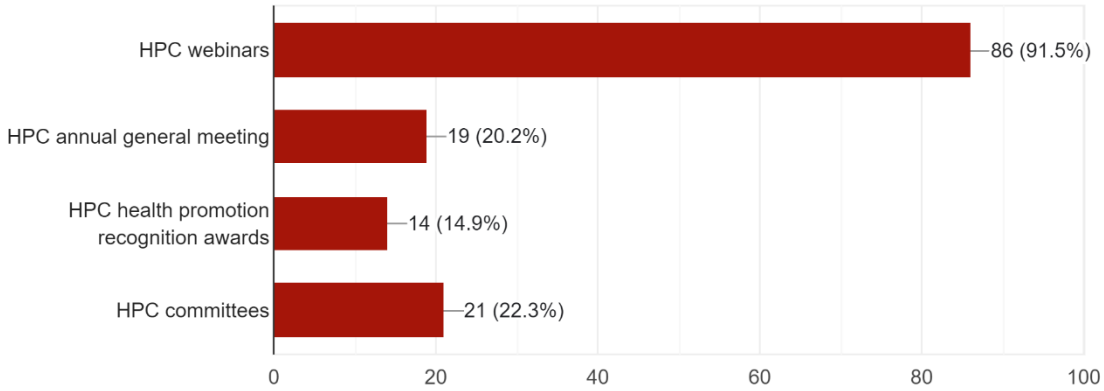
Membership in HPC

Are you, or have you ever been, a member of Health Promotion Canada?
180 responses



HPC activities

Which of the following HPC activities have you attended (please choose all that apply):
94 responses



Membership in other organizations

Are you a member of any other health promotion organizations? e.g. IUHPE, NCHEC (choose all that apply)

48 responses

Top Choices

- International Union for Health Promotion and Education (IUHPE, international) = 16
- National Commission for Health Education Credentialing (NCHEC, from the US) = 2
- PHABC x 8
- ASI x 5
- CPHA x 5

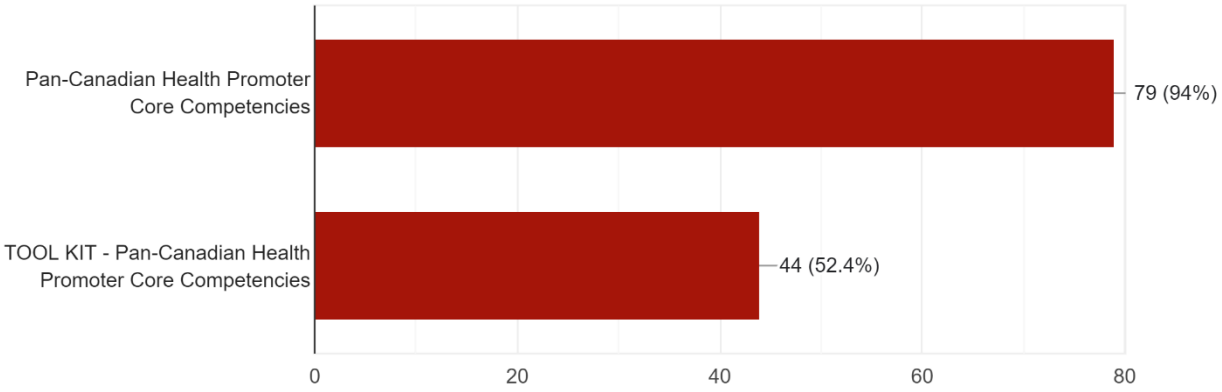
Other (1 each):

- Alternative health
- ACSM/CSEP
- CAPE
- APHA
- OPHA
- Canadian Frailty Network; Heart and Stroke Foundation; YWCA; Kitsilano Neighbourhood House; Healthy Heart society, Impact BC
- Canadian Health Promoting Campuses Network; International Health Promoting Universities & Colleges Steering Committee
- community health nurses of Canada,
- CDHA
- Direction de sante publique de Montreal, Montreal metropole en sante
- EDGE; have been IUHPE member on and off
- I was a member of IUHPE in the past, though it's getting too pricey for me now
- International Association of Facilitators; IAP2 Canada
- International Health Literacy Association
- I've attended some meetings of GAMIAN in the EU fairly recently
- I've attended the HP in-person workshops in Vancouver pre-pandemic
- PHANB & PEI
- Rural Health Network of BC
- Several public health physician organizations that include health promotion within their purposes
- SOPHE

Use of competencies

Have you ever used? (choose all that apply). For more information on 'competencies' please see the HPC website.

84 responses



Next steps

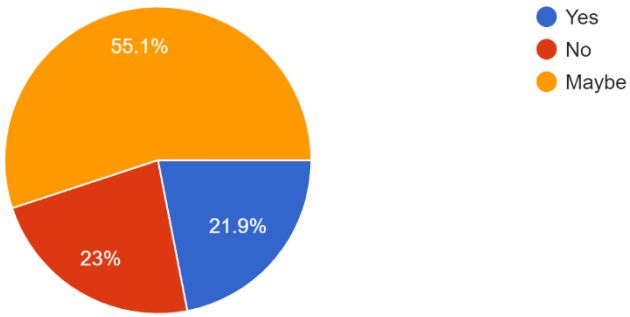
What are the next steps to renew HPC as a national organization? **112 responses**

See **Appendix I**

Interest in renewal

Would you like to be involved in the renewal process?

178 responses



APPENDICES

Link to Work Status

APPENDIX A

Please briefly describe a) your employment and/or student/retirement status, b) your job title, c) employer, and d) work area/discipline: 175 responses (EN); 7 responses (FR)

THEMES

- **The majority of respondents are employed** either full time, part time or self-employed (90), followed by those who are retired (15), students (6) or unemployed (1)
- **Most respondents have a health promotion job title**, or specific health promotion strategies (e.g. community development, injury prevention) as part of their job title. Academics and management roles were the next most common job title
- **The majority of respondents worked for provincial or regional health authorities or academia** with population and public health, healthy communities/community health and mental health and addictions being the top three most common work disciplines.
- For **respondents across sectors**, their work discipline is broadly defined by either life stage (e.g. early years, seniors), specific populations (e.g. Indigenous or immigrant health), strategies (e.g. community development) or primary prevention activities (e.g. chronic disease, injury)
- Reflecting the extensive reach of health promotion outside of health authorities and academia, respondents also came from **varied employers and occupations** including municipalities, school divisions, non-government organizations including charities and societies and the private sector

DATA SUMMARY

Employment status:

- Full time: 41
- Employed (no indication of status): 38
- retired: 15
- self-employed/consultant: 7
- student: 6
- part time: 4
- unemployed: 1

Title includes:
(Note: health promotors, health promotion facilitators, coordinators, specialists, community development coordinators, healthy living facilitators and injury prevention coordinators are all included under health promotion)

- "health promotion": 48
- professor: 18
- manager: 14
- consultant: 10
- Executive, senior director or director: 10
- program, project or team lead: 9
- community health: 5
- public health dietitian: 3
- public health nurse: 2
- policy analyst: 2

Employer: *(Note: not included yet … private companies, non-health entities, NGOs, charities with no specific name. Some respondents included their depts, but not their employers. Some included their regions or units, but not their province.)*

- AHS/Alberta Health Services: 14
- UBC: 6
- Northern Health: 5
- Prairie Mountain Health: 4
- IWK Health: 4
- BCCDC: 3
- Fraser Health: 3
- Saskatchewan Health Authority: 3
- University of Toronto: 3
- Huron-Perth PH: 2
- Interior Health: 2
- en promotion de la santé (RÉFIPS)
- Southern Health: 2
- Interlake-Eastern RHA: 2
- Nova Scotia Health: 2
- Peel Public Health:2
- City of Edmonton: 1
- Vancouver Coastal: 1
- Manitoba Health: 1
- Integrated Health and Social Services (CIUSSS), North of Montreal: 1
- Université Laval: 3
- Réseau francophone international

Work Area/Discipline *(Note: some double counting due respondents providing more than one area or discipline. For some areas (e.g. population health, chronic disease), it is difficult to tell if that is the respondents area/discipline or their employer/dept)*

- Population and/or public health: 13
- Healthy Communities or Community Health: 7
- Mental health and addictions: 6
- Health equity: 5
- Cancer prevention: 5
- Injury prevention: 5
- School health: 5
- mobilization: 1
- Chronic disease: 4
- Workplace health promotion: 4
- Tobacco reduction: 3
- Evaluation: 3
- Rural: 2
- Early years: 2
- Health Literacy: 2
- Knowledge

APPENDIX B

Link to Personal Reasons

What are your personal reasons for responding to this survey? 174 RESPONSES

Based on the Health Promotion Canada 2023 survey responses to the question *What are your personal reasons for responding to this survey?*; there were 174 responses and 5 main themes that emerged from the qualitative data. Some direct quotes from survey responses provide a flavour to the types of comments made under the respective themes identified.

1. Individuals believe in the organizational potential of HPC to **raise the profile of Health Promoters**. There is a want to **enhance the credibility of Health Promoters** across the country.
    a. "I believe health promotion and public health are currently undervalued in Canada, and hope that a national HP organization could help change this."
    b. "I believe it is important to build some consensus and credibility around what it means to be a Health Promotion Practitioner."
    c. "…There is little understanding/ recognition of Health promotion as a discipline/ field of study that requires a set of skills and level of expertise."
2. Individuals want to continue to grow and maintain their personal **learning and knowledge in the field**.
    a. "Would like to see more collaboration within the sector to leverage best practices and lessons learned"
    b. "...Learn new approaches to engaging communities and how we can help the overburdened healthcare system."
3. Individuals want to continue to **meet new colleagues** in the field, and **stay connected to others in the profession.**
    a. "I'm interested in networking with other Health Promoters and having a representing group would help propel decision-makers across the board to move to more upstream work."
    b. "...I think it is important to have a network where we can connect, build upon our knowledge, and create a concrete community of practice so that we all have greater confidence in the skills we bring to any position."
4. There is confidence that the profession and work of Health Promoters has the ability to **improve the systems we live and work in**; especially the public health system.
    a. "The significant value of focussing on health promotion to achieve better health outcomes for all age groups and a more robust health care system is overlooked."
    b. "I believe that health promotion is the key to a sustainable public health care system"
5. Individuals note that the pandemic has shone a light on the **need for the specialized work of Health Promoters** and to **continue investing in prevention.** An integrated, inclusive, upstream approach is something that Health Promoters can offer.
    a. "In the aftermath of the pandemic, I see that health promotion, as a core area of public health, is at risk due to competing public health needs, priorities, and funding. I fear that upstream and proactive approaches will be undervalued and possibly lost. Health promotion needs a strong voice."
    b. "There are numerous complex issues in our communities that will not be solved by single sectors. We need HP practitioners who can act as convenors of community-driven groups to develop community-led solutions."

APPENDIX C

Link to Membership Model

Why do you think the current provincial/regional 'chapter' model for HPC has not generated many HPC members outside of Ontario? 163 RESPONSES.

Twelve of the 163 respondents identified **multiple interacting factors** such as leadership, resources, organizational structures, and understanding of health promotion across sectors that could be influencing the decision of potential members ***both*** inside and outside Ontario to join chapters of HPC.

They summarized potential reasons in some of the following comments:

- *I suspect an impact of leadership or lack thereof in some provinces. Perhaps confusion or competing interests or lack of requirement and recognition of the need for membership as valued by employers*
- *Lack of understanding of what HP is 2) not knowing how their professional background can fit 3) lack of time*
- *I don't really know. There may be a few reasons: 1) not knowing enough about HPC; 2) language issues; 3) HPC must be jointly agreed upon between teaching institutions and practitioner-based organizations - such concertation is always complicated; 4) public health capacity has been strained in the past 2.5 years dues to the pandemic.*
- *This diversity and the transdisciplinary nature of HP is an asset but also a liability when it comes to forming a group.*
- *Unsure... perhaps there is less funding for other provinces, so less ability for membership fees being covered? Also, maybe there is less French content? (thinking especially for Quebec, whom I am sure appreciates having their own chapter.)*
- *Maybe due to the different public health structures in other provinces, other professional bodies that people belong to, different ways of networking through social platforms*
- *Ce n'est pas diffuse au sein du reseau de sante publique au Quebec. C'est une colleague du Manitoba qui a parler de votre existence dans une communaute de pratique. Les frais de membership sont un frein a devenir membres. [It is not diffuse within the public health network in Quebec. It was a colleague from Manitoba who talked about your existence in a community of practice. Membership fees are an obstacle to becoming members.]*

Responses from the remaining 151 respondents to this question provide insight into specific issues that are most pressing to the majority of respondents. Themes are organized by frequency of responses:

1. **A lack of awareness: 60 respondents indicated that they either did not know the answer to the question, were unsure or had insufficient knowledge to elaborate with comments such as:**
    - *I am very well networked within the HP field in my province and I never hear about action, events, information on our chapter. It is unclear the chapters' role and the vision for HP Canada as a whole. I am happy to be a member of an organization that provides great value, I have not seen the value for my chapter at this time*
    - *To be honest, I have not heard of the existence of the HPC before I received this survey. I may be "out of the loop" but I think it is one of our country's best kept secrets. I am delighted to learn that there is indeed an existing structure and organization and would love to see it flourish.*

- *Likely because people such as myself were not aware of it, and many MPH-HP grads work in a wide variety of roles within and outside public health. This diversity and the transdisciplinary nature of HP is an asset but also a liability when it comes to forming a group.*
- *Lack of awareness, what it offers, how to engage.*

2. **Regional Diversity: 28 respondents reflected on the context of their provinces, with 13 of the 28 respondents indicating that HPC best suited Ontario members. Comments included:**
   - *Different areas don't always define the work formally as health promotion, or fund positions that are explicitly defined this way.*
   - *NS is a small province with limited resources and competing priorities. Health promotion has been lost in an evolving agenda with limited engagement across the province. The pandemic has exacerbated the situation.*
   - *In the Atlantic Region, we have the Atlantic Summer Institute on Healthy and Safe Communities that is doing similar work. No need for a separate organization, i.e., an HPC chapter. An affiliation with HPC would be more realistic and productive.*
   - *I don't think the Nova Scotia 'chapter' ever took off. I remember hearing about a few folks trying to set it up around 2017 or so and nothing ever happened with that.*
   - *I don't believe the chapter model is working in MB*
   - *Health Promotion practitioners in Alberta are fragmented - we don't even have the same job descriptions and responsibilities, let alone a common sense of purpose and approach.*
   - *No local presence*
   - *There are several undergraduate HP programs in Canada but none in the West (https://www.alphaweb.org/page/HealthPromotion). Is this a factor?*
   - *Ontario had a well-established network - might need to develop contacts in other provinces*
   - *Because in Ontario, the resource structure funds Health Promotion as an independent practice group within PH Units, more time and capacity is found in Ontario. In NS for example, HP roles are often embedded deep in clinical organizations and services, with some collection of roles in public health, however the numbers are fewer.*
   - *I'm originally from PEI and Ontario-based organizations rarely put enough effort into geographic diversity through outreach, inclusivity, and a willingness to understand the limitations of working with under-resourced organizations in have-not provinces who have far less funding and networking opportunities.*
   - *Communications don't seem to go much broader than ON*
   - *Ontario has a very different model of public health than other provinces -- I have found that outside of Ontario it is hard to identify people who work in public health generally -- it's just not a way that people organize themselves.*
   - *I wonder if this is a reflection of Canada in general. Many decisions are influenced by and run out of Ontario. It also has the majority of the Cdn population, so of course they will have higher numbers. Further, maybe HP work or titles look differently in other areas, so maybe what HPC considers HP work isn't resonating as well in those areas...? Not sure. Lastly, it's been tough in the pandemic and I wouldn't fault any chapter for not focusing on growing their membership during that time.*

3. **Value to chapter members: 21 respondents commented on the lack of value as a key factor. Comments reflected the perceived benefit vs cost:**
   - *Lack of promotion/understanding of the benefits local chapters offer to communities*
   - *People might not see the value in being part of a 'chapter'. What is in it for them? Their workplaces might also not be supportive of doing this on work time.*
   - *There has to be value in a membership and it has to be affordable.*
   - *There has to be a focus/value for participating, something that impacts and contributes to your work - the application of. I don't feel the current model has offered this; not sure it's the membership model or the focus?*
   - *Not enough activities and coordination on a national level*
   - *We did not get a lot of management support for joining. And I haven't seen a lot of opportunities to network.*
   - *Perhaps providing more in-person and virtual networking opportunities with in-service skill building and training would help to motivate others to become members and provide more value for professionals to join this network*

4. **Not enough visibility: 13 respondents commented on the lack of advertising and lack of clarity in the messaging as to the purpose of the organization, with comments such as:**
   - *I think visibility and clarity of purpose (the "why" of membership) may be an issue.*
   - *Not enough promotion/not proper promotion/fees*
   - *Lack of promotion of the model, various methods of implementing HP in other provinces; many who work in HP were redeployed during covid for long lengths of time*
   - *No action, nothing to grab people's attention and ask for action.*

5. **A current challenge for membership organizations: 7 respondents indicated that attracting members is a challenge across Canada for many organizations which have traditionally been membership based.**
   - *It's a challenge for many membership organizations. From what I've seen being on boards and members of other organizations, the benefits/outcomes/incentives/recognition don't outweigh the time invested/the skills gained/the impact seen etc.*
   - *It is difficult in general to sustain membership-based networks at the moment, and health promotion competes for time commitments with public health*
   - *People belong to a number of organizations now and not interested in another local organization to belong to*
   - *Many other organizations competing for a small pool of health promotion staff (colleges, interest groups etc.)*
   - *Too many other organizations which one is also expected to be a member of (CPHA, provincial chapter, specialist society, provincial peer organizations - the list goes on and on)*

6. **Lack of Leadership: 8 respondents identified leadership at many levels as a key issue:**
   - *Lack of leadership and vision*
   - *No real person in charge or taking the lead, just volunteers*
   - *No local champions*
   - *Perhaps lack of a backbone organization with a strong mandate in HP?*
   - *Champions are needed and supportive structures*

7. **Lack of professional recognition/organizational support: 7 respondents offered a variety of comments as follows:**

- *No National Certification, Not a Job Requirement, No Marketing/Outreach, What substantial benefit is being a part of a chapter giving to members?*
- *Not required by or supported by employer to be involved in or linked to HPC as a "professional" associations*
- *Lack of recognition of health promotion as a job category/option in most health-related job postings.*

8. **Lack of Capacity: 7 respondents identified the work as being beyond their ability and resources, given the demands on their time, especially during the pandemic. Examples are below:**
   - *Not enough people at the table. I think if you engaged all the SDO's managers for Health Promotion as leads in the Province we may be able to see a reintegration or regrouping.*
   - *Capacity. I am interested in HPC and their work. I was briefly engaged w. the group in its earliest stages but found the demands too high. I just couldn't be responsible for engaging everyone in YT who is doing Health Promotion work. If my role w. HPC could have been scaled down I* would have stayed engaged.
   - *No bandwidth to sustain local chapter*
   - *Most as discouraged by the system and believe that no one will work to fix it. This removes any desire for engagement.*
   - *Perhaps because resources in other provinces are less, and the Pandemic took a lot of our energies. Also, lack of communication*

9. **Limited emphasis on Health Promotion: 6 respondents identified the broad scope of health promotion and the alignment with public health as having an impact:**
   - *There is a dwindling number of professional or academics interested in, or knowledgeable about, the role of health promotion in public health*
   - *Perhaps the definition of how wide the scope of 'health promotion' is, isn't clear? Or people working in HP have other, specific HP area (e.g. injury prevention, suicide prevention, healthy eating, healthy children & families, etc.) provincial groups they work with and under (e.g. the Alberta Unintentional Injury Prevention Network, ...). It may be hard to get provincial HP professionals of such varied practice areas to see things with a common HP lens?*
   - *There is so much overlap (https://www.cpha.ca/strengthening-public-health-systems-canada). We need to get clearer on the core sciences and concepts of PH. HP practitioners should be strong in the social and behavioral sciences and I see many people working in the field without that background. What is the HP voice in the Cdn Strengthening Public Health initiative? How can this be leveraged for advancing HP?*
   - *The last statement from CPHA I can find on HP is 1996 - https://www.cpha.ca/action-statement-health-promotion-canada. I may be missing something not working directly in the field but it seems through CPHA and the Canadian Public Health Association and its chapters there has perhaps not been enough support for HP? What about through PHAC?*
   - *Too public health unit focused - health promoters exist everywhere yet we it appears they focus in one sector only*

APPENDIX D

Link to Benefits

In your opinion, what are the 3 main BENEFITS of developing a national Canadian health promotion organization? Responses = 167

Here are some of the responses to the question "What are the three main benefits of developing a Canadian health promotion organization?"

We would have a **model** that public health organizations, healthcare, programs, governments can align to ensure equity, health promotion principles and competencies in their work and would be able to maintain a health promotion perspective rooted in the Ottawa Charter (i.e. activist, focused at all levels from the personal to the global) with a strong focus on the social, cultural, economic, political, built and natural environments, and on health inequity.

It also would be a place for **educating, training and guiding** students and early career professionals and for keeping up to date with the field of health promotion as well as having all health promotion tools and resources oriented to the Canadian context in one place, assuring consistent standards in the training of HP specialists, and for increasing capacity for action in the field. It could also maintain educational competencies and standards in health science/health studies programs at all levels. It would also be able to develop a "collectivity" of rigorously trained professionals who possess a deep understanding of, and appreciation for the nature, value, and history of health promotion with respect to public health. Improved recognition and understanding of health promotion as a practice and its theories could further employment opportunities, build capacity improve health outcomes and bring credibility to the profession. connecting like-minded people from a variety of disciplines together and has potential to influence the broader public health agenda.

Moreover, it could provide **opportunities for collaboration** across Canada. For example, academic institutions and community partners, as well as connecting with, learning from, contributing to international developments in the conceptualization and utilization of health promotion in addressing global, national, and local health related issues. It would also provide an opportunity develop basic guidelines applicable across provinces& territories, creating space for health promoters to dialogue, listening to each other posing their questions and gaining an understanding of other health promoters and their works. A national, coordinated voice for HP would bring credibility to the profession, mainstream knowledge, build capacity, heighten presence of the field, Influence policy and networking with other health promoters as well as professional development and create a collective national voice on critical issues and foster a stronger network of HP's working across the country.

In addition, it could evaluate the needs of Canadians and generate ideas for research, provide **leadership** in health promotion and related academic fields of research and practice such as Gerontology, Kinesiology, Social Work as well as champion the call and organization of federal investments into health promotion and lead to rally other key personnel and organizations to create momentum and impact in the development of coherent conceptual and research driven national and regional policies and programs.

It could also **advocate** for health promotion and EDI alignment to ensure fair allocation of resources across the country and Improved understanding of policy makers about the broad definition and impact of health promotion and tackle new issues impacting health, despite industry pressure .It may also help

to reduce 'reinventing the 'wheel' with respect to the creation of **resources**, support the dissemination of high quality resources in important topic areas and for allowing for effective use of government and not-for-profit funding associated with the development of these resources and providing the public with high-quality, evidence-based resources about climate change and the health promotion potential for a Just Transition to reduce poverty, homelessness, unemployment and inequality, especially in regard to marginalized communities and partnerships with (for example) Indigenous communities to provide culturally appropriate and relevant care.

This is a short version of the benefits of developing a Canadian health promotion organization suggested by the respondents to the survey. For those of you interested in pursuing the matter further, you are welcome to connect with Health Promotion Canada at healthpromotincanada.ca.

APPENDIX E

Link to Barriers

In your opinion, what are the 3 main BARRIERS to developing a national Canadian health promotion organization? Responses = 172

Key Themes – in order of frequency:

1. **Funding/ Capacity –** (terms including "funding" "costs", "finances", "resources" "capacity" mentioned 60+ times)

   Lack of dedicated funding and volunteer capacity to do the work of building and funding the infrastructure to support a national network. A fee-based model of membership may not be affordable or practical:
   - *"the work of developing and maintaining a national network has been left to volunteers who have busy schedules and many responsibilities. If possible, funding a paid position to focus on day to day operations would help advance a national organization at a faster pace."*
   - lack of capacity – current volunteer model is not sustainable
   - a few mentioned membership fees not being sustainable or possible with a lack of organizational/employer support.

2. **Jurisdictional, Structural and Systemic Barriers (It's a big country and each province has different structures) –** (variations of this theme mentioned 30+ times)

   The diversity and regional and provincial variations in terms of how health promotion is organized and delivered across the country is a barrier to organizing ourselves at the national level:
   - Different structures in different provinces/territories
   - "The size of our country" 'It's a big country"
   - "Different ways of working across the province never mind the country"
   - "variance of Health Promotion across the country, different mandates and focus, variety of backgrounds that already have professional associations."

3. **(Lack of) Clarity of Vision, Mandate, Purpose and Role: "**lack of clarity", "confusion" "lack of vision" mentioned 15+ times

   There was a sense that health promotion work is so diverse and varied across different settings and contexts that it is challenging to define a common unified definition and purpose for a national organization. Also since HP work is embedded in other public health disciplines, eg. Nursing, nutrition, MPH, epidemiology, it is difficult to recognize the value or the isolation of HP work as a unique discipline or skill set:
   - "The role of health promotion is so broad and implemented very differently across organizations"
   - "lack of professional designation"
   - Lack of understanding of what health promotion is among leaders in public health"
   - "confusion with other organizations"
   - "unclear of the value [HPC] provides, purpose"

4. **Communications and Engagement:** “lack of awareness” “communication” “engagement”

   Comments on the lack of visibility of health promotion work which often happens behind the scenes, leading to a lack of awareness among the public and decision makers. We have difficulty articulating the value of what we do in a way that people understand it:

   - “Lack of forum for our communications”
   - “We are too wordy in our communications”
   - “Lack of awareness of health promotion as a distinct filed of theory and action”

APPENDIX F

Link to Functions

Are there any other functions you feel are important and should be added to this list?
73 responses (Removal of 'no' 'n/a' 'none'= 67)

Survey respondents were asked to rate the importance of five functions including networking, partnerships, professional development, recognition and advocacy/collective action for a national health promotion organization in Canada. Respondents were also asked to identify any other functions that should be added to the list provided.

Additional functions include:

1. **Strategic approach** to health promotion that describes a vision for Health Promotion in Canada and demonstrates the discipline as an area of specialization. An approach that describes why Health Promotion is a critical component to a robust health care system with national coordination aligning academia, policy makers, practitioners, and Federal, Provincial and Territorial ministries. It must include opportunities for meaningful engagement in the decision-making process related to important public health issues, decolonizing public health approaches through engagement with Indigenous communities, and outreach programs/packages for non-health related professionals and lay persons.
2. **Secured funding** to support practical initiatives that meet the health and social needs of communities. Funding sources should reflect the range of vested partners including Municipal, Provincial, Territorial and Federal governments, and not-for-profit sector and private sectors.
3. **Health Promotion curriculum** to ensure the integration of theoretical underpinnings into health promotion practice, and enhance confidence and competence of health promotion practitioners.
4. **Evaluation** of health promotion initiatives, according to international standards, to determine the effectiveness of health promotion initiatives and **ongoing research** to demonstrate the impact of redressing health inequities.
5. **Knowledge dissemination** strategies to share research findings, program/project evaluation reports and lessons learned among Health Promotion practitioners and other sectors across the country.
6. **Media presence** including common health promotion messages, opportunities to showcase the value of health promotion through practice and a venue to dispel misinformation.

APPENDIX G

Link to Purpose

In your opinion, what is the most important purpose for a national health promotion organization? 161 responses (EN)

Qualitative synthesis of results

Although there was some diversity in the responses, the overwhelming finding from analyzing the answers to this question is that there are several clear, interlinked themes that are shared by a plurality of respondents. While there were some quite specific and concrete suggestions to work on particular issues or with a setting or population, the vast majority of responses identified key strategies and capacities that HPC should set as its main purposes.

1. **Networking and Collaboration**: Many responses emphasized the function of networking and collaboration between HP academics, practitioners and community members to support building capacities in HP knowledge-sharing, policy advocacy and HP intersectoral actions. HPC was seen as the key national forum for the different local and regional particpants in the field to get together (virtually or in-person) to strengthen HP in Canada.
2. **Communication and Advocacy**: many responses spoke to the role HPC can play in helping to develop a collective voice and common vision so that key HP messages and priorities can be communicated internally in the field as a whole and externally to multiple audiences, with policy-makers seen as a top communication and advocacy priority.
3. **Credibility and Recognition**: Many responses pushed for HPC to play a role in enhancing the overall credibility of the field and developing recognition of HP knowledge and expertise, including identifying certified practitioners.
4. **Knowledge-sharing**: although this theme is certainly part of an overall communication strategy, there was specific emphasis on the role HPC can play in collating and being a repository of the evolving evidence base for HP, both in terms of overall approaches and frameworks, but also in terms of specific tools and interventions.
5. **Learning, Training and Competency Development**: HPC was seen as an organization that could provide opportunities for HPers to learn new knowledge and skills, become trained in specific HP competencies and develop recognition of these competencies.
6. **Providing Leadership on defining HP**: It was clear that several important points were made that fit under a theme of HPC having as its purpose to uphold and defend a clear, Ottawa Charter-based definition of HP and to communicate that internally and externally. This was tied to a notion that HPC needed to explain the value of HP.

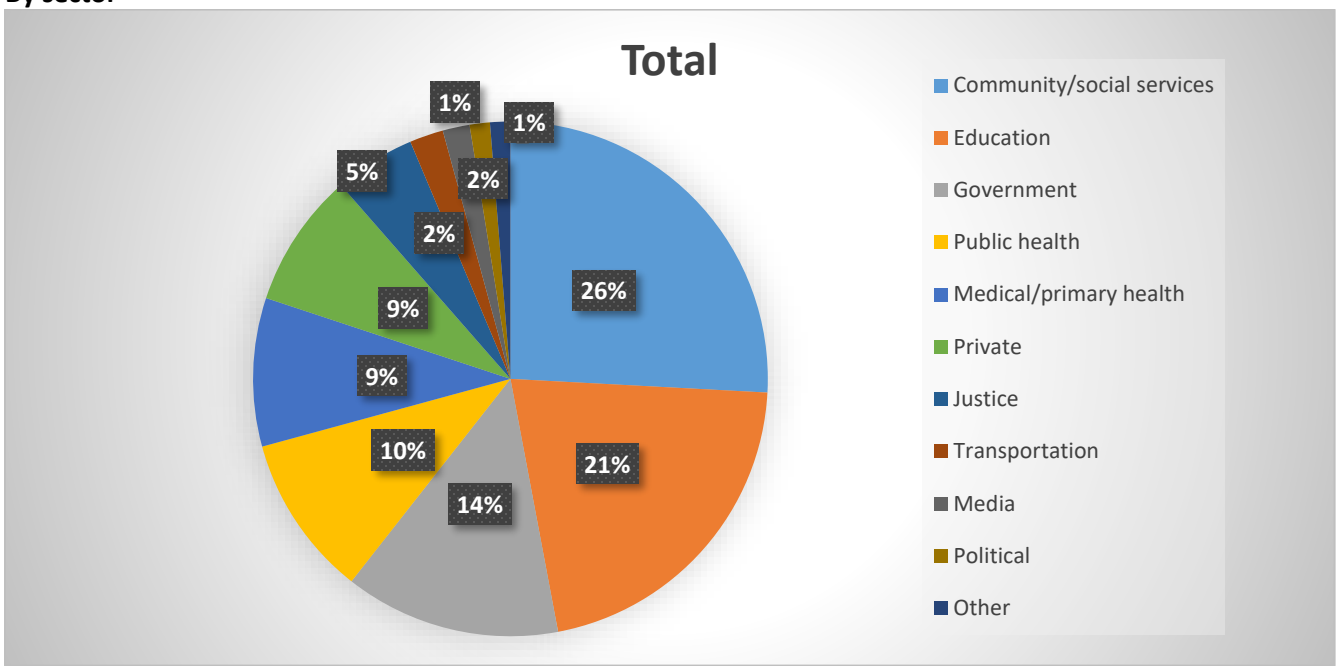
There is some overlap between these themes, but most of all it seems that there is a narrative implicit in how these themes are logically linked together. The networking and collaboration are necessary to develop the common vision and update our evidence and knowledge about HP as a collective endeavor, so that we can more effectively advocate for the implementation of HP strategies and actions. In order to do these things, credibility and recognition are required, and the latter can only be achieved if we are sharing our best HP knowledge, and offering opportunities to learn and train people to be competent health promoters. However, none of this can happen unless there is a core shared understanding of what HP is, and what it does.

APPENDIX H

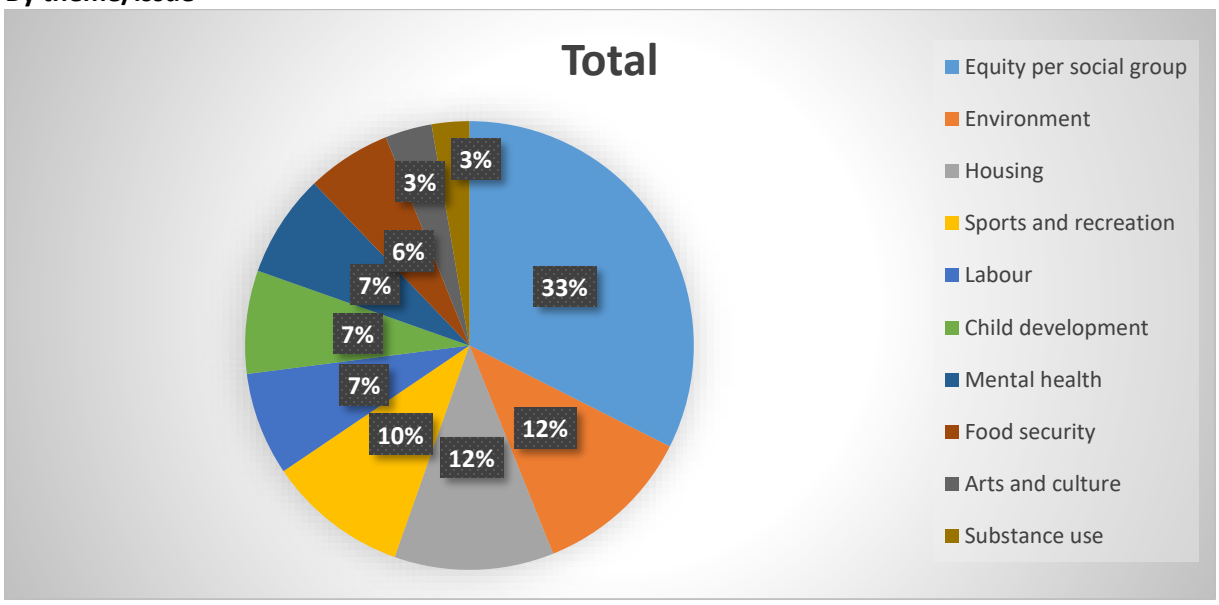
Link to Sectors

We know that intersectoral action is essential for effective health promotion outcomes. In addition to the HEALTH SECTOR (including public health, primary care, home care, long term care, hospital care) at all levels (national, provincial/territorial, regional/local), which OTHER SECTORS do you feel should be members (individual and/or organizational) of a renewed HPC? (Please provide examples of organizations, if possible): **145 responses (EN); (With French responses)**

By sector



By theme/issue



Some qualitative data

HP could collaborate with/in all sectors

"social determinants of health and social determinants of mental health facing organizations should be the root"

"you could literally list any sector, as health promotion work could take place in and with collaboration from any sector."

"But there are those who don't see themselves as public health promoters (recreation, social, educational and individuals) who need to be acknowledged for their health promotion work."

Intersectoral collaboration could become too broad/too much

"I do worry about HPC getting too broad in scope & losing focus by including too many sectors."

"This is the barrier - hp is so big - what is the purpose of HPC - more appropriate to include cross sectional partners in specific projects where their participation and role is clear rather than just general inclusion in something they might not see as relevant to them..."

All sectors mixed by highest to lowest count

Sector	Examples	Total count
Community/social service sector	Grassroots organizations (one.org/canada) Community members and leaders Non-profits, health non-profits Social work Community development Social development (Canadian Center for Policy Alternatives) Big Brother, Big Sister Tamarack YMCA, YWCA OMSSA FADOQ FCSS in Alberta NGO (9: Humanitarian organizations, MSF, United Way, UN-Habitat, Health specific charities (Heart and Stroke, Canadian Cancer Society, Diabetes Association))	61
Education	Literacy Universities/academia Schools Accreditation Canada Health promotion specific programs CICMH, CACUSS School boards	50
Equity and social justice per social group	Poverty Women's rights Seniors Racial and ethnic minorities Immigrants, refugees Intergenerational organizations EDI Disability Racism	48

Sector	Examples	Total count
	Indigenous (17, Friendship centers, Native Women's Association of Canada, Congress of Aboriginal Peoples, Native Council of PEI, Metis Association, First Nation, Health Councils, Assembly of First Nations)	
Government	Policy Local, municipal, regional Elected officials Urban planning Various government departments (education, health, sustainable development, etc.) Union des municipalités du Québec Social planners in municipal government Association of municipalities of Ontario Military Federation of Canadian Municipalities	32
Public Health	Health standards Health authorities Injury prevention Community health Health screening NCCs PHAC Health geography Chronic disease prevention PH research	24
Medical/primary health	Physiology Gerontology Medicine Nursing Kinesiology Paramedics Patient organizations Caregiver organizations/associations Pharmaceuticals Trauma surgery Rehabilitation Palliative care	22
Economic	Health economics Finance Social economy Private (11: Businesses, Health-related businesses (e.g., Nurse Next Door), Chambers of commerce)	20
Environment	Climate Sustainable development groups	17
Housing	FRAPPU CMHC	17
Sports and recreation	CPRA Sport safety	15
Justice sector	Corrections Law enforcement Decriminalization	12

Sector	Examples	Total count
	Violence and public safety Canadian Chiefs of Police	
Labour	Unions Employment Professional associations Workplace safety	11
Child development	Child care Child and family Early childhood development Day cares Parenting programs	11
Mental health	Counseling Childhood coping mechanisms CMHA Mental Health Commission	11
Food security	Food safety Agricultural Nutrition Food Banks Canada	9
Transportation	Translink Canada (BC) Active transportation	5
Arts and culture		5
Media	Marketing Influencers Communications	4
Substance use	Harm reduction	4
Political sector	Political parties Democratic organizations	3
Other	Faith Engineering Tourism	3

APPENDIX I

Link to Next Steps

In your opinion, what are the NEXT STEPS that should be undertaken to renew HPC as a national organization? (Please list your TOP 3) 112 responses (EN); 4 responses (FR)

The TOP THEMES in the survey responses included (similar across the English and French surveys):

1. Provide value for members
2. Create a plan that is strategic, focused on a defined and unique role for the organization
3. Promote the organization, and the need for the organization, widely
4. Partner and align with other organizations at the national and provincial/territorial levels
5. Undertake practical and concreate activities/projects
6. Ensure a focus on equity, diversity and inclusion
7. Attend to the need for funding

Examples of ways to implement these next steps included:

1. **Value for members**
   - Provide career building opportunities
   - Certification and licensing examinations / credentialing that is more diverse than health
   - Support curriculum connected to MPH so that credentials for HP and other jobs are comparable to BSN
   - Map members so we can find each other / Set up online networks
   - Consider becoming a professional association
   - Validate students as new professionals
   - Provide practical opportunities for participation by volunteers
   - Provide mentor/mentee supports

2. **Planning**
   - Create a 3-year strategic plan … mission vision goals etc.
   - Focus on policy and practice gaps
   - Use info from this survey
   - Create governance model / recruit board
   - Environmental scan of other similar organizations globally
   - Form advisory group / create committees
   - Review competency frameworks
   - Develop a communication strategy
   - Develop options to continue the organization with a specific/unique focus or consider sunsetting the organization
   - Hire people, don't just rely on volunteers
   - Build a network across disciplines and regions

3. **Promotion**
   - Via social media and website
   - Create a newsletter
   - Share info from this survey
   - Lobby key decision makers in Canada about importance of HP (Bank of Canada, research and business councils, climate change orgs etc.)

- Build use of the competencies
- Invite a politician to help promote (e.g. on child care)
- Call for members / membership drive
- Advocate to employers … give organizations a reason to support

4. Partnerships

- Partners with other organizations; create a mind-map of potential partners
- Create pan Canadian network and link with CPHA (and others) to develop national profile
- Work closely with provincial organizations
- Meet with potential stakeholders
- Don't duplicate what others are doing / find unique niche
- Partner with Indigenous leadership groups
- Engage with universities and connect with students / engage alumni

5. Projects/activities

- Create new research and practice projects
- Host a conference/ partner with other conferences
- Create a public advocacy document
- Undertake small local health promotion efforts
- Review the current state of health promotion in Canada
- Host a think tank

6. Equity/Diversity

- Include all strata of the population
- Focus on gender equity
- Continue the work of decolonizing and anti-racist practices
- Integrate indigenous perspectives

7. Funding

- Find a funder/ secure funding / find resources
- Secure research funds
- Use survey results to apply for grant funding
- Keep costs down as employers won't pay