IUHPE – UIPES

INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION
UNION INTERNATIONALE DE PROMOTION DE LA SANTÉ ET D'ÉDUCATION POUR LA SANTÉ
UNIÓN INTERNACIONAL DE PROMOCIÓN DE LA SALUD Y EDUCACIÓN PARA LA SALUD

IUHPE Advancing Health Promotion Capacity in Canada

Activity n°3: Advancing reflection about the development of an accreditation system for health promotion in Canada

Report to the Public Health Agency of Canada, July 2018

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INTRODUCTION

Under this activity, IUHPE was asked to plan and hold a working meeting to advance reflection about the development of an accreditation system for health promotion in Canada. The purpose of the meeting and preliminary developmental work was to examine how this system, in conjunction with the competencies for Public Health already developed by PHAC, could support capacity building and increase the level of expertise of the Canadian health promotion workforce.

Relevance

The concept of capacity building for public health and for health promotion specifically has gained much attention during the last decade. National as well as international organizations increasingly focus their efforts on capacity building to improve competencies of a broad range of public health actors.

IUHPE has developed and implements a Health Promotion Accreditation System which builds on internationally agreed definitions of Health and Health Promotion as defined in World Health Organisation (WHO) Charters and Declarations on Health Promotion. The System also builds on international experience and research in competency-based approaches to Health Promotion, including the Galway Conference Consensus Statement on Domains of Core Competency, Standards and Quality Assurance for Building Global Capacity in Health Promotion, the CompHP (Competencies for Health Promotion) Project and other competency frameworks developed globally. Building on the findings of the CompHP Project, the IUHPE accreditation system aims at further developing quality assurance systems for Health Promotion in Europe and now at the global level.

The development of options for an adapted health promotion accreditation system and its potential application in Canada is an assurance of quality, competence and mobility in Health Promotion practice throughout the country and in other parts of the world.

The activity described here provided impetus to these efforts with good potential to extend beyond the project period.

Objectives of the project activity

- To draw further attention on the concept of capacity building for public health. International organizations, Ministries of Health as well as several research projects increasingly include capacity building in their activities in order to enhance impact and performance in their programmes. The emergence of the concept of capacity building for public health and for health promotion more specifically coincides with a shift of focus from directly trying to influence the health of the population towards enabling systems and networks to conduct public health actions in a self-determined and sustainable manner. The underlying idea is that enhancing the capacity of a system to prolong and multiply health effects represents an added value to the health outcomes achieved by singular interventions.
- To propose options for an adapted health promotion accreditation system for potential application in Canada;
- To potentially highlight indispensable dimensions which future health promotion capacity assessments could build on if a voluntary System of Accreditation of Health Promotion were developed and implemented in Canada or if an Institution in Canada became a National Accreditation Organization under the IUHPE Health Promotion Accreditation System (like Australia, Ireland, and the United Kingdom).

Elements of the activity and deliverables

Two essential elements for this activity included:

1. A planning meeting of a Workshop to propose options for an adapted health promotion accreditation system for potential application in Canada;
2. The Workshop itself which took place in Montreal on February 26, 2018.

Concrete deliverables include:

- **A comparative analysis of the competencies for Public Health developed by PHAC and those developed by the CompHP project** in which professional standards for health promotion practice and an IUHPE accreditation system specifically for health promotion has been developed (June 2017 through October 2017) (See Appendix 1).
- **The present report,** outlining the highlights of the Workshop discussions for an adapted Accreditation System for health promotion for potential application in Canada.

All products or follow-up decisions coming out of the Workshop were meant to have a practical orientation aimed towards implementation at different territorial levels.

Together, PHAC and IUHPE will agree on the most appropriate channels to communicate this work.

Part I – Planning Meeting

Date: 5 July 2017

Venue: Paris, France

OBJECTIVES OF THE PLANNING MEETING

- To agree on the key issues and focus for the Workshop;
- To review current knowledge/understanding of Health Promotion/Accreditation in Canada; identify gaps and agree on how best to address them;
- To propose a structure for the Workshop, including presentations/discussions, etc;
- To identify the key people who are pertinent to the meeting and/or the issue of accreditation in Health Promotion in Canada and the relevance of their involvement;
- To identify invitees to the meeting, including key speakers/others;
- To agree on a work plan, including key tasks and responsibilities in relation to the holding of the Workshop.

LIST OF PARTICIPANTS

- Barbara Battel-Kirk, Coordinator of the IUHPE Health Promotion Accreditation System
- Marie-Claude Lamarre, IUHPE Executive Director (now retired)
- Stephan Van Den Broucke, IUHPE Vice President for Capacity Building, Education and Training and Professor and Researcher at the Catholic University of Louvain, Belgium

Apologies were conveyed by Margaret Barry, leader and expert in the field.

Through an initial discussion,

- The history of responses to accreditation in Canada based on literature was reviewed;
- The renewed interest in professionalization possibly related to the publication of Pan Canadian Health Promoter Competencies (Health Promotion Canada, 2015) was acknowledged;
- The focus of the agreed work – key words "adapted" / "potential" use and identification of options in relation to accreditation in the Canadian context was agreed;
- The importance of working in partnership with Canadian Health Promotion community from earliest stages in the process (including planning of the Workshop) was recognized;
- The membership of Health Promotion Canada Executive Committee was noted and recognized as links to the wider Health Promotion community;
- The development of a subcommittee of Health Promotion Canada, focusing on Health Promotion education was acknowledged. Dr I. Rootman and Professor J. Springett were identified as potential attendees/contact points in exploring accreditation in the Canadian context;
- The need to set a date for the Workshop as soon as possible was agreed (January 15th was initially suggested, but it took place on February 26, 2018 in Montreal).

PARTNERS FOR THE ACTIVITY

The following institutions were identified:

1. Public Health Agency of Canada
2. Health Promotion Canada has already developed and published a set of Health Promotion competencies. They can be accessed at http://www.healthpromotercanada.com/hp-competencies/.

The latter are presented as complementing the generic PH competencies.

One of the areas of health promotion that Health Promotion Canada is particularly interested in is education for health promotion practice. They are keen to study the "Skills for Public Health" Program, which was originally developed to promote professional development in public health, in order to assess the component related to health promotion, and in particular, the "Health Promotion Path."

The Executive Committee of Health Promotion Canada has approved the establishment of a working group consisting of health promotion educators as well as students and practitioners to explore the potential for professional development in health promotion based on new competencies.

These efforts nurtured a dialogue leading to the workshop meeting in Montreal in February 2018 with key actors in this area as participants.

AGREED ACTION POINTS

Objectives 1 and 2

1. To agree on the key issues and focus for the Workshop
2. To review current knowledge/understanding of Health Promotion/Accreditation in Canada; identify gaps and agree on how best to address them

It was effectively agreed that the purpose of the Workshop would be to advance reflection on the potential development of an accreditation system for Health Promotion in Canada in the context of capacity development, with the following objectives for the Workshop itself:

- To share information on current developments in accreditation for Health Promotion globally in the context of capacity development;
- To explore current opinion within the Canadian Health Promotion community on competency-based accreditation;
- To propose options for an adapted Health Promotion system for potential application in Canada;
- To highlight the key dimensions on which future Health Promotion capacity assessments could be made if an adapted system of accreditation was developed or if a Canadian National Accreditation Organisation within the IUHPE Health Promotion Accreditation System was established;
- To review commonalities between the CompHP/IUHPE and Pan Canadian Core Competencies in the context of potential development of Health Promotion accreditation in Canada;
- To agree on the future in relation to the potential development of Health Promotion accreditation in Canada, including further exploration of opinions on/support for accreditation within the Canadian Health Promotion community.

Action points

Task	**Lead/Responsible person(s)**	**Date for completion**
Agree on a date to hold the Workshop	Marie-Claude Lamarre, PHAC	As soon as possible
Draft outline purpose for the Workshop	Barbara Battel-Kirk	16th July 2017
Review/agree on the purpose	Stephan Van den Broucke, Margaret Barry, Paolo Contu, Marie-Claude Lamarre, Barbara Battel-Kirk	16th August, 2017
Revise as required	Barbara Battel-Kirk	26th August, 2017
Share agreed purpose for review by PHAC	Marie-Claude Lamarre	1st September, 2017
Revise as required following feedback	Barbara Battel-Kirk	15th September, 2017
Final version of outline purpose for the Workshop	Stephan Van den Broucke, Margaret Barry, Paolo Contu, Marie-Claude Lamarre, Barbara Battel-Kirk, PHAC	20th September, 2017
Include in papers/agenda for dissemination before meeting	Marie-Claude Lamarre	December 2017

Objective 3

- To propose a structure for the Workshop, including presentations/discussions, etc.

Draft agenda

Time	Focus/topic	Speaker
0900 - 0930	Welcome and Introductions	Dean of School of Public Health, University of Montreal (Dr Réjean Hébert) /PHAC/ Marie-Claude Lamarre (Chair am)
0930 - 0950	Capacity and capacity development in Health Promotion and Public Health globally (with references to commonalities and differences between the two disciplines)	Stephan Van den Broucke
0950 - 1010	Competency based approaches to quality assurance in Health Promotion – overview and concepts	Margaret Barry
1010 - 1030	Competency based developments in Canada in the context of a potential accreditation system	Speaker from Health Promotion Canada (tbc)
1030 - 1050	Comparison of IUHPE/CompHP and Canadian Health Promotion and Public Health competencies in the context the development of an accreditation system	Barbara Battel-Kirk
1050 - 1110	Refreshment break	
1110 - 1130	Accreditation systems in Health Promotion - structures, key components, courses and practitioners (focus on IUHPE System)	Barbara Battel-Kirk
1130 - 1145	Questions and clarifications	
1145 - 1205	Accreditation from the Canadian perspective – opportunities and challenges	Canadian speaker (tbc)
1205 - 1230	Presenting options for a potential accreditation system for Health Promotion in Canada	Graham Robertson
1230 - 1400	Lunch break	
1400 - 1415	Introduction to Workshop – 'Working towards consensus on accreditation for Health Promotion in Canada using a SWOT analysis'	Graham Robertson (IUHPE), Chair of the afternoon session
1415 - 1515	Workshop	
1515 - 1545	Discussion/feedback/Refreshment break	
1545 - 1615	Agree on actions moving forward	
1615 - 1630	Review of meeting and closing comments	

Action points

Task	Lead/Responsible person(s)	Date for completion
Draft outline agenda	Barbara Battel-Kirk	16th July 2017
Review/agree on proposed draft	Stephan Van den Broucke, Margaret Barry, Paolo Contu, Marie-Claude Lamarre, Barbara Battel-Kirk	1st August, 2017
Share agreed agenda for review by PHAC	Marie-Claude Lamarre	20th August, 2017
Revise as required following feedback	Barbara Battel-Kirk	25th August, 2017
Definitive version (following input from Canadian participants)	Stephan Van den Broucke, Margaret Barry, Paolo Contu, Marie-Claude Lamarre, Barbara Battel-Kirk, PHAC	30th September, 2017
Include in papers/agenda for dissemination before meeting	Marie-Claude Lamarre	December, 2017
Preparing presentations, etc	Speakers/presenters	December, 2017

Objectives 4 and 5

1. To identify the key people who are pertinent to the meeting and/or the issue of accreditation in Health Promotion in Canada and the relevance of their involvement
2. To identify invitees to the meeting, including key speakers/others

Potential speakers/chairs/facilitators

IUHPE

- IUHPE team: Stephan Van den Broucke, Margaret Barry, Marie-Claude Lamarre, Barbara Battel-Kirk, Graham Robertson
- Other IUHPE attendees: Professor Louise Potvin, newly appointed Executive Director and Capacity Building, Training and Membership Development Officer (these two staff members were meant to be present if already hired by the time the workshop was held, which was not the case)

IUHPE to invite the following Canadian participants:

- Professor Irving Rootman and Professor Jane Springett as leaders of the Subgroup on Health Promotion Education within Health Promotion Canada (HPC)
- Other members of HPC as agreed (max 5 in total)

PHAC – to be decided with PHAC colleagues

Action points

Task	Lead/Responsible person(s)	Date for completion
Draft outline invitees	Barbara Battel-Kirk	16th July 2017
Review/agree on invitees	Stephan Van den Broucke, Margaret Barry, Paolo Contu, Marie-Claude Lamarre, Barbara Battel-Kirk	1st August, 2017
Revise as required	Barbara Battel-Kirk	5th August, 2017
Share proposed list with for review by PHAC	Marie-Claude Lamarre	20th August, 2017
Revise as required	Barbara Battel-Kirk	1st September, 2017
Contact Profs Rootman & Springett to establish contact, share purpose and outline for the project and clarify who should be key attendees from the Canadian Health Promotion community	Marie-Claude Lamarre	10th September, 20117
Final revisions	Stephan Van den Broucke, Margaret Barry, Paolo Contu, Marie-Claude Lamarre, Barbara Battel-Kirk	20th September, 2017
Formal invitations	Marie-Claude Lamarre, PHAC	22nd September, 2017
Confirm attendance		15th October, 2017
Send papers/agenda before meeting	Marie-Claude Lamarre	December,2017

Objective 6

To agree on a work plan, including key tasks and responsibilities in relation to the holding of the Workshop.

See Action Points under other objectives.

Part II – Workshop

Date: 26 February 2018 – 09:00-16h30

Venue: Faculté de la Pharmacie - Université de Montréal /Pavillon Jean-Coutu

Address: 2940, Chemin de la polytechnique, Montréal, 2e étage du pavillon Jean Coutu -

Salle du conseil: 2199

OBJECTIVES OF THE WORKSHOP

- To share information on current developments in accreditation for Health Promotion globally in the context of capacity development;
- To explore current opinion within the Canadian Health Promotion community on competency-based accreditation;
- To propose options for an adapted Health Promotion system for potential application in Canada;
- To highlight the key dimensions on which future Health Promotion capacity assessments could be made if an adapted system of accreditation was developed or if a Canadian National Accreditation Organisation within the IUHPE Health Promotion Accreditation System was established;
- To review commonalities between the CompHP/IUHPE and Pan Canadian Core Competencies in the context of potential future development of Health Promotion accreditation in Canada; and
- To agree on what the future might look like in relation to the potential development of Health Promotion accreditation in Canada.

LIST OF PARTICIPANTS

INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION (IUHPE)

- Barbara Battel-Kirk, Coordinator of the IUHPE Health Promotion Accreditation System (connected by videoconference)
- Graham Robertson, IUHPE President
- Johanne Paul, IUHPE Administrative Office Specialist
- Margaret Barry, holder of the Chair in Health Promotion and Public Health and Head of the World Health Organization Collaborating Centre for Health Promotion Research at the National University of Ireland in Galway
- Marie-Claude Lamarre, IUHPE Executive Director
- Patricia Dias da Silva, IUHPE Communications Officer
- Stephan Van Den Broucke, IUHPE Vice President for Capacity Building, Education and Training and Professor and Researcher at the Catholic University of Louvain, Belgium

PUBLIC HEALTH AGENCY OF CANADA (PHAC)

- Khady Ka, analyst at the Regional Office of Quebec

HEALTH PROMOTION CANADA

- Angela Andrews (Ontario), Chair of the Executive Committee
- Catherine-Anne Miller (Québec), McGill University
- Jane Springett (Alberta), member of the Executive Committee
- Jeff Masuda (Ontario), Professor at Queens University in Kingston, Ontario
- Joan Boyce (British Columbia), member of the HPC Professional Development Working Group and Chair of one of the sub-committees
- Morgane Stocker (Nova Scotia), member of the Executive Committee

UNIVERSITY OF MONTREAL

- Lise Gauvin, Université de Montréal, Deputy Dean for Research (not able to attend)
- Marilyn Ahun (Québec), PhD. Student, Université de Montréal
- Sylvana Côté, Université de Montréal

DOCUMENTATION

Several documents including deliverables are included here. Some are included as appendices, but in order to avoid sending several large documents by email, others are meant to be viewed online via the links provided.

- Comparison Between the IUHPE Core Competencies for Health Promotion (IUHPE, 2016), the Pan Canadian Health Promoter Competencies (Health Promotion Canada, 2015) and the Public Health Competencies (Public Health Agency of Canada, 2007), Barbara Battel-Kirk, 2018 (Appendix 1);
- The IUHPE Health Promotion Accreditation System. Assessor's Handbook, Barbara Battel-Kirk, 2017 (Appendix 2);
- The IUHPE Core Competencies and Professional Standards for Health Promotion, IUHPE, 2016 (viewable online);
- The IUHPE Health Promotion Accreditation System. National Accreditation Organization Handbook, Barbara Battel-Kirk on behalf of the IUHPE Global Accreditation Organisation Board of Directors, 2016 (viewable online);
- The IUHPE Health Promotion Accreditation System. Full Handbook, Barbara Battel-Kirk on behalf of the IUHPE Global Accreditation Organisation Board of Directors, 2016 (viewable online);
- A sample practitioners application form (viewable online);
- Handouts of presentations (Appendix 3).

AGENDA

Time	Focus/topic	Speaker
0900 – 0930	Welcome and Introductions	Marie-Claude Lamarre (Chair of the morning session) Introductory remarks by: 1. Khady Ka, representing PHAC 2. Graham Robertson, President of the IUHPE
0930 – 0950	Capacity and capacity development in Health Promotion and Public Health globally (with references to commonalities and differences between the two disciplines)	Stephan Van Den Broucke, IUHPE Vice President on Capacity Building, Education and Training; co-chair of the IUHPE Global Working Group on Competences and Workforce Development.
0950 -1020	Competency based approaches to quality assurance in Health Promotion – overview and concepts	Margaret Barry, holder of the Chair in Health Promotion and Public Health; Head of the World Health Organization Collaborating Centre for Health Promotion Research at the National University of Ireland in Galway.
1020 – 1050	Competency based developments in Canada in the context of a potential accreditation system	Morgane Stocker, Member of Health Promotion Canada Executive Committee
1050 -1110	Refreshment break	
1110-1130	Accreditation systems in Health Promotion – structures, key components, courses and practitioners (focus on IUHPE System)	Stephan Van den Broucke
1130- 1145	Questions and clarifications	All participants
1145-1205	Accreditation from the Canadian perspective – opportunities and challenges	Jane Springett, Member of Health Promotion Canada Executive Committee
1205-1230	Presenting options for a potential accreditation system for health Promotion in Canada	Graham Robertson
1230 -1400	Lunch	
1400 -1415	Introduction to Workshop – 'Working towards a process to develop a system on accreditation for Health Promotion in Canada and consider alternatives'	Graham Robertson (Chair of the afternoon session)
1415- 1530	Workshop & Discussion	All participants
1530-1545	Refreshment break	
1545 – 1615	Agree on a set of actions moving forward	All participants
1615-1630	Review of meeting and closing comments	Graham Robertson inviting all participants for final comments and suggestions

HIGHLIGHTS

The workshop aimed to foster a dialogue "to advance reflection about the development of an accreditation system for health promotion in Canada." The IUHPE has engaged in this area of work for a long time at the European and at the Global levels. The IUHPE accreditation system is relatively new, and some adaptations may be needed, but the competencies and professional standards themselves and the principle of quality assurance of practice in health promotion underpinning the System are a solid core which is used across the world for best academic training and practice. The PHAC recognized the IUHPE's background in accreditation and capacity development and therefore decided to support this activity.

The Agenda of the workshop (see above) mirrored the objectives agreed with PHAC for this event. Firstly, it provided an opportunity to review the commonalities between the IUHPE Core Competencies for Health Promotion, which were developed and adopted by global consensus, and the Pan-Canadian Health Promoter Competencies – having in mind the potential future development of Health Promotion Accreditation in Canada. Secondly, the workshop was expected to propose a range of options for such a system in Canada if it were developed and implemented in the future. The goal was not to end the day with a definite system, but to reach an agreement on what the future might look like based on commonalities and differences between approaches. In other words, to know better what we do and how we can join our strengths, given the shared understanding and values of health promotion. To facilitate this discussion, the documentation supporting the workshop was distributed among participants beforehand (see list above). Presentations were well received, and all participants engaged fully in the afternoon activities. Discussion was heavily participative. Breaks were also opportunities to have meaningful exchanges within smaller groups.

The feedback received by IUHPE after the meeting was that Canadians that attended were impressed with the quality of the workshop and found it to be worthwhile and helpful. To quote one participant, "I thought that it was a great day and I appreciated the varying viewpoints, the discussion and the ideas that it brought forward." The meeting has already helped to energize and inform conversations on "accreditation" within Canada's Health Promotion community and will continue to do so. Based on the subsequent discussion with participants, and the HPC Professional Development Working Group and Executive Committee, Health Promotion Canada would like to continue the relationship and partnership with IUHPE on this topic in particular. Overall, both organizers and guests agreed it was a very productive workshop and hope to be able to further pursue this collaboration beyond this session.

Key issues raised by participants

- The need to further clarify what Health Promotion specifically entails and what defines a health promotion practitioner in terms of competencies can help positioning Health Promotion more clearly and conveying a clearer message to partners and the public. This clarification should not be the basis of competition with other fields or professionals in public health, but of collaboration and complementarity based on each other's specific expertise and values. It is necessary to show how Health Promotion practitioners have a role different from other professions in the field of public health (e.g.: surveillance, risk and disease prevention or health literacy) and necessary to populations' health and sustainable development – HP must find its "elevator spiel" that speaks to different audiences, for instance by emphasizing its contribution to better health, better well-being and health equity and how it includes wider social issues in its focus;

- Leaders and champions play an important role in positioning Health Promotion: it is necessary improve knowledge of who they are and bring them on board with a clear strategy to strengthen the field. Further dialogue across Canada must be promoted. The creation of this platform for connection and exchange could advantageously be supported by PHAC – e.g. by sponsoring gatherings – since it is key to responding to the next issues. Leaders and champions can come from within Health Promotion and the health system or be allies from other areas;
- Strong, clear and effective communication flows between all parties – health promotion actors, public health actors, allies from other areas – are crucial to the wider recognition of Health Promotion and its professionals;
- There is a need to better know the Canadian Health Promotion community in all its diversity, including different nomenclatures and structures, university programs and capacity levels. A Pan-Canadian perspective, like the European perspective which was achieved a few years ago through the CompHP project, could be very useful and help make differences commensurable. A consensus building approach, following what IUHPE and its partners did in Europe, and then extended to the rest of the world, is applicable to the Canadian context.
- A survey of Canadian diversity is pivotal, but there is a lack of resources to enable it. Voluntary work is valuable but insufficient, and a dedicated person even if for a short time would help make great strides in this regard. The Group wondered whether PHAC could offer support to undertake this survey of Health Promotion capacity. This support could be supplemented through the pooling of resources across institutions and a joint application to grants. IUHPE would be willing to be a partner and offer its experience and expertise;
- The IUHPE's Accreditation system has a core, but it is also flexible and adaptable. This means it can adapt to different contexts and be enriched with other contributions (e.g. additional competencies, indigenous approaches, other) – as has been done in other countries. If Health Promotion accreditation in Canada is controversial, it is possible to start by focusing on quality assurance of the workforce to start an advocacy movement for Health Promotion accreditation that would benefit recognition and could, if so desired, evolve from voluntary registration to turning Health Promotion into a regulated profession. No immediate decisions on a specific option are immediately required, but it is important to start the work of understanding which are viable and more beneficial;
- Professionalization, however, is a contested issue: it can give the field more credibility and open jobs on the ground (now lacking and sometimes limited to regulated professions), but at the same time create conflict (including with other professions) as well as limit its reach and creativity. The implications and the process require careful consideration;
- Truth & Reconciliation: any process of defining more concretely and positioning Health Promotion should include indigenous voices in the consensus building throughout Canada, not as consultants, but as active contributors to discussions from early on. It could be a good fit policy-wise and help bring Health Promotion to policy debate and the public eye.
- Addressing NCDs, Social Determinants of Health, Health Equity, Health in All policies and Sustainable Development Goals require health promotion specific competencies as systematically repeated in international and national discussions on these topics: strong arguments should be built in our advocacy efforts for further developing a competent workforce.

PRESENTATIONS, DISCUSSION AND WORKSHOP

Capacity and capacity development in Health Promotion and Public Health, Stephan Van den Broucke

This was a general presentation discussing the importance of focusing on capacities, particularly given the transforming practice of public health (PH) and health promotion (HP) since the Ottawa Charter (including in the workforce, activities, training and institutions), as well as the new challenges faced by health promotion and the subsequent need to reorient public health services. This presentation also noted the importance of context, including the impact of changes in the landscape of organizations and nomenclature.

Before moving forward, it is important to know where we are. However, current capacity mapping is not the same as performance assessment. The goal is not to ascertain how well one performs, but how well one can perform. Several examples of such projects were introduced. Regarding the status of PH and HP capacity in Europe there are promising signs and hurdles that still need to be addressed. In the same vein, there are both strengths and weaknesses for workforce capacity in these domains. Nevertheless, the need to strengthen PH capacities has ample recognition and there are opportunities for HP: the focus on the enablers of health can enhance specific Health Promotion capacities; the process of capacity building can be looked at through a "health promotion lens;" health promotion has for some time developed expertise about identifying and defining core professional competencies.

Discussion

Participants would have liked more follow-up when the PHAC released the Core Competencies for Public Health in Canada. They also feel there was an abrupt stop to the support of a Health Promoter learning path and to the facilitation of sessions that helped understand the Public Health competencies.

One of the reasons may be a problem that is felt beyond Canada: financial resources allocated to health promotion are insufficient and likely to further decrease in times of decreased public spending. Health Promotion should have a more prominent place in both Canada's and Europe's political agenda and would benefit from a stronger commitment from leadership. Health promotion policies are often poorly defined, and the role given to health promotion in health care remains limited. This aim reinforces the need to work together and to move through practicalities.

Large differences remain between countries in terms of available capacity for health promotion and participants argued the same is true within Canada, among provinces. While there is more consensus concerning health promotion in some parts of this country, in others institutional changes and restructuring "hid" health promotion under disease prevention. In some cases, the designation "health promotion" was completely dropped. Overall, the understanding of health promotion outside of public health is often limited and there are some misconceptions inside it (e.g. identify health promotion with health campaigns).

Health promotion has a dual position: on the one hand, it is important to mainstream it and involve other disciplines, on the other one, it is key to maintain HP-specific competencies. Mainstreaming within the broader field of public health can result in weakening its position, reinforces the unclear status of health promotion as a discipline and reduces its organizational capacity. There is hence a need to differentiate more clearly between specialist and mainstreamed health promotion. Participants mentioned that in Canada they found it difficult to access information on HP competencies. There is also a concern that if their practice is integrated in other disciplines, health promotion may be watered down.

Competency-based approaches to quality assurance in Health Promotion, Margaret Barry

Margaret Barry presented the process of developing the competencies in Europe starting from a capacity development framework. Such development aims to strengthen capacity for effective action while looking to the future: students are trained for the following decades and they need to be able to respond to rapidly changing conditions and scenarios. Competencies offer an opportunity to clearly articulate the distinctive contribution of health promotion to multidisciplinary public health, bringing more clarity to a contested concept (as discussed). A common baseline in terms of skills and values feeds into the definition of what health promotion practitioners are expected to be to work in the field. The IUHPE system was developed based on international collaboration and consultation from all IUHPE regions. There was a lot of variation concerning workforce, career pathways, training programmes and levels of health promotion infrastructures – which provided motivation to continue the process. Funding helps to be able to systematically take on this endeavour.

The CompHP Project – funded by the European Union – received contributions from all over Europe and from a Global Advisory Board to have an outside perspective. Since early on, this Project followed a consensus building approach – which requires the motivation to be clear and upfront. Stakeholders were involved from the initial stages of its development. While avoiding straying from the core concepts and principles of Health Promotion**,** domains of Core Competencies were articulated and unpacked through consultation. Every word was poured over, the feedback was detailed, and they responded to this input. They had developed conflict resolution strategies anticipating a highly contentions process, but they did not need them. The definition of understanding of, and consensus on, the core competencies required for Health Promotion practice were fed in academic core curricula.

It was a key concern to develop a process which was sensitive to the multi-faceted contexts in which Health Promotion operates, testing and implementing the frameworks within different contexts. The system had to be clear, but it had to be flexible. Diversity of Health Promotion practices and policies across Europe were considered an added value, rather than a limitation to the Project's processes and outcomes**. This approach is relevant to the Canadian context, given the variations identified by the Workshop participants.**

Discussion

Working with diversity means you must be flexible, but you need to know well your starting point to become flexible. One of the biggest challenges when you look at competencies for Health Promotion is the balance between flexibility and criteria for standardisation.

Participants commended the IUHPE's attentiveness to language. Language informs Health Promotion students and practice. The challenge for them is that Public Health and Health Promotion are still too often two different world views. Going through the comparisons being presented, Public Health invokes modernity, reason, individualism, universality, applying knowledge to a problem. Whereas in Health Promotion, the language linked to the collaborative, a sense of postmodern, plurality, diversity, working with difference was maintained.

In addition, regarding research methodology, there is a push towards the quantitative coming from PH students due to an influence from epidemiology studies. A second challenge is how to link these two perspectives, something that HP has always tried. Public Health practice also follows the medical model of office hours which is disconnected from community needs. Medicine is embracing HP, which is positive, but from a PH perspective. When looking at competencies it is necessary to keep attention on differences as much as similarities and how to prevent HP from being subsumed under the broader field of PH.

However, opposing HP and PH is not the only path. Public Health's focus on surveillance, epidemiology, and statistics is a valuable contribution. The goal is to move towards a situation where other perspectives are equally recognised and respected among partners. Lack of funding affects Public Health as well, and a case study from Canada has shown that to sustain the level of services it is necessary to reach out to the community and engage in a more participatory approach. In this study, the community wanted more investment in risk and disease prevention and not just services. G. Robertson proposed reaching out putting forward the benefits of a health promotion perspective to different audiences, instead of confronting PH specialists. He suggested applying an advocacy approach to Health Promotion's professional identity and accreditation can be a part of that approach: if we can quality assure what we are saying then we are in a much stronger position to demand recognition.

Participants noted that competency and accreditation are distinct things in Canada, as they are in other countries of the world. Competencies occupy very little space in the public attention. Accreditation is another, very complex, issue. We need to understand that difference and we cannot look at them in tandem.

There are historic reasons as to why PH in Canada evolved in a certain way. Coming from the Ottawa Charter, it drew from a lot of Health Promotion discourse to succeed. Still, it became very positivist and quantitative, continuing today with the focus on big data. However, we are at a paradigm change and reaching the limits of evidence-centered policies. This is promising for HP since complex contemporary issues require knowledge and know-how that has for long been developed in the HP field. Going back to the history of HP means being aware of the contributions of the Ottawa Charter but also of the critiques that have been made to it. It is timely to reinvent HP and grow out of the scope of what we mean when we say HP within and beyond PH, and what it is and needs to be in the 21st century.

Participants also noted the importance of pragmatism. Regardless of the words being used, it is not always entirely clear what HP can do differently that others cannot. Risk and disease prevention has shown to have a high return on investment making it very attractive. Health Promotion should be advocated on the basis that it fosters health and wellbeing, impacts the entire population, and carries positive messages (as opposed to a focus on diseases or conditions).

Another selling point is the current Health Impact Assessment of policies outside of the health sector. Within the health system, HP is approached from a biomedical perspective. The connection with the social sciences allows a broader scope for HP work. There is a large volume of research on social determinants of health, an element gaining better understanding and that widens the focus beyond disease prevention.

Despite these benefits, participants noted that Health Promotion practitioners are not always allowed to do their work. There is some contention between HP practitioners and other professionals who also do frontline work and HP. The lack of a clear definition of who is a Health Promoter also implies uncertainty as to where he/she belongs leading then to restricted access to the field. Being siloed in a HP role may mean having nowhere to go and students specialising in HP often have difficulty finding where to work.

Competency based developments in Canada in the context of a potential accreditation system, Morgane Stocker

There are several graduate-level degree programs where Health Promotion is either an area of focus or the sole subject. Since 2004, there is also a growing number of undergraduate-level programs in health promotion, and health education or community health but with a focus on health promotion. In 2003, following the SARS breakout, there was a need to strengthen Canada's PH system and they started looking at competencies. Masters in PH were developed that encompass HP, but only in passing.

Since 1986 and the release of the Ottawa Charter, there have been sporadic attempts to establish a Canada-wide HP professional association, but with limited success. Some of the challenges for professional associations is the limited number of Health Promoters, who are often hidden under distinct names. Even if doing the same job, it is hard to find who is doing HP and how they identify themselves. There are significant differences between provinces. In some, the number of health promoters formally identified as such can be very low (ex.: 25 for a million people). Health Promotion Ontario has had some success, but they do not restrict membership to designated HP positions – similarly to the IUHPE practitioner registry, competencies are what determines registration, not the title of the position used.

The development of competencies for Health Promoters started in 2008, followed by conversations across different provinces to try to adopt and finalise the competencies, and establish a Pan-Canadian HP Network. After the development of the Public Health Core Competencies, the PHAC was interested in supporting discipline specific competencies, including for Health Promoters. From 2006-08, Health Promotion Ontario developed a set of Health Promoter Competencies, funded by PHAC, which was followed by provincial consultations and an online survey. One of the limitations of these consultation was that most participants were Public Health practitioners, therefore they missed people outside the health system doing HP (ex.: NGOs) and academics.

Pan-Canadian Health Promoter Competencies were developed in Canada primarily for HP practitioners. Tools were developed later to assist in the development of job descriptions and performance appraisal. They were intended to guide training and continuing education opportunities as well as to increase the understanding of the HP skill set required for HP practice in Canada.

Some of the challenges include the trade-off between increased professionalization and alienating other professions engaged in Health Promotion; limited infrastructure to encourage adoption of competencies across Canada – often it is done as a side-project; and the inconsistent adoption both in academia and workplaces.

Health Promotion Canada uses the competencies as one tool to advance HP in Canada. Their vision focuses on workforce development with the goal of equipping health promoters to foster health equity for all across Canada. They have looked at developing chapters and networks, with uneven progress, while following the lead of HP Ontario's long experience. There is a diverse landscape even while comparing a limited number of provinces. Most of them show interest but prefer something ready instead of actively participating in its construction.

Discussion

Participants highlighted the importance of establishing the principles before the competencies, as shown in the CompHP model and being upfront in that regard.

A challenge faced as an academic in a Public Health School is that they have competencies, such as the CEPH competencies (American accreditation organisation that some Canadian institutions have adhered to), and they tend to dominate the program.

Although in the 1980s Canada was perceived to be ahead of the curve in HP and brought to every meeting in Europe as a leader in this field, it seems that HP has had its challenges in this country. It may feel that HP is losing ground in Canada, but this is a sentiment shared internationally. Accreditation can be a tool to close the gap between expectations and reality.

Outside of Public Health, HP has attracted more interest and new options are opening. There was some disagreement as to whether this is positive given the value of making the most of a medical approach: solving problems and assessing impact.

Accreditation systems in Health Promotion: Structures, key components, courses and practitioners, Stephan Van den Broucke and Barbara Battel-Kirk

This third IUHPE presentation focused on introducing the IUHPE Health Promotion Accreditation System. Its goal is to promote quality assurance and competence in Health Promotion practice, education and training globally. While maintaining robust and validated criteria, the System is also designed to be flexible and sensitive to different contexts for it to be global. The system allows for adding requirements present in a given context. Even within Europe or a country like Canada, it is important to account for local differences.

As an accreditation system for health promotion, it is underpinned by both ethical and quality principles. The System builds on previous work: it depends on the competencies developed in CompHP and other systems, WHO definitions of HP and international experience and research in competency-based approaches to Health Promotion.

There is a dual aspect to the IUHPE System. On the one hand, it offers a voluntary process of registration for Health Promotion practitioners, rather than statutory regulation, focusing on professional competence only. These professionals receive the title of 'IUHPE Registered Health Promotion Practitioner.' On the other hand, it accredits Health Promotion courses that are assessed as meeting agreed competency-based criteria, that can then be described as 'IUHPE Accredited Health Promotion Course.'

Despite its global ambition, the IUHPE System is premised on a devolved model, in which a lot of the work is done locally. The Global Accreditation Organisation (i.e. IUHPE or "GAO") manages the accreditation globally and all necessary documents. It also approves National Accreditation Organisations (NAOs) to register practitioners within their catchment area. If there is no NAO available or if organisational capacity changes, the GAO assumes its role. At this moment the IUHPE System is more developed in Europe and countries like Australia, but there have been expressions of interest in accreditation from Latin America, India and South Africa. It is at an early stage and a lot of current negotiation is still taking place.

The NAOs manage the process at the local level. An additional advantage of working with national and regional organisations is language diversity since they can work in their own language. NAOs can be a new organisation, but preferably and so far, professional associations of Health Promotion have taken it forward. If there is more than an organisation interested and that meet the criteria, IUHPE does not interfere; the selection of the Institution who will be the NAO is decided at the national level. There is also the possibility of creating regional groupings, instead of a NAO per country. There are also different possible approaches: for instance, Ireland and Australia have established an accreditation organisation specifically for Health Promotion, whereas in the UK it was already an accreditation organisation for Public Health professionals which was willing to include a specific section for Health Promotion practitioners.

In countries where there are established Health Promotion competencies the NAO may seek formal agreement from the Global Board to use other criteria. For instance, New Zealand has a compatible set of core competencies as well as competencies that are specific to indigenous health promotion. They are working on how to add the national particularities to what is established as central for IUHPE. Canada shares a similar profile and it is possible to assess to what extent there is an overlap between IUHPE and Canadian competencies. One of the

supporting documents of the workshop contributes already to that assessment.[1] The main point is to ensure enough comparability of theory, practice and procedures to be followed. Professional Standards must be developed for national competencies (as in the IUHPE Professional Standards).

Although in some countries and for some professionals, accreditation implies an exam, given the internationality and interdisciplinarity factors to approach it in Health Promotion as a process seems to be best and has worked out well. Regarding who can apply for registration as a Health Promotion practitioner, the System refers to those whose main role reflects Health Promotion as defined in the Ottawa Charter and successive WHO Charters and Declarations to promote health and reduce health inequities. There are some additional educational requirements. In the context of the System, the term 'practitioner' includes those working in management, education and research directly related to Health Promotion. The re-registration process values continuous learning. The idea is that practitioners continue to educate themselves and remain competent. Continuing Professional Development must be across a diversity of activities and does not have to consist of formal courses only (ex.: presentations, publications, research, mentoring, professional activities, etc.).

Accreditation from the Canadian perspective – opportunities and challenges, Jane Springett

Jane Springett preferred to turn her presentation into more of a conversation since in-depth discussion on the topic has been lacking. She began by identifying a few opportunities of the current context: Health Promotion Canada's (HPC) agenda includes reflecting on and publicising competencies; IUHPE's presence in Canada; the continuing existence of masters' programmes and undergraduate courses in health promotion in Canada; PHAC's interest, illustrated by funding of the workshop and the presence of a representative from the Agency. The latter helps clear some uncertainty regarding PHAC's position on competencies.

Regarding challenges, Hyndman and Neil's chapter in the 2012 edition of Health Promotion in Canada ("The Professionalization of Health Promotion in Canada: Potential Risks and Rewards") still provides an accurate portrait. There is slow progress in the creation of a national association. Lack of the time makes it difficult to engage practitioners and the same applies to volunteer work setting up chapters. Membership of the HPC is also affected by a limited resources problem that affects health promotion in general. Finally, each province accredits their health professions differently, through long and complicated processes. In some provinces accreditation does not even exist. The fact that the IUHPE Accreditation System is voluntary is an advantage. Differences between provinces and their local communities of practice are obstacles to starting HPC chapters. HPC is still a small organisation and trying to establish itself, which is both a challenge and an opportunity.

Discussion

In terms of opportunities, there is an appetite for HP. The message from the community is that health professionals do not know how to operationalize health promotion and therefore this should be incorporated in the training of doctors, nurses and social workers. Regarding training in health promotion, one participant hence noted two different needs: training professionals that engage in health promotion as part of their work (nurses,

[1] See "Comparison between the IUHPE Core Competencies for Health Promotion (IUHPE, 2016), the Pan Canadian Health Promoter Competencies (Health Promotion Canada, 2015) and the Public Health Competencies (Public Health Agency of Canada, 2007)," prepared by Barbara Battel-Kirk in advance to the Workshop (Appendix 1).

pharmacists, doctors, etc.) and training leaders in health promotion. The competencies of the IUHPE Accreditation System are part of preparing these leaders.

Despite understanding the two-level approach and the importance of a common base knowledge, participants also noted some conflict between health professionals (such as nurses) and HP practitioners. A variety of positions for HP work require belonging to a regulated body and are therefore inaccessible to HP practitioners, despite their specific training. The increase in programmes in HP has not been accompanied by the increase of jobs available in this field, leaving students with almost nowhere to go after graduation. Their main destination are management positions, for which they are preferred, but they have little access to more hands-on jobs.

One participant argued there are roles that require the particular expertise of HP practitioners. Hiring people that fulfil statutory requirements to also do community work may be seen as efficient, but it is not enough. The Canadian HP community should start by lobbying for the varying kinds of positions to do the work that needs to be done and cannot be done by regulated professionals. Participants fear there may not be a market for accreditation at this moment, since it may not offer enough advantages in Canada, programmes are demanding and it is not regulated.

IUHPE responded from its own experience with accreditation in different countries. Accreditation can be a first step to statutory recognition. Even if it is not currently possible to establish a federal accreditation organisation, Canadian HP practitioners can register as individuals. The system's flexibility accepts people who have jobs not designated as HP, as long as they are HP according to its agreed definition. In Ireland, there are PhD programmes, master's and certificates in HP. Health professionals that only hold the latter are not able to register as a HP practitioner, since they do not qualify to work full-time in the field. Another possible path, followed in Australia, is to start by accrediting courses before focusing on the registration of individuals as HP practitioners, given the competitive environment for schools.

Presenting options for a potential accreditation system for Health Promotion in Canada & Workshop 'Working towards a process to develop a system on accreditation for Health Promotion in Canada and consider alternatives,' Graham Robertson

Reflections from the morning and suggestions for further discussion

1st Schema

1. Context
- Overall system
- Diversity of systems/structures
- Divergence

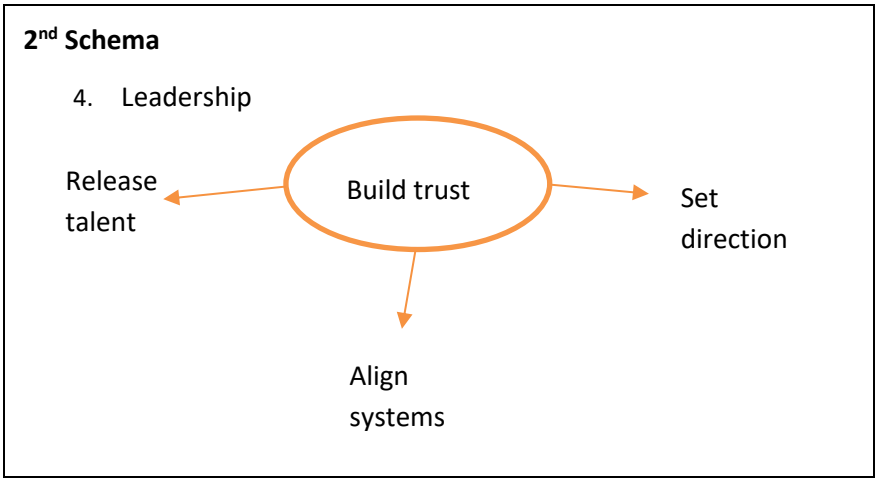
2. Professional relationships
- Public Health
- Nursing
- Non-'health'
- Career structures and terminology

3. Advocacy and champions for Public Health and/or Health Promotion

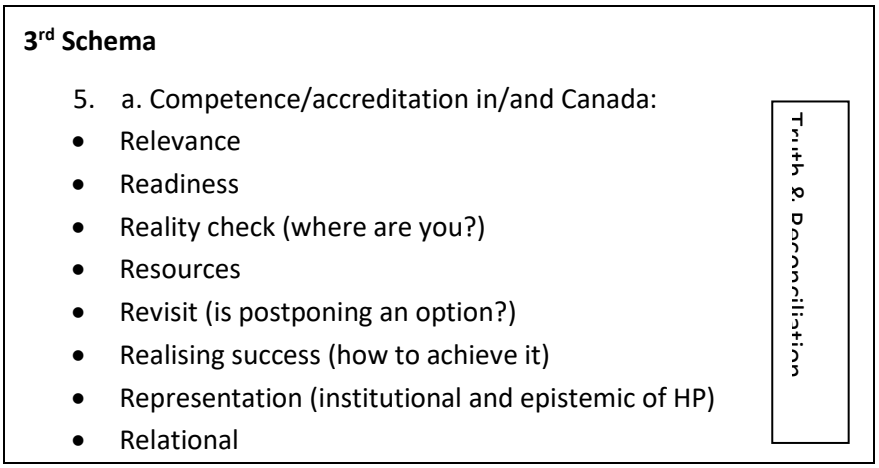
1. Context: there is not a Pan Canadian system, there is a lot of diversity and perhaps divergence across Canada.

2. Professional relationships: In addition to the relation with professionals from PH and non-health sectors, the issue of Nursing was very recurrent during the discussion and this may say something about the Canadian approach, due to regulation or other reasons. There is not an obvious career structure for health promotion in Canada. There seem to be some expectations regarding career progression, but jobs with that type of structure are rare. Which career structure would be ideal?

3. Advocacy and champions: is there an artificial turf war between HP and PH? Or is HP part of the PH fraternity? This type of questions may not be helpful. Despite some increase in programmes, HP does not seem to be on an upward trajectory in Canada as a professional activity. There should be thought put into advocating for PH and HP.



4. Leadership: this schema partly draws from the Covey Leadership Programme. The core is about building trust. From there, you can work towards having a talented workforce with clear goals and conditions to achieving them. Accreditation can be a path towards building trust in HP leadership and their contribution to better health and better well-being, addressing health inequity. It is a system that aligns the workforce with that goal and assures the capability of that workforce.



5.a. Competence/accreditation in/and Canada

In the IUHPE's previous experience while developing its Accreditation system, while each individual European country seemed to pose its own problems, a Pan European perspective gave it an edge and a space that it would not have at the individual leave. Therefore, the Pan-Canadian level should not be abandoned straight away, it can offer leverage within the provinces. The implementation of the Accreditation system in Canada can also be a catalyst for change.

As a system, is IUHPE's accreditation system relevant to Canada? Is the concept of a system that has quality assurance around competencies relevant to Canada?

At the Université de Montréal, they have remodelled their training offer by adopting IUHPE's competencies for Health Promotion for the Master's in Health Promotion. The next step is getting the programme accredited. There is already some interest, namely around the competencies. A participant noted that the UdeM preference for the IUHPE's set of competencies, rather than the Pan-Canadian ones, might relate to their programme having an international focus (including in the student body).

Competencies are relevant, they have been developed in Canada and there is some connection between IUHPE's and the Pan-Canadian. However, these have only started being pushed out and HP Canada is still figuring out how to do it in a more systematic way. The fact that Health Promotion Canada is a volunteer organisation and the work is done in addition to the demands of their jobs is for them a challenge.

Participants were under the impression that IUHPE had plenty of resources and was in a more advantageous position to implement competencies than an association like HP Canada. **That is not the case**. There are many volunteers in IUHPE, only a limited staff is paid (by members' fees and contracts). Only this year someone will be hired specifically to focus on accreditation and professional development. Until now, the work has been done by the group presenting in this workshop and the IUHPE's Global Working Group on Competencies and Workforce Development (whose chairs are volunteers). In Irish and Australian NAO's, they are completely volunteers. In Ireland, they used the opportunity of registering the first two HP practitioners to get government funding. **Clarifying this context seemed to help participants understand the feasibility of moving forward**, even if they feel stretched at HP Canada.

Is Canada ready for IUHPE's accreditation system or for something similar? Where are you at this point?

Canada's leadership in Health Promotion has waned with the decrease of government support and resources. A resource backdrop is essential, so HP can grow.

On the plus side, in Canada, the HP environment is more collaborative than competitive. Leadership is as much in disseminating valuable ideas as is in having the funding to carry them through. Even a province with lack of resources contributes across Canada by passing on innovative projects they cannot implement themselves. This culture of collaboration means the push towards repositioning HP and professionalization could be made by key players who have the resources and move it forward for everyone. Canada may be readier than it seems and than most countries. The issue of resources is relative and shared in Europe, and the situation is never perfect.

HP Canada is developing an advocacy working group, but interest in contributing to it is limited and there is no-one to lead it. HP Canada feels they need more clarity and more purpose, they should keep its ambitions feasible and prove their capacity: success in developing Pan Canadian competencies and respective consultations were a "win," though with variations across Canada. A "prepackaged" model like IUHPE's is attractive, but they are inclined to connect to work they are already doing.

Discussions on professional development tend to circle back to the question of which option would be best, if accreditation or professionalization. The reason for this lingering debate is the lack of consensus on the matter. CompHP was purposely developed as a statement of competencies, rather than under the frame of professionalization exactly to prevent it from disappearing into that tension. IUHPE decided to stay away from professionalization and focus on education, training and practice by people who occupy a HP role.

While in Public Health they coordinate their efforts, hold regular meetings and lobby together, there is a lack of dialogue within Health Promotion and HP programmes are very diverse. Health Promotion Canada came to be in this push for dialogue and are making efforts to identify the diversity of programmes. Partly due to the limits of volunteer contributions from HPC, institutional champions within universities should be identified to create a platform to push Health Promotion further, pull together resources and apply for joint funding.

PHAC could have a role to play in supporting these connections. In Scotland, the national agency saw as a legitimate role supporting the association of health promotion specialists in organising continuing development and training, without interfering with the content. In the case of HP Canada, the idea would be not to fund all their activities, but to sponsor regular gatherings enabling conversations across Canada. PHAC may receive HP interns and integrate health promotion practitioners in its structure, but there are higher expectations regarding a National Agency's role in strengthening the workforce. There is a Public Health workforce planning document for Canada from 2007. However, many of the provinces redid their workforce plans for PH more recently.

Participants noted a lack of public recognition of Health Promoters. Unlike other roles in Public Health (nurses, health inspectors, etc.), they are not celebrated, and their importance is not highlighted. The reason for this may be tied once again to the difficulty in defining who is a Health Promoter. Before creating a "Day" for Health Promoter, the public must be clear on what their role is and on what benefits they bring to society. Competencies, Pan Canadian or IUHPE's, provide that clarity. A simple clear message – an elevator spiel – is fundamental, specially in an increasingly complex context (notably, sustainable development goals, and social determinants of health).

In Canada, there is not a clear dividing line between Public Health and Health Promotion. There is a more distinct separation between programmes oriented towards practice and those geared towards research. Accreditation in PH tends to marginalise Health Promotion; however, there are points in common between the PH competencies developed by PHAC and HP competencies developed by IUHPE, as shown in the comparison presented at the workshop. In Europe the situation is similar. While CompHP was being developed, PH Schools (mostly connected with Medicine) were also looking into competencies, and they started with Health Promotion. However, despite best efforts, it was not possible to integrate both approaches. Beyond continuing the key discussions mentioned in the workshop, it is important to work from the existing consensus, try to expand it and turn discussions into action.

In some provinces, there is a stronger feeling in the community that health promoters are needed and there is some pushing towards putting the right person in the right place. This contributes to a commitment in developing competencies and discussions across Canada. The work that has been done on competencies is also a great starting point for addressing larger debates in HP, notably concerning representation and the reconciliation process. Canada is in a privileged position to lead a critique to Health Promotion connected with these issues. The next IUHPE World Conference in New Zealand will be exploring this conversation since one of its central themes is the contribution of indigenous knowledge and approaches to Health Promotion.

What resources are available in Canada?

A key starting point in this endeavour is leveraging resources. Resources do not always need to come from governments. Recently, a team of researchers applied to the Health Research Funding Agency for a large grant to expand the paradigm and be inclusive of Health Promotion (it includes Jeff Masuda, Trevor Hancock, Katherine Frohlich, participants from at least 5 universities). Health Promotion could reach out to researchers as representatives of their university programmes, not only as volunteers.

The broadness of Canada is a challenge, they have had problems with promoting the competencies they developed. It is not a problem of geography or of population, but of diversity. It is difficult to identify the different structures and systems in which you find health promoters, find the programmes, etc. Even to follow a snow-ball approach takes a dedicated person to carry-out this survey. Students could do sections of the work, but the strategic groundwork requires an experienced individual. Nevertheless, it would not be costly: in 6 months, said person could already achieve some results.

Given PHAC's interest in performing scans and learning where capacity is, they might be able to help in this process. In addition, small amounts or contributions in kind could be asked from provinces to create some momentum. Within Public Health, it is important to identify Health Promotion allies at a Pan-Canadian level (for instance, Peter Donnelly from Public Health Ontario).

At the global level, there are resources. IUHPE's system, even if Canada does not adopt it, can be a resource. IUHPE NAOs exchange a lot and try to benefit from each other's experience to move forward and find solutions to the challenges they face.

Is revisiting the accreditation discussion an option for Canada?

IUHPE is now based in Montreal and the accreditation scheme is active. An ongoing conversation with IUHPE, Health Promotion Canada and the PHAC is possible that does not force any immediate decisions but could help facilitate a joint project. IUHPE has resources and capacity to pursue these efforts. Participants saw this as beneficial and considered IUHPE could contribute to sustaining continuous and productive interactions between all actors.

Realizing success: how to attract the support and resources HP needs?

Health promotion needs to have clear and convincing arguments as to why it is needed and what it can do to tackle today's health issues, and therefore why it is worth investing in HP and having a competent workforce. NCDs is currently an area where the PH and the HP community are gaining importance: in WHO/Europe, for instance, more drugs and treatments are no longer considered enough. In Canada, federal and provincial policies are probably being prepared that address NCDs, and other broader issues such as social determinants of health and health equity. HP should present itself as having a role in those areas and advocate to assume its position.

While analysing case studies of the Health in All Policies approach[2] in connection to sustainable development goals, it becomes very clear that leadership, partnership and building trust are critical. There is an overlap of the competencies needed to lead in Health in All policies, explain how it can contribute to the Health Equity agenda, who can communicate and work with other partners, and the competencies in Health Promotion. The link to SDGs makes it even more current, it was signed on by Canada and requires a workforce competent to work across agendas. Health promoters are well equipped to quickly assume that role, therefore it can be an opportunity not to be missed. Again, it is important to look for the policy fit to advocate for HP.

The government needs to know what HP does and where it is. It is hence important to identify who is in a leadership position and able to direct decision-maker attention to Health Promotion. These people include individuals from outside the health system or with no appointed role, and people who reinvented themselves at

[2] See IUHPE's report regarding Activity 2, "Aligning the UN Sustainable Development Goals with a Health in All Policies approach: Illustrative cases and a strategic framework with suggestions for its application for health promotion."

a time of decline for health promotion. Beyond agencies, ministries can be more open and easier to approach by universities and practitioners. Champion organisations (ex.: Heart and Stroke Foundation) – or even businesses – can become allies. Health promotion must be more strategic in its partnerships.

What needs to be done in terms of Representation?

In Canada, the Truth and Reconciliation backdrop pushes the need to ensure that in discussions such as this workshop there is representation from leading indigenous scholars and practitioners, and that issues related to indigenous health and equity are present in various settings. There is also a global layer linked to the post-colonial critiques of HP and the need to address those oversights. There is a lot of strength within indigenous health promotion not yet acknowledged that can contribute to the redefinition of HP. Indigenous communities should not just be a target population, but whose ways of knowing and practices are at the core of competencies, methodologies and epistemologies.

Before being applied to Canada, IUHPE's system would require some work to integrate indigenous contributions. There is already some experience in that regard, namely in New Zealand and Australia. NAOs can work together to share how they address similar issues, and, further down the line, to look at how things can change and how complexity can be handled.

What is the relational aspect to have in mind?

It is important to look at Canada in the global context and look within Canada from a pan-Canadian perspective. CompPH benefited from the European lens, beyond looking at separate countries.

4th Schema

5. b. Competence/accreditation in/and Canada:

i. What would you like to see happen? (big goal or smaller goals)
ii. How realistic is that?
iii. What are options to make it happen?
iv. Commitment?

5.b. Competence/accreditation in/and Canada:

What would you like to see happen next?

Concerning next steps, different participants declared they would prepare a summary of the workshop discussions based on shared experience and resources and meet their directors, Deans and committees of professional development to move this process forward (including hearing their views and discussing financing). IUHPE noted that an accreditation system also becomes a source of revenue for institutions, it does not only imply costs.

One participant expressed the need for a little bit more handholding regarding tangible steps and for a set of questions to be answered (e.g. who the institutional champions are), before going forward with accreditation. Without knowing their actual level of readiness and how to get it, there is some hesitation in committing to an accreditation scheme. Participants found they lacked strategic direction and it was discussed that a plan was needed to respond pending questions.

A proposed plan was to ask people if they wanted to be accredited. IUHPE advised against such an approach since the motivation is not to see them accredited, which is emphasized by controversy regarding the term in Canada. The IUHPE accreditation system does not impose the words and the need for adaptation is fully understood (e.g. in translations). More important is to respect the criteria of the processes.

For the participants, proposing a quality assurance system would be a move in the right direction, coming from the feedback that is received from the ground. It is important to know which steps need to be taken to move in that direction, what works for them, and this requires pooling resources from outside contributions, namely IUHPE, and inside contributions. Professional development committees should contribute by clarifying what is understood as competencies, health promotion and health promotion practitioners. The IUHPE quality assurance system does not focus only on people who attended health promotion programmes, but it is inclusive and also recognizes professional experience, making it attractive.

Regarding Truth and Reconciliation, the IUHPE recommended restarting the conversation on quality assurance with that strong element. Done properly, it could define it and create an appetite to support it.

In sum, three aspects were highlighted as a desired path: quality assurance, Truth and Reconciliation, and the repositioning of Health Promotion in Canada.

How realistic is that? What are your options?

Canada must be able to reposition Health Promotion itself, namely by continuing the work Health Promotion Canada is already doing. One option that was mentioned throughout the workshop was to pool funds and/or resources across institutions. These are pivotal to continue.

What is your commitment to the implementation of an accreditation system?

From what was discussed throughout the day, participants expressed their level of commitment to moving forward with an accreditation system and quality assurance based on competencies, and to acting on it. A majority of participants declared to be committed to this process, while a small group was more hesitant due to perceived difficulties and the need for practical details.

5th Schema

6. Change wanted:
   i. Evidence
   ii. Policy fit
   iii. Solutions
   iv. Partnerships
   v. Strategy (means)
   vi. Persuasive message framing

6. Change wanted

Following Trevor Shilton's system for advocacy already used by IUHPE in multiple countries and contexts, after defining the desired change, "6 imperatives" should be accounted for:

i. Identifying the evidence for making that change – e.g. What is the support or the need?
ii. Understanding how it fits in policies that currently exist – e.g. In the case of Canada, if there is commitment to the Truth and Reconciliation agenda, finding a way of stating that quality assuring the workforce in HP makes a good fit with this agenda
iii. Identifying solutions – be very specific on clarifying how to bring about said change
iv. Identifying partnerships – who are the partners, the supporters, the champions, even from outside the system, but who share the same agenda?
v. Defining a strategy – which steps: e.g. political advocacy, media advocacy, community activation
vi. Persuasive message framing – the elevator pitch, e.g. what says that bringing about quality assured health promotion practice is going to benefit the population of each province and Canada

Conclusion and final remarks

Monitoring from the start: Even if it is still early to think about evaluation of an accreditation system, a monitoring system can be built in from early on that identifies problems arising or good practice that can be replicated. Impact could perhaps be demonstrated by looking into how many professional programs are changing. The IUHPE can confirm 17 courses globally.

Focusing on solutions and finding funding: Whatever decision is made for Health Promotion in Canada, it is important to stay solution focused; there are always reasons not to do something. Applying for funding, like it was done in Europe, would be a good place to start. IUHPE could join Canadian researchers to provide external expertise and share its experience with such a project.

Defining what "professionalization" means and its pitfalls: Although some find it is important, that it is necessary to mainstream HP and make it more practical, professionalization is still contested. There is a need to establish HP and Health promoters as a field of study, but professionalization could create conflicts with other professions while being potentially divisive and alienating people. HP being precarious might provide opportunities. If you build traditional organisations with many rules, you move slowly, whereas if you follow a simple rules approach, the precarious nature of HP can allow creativity. It depends what you mean with "professionalization:" it can be enabling or constraining. Defining who are the health promotion practitioners is not saying no-one else does HP or that others do not do it properly, rather it is recognising that there are people who need core skills to perform specific Health Promotion roles that are their main function and role.

Clarity as key, in concepts and messages: From the day's discussion, participants noted how clarity is essential: to know who we are and to be able to convey that message to others in a language they understand, especially while working in partnership. Looking at competencies can be an opportunity to get clarity in positioning HP to move forward. Persuasive message framing is a challenge, but HP can state its difference by underlining how it includes wider social issues in its focus.

Health Promotion and Indigenous approaches: Regarding Truth & Reconciliation, it is important to determine how indigenous scholars will be included in the discussion and how that conversation will develop.