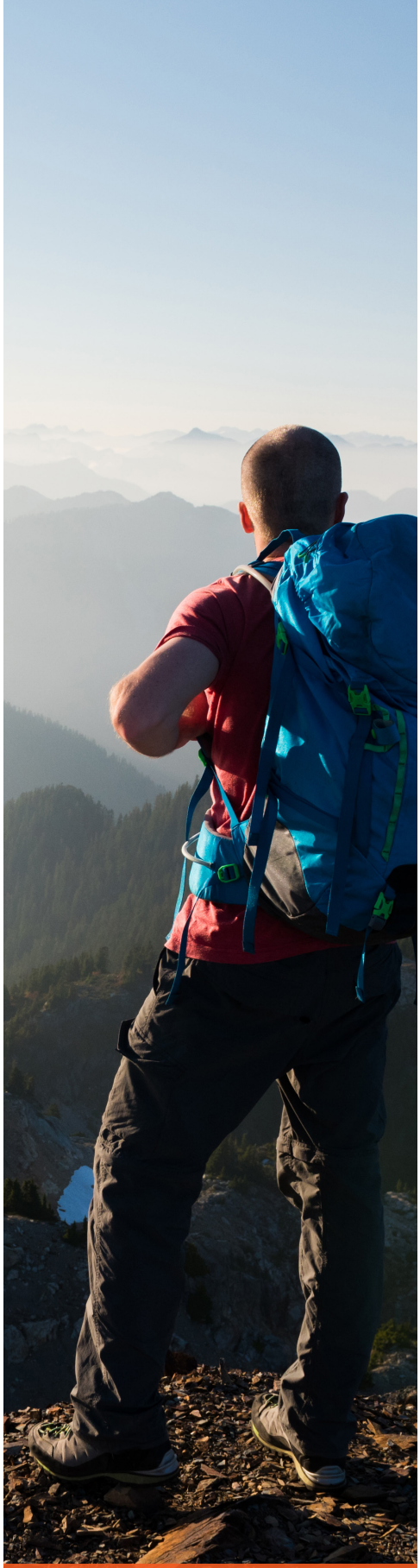
Canadian Leadership:

The Ottawa Charter for Health Promotion After 30 Years



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Abstract

The Ottawa Charter for Health Promotion, which proposed an international effort to achieve better health for all by 2000, celebrates its 30th anniversary in 2016. The tactics espoused by the Ottawa Charter, largely dependent on government interventions, have advanced the health of Canadians over the past 30 years. Early and long-standing interactions between the government of Canada and the World Health Organization, along with the creation of world-class academic institutions and vocal health-advocacy groups, have positioned Canada as a global leader in health promotion. Today, new drivers exist to improve the health of Canadians. The role of the private sector, principles embedded in behavioral economics, and innovative personalized health technologies have emerged to complement government-led actions. This paper critically evaluates Canada's past and present contribution to health promotion and chronic disease prevention in recognition of the anniversary of the Ottawa Charter.

Despite shivering winters on ice and an abundance of sap tapped from maples, Canadians historically have led healthy lives. Early Aboriginal teachings demonstrated the need to attain and maintain balanced health long before European settlers carried infectious diseases to Canada in the 1600s (1). Today, chronic diseases of long duration and slow progression – cardiovascular and respiratory diseases, diabetes, and various cancers – have replaced infectious diseases as the leading cause of death and disability worldwide (2). These diseases are mostly preventable through the modification of underlying risks such as eating healthfully and exercising regularly, avoiding tobacco and excess alcohol, adhering to medications, and maintaining mental health. Since Canada's founding in 1867, the nation has contributed to the evolution of health promotion nationally and globally. In anticipation of the 30th anniversary of the 1986 Ottawa Charter for Health Promotion, Canada's past and present contributions to health promotion and chronic disease prevention from national and global perspectives are evaluated.

Government of Canada's Contribution to Health

In March 1946, the Canadian psychiatrist and then deputy health minister Brock Chisholm was invited to attend an exploratory Technical Preparatory Committee (TPC) meeting in Paris, France (3). The TPC had a mandate from the United Nations Economic and Social Council to formulate an agenda for the forthcoming International Health Conference. Early into TPC deliberations, Chisholm voiced his hope "to plan an ideal organization for the health of the world" that would be named the "World or Universal Health Organization"(3). This became a reality: The World Health Organization (WHO) was born by agreement of the delegates. As the first Director General of the WHO, from 1948 to 1953, Chisholm led the development of the WHO's vision, deciding "whether it will in its future life become little more than a parasite on other organizations or will in fact assume leadership itself and take charge of the direction and co-ordination of international health work throughout the world"(4). With Chisholm at the helm, Canada emerged as an early visionary leader at the forefront of promoting health globally.

Canada's leadership in health promotion accelerated with the seminal publication in 1974 of "A New Perspective on the Health of Canadians: A Working Document" by Marc Lalonde, then the Minister of Health and Welfare (6). Despite the broadly accepted argument that "the art or science of medicine [is] the fount from which all improvements in health [have] flowed," Lalonde contended that maintaining a healthy population required more than an effective healthcare system and that the organized healthcare system was simply a catchment for Canadians whose health was vulnerable to environmental and behavioral threats (6). As an alternative, Lalonde proposed the Health Field Concept, which suggested that a blend of human biology, environmental factors, lifestyle decisions, and quality of healthcare services determined a population's health. According to Lalonde, the goal was "not only to add years to our life but life to our years" (6).

'The Canadian government once again spearheaded efforts to promote better health among its citizens.'

The Lalonde Report (along with the Epp Report, which espoused the social determinants of health) provided a foundation for the Ottawa Charter for Health Promotion. The Ottawa Charter emerged from the first international conference on health promotion, held in Ottawa, Ontario, with funding from the Canadian Public Health Association, Health and Welfare Canada, and the WHO (7). The Ottawa Charter proposed a strategy to achieve better health by 2000 with five key action areas: (1) build healthy public policy, (2) create supportive environments, (3) strengthen community actions, (4) develop personal skills, and (5) reorient health services. Conference attendees pledged their allegiance to attainment of the action areas. With government support, Canada continued to lead in promoting health within and outside its borders.

By the 1980s, the scientific evidence on the harmful effects of smoking was undeniable, and the WHO sought to activate its international treaty rights by the early 1990s (8). A resolution of the World Health Assembly 1996 called for an international tobacco treaty that required member states to broadly implement tobacco control strategies (9). The government of Canada strongly supported the rationale and political imperative of an international tobacco treaty. Canada's International Development Research Centre allocated generous funds to advance analyses on the economic and development threats from tobacco production and consumption, and the Canadian International Development Agency supported research on international tobacco control through the United Kingdom's Department for International Development (8). The Canadian government also funded the first (Halifax, Nova Scotia, 1997) and second (Vancouver, British Columbia, 1998) WHO meetings of international public health and legal experts to support the development of a framework for tobacco control (10). The meetings initially provided guidance and assistance to the WHO Secretariat and, later, strategies to improve institutional capacity building in recognition of the treaty. In 2003, the World Health Assembly adopted the WHO Framework Convention on Tobacco Control, the first evidence-based regulatory treaty targeting addictive substances negotiated under the WHO's auspices.

'Canada's leadership role in health promotion was solidified further with the WHO's Global Strategy on Diet, Physical Activity, and Health (the Global Strategy), which was formally endorsed in 2004.'

At the World Health Assembly 2002, WHO member states had requested a blueprint for a variety of stakeholders, including public health institutes, food companies, and nongovernmental organizations (NGOs), to use in reducing the incidence of chronic diseases by promoting and protecting health (11). During early preparations for the Global Strategy (which cites the Ottawa Charter as a conceptual pillar), the Government of Canada signed a bilateral agreement with the WHO to commit logistical and technical resources. In 2005, the Canadian government pledged CAD$210 million over 5 years to implement the Global Strategy through the "Integrated Pan-Canadian Healthy Living Strategy" (11). This initiative entailed the Canadian government collaborating with public, private, and civil society stakeholders to resolve challenges to healthy eating and regular physical activity. Once more, the government of Canada provided generous support for the WHO's agenda.

Canada's Network of NGOs Promoting Health

Canada's interactions with the WHO demonstrate the impact of government actions on health. Transformational partnerships often require multisectoral engagement with a diversity of stakeholders, including NGOs. The NGO sector can generate societal benefit by influencing the demands of consumers as well as national and global political agendas. In Canada, networks of NGOs have supported better health through a variety of advocacy channels. One example is the Canadian Global Forum on Tobacco Control, which is coordinated by the Canadian Public Health Association and convenes multiple NGOs, including Physicians for a Smoke-Free Canada, the Heart and Stroke Foundation of Canada, and the Canadian Cancer Society, to strengthen tobacco control both nationally and internationally (12).

Academia's Role in Preventing Disease

Canada's renowned academic institutions have advanced scholarship on health promotion through the generation of scientific research. Canadian institutions began offering public health education in 1925 with the founding of the University of Toronto's School of Hygiene, the third in North America (after Johns Hopkins in Baltimore, MD, and Harvard University in Boston, MA) (13). Since then, Canadian academic institutions have established schools of public health, along with university-affiliated research centers, from coast to coast. The scientific scholarship originating at Canadian universities often provides a foundation for effective government action. One example is Peter Singer and Abdallah Daar's interactions with the WHO on the responsible promotion of genetic services for chronic diseases while they were based at the University of Toronto (14). These activities later led to partnerships with world-class researchers and with the Bill & Melinda Gates Foundation to identify and eradicate the greatest challenges in chronic disease (15). This led to the establishment of Grand Challenges Canada, a nonprofit organization dedicated to supporting innovators in low- and middle-income countries. Funded by the government of Canada, Grand Challenges Canada has supported more than 700 projects in more than 80 countries, totaling CAD$177 million in direct investment and leveraging CAD$269 million from beyond the Canadian government (16).

'Canada's investment in fostering academia has contributed to positioning the country as a leader in advancing health.'

The Ottawa Charter After 30 Years: New Drivers for Impact

The past 30 years have served Canadians well by advancing advocacy and action for health promotion. State paternalism by Canada's federal and provincial governments has encouraged healthy behaviors through education, taxation, and legislation. In the case of tobacco, the Canadian government was the first in the world to require graphic warning labels on cigarette packages, starting in 2001. Following this action, smoking rates among Canadians 15 years of age and older declined by approximately 9% (17). Today, Canada has another opportunity to position itself as a leader in combating smoking.

Since 1986, behavioral economics has emerged as a field of study to complement state paternalism and to foster behavioral change among entire populations. Pioneered by Daniel Kahneman, the recipient of the 2002 Nobel Memorial Prize in Economic Sciences, behavioral economics accepts that individuals are present-biased. We prefer the gratification of a slice of cake today rather than a carrot tomorrow. Strategies for overcoming flawed decision making have been used to enable individuals to attain their goals without limiting their choices. Financial incentives and architectural design can be leveraged to promote healthy choices by nudging individuals who may be prone to making unhealthy decisions while not affecting those not so prone (18).

Technological innovation – largely neglected by the Ottawa Charter – has facilitated making the healthy choice the easy choice. Gordon Moore's Law that the number of transistors in an integrated circuit will double every 2 years has held true since it was first proposed in 1965 (19). As a result, the semiconductor industry has been able to guide long-term research and development in digital electronics. Personalized health technologies, such as wearables, smartwatches, and mobile health applications, have emerged because of relatively inexpensive microprocessors and improved memory capabilities, both consequences of Moore's Law. Personalized health technologies allow individuals to monitor and modify their own health behaviors by providing highly tailored and context-specific recommendations. Machine learning algorithms are often used to analyze data in real time to generate insights on health at a population level. The

use of these technologies by various age groups may lead to changes in social norms and behaviors. For example, millennials using these technologies may break down mental health barriers by offering an anonymous platform for users to share their feelings and receive instant feedback and support. Lalonde was correct in stating that "the social stigma attached to mental illness is so strong and generates such feelings of guilt that the subject is rarely discussed openly except in the abstract" (6). Personalized health technologies may help reduce this stigma.

Finally, private sector involvement in promoting health has evolved since 1986. The Ottawa Charter and the Lalonde Report deemed that government should be responsible for the actions and activities of health promotion while maintaining the individual rights and freedoms of Canadian citizens. Today, companies are increasingly entering the business of making markets work for health. The recent launch of Manulife *Vitality* is one such example. The partnership advances health using the power of behavioral economics, scientific evidence, and personalized health technologies. Policyholders undertake an initial health assessment that subsequently drives the setting of attainable goals and the delivery of context-specific recommendations through personalized devices. Healthy behaviors are incentivized with discounted insurance premiums and various rewards offered by partner vendors.

'Manulife Vitality *is pioneering shared value insurance, in which the policyholder, the insurance provider, and society all benefit from better health.'*

Future Directions

The Ottawa Charter concluded, "Health promotion is not just the responsibility of the health sector" (7). With the 30th anniversary of the Ottawa Charter combined with the election of a liberal government, Canada has an opportunity to found a new public health movement and restore its position as a world leader in promoting health. The country's historic involvement on national and global scales demonstrates realization and acceptance that "good health is the bedrock on which social progress is built" (6). Today and tomorrow, the collective action of public and private stakeholders, underpinned by innovative technologies, scientific evidence, and policy making founded on accurate and longitudinal data, should be marshalled to allow Canadians to live long, prosperous, productive, and fulfilling lives.

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