CANADA HEALTH PROMOTION ACTION PLAN

From Strategic Blueprint to Healthy Canadians

Action Plan

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This Action Plan is intended to support intergovernmental dialogue, mandate development, and strategic implementation of upstream health promotion across Canada. It is part of a broader suite of policy and communications tools developed to strengthen federal leadership in population health promotion, and builds on the White Paper The Health Promotion Alignment Framework: A Strategic Blueprint for the Health of Canadians, which provides the foundational policy rationale and evidence base.

All documents from the suite are available electronically for viewing or downloading by scanning the QR code below.

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EXECUTIVE SUMMARY

Canada faces mounting health system pressures, from rising rates of chronic disease to workforce shortages and growing fiscal strain, including pressures for two-tiered solutions that threaten the very principles of Canada's cherished universal healthcare. These challenges may be systemic, but they are not inevitable.

This document presents a strategic, yet highly pragmatic policy direction for health promotion, positioning it not as a marginal or discretionary policy, but as a foundational lever for long-term economic resilience, intergenerational equity, and national coherence. Built on the Health Promotion Alignment Framework, it proposes a pan-Canadian approach rooted in coordination, outcome alignment, and jurisdictional respect.

This is not a call for new federal programs. It is a roadmap for strategic enablement, helping governments, sectors, workplaces, communities and individuals work better together to create the conditions for Canadians to thrive. To support that goal, the document includes practical appendices outlining suggested implementation pathways, tactical options, and measurement approaches, designed for use across departments, mandates, and jurisdictions.

Canada solved big problems before. It can again.

During past crises, whether economic shocks, pandemics, or housing shortages, Canada mobilized coordinated, public-interest policy responses. Today's crisis in upstream health is just as solvable. If we act with clarity and coordination.

The Canada Health Promotion Action Plan offers a pragmatic, ready-to-use response: no new bureaucracy, no overreach, just smarter coordination, modern data, and shared outcomes that improve lives. We're building housing at scale, we delivered national childcare, and led pandemic recovery. Now it's health's turn.

An unfinished agenda

We've known what needs to change for decades. Countless commissions, panels, experts and public health leaders—going back to the "Father of Medicare" Tommy Douglas himself—have said as much. By 1981, Douglas warned that while removing the financial barrier to access was step one, the real challenge was step two: transforming the system itself. That, he said, was the unfinished business Canada had to tackle next.

Many provinces have tried. None have gotten close. The required reforms to the medical service delivery system—multidisciplinary teams, community entry points, professionals' remuneration—must accompany and true upstream health promotion (leading to both well-being and disease prevention). Neither have yet to be carried out. This Action Plan doesn't ignore those calls; it builds on them. As provinces continue their urgent work to modernize medical care delivery and management, this Action Plan supports them. By reducing pressure, not distracting from it.

Governments often hesitate to invest upstream, falsely fearing long outcome timelines and uncertain returns. But that logic is flawed. Many of the biggest impacts, from child development to mental health, can show results quickly and certainly within a single electoral cycle. And alignment doesn't require governments to do it all, it just guides each contributor to move in the same direction.

The Canada Health Promotion Action Plan is how we finally move from knowing what to do, to doing it.

CLARIFYING THE FEDERAL ROLE

This document is designed to support mandate development, intergovernmental dialogue, and implementation planning within federal departments. It presents a clear, jurisdictionally grounded policy direction focused on health promotion, distinct from, but complementary to, ongoing provincial reforms in medical care.

Health Promotion does not attempt to redesign clinical care, restructure access models, or address health human resource challenges. That work remains urgent. But this plan complements it by aligning upstream evidence-based strategies, embedding shared goals for population well-being, to reduce service demand.

Health promotion is not just another policy area, it's the missing piece. Despite historic investments, again, Canada's health systems remain designed for reactive care, not proactive well-being. Canadians are living longer, but in poorer health and with earlier onset of preventable conditions and reduced quality of life. And despite system overload public understanding of health promotion remains shallow. The story is well known, but the consequences are accelerating.

These aren't just health problems. They're economic, governance, and equity challenges. And no matter how much we reform medical service delivery, the system will never be sustainable if we don't reduce the demand in the first place.

That means acting upstream. That means a coordinated national strategy for health promotion. Not to replace what provincial medical systems do, but to strengthen it by aligning what all of us can do together.

THE HEALTH PROMOTION ALIGNMENT FRAMEWORK

The Health Promotion Alignment Framework is both a pan-Canadian strategic planning and implementation model that supports coordinated, outcome-focused action across jurisdictions and sectors. It reframes the question from "how do we fix healthcare?" to "how do we improve the health of Canadians?" To borrow a strategic planning analogy, goals have never been reached by focusing solely on the repercussions of not attaching them.

For decades, scholars and policy thinkers recognized that health is not simply the absence of disease, but the product of social, economic, environmental, and political conditions that lie far beyond the reach of medicine. We redefined our understanding of health in the 1970s and 80s, but we never restructured our systems to reflect it. We accepted that peace, shelter, income, education, sustainable resources, equity, and social justice are the true determinants of health, yet we remained focused on funding and delivering medical services to passive recipients.

Initial efforts focused heavily on individual responsibility, assuming that if people just understood the risks of smoking or physical inactivity, they'd naturally make healthier choices. But this often morphed into subtle victim-blaming, ignoring the structural realities of people's lives. Awareness without incentives, access, or supportive environments simply wasn't enough. We came to realize that personal agency isn't the primary problem, conditions and environments are.

So while Canadians rightly regard access to medical care as a universal right, it has crowded out our capacity to address the complex, cross-sectoral drivers of health itself. The result has been decades of fragmented, symbolic investments —well-intentioned but ultimately insufficient. We threw money across sectors and jurisdictions without coherence, often without impact. Not because we didn't care, but because we lacked the strategy, structure, and tools to do otherwise.

The Health Promotion Alignment Framework changes that. It is the Rosetta Stone for finally aligning complex systems to create health, not just treat illness. The Framework:

- Aligns upstream strategies across the broad determinants of health in all sectors including health, education, housing, income, food systems, and civil society.
- Shifts indicators from only disease burden and disability to positive health outcomes (e.g., school readiness, emotional resilience, health and financial literacy, social connection).
- Enables coordination without imposing uniformity, respecting the distinct mandates and levers of each government level and sectoral contributor to the health of Canadians.
- Engages contributor sectors: families, schools, workplaces, health systems, NGOs, media, etc.
- Supports Federal/Provincial/Territorial (FPT) flexibility by offering structure and coherence, not centralized control.

A detailed, research-based White Paper and organizing structure underpin the Framework. These tools support internal planning, alignment and implementation. The full logic model is visually summarized in Appendix D, and also included in an infographic document and the White Paper.

Federal role: Strategic enablement without overreach

The federal government has a legitimate and catalytic role to play. Not as program deliverer, but as facilitator of alignment, outcome coherence, and cross-sector leverage. All actions proposed respect constitutional boundaries and build on existing federal roles in public health, intersectoral coordination, and data systems.

But roles on paper aren't the real barrier. The real challenge is finding common ground when it comes to money, mandates, and accountability.

Medical service delivery reform is squarely a provincial responsibility. And every government knows how tricky it gets when Ottawa tries to attach strings to health funding. Provinces push back. The feds pull back. Everyone stalls. It's the same old dance. And we're still dancing.

This Action Plan offers a different way forward. It doesn't try to control provincial systems. It doesn't ask for sweeping reforms. It focuses on alignment. Because health promotion is different. It's not owned by any one level of government. It's a shared responsibility across FPT partners, sectors, and society. And that's where the Health Promotion Alignment Framework comes in. It gives us a way to coordinate without overstepping. To focus not on where money goes, but on what outcomes we want to see. Measured over the life course as positive outcomes, not just upon hospital discharge as illness data.

This isn't about imposing more conditions. It's about making the most of what we already have, by aligning efforts in the same direction.

The Canada Health Act: A federal anchor for health promotion

This Action Plan aligns with the founding purpose of the Canada Health Act, which opens with a commitment "to protect, promote and restore the physical and mental well-being of residents of Canada." That opening clause makes it clear: health promotion isn't outside the federal mandate, it's built into it. This Plan helps bring that principle to life, not by duplicating care delivery, but by reducing demand through upstream investment. It also:

Adds legal and policy legitimacy
The Canada Health Act isn't just symbolic, it's the core federal statute underpinning health in Canada. Health promotion is not a departure from federal obligations, it's a natural expression of them.

Strengthens the federal role without overreach
While the Act's provisions focus on access to insured services, its objective clause affirms the federal role in promoting health more broadly. That gives this Action Plan, and the Health Promotion Alignment Framework that underpins it, constitutional breathing room to lead upstream, while respecting provincial responsibilities.

Preempts pushback
Skeptics who may ask, "Is this even the federal government's role?" can be reminded: we're not inventing a mandate, we're reinforcing one.

Bridges the upstream/downstream divide
The Act reflects a national commitment to health, not just healthcare. But systems have remained reactive, focused on treating illness after it appears. This Plan helps fulfill the Act's intent by shifting action upstream, before Canadians ever reach the ER.

Strategic advantages

This direction strengthens population health as a shared national good, with multiple co-benefits that advance key government priorities:

Equity
Closes health gaps across regions, income groups, and generations.

Fiscal responsibility
Reduces long-term demand on acute care and disability systems.

Workforce productivity
Healthier people work more, age more independently, and take fewer leave days.

Economic growth
Strengthens national competitiveness by addressing preventable economic burden.

Crisis resilience
A healthier population is more adaptive to shocks, such as pandemics, climate, economic downturns.

But beyond these advantages, the real measure of success is a healthier, more equitable Canada. One where every person has the opportunity to thrive, participate fully, and live with dignity and purpose across every stage of life.

From direction to implementation

This Action Plan is designed for activation. Grounded in the Health Promotion Alignment Framework, it provides a coherent policy direction that can be operationalized within current authorities, timelines, and capacity limits, and without requiring new legislation or major bureaucratic expansion.

The three appendices that follow offer practical, targeted pathways for implementing this direction across federal departments, provincial partners, and cross-sectoral contributors. They are not prescriptive blueprints, but flexible mechanisms aligned to real-world policy windows.

The appendices are organized into three categories:

Appendix A – Strategic enablers and policy pathways
Focuses on bilateral levers, data modernization, institutional structures, and narrative tools that can align upstream action across jurisdictions.

Appendix B – Operational tactics and federal levers
Identifies tools and entry points to coordinate across departments, mobilize fiscal levers, and support stakeholder partnerships that advance implementation.

Appendix C – Measurement and accountability mechanisms
Outlines outcome-focused metrics and public-facing strategies to track progress, strengthen transparency, and enable course correction over time.

Taken together, these tools help governments and partners coordinate their efforts and build momentum behind upstream change.

CONCLUSION

This is not about federal control or new spending programs. It's about strategic alignment and coordination, enabling the conditions that help all Canadians live longer, healthier, more productive lives. This Action Plan and the Health Promotion Alignment Framework are ready-to-use tools to guide federal leadership in building coherence, shifting outcomes upstream, and strengthening Canada's long-term resilience.

This is Canada's moment to lead. Not with new programs, but with strategic coherence, ensuring that policies, investments and strategies reinforce, rather than fragment, health outcomes. Health promotion is not soft policy. It is economic policy. It is resilience policy. It is equity policy. It is comprehensive health policy. And it's already embedded in the federal commitment to protect and promote the well-being of Canadians through the Canada Health Act.

We've long understood what Tommy Douglas called "the second stage of Medicare"—prevention and health promotion—but we've struggled to act on it. The complexity of cross-sector alignment within provincially-run medical models left governments without a clear path forward. The result: fragmented pilots, episodic investments, and scattershot efforts that never added up to systemic change.

This Action Plan is how we bring that commitment to life. Together, upstream, and with purpose. The future of health in Canada will not be built in waiting rooms, but where people grow, play, learn, work, and age.

> **If we want a strong and healthy Canada,**
> **we have to stop waiting for Canadians to get sick.**

Available resources

The following documents and tools are available as part of the broader Health Promotion Alignment Framework suite:

- This **Action Plan**, which includes three actionable appendices that follow below.
- **White Paper** – Full foundational rationale, global context, and implementation model.
- **Policy Brief** – Non-partisan summary designed for internal orientation, onboarding, or executive briefings.
- **Communications Reference Guide** – Messaging tools, strategic framing, and ready-to-use language for internal and public engagement.
- **Primer** – One-page overview of health promotion's value and relevance.
- **Infographic** – Illustrative diagram showing the Framework's strategic logic model and core components.
- **Additional supporting materials** and briefings to support implementation, orientation, or internal planning contexts.

Each resource can be adapted and used based on the audience, context, and stage of planning. Together, they bring the Health Promotion Action Plan to life.

APPENDIX A

Strategic enablers and policy pathways

This appendix focuses on foundational mechanisms that enable upstream health promotion to take root across jurisdictions and sectors. It outlines the structural levers, such as coordination bodies, data modernization, and public framing tools, that can establish a shared national direction without requiring new programs or legislation. These are the system-building elements that allow governments, departments, and sectoral partners to move in coherent alignment while respecting jurisdictional autonomy.

I. Immediate federal entry points

Ensure sector strategies are grounded in evidence
Collaborate with NGOs, researchers, and subject matter experts, particularly in child development, adolescence, and aging, both in Canada and internationally, to validate the upstream strategies identified in the Framework. This ensures that recommended actions are anchored in developmental science and demonstrated impact, rather than driven by legacy programs, good intentions, or well-meaning but unproven efforts.

Modernize data infrastructure for upstream indicators
Invest in federal and intergovernmental data systems that can track preventive, functional, and positive health outcomes throughout developmental stages, as per the Health Promotion Alignment Framework life course structure, moving beyond illness-based data.

Pilot a positive outcome indicators dashboard with provinces and territories
Work with willing jurisdictions to design and test a public-facing dashboard that visualizes key indicators from the Framework, showing progress on such positive outcomes as school readiness, emotional resilience, functional aging, and other markers of population well-being from early childhood to end of life.

Embed health promotion priorities in bilateral agreements
Integrate health promotion priorities into new or existing bilateral agreements across sectors, including, among others, housing, early learning, mental health, food security, active transportation, and climate adaptation through outcome-focused language.

Support a national knowledge hub for scalable upstream models
Create or strengthen a clearinghouse to collect, validate, and share evidence-based upstream strategies, local innovations, and practice-based learnings.

Launch a federal cross-sector youth well-being table
Convene departments and sectors impacting youth (e.g., education, mental health, housing, income supports) to develop integrated strategies.

II. Institutional mechanisms and national alignment

Designate a national coordinating body
Establish a team or secretariat (within PHAC or at arm's length) to monitor progress, support interdepartmental alignment, and serve as the federal anchor for Framework implementation.

Convene national roundtables and expert forums
Host recurring, cross-sectoral discussions with provinces, civil society, and researchers to align on outcomes and surface shared challenges and solutions.

Host recurring pan-Canadian symposia on health promotion alignment
Facilitate regular national learning exchanges showcasing metrics, policies, and local innovations aligned with the Framework.

Establish a standing Health Promotion Council with broad sectoral representation
Create an advisory structure that brings together governments, Indigenous partners, NGOs, academics, and practitioners to steer upstream policy direction.

Create an innovation fund for scalable provincial and community pilots
Support early-stage, evidence-informed projects with high potential for replication, leveraging a light-touch funding model and peer learning.

III. Culture, framing and global positioning

Launch a pan-Canadian public awareness campaign linking systems to outcomes
Run a sustained campaign that links health outcomes to structural determinants, not just personal choices, to normalize policy action as part of health promotion.

Create an evidence repository of validated upstream strategies
Maintain an accessible, regularly updated library of effective interventions, indexed by contributor domain and life course stage, to support implementation teams, encourage replication, and promote learning across jurisdictions. This could be housed within the knowledge hub proposed above to promote consistency, and ensure shared access.

Establish a federal policy fellowship and knowledge exchange program
Enable temporary placements and cross-sector learning between levels of government, NGOs, and academia to accelerate shared understanding and spread innovation.

Develop a Strategic Investment Index to track jurisdictional progress
Build a public-facing tool that transparently shows where and how governments are investing in upstream health promotion policies and programs and where gaps remain.

Position Canada globally through a benchmarking and reporting strategy
Align national efforts with the World Health Organization (WHO), the Organization for Economic Co-operation and Development (OECD), and the United Nations Sustainable Development Goals (SDGs) frameworks to demonstrate leadership and share results on the international stage.

APPENDIX B

Operational tactics and federal levers

This appendix identifies concrete federal tools that can be activated within existing authorities to support implementation. It emphasizes operational pathways, such as how federal departments can coordinate internally, align agreements with upstream outcomes, and support cross-sector pilots. These tactics are designed for pragmatic use by program leads, helping departments advance Action Plan goals without creating new bureaucracy or mandates.

I. Interdepartmental and intergovernmental coordination

Appoint a lead federal coordinator for Action Plan implementation
Designate a short-term delivery lead or team to guide early implementation, coordinate interdepartmental efforts, and provide visible accountability during the Action Plan's launch phase.

Embed the Health Promotion Alignment Framework in federal planning processes
Encourage that health promotion goals appear in Treasury Board submissions, mandate-related planning, departmental strategies, and reporting cycles.

Launch interdepartmental policy clusters around shared upstream drivers
Group departments (e.g., Infrastructure, ESDC, ISC) into clusters to jointly plan around shared issues like for example, aging, youth employment, or social connection.

Facilitate FPT coordination without attaching conditions to transfers
Offer supportive federal mechanisms such as data, convening, communications, without imposing conditions on provinces or infringing on their jurisdictional roles.

II. Fiscal and programmatic tools

Use new and existing federal agreements to advance upstream alignment
Include flexible, outcomes-based language in federal program agreements to encourage health-promoting strategies across sectors.

Offer targeted fiscal incentives
Explore tax measures or other fiscal tools that support the implementation of specific, validated health promotion strategies identified in the Health Promotion Alignment Framework. This would move beyond broad-based credits toward outcomes-based levers tied to the Framework's life course structure. It would also avoid the past tendency to offer generic incentives untethered from coherent upstream strategy—well-meaning, but ultimately diluted in impact.

Support voluntary regional compacts with provinces, municipalities, and civil society
Enable multi-actor coalitions to develop joint action agreements with federal support, modeled after successful climate and skills strategies.

Mobilize existing federal funds by aligning criteria to upstream positive outcomes
Adjust eligibility and evaluation criteria in current funding streams to prioritize health promotion co-benefits and intersectoral impact.

Introduce micro-grants for cross-sector and cross-jurisdictional collaboration
Launch small-scale funds that reward collaboration and experimentation across sectors or jurisdictions, especially in under-resourced areas.

III. Engagement and stakeholder mobilization

Support sector champions
Work with trusted leaders across NGOs, civil society, professional associations, municipalities, Indigenous governments, advocacy coalitions, and community networks to shape the narrative and drive localized uptake.

Provide narrative tools for stakeholders
Offer plug-and-play resources to help partners communicate the value of upstream investment in ways that fit their local context.

Convene learning networks across municipalities and NGOs
Support communities of practice focused on peer learning, relationship-building, and cross-sector collaboration to share upstream strategies and local innovations.

Support NGO alignment with life course outcomes
Engage leading health promotion NGOs to apply the Framework's positive outcomes and influencing factors, helping them align program design with shared life course metrics and amplify collective impact.

APPENDIX C

Measurement and accountability mechanisms

This appendix outlines how to track upstream progress, show progress and course-correct in real time. It proposes a flexible, outcome-based approach to measurement that reflects the life course and prioritizes functional health indicators (positive outcomes) as per the Framework's logic model. These strategies help build credibility, transparency, and long-term policy resilience, without imposing one-size-fits-all metrics.

I. Indicators and data modernization

Develop and validate a national set of positive health outcome indicators
Build on the Health Promotion Alignment Framework's existing life course model by revalidating its core indicators (e.g., school readiness, emotional resilience, functional aging) through engagement with provinces, territories, and civil society. This process would strengthen shared ownership, ensure relevance across jurisdictions, and support alignment with current data infrastructure.

Enable contextual adaptation through a flexible indicator menu
Provide jurisdictions with an adaptable menu of indicators to suit local needs and priorities, while keeping national alignment and comparability intact.

Embed equity and resilience dimensions into all metrics
Ensure positive outcome data disaggregation by region, age, income, race, and gender, so that metrics capture real-world disparities and progress toward equity.

II. Transparency and public accountability

Create a Health Promotion Investment Index
Track and visualize where investments are being made (or not) in upstream determinants across sectors and jurisdictions.

Quantify system-level ROI and avoided costs
Support studies that demonstrate how upstream health promotion reduces short- and long-term costs across systems, such as acute care, public health, education, workforce productivity, and income support, while generating broader economic and social returns.

Integrate reporting into existing federal cycles and platforms
Use existing federal annual reporting vehicles to show Health Promotion Alignment-linked progress, limiting new bureaucracy.

Highlight success stories from jurisdictions and communities
Regularly showcase local or regional case studies with tangible, measurable outcomes to sustain public support and policy traction.

APPENDIX D

The Health Promotion Alignment Framework core components and logic model

This appendix provides a high-level visual and narrative summary of the logic model that underpins the Health Promotion Alignment Framework. It outlines how positive health outcomes are achieved across the life course through a structured chain of action: contributor domains implement evidence-based strategies that target key influencing factors, enabling individuals to reach the positive outcomes that define successful developmental transitions. These components, described in more detail in the White Paper and infographic document, serve as the organizing spine for policy design, measurement, and implementation. Together, they illustrate how alignment is not about centralized control, but about shared clarity and coordinated action, by a broad range of contributors to the health of Canadians, well beyond governments alone.