

THE HEALTH PROMOTION ALIGNMENT FRAMEWORK

A Strategic Blueprint for the Health of Canadians



White Paper

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This White Paper is intended to support international and intergovernmental dialogue, mandate development, and strategic implementation of upstream health promotion across jurisdictions. It provides a foundational policy rationale and evidence base to inform structural action on the determinants of health. While originally developed in the Canadian context, its core principles, tools, and logic model are designed for adaptation and use across diverse governance systems.

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CHAPTER 1

The urgent case for a health promotion strategy

Why now?

Canada spends among the highest per capita on medical care in the developed world, yet our health outcomes lag behind our peers. Despite massive investments, our system remains stuck in crisis mode—overcrowded hospitals, workforce inefficiencies and shortages, and rising chronic disease rates. We are not underfunding health, we are forced to over-invest in acute care because we’ve neglected the upstream conditions that make people healthy in the first place. We focus almost entirely on diagnosing and treating illness rather than preventing it, leaving Canadians sicker and governments paying more.

Canada’s health systems are at a breaking point, with acute and chronic diseases, mental health challenges, and aging-related conditions driving costs ever higher—many of which stem from determinants outside the traditional field of medicine.

The consequences of this outdated approach are severe: fiscal unsustainability, as healthcare costs continue to absorb a growing share of public budgets without improving population health; declining workforce productivity, with chronic conditions increasing absenteeism and long-term disability costs; and widening health disparities, as marginalized communities bear a disproportionate burden of ill health due to social and economic barriers.

For years, political will has been absent as governments tend to prioritize immediate demands—such as hospital capacity and medical workforce issues—over long-term health promotion investments. Political cycles often reinforce this short-term focus, making it difficult to sustain prevention efforts beyond electoral timelines.

But the reality is clear: we cannot treat our way out of this crisis. No amount of hospital expansion or physician increases will reverse the growing tide of preventable chronic illness. If we fail to act, Canada will remain locked into its current downward spiral of rising costs, burnout, and worsening population health outcomes.

To truly understand why our current approach is failing, we need to step back and ask: What do we even mean by "health"? Most Canadians may not even ask the question, and our definitions often fail to capture the full picture. More often than not, we still equate health as a physical end-state, achievable with medical treatments or pharmaceuticals, but is that really what determines whether someone is healthy?

Rethinking health: A paradox

Health is not always what it seems at first glance. We assume we can recognize it when we see it—but what if the reality is more complex? Imagine you're in a grocery store checkout line. Ahead of you is Rick, a man deep in thought, confined to a wheelchair. Behind you stands Susan, a woman who appears lean, well-dressed, and smiling as she scrolls through her phone. Without giving it much thought, most people would assume that Susan is healthier than Rick. After all, she's standing, looks fit, is mobile, seems happy and doesn't have a visible disability.

But what if you knew more about them?

What if Rick was a Paralympic marathon medalist, training daily, fuelled by discipline and a deep sense of purpose. A renowned public speaker and advocate who loves his life. His fitness, resilience, purpose in life and strong support network keep him thriving. Meanwhile, what if Susan lives in constant survival mode, struggling to put food on the table, enduring partner abuse with no social support network, smokes to cope with longstanding depression, just lost her job, and lacks the financial security and skills to raise her three children in a stable home.

Now, who is healthier?

Or take Lucas, a high-level government executive. He wears the latest designer suit and ties, meets every deadline, and is seen as a model of professional success. But behind the polished exterior, he's drowning in chronic stress, sleeping and eating poorly, and ignoring the signs of burnout. Then there's Joan, who has terminal cancer. But instead of spending her last few months in denial and chasing achievements, while she has good and bad days, she has chosen to rekindle relationships with her family and travel, savouring and living to the fullest every remaining moment of her life, knowing she will leave when she is ready, on her own terms, supported and with the assistance she requires.

Health is not just about physical ability, job titles, or the absence of disease. It is about stability, security, purpose, and the ability to define what health means for oneself. When Tommy Douglas, the "Father of Medicare" envisioned Canada's universal healthcare system, his dream was to remove physical and financial barriers to medical care, ensuring that no Canadian would suffer simply because they couldn't afford treatment. If someone had the misfortune of an accident, the burden of care should be shared by all Canadians, he argued. Those were the underlying human values and principles that shaped our Canadian approach to health. But Douglas also saw

this as only the first step—the next was to focus on keeping people healthy and improve the system itself he said. The problem? We never truly took that next step.

Susan may be able to access medical treatment to, for example, get a cast for a broken arm, but will that make her healthy? Will it change the stress of survival, the cycles of poverty, or the emotional toll that erodes her well-being and sense of self? Health and therefore health promotion is more than fixing what is broken—it is about creating the conditions that allow people to thrive. Until we recognize that, we will remain locked in a system that treats illness but fails to foster true health.

This fundamental misunderstanding of health has real consequences. If we continue to view health as something achieved solely through medical treatment, we will remain trapped in a cycle of rising healthcare costs, worsening health outcomes, and growing inequality. The stakes are high—and failing to act will cost Canada far more than just dollars. It will cost lives, productivity, and the economic stability of future generations. Because it's complex. No one sector or solution can solve this problem. Governments tried for years in vain.

What's at stake?

The financial and workforce consequences of failing to prioritize upstream health promotion strategies are staggering. Provincial and territorial healthcare budgets continue to balloon, forcing governments to make painful trade-offs between health, education, infrastructure, and social services. As Canadian governments at all levels struggle to contain healthcare-related costs, other countries have already embraced strategies that integrate health promotion into governance, shifting from reactive spending to proactive investments that strengthen economic resilience, reduce healthcare costs, and improve population health.

If current trends continue unchecked, Canada will face fiscal gridlock, unable to meet healthcare obligations without raising taxes, cutting services, accumulating unsustainable debt, or restricting access to essential care only to those who can afford it.

A window of opportunity

Canada has a rare and time-sensitive opportunity to reverse course. Several key factors make now the moment for bold action.

Political momentum for reform – Recent intergovernmental agreements on healthcare funding have created an opening for federal leadership that respects provincial jurisdiction while fostering strategic alignment. At the same time, Canada's provinces and territories have found common ground on trade and tariff policies in response to recent global economic pressures. This renewed collaboration signals that governments are more willing than ever to work on

complex national issues together. Collaborative, aligned action on Health promotion must be next.

A shifting public narrative – Canadians increasingly understand that mental health, social determinants of health, and environmental factors play a critical role in well-being. The outdated belief that health is simply the absence of disease is giving way to a broader, more holistic perspective.

Diminishing tolerance for short-term fixes – Public frustration with reactive, crisis-driven healthcare spending is mounting. As emergency room and diagnostic wait times lengthen, human resource shortages persist, and medical systems remain under strain, the demand for long-term, sustainable solutions is growing. Canadians, employers, and policymakers alike recognize that prevention is not just beneficial—it's essential.

What this White Paper proposes

This White Paper is not another conceptual discussion of health promotion. Instead, it provides:

- **A strategic roadmap for action** – Outlining how Canada can systematically integrate health promotion into policy, governance, and funding structures without triggering jurisdictional conflicts.
- **A clear case for urgent policy change** – Demonstrating how aligning economic, social, and health imperatives strengthens long-term national resilience.
- **A practical framework** – The Health Promotion Alignment Framework, which enables Canada to coordinate multi-sectoral efforts, prioritize high-impact interventions, and measure success based on positive health outcomes.
- **Actionable recommendations** – Specific steps for federal, provincial, and sectoral leaders to transition from a strictly reactive model to a sustainable, prevention-driven system.

Canada is at a crossroads. We either continue down the path of rising costs and declining health, or we seize this moment to build a stronger, healthier, and more economically resilient nation.

This moment presents a rare alignment of political will, public readiness, and economic necessity. If provinces and territories can unify on trade and tariff policy in the face of external pressures, they can also come together to advance a national health promotion strategy. The time to act is now.



CHAPTER 2

Canada's health promotion legacy: Lessons and lost opportunities

Early leadership in health promotion

While Canada championed some of the world's most forward-thinking health promotion conceptual models, other countries turned our ideas into action. Canada failed to translate its impressive thought leadership into sustained policy change, despite its involvement in the following key milestones in health promotion history.

1974 – New Perspectives on the Health of Canadians (The Lalonde Report)

This groundbreaking report shifted the global conversation from a purely medical model of health to one that recognized the broader determinants of health—lifestyle, environment, human biology, and healthcare organization. It was one of the first official government reports in the world to argue that health outcomes are shaped by factors beyond medical care.

1978 – The Alma Ata Declaration & Health for All 2000

Adopted by the World Health Organization (WHO), this landmark declaration positioned primary health care as the foundation for universal health systems, emphasizing multi-sectoral approaches to address health determinants. Canada played a key role in shaping these global discussions, with Health and Welfare Canada (HWC) and the Canadian Public Health Association (CPHA) actively contributing to the early development of its principles. However, while Canada helped conceptualize the vision, domestic implementation remained inconsistent, as jurisdictional divisions and shifting political priorities stalled efforts to embed its principles into national policy.

1986 – The Ottawa Charter for Health Promotion

Jointly developed by HWC, CPHA, and the WHO, the *Ottawa Charter* was a landmark international agreement that defined health as a resource for everyday living, rather than merely the absence of disease. It outlined five essential health promotion strategies: Building healthy public policy; Creating supportive environments; Strengthening community action; Developing personal skills; and Reorienting health services.

1986 – Achieving Health for All: A Framework for Health Promotion

Canada's own response to the *Ottawa Charter*, this framework placed a strong focus on equity and mental health, reinforcing that positive health outcomes must be shaped by policies that address social and economic barriers.

1980s and 90s – Multiple health promotion commissions & reform studies

During this period, several provinces and territories conducted independent assessments of health promotion, launched commissions, and undertook multiple health system reform reviews. While these efforts aimed to embed modern health promotion strategies into policy, they lacked coordination, political commitment, bureaucratic capacity, and pragmatic execution strategies, resulting in inconsistent adoption and policy fragmentation. Many of these reports reinforced the same conclusions from the above landmark documents:

- Health outcomes are shaped by policies beyond healthcare delivery.
- Investments in health promotion yield both short and long-term cost savings.
- Sustained political commitment is needed to embed health promotion into governance.

Despite the consistency of these findings, few reforms translated into lasting structural change, as governments shifted priorities with election cycles.

2010 – Creating a Healthier Canada: Making Prevention a Priority

In a rare moment of federal-provincial-territorial (FPT) consensus, governments signed a formal *Declaration on Prevention and Promotion*, explicitly recognizing that most determinants of health lie beyond the traditional healthcare system. However, without sustained implementation, the declaration became yet another symbolic commitment rather than a driver of structural change.

Why progress stalled

Despite early momentum and a strong foundation in health promotion, Canada has struggled to translate its vision into sustained action. Several systemic barriers have prevented meaningful progress, reinforcing a reactive approach to disease and disability rather than a proactive, prevention-first model. These challenges are summarized below.

Short-term political cycles and policy inertia based on incorrect assumptions

Political cycles reinforce short-term decision-making, as governments focus on immediate pressures like hospital capacity and physician shortages to demonstrate quick wins. Health promotion, by contrast, requires sustained investment across multiple election cycles—often making it politically vulnerable to funding cuts and policy reversals. Without institutional mechanisms to embed long-term health promotion into governance, strategic plans remain subject to political turnover.

To address this, Canada must move beyond discretionary funding and symbolic commitments. Mechanisms such as multi-year legislated funding agreements tied to measurable positive health outcome targets, an independent health promotion advisory body insulated from political shifts, and mandatory health impact assessments for major policy decisions would ensure that health promotion remains a structural priority, not just an optional policy preference.

This short-term focus is reinforced by media narratives and populist rhetoric, which overwhelmingly highlight immediate system crises—wait times, physician shortages, and hospital capacity—rather than the structural drivers of health.

Contrary to what some believe, many health promotion strategies often rapidly yield measurable results, such as increased physical fitness, reduced workplace absenteeism, and improved mental well-being. Even more profound impacts emerge over time, as securely attached, newborns and physically active and critical thinking children raised in health-conscious environments grow into healthier adults, shaping future generations through improved parenting, workplace culture and productivity, societal involvement and overall resilience.

Fragmented jurisdictional control

Canada's federal structure places "healthcare" (the delivery of medical services) under provincial and territorial jurisdiction, making it difficult to implement a cohesive pan-Canadian strategy. In addition, federal health transfers overwhelmingly prioritize acute medical services, leaving health promotion severely underfunded.

Complicating matters, provinces have resisted federal involvement in strategic health system planning. Fearing encroachment on their autonomy, though they welcome federal transfer funding, they insist on maintaining any form of implementation control or specific targets for funding.

This fragmented governance model has resulted in inconsistent implementation, with some provinces at times investing modestly in various forms of health promotion initiatives, while others have deprioritized them as 'nice-to-haves.'

Public perception and the medicalization of health

As illustrated in the examples earlier, many Canadians today still equate their health status as the physical absence of disease rather than a resource for everyday living. This outdated perception, reinforced by a media-fuelled, treatment-first system, providing services to passive recipients, undermines public and political support for proactive health strategies that address the root causes of ill health.

The COVID-19 pandemic understandably continued to reinforce such a medicalized view of health, as governments prioritized screening, acute care, rapid interventions, and crisis management to protect lives. While these measures were essential, they also had the

unintended consequence of further entrenching a reactive approach—one that continues to prioritize screening and treatment. However, remaining in this crisis-driven mindset is unsustainable. True resilience means integrating health promotion as a permanent pillar of its health strategy, ensuring Canada is not just prepared for the next pandemic, but fostering a healthier population overall.

Canada's failure to embed health promotion as primary healthcare

One of the key reasons other nations have advanced beyond Canada is their ability to embed health promotion within primary healthcare—rather than treating it as a separate policy stream.

According to the World Health Organization (WHO), primary healthcare is not just frontline medical service delivery; it is the foundation for health promotion and disease prevention, ensuring that populations stay healthier before requiring medical intervention.

However, in Canada, primary healthcare has been increasingly misinterpreted as first-contact medical services, reducing it to a system of medical service delivery, rather than proactive health promotion. This has led to an overemphasis on reactive treatment, leaving health promotion underdeveloped and underfunded. To realign our approach, it is critical to distinguish between the four levels of healthcare:

Primary healthcare – As defined by WHO, this includes health promotion, disease prevention, and broader determinants of health—not just first-contact medical care.

Secondary healthcare – Screening, early detection, and risk reduction.

Tertiary healthcare – Treatment, rehabilitation, and palliative care for complex or chronic conditions.

Quaternary healthcare – Highly specialized treatments, experimental medicine, and advanced palliative care for rare or extreme medical conditions.

How other nations have pulled ahead

Canada has over-invested in tertiary healthcare while failing to fully implement primary healthcare as WHO defines it. In contrast, nations with more balanced models—where primary healthcare prioritizes proactive health promotion—have achieved better population health outcomes and lower per capita healthcare costs. Their success offers valuable lessons that can no longer be ignored. Nations with strong prevention-first models now demonstrate better health outcomes and lower long-term medical costs.

Nordic countries: Health embedded in governance

Nordic nations like Finland, Sweden, and Norway integrate health promotion across multiple policy areas, ensuring that education, employment, and urban planning all contribute to population well-being. One example is Finland's childhood and school health programs, which have significantly reduced long-term chronic disease rates. Similarly, prioritizing infrastructure that removes disincentives to active transportation—such as investing in snowplowing bicycle

paths first to enable year-round cycling—demonstrates how strategic policy choices can facilitate healthier lifestyles at the population level.

Australia: Prevention as a core healthcare strategy

Australia has formally embedded prevention into primary healthcare, ensuring that prevention is not a separate policy stream but an integral part of the medical system. Their National Preventive Health Strategy allocates long-term funding for chronic disease prevention, tackling issues such as obesity, smoking, and mental health.

Japan: A culture of lifelong health promotion

Japan's health promotion strategies extend across the lifespan, embedding them into everyday life. From community-based senior fitness programs to workplace health initiatives, policies actively encourage movement, nutrition, and social connection.

United Kingdom: The social determinants approach

The UK has leveraged public-private partnerships to address housing, nutrition, and economic stability as drivers of health. The Marmot Review led to targeted government investments in education and early childhood interventions.

France: Nutrition and social learning in schools

Many schools in France have implemented nutrition boards consisting of the principal, a nutritionist, the school chef, and parents. These boards do more than just ensure nutritious menu planning—they integrate broader social learning into mealtime. Children are taught manners, the importance of drinking water and taking their time to eat well and how to serve not just themselves, but each other. By fostering structured, positive, communal dining experiences, schools reinforce mealtime as an opportunity for learning social norms and respectful behaviour, rather than leaving children in a rush to navigate these aspects independently.

New Zealand: The wellbeing budget

New Zealand has redefined success beyond GDP metrics, prioritizing health, mental well-being, and community development. The country's Wellbeing Budget shifts resources upstream, ensuring that government investments address social and economic determinants of health.

Each of these nations has successfully integrated prevention into governance, demonstrating that health promotion is not just a healthcare or medical system strategy, but an economic and social policy tool. However, while their efforts represent significant progress, they still remain somewhat fragmented—lacking a fully integrated, systematically designed model that explicitly ties health promotion to national economic and social strategies.

The opportunity to lead again

Canada can go beyond simply catching up. By establishing a comprehensive, scalable framework, we can ensure that health promotion becomes an operationalized pillar of governance—one that strengthens economic resilience, improves workforce productivity, and reduces long-term healthcare costs. Aligning a pan-Canadian strategy with existing provincial and territorial efforts is not just an opportunity—it's an overdue necessity. Without decisive action, Canada will continue to lag behind global leaders who have already made health promotion and disease prevention a cornerstone of their national health strategies.

However, doing so requires more than political will. It demands a structured, strategic approach that ensures alignment across jurisdictions while respecting provincial/territorial autonomy. To make health promotion a lasting priority, Canada must:

- **Reframe FPT dynamics** – Establish a national health promotion strategy that respects provincial jurisdiction while fostering pan-Canadian alignment on shared and measurable goals, defined as positive outcomes statements for Canadians.
- **Shift public narratives** – Educate Canadians on the economic and societal benefits of health promotion, ensuring it is seen as an investment that can show rapid and long-term results, not an expense.
- **Commit to long-term, sustained investment** – Move beyond short-term, election-driven policies by embedding health promotion within funding agreements and policy frameworks.
- **Leverage strategic investment** – Support evidence-based health promotion initiatives that yield measurable outcomes and long-term impact.
- **Incentivize multi-sector collaboration** – Ensure all levels of government, businesses, and civil society contribute to a healthier Canada by removing structural barriers to cross-sector action.

By embedding health promotion into policy, aligning FPT priorities, and committing to long-term investment, we can shift from reactive crisis management to proactive investments. Other nations have proven that a prevention-first approach strengthens economic resilience, workforce productivity, and population well-being. Canada must decide: double down on reactive crisis management—or build a health promotion-first system that strengthens our economy, our workforce, and the health of future generations.

For decades, Canada shaped global health promotion policy, but failed to apply it at home. While other nations acted, we stalled. The result? Rising healthcare costs, widening disparities, and lost economic potential. If Canada wants to lead again, it must do so by action, not just ideas.



CHAPTER 3

The economic and policy case for health promotion

The cost of inaction

As the opening this paper stated, rising costs, workforce shortages, and hospital overuse are not the root causes of this crisis—they are symptoms of a system designed to manage disease by providing medical services to passive recipients, not to promote positive health outcomes. Without a shift toward health promotion, medical ‘healthcare’ spending will remain unsustainable, hospitals will remain overwhelmed, and workforce burnout will deepen.

This chapter lays out why shifting to a prevention-first model is not just a public health priority—it is both a moral imperative and an economic necessity. Beyond the ethical responsibility to ensure all Canadians have the opportunity to live healthy, fulfilling lives, there is a compelling financial case: health promotion reduces long-term healthcare expenditures, boosts workforce productivity, and strengthens national resilience.

Without a health promotion shift toward upstream prevention, healthcare budgets will keep diverting resources from education, social services, and infrastructure, chronic disease rates will further erode workforce productivity, and health disparities will deepen—trapping marginalized communities in cycles of poor health and economic instability. These challenges are not just public health concerns; they are systemic barriers to sustainable economic growth. Addressing them requires more than isolated initiatives—it demands a coordinated, pan-Canadian strategy that aligns policies, funding, actions from all sectors and governance.

The need for a coordinated pan-Canadian approach

Canada’s prevention efforts remain highly fragmented across provinces, territories, and sectors. While individual programs and policies have yielded important successes, they often operate in silos, with limited coordination or scalability across jurisdictions.

Canada’s failure to establish a structured health promotion strategy is not just a policy gap—it is an economic vulnerability. The consequences of this fragmentation are significant: avoidable

healthcare costs, lost workforce productivity, and under utilized evidence-based interventions that could drive long-term savings.

The current FPT structure prevents federal leadership from establishing a collaborative and aligned national strategy, not because provinces and territories oppose preventing expensive downstream costs, but because there is no practical mechanism to coordinate efforts across all the players.

Jurisdictional complexity further compounds the problem. Health services are under provincial and territorial control, while the federal government provides funding and national guidance. Historically, this division has created a policy vacuum, where responsibility for prevention is often debated but rarely operationalized at scale.

In addition to outdated health human resource strategies—including the lack of a proper multidisciplinary mix and reliance on century-old selection, training, and management practices—there is a persistent mismatch between policy, funding, and outcomes. While every province and territory struggles with rising healthcare costs and workforce shortages, there remains no systematic way to align efforts, share best practices, scale what works, or measure shared progress.

No province or territory can fix this alone. However, collaboration is possible. Just as provinces and territories have aligned on issues like trade, infrastructure, and economic policy, a structured framework can enable strategic coordination in health promotion without undermining provincial authority.

The goal is not centralization—it is alignment: ensuring that all jurisdictions contribute effectively, that provinces and territories retain control over implementation, and that health promotion becomes an integrated, scalable national priority rather than a series of disconnected efforts.

Health as a public good: More than an economic asset

Canada's health crisis is framed as a financial issue. But this should not overshadow a more fundamental truth: health is a public good and a foundation for individual and societal well-being. When individuals and communities experience positive health, they are not simply avoiding illness, they are better able to learn, work, create, contribute, build relationships, and actively participate in society. A healthier population means:

- **Stronger social cohesion** – People with good mental and physical health are more engaged in their communities, families, and social networks, fostering trust, cooperation, and civic participation.

- **Greater resilience** – Physically, mentally, and immunologically, healthier individuals cope better with stress, recover more quickly from illness, and experience fewer severe health complications, reducing strain on medical systems.
- **Improved quality of life and wellbeing** – The sense of joy and well-being strengthens social cohesion, increases civic engagement, and fosters more resilient communities—ultimately reinforcing economic stability and workforce participation.
- **A more adaptable, economically engaged workforce** – While economic benefits are important, health is a shared societal asset that influences overall well-being, not just productivity. A healthier workforce means fewer lost workdays, greater innovation, and stronger economic resilience.

Studies show that health promotion strategies contribute to lower healthcare demand and stronger economic stability. They also deliver both short- and long-term financial returns. Some investments, such as workplace mental health initiatives, yield immediate gains—reducing absenteeism and boosting productivity quickly. Others, such as early and late childhood strategies, deliver in the short-term as well, but also offer exponential returns over decades by lowering rates of chronic disease and dependence on social services. Both are essential for a fiscally sustainable healthcare system.

When public health policy focuses exclusively on cost containment, it fails to capture these broader societal benefits. The goal of health promotion is not merely to reduce spending, but to foster well-being, dignity, and opportunity for all Canadians. A healthier population isn't just about individual well-being. It also strengthens our economy, reduces workforce strain, and ensures that government investments yield long-term dividends. Health promotion is not a cost—it's an investment in national resilience.

Making health promotion tangible for Canadians & politically strategic

While partisan deadlock hinders progress in some nations—such as in the U.S.—Canada has an opportunity to lead differently through a pragmatic, non-partisan approach. Health promotion is a rare political win-win: it appeals to fiscal conservatives by driving cost savings, resonates with social progressives by reducing inequities, and aligns with centrist voters who prioritize pragmatic, long-term planning. Implementing this framework allows policymakers to champion a transformative, fiscally responsible health strategy that is both politically viable and publicly popular.

A well-structured health promotion strategy advances social justice by ensuring all Canadians, regardless of income or background, have the opportunity to live healthier, more fulfilling lives. At the same time, it strengthens fiscal responsibility by optimizing public investment, reducing long-term healthcare costs, and reinforcing workforce resilience. This is not about cutting costs at the expense of well-being; it is about embedding health promotion into governance so that Canada's healthcare system remains both sustainable and equitable.

Health promotion is not just an economic necessity—it is a moral imperative, reinforcing the fundamental principle that good health should not be a privilege of the few, but a shared foundation for a thriving society.

Strengthening the socio-economic determinants of health improves real-life experiences at every stage of life: helping children grow up at a healthy weight, fostering mental and emotional well-being, supporting stable employment and income, enhancing resilience during life transitions, and preserving dignity and quality of life in old age.

Health promotion does not compete with medical care—it strengthens it. Physicians, hospitals, and the pharmaceutical sector remain essential pillars of Canada’s healthcare system. But without a stronger emphasis upstream, as mentioned previously, these systems will continue to face unsustainable strain. Health promotion strategies implemented by all sectors of society — not just through government funding and programs— will ensure that acute care resources are available where they are most needed: for complex medical cases, emergencies, and specialized treatment.

When framed in this way, health promotion is not an abstract policy issue—it’s something that touches every Canadian, every day. And that is what makes it a governance priority, not just a healthcare debate.

From policy challenge to practical action

Canada has spent decades recognizing the importance of health promotion but has lacked the structural alignment to make it a sustained national priority. The Health Promotion Alignment Framework provides the missing piece: a structured, practical mechanism to coordinate efforts across governments, sectors, and funding streams.

This is not about creating more bureaucracy or imposing rigid mandates—it’s about making existing systems work smarter. By aligning federal and provincial priorities without jurisdictional conflicts, embedding prevention into governance, and tracking progress based on positive health outcomes, this framework transforms health promotion from an afterthought into a strategic investment.

The next chapter details how this framework works—its structure, guiding principles, and the mechanisms that will ensure successful implementation.

The Canada Health Act: A mandate for upstream action

While much of the Canada Health Act (CHA) focuses on access to insured medical services—a provincial jurisdiction—the Act’s opening clause affirms a broader federal purpose: “to protect, promote and restore the physical and mental well-being of residents of Canada.”

This objective clause has often been treated as symbolic. But it provides essential legal and policy grounding for federal leadership in population health. The Health Promotion Alignment Framework (HPAF) helps bring that clause to life—not by interfering with provincial systems, but by reducing preventable demand on them through upstream coordination and shared outcomes.

Leveraging the CHA in this way has four key advantages:

Legal and policy legitimacy: Framing upstream health promotion as part of the CHA’s founding intent strengthens its constitutional footing and reinforces federal obligations to the public good.

Enabling action without overreach: While service delivery stays with provinces, health promotion falls within the federal government’s ability to coordinate, fund, and guide upstream population health strategies—particularly in relation to pan-Canadian data systems, national indicators, and intersectoral coherence.

Preempting jurisdictional friction: By grounding federal engagement in the Act’s objective clause, the Framework avoids proposing a new mandate. Instead, it offers a way to fulfill an existing one—with clarity and restraint.

Bridging upstream and downstream strategies: While the CHA is often associated with insured medical services, its founding objective points to something broader: protecting and promoting the well-being of Canadians. That vision can’t be achieved through treatment alone. Health promotion strengthens the system by reducing preventable demand—helping fulfill the Act’s intent not just at the point of care, but long before people ever need it.



CHAPTER 4

A blueprint for alignment

Overview

The Health Promotion Alignment Framework offers the first structured, adaptable model designed to align efforts across jurisdictions, sectors, and levels of government. Past approaches were either too rigid to adapt or too vague to implement, resulting in fragmented efforts and stalled progress. This framework bridges the gap between ambition and execution, ensuring health promotion becomes an integrated, measurable national priority rather than a theoretical concept.

Grounded in over a decade of rigorous research and evidence-based analysis, the Framework enables governments and all sectors to align efforts under the same outcomes, while allowing jurisdictional flexibility for priority-setting. The following section outlines its core principles and components in detail. A visual summary of the entire framework is also available in the appendix, providing a high-level reference that complements the detailed descriptions below.

However, structure alone is not enough. Bringing this framework to life requires deliberate implementation strategies. The next chapter explores how this can be achieved through federal-provincial collaboration, targeted funding mechanisms, expert consultations, and structured agreements that ensure alignment while respecting jurisdictional autonomy.

Core principles and components of the Framework

The Framework is built around six essential components that ensure a holistic, evidence-based, and results-driven approach. It provides a strategic backbone while making it easily operationalizeable and flexible, to suit the needs and priorities of every jurisdiction. No other conceptual model in Canadian health promotion history provided this practical benefit.

As a start, the Framework serves as a logical structure onto which to hang positive outcomes—its primary content. It has been engineered from the following research-based concepts listed

below into one easy to grasp diagrammatic model to assure the alignment of efforts on key priority areas for action.

1. A focus on the **entire life course**.
2. A breakdown of the life course into a series of **developmental transitions** (and increasingly complex social environments) people must navigate as they are develop, grow, play, learn, work, age and contribute to society.
3. A focus on the achievement of **positive outcomes** (thus the focus on the promotion of health as a positive construct), rather than the elimination or reduction of negative states of health.
4. A breakdown of each positive outcome into a prioritized list of measurable **influencing factors**. These determine/influence the ability of a person to reach each positive outcome.
5. The idea that all sectors, including but most importantly not limited to governments or the medical system, are **contributors** to the health of Canadians.
6. A database-driven inventory of evidence-based, actionable strategies that various sectors can implement. This practical, results-oriented focus sets the Framework apart from models that primarily outline the conceptual underpinnings of health and social policy. The strategies directly answer the question for all contributor domains: “*What can ___ do?*”

A visual representation of the above six core components of the Framework can be found as Appendix B, providing a structured illustration of how they align to create a comprehensive, outcome-driven approach to health promotion.

A note on alignment

The word alignment in the Framework’s title is intentional. It signals a shift from scattered, one-off initiatives to a coordinated, measurable, results-driven effort across all sectors of society—one that eliminates duplication, optimizes resources, and creates lasting impact.

Right now, health promotion in Canada is like a pan-Canadian tug-of-war, with different provinces, organizations, and sectors pulling in different directions, each with good intentions but without coordination. The result? Strained resources, duplicated efforts, and missed opportunities for real impact. The Health Promotion Alignment Framework ensures that instead of working in silos, every stakeholder—governments, businesses, healthcare providers, schools, and communities—pulls together toward a common goal: specific, shared outcomes that created a healthier, more resilient population.

Canada does not lack health promotion initiatives; it lacks the means to connect, scale, and sustain them. The Framework provides a structured mechanism to unify these efforts, ensuring that evidence-based interventions are not just developed in isolation but systematically embedded into policy and practice at every level of society. By aligning efforts strategically, we eliminate fragmentation, maximize impact, and achieve efficiencies of scale across all socio-economic domains that contribute to the health of Canadians.

A focus on the entire life course

Health is not static—it evolves over a lifetime. While early investments provide a strong foundation, they are not enough. Canadians need sustained opportunities to build, maintain, and restore their health at every stage of life, whether it's a child gaining resilience in school, an adult navigating work stress, or an older adult maintaining independence. Seniors groups have long advocated to be seen as vibrant, contributing members of society rather than a financial burden to medical systems and drug plans. The Health Promotion Alignment Framework ensures that opportunities for well-being, recovery, and resilience exist throughout life, even for those who did not benefit from a healthy start.

This point reinforces that health promotion strategies should not be front-loaded only in childhood, but remain a priority through every key developmental transition. Research demonstrates that healthy behaviours carried out at any age can have beneficial effects of reducing morbidity and increasing both the life span and quality years of well being. Policies and programs supporting Canadians to: develop secure attachment as a newborn, be more physically active; eat well; go back to school; earn a stable income; benefit from healthier relationships; participate in community-building; and increase their mobility and independence – are all sound investments that have been demonstrated as effective means to the reduce chronic disease and mental illness burden in modern societies.

A focus on successful developmental transitions

The concept of developmental transitions suggests that the process of growing up and aging requires a person to successfully adapt to a series of ever more complex social environments. This begins in the mother's womb, then the immediate family and/or primary caregivers, the school, the neighbourhood and community, workplaces and society as a whole. While these transitions generally follow the human lifespan, they are not strictly age-based. Instead, they represent flexible periods within which individuals progress to their next stage.

This construct provides a logical structure for collective effort and for the very argument for multi-sectoral solutions to complex social issues that determine people's health. This is not just about funded government programs.

Each stage of life brings distinct opportunities and challenges. Ensuring children adapt well to school, helping adolescents build resilience, and supporting adults in maintaining economic stability and relationships all contribute to healthier aging. A combination of well-structured policies, supportive environments, and individual agency is required to help individuals navigate these transitions successfully—moving from young adulthood through middle age with independence and minimal morbidity.

The Health Promotion Alignment Framework is structured around seven key developmental transitions that Canadians navigate throughout life. These categories were developed through

extensive consultations across diverse fields, including child development, aging, health and social services, and multi-sectoral research. Socio-demographic and neurological evidence further refined these stages, highlighting how traditional assumptions—such as equating "old age" with dependence—no longer hold. Older adults in their 70s, 80s, and beyond remain active contributors in the workforce and community, and research on brain plasticity confirms that learning and personal growth continue throughout life. This evidence reinforces the need for a framework that supports health at every stage—not just in early life but across the full lifespan.

The HealthPromotion Alignment Framework provides a short list of positive health outcomes under each of the following developmental transitions individuals navigate over their life course:

Transition 1 – To Birth & Early Childhood (before ~age 1)

Transition 2 – To Middle Childhood (before ~age 5)

Transition 3 – To Adolescence (before ~age 12)

Transition 4 – To Young Adulthood (before ~age 20)

Transition 5 – To Middle Adulthood (before ~age 40)

Transition 6 – To Older Adulthood (before ~age 80)

Transition 7 – To End of Life (before and up to end of life)

For each of the developmental transitions, the Framework identifies a number of positive outcomes that tell us that a person is doing well. These outcomes are like landmarks that indicate the child, youth, adult or older adult is on the right path in their development and aging process at any given time in their life.

A focus on positive health outcomes

Perhaps the most important concept of the Framework is its emphasis on positive outcomes as the ultimate goal. This distinguishes health promotion from one of its many corollary benefits: disease prevention. This focus is closely linked to ensuring that all Canadians experience successful developmental transitions throughout life.

Rather than concentrating solely on eliminating negative outcomes for some, the Framework prioritizes what we want to achieve for all. The positive outcomes identified in the Framework serve as clear goals to guide our policies, actions, programs, and services.

Simply stated, you cannot achieve health for focusing only on avoiding disease. This does not mean that at-risk populations or those suffering from negative health conditions do not require tailored medical (or other) interventions. However, it reinforces a key principle of health promotion: the best way to support those who need it most is by fostering conditions that enable all individuals to thrive. For each developmental transition, the Framework identifies a number of positive outcomes that indicate whether a person is doing well—i.e., whether they possess the necessary conditions to make a healthy transition to the next stage in life.

These outcomes serve as key landmarks, signalling whether a child, youth, adult, or older adult is on a healthy developmental path as they age.

The Framework's focus on positive health outcomes rather than deficit-based measures is deliberate. Currently, our health systems predominantly react to problems rather than shaping environments that prevent them. Health promotion is often mistaken for disease prevention, but they are not the same. While prevention seeks to reduce risks and avoid illness, health promotion actively creates the conditions for well-being. Disease prevention may be a byproduct of strong health promotion, but the goal is broader—ensuring people thrive, not just avoid getting sick. It's almost as if we believe that in our attempts to treat or avoid illness at all cost, we will automatically be healthy. But as the definition of health itself states, it is more than the mere absence of disease.

And you get what you aim for—if we only measure what we want to avoid, how will we ever achieve what we want to achieve? By setting clear, measurable targets for positive health outcomes at every stage of life, the Framework ensures health promotion is about actively creating the conditions for lifelong well-being.

As mentioned earlier, despite frequent rhetoric about the importance of upstream investments, healthcare spending remains overwhelmingly focused on diagnosing and treating illness rather than fostering health. The Framework prioritizes what we know works to achieve health, rather than defaulting to the costly infrastructure of screening and medical service delivery. While clinical care is and will always be essential, it is not the same as shaping the environments and behaviours that keep people healthy in the first place.

Yet, Canada's health surveillance systems still track morbidity and mortality data. In strategic planning, the principle is simple: you achieve what you aim for, measure and report on. Without a defined set of measurable positive health outcomes, and a surveillance infrastructure that begins to include them as part of the mandate, we will continue reinforcing a system designed to treat and document decline rather than drive well-being. A system that only quantifies what goes wrong will never be designed to ensure things go right.

A focus on influencing factors for each outcome

For each positive health outcome, the Framework identifies a set of key influencing factors—the conditions that determine whether an individual can realistically achieve that outcome. These factors act as levers for change, shaping health not in isolation, but through complex, interdependent relationships.

Rather than listing every possible factor, the Framework prioritizes those that research and expert consensus have identified as most impactful and actionable. This targeted approach ensures that health promotion strategies focus on the highest-value efforts. Those with the greatest potential to help attain each positive outcome under which it is aligned.

However, these factors rarely act in isolation. They interact in complex ways, and ideally, amplify one another. For example, a child's ability to develop age-appropriate emotional and social skills

is influenced by parental beliefs and expectations, the school environment, and access to community programs, to name but a few, and not just by individual effort. Similarly, an older adult's capacity to remain independent depends on housing, mobility infrastructure, social support networks, and financial security.

The Framework ensures that policy and investment decisions are grounded in these realities, recognizing that achieving positive health outcomes requires more than just “healthcare” interventions—it requires a coordinated, cross-sectoral approach that addresses the real-world conditions shaping Canadians' health.

A focus on multiple sectors as contributors to health

Effective health promotion is not the sole responsibility of individuals, governments, or the healthcare system. As mentioned repeatedly, it requires shared leadership and collective action across multiple sectors that shape the conditions in which people live, work, and age.

Socio-ecological models highlight how all sectors influencing health are interconnected, reinforcing that health is shaped by more than just personal choices. Health promotion extends beyond individual behaviours—it depends on the broader systems that shape them, including policies, environments, and social supports.

The Framework identifies nine key contributors to health, each playing a distinct but interconnected role in shaping population well-being. These contributors domains are often illustrated, in socio-ecological models, as concentric circles, starting with the individual in the centre.

1. **The individual** – Personal choices and behaviours, shaped by social, economic, and environmental influences.
2. **Parents, families, primary caregivers and significant others** – The foundation of early development, emotional support, and caregiving across the life course.
3. **Schools** – Education, early intervention, and lifelong learning opportunities that influence health literacy and future economic security.
4. **Communities** – Social cohesion, local initiatives, and built environments that support active, engaged, and resilient populations.
5. **Civil society and NGOs** – Advocacy, service delivery, and community-based interventions that complement government efforts.
6. **Workplaces** – Employment conditions, job security, workplace wellness programs, and economic opportunities that shape adult health outcomes.
7. **The medical systems & their professionals** – Primary and preventive care, mental health services, and chronic disease management.

8. **The private sector and industry** – Corporate responsibility, economic policies, and market influences on food, housing, and environmental health.
9. **The various levels of government** – Policy, regulation, funding, and coordination to ensure alignment and strategic investment in health promotion.

By explicitly recognizing these nine domains, the Framework reinforces a fundamental shift: health promotion is not just a healthcare issue—it is an economic, social, and governance priority. This perspective moves us beyond the outdated assumption that health is the sole domain of the medical system and instead positions all sectors as active contributors to improving the health and well-being of Canadians.

Why This Matters

When all sectors align their efforts, the impact is greater than the sum of its parts—policies reinforce one another, investments generate long-term returns, and individuals benefit from an environment that actively supports health at every stage of life.

Health promotion cannot succeed in silos. The Framework ensures that every contributor—whether a parent, policymaker, employer, educator, or community leader—understands their role and has the tools to drive meaningful change.

A focus on effective strategies

For health promotion to succeed, it must be grounded in action. The Framework prioritizes evidence-based strategies—proven actions, programs and interventions that actively support health and well-being. These strategies operate at multiple levels, spanning policy, programs, environments, and individual behaviours. Strategies must have a strong evidence base to ensure they actually work. Otherwise, behaviours, programs, and policies—however well-intentioned—risk failing to contribute to the positive outcomes we seek to achieve.

The Framework’s approach ensures that strategies are:

Targeted – Addressing key influencing factors that shape positive health outcomes.

Evidence-based – Backed by research and measurable impact.

Multi-sectoral – Engaging all levels of government, businesses, NGOs, and communities.

Scalable – Adaptable for diverse populations and jurisdictions.

These strategies often fall into four key categories of action.

1. Policies – Structuring environments that enable health:

- Child policies that ensure access to high-quality education, nutrition, and family support.
- Urban planning policies that promote walkability, green spaces, and active transportation.
- Tax incentives that encourage healthy food access and workplace wellness programs.
- Labor policies that promote job security, flexible leave policies for parents, fair wages, and mental health supports.

2. Programs – Direct interventions with measurable impact:

- School-based health education programs to promote nutrition, mental well-being, and physical activity.
- Workplace mental health initiatives that reduce absenteeism and increase productivity.
- Community-based seniors' programs that support aging in place and prevent social isolation.

3. Communications & Social Change – Shaping attitudes, behaviours, and norms:

- Public health campaigns that shift social norms around physical activity, substance use, and healthy eating.
- Media literacy programs that help individuals critically assess misinformation about health.
- Workplace and school initiatives that promote mental health literacy and resilience.

- **4. Individual Actions** – Supporting healthier choices through enabling environments:

- Encouraging active transportation by ensuring safe cycling and pedestrian infrastructure.
- Promoting nutritional literacy through clear food labeling and education.
- Supporting lifelong learning and skill development for economic and social stability.
- Preventing substance use by fostering environments that discourage smoking and illicit drug use through education, early intervention, and supportive community programs.

Moving from concept to action requires a thoughtful approach that balances consistency with flexibility, allowing for pan-Canadian coordination while respecting jurisdictional autonomy.

The fixed and flexible elements of the Framework

The following table outlines the fixed structural elements that ensure coherence across jurisdictions and the flexible components that enable adaptation, ensuring that all regions and sectors can effectively contribute to and benefit from a stronger, healthier Canada.

Fixed Element	Flexible Elements
1. Life course approach Ensuring health promotion efforts align under key developmental transitions.	1. Implementation timelines Provinces and territories determine their own rollout strategies based on their own priorities.
2. Positive outcome measures Tracking success by positive outcomes and their influencing factors, for each life transition rather than disease reduction metrics.	2. Targeted strategies Jurisdictions can emphasize strategies most relevant to their population's needs and lessons learned
3. Cross-sectoral alignment Health promotion succeeds when all contributor domains coordinate efforts and break down silos.	3. Funding mechanisms Provinces and territories retain flexibility in allocating resources within the framework.
4. Strategies must be evidence-based Interventions must be backed by proven research and designed for measurable impact	4. Public messaging & communications Governments can tailor collaborative health promotion narratives to regional audiences.

The next chapter explores how to move from strategic vision to sustained impact. While the Health Promotion Alignment Framework provides the foundation, success will depend on effective implementation. This requires structured mechanisms that allow governments, civil society, and private sector partners to collaborate, share knowledge, and measure progress. The following chapter outlines key approaches that could support long-term and collaborative alignment and action.



CHAPTER 5

From framework to policy: making it happen

Health promotion cannot remain an aspirational goal, it must be structurally embedded into governance, funding, and policy as a sustained national commitment. The Health Promotion Alignment Framework provides a practical foundation for this transformation, but real progress depends on coordinated action, political will, and strategic investment.

Canada must move beyond fragmented, short-term initiatives toward a cohesive, measurable, long-term approach. The goal is not to impose a rigid, top-down model, but to create a shared strategy that strengthens national alignment while respecting jurisdictional autonomy and enabling creative, context-specific applications across provinces and territories.

Strategic implementation: A structured, flexible rollout

For health promotion to become a structural priority, rather than a short-lived initiative, Canada must take an approach that balances national consistency with local flexibility.

Key principles for implementation include:

Maintaining core elements while allowing flexibility – The Health Promotion Alignment Framework provides structured alignment, ensuring that key elements—such as the life course approach, positive health outcomes focus, and socio-ecological model (all-sectors approach)—remain intact for national coherence. However, provinces and territories must retain flexibility to adapt implementation to regional health priorities, ensuring both alignment and space for local innovation without fragmentation.

Leveraging shared mechanisms for collaboration – Success depends on ongoing engagement through expert roundtables, strategy sessions, and national symposia that foster cooperation and continuous learning.

Pan-Canadian implementation: A shared responsibility

A nationally coordinated but decentralized approach ensures that health promotion remains both strategic and adaptable. Successful implementation depends on governments, communities, businesses, NGOs, and the media working together. To translate strategy into action, every sector must play a role.

Federal role

The federal government must act as a Pan-Canadian oversight facilitator and enabler, ensuring policy alignment, investment coordination, and outcome tracking, while respecting jurisdictional autonomy. Existing federal departments overseeing health, social services, economic policy, and education must collaborate on shared priorities. A designated coordinating entity, such as PHAC, a national NGO, or an independent advisory body, must oversee, measure and report on progress, facilitate intergovernmental collaboration, and ensure accountability. The goal is not to create new bureaucracy, but to align efforts efficiently within existing structures.

This work also reinforces the federal commitment under the Canada Health Act to promote and protect the well-being of Canadians. Not through over-influence or duplication of medical care delivery, but through upstream alignment and shared accountability.

Provincial and territorial leadership

Provinces and territories must integrate health promotion into public health, education, and social programs, ensuring alignment with regional priorities while contributing to the shared pan-Canadian vision of improving positive health outcomes through their key influencing factors. They retain flexibility in how they implement strategies but must work within the pan-Canadian vision to prevent fragmentation.

Individuals, families, communities, and workplaces

These are the everyday champions of health promotion. Supporting healthy choices and environments requires active participation from individuals, families, schools, workplaces, and local communities. These stakeholders are not passive recipients but contributors to a healthier society, reinforcing prevention efforts at the grassroots level and creating environments where healthy choices are easy choices. This is not just a government responsibility—everyone plays a role in fostering a healthier society.

NGOs, businesses, and civil society

Scaling health promotion and innovation across nonprofits, businesses, and community organizations is essential to reaching diverse communities. These sectors must be seen as active collaborators in health promotion, helping to innovate and expand sustainable strategies.

Schools

Schools are foundational in shaping lifelong health behaviours. By embedding health promotion into curricula, daily routines, and school environments, educators can instil habits that prevent chronic disease and support mental well-being. Schools should revisit how best to align with public health strategies by integrating, for example, nutrition education, critical thinking, financial planning, and mental resilience training, ensuring students develop the knowledge and skills needed to lead healthier lives.

Medical System and Health Professionals

Medical professionals play a crucial role in shifting from reactive treatment to proactive health promotion. Physicians, nurses, and a broad range of other allied health providers should integrate health promotion into routine care—guiding patients on lifestyle factors and mental well-being. Medical student selection, education and management practices should reinforce the broad social determinants of health, aligning clinical and community-based practice with broader population health efforts to reduce long-term system strain.

Media and public awareness

A sustained public discourse on health promotion is crucial for shifting societal expectations. Media outlets, digital platforms, and public institutions play a role in normalizing prevention, communicating long-term benefits, and reinforcing investment in proactive health strategies. Public health campaigns should be treated as core public education, much like and in lockstep with climate action messaging.

Implementation mechanisms

The Health Promotion Alignment Framework provides the necessary structure, but without sustained implementation mechanisms, coordination will remain fragmented. While responsibility is distributed across multiple sectors and levels of government, a structured, ongoing coordinating function is essential to maintain momentum and drive impact.

As outlined above, Canada does not need a large, complex organizational structure to oversee health promotion. However, without structured mechanisms to operationalize efforts at scale, progress will remain slow and uneven. To move from policy alignment to sustained impact, practical tools, collaborative structures and activities must be in place.

Potential mechanisms to support alignment and implementation include the following:

Regional roundtables with provincial and territorial partners

These could serve as both a social marketing tool (building buy-in) and a way to validate and refine framework components, particularly in relation to defining health promotion outcomes and influencing factors (as outlined in appendices B and C as an initial list developed through previous research activities). These roundtables could bring together public health, education,

employment, urban planning, economic and social services stakeholders to ensure multi-sectoral alignment and shared ownership.

A pan-Canadian symposium on health promotion alignment

Such a forum could provide a platform for policymakers, NGOs, researchers, and practitioners to validate best practices, refine priorities, and foster intergovernmental collaboration. By making this a recurring event, Canada could maintain momentum and ensure that health promotion remains a visible, evolving priority rather than a one-time initiative, unable to keep up iteratively with new evidence, technological advances and other macro social changes.

A coordinated data gathering & reporting strategy

Establishing a shared, open-access database, hosted by an independent entity (such as an expanded role for the Canadian Institute for Health Information (CIHI) or a new non-governmental organization), could ensure consistent tracking of health promotion outcomes across jurisdictions. A structured data framework would enable real-time learning, identify gaps, and strengthen accountability in national health policy.

An open-access inventory of evidence-based strategies

A public, continually updated repository could categorize proven health promotion strategies by contributor domain (individuals, families, schools, communities, governments, civil society, private sector, Indigenous organizations, academia, governments, etc.). This would reduce duplication of efforts, enhance policy learning, and enable local adaptation based on real-world case studies.

A health promotion innovation fund

A competitive funding stream could be introduced for provinces, municipalities, and NGOs to pilot and scale promising health promotion initiatives. This could be modeled after climate action funds, where winning projects demonstrate a high return on investment and the potential to be adapted across jurisdictions.

A health Promotion policy fellowship program

An intergovernmental, cross-sectoral exchange program could allow policymakers, health leaders, and researchers to work across jurisdictions and learn from both Canadian and international best practices.

A pan-Canadian health promotion leadership council

A standing advisory body with representatives from federal and provincial governments, civil society, research institutions, and Indigenous organizations could ensure continuous dialogue and provide strategic guidance on health promotion policies and initiatives.

A public health promotion awareness campaign

A pan-Canadian and collaborative communication strategy could shift public narratives and

make health promotion a mainstream topic, much like climate action or economic security. Messaging could focus on the economic, personal, and societal benefits of health promotion, reinforcing its value across political and public spheres.

A strategic health promotion investment index

A public-facing dashboard could track which provinces and sectors are investing in health promotion, providing transparency and accountability while helping stakeholders identify trends and best practices.

A nation-building call to action

Health promotion cannot remain a patchwork of isolated efforts—it must become a permanent pillar of governance, investment, and policy. The Health Promotion Alignment Framework provides a practical roadmap to help Canada not only sustain a strong medical services system but also invest strategically in promoting health goals, preventing illness, and fostering long-term resilience. By embedding this strategy into national policy, we can shift from fragmented, short-term initiatives to a cohesive, outcome-driven approach that strengthens both economic stability and population well-being.

Imagine a Canada where...

- Individuals and all sectors ask, “Tell us how we can help to make the greatest impact,” turning shared responsibility into collective action—rather than waiting for government alone to act.
- A commitment to health promotion outlasts election cycles, backed by clear metrics of success that demonstrate the ROI of working upstream.
- Health isn’t just about treating illness but about enabling people to grow, play, work, and thrive—measuring success not by disease rates alone, but by the strength and well-being of our population.

This isn’t just possible—it’s necessary. Canada has the knowledge, capacity, and opportunity to lead in health promotion. What we’ve lacked is the political will to align efforts and drive real change.

If implemented properly, this could be the most significant health policy shift since Medicare—one that reframes health promotion as a national economic and social priority. A complementary Health Promotion Action Plan has since been released to support the operationalization of this Framework across governments and sectors. It offers tactical options, mandate language, and measurement pathways for immediate use.

The question is no longer if we act, but how soon we will.



APPENDIX A

Redefining health, rethinking systems and behaviours

As described throughout this White Paper, the concept of health has long been viewed through a narrow medicalized lens—a physical end in itself achieved through the treatment of physical disease, rather than a means to an end—a resource for everyday living that allows people to thrive. However, decades of research have demonstrated that health is far more than the absence of illness. It is the ability to live with stability, security, joy and purpose. It is shaped by the environments in which we live, work, learn, and age—not just by the medical care we receive.

Yet, Canada's health system was built on a model that prioritized medical services, hospitals, and physicians as the gatekeepers of well-being. Inspired by Tommy Douglas' vision, universal healthcare was designed to remove physical and financial barriers to treatment—a monumental achievement based on Canadian values of fairness and equity. But we never took the next step. Instead of modernizing and adapting, we entrenched a reactive system where health funding overwhelmingly prioritizes hospitals, pharmaceuticals, and acute care.

The result? A system at its breaking point. Preventable chronic diseases and mental health issues continue to rise, workforce shortages persist, and costs are spiraling. Politicians and policymakers may acknowledge the need for prevention, yet short-term electoral cycles, public misperceptions, and a crisis-driven media narrative reinforce the outdated belief that healthcare funding should flow to visible, immediate demands rather than upstream investments in health promotion. The evidence is clear: while disease prevention is an important outcome, prevention alone is not enough. Health promotion requires proactive, structural investment in the social and economic conditions that foster well-being across the life course.

These determinants of health—including peace and safety, stable housing, education, income security, social inclusion, and environmental sustainability, to name the most obvious ones—fall outside the traditional scope of health policy, but are the most significant drivers of long-term health outcomes. While research has consistently reinforced this reality, Canada has lacked the mechanisms to integrate these determinants into a structured, outcome-driven strategy. Without coordination, past policy recommendations have remained symbolic rather than actionable.

Meanwhile, instead of fostering collaboration across jurisdictions, Canada has doubled down on a failing model—pouring more money into a fragmented system while debates about privatization gain traction as a last resort. The problem isn’t a lack of awareness—it’s a failure of alignment.

Clarifying the Role of Behaviour

For decades, health promotion was often interpreted as synonymous with lifestyle modification: eat better, move more, stop smoking. While this lens was understandable at the time, it led to an overemphasis on individual responsibility at the expense of structural change. The Framework acknowledges that these behaviours are still important, and indeed, a few of the positive health outcomes it prioritizes do involve healthy eating and physical activity. This isn’t to discount the role of personal agency or the importance of healthy behaviours. On the contrary, individual choices still matter. But those choices are profoundly shaped by the physical, social, and economic environments in which Canadians grow up, play, learn, work, and age.

But the majority of the outcomes that signal whether someone is truly “healthy” in a life-course sense—meaning they are on a healthy developmental path—are found in social, mental, and economic domains. Income stability, housing security, emotional resilience, the ability to make informed and healthy choices, and community belonging, as some examples, are not merely influencing factors; they are themselves evidence of health. By explicitly structuring the Framework around these broader, evidence-based positive outcomes, we move away from the outdated view that health is something achieved only through personal discipline or the avoidance of disease. Health is a shared outcome, shaped by systems and structures, not just habits.

It is not too late to change course. The Health Promotion Alignment Framework provides a blueprint for reversing decades of reactive policy, offering a structured yet adaptable model for integrating health promotion into governance, funding, and cross-sector collaboration. With political will and strategic implementation, Canada can transition from crisis management to a sustainable, prevention-first health promotion approach that strengthens economic resilience, workforce productivity, and population well-being.

APPENDIX B

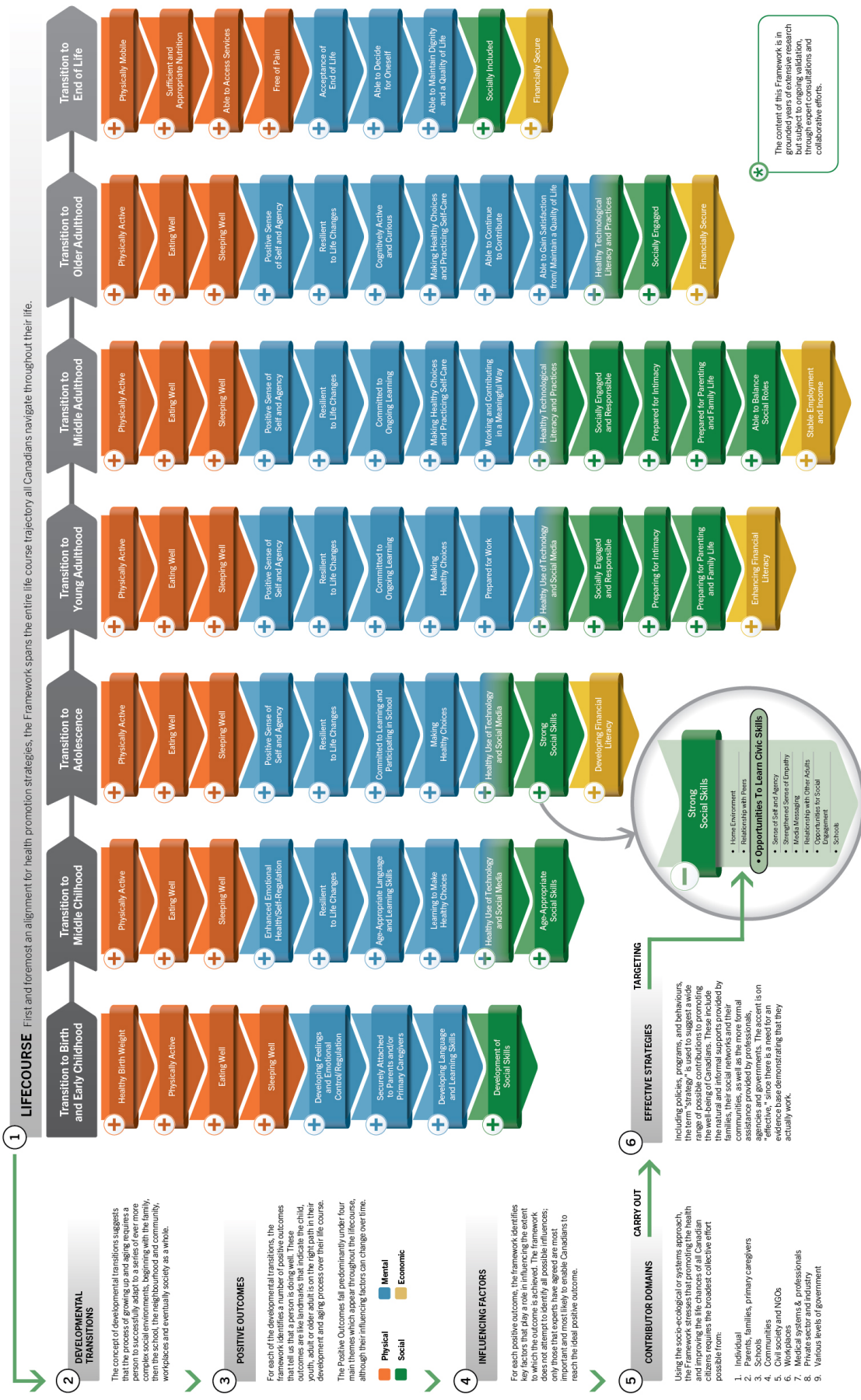
Graphic illustration of the Health Promotion Alignment Framework

What follows is a visual representation of the Health Promotion Alignment Framework, summarizing its six core components and illustrating how they work together to align efforts across jurisdictions and sectors.

The framework is structured around the following key elements, numbered accordingly in the graphic illustration below.

1. **Lifecourse** — A focus on the entire life course, recognizing that health is not static but evolves through different stages of life.
2. **Developmental transitions** — A breakdown of the life course into life transitions that identify key stages where individuals navigate increasingly complex social environments as they grow, play, learn, work, age, and contribute to society.
3. **Positive outcomes** — A focus on the achievement of positive health defined as measurable outcome indicators. Shifting from a deficit-based model (preventing disease) to a proactive approach that promotes well-being and resilience.
4. **Influencing factors** — A breakdown of each positive outcome into measurable determinants that shape a person's ability to achieve the positive outcome under which it is structured.
5. **Contributor domains** — The recognition that all sectors contribute to health, reinforcing that health promotion is not the sole responsibility of governments or the medical system but requires engagement across multiple socio-ecological domains.
6. **Effective strategies** — A database-driven inventory of evidence-based strategies, ensuring that actions, beliefs, policy and program decisions are grounded in proven, actionable efforts rather than broad, conceptual ideals or popular interventions that remain unproven. These strategies answer the question: what can each contributor of health (below) do?

THE HEALTH PROMOTION ALIGNMENT FRAMEWORK



APPENDIX C

List of positive outcome and their influencing factors

The effectiveness of health promotion strategies depends on their ability to help achieve measurable, positive outcomes across the life course. The following list presents a structured set of positive health outcomes and their main influencing factors (what “influences” the most the ability of a person to reach an outcome), developed over a decade through multi-disciplinary research efforts. These are grouped, for practicality, under four overarching themes: physical, mental, social, and economic.

While the graphic illustration in Appendix B visually represents the positive outcomes, space constraints in the graphic prevent the inclusion of their main influencing factors. For reference, these are listed below.

While this list is grounded in extensive research, societal conditions continue to shift more rapidly than ever, and new technologies and research evidence continuously emerge. To ensure ongoing relevance, structured engagement processes—such as regional roundtables, expert consultations, and a pan-Canadian symposium—must play a central role in refining priorities over time.

By maintaining a commitment to collaborative implementation, open-by-default knowledge-sharing, and continuous refinement, Canada can ensure that health promotion remains a sustained, evolving priority rather than a static and quickly outdated policy framework.

This also presents a major opportunity to strengthen federal-provincial-territorial (FPT) collaboration—not only by fostering alignment but by affirming the autonomy of jurisdictions in determining how best to implement health promotion strategies within their own contexts. Rather than imposing a top-down approach, the Framework provides a structured yet flexible mechanism that allows provinces and territories to retain control over which strategies they wish to prioritize while working together toward shared pan-Canadian outcomes.

Sustained engagement—through co-developed strategies, shared measurement tools, and ongoing policy dialogue—will be essential to both policy success and political feasibility.

Transition 1 – To Birth & Early Childhood

(BEFORE BIRTH TO +/- AGE 1)

PHYSICAL	POSITIVE OUTCOMES	INFLUENCING FACTORS
	Healthy prenatal development & birth weight	<ul style="list-style-type: none"> • Maternal Nutrition • Exposure to Toxins & Environmental Risks • Maternal Stress & Emotional Well-being • Parental Knowledge & Practices
	Physically Active	<ul style="list-style-type: none"> • Access to and Opportunities for Informal Play • Healthy and Supportive Physical Environments
	Eating Well	<ul style="list-style-type: none"> • Access to Healthy and Nutritious Foods • Parents' Knowledge, Beliefs, Expectations and Practices
	Sleeping Well	<ul style="list-style-type: none"> • Supportive Physical Environment • Parents' Knowledge, Beliefs, Expectations and Practices
MENTAL	Developing Feelings and Emotional Control/Regulation	<ul style="list-style-type: none"> • Emerging Sense of Competence • Supportive Social Environments • Sensitive attunement and Responsiveness of Parents • Infant's Temperament
	Securely Attached to Parents and/or Primary Caregivers	<ul style="list-style-type: none"> • Sensitive Attunement of Parents • Emotional Health of Parents • Parents' Knowledge, Beliefs, Expectations and Practices
	Developing Language and Learning Skills	<ul style="list-style-type: none"> • Quality Early Child Care and Pre-School Education • Parents' Knowledge, Beliefs, Expectations and Practices • Stimulating Homes
SOCIAL	Development of Social Skills	<ul style="list-style-type: none"> • Relationship with Parents and/or Primary Caregivers • Relationship with Peers

Transition 2 – To Early Childhood

(BEFORE +/- AGE 5)

PHYSICAL	POSITIVE OUTCOMES	INFLUENCING FACTORS
	Physically Active	<ul style="list-style-type: none"> • Access to and Opportunities for Informal Play • Healthy and Supportive Physical Environments • Parents’ beliefs, expectations and practices • Media Messaging
	Eating Well	<ul style="list-style-type: none"> • Access to Healthy and Nutritious Foods • Parents’ Knowledge, Beliefs, Expectations and Practices • One’s Own Knowledge, Beliefs, Expectations and Practices • Media Messaging
	Sleeping Well	<ul style="list-style-type: none"> • Supportive Physical Environment • Parents’ Knowledge, Beliefs, Expectations and Practices • Healthy, Supportive Family Environment • Child’s Temperament
MENTAL	Enhanced Emotional Health / Self-Regulation	<ul style="list-style-type: none"> • Emerging Sense of Competence • Safe, Secure and Supportive Social Networks (incl. parents) • Secure Attachment to Parents and/or Primary Caregivers • Infant’s Temperament
	Resilient to Life Changes	<ul style="list-style-type: none"> • Secure Attachment to Parent and/or Primary Caregivers • Relationship with Peers • Optimism • Sensitive Attunement of Parents • Emotional Health of Parents
	Age-Appropriate Language and Learning Skills	<ul style="list-style-type: none"> • Quality, Inclusive Early Child Care and Pre-School Edu • Parents’ Knowledge, Beliefs, Expectations and Practices • Stimulating Homes
	Learning to Make Healthy Choices	<ul style="list-style-type: none"> • Emerging Sense of Self & Age • Supportive Physical Environment • Parents’ Knowledge, Beliefs, Expectations and Practices
SOCIAL	Age-Appropriate Social Skills	<ul style="list-style-type: none"> • Relationship with Parents and/or Primary Caregivers • Relationship with Peers • Development of Sense of Empathy • Relationship with Other Adults

Transition 3 – To Adolescence

(BEFORE +/- AGE 12)

PHYSICAL	POSITIVE OUTCOMES	INFLUENCING FACTORS
	Physically Active	<ul style="list-style-type: none"> • Access to and Opportunities for Informal Play • Healthy and Supportive Physical Environments • Parents' and One's Own beliefs, expectations and practices • Media Messaging • Access to and Opportunities for Formal Exercise • Ability to Make Own Decisions
	Eating Well	<ul style="list-style-type: none"> • Access to Healthy and Nutritious Foods • Parents' Knowledge, Beliefs, Expectations and Practices • One's Own Knowledge, Beliefs, Expectations and Practices • Media Messaging
	Sleeping Well	<ul style="list-style-type: none"> • Supportive Physical Environment • Emotional Health and Resilience • Parents' Knowledge, Beliefs, Expectations and Practices • Healthy, Supportive Family Environment • Relationship with Peers • Child's Temperament
MENTAL	Positive Sense of Self and Agency	<ul style="list-style-type: none"> • Strengthened Sense of Competence • Safe, Secure and Supportive Social Networks (incl. parents) • Secure Attachment to Parents and/or Primary Caregivers • Self-Identity • Media Messaging
	Resilient to Life Changes	<ul style="list-style-type: none"> • Relationship with Parents and Significant Others • Relationship with Peers • Optimism • Sense of Self and Agency • Prepared Schools
	Committed to Learning and Participating in School	<ul style="list-style-type: none"> • Supportive School Environment • Parents' Knowledge, Beliefs, Expectations and Practices • Sense of Self and Agency • Relationship with Peers • Strong Social Skills • Opportunities to Engage in School Activities
	Making Healthy Choices	<ul style="list-style-type: none"> • Strengthened Sense Self & Agency • Supportive Physical Environments • Emergence of Health Literacy • Emergence of Financial Literacy • Resiliency • Parents' Knowledge, Beliefs, Expectations and Practices • Peers and Significant Others
SOCIAL	Strong Social Skills	<ul style="list-style-type: none"> • Home Environments • Relationship with Peers • Sense of Self and Agency • Strengthened Sense of Empathy • Media Messaging • Relationship with Other Adults • Opportunities for Social Engagement • Schools and Opportunities To Learn Civic Skills

Transition 3 – To Adolescence

(BEFORE +/- AGE 12)

MENTAL/ SOCIAL	Healthy Use of Technology and Social Media	<ul style="list-style-type: none"> • Parental guidance and digital literacy • Access to age-appropriate content and safety measures • Peer influences and social norms • Media literacy and critical thinking skills • Balanced screen time and offline activities • Awareness of social media's impact on mental health and self-perception
ECONOMIC	Developing Financial Literacy	<ul style="list-style-type: none"> • Parental attitudes and role modeling of financial habits • Early exposure to basic money management (allowance, savings) • School-based financial education programs • Opportunities to practice financial decision-making • Digital influences (advertising, in-app purchases, social media pressures)

Transition 4 – To Young Adulthood

(BEFORE +/- AGE 20)

PHYSICAL	POSITIVE OUTCOMES	INFLUENCING FACTORS
	Physically Active	<ul style="list-style-type: none"> • Sense of Body Image • Healthy and Supportive Physical Environment • Beliefs, Expectations and Practices • Media Messaging • Access to and Opportunities for Formal Exercise • Ability to Make Own Decisions
	Eating Well	<ul style="list-style-type: none"> • Access to Healthy and Nutritious Foods • Parents' Knowledge, Beliefs, Expectations and Practices • One's Own Knowledge, Beliefs, Expectations and Practices • Media Messaging
	Sleeping Well	<ul style="list-style-type: none"> • Supportive Physical Environment • Emotional Health and Resilience • Healthy, Supportive Family Environment • Relationship with Peers • Academic Environment and Achievement
MENTAL	Positive Sense of Self and Agency	<ul style="list-style-type: none"> • Sense of Competence • Safe, Secure and Supportive Social Networks • Self-Identity • Media Messaging
	Resilient to Life Changes	<ul style="list-style-type: none"> • Relationship with Parents and Significant Others • Relationship with Peers • Optimism • Sense of Self and Agency
	Committed to Ongoing Learning	<ul style="list-style-type: none"> • Supportive School Environment • Sense of Self and Agency • Relationship with Peers • Strong Social Skills • Opportunities to Engage in School Activities • Opportunities to Work and Learn Work-Related Skills • Past Academic Achievement (?)
	Making Healthy Choices	<ul style="list-style-type: none"> • Strengthened Sense Self & Agency • Supportive Physical Environments • Health Literacy • Strengthened Financial Literacy • Resiliency • Parents' Knowledge, Beliefs, Expectations and Practices • Peers and Significant Others
	Prepared for Work	<ul style="list-style-type: none"> • Formal Educational Achievement • Opportunities to Work and Learn Work-Related Skills • Strong Sense of Self and Agency
MENTAL/ SOCIAL	Healthy Use of Technology and Social Media	<ul style="list-style-type: none"> • Self-regulation and time management skills • Understanding of data privacy • Awareness of social media's impact on mental health and self-perception • Critical thinking and ability to discern misinformation • Healthy balance between online engagement and real-world connections
SOCIAL	Socially Engaged and Responsible	<ul style="list-style-type: none"> • Family Culture • Relationship with Peers • Sense of Self and Agency • Sense of Empathy • Media Messaging • Opportunities to Make Meaningful Contributions • Schools and Opportunities To Learn Civic Skills

Transition 4 – To Young Adulthood

(BEFORE +/- AGE 20)

Preparing for Intimacy	<ul style="list-style-type: none"> • Family Culture • Sense of Self and Agency • Positive Relationships • Gender and Role Socialization • Societal, Cultural and Religious Influences • Media Messaging
Preparing for Parenting and Family Life	<ul style="list-style-type: none"> • Exposure to positive role models in family life • Sex education and understanding of reproductive health • Emotional maturity and relationship-building skills • Financial and housing stability • Cultural and societal expectations around parenting
ECONOMIC Enhancing Financial Literacy	<ul style="list-style-type: none"> • Access to financial education and tools (apps, workshops) • Experience managing personal finances (student loans, credit cards) • Understanding of financial planning • Economic stability and employment opportunities • Awareness of financial risks (debt, scams, predatory lending)

Transition 5 – To Middle Adulthood

(BEFORE +/- AGE 40)

PHYSICAL	POSITIVE OUTCOMES	INFLUENCING FACTORS
	Physically Active	<ul style="list-style-type: none"> • Sense of Body Image and Pride/Dignity • Healthy and Supportive Physical Environment • Beliefs, Expectations and Practices • Media Messaging • Time Management and Balancing Social Roles
	Eating Well	<ul style="list-style-type: none"> • Access to Healthy and Nutritious Foods • One's Own Knowledge, Beliefs, Expectations and Practices • Media Messaging • Time Management and Balancing Social Roles
	Sleeping Well	<ul style="list-style-type: none"> • Supportive Physical Environment • Emotional Health and Resilience • Physical Health • Ability to Balance Social Roles
MENTAL	Positive Sense of Self and Agency	<ul style="list-style-type: none"> • Sense of Competence • Safe, Secure and Supportive Social Networks • Self-Identity • Media Messaging
	Resilient to Life Changes	<ul style="list-style-type: none"> • Healthy, Supportive Family Environment • Relationship with Peers • Optimism • Sense of Self and Agency
	Committed to Ongoing Learning	<ul style="list-style-type: none"> • Sense of Self and Agency • Relationship with Peers • Strong Social Skills • Opportunities to Engage in Learning Activities & Adult Education • Opportunities to Work and Learn Work-Related Skills • Past Academic Achievement • Able to Balance Social Roles
	Making Healthy Choices and Practicing Self-Care	<ul style="list-style-type: none"> • Strengthened Sense Self & Agency • Supportive Physical Environments • Health Literacy • Financial Literacy • Resiliency • Peers and Significant Others • Able to Balance Social Roles
	Working and Contributing in a Meaningful Way	<ul style="list-style-type: none"> • Career stability and job satisfaction • Skills development and lifelong learning opportunities • Supportive work environments and professional networks • Economic conditions and job market trends • Balance between work, family, and personal well-being
MENTAL/ SOCIAL	Healthy Technological Literacy and Practices	<ul style="list-style-type: none"> • Ongoing adaptation to evolving digital tools and platforms • Digital privacy awareness and cybersecurity practices • Ability to critically assess online information • Use of technology for professional growth and efficiency • Maintaining healthy digital boundaries (e.g., work-life balance)
SOCIAL	Socially Engaged and Responsible	<ul style="list-style-type: none"> • Relationship with Peers • Sense of Self and Agency • Sense of Empathy • Schools and Opportunities To Learn Civic Skills • Opportunity to Balance Social Roles
	Prepared for Intimacy	<ul style="list-style-type: none"> • Family Culture • Sense of Self and Agency • Positive Relationships • Gender and Role Socialization • Societal, Cultural and Religious Influences • Media Messaging

Transition 5 – To Midle Adulthood

(BEFORE +/- AGE 40)

Prepared for Parenting and Family Life	<ul style="list-style-type: none"> • Work-life balance and parental leave policies • Access to childcare and family support systems • Financial stability and long-term planning • Emotional readiness and parenting confidence • Social and cultural expectations of parenting
Able to Balance Social Roles	<ul style="list-style-type: none"> • Sense of Self and Agency • Workplace Flexibility & Job Security • Family Structure & Expectations • Social Support Networks • Personal Time Management & Coping Strategies
ECONOMIC Stable Employment and Income	<ul style="list-style-type: none"> • Job market trends and economic stability • Access to continuing education and career development • Employer benefits and protections • Workplace policies on equity and inclusivity • Geographic mobility and housing affordability

Transition 6 – To Older Adulthood

(BEFORE +/- AGE 85)

PHYSICAL	POSITIVE OUTCOMES	INFLUENCING FACTORS
	Physically Active	<ul style="list-style-type: none"> • Sense of Body Image and Pride/Dignity • Healthy and Supportive Physical Environment • Beliefs, Expectations and Practices • Media Messaging • Desire to Remain Physically Mobile and Functionally Independent
	Eating Well	<ul style="list-style-type: none"> • Access to Healthy and Nutritious Foods • One's Own Knowledge, Beliefs, Expectations and Practices • Media Messaging
	Sleeping Well	<ul style="list-style-type: none"> • Supportive Physical Environment • Emotional Health and Resilience • Physical Health
MENTAL	Positive Sense of Self and Agency	<ul style="list-style-type: none"> • Sense of Competence • Safe, Secure and Supportive Social Networks • Self-Identity • Media Messaging
	Resilient to Life Changes	<ul style="list-style-type: none"> • Healthy, Supportive Family Environment • Optimism
	Cognitively Active and Curious	<ul style="list-style-type: none"> • Sense of Self and Agency • Relationship with Peers • Strong Social Skills • Opportunities to Engage in Learning Activities & Adult Educ. • Opportunities for Contributions
	Making Healthy Choices and Practicing Self-Care	<ul style="list-style-type: none"> • Strengthened Sense Self & Agency • Supportive Physical Environments • Health Literacy • Financial Literacy • Resiliency • Peers and Significant Others
	Able to Continue to Contribute	<ul style="list-style-type: none"> • Societal Attitudes on Ageism • Opportunities to Engage in Volunteer and Other Activities • Strong Sense of Self and Agency
MENTAL/ SOCIAL	Healthy Technological Literacy and Practices	<ul style="list-style-type: none"> • Access to user-friendly technology and digital training programs • Cognitive adaptability to evolving digital landscapes • Cybersecurity awareness and fraud prevention • Social engagement through digital platforms • Use of technology to support health and independence
SOCIAL	Socially Engaged	<ul style="list-style-type: none"> • Sense of Self and Agency • Strong personal relationships and community involvement • Accessible social networks and support groups • Opportunities for mentorship and knowledge-sharing • Age-friendly environments that encourage participation • Mental and physical well-being enabling engagement
ECONOMIC	Financially Secure	<ul style="list-style-type: none"> • Retirement savings and pension plans • Financial literacy and planning throughout life • Affordable housing and healthcare access • Government support and social security programs • Protection against financial exploitation and fraud

Transition 7 – To End of Life

(BEFORE +/- AGE 85)

PHYSICAL	OUTCOME	INFLUENCING FACTORS
	Physically Mobile	<ul style="list-style-type: none"> Physical Environment Access to equipment Supportive Caregiving & Social Assistance
	Sufficient and Appropriate Nutrition	<ul style="list-style-type: none"> Access to Healthy and Nutritious Foods Ability to Eat Independently or With Assistance Supportive Care or Meal Services
	Able to Access Services	<ul style="list-style-type: none"> Availability and affordability of healthcare and social services Mobility and transportation options Clear guidance on navigating the healthcare system Digital accessibility of services for aging populations Family and caregiver support networks
	Free of Pain	<ul style="list-style-type: none"> Access to appropriate pain management and palliative care Emotional and psychological support services Cultural and personal preferences in end-of-life care
MENTAL	Acceptance of End of Life	<ul style="list-style-type: none"> Optimism Emotional and Spiritual Support Social Connection & Support Networks
	Able to Decide for Oneself	<ul style="list-style-type: none"> Strong Sense of Self & Agency Health Literacy Access to Advanced Care Planning Cognitive Capacity & Mental Clarity
	Able to Maintain Dignity and a Quality of Life	<ul style="list-style-type: none"> Autonomy and involvement in decision-making Access to home care and assisted living options Support for mental and emotional well-being Social and community inclusion Respect for personal values, traditions, and end-of-life wishes
SOCIAL	Socially Included	<ul style="list-style-type: none"> Relationship with Family, Caregivers and Significant Others Opportunities to participate in decisions
ECONOMIC	Financially Secure	<ul style="list-style-type: none"> Retirement income and savings Long-term care and housing options Estate planning and financial protections Awareness of financial fraud targeting seniors Support for caregivers and family financial stability