

## **INTERACTIVE WORKSHOP**



# **Mobilizing Expertise, Consolidating Assets, and Taking Action to Promote Healthy Lifestyle Behaviours within Quebec's Health System**

**September 13–14, 2016**

**Château Bromont**

**Bromont, Québec**

### **Workshop report submitted by:**

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and the Canadian Institutes of Health Research.

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# SUMMARY

On September 13–14, 2016, the CMDO Research Network of the FRQS held an interactive workshop at the Château Bromont. The workshop was made possible through financial support from the CMDO Network of the FRQS and the CIHR. Following an integrated knowledge translation (IKT) approach, a group of 36 researchers and policy-makers who function within Quebec’s health system participated in the interactive workshop to mobilize expertise, consolidate assets, and take action to promote healthy lifestyle behaviours from within Quebec’s health system. Twelve speakers addressed four major themes: 1) exploring the imperatives and the impediments involved in promoting healthy lifestyle behaviours as well as ascertaining the nature of the challenges inherent to this endeavour; 2) grasping the range of perspectives emerging from the research and intervention sectors; 3) sharing knowledge about the underlying processes involved in changing lifestyle behaviours; and 4) understanding stakeholders mobilization. Following conference presentations, participants took part in discussions to identify essential components, ideas, and promising courses of action. The workshop organizers then formulated the following recommendations to be forwarded to the executive committee of the CMDO Research Network of the FRQS:

1. Organize an annual workshop to pursue and build upon the foundational achievements of this inaugural workshop. The workshop highlighted the fact that programs and interventions focussing on healthy lifestyle behaviours are too often pursued in silos. An annual workshop would thus provide an opportunity to come together and share knowledge and evaluations. The specific themes and objectives should be determined jointly with stakeholders who wish to be involved in organization of the workshop. Integrating perspectives from the international community also appears warranted.
2. Create a funding program to support the development and implementation of interventional research projects to promote healthy lifestyle behaviours in Quebec. The parameters of the program should include the following essential components identified during the interactive workshop:
  - a. Demonstrate that research questions were identified as the result of dialogue and collaboration between researchers and practitioners (i.e., that projects not only address gaps in the scientific literature but are also relevant to practice); depending on the research question being addressed, patients and citizens should be involved in developing these questions.
  - b. Demonstrate that researchers and practitioners/managers will participate jointly in implementing the project.
  - c. Include components that will make it possible to illustrate the process of project planning and development.
  - d. Provide evidence of the project’s scientific excellence (i.e. uses methodologies that are at the cutting edge of disciplinary knowledge).
  - e. Include a component specifically dealing with knowledge transfer and exchange.
  - f. The research team will commit to presenting their findings at the CMDO Research Network’s annual conference which is held every February.
3. Set up a think tank (“committee of experts”) that includes other interested partners (such as the Quebec SPOR Support Unit, the ISQ (*Institut de la statistique du Québec*), leaders of the Quebec Data Democratization Initiative, the INSPQ (*Institut national de santé publique du Québec*), the INESSS (*Institut national d’excellence en santé et services sociaux*), and *Réseau-1 Québec*) to take stock of what data are available and what data are still needed in order to better promote healthy lifestyle in Quebec.

## A MESSAGE FROM THE CMDO NETWORK DIRECTOR

As Director of the CARDIOMETABOLIC HEALTH, DIABETES AND OBESITY RESEARCH NETWORK (CMDO) of the FRQS, I am pleased to sign the preface to this report on the interactive workshop entitled *Mobilizing Expertise, Consolidating Assets, and Taking Action to Promote Healthy Lifestyle within Quebec's Health System*, held at Château Bromont on September 13th and 14th, 2016.

At this workshop, more than 30 researchers and policy-makers within Quebec's health system had the opportunity to exchange ideas and views regarding the best ways of advancing research on healthy lifestyle promotion within Quebec's health system. The workshop activities align themselves closely with those of the CMDO Research Network, which promotes, creates, and reinforces, intersectoral collaborations and knowledge transfer and exchange through scientific meetings and other forums.

In order for the recommendations and the consensus that emerged from the event to be disseminated, the presenters generously agreed to post their PowerPoint presentations on the CMDO Research Network website ([www.rrcmdo.ca/ateliers-de-travail-du-reseau-cmdo](http://www.rrcmdo.ca/ateliers-de-travail-du-reseau-cmdo)). Details regarding the program and a summary of the recommendations appear in the following pages.

I am delighted to be working with the Quebec community of researchers in cardiometabolic health, diabetes, and obesity in order to implement the recommendations emerging from the workshop, and to further promote excellence in research on healthy lifestyle behaviours within Quebec's health system.

I look forward to working together throughout our future workshops on applied research targeting the Quebec health system and Quebec communities.

André Carpentier, MD, FRCPC, FCAHS  
Director, CMDO Research Network of the FRQS  
Université de Sherbrooke  
Sherbrooke, Quebec, Canada

# A MESSAGE FROM THE MEMBERS OF THE ORGANIZING COMMITTEE

As three researchers who have worked to promote healthy lifestyle behaviours through action-oriented scientific research, it was with great enthusiasm that we welcomed our colleagues for a lively exchange of ideas during this interactive workshop!

We are all well aware that, in most industrialized countries, a large segment of the population fails to adopt and sustain the lifestyle behaviours recommended by health authorities. Recommendations related to healthy eating, physical activity, and smoking are based on strong evidence showing undeniable causal links between more favourable lifestyle behaviours and more positive health outcomes, both in asymptomatic populations and in populations suffering from various cardiometabolic diseases, diabetes, and obesity.

To this end, Quebec's MINISTRY OF HEALTH AND SOCIAL SERVICES (MSSS) launched the 2015–2020 STRATEGIC PLAN in November 2015, in which the first orientation is to "FOSTER HEALTHY LIFESTYLE BEHAVIOURS AND THE PREVENTION OF HEALTH PROBLEMS."

To contribute to the achievement of this mission, we organized an interactive workshop to mobilize experts, consolidate assets, and take action to better promote healthy lifestyle behaviours within Quebec's health system. The CANADIAN INSTITUTES OF HEALTH RESEARCH (CIHR) and the CMDO Research Network of the FRQS awarded funding to support the event, and the participating researchers and managers generously shared their knowledge, experience, and profound insight. We are therefore delighted to share the details of the workshop program, summaries of the dialogues and discussions, as well as the recommendations emerging from the event. We believe the promising actions that were proposed will serve to guide research on interventions to promote healthy lifestyle behaviours within Quebec's health system.

*Lise Gauvin, PhD, FCAHS, CRCHUM, and Université de Montréal  
Tracie Barnett, PhD, Sainte-Justine Hospital Research Centre and INRS-Institut Armand-Frappier  
Jean-Pierre Després, CQ, PhD, FAHA, FIAS, Research Center of the Quebec Heart and Lung Institute  
and Université Laval*

# PROGRAM

**September 13, 2016**

## **Opening presentations**

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*KNOWLTON ROOM*

*Moderator:*     **Lise Gauvin, CRCHUM and Université de Montréal**

**4:30 p.m.**       **André Carpentier, Director, CMDO Network, CHUS, Université de Sherbrooke**

❖ *Welcome*

**4:50 p.m.**       **Jean-Pierre Després, Université Laval**

❖ *Targeting our lifestyle: A unique opportunity to create connections between science, clinical practice, and public health*

**5:10 p.m.**       **Grégory Ninot, CEPS, Université Montpellier, France**

❖ *Understanding the nature and the magnitude of the challenge: An experience in promoting non-pharmacological interventions in France*

**5:30 p.m.**       **DIALOGUE AND DISCUSSION:**

*IDENTIFY THREE IMPERATIVES FOR SUCCESS AND THE THREE MOST SERIOUS IMPEDIMENTS/STUMBLING BLOCKS TO HEALTHY LIFESTYLE PROMOTION IN QUEBEC*

# September 14, 2016

## Interactive workshop

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KNOWLTON ROOM

Moderator: **Tracie Barnett, INRS-Institut Armand-Frappier**

**8:30 a.m. Lise Gauvin, CRCHUM and Université de Montréal**

- ❖ *Mobilizing expertise, consolidating assets, and taking action to promote healthy lifestyle behaviours in the health system: An integrated knowledge translation (IKT) approach in Quebec*

**8:50 a.m. Rana Farah, Department of Integrated Primary Care Organization, Ministry of Health and Social Services (MSSS)**

- ❖ *Assessing the impact of efforts related to primary care organization on the prevention and management of chronic conditions*

**9:10 a.m. Martine Pageau, Department for the Promotion of Health and Well-being, Healthy Lifestyle Promotion Service, Ministry of Health and Social Services (MSSS)**

- ❖ *The vision and objectives of the Ministry with respect to the promotion of healthy lifestyle behaviours in the Department for Prevention and Health Promotion*

**9:30 a.m. DIALOGUE AND DISCUSSION:**

*IDENTIFY THE RESEARCH QUESTIONS THAT SHOULD GUIDE EVALUATIVE RESEARCH PROJECTS, AS WELL AS THE ADDITIONAL EVIDENCE THAT WOULD BE REQUIRED FOR MORE EFFECTIVE ACTION ON HEALTHY LIFESTYLE PROMOTION WITHIN QUEBEC'S HEALTH SYSTEM.*

**10:00 – 10:30 a.m. BREAK**

## ***Interactive workshop (continued)***

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KNOWLTON ROOM

**Moderator:** Jean-Pierre Després, Université Laval

**10:30 a.m.** Yann Le Bodo, Platform for the Evaluation and Prevention of Obesity (PEPO), Université Laval

- ❖ *Taking stock of the current situation in Quebec with regard to interventions implemented: Results of the project entitled “Comment faire mieux? (How Can We Do Better?)”*

**10:50 a.m.** Tracie Barnett, INRS-Institut Armand-Frappier

- ❖ *Sharing knowledge regarding scientifically proven and promising interventions that could be implemented in the health system: What are the clinical practices put forward in the Community Guide and the NICE Guidelines?*

**11:10 a.m.** Ariane Bélanger-Gravel, Université Laval

- ❖ *Behaviour change and the development of interventions based on the Behaviour Change Wheel*

**11:30 a.m.** José Côté, CRCHUM and Université de Montréal

- ❖ *Sharing knowledge regarding scientifically proven and promising interventions that could be implemented in the health system: Using e-health initiatives with patients to promote healthy lifestyle behaviours*

**11:50 a.m.** ***DIALOGUE AND DISCUSSION:***

*IDENTIFY GAPS IN THE CURRENT SITUATION IN QUEBEC, AS WELL AS THE BROAD CATEGORIES OF INTERVENTIONS THAT ARE NOT ONLY SCIENTIFICALLY PROVEN AND PROMISING, BUT ALSO FEASIBLE WITHIN QUEBEC'S HEALTH SYSTEM*

**12:15 – 13:15 p.m.** *HOT BUFFET LUNCH AT LES QUATRE CANARDS RESTAURANT IN THE HOTEL CHÂTEAU-BROMONT*



## ***Interactive workshop (continued)***

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KNOWLTON ROOM

**Moderator:** Lise Gauvin, CRCHUM and Université de Montréal

- 13:15 p.m. Marie-Pascale Pomey, Université de Montréal**
- ❖ *Involving patients and patients partners in the implementation of interventions aimed at promoting healthy lifestyle behaviours*
- 13:35 p.m. Marie-France Langlois, Université de Sherbrooke**
- ❖ *Involving professionals, decision-makers and patients in the implementation of interventions aimed at promoting healthy lifestyle behaviours: Seizing opportunities*
- 13:55 p.m. Michèle De Guise, Institut national d'excellence en santé et en services sociaux (INESSS)**
- ❖ *Mobilizing the expertise of INESSS to transform practices related to promoting healthy lifestyle behaviours in the health system: Seizing opportunities*
- 14:15 p.m. DIALOGUE AND DISCUSSION:**  
*IDENTIFY POTENTIAL SHORT-, MEDIUM-, AND LONG-TERM PROJECTS THAT COULD HELP PROFESSIONALS, DECISION-MAKERS, CITIZENS, AND PATIENTS TO TAKE ACTION*

**14:45 – 15:00 p.m. Break**

## ***Interactive workshop (continued)***

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KNOWLTON ROOM

**Moderator:** André Carpentier, Université de Sherbrooke

- 15:00 p.m. Lise Gauvin, CRCHUM and Université de Montréal**
- ❖ *Ideas, courses of action, and commentaries identified throughout the day and potential follow-up*
- 15:15 p.m. DIALOGUE AND DISCUSSION:**  
*ENSURE THAT THE IDEAS AND COURSES OF ACTION DISCUSSED HAVE BEEN CAREFULLY RECORDED AND THAT ANY OTHER IMPORTANT PERSPECTIVES NOT YET RAISED ARE ADDED*
- 15:30 p.m. André Carpentier, Director, CMDO Network, CHUS, Université de Sherbrooke**
- ❖ *Summary of the day and thanks*

# DESCRIPTION OF PRESENTATIONS AND SUMMARY OF EXCHANGES/DISCUSSIONS

## Opening presentations: Imperatives and impediments

- ❖ *Targeting our lifestyle: A unique opportunity to create connections between science, clinical practice, and public health*

**Jean-Pierre Després, Université Laval**

In his presentation, Dr. Després showed how simple tools targeting quality of nutrition and level of physical activity can have positive impacts both on people without symptoms and on those with various chronic conditions. He concluded that, given the high prevalence of unhealthy lifestyle behaviours in Québec, particularly when social inequalities are taken into account, priority should be given to reaching these populations not only in clinical settings but also via public health approaches.

- ❖ *Understanding the nature and the magnitude of the challenge: An experience in promoting non-pharmacological interventions in France*

**Grégory Ninot, CEPS, Université Montpellier, France**

Dr. Ninot highlighted that the use of non-pharmacological interventions (NPI)—including psychosocial interventions, nutritional health interventions, physical health interventions, e-health interventions, and others ranging from phytotherapy to aromatherapy—has been on the rise since the early 2000s. According to the CEPS Platform ([www.cepsplatform.eu](http://www.cepsplatform.eu)), “A non-pharmacological intervention (NPI) is an efficient and effective modality for acting on human health. It has an observable effect (measurable benefits and risks going beyond just the consumer’s opinion) on health indicators and quality of life and can be linked with identified biological mechanisms and/or psychological processes. It can also have a positive impact on health behaviours and socio-economic indicators.” The WHO has identified more than 400 such interventions. However, this development is occurring largely in the absence of any interventional research. Current knowledge in this area has essentially come out of observational studies, pilot studies, and personal accounts. The available meta-analyses therefore remain cautious regarding their effectiveness, their innocuousness, their utility, their methods of administration, and their mechanisms. Consequently, policy-makers hesitate to consider them as integrated vectors of health promotion, prevention, or care.

In France, the recent recognition of the benefits and risks associated with this new sector of activity has presented researchers with the challenge of determining how these interventions should be evaluated.

- ❖ *Dialogue and Discussion*

**ALL**

In the discussion period, participants voiced their concerns related to the promotion of healthy lifestyle

behaviours and began exploring the most promising courses of action. In particular, they recognized the need for ongoing harmonisation of the different *modus operandi* emerging from various settings through sustained collaborations that can be adapted to new situations. Likewise, they discussed the challenge of integrating the most effective approaches into both clinical and community settings, as well as the challenge associated with adopting an evidence-based approach to healthy lifestyle promotion. Involving patients and citizens in research projects was seen to be essential. Ethical considerations were also raised as a cross-cutting theme to be included. Based on the discussions, the group converged on three essential components, or imperatives, for successful promotion of healthy lifestyle behaviours and three impediments that must be managed.

### Three imperatives for success

1. Science must be at the heart of healthy lifestyle promotion efforts. Thus, using data and transforming them into evidence must be seen as a fundamental component in promoting the development of a learning health system (including both healthcare services and public health). Support must be given to the dissemination of tools and procedures to better access, compile, disseminate, analyze, share, and apply data related to healthy lifestyle behaviours, to practices that are effective in promoting them, and to information that can be used to illustrate the positive and negative impacts of interventions.
2. All stakeholders in healthy lifestyle promotion must be engaged, as they all have a role to play. The stakeholders who must be at the table include: researchers, who bring science and evaluation; professional bodies, which oversee the quality of professional practices to protect populations; “patient partners”, who express their needs; citizens, who express their views; clinicians/practitioners, who implement the actions; and the managers of the public health and social services network, who ensure the sustained deployment of these actions.
3. Mechanisms must be identified and adopted that make it possible to establish and sustain dialogue and collaboration among all actors.

### Three impediments/difficulties that must be taken into account in Quebec

Participants identified three impediments/difficulties associated with achieving the vision of concerted and sustained action to promote healthy lifestyle behaviours in Quebec and that ensures the contributions of all stakeholders while being evidence-based.

1. Demonstrating and evaluating the effectiveness of interventions, policies, and professional practices aimed at healthy lifestyle promotion present significant methodological challenges. Greater use should be made of emerging innovative methodologies (e.g. real-world pragmatic trials, natural experiments, electronic medical records, economic analyses, qualitative analyses) to accelerate growth of the knowledge base that could be used to guide action. The notion of evidence also needs to be broadened to ensure it is inclusive of the diversity of views.

2. Given the distinctive logics that characterize not only the various scientific disciplines, but also the different organizations that may be involved in promoting healthy lifestyle behaviours and the practitioners working in various practice settings, there is a risk of dissonance and lack of coherence in the overall discourse. As mentioned earlier, engagement, expressed through dialogue and collaboration, should be the strong value adopted and practiced by all stakeholders.
  
3. At this time, the problem facing health research in general, and more particularly the promotion of healthy lifestyle behaviours, is limited funding. Many projects that have significant potential to increase knowledge and guide action do not receive grant funding, either due to lack of funds or because the funding cycles do not coincide with the interventions' implementation timelines. This situation impedes the advancement of knowledge and the promotion of evidence-based practices, while also slowing progress toward achieving a learning health system.

## The issue of healthy lifestyle behaviours: Views from the research and intervention sectors

- ❖ *Mobilizing expertise, consolidating assets, and taking action to promote healthy lifestyle behaviours in the health system: An integrated knowledge translation (IKT) approach in Quebec*  
**Lise Gauvin, CRCHUM and Université de Montréal**

Although there is consensus around international orientations, as well as evidence-based and promising strategies for promoting healthy lifestyle behaviours, it is also generally agreed that the implementation of these strategies needs to be contextualized to take into account the needs and preferences of different populations and the characteristics of intervention settings. The implementation of interventions should also mobilize the scientific and professional expertise available. This presentation helped orient participants with regard to the topics to be addressed in the different presentations and discussion sessions. The objective was to create a catalyzing effect in which researchers and practitioners would be encouraged to work together in a network on topics of common interest.

- ❖ *Assessing the impact of efforts related to primary care organization on the prevention and management of chronic conditions*  
**Rana Farah, Department of Integrated Primary Care Organization, Ministry of Health and Social Services (MSSS)**

Current activities focused on primary care organization are aimed generally at improving access to services for the entire population. There are several specific underlying objectives, such as comprehensive management of patients in a dedicated care setting. For persons with chronic conditions, the work done to date has resulted in care that is more adapted to their needs, whether provided by a treating physician or an interdisciplinary team of health professionals. Different actions also foster reflexivity and continuous improvement of practices.

- ❖ *The vision and objectives of the MSSS with respect to the promotion of healthy lifestyle in the Department for Prevention and Health Promotion*  
**Martine Pageau, Department for the Promotion of Health and Well-being, Healthy Lifestyle Promotion Service, Ministry of Health and Social Services (MSSS)**

With a view to achieving progress in population health, one of the orientations of the Ministry's strategic plan is to promote healthy lifestyle and prevent problems related to excess weight. The plan also includes objectives related to smoking reduction, encouraging consumption of fruits and vegetables, and increasing the number of young people who engage in active recreation and transportation. This provincial public health program (2015–2025) is the primary framework guiding action by the Ministry and the health network on the determinants of population health.

## ❖ *Dialogue and Discussion*

### **ALL**

In the discussion period, participants addressed questions to the speakers regarding the best ways to create and sustain collaborative connections and to engage in dialogue regarding issues that might be used to guide research. The availability of data (or lack thereof) on healthy lifestyle behaviours was also discussed. Effective orientations were identified during the discussions.

### **Research questions that should guide research**

1. The questions that guide research should emerge both from gaps identified in the international body of scientific knowledge and from issues related to developing and implementing solutions to promote healthy lifestyle behaviours in the field. It is important to show how this synergy was stimulated and maintained in the planning and conduct of research projects.
2. With a view to promoting scientific research that will generate impactful solutions to problems associated with promoting healthy lifestyle behaviours, forums for discussion should be created that would bring together practitioners from the healthcare and public health network with researchers interested in conducting action-oriented research. Working in partnership will ensure the production of relevant knowledge and stronger evidence to guide action.
3. There are cross-cutting themes that should be systematically incorporated into research questions. For example, issues around social inequalities (e.g. related to gender, education, income, and immigrant status) currently occupy centre-stage in policy-makers' concerns. Attention must also be paid to vulnerabilities with respect to the health status of both individuals and the population as a whole. When planning and conducting research projects, mechanisms need to be put in place to identify these cross-cutting themes and ensure their presence.

### **Additional evidence required**

1. There are, at the same time, both an abundance of data sources and a lack of data.
2. There are many databases, based on population surveys, that include data on healthy lifestyle behaviours and from which it is possible to develop a province-wide portrait of practices related to lifestyle and how they have evolved across time. Many of these databases are available at the CIQSS (*Centre interuniversitaire québécois de statistiques sociales*). Elsewhere in Canada, researchers are linking some of these databases with other databases on the use of services and medications. Nevertheless, these databases are probably underused (see also <http://www.scientifique-en-chef.gouv.qc.ca/en/agenda/laccès-aux-données/>). For these data to be transformed into evidence, they must be accessed, harmonized, linked, and analyzed. Funding agencies occasionally provide funding opportunities for secondary analyses of such data, but more such opportunities are needed.

3. There are major gaps in the available data on healthy lifestyle behaviours and on health status. For example, in Quebec there are no data based on measures other than self-reported measures that can be used to link lifestyle behaviours with Quebecers' cardiometabolic health status. There are no data on practices related to the promotion of healthy lifestyle within Quebec's health care and public health systems, nor are there any data on the costs associated with implementing various healthy lifestyle promotion practices or public policies.
  
4. It could be interesting and useful to convene a group of researchers and practitioners to take stock of data needs with regard to healthy lifestyle behaviours within Quebec's healthcare and public health systems.

## The issue of describing and understanding the processes underlying changing lifestyle behaviours

- ❖ *Taking stock of the current situation in Quebec with regard to interventions implemented: Results of the project entitled “Comment faire mieux? (How Can We Do Better?)”*  
**Yann Le Bodo, Platform for the Evaluation and Prevention of Obesity (PEPO),  
Université Laval**

Proposed jointly by the Platform for the Evaluation and Prevention of Obesity (PEPO) and the *Institut national de santé publique du Québec* (Quebec Public Health Institute, INSPQ), the project entitled “*Comment faire mieux ? (How Can We Do Better?)*” (2006–2014), was aimed at producing a macroscopic portrait of the Quebec experience of promoting healthy eating, physical activity, and obesity prevention and then comparing it with what is recommended in the scientific literature. The conclusions of this analysis were discussed at a deliberative forum attended by those involved in developing and implementing interventions as well as by experts in the field of obesity and chronic illness prevention. Out of this work emerged “50 Ways to Do Better”, including 12 ways that received particular emphasis.

- ❖ *Sharing knowledge regarding scientifically proven and promising interventions that could be implemented in the health system: What are the clinical practices put forward in the Community Guide and the NICE Guidelines?*  
**Tracie Barnett, INRS-Institut Armand-Frappier**

Professor Tracie Barnett presented the current state of knowledge and provided an overview of academic resources on interventions aimed at promoting healthy lifestyle. She described, among other things, some promising interventions related to obesity prevention and cardiometabolic risks for various populations resulting from different evaluation methods. Finally, she discussed issues associated with applying and implementing these interventions in the Quebec context.

- ❖ *Behaviour change and the development of interventions based on the Behaviour Change Wheel*  
**Ariane Bélanger-Gravel, Université Laval**

Making positive changes towards healthier lifestyle behaviours is a definite challenge not only for individuals and populations, but also for the health professionals and public health practitioners who support them. Over the past several years, interventions to support behaviour change have been developed and tested. However, it is disappointing to note that, at best, these interventions produce only modest results and mainly over the short term. To increase their effectiveness, several researchers have stressed the necessity of basing the development of behavioural interventions on empirically-supported theoretical foundations. On the other hand, theoretical approaches can sometimes appear impervious and be more or less well adapted to the needs of various settings and populations. To support the development of theoretically-based interventions that take into account the needs and specific characteristics of the contexts in which they are implemented, Susan Michie and her colleagues at University College London proposed the Behaviour Change Wheel. This



presentation described that model and discussed advances and needs in terms of research in this field.

- ❖ *Sharing knowledge regarding scientifically proven and promising interventions that could be implemented in the health system: Using e-health initiatives with patients to promote healthy lifestyle behaviours*

**José Côté, CRCHUM and Université de Montréal**

Advances in e-health initiatives offer new solutions to promote healthy lifestyle behaviours. The impacts of using these interventions suggest a trend and are promising for the future, but what are the challenges and issues associated with their development and implementation? This presentation explored the current state of knowledge in e-health and provided a demonstration of a concrete example of a personalized web-based intervention entitled “*Ta Vie en Santé*” (“Your Life in Health”). The presentation and demonstration stimulated reflection on the role of e-health in promoting healthy lifestyle behaviours within Quebec’s health system.

- ❖ *Dialogue and Discussion*

**ALL**

This series of presentations highlighted research issues that are most closely associated with the promotion of healthy lifestyle behaviours. Thus, participants identified gaps with regard to the overall landscape of interventions to promote healthy lifestyle behaviours in Quebec. They also identified broad categories of interventions that are both scientifically supported/promising and feasible within Quebec’s healthcare and public health system.

### **Gaps in the Quebec landscape**

1. There is no doubt that a comprehensive and integrated explanation for how to effect change in healthy lifestyle continues to elude researchers in the fields of psychology, education, public health, and healthcare. Studies on this key phenomenon should contribute to advancing knowledge on the processes of adopting and maintaining healthy lifestyle behaviours, while at the same time integrating conceptual, methodological, and empirical innovations. In this respect, interventions designed and delivered both within and outside the health sector (for example, in cities, in schools, in residences for seniors, in day care centres, in workplaces) should be studied.
2. Despite the absence of this comprehensive and integrated explanation, certain well-established elements could still be incorporated into the usual research and intervention practices. In particular, both research studies and intervention activities sometimes, or even often, fail to establish a behavioural diagnosis, which consists of describing in great detail the specific lifestyle behaviour(s) and behaviours targeted by the intervention, the contexts in which they are produced, and the facilitating factors and obstacles that are specific to the targeted individuals and populations. Presenting the behavioural diagnosis should become standard practice in studies on the promotion of healthy lifestyle behaviours.
3. In addition to the behavioural diagnosis, the construction of interventions to promote healthy

lifestyle behaviours has been described very unevenly. Although there are practice guidelines that are well supported and disseminated, as well as numerous resources (such as those listed on the best practices websites of the Public Health Agency of Canada [<http://cbpp-pcpe.phac-aspc.gc.ca/>], the *Community Guide* in the U.S. [[www.thecommunityguide.org](http://www.thecommunityguide.org) ], NICE in the U.K. [[www.nice.org.uk](http://www.nice.org.uk) ], the INSPQ [[www.inspq.gc.ca/publications](http://www.inspq.gc.ca/publications)] and the INESSS [[www.inesss.gc.ca/publications/guides-de-lienesss.html](http://www.inesss.gc.ca/publications/guides-de-lienesss.html)]), it is often difficult to gain access to the logic models and evidence that were used to construct the specific interventions studied. Describing the construction of interventions to promote healthy lifestyle behaviours should become standard practice. In addition, to assess not only the effectiveness of interventions to promote healthy lifestyle behaviours, but also their consequences, their acceptability among patients and populations, the plausibility of implementing them in various settings, the likelihood of their sustainability, and the dimensions associated with their cost-benefit ratios, it would be advisable to invest in interventional studies that draw upon a variety of methodologies.

4. Great strides have been made in developing processes and tools for sharing and exchanging knowledge. These advances could be applied more widely in the field of healthy lifestyle promotion. In addition, given the complexity of the actions to be implemented and the diversity of the actors involved, it would be advisable to invest in innovations that foster the development of new tools for translating and sharing knowledge.

### **Broad categories of interventions**

1. There are at least 83 conceptual models of behaviour change ([www.behaviourchangetheories.com/](http://www.behaviourchangetheories.com/)), and 93 behaviour change techniques have been compiled ([www.bct-taxonomy.com/](http://www.bct-taxonomy.com/)). This profusion of models and techniques could be put to greater advantage in promoting healthy lifestyle in Quebec. The ontology of non-pharmacological interventions developed at the CEPS Platform in Montpellier ([www.cepsplatform.eu/en/ontology/](http://www.cepsplatform.eu/en/ontology/)), the ontology of behavioural change that is currently under development ([www.ucl.ac.uk/human-behaviour-change](http://www.ucl.ac.uk/human-behaviour-change)), and the ontology of public health ([surveillance.mcgill.ca/wiki/public%20health%20ontology](http://surveillance.mcgill.ca/wiki/public%20health%20ontology)) could all be used more systematically in the development, implementation, and evaluation of interventions to promote healthy lifestyle behaviours.

## Stakeholder mobilization: Emerging ideas

- ❖ *Involving patients and patients partners in the implementation of interventions aimed at promoting healthy lifestyle behaviours.*

**Marie-Pascale Pomey, Université de Montréal**

Partnering with patients is one of the more promising ways of finding solutions to health system problems, such as the management of chronic conditions or even changes in lifestyle. In fact, patients—and citizens in general—are sources of experiential knowledge, whether about daily life or the use of the healthcare system. This experiential knowledge can also be mobilized in implementing interventions to promote healthy lifestyle behaviours. In this presentation, participants were introduced to the principles of partnership, illustrated with examples of patient involvement.

- ❖ *Involving professionals, decision-makers and patients in the implementation of interventions aimed at promoting healthy lifestyle behaviours: Seizing opportunities*

**Marie-France Langlois, Université de Sherbrooke**

This presentation explained how interventions to promote healthy lifestyle behaviours can be conceptualized, implemented, and evaluated along the full continuum of care, i.e., from the community setting, to primary care, all the way to specialized care. The ASSSÉ program (*Agir sur sa santé*), developed and implemented in the Estrie region, was described, as well as the evidence that inspired the program's design. There was also some discussion of what type of research and knowledge transfer would be required to implement this type of program on a larger scale.

- ❖ *Mobilizing the expertise of INESSS to transform practices related to promoting healthy lifestyle behaviours in the health system: Seizing opportunities*

**Michèle De Guise, Institut national d'excellence en santé et en services sociaux (INESSS)**

Since 2011, INESSS has been recognized for its activities that support the translation and exchange of knowledge to promote both clinical excellence and optimal use of health and social services resources. INESSS' mandate is to link the perspectives of health professionals with those of health network managers, patients, and partners. This presentation described the role that INESSS could play in terms of transferring knowledge about the importance of integrating strategies for promoting healthy lifestyle behaviours not only into prevention activities, but also into the treatment and management of chronic conditions across all of our activities.

- ❖ *Dialogue and Discussion*

**ALL**

In this series of presentations, different examples of progressive projects were identified. The notions of the experiential knowledge of patients and citizens and of the acquired know-how of healthcare and public health professionals were highlighted. These resources represent significant capital that should be reinvested in

actions. In fact, the literature calls such reinvestment a revolution ([www.bmj.com/content/346/bmj.f2614](http://www.bmj.com/content/346/bmj.f2614)) or a paradigm change that should not be allowed to fail.

### **Short-, medium-, and long-term projects that could be envisioned to support professionals, decision-makers, citizens, and patients in taking action**

1. The experiential knowledge of patients and citizens as it pertains to the promotion of healthy lifestyle behaviours is rarely sought and is therefore not well understood. Activities should be undertaken (e.g. research projects, citizen/patient forums) to better describe and understand this experiential knowledge, as it remains largely unexploited.
2. The level to which patients, citizens, healthcare and public health professionals, and health network managers are mobilized to promote healthy lifestyle behaviours has also been either poorly or unevenly documented. There are examples of these vital forces being put to good use, with positive outcomes for patients and populations. When intervention projects are implemented, it is important that they be evaluated systematically to understand whether the outcomes observed in the first instance can be generalized to other contexts, to individuals with varying characteristics, and to different populations.
3. At the same time, attention must be given to how successful experiences could be implemented on a larger scale (“scaling-up”). Projects studying whether interventions deployed on a larger scale produce outcomes that are similar to those of pilot projects or smaller-scale projects are beginning to emerge in the literature, which up to now has been largely silent on these questions.
4. The quality of partnerships and collaboration are key ingredients for mobilizing actors. In implementation projects, the nature and scope of partnerships and the types of collaboration could be systematically described.
5. Quebec has implemented high-performing organizations whose respective mandates are to promote clinical excellence and effective use of resources in the health and social services sector (INESSS) and to serve as a centre of expertise and reference in matters of public health in Quebec by advancing knowledge and proposing intersectoral strategies and actions that could improve population health and well-being (INSPQ). Research projects on healthy lifestyle behaviours should contribute actively to reinforcing the scientific knowledge base that enables these organizations to play their respective roles. Projects should describe the added-value of different interventions along the continuum of care and for population health. As an example, it would be useful to study how interventions in the healthcare and public health system pursuing interconnected purposes affect the health of patients and populations, and to ascertain the cost/benefit ratios of these interventions to promote healthy lifestyle behaviours. This type of added-value demonstration should also be an integral component of the emergence of a continuous evaluation culture that is achieved through research projects.

## **Ideas, courses of action and reflections identified throughout the day and their potential follow-up**

- ❖ *Summary of the day*  
*Lise Gauvin, CRCHUM and Université de Montréal*

In the final session of the day, a summary was presented of the various ideas and perspectives collected over the course of the different sessions. Participants agreed that the summary accurately represented what had been presented. Participants enthusiastically supported the idea of maintaining and continuing the conversation begun by this event.

## RECOMMENDATIONS

Following the interactive workshop, the members of the organizing committee (Lise Gauvin, Tracie Barnett, Jean-Pierre Després) formulated recommendations for actions to be implemented by the CMDO Research Network of the FRQS. The CMDO Network executive committee examined these recommendations and made the commitment to include them in its request for renewal to the FQRS. In the spirit of partnership, the members of the CMDO Network executive committee invite all stakeholders to review these recommendations and to provide feedback to the CMDO Network so they can be consolidated, improved, and ultimately implemented based on real collaboration.

Given the observations and views collected during the interactive workshop, the organizing committee of the interactive workshop proposes the following recommendations to the CMDO Research Network:

1. Organize an annual workshop to pursue and build upon the foundational achievements of this inaugural workshop. The workshop highlighted the fact that programs and interventions focussing on healthy lifestyle behaviours are too often pursued in silos. An annual workshop would thus provide an opportunity to come together and share knowledge and evaluations. The specific themes and objectives should be determined jointly with stakeholders who wish to be involved in organization of the workshop. Integrating perspectives from the international community also appears warranted.
2. Create a funding program to support the development and implementation of interventional research projects to promote healthy lifestyle behaviours in Quebec. The parameters of the program should include the following essential components identified during the interactive workshop:
  - a. Demonstrate that research questions were identified as the result of dialogue and collaboration between researchers and practitioners (i.e., that projects not only address gaps in the scientific literature but are also relevant to practice); depending on the research question being addressed, patients and citizens should be involved in developing these questions.
  - b. Demonstrate that researchers and practitioners/managers will participate jointly in implementing the project.
  - c. Include components that will make it possible to illustrate the process of project planning and development.
  - d. Provide evidence of the project's scientific excellence (i.e., use methodologies that are at the cutting edge of disciplinary knowledge).
  - e. Include a component specifically dealing with knowledge transfer and exchange.
  - f. The research team will commit to presenting their findings at the CMDO Research Network's annual conference which is held every February.
3. Set up a think tank ("committee of experts") that includes other interested partners (such as the Quebec SPOR Support Unit, the ISQ (*Institut de la statistique du Québec*), leaders of the Quebec Data Democratization Initiative, the INSPQ, the INESSS, and Réseau-1 Québec) to take stock of what data are available and what data are still needed in order to better promote healthy lifestyle in Quebec.