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Sustainable Health Action Plan:
Turning Towards the Future

Essay

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Introduction

The Federal Sustainable Development Strategy (FSDS) includes 13 goals, one of which is to ensure safe and healthy communities for Canadians.[1] This ambitious target is the basis for an approach that prioritizes sustainable health by turning towards the future. This essay complements the FSDS and the report on public consultations for the 2019 to 2022 FSDS[2] to present a concerted action plan among the three levels of government involving the Department of Justice, Youth, Health Canada and other bodies or agencies[3] concerned with the future sustainable health of youth[4] and families. Alliance santé Québec defines sustainable health as follows:

> [TRANSLATION] A state of complete physical, mental and social well-being (WHO[5] definition of health) that is achieved and maintained throughout life (refers to the different life cycle stages, from conception to the end of life) through healthy, nurturing and fulfilling living conditions (refers to different factors: healthy lifestyle, safe environment, education, employment, etc.) and through access (equity-based accessibility) to resources that are appropriate (meeting people's needs and provided at the right place and time), of quality (meeting the highest standards), used responsibly and efficiently (not badly, over- or under-used), for the benefit of current and future generations (concern for the economy and being the most cost-effective and respecting the environment).[6]

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[1] 2019-2022 Federal Sustainable Development Strategy. Retrieved from: http://www.fsds-sfdd.ca/index.html#/en/intro/what-is-fsds

[2] Report on public consultations for the 2019 to 2022 FSDS. Retrieved from: https://www.canada.ca/en/environment-climate-change/services/sustainable-development/consultations-draft-federal-strategy-2019-2022/what-we-heard.html

[3] Including but not limited to: Employment and Social Development Canada, Canadian Institutes of Health Research, Immigration, Refugees and Citizenship Canada, Indigenous Services Canada and Shared Service Canada. Government of Canada. Retrieved from: https://www.canada.ca/en/government/dept.html

[4] In this essay, the term "youth" includes all individuals from conception to the end of their schooling.

[5] WHO: World Health Organization Website: https://www.who.int/

[6] Alliance santé Québec. Retrieved from: https://www.alliancesantequebec.com/sante-durable/

The essay begins with a background, providing context to the issues, followed by the reference framework of the sustainable health action plan on developing promotional and preventive interventions[7] with youth and families. The plan, applied according to the three levels of government, is presented in Table 2, before the expected impacts of the sustainable health plan (Table 3).

Background

The health budget is one of the Canadian government's largest portfolios.[8] The Canada Health Transfer (CHT), provided on an equal per capita basis, is the largest major transfer to the provinces and territories (Figures 1-2).[9] Chronic health conditions are a major contributor to healthcare spending.[10] A new phenomenon is that the number of people suffering from several of these pathologies at the same time is constantly increasing.[11] These consequences stem from the growth of the ageing population through increased life expectancy as a result of advances in diagnostic and therapeutic methods (Figure 3).[12] Interdisciplinary interventions contribute to addressing the underlying problems related specifically to unhealthy behaviours down the line.[13] Cardiovascular disease, diabetes and substance abuse are just a few examples of problems resulting from unhealthy behaviours.[14] Contemporary trends in interventions to control chronic diseases and their complications focus on changes in behaviour and societal policies.[15]

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[7] Promotional interventions are defined as activities aimed at maintaining or improving health status. Preventive interventions are defined as activities aimed at preventing disease or injury; these may be clinical, behavioural or environmental in nature. (Potter et al., 2017).

[8] The annual healthcare budget is over $3.8 billion (Government of Canada, 2017).

[9] There are four major transfer programs: CHT, Canada Social Transfer (CST), the Equalization Program and Territorial Formula Financing (TFF) (Government of Canada, 2019b).

[10] (Government of Canada, 2020; Joubert and Baraldi, 2016).

[11] (Joubert and Baraldi, 2016).

[12] (Public Health Agency of Canada (PHAC), 2018).

[13] "Unhealthy behaviour" means unhealthy lifestyle habits such as smoking, sedentary lifestyle, substance abuse and other behaviours related to a self-management problem, i.e., violence, behavioural disorders, abuse, wrongdoing (self-harm, assault, etc.). Unhealthy behaviours of perpetrators and those inflicted on victims are included (Katapally, Thorisdottir, Laxer, Qian, & Leatherdale, 2018; Piggott et al., 2018).

[14] (Government of Canada, 2020; Joubert and Baraldi, 2016; Katapally, Thorisdottir, Laxer, Qian, & Leatherdale, 2018; Orava, Manske, & Hanning, 2017; PAHO, 2019; Simeoni et al., 2016).

[15] (Guyon, 2012; Lang, Kelly-Irving, & Delpierre, 2017; Mantoura & Fournie, 2017; Webb et al., 2010).

Figure 1. Provincial and territorial government healthcare spending, by province and territory and in Canada, in millions of current dollars, 1974 to 2019[16,17]
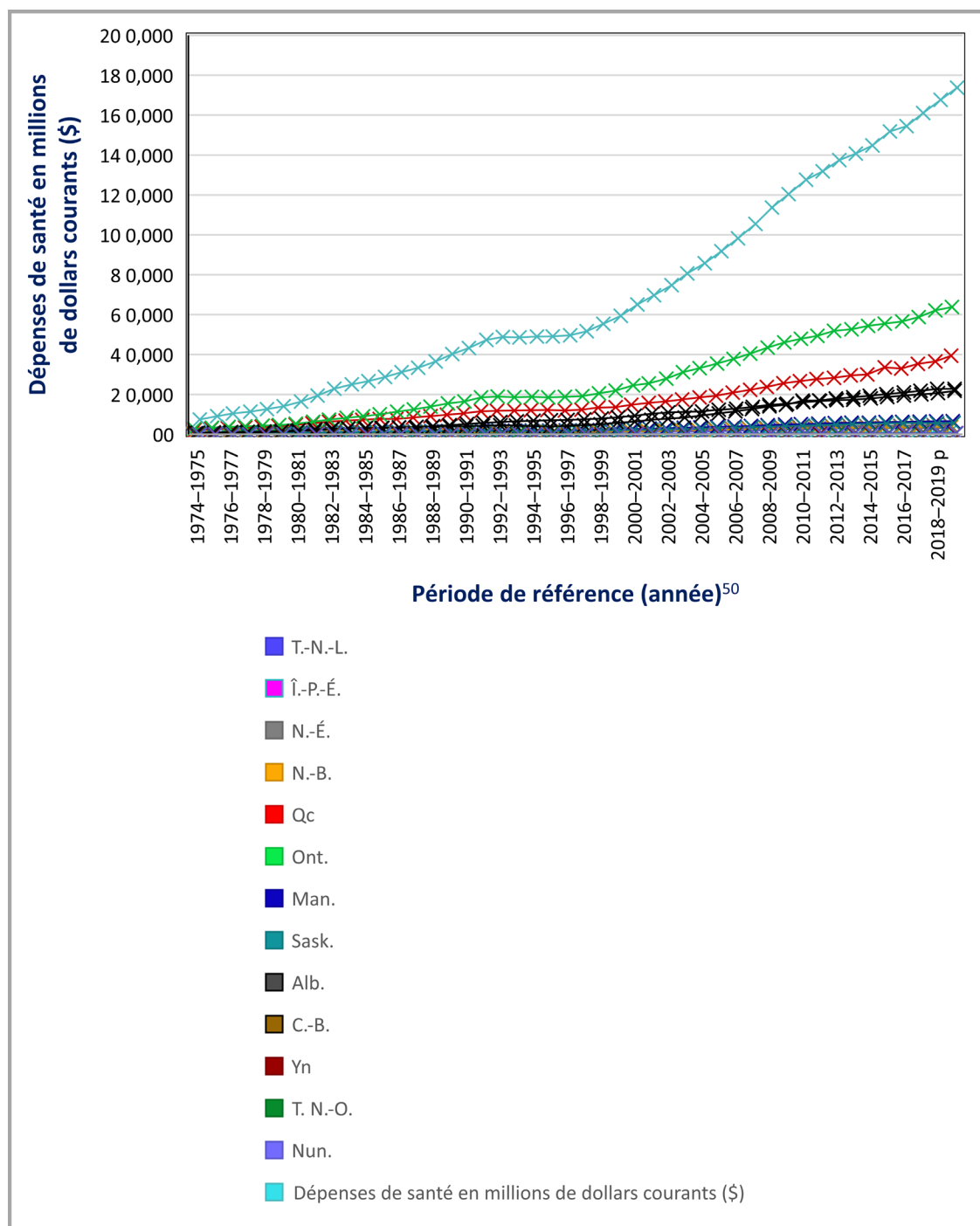
Dépenses de santé en millions de dollars courants ($)

Health spending in millions of current dollars ($)

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[16] (Canadian Institute for Health Information (CIHI, 2020, p.1).
[17] The letter p following a reference period means that the associated value has been forecasted.

Période de référence (année)[50]   **Reference period (year)**[50]

Figure 2. Provincial and territorial government healthcare spending per capita, by province and territory in Canada, in current dollars, 1974 to 2020[18,19]

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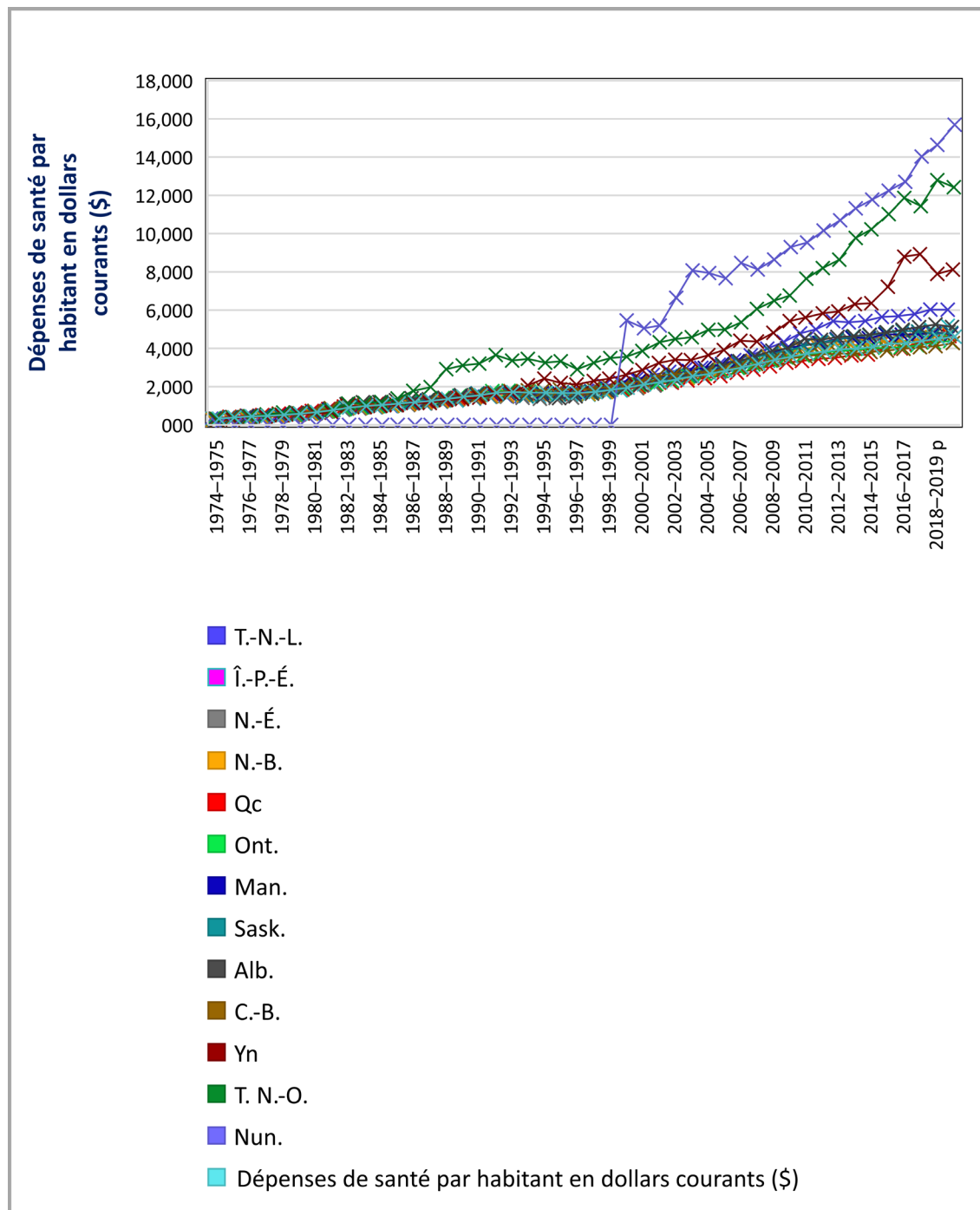
[18] In 44 years, per capita healthcare spending in Canada has increased by 2168% (CIHI, 2020, p.1).
[19] The letter p following a reference period means that the associated value has been forecasted.

Dépenses de santé par habitant en dollars courants ($)
Territoires du Nord-Ouest
Période de référence (année)

Per capita health spending in current dollars ($)
Northwest Territories
Reference period (year)

Figure 3. Life expectancy, at birth and at age 65, for both sexes, three-year average, in Canada [20]

	Années 2006 à 2008	2007 à 2009	2008 à 2010	2009 à 2011	2010 à 2012	2011 à 2013	2012 à 2014	2013 à 2015	2014 à 2016	2015 à 2017
Canada	80.7	80.9	81.1	81.4	81.7	81.8	81.9	82	82	82.1

Période de référence (année)

Espérance de vie (ans)
Période de référence (année)

Life expectancy (years)
Reference period (year)

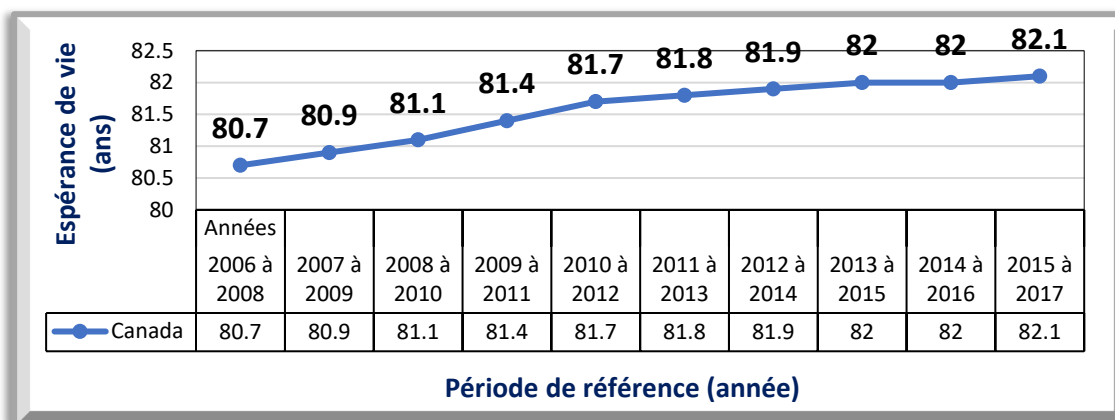A review of the literature demonstrates the urgent need for a paradigm shift towards promotional and preventive interventions beforehand, even before the adoption of unhealthy behaviours.[21] A holistic approach[22] is advocated[23] to promote sustainable health for families and youth from conception.[24] The determinants of health[25] (Table 1) serve as a premise for interventions that focus on adopting healthy behaviours to ensure equity (Figure 4).[26] Systematic reviews evaluating youth intervention programs show a

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[20] (Statistics Canada, 2019a).

[21] (Bethell, Jones, Gombojav, Linkenbach, & Sege, 2019; Bezard & Rouquette, 2019; Dore & Caron, 2017; Lang et al., 2017; Mantoura & Fournie, 2017).

[22] Holism centres around being aware that a human being is a whole considered in its entirety and around considering its interdependence with the environment. The goal of a holistic, evidence-based vision is to promote health equity by considering social, environmental, economic and physiological determinants. Particular attention is paid to ethical principles, respect for human dignity and rights as well as cultural diversity (Rosa, Dossey, Watson, Beck & Upvall, 2019).

[23] (Ben Ammar Sghari & Hammami, 2016a; Fagerström, 2019; Mantoura & Fournie, 2017; Piggott et al., 2018; Rosa, Dossey, Watson, Beck, & Upvall, 2019).

[24] (Bethell et al., 2019; Chow, Leis, Humbert, Muhajarine, & Engler-Stringer, 2016; Czaplicki, Laurencelle, Deslandes, Rivard, & Trudeau, 2013; Fernandez-Jimenez et al., 2019; Green et al., 2018; Kim, Kim, Park, Wang, & Lim, 2019; Lang et al., 2017; Piggott et al., 2018; Williams, Biscaro, & Clinton, 2019).

[25] Determinants of health includes social, economic and environmental factors that determine individual and population health. Social determinants of health refer to a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment (Government of Canada, 2019a).

[26] (Government of Canada, 2019a) and (Lang et al., 2017).

positive impact when intervention settings are combined and when programs are sustained and include decision-makers, parents, education and peer helpers.[27] Interventions from solely the health sector are flawed, leading to a lack of continuity in achieving goals (Figures 5-7).[28]

Table 1

Determinants of health[29]

Determinants of Health
Income and social status
Employment and working conditions
Education and literacy
Childhood experiences
Physical environments
Social supports and coping skills
Healthy behaviours
Access to health services
Biology and genetic endowment
Gender
Culture
Race / Racism

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[27] This type of partnership has been used in the recovery process. The roles of the peer helper are to actively listen to a peer, to act as a role model in situations that they have or have not experienced, to offer strategies to better support the person being helped, to direct people to the appropriate resources, to act in partnership with the health promotion and prevention team and to create opportunities for information sharing and discussion (Briand, St-Paul, & Dubé, 2016). Other references: (Carson et al., 2011; Dobbins, Husson, DeCorby, & LaRocca, 2013; Langford et al., 2014; Thomas, McLellan, & Perera, 2013).

[28] (Bartoli, Gozlan, & Sebai, 2019; Billaud, 2003; Czaplicki et al., 2013; Goguen & Montreuil, 2016; Honta, 2019; Mantoura & Fournie, 2017; Webb et al., 2010).

[29] (Government of Canada, 2019a).

Figure 4. Number of surgeries in one day for early childhood tooth decay, by parental income quintile, 2011 to 2016 in Canada[30]
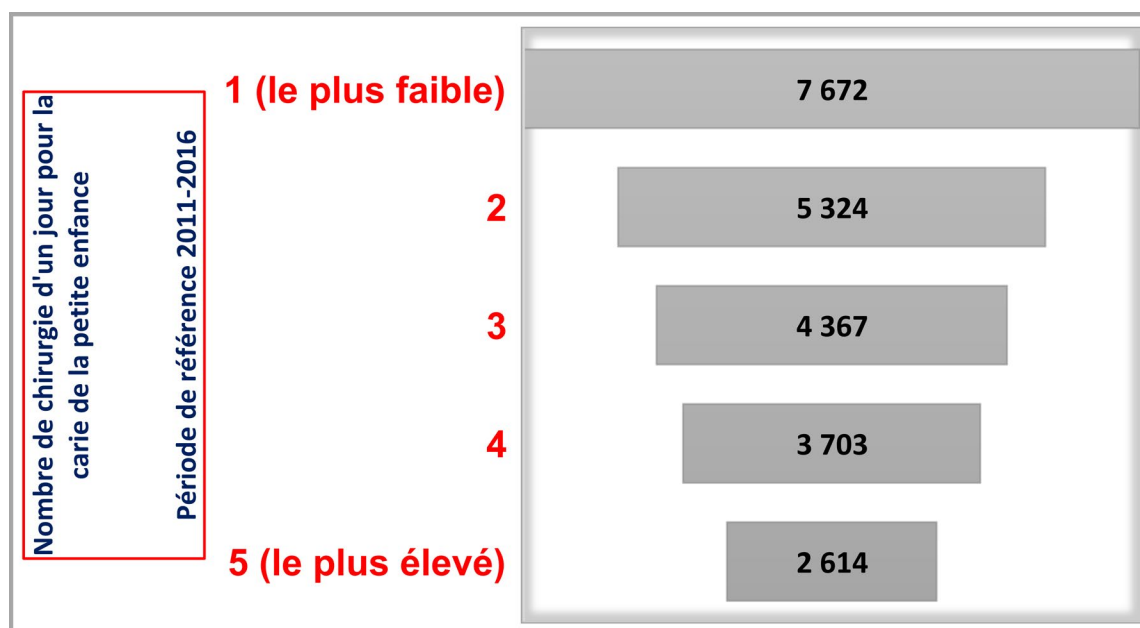
Quintile de revenu des parents

Nombre de chirurgie d'un jour pour la carie de la petite enfance
Période de référence 2011-2016

Parental income quintile

Number of day surgeries for early childhood tooth decay
Reference period 2011–2016

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[30] Income and social status are determinants of health that have a positive or negative impact on the sustainable health of youth. Socio-economic inequalities do not support sustainable health goals that target equity for all (CIHI, Table 1, 2019b).

Figure 5. Youth (aged 5 to 24) admissions to the emergency department for mental disorders, by diagnostic group, per 100,000 population, 2006 to 2018[31]

Taux de jeunes ayant visité les services d'urgence en raison de troubles mentaux, par groupe de diagnostics, par 100 000 habitants

Légende:
- Troubles organiques
- Troubles schizophréniques et psychotiques
- Troubles anxieux
- Autres troubles
- Troubles liés à l'utilisation de substances
- Troubles de l'humeur
- Troubles de la personnalité
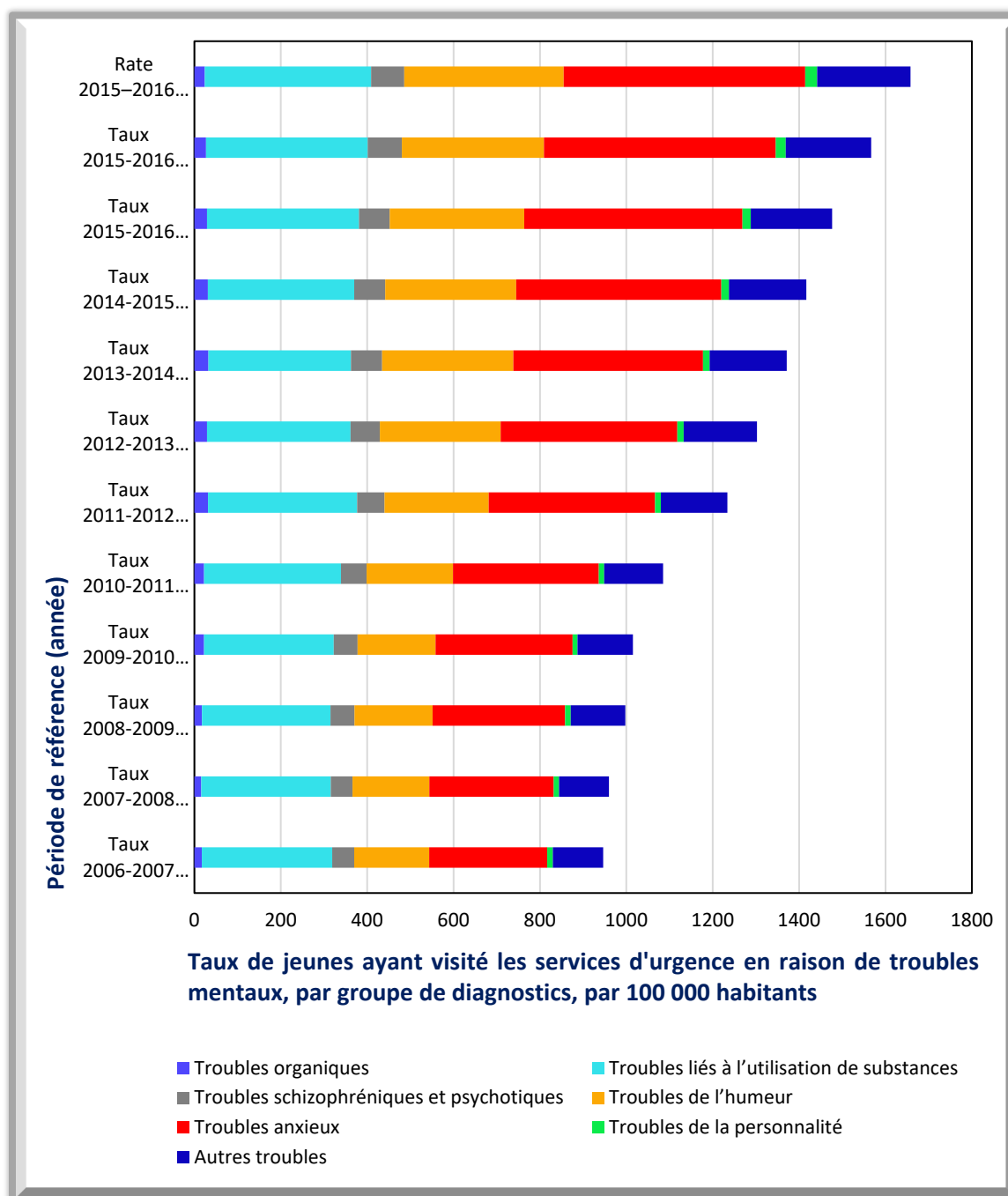
Période de référence (année)
Taux

Reference period (year)
Rate

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[31] Includes Ontario and Alberta. Diagnosis is determined according to the main problem. The "Other disorders" group refers primarily to conduct, behavioural and emotional disorders. Consultations for mental disorders have increased, particularly for anxiety and mood disorders (CIHI, Table 9, 2019a).

Taux de jeunes ayant visité les services d'urgence en raison de troubles mentaux, par groupe de diagnostics, par 100 000 habitants	Youth admission rates to the emergency department for mental disorders, by diagnostic group, per 100,000 population
Troubles organiques	Organic disorders
Troubles liés à l'utilisation de substances	Substance use disorders
Troubles schizophréniques et psychotiques	Schizophrenic and psychotic disorders
Troubles de l'humeur	Mood disorders
Troubles anxieux	Anxiety disorders
Troubles de la personnalité	Personality disorders
Autres troubles	Other disorders

Figure 6. Youth hospitalizations for mental disorders, by age group, per 100,000 population, Canada, 2006 to 2018[32]
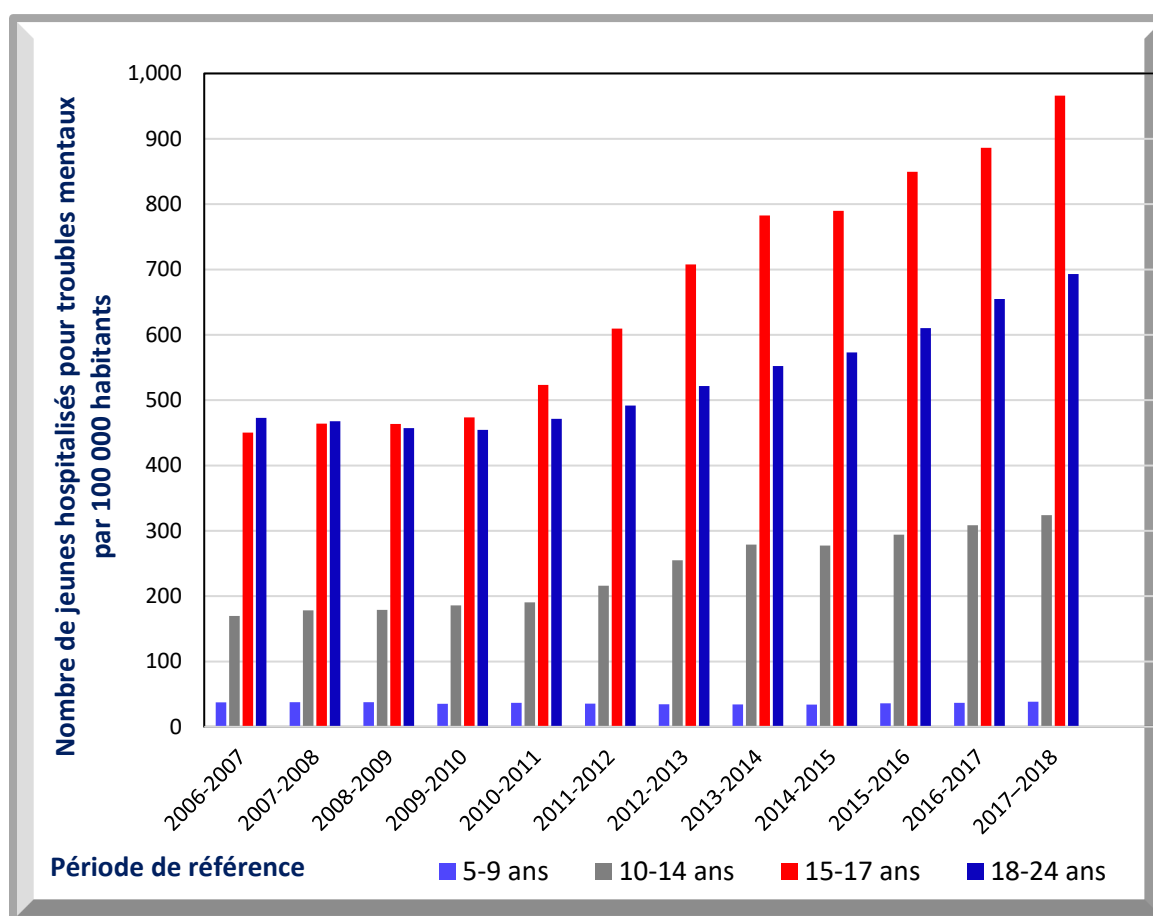
Nombre de jeunes hospitalisés pour troubles mentaux par 100 000 habitants	Number of youth hospitalized for mental disorders per 100,000 population
Période de référence	Reference period
5-9 ans	5–9 years

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[32] Beginning in 2010, there has been a sharp increase in the number of youth hospitalized for mental disorders for all age groups except the 5-9 year-old age group, which remains fairly stable (CIHI, Table 8, 2019a).

10-14 ans	**10–14 years**
15-17 ans	**15–17 years**
18-24 ans	**18–24 years**

Figure 7. Psychologists per 100,000 Canadians in 2008, 2013 and 2017[33]
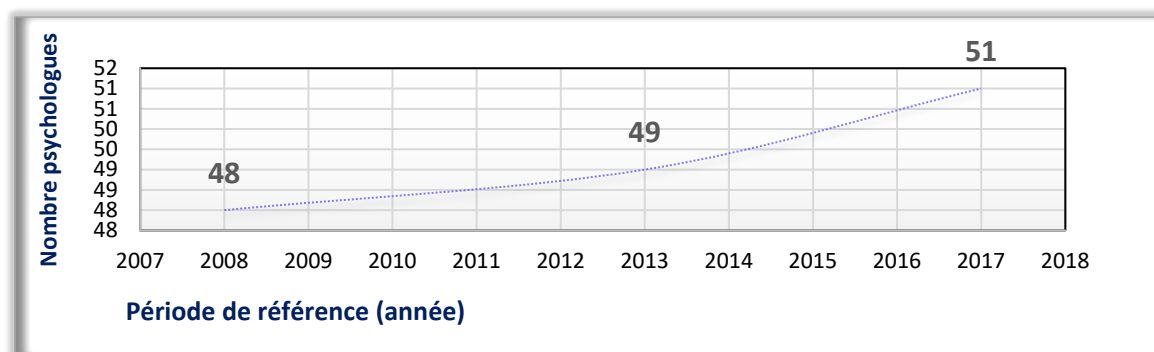
Nombre psychologues	**Number of psychologists**
Période de référence (année)	**Reference period (year)**

Action plan reference framework

The action plan is based on principles pointing towards a common line of thinking to ensure continuity and coherence by the three levels of government.[34]

Holism

In a holistic approach, a person is referred to as a both complex and unique whole. This holistic approach focuses on understanding the whole experience of youth and families in adopting healthy behaviours.[35] The reductionist view of medicine, hyper-specialization and the segmentation of humans into systems contribute to creating a gap between interventions and the uniqueness of each individual.[36] Culture, such as First Nations, Inuit and Métis culture, is included among individual characteristics that come together to form a holistic vision.[37] Another finding is that pleasure is excluded from health discussions.[38]

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[33] The shortage of specialists for young people is a pressing need. A lack of psychologists is part of the problem. Over the past decade, there has been an increase in the number of school psychologists, but almost two-thirds of them practise in Quebec, meaning expertise is focused in that province (Bezard & Rouquette, 2019; Goguen & Montreuil, 2016) and (CIHI, Table 1, 2019c).

[34] Cohesion between the federal, provincial and territorial governments and at the municipal level is a key element for the success of the action plan (Guyon, 2012; Mantoura & Fournie, 2017).

[35] (Clark, 2012; Dore & Caron, 2017; Fagerström, 2019; Kolcaba, 1997; Langford et al., 2014; Rosa et al., 2019; Votadoro, 2016). See footnote 21, p.9.

[36] (Couzigou, 2018).

[37] (Clark, 2012; Ratima, 2019) and Mental Health Commission of Canada (MHCC), 2015; Government of Canada, 2019a).

[38] (Bélisle & Douiller, 2013; Coveney & Bunton, 2003; Thompson & Coveney, 2018).

Excesses, present in many unhealthy behaviours such as alcohol or substance abuse, are based on desire and impulse.[39] It makes sense to consider the unconscious processes involved in unhealthy behaviour.

Interdisciplinary and cross-sectoral perspective

Sharing knowledge with other disciplines to understand human complexity is a promising avenue for a holistic approach.[40] Work in silos between service partners[41] and healthcare stakeholders[42] is detrimental to the potentiation of expertise.[43] Interdisciplinarity, on the other hand, allows for close collaboration between several disciplines to achieve the same objectives.[44] Adding a cross-sectoral team including all three levels of government to the plan allows for exchanges between partners and stakeholders on things like the ramifications for sectors concerned with youth and families.[45]

Equal partnerships with youth, families, partners and peer helpers

Partners encourage youth and families to adopt healthy behaviours by exercising a form of authority conferred by knowledge.[46] It is a type of repressive power generated by imposing an external constraint or ban.[47] Youth and families may respond to recommendations for sustainable health with resistance and non-compliance.[48] Discussions with an equal power dynamic that focus on a partnership between youth, families and partners enrich stakeholders' skills.[49] Promotional and preventive interventions, combined with the support of peer helpers, appear to be advantageous strategies for both youth being helped and helpers.[50] The receptivity and viability of the message for sustainable health is evident in the evolution of egalitarian partnerships.

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[39] (Noys, 2005; Piggott et al., 2018).
[40] (Fagerström, 2019; Langford et al., 2014; Rosa et al., 2019).
[41]"Service partners" include healthcare providers, healthcare workers and educational professionals (teacher, psychoeducator, etc.). The term "partners" is used for purposes of brevity.
[42] For purposes of brevity, the members of this team—health researchers, civil servants and senior officials from affected government departments and agencies (Youth, Justice, Immigration, Health, Indigenous Services, etc.)—are referred to as healthcare stakeholders.
[43] (Bezard & Rouquette, 2019; de Montigny, Desjardins, & Bouchard, 2017; Mantoura & Fournie, 2017)
[44] (Billaud, 2003; Sauvegrain, Fort, & Padilla, 2016; Webb et al., 2010).

[45] (Ben Ammar Sghari & Hammami, 2016b; de Montigny et al., 2017; Kim et al., 2019; Mantoura & Fournie, 2017).
[46] (Durand, 2014; Lemert, 1982).
[47] (Durand, 2014).
[48] (Durand, 2014; Henderson, 2003; Lang et al., 2017; Sauvegrain et al., 2016; Tobiano, Marshall, Bucknall, & Chaboyer, 2015; Werle, Boesen-Mariani, Gavard-Perret, & Berthaud, 2012).
[49] (Baum, MacDougall, & Smith, 2006; Branquinho, Tomé, Grothausen, & Gaspar de Matos; Mantoura & Fournie, 2017; Orava, Manske, & Hanning, 2017).
[50] (Branquinho, Tomé, Grothausen, & Gaspar de Matos, 2020; Campbell et al., 2012; Carriere et al., 2013; Kwan, Sussman, & Valente, 2015; Orava et al., 2017).

Participatory action research (PAR)

Participatory action research (PAR) differs from conventional research because it is conducted through a cycle of reflection, whereby participants and researchers collect and analyze data together.[51] The resulting action is then deepened through an iterative reflection cycle that perpetuates data collection, reflection and action. PAR pays attention to power dynamics, advocating that this power dynamic be shared between researchers and participants.[52] Youth, families, partners and healthcare stakeholders cease to be subjects of study and become partners in all stages of the research process. All actively participate in developing recommendations once the results have been analyzed.[53] The constant monitoring of newly published evidence and the reflexivity stemming from the analysis of this evidence challenges current practices and transforms interventions.[54]

Self-determination and citizenship

Several recent studies place self-determination[55] at the heart of well-being,[56] in addition to the importance of social integration or the full exercise of one's citizenship.[57] Quebec researchers have developed a citizenship measurement tool based on community involvement, self-determination and respect for others.[58] Participation in community life builds a strong foundation to support and encourage sustainable health.[59] As they grow up, young people integrate a substantial amount of information that will shape their thinking and reactions.[60] Their current living conditions will shape the health status of the adult population in 40 or 50 years.[61] By instilling respect and self-determination in them, the culture of citizenship will have a positive impact on their personal, academic,

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[51] (Baum et al., 2006; Borges et al., 2017; Freire, 1996).

[52] (Baum et al., 2006; Branquinho et al., 2020; Mantoura & Fournie, 2017).

[53] (Baum et al., 2006; Branquinho et al., 2020; Guyon, 2012; Mantoura & Fournie, 2017).

[54] (Institut national d'excellence en santé et services sociaux [INESS], 2019).

[55] Several authors provide a definition of self-determination. One of the most popular ones is that of Deci and Ryan (1985). They developed the self-determination theory (SDT), which has been validated in several areas including health and education. According to these authors, motivation is fueled by basic psychological human needs: autonomy, competence and relatedness. Respect for individual rights, freedom of choice and decision-making are the components of self-determination (Deci & Ryan, 2008).

[56] Well-being is characterized by perceived health as an indicator of a person's overall health status. Perceived health refers to a person's perception of his or her health in general. Health refers not only to the absence of disease or injury but also to physical, mental and social well-being (Statistics Canada, 2019b).

[57] (Mahaffey, 2018; Mantoura & Fournie, 2017; Orpana, Pearson, Dopko, & Kocum, 2019; Pelletier et al., 2017; Ratima, 2019; Werle et al., 2012).

[58] (Pelletier et al., 2017).

[59] (Bartoli et al., 2019; Dore & Caron, 2017; Mantoura & Fournie, 2017; Pelletier et al., 2017; Sauvegrain et al., 2016).

[60] (Ben Ammar Sghari & Hammami, 2016a; Evans & Soliman, 2019; Lang et al., 2017; Sauvegrain et al., 2016; Williams et al., 2019).

[61] (Lang et al., 2017; Piggott et al., 2018).

professional, family and social lives.[62] Individual and community accountability, fortified by a democratic society, is at the very core of sustainable health.[63]

Sustainable health action plan

Table 2 (p.16) presents the stages of the plan, a description of the associated tasks and a projected schedule over a period of approximately two years.

Table 2

Sustainable health action plan for youth and families: steps, tasks and timelines

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[62] (Bartoli et al., 2019; Bélisle & Douiller, 2013; Mantoura & Fournie, 2017; Orpana et al., 2019; Orpana, Vachon, Dykxhoorn, & Jayaraman, 2017).
[63] (Bartoli et al., 2019; Mantoura & Fournie, 2017; Pelletier et al., 2017; Sauvegrain et al., 2016).

STEP 1: STATE OF KNOWLEDGE

TASKS		DURATION
		months
[icon] 64	**Meetings** The federal government is seeking the participation of the three levels of government and partners: Assemble stakeholders' intra-sectoral teams. Assemble teams of partners from different disciplines (nurses, psychologists, social workers, teachers, paediatricians, family doctors, etc.). Present the action plan. Brainstorm potential interventions for health promotion and prevention among youth and families. Appoint representatives to participate in the action plan.	
[icon] 65	**Preparation** In preparation for the first meeting, each team assembles stakeholders and partners: Summarize the state of knowledge on interventions. Develop priorities for discussion based on each group. Raise points to be clarified at the meeting.	
[icon] 66	**Literature review** Each team assigns members to review the literature, practices in place as well as how services are organized (evidence, practice guides, protocols, legislation, expert opinion, etc.).	

STEP 2: DATA COLLECTION

TASKS		DURATION
		months
[icon] 67	**Cross-sectoral data** Cross-sectoral meetings: stakeholder teams meet to: Summarize the state of knowledge on current interventions. Report on complaints or dissatisfactions received in relation to sustainable health in the sectors concerned. Establish the points to be clarified. Develop priorities for action based on the groups' assessment.	

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64 (Bartoli et al., 2019; Ben Ammar Sghari & Hammami, 2016b; Borges et al., 2017; de Montigny et al., 2017; Harland, Griffith, Lu, Erickson, & Magsino, 2016; Honta, 2019; Mantoura & Fournie, 2017; Webb et al., 2010).
65 (INESS, 2019).
66 (INESS, 2019).
67 (Honta, 2019; Mantoura & Fournie, 2017).

	First meeting: Stakeholders and service partners
68	Preparation for PAR: Summarize the state of knowledge. Raise issues about implementing interventions and establish priorities. PAR: Invite youth, parents, workers from community organizations (food, shelters for women and children, etc.) and workers in daycare centres and rehabilitation centres for young offenders, First Nations, Inuit and Métis representatives, etc. Identify the courses of action proposed by all.

STEP 3: DATA ANALYSIS

TASKS		DURATION
		months
69	**Analysis:** Analyze data collected during consultations with stakeholders, partners, youth and families. Consolidate the data obtained. Establish priorities for action at the intervention stage.	
70	**Reflexivity:** Reflect on possible solutions as well as on how services can be reorganized and implemented (evidence-based data, proposals by stakeholders and partners). Pay particular attention to the solutions proposed by youth and families.	

STEP 4: DEVELOPMENT AND IMPLEMENTATION

TASKS		DURATION
		months
71	**Planning and organizing interventions:** Develop an implementation strategy with a realistic timeline. Start with priority interventions. Plan interventions for vulnerable clienteles. Work closely with youth/families in the community by working with community and support organizations. Maintain a long-term, holistic vision in pursuit of sustainable health for Canadian youth/families (see plan's reference framework). Work closely with the three levels of government to ensure continuity and consistency in the process of implementing interventions.	

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68 (Baum et al., 2006; Ben Ammar Sghari & Hammami, 2016b; Borges et al., 2017; Honta, 2019; Mantoura & Fournie, 2017; Ratima, 2019).

69 (Baum et al., 2006; Ben Ammar Sghari & Hammami, 2016b; Borges et al., 2017; Mantoura & Fournie, 2017; Ratima, 2019).

70 (Borges et al., 2017; Mantoura & Fournie, 2017).

STEP 5: ACTION

TASKS	DURATION
72 **Dissemination:** Disseminate information to decision-makers, partners and youth/families. Carry out planned interventions for the three levels of government to ensure continuity, consistency, and respond to regional realities and local circumstances (remote regions, available community organizations, etc.).	Ongoing
73 **Public information:** Inform the public of the action plans: Go out into the field to provide information about and promote sustainable health and development to Canadians to ensure sustainability. Use technology to engage young people (text messaging, mobile phone applications, etc.).	
74 **Recruiting peer helpers and volunteer caregivers:** Recruit youth/family peer helpers and other caregivers (mentors, role models, etc.). Target youth/families interested in helping and engaging in sustainable citizenship and health. Conduct a background check on caregivers to ensure youth/family safety. Ensure free and informed consent is obtained for peer helpers and parents, if applicable.	
75 **Training for teachers, parents and caregivers:** Train teachers, parents, peer helpers and caregivers on interventions implemented in the community. Provide them with the necessary support through available resource persons.	
76 **Collaboration:** Work closely with parents, peer helpers and partners. Support them in identifying problems requiring professional care or legal intervention.	

71 (Ben Ammar Sghari & Hammami, 2016a; Bezard & Rouquette, 2019; de Montigny et al., 2017; Dore & Caron, 2017; Fernandez-Jimenez et al., 2019; Guyon, 2012; Kim et al., 2019; Mantoura & Fournie, 2017; Noirhomme-Renard, Lafalize, & Gosset, 2018; Williams et al., 2019).

72 (Bezard & Rouquette, 2019; Guyon, 2012; Mantoura & Fournie, 2017).

73 (Katapally et al., 2018; Leung, Mateo, Verdaguer, & Wyka, 2018; Mantoura & Fournie, 2017; Sauvegrain et al., 2016; Todaro et al., 2018).

74 (Campbell et al., 2012; Carriere et al., 2013; Kwan et al., 2015; Laurent & Houlfort, 2020; Orava et al., 2017; Pelletier et al., 2017).

75 (Campbell et al., 2012; Kim et al., 2019; Martineau, Beauchamp, & Marcotte, 2017; Noirhomme-Renard et al., 2018).

76 (Campbell et al., 2012; Kwan et al., 2015; Noirhomme-Renard et al., 2018).

		Ongoing
	Equal partnerships and discussions: Establish partnership relationships with youth/families. Ensure constant availability, openness, confidentiality and security. Inform youth/families about available services and provide contact information. Refer to resource persons as required. [77]	
	Proximity of services: Ensure that the service offer remains accessible and meets the needs of youth/families. Support youth/families in more complex procedures such as contacts with authorities, the law, etc. Ensure the safety of young people through close monitoring. Avoid administrative burdens that reduce contact time with youth/families. [78]	
	Teacher support and youth services : Teachers and families are the ones who educate young people and help develop their personalities: Support teachers closest to youth who serve as role models at all educational levels (elementary, secondary, college and university). Provide support through specialized services for youth with behavioural problems or issues with violence, bullying, obesity, screening for dysfunctional families, substance abuse, etc. [79]	
	Culture of citizenship: Cultivate citizenship for all, including the most vulnerable, immigrants and refugees: Face the possibility of choice. Make individual, fully informed decisions. Provide free and informed consent to interventions. Take responsibility for the consequences of personal choices and understand that personal decisions can have a negative impact on the individual's and community's long-term health. Stimulate youth/family participation in community life, on an ad hoc or regular basis. Promote intergenerational discussions with citizens with disabilities and disadvantaged citizens. Learn to respect yourself, others, the community and the environment for a shift towards sustainable health. Become aware of the impact of personal choices, decisions and actions on sustainable community health. [80]	

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[77] (Bezard & Rouquette, 2019; Branquinho et al.; Kwan et al., 2015; Lang et al., 2017; Orava et al., 2017; Williams et al., 2019).

[78] (Lang et al., 2017; Williams et al., 2019).

[79] (Bezard & Rouquette, 2019; Goguen & Montreuil, 2016; Lang et al., 2017; Mantoura & Fournie, 2017; Martineau et al., 2017; Noirhomme-Renard et al., 2018; Orava et al., 2017; Williams et al., 2019).

[80] (Bartoli et al., 2019; Dore & Caron, 2017; Laurent & Houlfort, 2020; Mantoura & Fournie, 2017; Orpana et al., 2019; Pelletier et al., 2017; Sauvegrain et al., 2016; Webb et al., 2010).

81	**Action-reaction:** Act quickly when problems are detected or reported. Provide immediate help when the physical or psychological safety of youth/families is at risk. Conduct immediate, medium-term and long-term follow up after the incident. Screen for potential consequences. Advocate for individual and human rights at all times. Become aware (youth/families) of unacceptable behaviour that	Ongoing
82	**Unhealthy behaviour and the law:** Do not hesitate to use the law if unhealthy behaviour leads to violence, intimidation, abuse, neglect, etc. Educate youth about their individual rights. Raise awareness among young people to denounce unhealthy behaviours that endanger their, their family's or the community's long-term health or environment. Inform the public to detect unhealthy behaviours. Promote reporting unhealthy behaviour and ensure the safety of whistleblowers. Avoid delays in legal action to preserve the safety and integrity of youth/families and whistleblowers.	
83	**Provide community services (pre-school period):** Intensify local perinatal services. Pay special attention to children aged 3 to 5. Reinforce positive parenting practices for children's healthy development. Help mitigate the effects of negative experiences. Monitor closely following a negative event. Screen for toxic home environments or prolonged stress episodes that affect the child's long-term health. Make parents aware of reframing as a disciplinary strategy instead of timeouts. Forge ties with a local early childhood resource.	
84	**Use the internet and media with caution:** Pay particular attention to social media and networks as vehicles for misinformation and wrongdoing. Consult recognized and reliable sites. Beware of "fake news." Use online platforms and mobile applications to capture young people's interest. Use these resources sparingly; fully active citizenship encourages community and person-to-person interactions.	

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81 (Green et al., 2018; Lang et al., 2017; Piggott et al., 2018).

82 (Bartoli et al., 2019; Piggott et al., 2018).

83 According to Williams et al,. reframing is preferred over timeouts. Reframing encourages the child to talk about emotions and behaviour with an emphasis on connecting with parents and on comfort. (Ben Ammar Sghari & Hammami, 2016a; Bethell et al., 2019; Chow et al., 2016; Czaplicki et al., 2013; Fernandez-Jimenez et al., 2019; Noirhomme-Renard et al., 2018; Tremblay et al., 2016; Williams et al., 2019).

Step 6: IMPLEMENTATION ASSESSMENT: FEEDBACK LOOP

TASKS		DURATION
85	**Reflexivity and feedback loop:** Allow for a period to reflect on the plan's implementation, results and findings. Determine whether the reference framework was respected by the three decision-making levels. Evaluate the action plan by indicators of health, sustainability, quality of interventions and other relevant indicators. React in a loop when problems arise (dynamic and evolutionary process over time). In accordance with PAR, include youth/families, stakeholders and service partners (all those involved in the plan) in each step, keep them informed of the results of the action plan and involve them in making recommendations for efficient, equitable and quality interventions.	ngoing
86	**Adjusting practices and interventions:** Always question procedures by keeping abreast of new research findings. Adapt interventions based on new evidence. Detect gaps so that the links necessary for sustainable health do not escape the vigilance of health stakeholders and service partners. Invite departments and agencies related to sustainable youth/family health that were initially overlooked or neglected to participate in a continuous, coherent and consolidated action plan.	

Expected benefits

The action plan will have a positive impact on the sustainable health of youth and families in the various intervention settings (Table 3).

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[84] (Katapally et al., 2018; Leung et al., 2018; Todaro et al., 2018; Williams et al., 2019).
[85] (Baum et al., 2006; Borges et al., 2017; Freire, 1996; Sauvegrain et al., 2016).
[86] (Institut national d'excellence en santé et services sociaux (INESS), 2019).

Table 3

Sustainable health action plan: expected impact[87]

FAMILY ENVIRONMENT

Ensure close monitoring of families, particularly women in perinatal care and preschoolers, to ensure a healthy living environment.
Identify youth in situations of abuse, mistreatment, neglect and violence early on; recognition = action.
Detect and prevent spousal and family violence.

SCHOOL AND EXTRACURRICULAR ENVIRONMENT

Form a team of young volunteer peer helpers, with their parents' consent.
Provide support to teachers, who are the closest partners to youth, through outreach work and collaboration with youth health specialists.
Develop sustainable health literacy among youth and families.
Adopt healthy behaviours to promote academic success and graduation.
Cultivate self-determination to motivate young people to make decisions to stimulate the pursuit of personal goals and look towards the future.
Promote healthy behaviours by working with health "role models."*
Instil the importance of the individual's role in the community in maintaining all aspects of environmental quality.

COMMUNITY ENVIRONMENT

Provide support to various organizations, foundations or others in their support missions.
Increase awareness of the services offered by non-profit organizations.
Potentiate community organizations' services and health services by increasing partners' community presence.
Encourage citizen participation committed to sustainable health for all.

HEALTH AND SOCIAL SERVICES

Ensure a continuous and coherent process through collaboration between the three levels of government, stakeholders and partners.
Update and enrich the action plan by ensuring that new evidence is thoroughly monitored.
Intervene by advocating for equity and accessibility in relation to the demand for services while accounting for determinants of health.

GOVERNMENT

Potentiate the budgets invested in health, education, justice, immigration and citizenship
as well as other organizations concerned with sustainable health.
Decrease chronic health conditions, co-morbidities and emergency room overcrowding.
Ensure equity, justice and respect for human rights and the environment.
Cultivate and nurture a sense of belonging to a society where democracy is at the centre of individual and collective decision-making.
Vote for societal policies that are adapted to the reality of youth and family experiences.
* Model: may be an authority; parent, mentor, teacher or speaker serving as a role model for sustainable health.

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[87] (Bartoli et al., 2019; Baum et al., 2006; Bélisle & Douiller, 2013; Ben Ammar Sghari & Hammami, 2016a; Bezard & Rouquette, 2019; Borges et al., 2017; Carson et al., 2011; Czaplicki et al., 2013; de Montigny et al., 2017; Dobbins et al., 2013; Dore & Caron, 2017; Faught, Gleddie, Storey, Davison, & Veugelers, 2017; Freire, 1996; Garcia-Codina et al., 2019; Guyon, 2012; Honta, 2019; Kwan et al., 2015; Lang et al., 2017; Langford et al., 2014; Laurent & Houlfort, 2020; Mantoura & Fournie, 2017; Noirhomme-Renard et al., 2018; Orava et al., 2017; Orpana et al., 2019; Pelletier et al., 2017; Ratima, Martin, Castleden, & Delormier, 2019; Sauvegrain et al., 2016; Thomas et al., 2013; Tremblay et al., 2016; Webb et al., 2010; Werle et al., 2012; Williams et al., 2019).

Conclusion

The FSDS is a massive project that involves Canadians' participation. In this momentum of national efforts, a transformation that prioritizes sustainable health for youth and families is needed. Acting and persisting ahead of health problems to promote the adoption of healthy behaviours, respect for oneself, others and one's environment turns these aspects into everyday values. By working together, Health Canada and Justice Canada, among other departments, are contributing to the continuity, coherence and consolidation of a sustainable health agenda for Canadian youth and families. Education, self-determination and fully active citizenship are the essential ingredients for the success of this major project. Investing for the long term by intervening with youth and families guides the three levels of government towards a healthy, democratic society that is aware that the quality of its environment is associated with individual and societal well-being. The Canadian government and its citizens are committed to sustainable health as an overarching goal and to prosperity for future generations.

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[i] The cooperation of the three levels of government is crucial since the health, education, youth and justice sectors are involved in implementing the action plan towards sustainable health for Canadian youth and families. It is a complement and a continuation of the FSDS and the report on public consultations for the 2019 to 2022 FSDS.

It is essential that Youth, Indigenous Services Canada, education departments and Health Canada have a front-row seat on the action plan. Under Canada's constitution, education at all levels is the exclusive responsibility of the provincial and territorial government, except for post-secondary education in Canada's territories. Retrieved from: https://www.cicic.ca/1301/ministries_departments_responsible_for_education_in_canada.canada

It also remains imperative to consult with all stakeholders involved in sustainable health, such as the Canadian sport system, Shared Services Canada, Indigenous Services Canada, the Human Rights Tribunal of Canada, Public Prosecution Service of Canada and Immigration, Refugee and Citizenship Canada. Since the goal of the action plan is to protect the integrity and health of Canadian youth and families, it is necessary to reflect on youth and family safety in a spirit of consistency, continuity, equity and justice for all. Since health is at the heart of the action plan, all areas of Health Canada's activities, for example, are included among the stakeholders:

- Pest Management Regulatory Agency
- Office of Audit and Evaluation
- Secretariat Office
- Communications and Public Affairs Branch
- Chief Financial Officer Branch
- Strategic Policy Branch
- Health Products and Food Branch
- Regulatory Operations and Enforcement Branch
- Healthy Environments and Consumer Safety Branch
- Controlled Substances and Cannabis Branch
- Corporate Services
- Opioid Response Team
- Legal Services

The contribution and expertise of all stakeholders interested in aspiring youth are welcome in the Sustainable Health Action Plan: Turning Towards the Future.