International Federation of Physical Education, Fitness and Sports Science Association

Research Article

Sao Paulo health and wellness forum: South America and global perspectives on evidence based policy and practice

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ABSTRACT

The United Nation's sustainable development goals (SDGs) assemble interdependent goals that focus on building a better and sustainable future for the planet by 2030. These SDGs, particularly Goal 3, Good Health and Well-being, served as the basis for discussion at the Sao Paulo Health and Wellness Forum. At this networking, Brazilian and international scholars and practitioners focused attention on health in relation to technology, physical activity (PA), culture, and education. These topics were discussed with regard to health and well-being in different sociocultural contexts. A qualitative focused group discussion methodology was used to gather data to gain an in-depth understanding of social issues. The outcome report for the Forum, the Consensus Statement, bridges the technology/health/PA nexus. The report highlights emerging insights for implementing local, regional, and national programs that seek to address community health and well-being gaps.

Keywords: Community health workers, Delivery of healthcare, Educational technology, Sustainable development, Universities

INTRODUCTION

Worldwide, the need to improve the health and well-being of individuals and communities is increasing in awareness, acceptance, and action. The need to address the challenges and inequities brought about by environmental degradation, technological advancements, food insecurity, disease, inferior education, gender inequality, water scarcity and quality, and changes to work and leisure is evident. To address these

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concerns, strategic plans need to inform both social policy and program implementation. Social policies aimed at improving and enhancing the health, well-being, and quality of life of individuals, communities, and counties are needed throughout the world. The challenges have been acknowledged and accepted by two initiatives. The first initiative, crafted in 1992 as an outcome of the Earth Summit held in Rio de Janeiro, Brazil, is known as Agenda 21, which focused on the establishment of an action plan to promote sustainable development, improve human lives, and take care of the environment (Meakin, 1992).

This Agenda was adopted in 2015 by all United Nations (UN) Member States, calling for action to reach the goals and targets by

2030. The second initiative is the UN's Sustainable Development Goals (SDGs) (UN, 2015). These 17 UN SDGs were drawn from a 2012 UN conference focused on sustainable development, also held in Rio de Janeiro (Anton, 2012). The SDGs and related targets (the Agenda) set the basis for common action between governmental bodies, civil society, and other stakeholders to address the interwoven nature of the global challenges.

While the Agenda addresses global concerns, distribution of the Agenda across regions is not equal, nor is the approach to consider the specific characteristics and social context of each country, region, or community. To confront this problem, and despite the widespread geography, the emergent economies of the BRICS countries – Brazil, Russia, India, China, and South Africa – share attributes that enable common action toward achievement of the 17 UN SDGs. This commonality pertains to ways of living, health, economic conditions, and well-being. In this context, the BRICS Council of Exercise and Sports Science was created in 2015. With a convergence on exercise, physical activity (PA), and their relationship to health and well-being, the BRICS Council of Exercise and Sports Science encourages an interdisciplinary approach to health promotion, enabling a translation of theoretical evidence into successful practice (Uvinha, *et al.*, 2018; Chin, *et al.*, 2019).

Drawing on the intent of the above principles, goals, and targets, the São Paulo Health and Wellness Forum 2020 – SPHWF 2020 was designed to deepen an interdisciplinary approach to promote holistic health through sports science (SPHWF, 2020). Note that, the Forum was held January 19–21, 2020, 2 months before COVID-19 global shutdown. The previous forums conducted in the United States, Germany, South Africa, and Turkey focused on the pedagogy in health and physical education (PE) with an emphasis on wellness and livability, providing lessons in process and the analysis and synthesis of results and findings (Edginton *et al.*, 2011; Edginton *et al.*, 2014; and Edginton *et al.*, 2016). The previous forum findings resulted in the crafting of statements and other documentations, establishing and contributing to social policy to inform and influence health and wellness issues and concerns worldwide.

SPHWF 2020's aim was to establish future direction and guidance for implementation of SDG 3 in Brazil and South America. The interaction of civil society and young people with local governments is a key process in building consensus and execution of goals and targets that meet both global and local needs (Edginton *et al.*, 2012; Chin and Edginton, 2014). SPHWF 2020's 3-day format included formal presentations followed by cocreation sessions among international leaders, civil and local government representatives, academics, scientists, practitioners, and young people. Several focused and moderated discussions were captured in detail, exploring healthy living and wellness in relationships to technology, PA, culture, and education. Attention was given to the necessity to broaden local, state, regional, and international action, as well as to adapt the SDG 3 goals considering the unique needs of each country and region.

A direct outcome of SPHWF 2020 was the development of a consensus statement aimed at assisting health and well-being policy development and program implementation in the South American context [Appendix 1].

SPHWF 2020 BACKGROUND AND DEVELOPING A STATEMENT OF CONSENSUS

SPHWF 2020 was organized by the Research and Training Center of the Social Service of Commerce (SESC) for the state of São Paulo, Brazil, in partnership with the University of São Paulo, and with support from the Foundation for Global Community Health. The Forum was endorsed by 17 universities, institutes, and professional associations. Seventy people participated in the Forum, including 13 invited speakers and 57 delegates from eight countries (Brazil, China, New Zealand, Singapore, South Africa, Spain, Turkey, and United States). This diverse group from universities, government, technology companies, and cultural centers is shown in Chart 1. The areas of expertise and experience include: behavioral science, community-building, cultural studies, health, international relations, leisure studies, pedagogy, PE, exercise science, sociology, sustainability, technology, tourism, regenerative agriculture, schools, well-being, workplace behavior, and more.

An important component of SPHWF 2020 was the sharing of innovative strategies and actionable steps to advance thinking and actions to assist health and well-being policy development. The primary means for achieving this sharing were through presentations, moderated group discussions, participant dialogue, and group reflections and some of these methods were, in part, derived from evidence-based practices and policies (Menne *et al.*, 2020). The focused group discussions sought to gain an in-depth understanding of social issues, drawing input from a pre-selected diverse interdisciplinary group (Allen, 2017; Nyumba *et al.*, 2018).

Central to this process is the establishment of good progression of meaning making. The Forum design followed this process: Purpose, Forum design, data collection, data analysis, results/discussion, and [Group] reporting (Morgan, 1997). Centering topics with five corresponding focusing questions were used to guide discussion (Allen, 2017). These questions were pre-prepared and cocreated by the invited speakers based on expertise and previous global forum involvement (Edginton *et al.*, 2011; Edginton *et al.*, 2014; Edginton *et al.*, 2016; and Naul *et al.*, 2012), past research, and the book PE and Health: Global Perspectives and Best Practice (Chin and Edginton, 2014).

Chart 1: Invited delegates names, countries, positions, and titles of their presentations

Delegate	Country	Position	Presentation Title
Prof. Dr. G. Balasekaran	Singapore	President, Asian Council of Exercise and Sports Science (ACESS) and Health/Fitness Director, American College of Sports Medicine (ACSM)	Sustainable Programs Integrated at School and Workplace for a Healthier Living
Prof. Dr. Ming-Kai Chin	United States	Founder and President, Foundation for Global Community Health (GCH) and Co-Founder and Immediate Past President, BRICS Council of Exercise and Sports Science (BRICSCESS)	Active School and Holistic Health: The Integration of Whole School, Whole Child and Whole Community (WSCC) Model and UN SDG 17
Emeritus Prof. Ian Culpan	New Zealand	Director, New Zealand Centre for Olympic Studies and Immediate Past President of Oceania Region, Federation International e d'Education Physique (FIEP)	The Challenge in Realising New Zealand's Vision of "Being the Best Place in the World for Children and Young People"
Prof. Dr. Hans De Ridder	South Africa	Co-Founder and President, BRICS Council of Exercise and Sport Science and Director, School of Human Movement Sciences, North-West University-Potchefstroom	Healthy Body Composition Profiles to Ensure Healthy Lives
Prof. Dr. GiyasettinDemirhan	Turkey	Former President, Turkish Sports Sciences Association, Faculty of Sports Sciences, Hacettepe University	The Story of the Human Body Based on Movement and Its Interaction with the Culture It Creates
Dr. Kat A. Donnelly	United States	Founder and Chief Executive Officer of AZENTIVE, LLC and Empower Efficiency, LLC	The Energy-Health Nexus: Holistic Solutions for Interconnected Challenges
Prof. Dr. Patrícia FagaIglecias Lemos	Brazil	Executive Director, Brazilian Institute of Civil Liability Studies (IBER) and Director, UN Global Compact Cities Program Regional Office, University of São Paulo	Sustainable Development Goals: Public Policies in São Paulo
Prof. Dr. Stephen Kopecky, MD	United States	Immediate Past President, American Society for Preventive Cardiology and Professor of Medicine, Mayo Clinic	Prevention of Chronic Non-Communicable Disease
Dr. Michelle Lombardo	United States	President, OrganWise Guys Inc.	Using Technology to Cost-Effectively Disseminate and Assess Nutrition, Physical Activity, and Healthy Living Content to Diverse Communities of Children
Prof. Maria Luiza Souza Dias	Brazil	Board of Directors, World Leisure Organization (WLO) and Vice President and Latin American Chairwoman, International Sport and Culture Association (ISCA)	Social Service of Commerce (SESC) and the Promotion of Health and Wellbeing
Prof. Dr. Nara de Oliveira	Brazil	Head, Human Movement Sciences Department, Federal University of São Paulo	The UN Sustainable Development Agenda and the Brazilian Physical Education Curriculum: Challenges to Promote Wellbeing and Holistic Health among Children
Prof. Dr. Ricardo Uvinha	Brazil	Co-Founder, Secretary General and Vice President, BRICS Council of Exercise and Sports Science	Good Health and Wellbeing in São Paulo, Brazil: Leisure as a Key Element to Meet the UN Agenda 2030
Prof. Dr. Verónica Violant Holz	Spain	Chief investigator, Acknowledged research group of hospital pedagogy, neonatology and paediatrics and Department of Didactics, University of Barcelona	Research Group and International Observatory in Hospital Pedagogy: Two Innovation Actions to Promote UN SDG Goal 3 and 4 (Quality Education)

Source: SPHWF (2020)

Centering Topic One: Technology and Health
1. How can technology be used to assess and measure performance-based goals, promote accountability, and prove results tied to UN SDG 3 objectives?
2. How can technology be used to promote PA and to accentuate learning that links practice to theory?

Centering Topic Two: Community and Health
1. How can PA, holistic health, and well-being be promoted to link with community-based networking which fosters cultural competence and role-modeling?
2. How can a holistic approach to help people within communities lead a more active lifestyle be established

by serving to advocate, educate, and incorporate physical activities into daily life through formal and informal education?

Centering Topic Three: University Curriculum and Health

1. How can the university curriculum be redesigned to promote active student-centered learning and empower healthy and active lifestyles (integrating skill development, physical fitness, health literacy, nutrition, and leisure processes)?

Five focused discussion groups comprised of a chair to facilitate discussion, a rapporteur who took and collated notes for group report and later analysis, a translator, and delegates from diverse areas of knowledge, disciplines, and professional practices. After the speaker presentations, 5 h were spent discussing and developing recommendations on the five focusing questions. The rapporteur of each group recorded discussion points, organized the findings, and along with the chair composed a summary and final report. These five reports were then presented to all delegates in a 2-h plenary session.

Following the plenary session reports and presentations, formal reports from each group were compiled and passed onto the writing team for analysis. The writing team, on an individual basis, then drafted a series of statements identifying where common messages and strategies converged and unique ideas became apparent. Emerging from this process was a catalogue of strategies and corresponding specific action steps for each question. All results were then synthesized into four iterations of a collective testimony which resulted in the crafting of a draft group consensus statement.

DISCUSSION

Emerging insights from the analyzed data are worthy of a brief discussion. The details of the analysis are provided in the final consensus statement [Appendix 1].

Centering Topic One: Technology and Health

A noticeable and recurrent point emerged from the data that when making use of technology, importance, and primacy should be given to human involvement, interaction, and the forming of relationships. The message, consistent with the World Health Organization's (WHO) 2017 Health Determinants, as well as the research of Sadeghi and Heshmati (2019), concluded that human involvement/interaction and relating to others are key determinants of health. While the technology/health/PA nexus is an inevitable, supportive and future health development, giving primacy to human engagement and social behavior throughout human lives, is foundational.

Similarly, the symbiotic relationship between humans and nature and its importance was also emphasized, concluding that the technology/health/PA nexus needs to be adaptable, inclusive, sustainable, and based on specific human needs. By understanding these relationships, appreciation is given to how broader physical, social, political, economic, ethical, cultural contexts, and histories that influence the ways people make meaning out of their health and PA-related behaviors and experiences throughout their life (Lawson, 1992). This socioecological appreciation can ensure adoption of appropriate accountability, monitoring, and assessment of performance goals.

Another emerging insight highlighted that for people (e.g., individuals, communities, and societies) to make health and PA positive change, technology should draw on the behavioral sciences and contemporary knowledge of how people learn. Strategies and action steps identified and align with a slide from the Forum presentation by (Donnelly, 2017) and based on the previous academic literature (Ehrhardt-Martinez *et al.*; 2010; Donnelly, 2013). Figure 1 illustrates that how technology and behavior can merge to achieve a change:

Consistent with this, delegates agreed that using technology to enhance health and PA behaviors necessitated the acknowledgement that changing people's mind-sets, beliefs, and practices were a human learning challenge. Emerging insights suggested that contemporary knowledge of learning and effective approaches to utilize this knowledge (pedagogy) has much to offer. The work of Festinger (1957) and Mezirow (2009) becomes useful in effecting behavior change. Both scholars argue that for a change in behavior and a change in meaning to occur (i.e., effective learning), disorientating, misalignments, or mental conflicts are encouraged. In practice, this process involves personal and collective beliefs, assumptions, and ways of behaving are challenged and questioned for their accuracy. Both Festinger (1957) and Mezirow (2009) argued that such cognitive dissonance
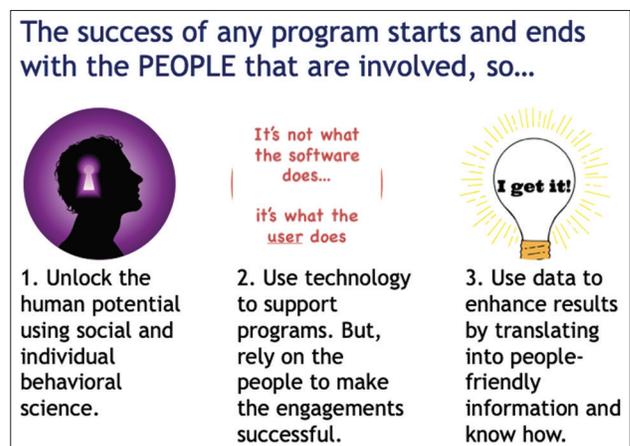

Figure 1: Merging behavior and technology to achieve culture, Source: Donnelly (2007)

encouraged people to develop and use critical self-reflection to consider their beliefs and experiences, and over time, change dysfunctional and destructive health behaviors.

Centering Topic Two: Community and Health

Emerging from the data analyzed was that any attempt by a community to improve the health and well-being of its members needed to give priority to focusing on a holistic perspective. This perspective included giving cognizance to the multiple dimensions of health such as the physical, social, mental, emotional, and spiritual dimensions. Furthermore, for many indigenous cultures, the health dimension of the land is also emphasized as important (Bishop *et al*., 2007). Such positioning of health aligns with the WHO (2017) conceptualization and its corresponding health determinants of: Income and social status; education; physical environment; employment and working conditions; social support; culture; personal behavior and coping skills; health services; and gender.

This emerging insight reinforced recent WHO (2017) literature on emphasizing the importance of health and PE programs to move away from a deficit medical model for health and/ or sports performance models for PE to a holistic growth and development approach. Such a move is supported by involving the whole family in health initiatives, using rewards, emphasizing the fun aspects of PA and games, tapping into social networks, and role modeling to motivate and create joyfulness in changing behaviors. The fun, enjoyment, creativity, spontaneity, and interactive engagement dimension to healthy active lifestyles are key in developing momentum within community initiatives.

A noteworthy insight was that the context of community life largely determines individual and community health status and need. Insights emphasized that community contexts are associated with diverse health outcomes and a better understanding of local characteristics, such as urbanity and ethnic composition are required for the promotion of widespread holistic health when implementing effective community programs and policies. Understanding the community's ability to prioritize problems, implement collective plans and actions, develop and highlight leaders and role models, and constantly evaluate to act on the characteristics of a given territory (Schultz *et al*., 2018 and Mckenzie-Mohr and Smith, 1999).

This community-based approach is present in the UN SDGs social policy priorities that encourage local as well as global dialogue. If the characteristics of the geographic area are not considered, health promotion programs are unlikely to be sustainable and persistent (Machado *et al*., 2017 and Mckenzie-Mohr and Smith, 1999). Furthermore, SPHWF 2020 delegates emphasized the need to form supportive social networks and collect systematized, integrated, and accessible data to generate information for planning and monitoring well-being programs.

These recommendations align with the literature (Soril *et al*., 2018 and Mckenzie-Mohr and Smith, 1999). The forum further defined them as fundamental requirements, as was a practical user-friendly approach in using low-cost technologies to improve the quality of health care, as well as enable evidence-based policy decisions (Soril *et al*., 2017).

Another particularly important consideration was associated with cultural competence of a successful program and the corresponding engagement with diverse populations. For many indigenous people, understanding holistic well-being is deeply rooted in the inter-connectedness of the past to the present, the spiritual with the temporal, and the land with its people. The importance of the land extends to all cultural practices, including health, PA, games, and sport (Culpan *et al*., 2008). For many, the land is a source of spiritual sustenance and consequently, along with the environment, spirituality, language, and traditional customs and practices, interaction with the land is an essential part of individual and collective well-being (Bishop *et al*., 2007).

For community-based health and PA programs to be enduringly effective, cultural needs and the world views of indigenous people's must be acknowledged if they are empowered to participate as citizens of their nation and the world, benefiting from high standards of living, education, and health (Bishop *et al*., 2007). Delegates stressed that such an approach needs to be integrated into well-being programs utilizing the science of behavior change and drawing on the principles of learning. Here, holistic well-being programs need to be culturally responsive and draw on appropriate pedagogies (teaching) and learning approaches that consider cultural knowledge, techniques, and contexts. This consideration is particularly applicable to recognizing cultural health knowledge, and people's previous health-related experiences – all of which make pedagogical and learning encounters meaningful and relevant (Gay, 2013).

Highlighted by the delegates and supported by the work of Ladson-Billings (1995) were the importance and meaningfulness of dynamic or synergistic relationships between family, home, community, work, service, social organizations, and school culture. The successful employment of culturally responsive pedagogies in health contexts requires participants to personally experience improvements in achieving health-related targets. Culturally, responsive pedagogies also need to foster sustained personal interactions with the participant's cultural heritage and empower practitioners to critically identify, challenge and transform health-related practices that are exploitive, unjust, and not applicable to specific need.

Centering Topic Three: University and Curriculum

Many delegates argued that present university culture and academic practice generally struggled to keep pace with the

rapid changes in society. Highlighted was the need for systemic change to remain authentic and relevant. For systemic change, Bawa (2017) argues that an open and unambiguous agenda would necessitate the establishment of durable connections with the local context but also warranting the need for a humanistic understanding to global initiatives and challenges. For universities to address change in this manner, this author argues universities can be more responsive to new realities and challenges within local contexts.

One such global reality acutely felt at the local level is centered around the need for development of healthy active lifestyles and the availability of affordable, healthy, and nutrient dense food. SPHWF 2020 delegates highlighted that while health and well-being practices should be at the core of the university experience, health and well-being practices are seldom given primacy by the academy's curriculum. Delegates saw this issue as anomalous, given the plethora of health statistics and academic literature calling for such an area to be given full attention. This issue was also an example of universities losing touch with the realities of the contemporary world and failing to cater for the health and well-being needs of their academic community.

Aligning the role of the university to contemporary issues of holistic health, converging with the current transformations in the ways of life, the labor market, and the new professional skills and competences necessary for a sustainable world was considered fundamental. This consideration necessitates updating the university curricula to prepare competent graduates acting in a sustainable manner and avoiding future economic, social, and health crises.

However, this change is not simple and requires a collaborative effort involving administrators, teachers, and students, concentrating on technical, cultural, and political factors (Menne *et al.*, 2020). The emergent argument stressed that if well-being and active healthy lifestyle habits are not effectively incorporated into university life and role modeled, graduating students who are all potential community leaders and cannot be expected to integrate health and well-being practices in life, at work, and at home. This non-alignment threatens the sustainability of many health and well-being community and global initiatives.

The relevance of the university's role in society and in this case, the promotion of the health and well-being of their immediate community (staff, students, and alumni) and general population is complex and challenging. Acknowledging the enormous and rapid changes and their impacts taking place in many human undertakings is required. As Bawa (2017) specifies, many advancements are acutely contextual (e.g., responding to a specific community's health and well-being needs) and others are powerful global initiatives (e.g., technological innovations impacting on work/life balance). He argues changes and advancements that are globally-locally inter-connected.

Universities that are bridging the global/local nexus, acknowledging, reacting to new and emerging multiple knowledge systems, and ensuring their curriculum meshes with diverse knowledge platforms are well placed to play a critical role in attending to the complexities of contemporary challenges. SPHWF 2020 delegates identified the health and well-being of the university's immediate community (staff, students, and alumni) as a significant challenge and urge universities, throughout the world, to accept this challenge and systematically work toward addressing this health-related concern. This, delegates argued, would be the first step in advocating for health and well-being for the general population.

LIMITATIONS

The findings from the Forum discussions and subsequent qualitative analysis cannot be generalized across all geographical, cultural, and political contexts. SPHWF 2020 brought together experts on holistic health and well-being, where additional participants from sectors would bring other findings and recommendations to the consensus statement. Furthermore, SPHWF 2020 pragmatically restricted one of the centering topics to the university and curriculum. Future initiatives on health and well-being could shift the attention to include, for example, centering topics focused on government ministries including health, parents, medical practitioners, and researchers, the school curriculum involving principals, teachers, and education leaders.

This change would complement and augment SPHWF 2020 and underscore the ubiquitous need for specific and continued efforts aimed at improving and enhancing the health, well-being, and quality of life of individuals, communities, and counties. Noteworthy is that this Forum took place in January 2020, before the COVID-19 pandemic period. If such as event was carried out in a virtual way, information would possibly reach more participants, allowing a focus on resolving issues not perceived before the pandemic.

CONCLUDING COMMENTS

The 17 UN SDGs provide cohesive direction for the global community to become healthier individuals, but the uniqueness of each country, region, and local culture for each SDG is often overlooked. Because every culture is different, PA participation in each culture is different. The intention of staging the SPHWF 2020 and gathering experts from different continents and locally from interdisciplinary areas in health and wellness was to serve as a starting model for similar forums in other parts of the globe. Note that, goal number SDG 3 does not specifically target PA.

Therefore, the goal of SPHWF 2020 was to integrate using a holistic approach to include PA to provide direction, strategies, and tactics for implementation of SDG 3 (Health and Well-Being) in Brazil and South America as outlined through this consensus statement. Each country world-wide is to use the model presented from this forum to extend the other 16 UN SDGs' basic premises in developing their own model and to go the next step in the development of goals for their country. Similar future forums in different countries and on different continents can be conducted for each of the 17 UN SDGs with resulting recommendations for the future strategies and action plans by following the successful experience in São Paulo.

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APPENDIX 1

APPENDIX 1: CONSENSUS STATEMENT (SÃO PAULO HEALTH AND WELLNESS FORUM 2020)

Invited presentations and participation in focus group discussions by academy, government officials, policymakers, health care leaders and workers, PE teachers, sport and leisure professionals, sport scientists, physicians, and community members attending the São Paulo Health and Wellness Forum 2020 involved analyzing five focused questions. These questions focused on topics such as the use of technology, using community-based social networking to promote PA, health, and well-being, promoting a more active lifestyle, and redesigning university curriculum to promote active student-centered learning. Through the discussion and analysis process, numerous strategies and action steps were identified. Combined these finding make up the consensus statement.

TECHNOLOGY AND THE ASSESSMENT AND MEASUREMENT OF PERFORMANCE GOALS

Use existing technology and data to provide education and corresponding accountability measures to create and evaluate individual behavior changes:
a. Develop applications for existing data platforms to make larger impacts on health-related behaviors; and
b. Use mobile devices to build on existing applications that provide guidance, recommendations, reminders, measurement, and monitoring of individual health enhancing practices
c. Leverage existing data sources, such as
   i.   Brazilian Health data infrastructure, DATASUS (http://datasus.saude.gov.br/)
   ii. Federal VigiTel, telephone survey for the surveillance of risk, and protection factors for chronic diseases (http://tabnet.datasus.gov.br/cgi/vigitel/vigteldescr.htm)
   iii. Other existing surveys (through public and private healthcare)
   iv. Google and other mapping, geocoding, layering, and crowd finding tools to connect people to nearby nature reserves and share the PA going on in the area at the time (i.e., to create a "leisure" mobile phone tool).

Employ behavioral science, cutting edge knowledge on learning and best practices to promote and support PA adherence, and other holistic health enhancements:
a. Turn contemporary research knowledge into use friendly accessible and actionable information to empower individuals seeking to make health enhancing behavioral changes
b. Collect and provide feedback and support for PA, body measurements, happiness assessments, meditation, food and diet, sleep quality, etc. to promote improvements in health and well-being habits; and
c. Gamify technology tools to tap into people's love of games, competition and fun.

Partner with existing local organizations to leverage social connections to achieve common core values and drive awareness, motivation, ability, and participation, such as early childhood, schools, summer feeding, afterschool, clinics, SESC community centers, weight watchers, sports leagues, sports and other active clubs, cooking classes, and yoga studios. Provide effective and accountable leadership at all levels to implement and achieve national health-enhancing policies:
a. Develop an effective national and comprehensive health and well-being database. The creation and maintenance of the databases are the responsibility of the public health system users
b. Ensure that individuals and collectives receive encouragement and autonomy to make use of this database
c. Ensure existing data are used ethically and protects privacy and private information
d. Develop digital competence, user-friendly common language, messaging, and technical terminology

e. Encourage the use of technology in schools, but take care not to overdo technology reliance and ignore how the science of how the brain learns (e.g., manual processes); and

f. Directly support PE and health teachers, as well as introducing health professionals and curriculums into schools.

TECHNOLOGY, HEALTH, AND PA

Promote the awareness of existing resources:

a. Leverage health professionals to help educate the public by simplifying medical concepts and actionable steps and to act as the conduit between health-care providers and individuals

b. Use mobile devices for public service announcements to drive awareness of existing resources, as well as to challenge and set social norms and expectations related to holistic health; and

c. Engage governments and corporation partnerships to collaborate to establish common core health and well-being values and practices

Design evidence-based and science-based best practices supported by technology:

a. Use technology to provide real-time feedback, encouragement, and advice

b. Make PA and other health practices fun; and

c. Incorporate individual and social behavior science to foster the learning of health practices.

Use cutting-edge knowledge on learning as a central focus for developing new, enduring health habits based on changing behaviors, and changing meaning/mindsets:

a. Maximize the impact of learning by utilizing contemporary learning practices

b. Create effective learning environments that use critical pedagogical processes

c. Recognize the importance of both formal and informal learning; and

d. Maximize learning, pedagogical processes, models, and approaches.

Use technology to connect people, to enhance contemporary learning processes, and to assist in the implementation and updating of best practices for healthy living:

a. Tactics include devices and applications to increase an individual's access to health community programming to empower better individual and community health especially toward nutrition and PA

b. Foster social media, use, sharing, and teaching; and

c. Create a "Map of Health Opportunities" and accentuate learning possibilities using territory mapping of health locations.

HEALTH, PA, AND WELL-BEING AND COMMUNITY-BASED SOCIAL NETWORKING

Change the cultural philosophies of health and PE programs from a deficit medical model (health) and/or sport performance (PE) to a growth and development holistic approach:

a. Focus on learners/participants achieving success and enjoyment, as well as developing an understanding to change behaviors

b. Acknowledge cultural traditions, customs, and practices of specific individuals and communities from which they belong

c. Focus on analyzing cultural, social, and environmental aspects of well-being to ensure that culture drives well-being programs.

Use Bandura's Role Modeling theories of imitation and social learning to provide evidence-based steps for modeling health enhancing behaviors.

a. Use relevant and successful role models (i.e., trusted messengers, wellness champions). This is particularly important for indigenous and diverse communities

b. Acknowledge, integrate, and role model the complexity of local culture, local history, customs, and traditions into well-being programs

c. Follow the SESC implementation model and fostering the SESC network further into the community; and

d. Ensure the major health-care facilitators, health professionals, and physical educators possess the fundamental skill of qualified listening to encourage health and PA practices.

Use local resources, partnerships, and practices by engaging where people live and network:

a. Create user-friendly initiatives that cater to the community's needs and wishes; and

b. Initiate programming within the community that involves the whole family.

HOLISTIC HEALTH AND PROMOTING ACTIVE LIFESTYLES

Use contemporary learning theories and approaches to advocate for and educate about the benefits and contributions of physically active lifestyles that ensure holistic well-being:

a. Consult with and understanding community members' thinking and need (including both young and mature people) on health, PA, and well-being, and cocreate well-being programs

b. Use a cross discipline approach to develop territory mapping that identifies and includes local leaders from

non-profit organizations operating independently of government in program designs; and

c. Ensure that community culture drives the constructed well-being programs.

Teach holistic approaches to well-being including mindfulness, respect for self, others, society, and the environment (i.e., a socioecological perspective):

a. Implement tactics, such as including encouraging face to face interactions, communication, and engagement with others by developing interpersonal and intrapersonal communication skills

b. Promote simple behavior changes (i.e., small steps one at a time that everyone in the community is working toward at the same time)

c. Prioritize self-care, such as adequate sleep and rest, appropriate eating habits, daily PA, and going without a mobile device during mealtime and bedtime; and

d. Work toward holism, involving the arts, meditation, financial planning and management, and stress reduction strategies.

Examine educational models to ensure that young people receive balanced education between formal schooling and informal learning (e.g., leisure, play, family, work, self-discovery, and social engagements with friends):

a. Implement tactics, such as including ensuring learning has a strong fun dimension where creativity, spontaneity, and interactive learning is fostered

b. Promote the engagement of local schools, families, communities, and health professionals in the achievement of healthy active balanced lifestyles (e.g., consider the socioecological perspective)

c. Up-grade PE programs and facilities in schools and use PA, sport, and leisure as a tool for education and well-being; and

d. Make school facilities available in non-school time for non-government organizations to run coconstructed health and well-being programs for the community.

UNIVERSITY CURRICULUM AND PROMOTING HOLISTIC HEALTH AND WELL-BEING

Reconceptualize the role of the university in society to better align with contemporary times to ensure that health and well-being practices are at the core of the student experience:

a. Teach and promote health and well-being and balanced lifestyles

b. Integrate well-being into all student study programs

c. Evaluate whether to make health and well-being education (e.g., health education, PE, leisure, cooking, and sport studies) mandatory or optional in the university curriculum

d. Incentivize universities to lead by example by emphasizing the importance of all staff role-modeling appropriate well-being practices

e. Encourage universities to partner or collaborate with organizations with similar health and well-being goals

f. Incorporate new and more effective learning methodologies that promote active learning into curriculums

g. Broaden university entrance requirements and study credits by formally recognizing the academic worth of leisure, cultural, art, music, PA/movement experiences, and courses of study

h. Encourage universities to make a strong contributing commitment to local communities by developing and promoting "health and well-being service type programs" for students and staff

i. Make health-related knowledge accessible and useful for everyone by ensuring science, theory, and academic research is easily understood by diverse populations

j. Develop ready to implement toolkits, social media messages, podcasts, and other technological media to make new knowledge on health and well-being available to all; and

k. Implement health- and PA-related programs based on academic literature and best practice. Programs should be easy to understand, fun, and sharable.