



Research Report Series

***A CRITICAL ASSESSMENT OF THE FIRST SIX YEARS
OF IUHPE'S***

***REVIEWS OF HEALTH PROMOTION
AND EDUCATION ONLINE***

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**IUHPE Research Report Series
Volume 2, Number 2, 2007
ISSN-1992-433X**

Published by the International Union for Health Promotion and Education

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Volume 2, Number 2, 2007
ISSN- 1992-433X**

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INTRODUCTION

The Reviews of Health Promotion and Education Online (RHP&EO) is an electronic journal that was launched in June 2001 to replace the former Internet Journal of Health Promotion (IJHP). This trilingual (English, French, Spanish) journal, using the three official languages of the International Union of Health Promotion Education (IUHPE) is accessible to anybody at no cost on the Internet at <www.RHP&EO.org>, thanks to IUHPE's commitment towards international knowledge development and its dissemination in the field.

RHP&EO has been functioning for more than 6 years now. At the end of its mandate (two rounds of three years), the editorial team (editor in chief, managing editor and webmaster), in agreement with the editorial board, has decided to conduct a critical assessment of the period for which it has managed it. The main objective of this report is to present the results of this critical analysis. In a first part, we describe RHP&EO's mission and discuss how it functioned and evolved. We then present the editorial board as well as the team of reviewers and reflect on the challenges we faced over the years with recruitment and coordination of these two bodies. In the second part, we offer a brief summary of the affluence statistics of our website, as generated by the software *Webtrends*, and discuss them. The third section describes the different series of articles of the journal and discusses the main elements that struck us. The fourth section summarizes the results of an online survey conducted in March and April 2007. Finally, a conclusion synthesizes our main remarks and reflections and makes recommendations for the future.

1. DESCRIPTION OF RHP&EO'S MISSION AND ITS EVOLUTION

1.1 Goal and purpose

RHP&EO is an electronic journal that was launched in 2001 to replace the former IJHP. For a detailed account of this transition, see the articles of O'Neill (2000, 2001)². After some discussion at the board of IUHPE, it was decided that the best service such a journal could offer to the field was to critically review resources that would be of interest globally in health promotion and health education.

The first formulation of [RHP&EO's](#) mission was '*to improve the quality of health promotion and health education by publishing regularly a rating of recent articles - together with a short abstract or summary- that are relevant for its development, implementation and evaluation*'³.

Throughout the years, the mission has been slightly revised over time. In 2001, it was decided by IUHPE's Board of Trustees that it would be changed a bit and became:

The purpose and aim of the Reviews of Health Promotion and Education Online is to improve the quality of health promotion and health education by publishing regularly critical reviews of resources (printed, electronic, etc.) that are relevant for its development, implementation and evaluation. The journal will not publish new articles; all resources commented upon will have already been previously published or made available. Neither manuscripts nor articles can be submitted to the Board of Editors for publication.

² O'Neill M. A word from the Editor in Chief: From IJHP to RHP&EO. Reviews of Health Promotion and Education Online, 2000. URL:

<http://www.RHPEO.org/reviews/2000/1/index.htm>.

O'Neill M. Getting there slowly but surely: where do we stand at launch time? Reviews of Health Promotion and Education Online, 2001. URL:

<http://www.RHPEO.org/reviews/2001/1/index.htm>.

³ <http://www.RHPEO.org/revisedtermsenglish.htm>, p 1.

*The reviewers will search for resources and propose them, along with a critique of their value according to a set of criteria, to a series editor, nominated by the Board of Editors. The reviews will be organised under a certain number of thematic series, aiming at providing the field with critical reviews useful to a variety of clientele (field workers, academics, students, policy makers, etc).*⁴

In 2005, it was finally decided to incorporate to the journal series on current 'hot' topics, inviting the international Health Promotion community to partake in the debates. However, it is important to underline that the main mission identified in the early days of the review has been kept, which is to present regular critical evaluations of resources in the field made by a pool of selected persons coming from a variety of backgrounds in terms of their experience and professional expertise (academic, practice and political) as well as from different locations in the World.

As there are other initiatives available which aim to analyze resources (like the well known Cochrane and the Campbell Collaborations which publish systematic reviews of scientific literature), the specificity of RHP&EO, in line with IUHPE's role and mandate, was thus to offer a global location where all types of resources (including but not limited to books, websites, printed or electronic scientific literature, movies, videos, etc.) useful to health promotion and health education practice are presented and discussed by any type of actor in health promotion (and not just a 'scientifically' trained evaluator/researcher). As O'Neill (2001)⁵ explained, the Editorial Board encouraged from the outset the reviewers

⁴ Idem.

⁵ O'Neill M. Getting there slowly but surely: where do we stand at launch time? Reviews of Health Promotion and Education Online, 2001. URL: <http://www.RHPEO.org/reviews/2001/1/index.htm>.

to choose resources that go beyond the published scientific or professional literature. The spirit of the reviews was thus to offer a different contribution to knowledge development in the field in promoting, in particular, 'grey' literature or material that is not usually accessible through the mainstream channels of dissemination. Although RHP&EO asks for rigor in the reviews, which have always been subject to a quality control process through a systematic analysis from the editorial board, it has thus encouraged a different approach to resource assessment.

RHP&EO has also evolved from an English only online journal to a trilingual one, in the three official languages of the Union (English, French and Spanish), since July 2004. Since then, there has been a constant increase in the number of visits of the French and Spanish pages, as well as an increase of contributions written in these languages. Ideally, it would have been interesting to publish papers in other languages (for instance: Japanese, Chinese, etc.) but this would require some additional financial and human resources. Over the years, RHP&EO managed to function with very limited financial and human resources; the webmaster role was played by voluntaries from 2000 to 2004 and the managing editor, a role that became essential to support the editor in chief as volume increased, was also a volunteer from May 2003 to December 2004.

From 2004 to 2007, the Public Health Agency of Canada generously provided an allocation of 15,000\$ CAN a year, which allowed paying for the webmaster and managing editor time for a few hours per month. As of January 2006, a native Spanish speaking translator was also recruited, which greatly improved the quality and efficiency in Spanish communication since the majority of the translation was done before by the

managing editor for whom Spanish was a third language. The multilingualism of the journal as well as additional work on the web interface and the inclusion of the internet link (when available) of all the material referenced in the reviews were thus made possible because of the grant by the PHAC, a Trustee Member of IUHPE.

Finally, one of the main principles cherished by the editorial board was the interactive nature of the journal. This is translated in practice by giving the possibility to the readers to react to any text that was published. Therefore, any interested member of the IUHPE could become a discussant and submit its reactions to a review, in order to create debates, provide second opinions on resources, etc.

1.2 Editorial Board

The journal has an editorial board composed of six senior IUHPE members from various parts of the world⁶ who have an international status and a general overview of developments in health promotion and health education. During the six years, renewal of its members occurred in such a way as to maintain a geographical as well as gender balance.

1.3 Reviewers

RHP&EO's team of reviewers is composed of approximately 30 people who have agreed to contribute yearly to one or several series of the Reviews for a period of three years. Different recruitment strategies have been tried at the outset but they all revealed problematic as they tended to over-represent the academic and English speaking constituencies of countries from the North. Finally, it was decided that the reviewers would be designated by the regional directors of each IUHPE's region, proportionally to the

importance of the region in the global membership; this same strategy is used to assign the number of seats in each region on IUHPE's Global Board of Trustees. This process yielded the following numbers: North America, (5), South America (4) Europe (8), South Pacific (3), North Pacific (2), Africa (3) and Asia (3), for a total of 28. It was also decided that the editorial board could appoint a few additional persons in order to allow a better representation of certain constituencies if need be, provided that the total number stayed around 30.

At the moment of writing (fall 2007) 28 reviewers were in the team⁷, reflecting a balanced gender mix with (13) women and (15) men and of geographic regions, with the exception of Asia where two reviewers were still missing.

There were difficulties in recruiting reviewers from certain regions of the World. Many people from Asia and Africa never responded to our e-mails. A few persons from different regions have also left during their mandate for a variety of reasons such as lack of time, personal reasons, change of employment and problem in accessing the Internet.

With the members of the Editorial board, the reviewers are the only people who can manage a new series, after the acceptance of such a series by the editorial board. Although this option has always been available and encouraged, no new series has been initiated by a reviewer.

With respect to their participation in the series, many of the reviewers have not sent their expected annual contribution. This raises important issues for the continuation of the journal and will be discussed in details in the third section of this paper.

⁶ For the current Editorial Board, see <http://www.rhpeo.org/editorial.htm> .

⁷ For the current group, see <http://www.rhpeo.org/reviewers.htm>

1. 4 Mailing list

Preoccupied by the low reaction rate to the reviews from the readership (only 2 texts received during the first 4 years) and wanting to find a way to stimulate interactions, the idea came up of creating a RHP&EO mailing list. A link announcing it on RHP&EO's home page was thus inserted in March 2005. The link leads to a page describing the general objectives of the list and from there, the user can send an email to the webmaster to sign up.

By sending out an email to people who had voluntarily signed up to the list every time a new article was added online, it was hoped that the readership would be more aware of the new content and developments of the journal and stimulated to contribute. As will be seen later, the most consulted articles turned out to be coming from the old *IJHP* section, archived on the website; it was thus thought that such a mailing list could also spark the readership's interest for the new articles.

The list also became a way to know better the most interested readers. As will be seen the next section, there are important limits in the statistics offered by *Webtrends*, the automated software which analyzes the journal's website and the mailing list provides more direct data on them.

Finally, since the beginning of the mailing list, only two persons have ever asked to unsubscribe. This could be a sign of satisfaction, possibly related to the fact that the amount of information sent is not too heavy and that the list has not been used nor lent or sold for any other purpose than informing RHP&EO readership of new publications or developments of the journal⁸.

⁸ This is a significant issue as mailing lists often get offered money to sell their names to corporate interests.

All and all, the mailing list thus seemed a good idea. In the future, as it grows (as of October 2007, over 250 people had subscribed), it could be a good idea to use a mailing list software in order to manage it because up to now it was done by hand.

In addition to the dissemination through RHP&EO's mailing list, an announcement for each new posting was made through a variety of electronic lists which reached a total of about 1000 persons: Click4hp (n=+- 800), IUHPE BOT (+- 60), RHP&EO reviewers (+- 30), CCHPR (+- 25).

2. STATISTICS ON THE CONSULTATION OF RHP&EO AND ANALYSIS OF THE TRENDS

Consultation of the journal's site has been compiled and monitored since January 2002, i.e. a few months after its launch through an automated software called *Webtrends*. However, one of the most challenging things about the figures provided by such software is figuring out what is indeed compiled and what the numbers really mean. A figure like the number of hits, for instance, which is what we often hear about when consultation statistics are mentioned, doesn't by itself really tell much about the performance of a site. Focusing more on trends and changes over time is a better approach to understand and improve the effectiveness of a site.

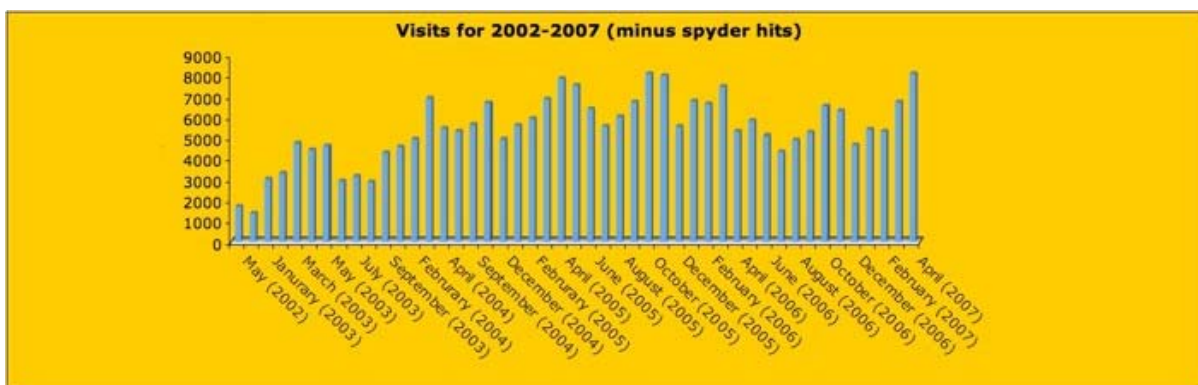
With the help of the computer technician at *Université Laval*, a few indicators from the dozens reported monthly by *Webtrends* have been chosen and monitored. A few adjustments were also performed to attenuate certain limits of some of them (for instance, the hits and visits generated by the robots, spiders and crawlers that could be detected were subtracted to get a truer portrait of the situation).

This section thus looks at the following indicators: number of visits per month, origin of the visitors, top referrers and top pages. A brief description of each indicator is provided at the beginning of each subsection. These statistics give a general overview of the site's performance and visitor behavior, enabling to single out areas to address.

2.1. Indicators

2.1.1. Number of visitors (or visits) per month

First, in order to give a general overview of the affluence generated by *RHP&EO.org*, a graphic representing the number of visitors per month since 2002 has been compiled; the average number of visitors per month, since 2002, is approximately 5500.



Technically speaking, visitors correspond roughly to the total number of individuals who visit a site and provide probably the best way to approach site consultation. If a single person visits a site and looks at 100 pages, that will count as 100 page views (hits), but only as one visitor. Visitor numbers are not repeated if someone leaves and comes back. This indicator accounts for the total number of unique visitor *ids* (usually hosts) over the entire filtered dataset. By default, *Webtrends* defines visitors to be "unique hosts"- a hit is assumed to come from a different visitor if it comes from a different hostname. This can be inaccurate due to the effects of web caches and proxies. Normally, *Webtrends* assumes that each unique originating hostname or IP is a unique visitor, but this is not always true. A single visitor can show up as multiple IP addresses if they are routed through several proxy servers, or if they disconnect and dial back in, and

are assigned a new IP address. Multiple visitors can also show up as a single IP address if they all use the same proxy server. Because of these factors, the visitor numbers (and the session numbers, which depend on them) are not totally accurate unless visitor cookies are used, which was not the case for *RHP&EO*. Again, however, it's a reasonable number to throw around as the "best available approximate" of the visitors, and these numbers tend to go up when traffic goes up, so they can be used as effective *comparative* numbers.

Let's now take a closer look at the statistics regarding the 'visits' indicator. At first, the number of visitors doubled from 2002 to 2003 and during the month of March 2003, there was a peak of 4700 visitors. Afterward, there was a small decline corresponding to the summer period in the northern hemisphere (months of June, July and August). Another peak of 6916 visitors was observed in March 2004

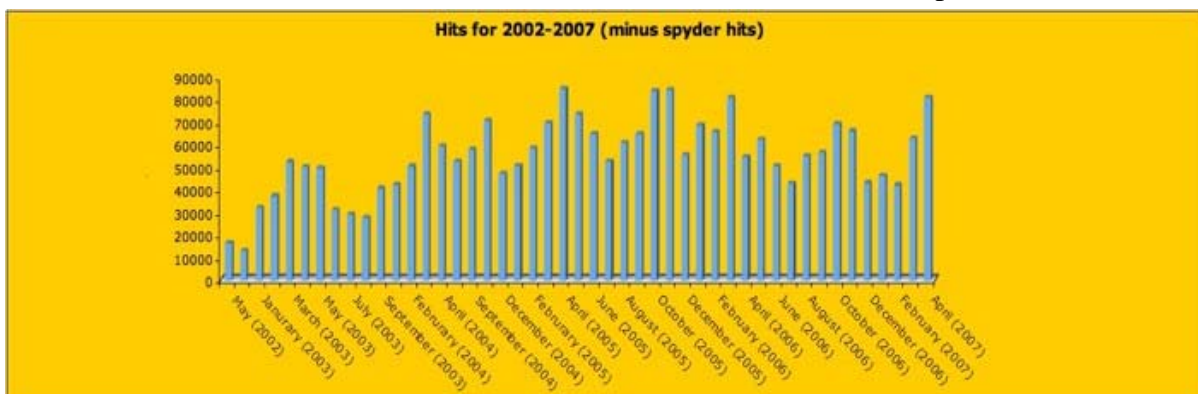
and from then on, the number of monthly visits exceeded 5300 visits. Generally speaking, the number of visitors has continued to increase in 2004.

Beginning in January 2005, there was an immediate increase in comparison with December 2004. In fact, there was a difference of about 645 visits between December 04 and January 05. Overall, the year of 2005 was the busiest year in RHP&EO's brief history. It yielded 87 007 visits from January to December with the busiest months being April, May, October and November. The creation of a new series on the Bangkok Charter (the Bangkok conference was held in August 2005) seems to have attracted many new readers, most probably due to the fact that well-known people in the field made a contribution to the debates about this contentious matter⁹. 2005 also corresponds to a period when it was decided to disseminate announcements of new texts more widely. Another possible explanation for this increase in visitors could be an article written at that period by the editor-in-chief and the managing editor of RHP&EO that was published in *Promotion & Education*, invited more formally IUHPE members and *P & E* readers to

2006 was a rather quiet year for RHP&EO. In total, there was 17 775 less visits than in 2005. As in 2005, the busiest months of 2006 were situated in the Northern Hemisphere fall and spring periods (March, October and November). This can partly be explained by the fact that both the editor-in-chief and the managing editor spent less time working on the journal than in 2005, concentrating among other things on the organization of a conference that would yield several contributions to RHP&EO's in 2007. As in 2006, there were no event of the importance of the creation of a new Charter it reflected in the total number of papers published in 2006: 5 vs 23 in 2005, back to over 30 in 2007 when a lot of activity was generated around the 19th IUHPE world conference in Vancouver.

Overall, it thus seems reassuring to observe, year after year, a general increase in the number of visits. Based on that kind of evidence, the future of RHP&EO thus seems viable provided, as will be discussed below, that attention is paid to a few elements that would allow to fine tune its offerings.

2.1.2. Number of hits per month



come and visit RHP&EO.org.

⁹ Among others: Ilona Kickbush, Lawrence W. Green, Maurice B. Mittlemark, Moncef Marzouki, Don Nutbeam (for the complete list see : <http://www.RHPEO.org/reviews/2005/index.htm#Anchor-Ottawa-35882>)

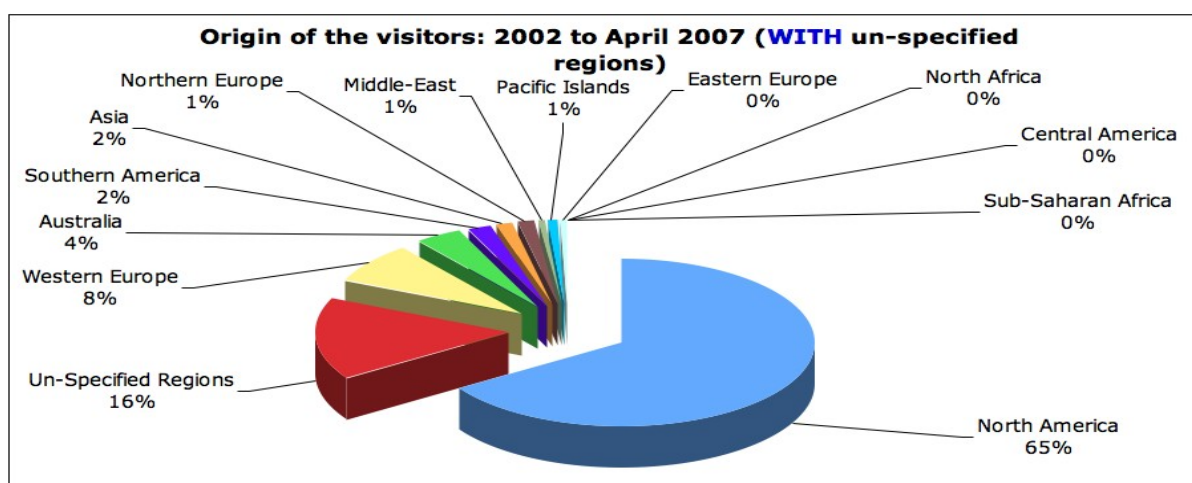
By definition, hits are any “ [...] request from a file or a web-server.”¹⁰. This includes all the texts, pictures, graphics, etc. that are accessed, even from a single page, on a website. That is why the number hits is always significantly higher than the number visits: each visit yields many hits, depending on how each visitor uses the website. The graphic presented here covers the same period than the visits above; during those five years, the average number of hits was, on a monthly basis, about 55 000. Although that number seems good, we have to be careful with the information that this indicator provides even if it is the most commonly heard about. Since it measures *every* action a user does when he/she visits the website, it’s not truly representative of the number of visitors that actually came to visit RHP&EO. That is why, in our opinion, as the curves of hits and visits are parallel, the *visits* indicator is more interesting in telling how many people really accessed the journal.

2.1.3 Origin of the visitors

This indicator identifies the top locations of the visitors to the site by country. The country is determined by *Webtrends* by

using the suffix of the domain name in the e-mail address of the visitor. However, this information needs to be used carefully because it is based on where the domain name of the visitor is registered, and may not always be an accurate identifier of the visitor's actual geographic location. Generally, a vast majority of .com domain names are from the United States, and if someone from another country is relayed to RHP&EO through a .com site, it will appear as coming from the USA. Information on the geographic origin of the subscribers to RHP&EO’S mailing list, as well as of the people who answered RHP&EO’S survey that was put online in early 2007, will also be utilized here to introduce nuances about where the journal readers come from.

As seen below, relying on the data generated by *Webtrends*, it seems that the vast majority of our traffic comes from North America, and more specifically from the USA. The higher proportion of visitors from the United States seems partly related to the visits of robots like google, yahoo or the like, mainly coming from the United States. With the help of a technician, we tried to trace the ten most frequent visitors of our site during a few



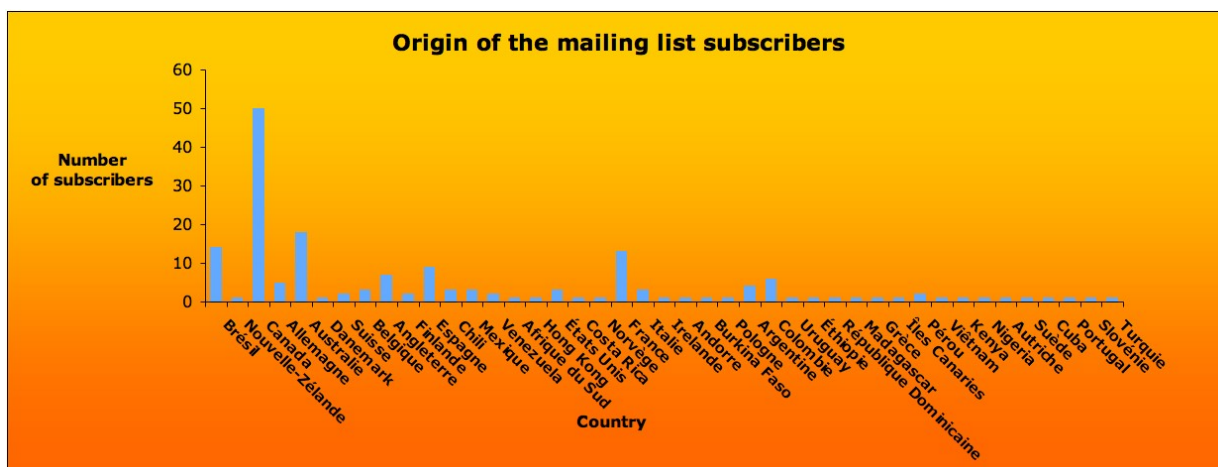
¹⁰ *Webtrends*. (no date). *The Fundamental of Web Analytics*. URL: <http://www.Webtrends.com/Resources/WebAnalyticsGlossary.aspx#h> (accessed on the 16th of October 2007)

months in 2004 and found that most of them were robots with an American IP address.

In the *Webtrends* data, the top three regions remained the same from 2002 to 2005: North America; Western Europe; Australia. In third, fourth or fifth the following regions exchanged positions from month to month: Asia; Northern Europe, Middle East, Pacific Islands. In lower proportions, there were visitors coming from South America, Eastern Europe and Africa. The lack of visitors originating from the latter countries could be linked to the difficulty of finding a

reliable Internet access and being able to use it on a constant basis. However, in this *Webtrends* generated information, the proportion of visitors corresponding to other countries than the United States has constantly increased since 2002.

By contrast, from June 2005 up to January 26th 2007 (a shorter period than for *Webtrends* compilations though), a total of 229 users had signed up on RHP&EO's mailing. Keeping that in mind, the mailing list nevertheless offers the benefit of dealing with users directly interested in the journal.



In the table above, we can first observe that mailing list subscribers came from 42 different countries. What is more important though is that, in contrast with the *Webtrends* information, the four most popular countries are (in order): Canada (50 subscribers), Australia (18), Brazil (14) and France (13), the United States having only 4 subscribers. In contrast to *Webtrends*, the regions offering the highest numbers of subscribers are Europe, South and Central America and North America. On another note, it is interesting to see that the mailing list includes 36/229 (~16%) subscribers coming from Spanish speaking countries, which added to the importance of France and Brazil above, testifies to the relevance of having a multilingual site.

Mailing list users information thus introduces important nuances to the *Webtrends* picture.

Finally, the information on the geographical and the language distribution of the 72 respondents to the online survey that was organized by RHP&EO (see section 4) reinforces the tendency seen in the mailing list (about 60 % of these respondents belonged to that list though): the majority comes from Europe (22 respondents coming from France, UK, Spain, Switzerland, Norway, Germany, Estonia, Spain, Finland, Portugal, Italy, Belgium, and Denmark). From North American respondents, 20 are from Canada and only one is from USA. There are 15 persons from Latin America, mainly from

Brazil and Colombia (5 respondents from each of these countries) as well as from Argentina, Peru, Venezuela and Mexico. 5 respondents are from Australia and New Zealand. Africa is represented by 3 respondents from Egypt, Benin and Cameroun. Two respondents are from Middle East (Israel and Saudi Arabia) and three are from Asia (Republic of Korea, Japan and India).

RHP&EO, contrary to the impression provided by *Webtrends*, thus seems to meet the needs of people way beyond the USA.

2.1.4 Referrers

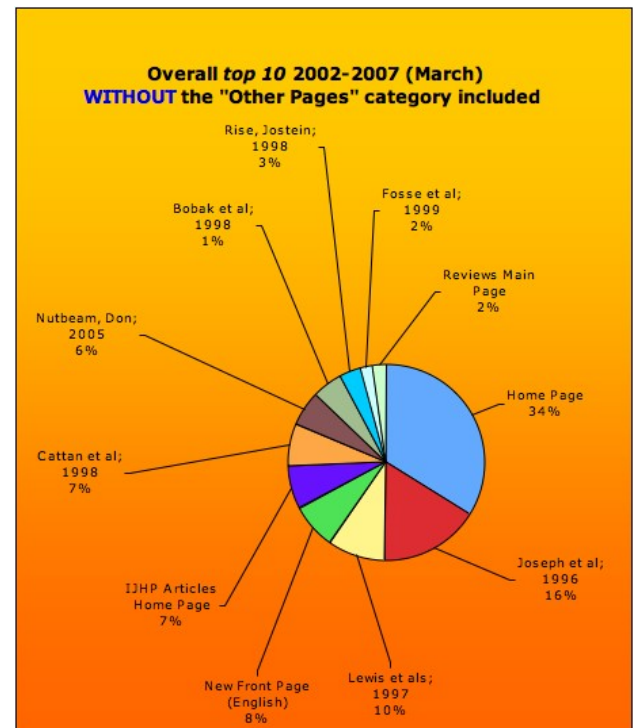
This indicator identifies the domain names or numeric IP addresses with links to the site. By compiling data about the top referrers, it is partly possible to determine where the hits and visits to the site come from: is it from specialized health promotion websites, the IUHPE website, search engines or others?

Month after month, the trend is the same: search engines such as Google and Alta Vista provide the most referrals, followed by RHP&EO visitors typing directly the address into their Internet browser; in 2002, approximately 500 visitors typed directly the journal address and in 2003, the number doubled. In 2004 an average of approximately 1000 direct visitors per month is observed. According to Laval University technician, they can be considered the 'true users of the site', reflecting the proportion of visitors who intentionally want to access it. Referrals from numerous specialized health promotion websites also happen; for instance, between 40 and 70 referrals come from the IUHPE website every month.

2.1.5 Pages most consulted

This indicator identifies the most popular pages on the site. The number of views

includes only the successful hits for the page itself; it does not include any hits on supporting graphics, audio files, video files, or forms. The percentage of total views is the percentage of hits for that page compared to all other page views.



As already mentioned, a good part of the most popular articles seem to come from the IJHP¹¹ papers archived on RHP&EO's website. The single most popular paper has been, for more than three years, "Obesity in Children" by Kevin L. Joseph & als¹².

¹¹ About the Internet Journal of Health Promotion : "Under the strong leadership of Dr. Bridget Hsu-Hage and with a group of dedicated reviewers, IJHP was launched and operated from 1995 to 1999, publishing a total of 29 papers (one in 1995, six in 1996, six in 1997, 15 in 1998 and one in 1999). In addition to the more classical peer reviewed papers, that electronic venue also provided information on a variety of events of interest to health promotion/health education scientists and professionals, a discussion forum on the papers that was utilized by scholars and the general public as well as electronic proceedings for three important international conferences." Michel O'Neill, URL:

<http://www.RHPEO.org/reviews/2000/1/index.htm>

¹² URL: <http://www.RHPEO.org/ijhp-articles/1996/2/index.htm>

The following hypothesis seems the best explanation of why: as a significant amount of visitors enter the site via search engines (Google, AltaVista, Yahoo, etc.) and as the *Top Search Keywords* statistic from *Webtrends* indicates *obesity* as the second word most searched for (*health* being the first one), it thus makes sense that the Joseph & al. article comes up so strongly year after year.

In 2005 and 2006, papers from RHP&EO began to pop up in the most popular rather than just old IHJP ones. For example, O'Neill's brief presentation of "The Bangkok Charter: text of the final preliminary draft for consultation"¹³ combined to articles written by Kickbusch¹⁴ and Nutbeam¹⁵ made it regularly in the top ten. It is important to note that these three articles are included in the *Ottawa to Bangkok* series and got less popular after the debate over Bangkok diminished but they still manage to be in the top 10 almost each month. Overall though, it is fair to report that IHJP articles have dominated the top 10 of RHPE&O even in 2006, for reasons still a bit mysterious but probably of the nature proposed about the Joseph et al. paper.

3. SERIES CONTENT AND THE INTERACTIVE DIMENSION OF THE SITE

RHP&EO currently carries 5 series. A brief assessment of each and its particularities are presented below.

¹³ URL:

<http://www.RHPEO.org/reviews/2005/18/index.htm>

¹⁴ URL:

<http://www.RHPEO.org/reviews/2005/1/index.htm>

¹⁵ URL:

<http://www.RHPEO.org/reviews/2005/19/index.htm>

3.1 Closed series¹⁶

3.1.1 Assessment of series 1: My Five Favourites Resources

This series started in 2001 with the birth of the journal and was the first task requested from a reviewer who accepted to join the group. The reviewers were invited to choose the five resources (articles in scientific or professional journals, books, movies, websites, databanks, etc.) that they found to be the most valuable for their work in health promotion/health education over their full career. They were asked to describe briefly each resource, commenting on its nature and its special aspects, to indicate how the resource impacted their work and to discuss the extent to which this resource might currently be valuable to other IUHPE members.

17 reviewers have participated until now (including 3 that are no longer in the group); 5 members of the Editorial Board (1 member is no longer around) have also submitted their contribution. 7 texts were translated in a second or a third language, for a total of 29 papers in the series as of the summer of 2007. They are from North and South America, Europe, South Pacific and Africa but none are from Asia. A few trends:

- Most frequent resource mentioned: the Ottawa Charter (6 reviewers have chosen this document as a favourite and 4 have referred to it in their text)
- Other resources chosen by more than one reviewer: Nancy Milio's work, the Jakarta Charter, IUHPE, the Lalonde Report, Health promoting schools.

¹⁶ The *closed* series are the ones reserved for the reviewers; the *open* ones are debating hot topics, where any member of IUHPE, reviewer or not, can submit a paper. For both types of series, any member of IUHPE can send a reply or comment.

- Six authors have chosen resources that are not scientific publications: human touch, colleagues, mentors, compassion, human aspects of the HP community, web sites, discussion forums.
- The vast majority of the contributions have indicated at least one resource from the region of the World they belong to, which reinforces the relevance to recruit reviewers from a variety of countries and regions to enrich the diversity of point of views because they put forward resources that are usually not available through mainstream dissemination channels (for example publications from Africa or South America).

3.1.2 Assessment of series 2: Best current resources

This series started in 2004, after a one year trial period with the ‘best of 2003’. The idea was to build an internet global database of useful and diverse *current* resources in Health Promotion/ health Education, a service which to the editorial board knowledge at least, did not exist elsewhere. Each reviewer of RHP&EO was thus invited to send at least one resource per year but could send as many as they wished. The resource could be of diverse nature (article, book, person, movie, website, etc.); the operational definition of *current* was resources released during the same year it was sent to RHP&EO, or during the two previous ones.

Up until now 6 reviewers have sent a contribution and two came from the Editorial board. Three were translated in another language, for a total of 12 papers in the series. Publications are from Central and South America (4), North America (2), Africa (1), South Pacific (1), Asia (1). On the 8 recommended resources, three are ‘scientific’ publications, one is a policy

document, one a field experience, one is a course and two are networks.

3.1.3 Challenges and lessons learned with the closed series

The main challenge faced with the closed series was the relative low participation of reviewers. Many elements can explain this:

Working Conditions of some reviewers:

- Difficult access to Internet in some parts of the world. Many have experienced difficulties with e-mail.
- Workload and little time for implication.

Background of the reviewer

- Writing skills in one of the three languages of the IUHPE: for many of the reviewers, English, French or Spanish is a second or third language;
- Limited experience with publication, which could require a significant investment for some reviewers. For example, a few have submitted a paper that needed significant editing and major work on the content, which led to many rounds of interaction between the editorial team and the author. It was not always easy as some were not familiar with the technicalities of working electronically on papers (how to use the tracking function of MSWord for instance) and required a lot of mentorship, which can be seen as capacity building but requires a lot of time and energy. After the original feedback was sent, a few reviewers decided not to work on the text and some even decided to leave RHP&EO afterward.

Elements linked to the nature of the journal or its functioning

- Compared to other professional activities, writing in RHP&EO may

be seen as less important by the reviewer or its institution. Prestige of publishing in RHP&EO may be perceived as not sufficient because it is not a peer-reviewed journal, even if there is a quality control mechanism.

- Too slow turn around time for an electronic venue. It usually took between 1 and 2 weeks before giving a feedback to the author on his or her paper; however, the human resources of RHPE&O being limited, the revision of texts in some cases took more time and may have discouraged reviewers to submit regular contributions.
- Communication problems. A lot of attention was paid to the issue of cross cultural communication, to making sure to use simple words and to avoid jargon; a double check of the series guidelines and of words commonly used on the website was always made with professional translators. Despite that, cross cultural communication problems were occasionally present, and sometimes with unexpected regions in the world. For instance, the term 'reviewer' caused some confusion in different regions (from America to Asia) even with native English speaking people. Even though it was specified in the guidelines that the reviewer had to write a contribution a year on resources, many thought a reviewer's main task was to review papers sent to them and provide feedback, as in the case with peer-reviewed journals. This led to question the term 'reviewer' as well as other words currently used on the website; after a systematic re-validation with the editorial board and professional translators, important changes in some terms were made, like using

the word *collaborator* instead reviewer.

- Impersonal contacts and difficulties of virtual communication. Being an electronic venue that regroups people from different parts of the world, it has been impossible to meet every one in person. The difficulties faced can probably be partly linked to the fact that some reviewers are not used to only communicate by e-mail or to the fact that not knowing someone personally decreases the likelihood of involvement. The managing editor has observed drastic changes in contributions from certain reviewers after meeting them in person: communication became more friendly and frequent.
- Follow up strategies (type and frequency). Frequent contacts and follow-ups generated more reactions and publications. When less intensity was there, less contributions came in. Moreover, personalized rather than group follow ups yielded more results, even if more time consuming. Over time, increased flexibility on deadlines seemed also a better strategy.
- The nature of the closed series. They did not trigger interest in some regions of the world and maybe it would have been a better way to go to inquire more systematically among the reviewers from these regions what type of series would interest them more (or even proactively encourage a reviewer from Asia or Africa to take in charge a series on a topic that would interest them).
- The relative low participation of reviewers in the series of Bangkok Charter, as compared to outsiders, could be linked to the fact that it was unclear for them they could participate. Another explanation

could be linked to an “intimidation” factor for the Ottawa to Bangkok series. Indeed, many of the reviews submitted in this series were written by the global “gurus” in the field and some reviewers may have thought that series was open only to health promotion more seasoned speakers.

- Confusion regarding who can participate to which series. Some reviewers have raised the confusion around this issue in 2004 and after discussion, the editorial board members decided to keep series 1 and 2 exclusively for the reviewers and to open series 3 and 4 to all members of the Union, including the reviewers. Despite this, some reviewers may have found less attractive to collaborate in that context.

3.1.4 Conclusion: closed series, main lessons learned

The closed series and the idea to recruit reviewers from a variety of countries and background should be kept because they expose a diversity of points of view too rarely in found in the field. These series present and discuss resources that are usually not available through the mainstream dissemination channels in the field. However there are some improvements to be made., out of which the five following ones are the more important: 1. Find a more effective recruitment strategy of interested reviewers; 2. Continue to provide support for the revision and editing of the texts (capacity building) so a diversity of voices, especially from the practitioners and the non-English, French or Spanish speaking people, can be heard. Allocate the resources needed; 3. Maintain proactive, constant and personalized follow up with the reviewers and find the resources to do so; 4. Find in interaction with reviewers

from countries or regions not participating themes for meaningful closed series.

3.2 Open series

3.2.1 Assessment of series 3:From Ottawa 1986 to Vancouver 2007: Should the Ottawa Charter be revisited?

This series has been the most popular of RHP&EO, for two types of reasons. On the one hand, because the funding given to RHP&EO by the Public Health Agency of Canada was somewhat related to the 19th global conference of IUHPE held in Vancouver in June 2007, there was an expectation that this would be reflected in the content of the journal. On the other hand, the idea of revisiting the Ottawa Charter 20 years after its proclamation generated a lot of attention globally, especially in the context of the 6th WHO world conference on Health Promotion where a new “Charter” was launched in Bangkok in August 2005 as well as given the fact that the theme of the Vancouver conference was also directly related to the Ottawa Charter.

A total of 49 papers was thus published in this series that was divided in four sub-series, one linked to the discussions leading to the Bangkok Charter, and three that occurred in the wake of that conference: one which was a follow-up to a conference on the Ottawa charter held in Montréal in October 2006; one that was a special joint project between IUHPE and the Réseau francophone international en promotion de la santé (RÉFIPS), to disseminate electronically the results of an international francophone call for papers on the usefulness of the Bangkok Charter; and one where people from all over the world were invited to present various activities or celebrations that occurred in the context of the 20th anniversary of the Ottawa Charter.

3.2.1.1 Ottawa to Bangkok (21 papers)

This sub series started in late December 2004. 13 members of the UIHPE have contributed to this series, 3 being members of the Editorial Board and 2 being in the regular pool of reviewers of RHP&EO. The majority of the authors who have submitted a paper to this series come from Europe (5) or North America (4), 2 being from Australia, one from Colombia, one from Tunisia and one being a position paper from IUHPE. A special effort was made for translation and 8 texts were available in another language than the one in which it was submitted.

3.2.1.2 The Montreal Conference sub series (16 papers)

This sub series started in November 2006. The editor in Chief and the managing editor were involved during most of that year in the organization of a major international symposium dedicated to the usefulness of the Ottawa Charter in 2006. This symposium took place in Montreal on October 25, 2006 during the 10^{es} Journées annuelles de santé publique (JASP) (see

<http://www.inspq.qc.ca/jasp/programme/2006/default.asp?A=2&Lg=f>).

After this symposium, many participants manifested an interest to write a reflection on their participation. As the experience of the conference was along the lines of the debate already started on RHP&EO, it was thought that it would be a good idea to publish the contributions of the participants in the Ottawa to Bangkok, to which the editorial board agreed. As many other events were occurring in the world surrounding the celebration of the Ottawa Charter the editorial board decided to organize two other sub series along with the one from Montréal: a REFIPS sub series on the aftermath of the Bangkok Charter and a sub series on the International celebrations of the Ottawa Charter.

3.2.1.3 The REFIPS sub series (9 papers, all in French)

As there is a long history of collaboration between the *Réseau francophone international en promotion de la santé (REFIPS)* and the IUHPE, putting online in the context of RHP&EO the results of an international francophone call for papers made on the aftermath of the Bangkok Charter seemed a win-win joint project and was thus organized.

3.2.1.4 The sub series on the International celebrations of OC (3 papers: 2 originals + 1 translated)

An international call for paper, through the same channels used to announce every new paper on RHP&EO, was made in late 2006 and generated two answers, one from Africa and one from Canada. Maintaining the call for paper for a long period of time did not seem appropriate as the anniversary of the Charter elapsed, and the sub series was thus closed mid 2007.

3.2.2 Assessment of series 4: Renewal of leadership in health promotion

This series started in April 2005. 5 papers were submitted, 2 of them from board members of RHP&EO. The relatively low participation to this series might be explained by the launch at the same moment of the Ottawa to Bangkok series, which attracted many people. It could also be related to the fact that the students and young professionals, who were specially targeted, might have hesitated to participate in a journal where many of the “gurus” of the field wrote as pointed out by Bull¹⁷. When approached proactively, it is with a lot of enthusiasm that people contributed so this series might have much

¹⁷ Bull, Torill, *Who will be the Captain Kirks of tomorrow's health promotion field? The challenges of leadership renewal*, Reviews of Health Promotion and Education Online, 2007. URL:<http://www.RHPEO.org/reviews/2007/34/index.htm>.

more potential than it has revealed up to now, provided it is properly marketed.

3.2.3 Challenges and lessons learned with the open series

Overall the open series were a frank success. They have gathered an interesting mix of position papers and more scientific types of articles. These open series were less time consuming to organize than the closed series for various reasons. First the contributors had to invest less time because they were asked only one contribution. Secondly, the contributors that were approached to participate or that spontaneously sent a contribution to the series had in many cases more experience with publishing and therefore less time had to be devoted to supporting them in the publishing process. Finally, having a guest editor for the Montréal sub series, a doctoral student who learnt also a lot in the process, helped very much to process this set of papers with efficiency.

The two main challenges faced were to:

1. find a theme that would attract and initiate debate. It worked well with the Ottawa to Vancouver series but less so with the series on leadership or the sub series on the celebration of the Ottawa Charter;
2. find a good and equitable strategy to recruit ; proactive work was needed to avoid reproducing the usual dominance of English speaking people from countries of the North.

Main lessons learned:

1. If no active recruitment and personalized invitations, no publications...
2. Active and constant follow is up needed.
3. Avoid too many series at the same time.

3.3 Assessment of series 5: Notes from the editorial team

This special series contains three papers written by the editor in chief or the editorial team, the last one being published in the three languages for a total of five. These papers were irregular updates on the evolution of the journal by the editorial team.

3.4 The interactive dimension of the journal

During all these years, there was interest to stimulate interaction between the readership of the journal and the authors of papers. At the bottom of each review, in the language of the paper, a big green rectangle with the words « if you want to react to this paper, click here» was installed, leading to instructions on how to react. Maybe because there was an obligation made to be a formal member of IUHPE in order to be allowed to send or for other reasons, the bottom line is that but for the set of interactions described in the paragraph below, this idea never worked. As mentioned above, it led to the creation of a dedicated RHP&EO mailing list trying to stimulate reactions. Maybe people were too overwhelmed by e-mail to react in the format suggested, which requested to go beyond the simple reaction someone can post in an electronic discussion group?

A set of papers was however a good example of what could have been functioning if the interest had been there. Following a first paper published by two Australian students¹⁸, where a sophisticated reaction to 8 papers in the

¹⁸ Sharrock, Peta and Idema, Rick, *Ideology, Philosophy, Modernity and Health Promotion: Discourse analysis of eight reviews from the Reviews of Health Promotion and Education Online*, Reviews of Health Promotion and Education Online, 2004.

URL:<http://www.RHPEO.org/reviews/2004/13/index.htm>

series «my 5 favorite publications» was made, three comments were sent. In other series, especially in the Ottawa to Vancouver one, references to earlier papers in the series were also made but not necessarily as a direct reaction.

Overall, it must thus be concluded that even if the internet is a medium where interaction is made quite easy, this did not work this well in the case of RHP&EO. Maybe the nature of the closed series did not lead as readily to discussion or debate whereas debates over the Bangkok Charter generated much more interest.

4. SURVEY

Before handing over the journal to the next team, the editorial team decided to make an online survey to get an additional set of information on the first 6 years of RHP&EO. The survey was online in the three languages for two months (March and April, 2007) and was answered by 72 people. It was announced on the site itself, and, with three recalls, to RHP&EO's mailing list as well as on the same electronic listservs where information on each newly published paper was sent. Out of the 1200 people or so subscribed to these various lists (some may be subscribed to more than one though), 72 respondents is a very small number but it nevertheless provided information coming from what can be considered the "hard core" of the journal readership. The main elements of this information are summarized below.

4.1 General information on the respondents

About 72% of respondents answered the questionnaire in English, 15% in Spanish and 13% in French. A majority of respondents (60% of the 72) were from RHP&EO mailing list, 24% were reviewers or editors (hence at the core of

the journal operations) and the rest (16%) were less familiar with it.

4.1.1 Language (70 responses):

Mother tongue of the respondents:

English – 29%

Spanish – 24%

French - 16%

Other – 31%

Besides English, Spanish and French, languages in which RHP&EO publishes, the most abundant first language is Portuguese (for 7 respondents).

Languages that are spoken at work by our respondents show a similar distribution with a slightly higher number of persons using English as their language at work.

4.1.2 Educational level (61 responses):

Educational level of the respondents is quite high (83% of respondents have completed graduate studies):

Undergraduate Studies: 13%

Masters or other certification: 43%

Doctoral studies: 26%

Postdoctoral studies: 18%

The fields of studies of the majority are health or social sciences related. Moreover, 68% of the 66 respondents who answered that question followed continuous education programs in health promotion or health education.

4.1.3 Membership in the International Union for Health Promotion (70 responses)

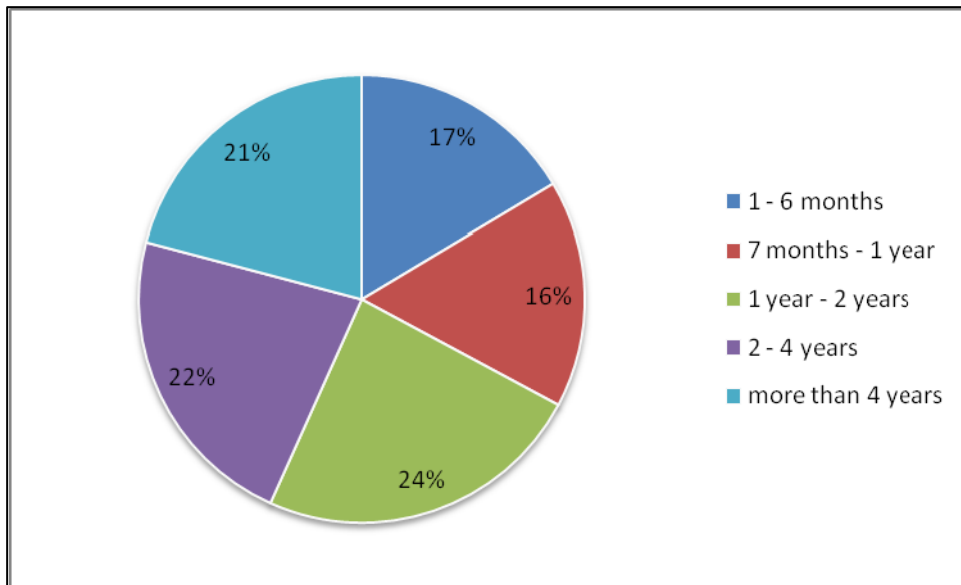
More than half of respondents (54%) were members of the IUHPE ; 33 % didn't know about the possibility to become a member and 13% (9 respondents) decided not to become a member due to various reasons (economic reasons (4); do not see the interest or added value (3)), even if they knew they could.

4.2 General knowledge and satisfaction about RHP&EO

RHP&EO for more than a year, which reinforces the notion that the respondents represent the «hard core» of the readership.

4.2.1 How long the respondents have known about RHP&EO ? (70 responses):

As seen below, the majority (68%) was familiar with the journal and had known

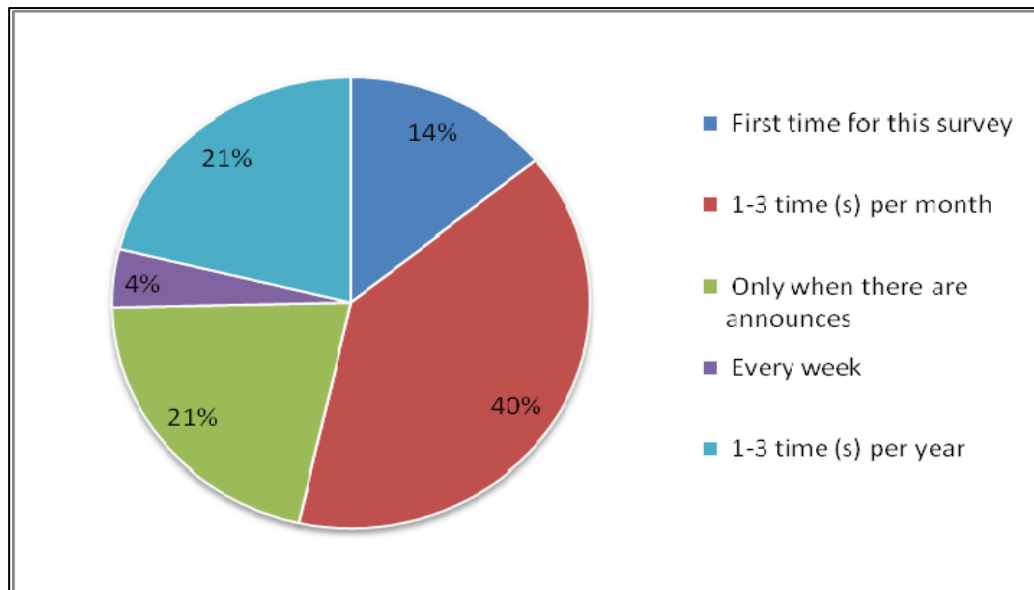


4.2.2 How did the respondents learn about the existence of RHP&EO (72 responses):

As seen below, RHP&EO still seems to be quite an inner family affair within IUHPE, a remark which might have consequences for further marketing the journal.

IUHPE (Board members, website, event)	30.6%
RHP&EO mailing list	13.9%
A colleague	12.5%
Click4hp mailing list	9.7%
I don't remember	8.3%
During a class or a training	6.9%
Search engine	6.9%
Other	6.9%

4.2.3 Frequency of respondents' consultation of RHP&EO (71 responses):



As seen above, 44% of the respondents consult spontaneously the site at least monthly whereas a significant group of 21 % (most likely belonging to the mailing list) goes when prompted.

4.2.4 Sections most often consulted:

Respondents ranked sections that they consult the most often in the following order (1-the most consulted):

- 1 – Papers
- 2 – IUHPE
- 3 – Home Page
- 4 – IJHP Papers
- 5 – Contributors
- 6 – Editorial Board
- 7 – Our Mission

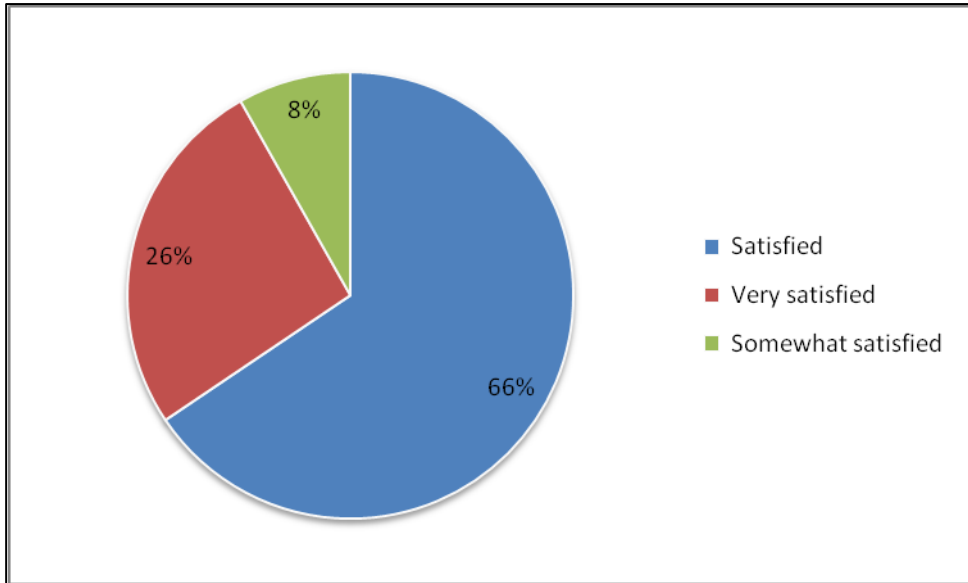
4.2.5 Series most often consulted:

Respondents ranked series that they consult the most often in the following order (1-the most consulted):

- 1 – Should the Ottawa charter be revisited?
- 2 – Renewal of the leadership in Health Promotion
- 3 – The five favourite resources that influenced me the most in my career
- 4 – Current resources we would like you to consult
- 5 – Internet Journal of Health Promotion archives
- 6 – Notes from the Editorial Team
- 7 – Reaction from our membership

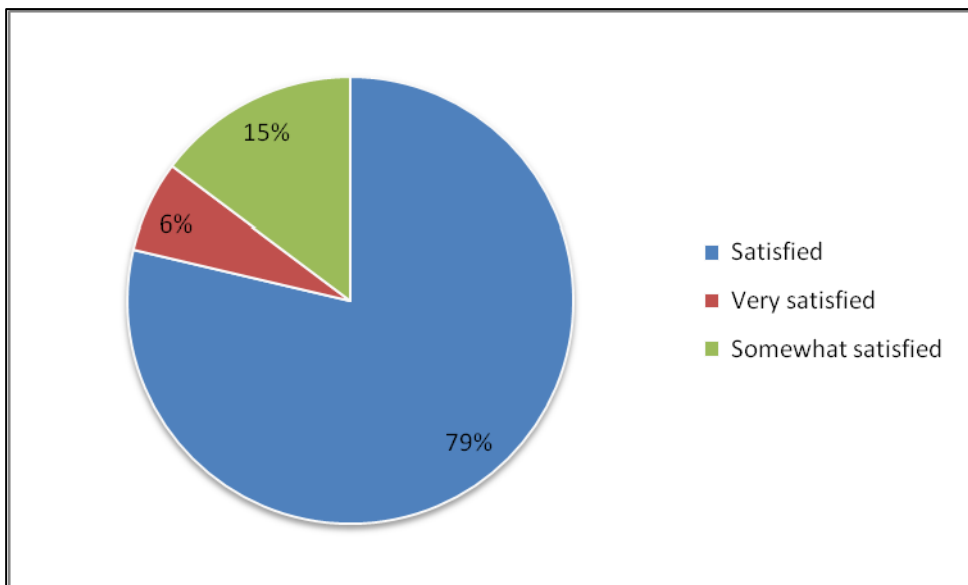
4.2.6 Overall degree of satisfaction regarding the quality of RHP&EO's papers (61 responses):

The overwhelming majority of the respondents (92%) were positive regarding the quality of the papers (66% satisfied and 26% very satisfied). Only 8% of respondents replied that they were somewhat satisfied and none were unsatisfied.



4.2.7 Degree of satisfaction regarding the frequency of new papers (62 responses):

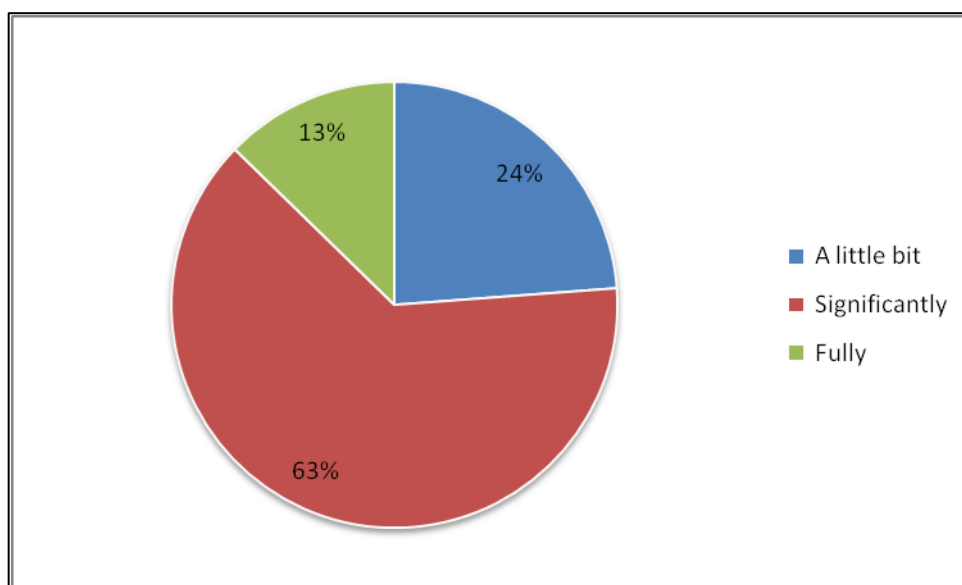
As seen below, one person was not at all satisfied but the majority seems satisfied



4.3 Specific elements of satisfaction or dissatisfaction

4.3.1 Achievement of objectives (63 responses):

A significant majority (76%) finds that the journal meets its objectives



4.3.2 Level of interest about the themes of the series (64 responses):

Most of the respondents found themes of the series to be interesting (72%) or very interesting (20%). Only 8% found that the themes are a little bit interesting.

Detailed answers about respondents' interest in specific series are summarized in the following table. Please note that not all respondents evaluated each of the series, probably ranking only those series that they liked or knew better.

Series:	Not at all	A little bit	Interesting	Very interesting	Total number of responses out of 72
Should the Ottawa charter be revisited?	0	12.1 %	37.9%	50%	58 (100%)
The five favourite resources that influenced me the most in my career	0	12%	40%	48%	50 (100%)
Renewal of the leadership in Health Promotion	0	9.8%	49%	41.2%	51 (100%)
Internet Journal of Health Promotion archives	2.3%	20.5%	47.4%	29.5%	44 (100%)
Current resources we would like you to consult	4.5%	22.7%	43.2%	29.5%	44 (100%)
Notes from the Editorial Team	2.6%	23.1%	64.1%	10.3%	39 (100%)
Reaction from our membership	12.2%	36.6%	41.5%	9.8%	41 (100%)

26 people proposed more than 30 themes for new series. The five main topics suggested were (in order of importance): 1. practice of health promotion (challenges, concrete examples, learned lessons...), 2. Evaluation and building evidence, 3. Globalization and international health, 4.

Health promotion as a profession (certification, recognition..), 5. Health promotion in developing countries.

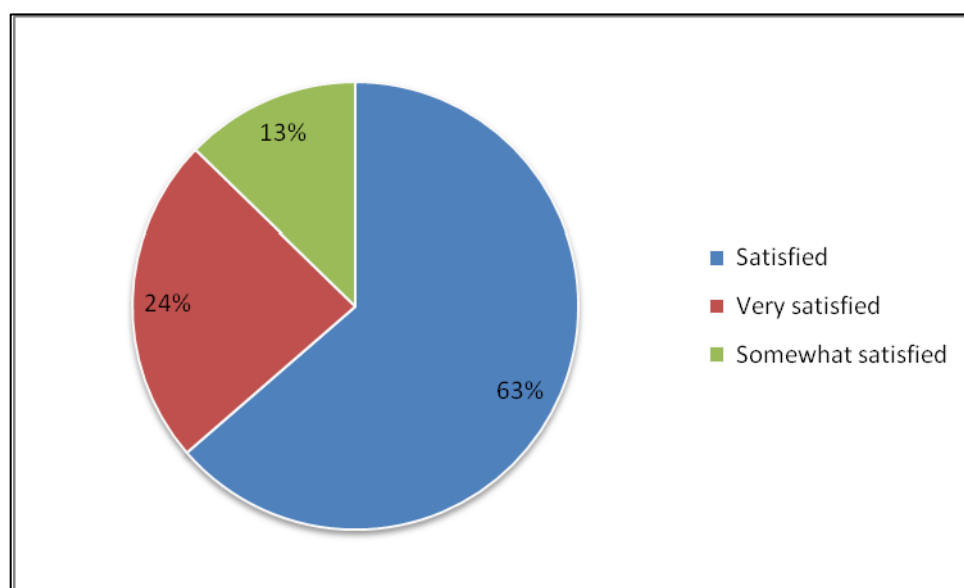
4.3.3 Satisfaction in relation to specific characteristics of the series:

Do you find interesting that:	Not at all	I did not know that	A little bit	Interesting	Very interesting	Total number of responses on 72
certain series are reserved to a specific group of collaborators	4.5%	29.9%	10.4%	34.3%	20.9%	67 (100%)
two series are open for contributions by any IUHPE member	0	12.3%	4.6%	40%	43.1%	65 (100%)
the possibility for any IUHPE member to react to any paper in any series	0	7.7%	4.6%	38.5%	49.2%	65 (100%)

4.3.4 Mailing list:

Out of 69 respondents, 50 knew about the existence of the mailing list and 55 replied that they are the members of the mailing list, suggesting that 5 people joined the mailing list while completing the survey.

The 55 members of the mailing list gave a positive feedback about it, as seen below.



*Two respondents were not satisfied with the mailing list

4.3.5 Quality of the website:

The following table summarizes the level of satisfaction with the website which seems generally high.

Are you satisfied with:	Somewhat satisfied	Satisfied	Very satisfied	Total (number of responses on 72)
the overall look of the website	24%	60%	16%	63 (100%)
the easiness to navigate through the website	17%	64%	19%	63 (100%)
the fact that if available we provide the hyperlink WWW for each bibliographical notice	3%	28%	64%	64 (100%)

5. CONCLUSIONS AND MAIN RECOMMENDATIONS

RHP&EO seems to fulfill a need in the health promotion community. A constant raise in the consultation has been seen since 2002 from different parts of the World. Moreover, the online survey shows that readers are quite satisfied with the overall enterprise. Therefore, it seems that the review and its main mission should be kept. However, given the assessment above, many improvements could be implemented in terms of content, format and functioning of the review.

Main Recommendations for the future of RHP&EO¹⁹

- To designate the next editor in chief, IUHPE should undertake a public recruitment process akin to the one done for P & E.
- The current form of the editorial board should evolve to include a revolving mechanism for the

renewal of its members (for instance, 6 years mandates aligned with IUHPE global conferences with half the board renewed every 3 years), with attention given to include people from the younger generations; a stable core, with a variable number of series editors could also be considered.

- The current strategy to recruit contributors (designation by the director general of IUHPE regional offices of a number of contributors proportional to the relative importance of the region as measured by its number of IUHPE members) has proven ineffective and should be rethought.
- RHP&EO should keep its current orientation of being a journal providing critical analyses of resources useful for the practice of health promotion and health education, as well as a venue for opinions papers on topics of cutting edge interest for the field
- A strong quality control mechanism should be maintained; up to now this mechanism was an Editorial Board review of each paper.
- RHP&EO should stay freely accessible on the web for everybody.

¹⁹ These recommendations have been validated by the Editorial Board of RHP&EO in June 2007 in Vancouver, after a preliminary presentation of the main results of the assessment offered in this report and, sent then to IUHPE's board of Trustees in late June 2007.

- RHP&EO should remain trilingual, without excluding the fact that other languages could be added if the right circumstances arise.
- RHP&EO should remain organized around series, each series being run by a series editor appointed by the EB.
- The obligation made for contributors to be members of IUHPE should be waived but an incitation to become member should be maintained.
- A concern for capacity building of the writings skills of contributors from younger generations, of practitioners, of people for whom the three official languages of IUHPE are not the main language and of people coming from countries of the South should be maintained, and support mechanisms developed accordingly (up to now, they were significant help provided by the editor in chief and the managing editor).
- RHP&EO should change server and be hosted on the same server than IUHPE's website; in the process, the capacity to maintain historical trends for the frequentation of the site (currently analyzed through *Webtrends*) should be maintained. RHP&EO domain's name should be carefully protected.
- Changing RHP&EO's title by adding a subtitle to it should be thought about, being careful however not to jeopardize its exceptional positioning on the web (on the first page, 9th of 115,000,000 entries when typing «health promotion» on Google, as tested on June 11 2007).

venture, to the group of reviewers who contributed generously their time and wisdom, as well as to the Public Health Agency of Canada, whose financial contribution made a very big difference on the day to day operation of the journal. The Board of Trustees of IUHPE is also thanked very much for having offered the team the possibility to conduct this venture, and whatever the final decisions made about the future of RHP&EO, a warm good luck is wished to the next team who will pursue it.

As final words, the outgoing editorial team would like to extend its warmest thanks to the members of RHP&EO editorial board, who constantly supported a quite unusual

APPENDIX 1

General Interview Guide

Input

1. Can you tell me briefly about the history of your participation in the GPHPE?
2. Do you remember what motivated you to become involved with the GPHPE?
3. Could you describe in as much detail as possible the ways have you been involved in the GPHPE?
 - What kinds of resources have you (has your organization) contributed to the GPHPE?
 - Have you engaged in specific activities?
 - How much time do you (does your organization) devote to the GPHPE?
4. How does the level of participation vary between the partners within the GPHPE?

Processes

5. Since we are studying how the partnership interacts on a global level, we are interested in your general impressions of the overall program and other regions as well.
 - Can you tell me about your overall impression of the GPHPE?
 - Of the African region?
 - Of Europe?
 - Of Latin America?
 - Of North America?
 - Of North West Pacific?
 - Of South East Asia?
 - Of South West Asia?
6. What you think are the GPHPE's greatest accomplishments?
7. Do you remember an occasion when you were particularly impressed with the functioning of the GPHPE?
8. Do you remember an occasion when you were particularly disappointed with the functioning of the GPHPE?
9. You were involved in _____. From the documents I see that _____. Is that correct? Can you tell me about your experience working on this task?
 - In regard to this task, do you think the nature of the task itself had any impact on the functioning of the partnership?
10. Would you say that GPHPE integrates the input of its members to produce unique results (that could not have been accomplished otherwise)? Can you give me an example?
11. What do you think propels the functioning of the group?
12. Can you tell me about ways of working that support this process?
13. Can you tell me about ways of working that inhibit this process?
14. Does the task the group is working on have any effect on its functioning?
15. Can you tell me about how the environment of the partnership impacts its functioning?
16. Can you tell me about how the partners impact functioning?
17. What is important for a creating/maintaining a successful partnership?