Canada's Health Promotion Survey as a Milestone in Public Health Research

Irving Rootman, PhD,¹ Reg Warren, MA,² Gary Catlin, BA³

ABSTRACT

This commentary describes the contribution of the 1985 Canadian National Health Promotion Survey to the development of public health research and policy-making in Canada and argues that on the basis of that contribution, it should be considered to be a public health research milestone. In terms of research, among its contributions which subsequently have been adopted in other survey studies were: going beyond risk factors to operationalize concepts implicit in the *Ottawa Charter for Health Promotion*; empowering users to participate in knowledge translation, sharing and transfer; ensuring sufficient sample sizes for each jurisdiction to be able to confidently generalize to its population; establishing a model as well as questions for subsequent health surveys; encouraging widespread use of data through making them available early; and developing and using an explicit social marketing strategy to reach target audiences, including the general public. With regard to policy-making, among its contributions which have been adopted were: using survey data to develop and enhance healthy public policy initiatives; encouraging researchers to work with policy-makers in developing policies; using survey data to contribute to the evaluation of public health initiatives; engaging policy-makers in the development of surveys; and encouraging the use of survey data for advocacy.

Key words: Health promotion; survey; Canada

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2010;101(6):436-38.

"It is with great pride that I release the *Active Health Report* – a groundbreaking report based upon data from Canada's first National Health Promotion Survey. This report illustrates that health status depends as much upon social and environmental factors, life circumstances, social and family relationships and policies supportive of health as lifestyle factors or medical treatment. It illustrates and documents many of the challenges discussed in *Achieving Health for All: A Framework for Health Promotion*. Together, these two documents make an important contribution towards a common understanding of promoting the health of Canadians."

Hon. Jake Epp, Minister of Health
and Welfare Canada, 1987

The Canadian National Health Promotion Survey (HPS), conducted for the first time in 1985, was planned in a context of growing interest in health promotion at the national and international levels in the late 1970s and early 1980s. Health and Welfare Canada was a leader in this movement both nationally and internationally, as reflected in two of the milestones for public health cited on the CPHA Centenary website – the release of the federal report, *Achieving Health for All: A Framework for Health Promotion* and the First International Conference on Health Promotion in Ottawa, both of which occurred in 1986.¹ As part of this increased emphasis on health promotion, the Health Promotion Directorate of Health and Welfare Canada developed the first national survey in the world to focus entirely on health promotion.

The survey was intended to gather information on a range of issues of current or potential concern to people working in public health, as identified by the Directorate. These included: use and

misuse of tobacco, alcohol and other drugs; nutrition; fitness; safety; and mental health. It also included the various individual, experiential and social environmental factors that contributed to the negative consequences of these issues in the Canadian population. Although there were a number of sources of national information on some of these issues available at the time, ongoing data on the broad range of issues and the determinants was not available to permit monitoring of the issues and evaluation of health promotion interventions over time. The survey was therefore funded by Health and Welfare Canada to do so.

Author Affiliations

1. Visiting Professor, Department of Gerontology, Simon Fraser University, Vancouver, BC. At the time that the Health Promotion Survey was being developed, Dr. Rootman was Chief of Health Promotion Studies for the Health Promotion Directorate of Health and Welfare Canada and he directed the development and implementation of the 1985 Survey.
2. Principal, Reg Warren Associates, Inc., Ottawa, ON. At the time that the 1985 survey was implemented, Mr. Warren was the Manager of the survey and was responsible for analysis and dissemination of the findings. At the time of the 1990 survey, he was the Chief of Health Promotion Studies and directed the survey development and implementation.
3. Director General, Health, Justice and Special Surveys, Statistics Canada, Ottawa, ON. At the time of the 1985 survey, Mr. Catlin was Project Manager, Special Surveys at Statistics Canada and managed the survey implementation. At the time of the 1990 survey, he was Assistant Director, Special Surveys at Statistics Canada and oversaw the survey implementation.

Correspondence and reprint requests: Irving Rootman, 101-1428 W. 6th Avenue, Vancouver, BC V6H 4H4, Tel: 604-733-6072, Fax: 604-733-6027, E-mail: irootman@telus.net.

Acknowledgements: The authors dedicate this paper to the memory of Dr. Michael Nelson who was the first Manager of the survey and was influential in its development. They also acknowledge the work of Drs. Larry Peters and Tom Stephens, both of whom were heavily involved in the analysis and writing of technical reports on the survey. In addition, they express their gratitude to Drs. David McQueen (CDC), Jim Frankish (UBC) and Ian MacDonald (UOT) who wrote letters to support the designation of Canada's Health Promotion Survey as a Public Health Milestone.

Disclaimer: The views of the authors do not necessarily represent the views of the organizations with which they are currently or were affiliated when the survey was developed and implemented.

METHODS

The objectives of this survey were to provide information for planning, development and evaluation of the Health Promotion Directorate program and other health promotion programs in Canada, as well as communication to the public. The survey was carried out in June 1985 by Statistics Canada using telephone interviews with people selected through random digit dialing, which was the first time this method was used by Statistics Canada for a national survey. Approximately 1,000 respondents aged 15 or more were interviewed in each province, with an average response rate of 81%. Separate follow-up surveys were developed and carried out in collaboration with partners from the Yukon and Northwest Territories using methodologies more appropriate for these venues. For example, in the Northwest Territories, people were selected to be representative of the three major ethnic groups (Indian, Inuit and Non-Native) and interviewed in person.

The content was developed in consultation with program staff of the Health Promotion Directorate and others working in the field of health promotion, including two federal-provincial committees. The questions were developed by the research team and guided by a conceptual framework that covered health knowledge, attitudes, beliefs, intentions, practices and status as well as some of the factors thought to contribute to health practices and status, including the influence of family and friends and environmental conditions.² The instruments and methods were tested through a pilot study and a feasibility study in both English and French (as well as indigenous languages in the Northwest Territories) and revised accordingly.

Data were prepared for analysis by Statistics Canada and analyzed by an analysis team which consisted of technical and subject matter experts from Health and Welfare Canada, Statistics Canada, provincial/territorial researchers and the academic community. An overall Technical report and several special technical reports were published.² In addition, several provinces published their own reports using data tapes provided by Statistics Canada and analytic input from Health and Welfare Canada.

Based on advice from an external advisory committee, a marketing plan was developed that formalized, implemented and evaluated a directed knowledge transfer and utilization strategy with separate products created for and targeting the following user constituencies: Public Health Practitioners; Public Health Policy-makers; Ministers of Health; Ministers in related non-health sectors; Provinces; Communities; Public Health Researchers; Public Health Intermediaries; the Media; and the General Public. The marketing plan included the production of an overall "highlight" report as well as several satellite highlight reports on special topics, all under the theme of the "Active Health Report".³⁻⁸ It also involved a cross-country collaborative federal/provincial/territorial tour; presentations to major intermediaries and NGOs, both nationally and internationally; displays at events; inserts and features in the Department of Health and Welfare's magazines; a radio information series; columns for newspapers; and "Fax-Sheets" for key public health decision-makers including Ministers of Health. In collaboration with key partners, the Health Promotion Survey team also published a special issue of the *Canadian Journal of Public Health* entitled "Community-based Health Promotion Surveys."⁹

As far as the authors are aware, this was the first time such an extensive marketing program was undertaken for a national survey

in Canada and perhaps elsewhere. It also may have been the first major public health research project to design and deliver different knowledge products such as technical reports and newspaper columns to different user constituencies in a form, fashion, timeliness and relevance appropriate for the respective communities.

RESULTS

The HPS established that all aspects of health status and health behaviours were linked to the social and economic determinants of health. For example, among Canadians in the highest income quintile, 30% classified their health as excellent while only 5% described their health as fair or poor. Among those in the lowest income quintile, only 19% described their health as excellent, compared to 21% who rated their health as fair or poor.

It also documented that the majority of Canadians had positive health behaviours and were making efforts to improve their health (67% during the previous year), but they faced important barriers in their efforts to be healthy. A key influence – both positive and negative – in addition to income and education was the influence of family and friends, who could be either a contributor or a barrier to health or to healthy lifestyle changes. Another key influence was knowledge, attitudes and beliefs which were found to be correlated strongly with actual behaviours across the continuum – both positive and negative.

Finally, the HPS provided Canadians with an opportunity to voice their needs and expectations with regards to health education and information in their schools (90% believing this to be appropriate) and workplaces (68%), and their demands for healthy public policies in such diverse areas as: Accident prevention (78% - very important); drugs (74%); child health (72%); alcohol (70%); mental health (60%); and tobacco (54%).

Influence of survey

The survey established national and provincial baselines for knowledge, attitudes, beliefs and behaviours and for central aspects of health as outlined in the *Ottawa Charter for Health Promotion*. This information proved to be an invaluable precursor to productive workshops in each province and territory to discuss the policy and program implications, including the situation in their community, region or province/territory in relation to national standards.

At the time of the first National Health Promotion Survey, there was no *comprehensive* program of health surveys being conducted in Canada. The HPS demonstrated the importance of information in developing and monitoring public health policy as well as the importance of the social and economic determinants of health. In subsequent years, the National Population Health Survey, the Canadian Community Health Survey, and provincial and regional health surveys were developed to fill this information gap. As well, the importance of the social and economic determinants of health was reflected in the design of each of those surveys.

As documented in the evaluation of the HPS, the information was also used by practitioners and policy-makers at national, provincial and local levels in Canada to develop policies and programs.¹⁰ As noted in the opening quotation, one immediate use was in the development of the *Achieving Health for All* report, released by the Minister of Health and Welfare at the First International Conference on Health Promotion. Staff associated with the survey were involved in the development of this report and pro-

vided information from the survey to support this seminal policy paper. This included information on the extent of inequalities in health in Canada, which supported the strategy of "Reducing Inequities" in the paper; information on the impact of friends on people's health practices, which supported the strategy of "Mutual Aid"; and information on the support for government action on health promotion issues, which supported the strategy of "Healthy Public Policy".

Another example was a special analysis of data from the 1985 survey for the Tobacco Unit of the Health Promotion Directorate, which was becoming concerned about the elevated rates of smoking by young women in Canada. The analysis of the data from the survey found that the best predictor of smoking among young women was number of friends who smoked and second best was the belief that "smoking was a good way to remain slim". This information was provided to the Federal-Provincial committee responsible for the National Program on Smoking in Canada, which developed new initiatives based on these findings that may have contributed to a drop in smoking rates by young women. Information from the HPS was also used in the development of other national strategies, including the National Alcohol and Other Drugs Strategy and the National Impaired Driving Strategy. More recently, information from the first and second surveys was used by the Federal, Provincial and Territorial Committee on Population Health in their influential Reports on the Health of Canadians.^{11,12}

Data from both waves of the survey were also used in the evaluation of the work of the Health Promotion Directorate and in the evaluation of other initiatives such as the National Diabetes Strategy.^{13,14} In addition, data from the survey have been used in analyses of trends in health. A recent example is the extensive use of the data in an influential study of health trends among baby boomers in Canada by demographer Andrew Wister.¹⁵

Future directions

The National Health Promotion Survey did in fact contribute to the adoption of new directions in research and policy-making in Canada. In terms of research, among its contributions which have subsequently been adopted in other survey studies were: going beyond risk factors to operationalize concepts implicit in the *Ottawa Charter for Health Promotion*; empowering users to participate in knowledge translation, knowledge sharing and knowledge transfer; ensuring sufficient sample sizes for each jurisdiction to be able to confidently generalize to its population; establishing a model as well as questions for subsequent health surveys; encouraging widespread use of data through making them available early; and developing and using an explicit social marketing strategy with significant funding to reach target audiences, including the general public.

With regard to policy-making, among its contributions which have been adopted were: using survey data to develop and enhance healthy public policy initiatives; encouraging researchers to work with policy-makers in developing policies; using survey data to contribute to the evaluation of public health initiatives; engaging policy-makers in the development of surveys; and encouraging the use of survey data for public health advocacy. Moreover, according to Dr. David McQueen from the US Centers for Disease Control: "In the light of the present day, the Canadian Health Promotion Survey may be seen as a forerunner of the concern to address the

'causes of the causes', the so-named social determinants of health" (personal communication, June 24, 2010).

In short, the Health Promotion Survey – in conjunction with its formalized knowledge transfer and utilization components – were critical elements in the transition of health promotion and the *Ottawa Charter* from concept and theory to evidence-based practice. Thus, the National Health Promotion Survey certainly qualifies as an important milestone in public health research in Canada and internationally.

REFERENCES

1. Milestones in Public Health in Canada. Available at: <http://cpa100.ca/history/milestones/milestone-decade/30> (Accessed May 23, 2010).
2. Rootman I, Warren R, Stephens T, Peters L (Eds.), *Health Promotion Survey Technical Report*. Ottawa, ON: Health and Welfare Canada, 1987.
3. Health Promotion Directorate. The Active Health Report. Ottawa: Health and Welfare Canada, 1987.
4. Health Promotion Directorate. Active Health Report on Seniors. Ottawa: Health and Welfare Canada, 1987.
5. Health Promotion Directorate. Active Health Report on Women. Ottawa: Health and Welfare Canada, 1987.
6. Health Promotion Directorate. Active Health Report on Alcohol, Tobacco and Drug Use. Ottawa: Health and Welfare Canada, 1987.
7. Health Promotion Directorate. Active Health Report on Exercise, Nutrition and Safety. Ottawa: Health and Welfare Canada, 1987.
8. Health Promotion Directorate. Active Health Report on Adolescents and Youth. Ottawa: Health and Welfare Canada, 1987.
9. Imrie R, Warren R. Health promotion survey in the Northwest Territories. *Can J Public Health* 1988;79(Suppl. 1):16-20.
10. Corlett and Associates. Evaluation of Canada's Health Promotion Survey: 1985. Ottawa: Health and Welfare Canada. Internal Report, 1990.
11. Federal, Provincial and Territorial Advisory Committee on Population Health. Report on the Health of Canadians. Ottawa: Health Canada, 1999.
12. Federal, Provincial and Territorial Advisory Committee on Population Health. Statistical Report on the Health of Canadians. Ottawa: Health Canada, 1999.
13. Warren R, Rootman I, Wilson R. Evaluation of Country Wide Health Promotion Policies: The Canadian Experience. In: Rootman I, et al. (Eds.), *Evaluation in Health Promotion, Principles and Perspectives*. Copenhagen, Denmark: European Office of the World Health Organization, 2001;387-404.
14. Reg Warren Consulting. Evaluation of the Canadian Diabetes Strategy. Final Report, 2005.
15. Wister AV. *Baby Boomer Health Dynamics: How Are We Aging?* Toronto, ON: University of Toronto Press, 2005.

RÉSUMÉ

Ce commentaire porte sur la contribution de l'Enquête sur la promotion de la santé (EPS), menée au Canada en 1985, au développement de la recherche en santé publique et à la formulation des politiques au Canada et fait valoir que sur la base de cette contribution, l'EPS doit être considérée comme un jalon de la recherche en santé publique. Pour ce qui est de la recherche, certaines de ses approches ont ultérieurement été adoptées dans d'autres enquêtes : l'EPS a vu au-delà des facteurs de risque en opérationnalisant des notions implicites de la *Charte d'Ottawa pour la promotion de la santé*; elle a habilité les utilisateurs à participer à l'application, au partage et au transfert des connaissances; fait en sorte que les échantillons soient suffisamment gros pour que chaque administration puisse avec assurance en généraliser les données à l'ensemble de sa population; établi le modèle et les questions des futures enquêtes sur la santé; encouragé l'utilisation généralisée des données en les diffusant rapidement; et élaboré et utilisé une stratégie explicite de marketing social pour joindre les publics cibles, y compris le grand public. Certaines des approches de l'EPS en matière de formulation des politiques ont aussi été adoptées : l'EPS a utilisé des données d'enquête pour élaborer et améliorer des initiatives visant à créer des politiques publiques saines; encouragé les chercheurs à collaborer avec les responsables des politiques; contribué des données d'enquête à l'évaluation d'initiatives de santé publique; impliqué les responsables des politiques dans l'élaboration d'enquêtes; et encouragé l'utilisation des données d'enquête à des fins d'action sociale.

Mots clés : promotion de la santé; enquêtes de santé; Canada