



at THE CENTRE FOR
HEALTH PROMOTION
UNIVERSITY of TORONTO

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In 1997, the National Forum on Health (NFH) published *Canada Health Action: Building on the Legacy* in two volumes: a report and a synthesis of major working groups. The forum also commissioned and published 42 research papers (over 2600 pages in 5 volumes) that addressed the broad determinants of health, discussed working in multiple settings using a variety of approaches, and made wide-ranging, practical recommendations based on extensive community consultations. This document is rarely mentioned.

A New Perspective on the Health of Canadians (commonly known as the Lalonde report) was written by Health Canada staff (including the much-missed Ron Draper) and published in 1974. It introduced the simple notion that health is determined by four fields: human biology, lifestyle, environment, and health-care organizations. Unlike the NFH report, this document is ubiquitous, rivaling only the Ottawa Charter for citations in discussions of health promotion. It also, ironically, launched the “lifestyle revolution”—hardly the most important aspect of health in the mind of its authors.

Why the difference between the two reports? The words *readiness* and *paradigm shifts* (metaphorically known as sea changes) come to mind. Do reports of this kind initiate change or rather add weight to changes already in the making? Likely the latter. Usually social change accelerates when powerful players, programs and expressions of ideas align.

This *Update* focuses on the recent report *Toward a Healthy Future: The Second Report on the Health of Canadians*. Like the others, it presents extensive data and thoughtful recommendations. But will it be the NFH report of 1997? Or will it have a life like the Lalonde Report?

We dedicate this issue to the belief that if we are proactive, we can engage powerful players, advance programs of action, and express powerful ideas. Maybe, if we use this resource wisely, we can make a difference.

Larry Hershfield
THCU



Introduction

Toward a Healthy Future:

The Second Report on the Health of Canadians

Lorraine Telford

Toward a Healthy Future: The Second Report on the Health of Canadians, (nicknamed *The Report* or *The Policy Document*), contains the most current information on the health status of Canadians. It presents policy, practice and research suggestions with key findings, and can be used as a tool to alert policy makers, practitioners and the public to current and future opportunities. The report was a collaborative project involving the federal, provincial and territorial Advisory Committee on Population Health (ACPH), Health Canada, Statistics Canada, the Canadian Institute for Health Information and a project team from the Centre for Health Promotion (University of Toronto).

Part A examines the mental and physical health of Canadians. Part B explores how determinants such as gender, age, income, environment, literacy, health services and biology make Canadians healthy or unhealthy. Part C looks at how population health strategies can be used to address three priority action areas: renewal and reorientation of the health system, investment in the health and well-being of key population groups, and improvement of health by reduction of inequalities. Throughout the report, there is also focused information on children, youth and Aboriginal people.

The Report concludes that although Canadians are among the healthiest people in the world, this good health is not equally enjoyed by everyone. It challenges Canadians to take action to redress this inequity. In this issue of *The Update*, our intention is to help you do just that by showing how the report and others like it can be applied to your planning, policy, health communication and program evaluation activities in ways that can make a difference.

For a more detailed analysis of the data discussed in *The Report*, please see *The Statistical Report on the Health Of Canadians (The Statistical Report)*.

The Report and the *Statistical Report*, discussed throughout this issue, are available by mail from:

Publications, Health Canada
Tunney's Pasture (AL0900C2)
Ottawa, ON K1A 0K9
Fax: (613) 941-5366
E-mail: Info@www.hc-sc.gc.ca

or electronically at <http://www.hc-sc.gc.ca>. *The Statistical Report* is also available at <http://www.statcan.ca> and at <http://www.cihi.ca>

Priorities for Action.

The Report highlights three priority areas for action in Canada:

1. Renewing and reorienting the health sector to:
 - meet emerging challenges in health promotion, prevention and protection, and treatment,
 - increase the accountability of health services,
 - increase our understanding of how the basic determinants of health influence well-being,
 - identify policy and program strategies that work, and
 - influence sectors outside of health which can significantly affect health status.
2. Investing in the health and well-being of key population groups, particularly children, youth and Aboriginal people.
3. Improving health by reducing inequities in income distribution and in literacy and education.

Health Communication

Get the Picture?

Interview with Peggy Edwards

Peggy Edwards, the principal author of The Report on behalf of the Centre for Health Promotion (CHP) team was involved in the communications follow-up during the release of the report in Charlottetown by the ministers of Health.

“There was a great deal of media coverage at the event,” says Peggy. “Thirteen ministers of Health are bound to attract national, regional and local attention. I did not do a review of the media coverage (that is Health Canada’s job), but I did look at how five different Ottawa and Toronto newspapers covered the story. In each case, the report made the front page.

Not surprisingly, two of the five

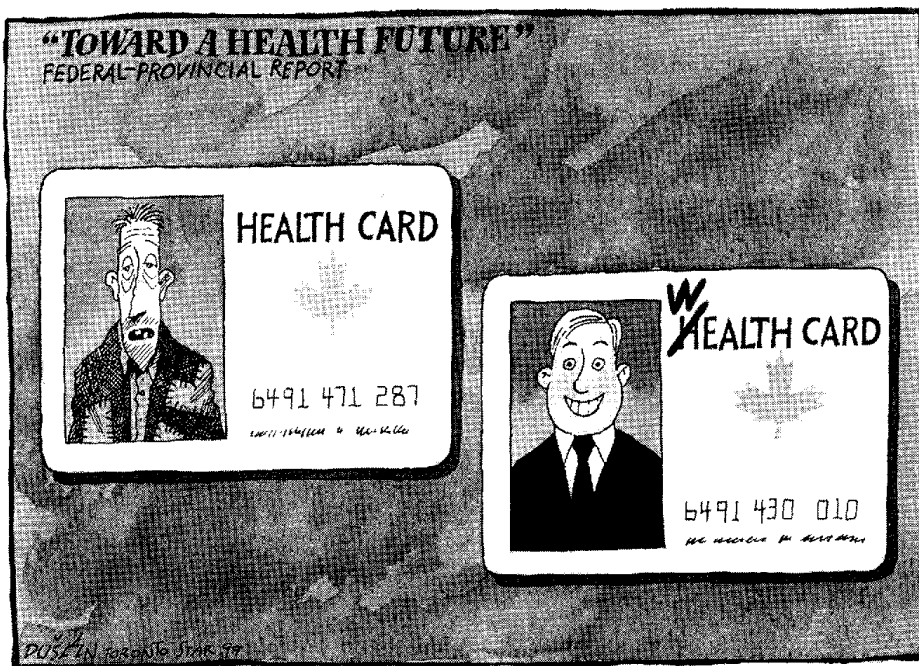
picked up on the broad, positive message that was stressed in the media background material; namely, that Canadians are one of the healthiest peoples in the world. Two picked up on and dramatized the news about youth in distress, which was one of the major messages in the report. Only one mentioned the major finding of the report relating to the relationship between income and health status, and this was

done in a low-key way. The reporter quoted Allan Rock, the federal health minister, saying that ‘the gap between rich and poor was growing,’ but failed to make the case between this finding and the health consequences.

To my surprise and delight, the most effective coverage of the income-health relationship came not on the front page, but in an editorial cartoon in a Toronto paper. The image showed two Health Cards. The first one with a photo of a haggard, unhealthy man was named “Health Card.” The second, with the photo of a smiling, prosperous and healthy man had the “H” crossed out and replaced by a “W” so that the title read “Wealth Card.”

Savvy health communicators know that a newspaper is an effective channel with many different types of vehicles in it. One can promote health through news stories, op-eds, letters to the editor, announcements, and articles in the health and lifestyle sections. But don’t forget the cartoonist. In this case, he summarized the key message in a 250-page report in the most clever and visual way.

Hats off to artist Dusan Petricic. He got it!



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Planning

Connecting the Dots ... Using *The Report* to Plan Programs

Nancy Dubois

To assist health promotion practitioners with program planning, THCU uses a six step framework outlined below. The Report is a rich source of information that can be used for many of the steps. This article suggests how this might be done.

THCU's Six Steps to Program Planning

- 1 Preplanning and Project Management
- 2 Situational Assessment
- 3 Identify Goals, Audiences and Objectives
- 4 Develop Strategies, Activities and Resources
- 5 Develop Indicators
- 6 Review the Program Plan

THCU's workbook, *Introduction to Health Promotion Planning*, can be downloaded at our website <http://www.utoronto.ca/chp/hcu/> or is available free of charge for Ontario residents by calling (416) 978-0522 or emailing hcunit@utoronto.ca

When conducting a situational assessment (Step 2), planners typically need information on demographics, morbidity and mortality rates, health behaviour practices and health status. *The Report* provides this information for a variety of topics (such as chronic diseases, depression, suicide, gambling, health care service use) and audiences (such as Aboriginal people, older adults and children), and explains that there are many different factors that influence health (including income, education, employment, and the environment). It is also useful, whenever possible, to supplement these national and provincial statistics with local data.

Another part of step 2 involves completing an analysis of the political, economic, social and technological factors that could potentially affect the project (a PEST¹ analysis). *The Report* can help assess the economic and social situations, as it covers these topics in detail. Clues as to the political situation, can also be found in the final section (Part C)

of *The Report* which highlights the priority action areas that were agreed upon by the many stakeholders (including the government) involved in writing *The Report*.

A key strength of *The Report* is how it identifies priority goals, audiences and objectives (Step 3), as well as health promotion strategies (Step 4). Recommendations on these items are discussed at the end of each chapter, and in the final part of *The Report* overall priorities for Canada are identified. For each priority topic area and audience, *The Report* focuses mainly on policy strategies (hence the other nickname of *The Report: The Policy Document*), but also discusses creating supportive environments, strengthening community action, developing personal skills and reorienting health services (the five strategies outlined in the Ottawa Charter²).

In terms of developing indicators (Step 5), *The Report* offers statistics on approximately 100 of the indicators most commonly used to measure health. (A more complete discussion of how to use *The Report* to set indicators can be found in the evaluation feature of this issue).

Finally, when reviewing a program plan before implementation (Step 6), it is a good idea to assess whether the strategies that have been selected will in fact contribute to achieving the goals and objectives. *The Report* makes this assessment an easy one, as it is a thorough, evidence-based analysis of what makes Canadians healthy or unhealthy.

Overall, there is little doubt that *The Report* is great planning tool. It is a user-friendly document that provides timely, relevant information that can be used to plan almost any type of health promotion program.

¹ Bryson, J.M. *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement* (1995). San Francisco: Jossey-Bass.

² Canadian Public Health Association, World Health Organization, National Department of Health and Welfare (1986). *Ottawa Charter for Health Promotion*. Ottawa: CPHA.

Policy

Putting *The Report* Into Action

Interview with Reg Warren

I recently had the opportunity to ask Dr. Reg Warren, a member of the Centre for Health Promotion team that worked on The Report, about the role it will have on policy development activities in Canada. His response is summarized below.

When it comes to large data sets, like the one that this report was based on, it is always a challenge to make the information useful to practitioners. In 1995, Health Canada conducted a study,⁵ on how to make research results meaningful to users. Recommendations that resulted from this study included:

- involve potential user groups (such as policy analysts, practitioners, researchers, media, etc.) in all aspects of the research process;
- develop a clear plan for the dissemination of information;
- use new technology to disseminate the information; and
- provide the information in formats that are useful to each user group (e.g. fact sheets, reports on specific groups or issues of interest, etc.).

This report was, in a sense, a test of these recommendations, to see if they could be implemented and if they would result in a useful information dissemination strategy. Hopefully, following these recommendations has helped to make *The Report* a useful policy-development tool for practitioners.

The process that went into developing and releasing the final document, however, is as important as the final document in terms of policy-development activities. To develop *The Report*, a diverse set of stakeholders, a virtual “who’s who” of policy makers in Canada, was brought together and asked to come to consensus (after consulting with their own partners), on what the priority action areas are for improv-

ing the health of Canadians. Because each stakeholder, including those representing the government, was very careful about making sure they could live with the final recommendations, *The Report* has legitimized a very broad view of health. Though there were already many conceptual documents that acknowledged that factors such as income, education, unemployment, working conditions and the social environment have an important role in determining whether Canadians are healthy or unhealthy, this report provides real numbers, on real people and has been endorsed by the ministry (it wouldn’t have been released unless it had been politically scrutinized). Though this does not mean that the government will immediately take action in these areas, it does mean that they have endorsed the recommendations and that health promotion practitioners now have a common language and a set of facts of work from. In addition, because of the role many of the stakeholders have in policy development activities, the final decisions have already been and will continue to be used as a source of input into dozens of existing public health policy processes.

⁵ Centre for Health Promotion, University of Toronto (1995). *Making health promotion research results meaningful to users*. Toronto.



Evaluation

The Report: A Good Indicator for Health Promotion Evaluations

Brian Hyndman

One of the key benefits of large data sets, such as those summarized in *The Report*, is their utility as control groups for program evaluations. For example, a program developed to promote breast-feeding could measure their results against data collected through the 1996–97 National Population Health Survey.

Large data sets are also useful for guiding the development of evaluation indicators. An **indicator** is a variable that provides a measure of one or more aspects of the health of a given individual, community or population. In addition to evaluating changes in health status, indicators can be used to assess the extent to which the objectives of a program were attained. For example, regularity of bicycle-helmet use, summarized in chapter 49 of *The Statistical Report*, could be a key success indicator for an injury prevention project.

A main challenge in developing health promotion indicators is searching for relevant, credible data sources. *The Statistical Report* is an invaluable resource for meeting this challenge. It includes current data for over eighty health-related issues – from employment status to sun exposure. To ensure that the information presented was credible, data sources had to meet the following criteria for inclusion³:

subject matter relevance—all data describing health status had to be at the *individual* level, while data on health determinants could be at the individual or *community* level;

national coverage—all data sources had to be Canada-wide, and be capable of providing reliable detail for the five Health Canada regions (Atlantic, Quebec, Ontario, Prairies and British Columbia);

recency—no data were older than 1994–95;

standard classification—individual data had to be available by a standard set of classification variables, such as age-sex groups and socioeconomic status to allow ease of comparison ;

data quality—all data sources had to be clearly documented, of acceptable quality and based on samples of ad-

equated design to permit the reporting of age-sex and region-level detail without confidence interval problems.

If you are interested in using *The Statistical Report* to develop evaluation indicators for your health promotion initiative, THCU recommends this seven-step process⁴:

1. Identify the health issues addressed by your program
2. Determine why you need an indicator. Will it, for example, support the case for policy development?
3. Clearly define the health issues of interest. For example, can the health issue be divided into separate components for the purpose of evaluation (e.g., knowledge, motivation and resource availability)?
4. Use existing data sources (such as *The Statistical Report*) to help choose suitable indicators
5. Assess the feasibility of collecting data for these indicators in terms of time and resources required.
6. Perform a careful, in-depth quality check on the proposed indicators (i.e., to what extent do the indicators yield information that is valid, reliable, free from bias and sensitive to significant change?).
7. Once the indicator data collection system is implemented, periodically review each indicator to assess its relevance.

The careful selection of indicators is a critical part of any health promotion evaluation. Should you require assistance in developing your health promotion indicators, you can select from a range of information resources, including public health unit epidemiologists, health intelligence units, university researchers, and, as always, your THCU consultant.

³ Federal, Provincial and Territorial Advisory Committee on Population Health (1999). *Statistical Report on the Health of Canadians* Ottawa: Health Canada.

⁴ Centre for Health Promotion (1995) “Developing health promotion indicators.” In *A Resource Package for District Health Promotion Planning*, 2-16.

Resources



Resources

Additional Resources on Using Large Data Sets

Friede, A., Freedman, M., Paul, J., Rizzo, N., Pawate, V. & Turczyn, K. DATA2000: CDC WONDER information system linking Healthy People 2000 objectives to data sets. (1994). *American Journal of Preventive Medicine*. 10(4) p. 230–4.

The information system can be accessed online at <http://wonder.cdc.gov/wonder/prevguid/prevguid.htm>

Final Report of the Joint Working Group of the Social Sciences and Humanities Research Council (SSHRC) and Statistics Canada on the Advancement of Research Using Social Statistics. January 1999.

Statistics Canada has a great deal of rich and unique data-collection instruments and data sets that cover a broad range of issues. Unfortunately, they are not fully used because Canada lacks the capacity to fully analyze the data. In January 1998, SSHRC and Statistics Canada created a national task force made up of leading Canadian researchers and statisticians to address this problem.

In its final report to SSHRC and Statistics Canada, the task force recommended that more researchers be trained in the field of quantitative analysis; statistics Canada's detailed data be made more accessible through the creation of data centres across the country; and a dissemination strategy that strengthens the linkages between the policy makers and the community of researchers be developed. The full report can be downloaded from <http://www.sshrc.ca/english/policydocs/discussion/statscan.html>. For more information, please contact H el ene R egnier at 613-992-5148 or at helene.regnier@sshrc.ca.

Watch For It

Canadian Community Health Survey (CCHS)

The CCHS is being developed by Statistics Canada to provide regular information about health determinants, health status and health-system utilization of Canadians. Data collection is scheduled to begin in September 2000. Each two-year collection cycle will result in regional and provincial reports. In addition to public-use microdata files and overview reports, there will be quarterly releases of selected indicators. The first quarterly release is scheduled for the spring of 2001.

More information about the CCHS is available at www.statcan.ca/english/concepts/health/ccshinfo.htm or by contacting Brent Diverty by phone at 613-951-4269 or by email at diverty@statcan.ca.

Health Reports

Health Reports is a quarterly journal with articles based on data from more than fifteen key health databases and other socio-economic sources maintained by Statistics Canada. Information on how to access *Health Reports* is available on the web at <http://www.statcan.ca/english/ads/82-003-XIB/index.htm>

The Statistics Canada Thematic Search Tool

The *Thematic Search Tool* is designed to assist persons who want to know whether Statistics Canada has information on a given social subject.

This extensive database describes each relevant survey in detail, and provides information on data collection subjects/variables, survey methodology, structure and contents of data files, published reports based on data, and who to contact for further information about the surveys. It can be found at <http://www.statcan.ca/english/Tst/ssint.htm>

Centre for Health Promotion, University of Toronto. (1995). *Making health promotion research results meaningful to users*. Toronto.

Stocking, B. (1995). Why research findings are not used by commissions—and what can be done about it. *Journal of Public Health Medicine*. 17(4) p. 380–382.

The Health Communication Unit. (1998). *Using Large Group Data Sets Sourcebook*.