



Select Highlights on Public Views of the

# Determinants of Health



C a n a d i a n P o p u l a t i o n H e a l t h I n i t i a t i v e



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé

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## About the Canadian Population Health Initiative

The Canadian Population Health Initiative (CPHI), a part of the Canadian Institute for Health Information (CIHI), was created in 1999. The mission of CPHI is twofold: to foster a better understanding of factors that affect the health of individuals and communities, and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.

As a key actor in population health, CPHI

- provides analysis of Canadian and international population health evidence to inform policies that improve the health of Canadians,
- commissions research and builds research partnerships to enhance understanding of research findings and to promote analysis of strategies that improve population health,
- synthesizes evidence about policy experiences, analyzes evidence on the effectiveness of policy initiatives and develops policy options, and
- works to improve public knowledge and understanding of the determinants that affect individual and community health and well-being.



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## Introduction

A wide range of factors including economic, genetics, behavioural patterns, health systems, and physical and social environments can all have an impact on health.<sup>1,2</sup> For example, income, social support and housing have been shown to be related to the physical and emotional well-being of individuals, neighbourhoods and communities.<sup>3, 4, 5, 6, 7, 8</sup> In addition, there is a complex interrelationship between these various factors that work together to determine health.<sup>1</sup>

There is a strong tradition of health promotion and population health in Canada. In 1974, the report *A New Perspective on the Health of Canadians* argued that “the traditional view of equating the level of health in Canada with the availability of physicians and hospitals is inadequate. Marvellous though health care services are in Canada in comparison with many other countries, there is little doubt that future improvements in the level of health of Canadians lie mainly in improving the environment, moderating self-imposed risks and adding to our knowledge of human biology.”<sup>9</sup> (p. 18)

In 1986, the *Ottawa Charter* reinforced this, defining health promotion as “the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond health lifestyles to well-being.”<sup>10</sup> (p. 1) The Charter outlined the required conditions and resources for health including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. (p. 1)

These documents, and other work on social determinants of health, laid the foundation of health promotion and population health in Canada. However, relatively little is known about the Canadian public’s views on what constitutes health and what factors influence health. For example, does the public equate health with health care, or does the public view health more broadly? Do people consider that certain factors like income, education, housing or social support could influence health? Does the public believe that health could be improved by addressing these factors?

One of the objectives of CPHI is to promote public dialogue on the determinants of health. To achieve this objective, it was considered essential to first understand the public’s perception and understanding of health and the factors considered to influence health. The following were conducted for this purpose:

1. Secondary analysis of the Citizens’ Dialogue on the Future of Health Care in Canada
2. Public Opinion Surveys: 2003 Survey conducted by CPHI and a review of previous public opinion surveys on population health-related issues
3. Media monitoring of key national and regional newspapers for major health stories

The present summary discusses the findings synthesized from the above sources.



## Methods

The following sources of information were used to prepare this summary:

1. **Secondary Analysis of the Citizens' Dialogue on the Future of Health Care in Canada:** The *Citizens' Dialogue* was conducted for the Commission on the Future of Health Care in Canada (Romanow Commission) by the Canadian Policy Research Networks (CPRN) in early 2002. It was designed to understand how Canadians made trade-offs between different options for health care.<sup>11</sup> Although population health issues were not considered as part of the scenarios in the Citizens' Dialogue, in every one of the numerous Dialogue sessions that were conducted, participants mentioned population health issues as something they would like to see addressed in the future health care system. CPHI was therefore interested in understanding how members of the public expressed their views on population health. The Canadian Policy Research Networks was commissioned to undertake a secondary analysis of the Dialogue in order to examine how people described health and health issues.
2. **Public Opinion Surveys:** The Strategic Counsel was commissioned by CPHI to conduct a public opinion survey to examine the views of the public on the determinants of health. A telephone study was conducted in August 2003 among 1,200 Canadians aged 18 years and over. The respondents were randomly selected to be proportionate to the distribution of the population across 5 regions: the Atlantic Provinces (Prince Edward Island, Newfoundland and Labrador, New Brunswick, Nova Scotia), Quebec, Ontario, the Prairies (Manitoba, Saskatchewan, Alberta) and British Columbia (Appendix 3). The questionnaire was comprised of a series of open- and closed-ended questions on what Canadians considered to be key factors that determined overall health and their priorities for improving the health of Canadians.  
  
In addition, public opinion surveys conducted in Canada between 1978 and 2003 were reviewed in-house. Internet and MEDLINE searches were also carried out to identify public opinion surveys conducted in Canada. Public opinion surveys that were available in the Canadian Opinion Research Archive of Queen's University were accessed; only publicly available reports were included. The surveys that addressed select key areas of population health (Appendix 1) were examined in order to determine the major population health issues addressed by the public opinion surveys. Additionally, the surveys were examined to assess what people considered to be important factors that influenced health.
3. **Media Monitoring:** Media stories between January 1, 2003 and June 30, 2003 were reviewed by the Mercury News Analysis Inc. In order to obtain a representative sample of coverage across the country, three major national newspapers and those papers with the largest circulation in each province were selected. Only one of the three territories was selected for the study, as the other two did not have daily newspapers available on commercial databases (Appendix 2).

A list of key indicators was developed which was used as a standard framework for all inputs (Appendix 1). Findings from the above sources are highlighted in this report, providing information about public views on the determinants of health.



## Results

### Perceived Knowledge of Health Issues

Results from the CPHI survey showed that a little over half (55%) of the respondents reported that they had “good knowledge” of health issues, while another 15% described their knowledge as “excellent”, indicating that most Canadians (70%) believed they had excellent/good knowledge of health issues. Only 2% thought that they had “poor” knowledge (Table 1).

Table 1 Perceived Self-Knowledge of Health Issues <sup>§</sup> (CPHI, Public Opinion Survey—2003)		Proportion of Respondents* (%) (n=1200)
	Excellent	15
	Good	55
	Fair	27
	Poor	2
	Very Poor	<1
<sup>§</sup> How would you rate your knowledge of health issues? Would you say it was excellent, good, fair, poor or very poor?		
<sup>*</sup> May not add up to 100% due to rounding.		

### How Do People Define Health?

Participants in the Citizen’s Dialogue used terms like “education” and “prevention” while discussing health care issues. As population health was not a specific issue addressed in the Citizens’ Dialogue, it was not possible to determine how people described population health through this forum.

More direct information on how people viewed health was gathered through the CPHI public opinion survey. When asked about significant health issues facing Canadians, responses could be broadly grouped into three categories: disease or illness, health care infrastructure and lifestyle issues. Among diseases, the most commonly mentioned were cancer, heart and stroke problems, diabetes and respiratory illnesses. Accessibility to health care, waiting times, lack of funding, rising costs, shortages of doctors, beds and health care workers were cited as important health care infrastructure concerns. Lifestyle issues such as lack of exercise, smoking, poor nutrition and stress were considered to be important factors influencing health.

## Who Has Poorer Health?

Respondents to the CPHI public opinion survey identified people who are economically disadvantaged, First Nations and Inuit peoples, the elderly and children/youth as groups within Canada who have poorer health than other Canadians. However, almost one in four (24%) respondents did not consider any group as having worse health than other Canadians (Table 2).

Table 2 Top 5 Ranking Groups Reported to Be in Worse Health Than Others <sup>§</sup> (CPHI Public Opinion Survey—2003)	Proportion of Respondents (%) n= 1200	
	Economically Disadvantaged	30
	First Nations/Inuit	19
	Elderly	9
	Children/Youth	5
	None	24
<sup>§</sup> Do you believe there are any particular groups of people in Canada that are in worse health than other Canadians?		

## Individual Behavioural Practices

In the CPHI survey, lifestyle behaviours such as exercising, practising good nutrition, having adequate rest and not smoking were recognized as factors that contributed to good health; not exercising, practising poor nutrition and smoking were recognized as factors that contributed to poor health. When asked to identify important factors that contributed to good health through open-ended questions, respondents ranked diet and physical activity among the top factors influencing health (Table 3). Factors such as income, employment and social support were not highly recognised as important factors influencing health, indicating that Canadians tend to readily identify individual level factors and not population level factors as having an influence on health.

Table 3 Top 4 Factors Contributing to Good Health <sup>§</sup> (CPHI Public Opinion Survey—2003)	Proportion of Respondents (%) (n= 1200)	
	Diet/Nutrition	82
	Physical Activity	70
	Proper Rest	13
	Not Smoking	12
<sup>§</sup> If you had to identify the three most important factors that contribute to GOOD health, what would they be?		

A review of other public opinion surveys that examined lifestyle factors also indicated that participants tend to identify individual lifestyle choices like diet, smoking, alcohol consumption and physical activity as being important determinants of health.

The Citizen's Dialogue indicated that people wanted more focus on prevention, education and wellness programs in order to cut down future health care costs. More information about prevention and education initiatives delivered by health professionals was considered necessary to promote health. People tend to consider personal responsibility for their own behaviours as important to stay healthy and prevent diseases.

### Factors Considered to Have an Impact on Health

According to the CPHI survey, when participants were presented with a list of factors that might have an impact on the health of Canadians through a series of closed-ended questions, environment and personal health behaviours were rated relatively higher than social and economic factors such as income and community support. Three out of five people (61% to 64%) reported that the quality of air we breathe, the quality of water we drink and exposure to second-hand smoke are important factors that have a strong impact on the health of Canadians. Between 65% and 80% reported that smoking, eating, exercising and being overweight or obese influenced the health of people. When prompted, only one in three reported that social and economic conditions (like income and housing) and community characteristics (like supportive community) had an impact on the health of Canadians. Respondents rated the impact of genetics at about the same level as a person's early family and neighbourhood experiences (Table 4).

## Select Highlights on Public Views of the Determinants of Health

Table 4 Impact <sup>§</sup> of Factors on the Health of Canadians (CPI Public Opinion Survey—2003)		Proportion of Respondents (%) (n= 1 200)
	Genetics and Biology	44
Physical Environment <ul style="list-style-type: none"> <li>• Quality of water we drink</li> <li>• Quality of air we breathe</li> <li>• Amount of exposure to second-hand smoke</li> <li>• Safety of communities</li> <li>• Availability of quality housing</li> </ul>	64 64 61 35 34	
Social and Economic Conditions <ul style="list-style-type: none"> <li>• Whether a person has a job</li> <li>• Child's early family and neighbourhood experiences</li> <li>• A person's level of income</li> <li>• A person's level of education</li> </ul>	49 44 33 33	
Behaviour and Lifestyle <ul style="list-style-type: none"> <li>• Whether a person smokes</li> <li>• A person's eating habits</li> <li>• Whether a person is overweight or obese</li> <li>• How much stress a person has</li> <li>• Amount of exercise a person gets</li> <li>• Whether a person lives in a supportive community</li> <li>• Whether a person has a close circle of friends</li> <li>• How involved a person is in his or her community</li> </ul>	80 72 71 68 65 35 33 17	
<sup>§</sup> Includes questions that convey very strong/strong impact. Please see Appendix 4 for the questions from the survey.		



## Public Views on Priorities Needed to Improve Health

Respondents to the CPHI survey were asked a series of open-ended questions on what their priorities would be for improving the overall health of the Canadian population, based on the following three broad categories (Appendix 5):

- personal surroundings and environment,
  - social and economic conditions, and
  - behaviours and lifestyles
1. **Personal surroundings and environment:** Among the top-ranking suggestions, about two out of five individuals (42%) identified improvements to the natural environment as the key to affecting a positive impact on overall health. Within this group, close to half of the respondents identified improvements to air quality as the key to improving overall health, while a third of these respondents mentioned reduction or elimination of environmental pollution as an important change that should be made to improve the health of Canadians.
  2. **Social and economic conditions:** About one in five respondents (21%) suggested that social and economic conditions could best be improved by raising household incomes, providing more effective assistance to those living in poverty, reducing taxes and lowering the price of goods and services. Twenty-one percent (21%) considered that providing an improved health care system could help improve the health of Canadians. One in seven (14%) suggested increased education as a way of changing social and economic conditions, while 1 in 10 (10%) mentioned the need to create and/or raise employment levels among Canadians.
  3. **Behaviours and lifestyles:** Among the top-ranking suggestions, nearly 3 in 10 (29%) suggested the need for more frequent or regular exercise; about one in four (24%) mentioned diet or eating habits as factors that could help to improve health. Fifteen percent (15%) suggested that providing education on important behavioural characteristics was important to improve the health of Canadians and a similar proportion (14%) suggested that giving up smoking was important to improving health.

## Media Stories

The most common topic covered in the media for the period examined related to the environment, followed closely by personal health behaviours (Table 5). The main environment story was on contaminants and the use of pesticides to combat the West Nile virus. Stories on personal health behaviours tended to be related to smoking, tobacco control and diet (the latter with a main focus on nutrition labelling requirements issued by Health Canada). Influence of income, education and housing on health did not receive as much attention in the news media. Other work is currently underway in this area, including research examining newspaper coverage of population health.<sup>14</sup>

## Select Highlights on Public Views of the Determinants of Health

Table 5 Major <sup>§</sup> Media Coverage of Health Determinants (Media Monitoring, January to June 2003)	Percentage of Total Articles (%) n= 1467	
	Environment	32
Personal Health Behaviours	30	
Early Childhood	7	
Obesity	7	
Employment	7	
§Top five mentions		

Overall, the physical environment and personal health behaviours were the top two health determinants covered by the print media in all of the regions across Canada during this time period (Table 6).

Table 6 Major Media Stories of Health Determinants Across Canada* (Media Monitoring, January to June 2003)	Determinant	All	Nat	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.
Environment	1	1	1	1	2	2	2	1	1	2	1	2	2	
Personal Health Behaviour	2	2	2	2	1	1	1	2	2	1	2	1	1	
Obesity	3	3	5	9	7	6	3	3	8	6	8	4	5	
Early Child	3	5	4	4	6	3	4	5	5	6	4	3	7	
Employment	5	6	3	6	3	4	5	8	4	3	3	4	3	
Gender	6	4	5	7	4	4	5	4	5	8	5	8	7	
Community	7	8	9	5	4	6	10	6	8	3	5	6	4	
Aboriginal Health	8	7	9	8	7	8	10	8	3	5	12	6	7	
Social Support	9	13	7	3	9	8	9	7	11	8	7	11	7	
Culture	10	12	9	9	10	8	7	8	10	8	10	11	5	
Economics	11	10	9	11	12	8	7	13	7	11	12	9	7	
Education	12	11	8	11	12	12	10	11	11	11	9	9	7	
Housing	13	9	9	11	10	13	10	11	11	11	10	11	7	
* Ranking of media stories on health determinants in Canada by province/territory.														

## Discussion

Overall, individual-level contributors to health appear to be generally recognized in the selected sources reviewed (re-analysis of the Citizens' Dialogue, public opinion survey conducted for CPHI/review of previous public opinion surveys and media monitoring). Personal lifestyle behaviours (such as nutrition, exercise, smoking and drinking) and the environment appear to be widely recognised as having an impact on health.

Broader determinants, like income, education and social support, seem to be less well recognized as having an impact on health. For example, one in three Canadians reported that social and economic conditions (such as income and housing) and community characteristics (such as supportive community networks) influenced the health of Canadians. The CPHI survey seems to suggest that people generally consider that making lifestyle changes could improve health, rather than identifying broader social determinants of health.<sup>12</sup> Similarly, the media stories analyzed did not tend to address the broader societal factors. Other media analysis is currently in progress<sup>14</sup> and has identified similar findings - that very few of the media stories analyzed in newspapers dealt with such determinants as housing, employment and income distribution.<sup>13, 14</sup>

As Donald Nutbeam has noted "efforts to improve people's knowledge, understanding and capacity to act, should not only be directed at changing personal lifestyle of the way in which people use the health services. Health education could also raise awareness of the social, economic and environmental determinants of health, and be directed towards the promotion of individual and collective actions which may lead to modification of these determinants."<sup>15</sup> (p. 264). There are many questions still to be answered with regards to public views of the social determinants of health. It is hoped that the highlights above will contribute to the ongoing debate and discussion on the public's view of population health.



## Appendix I Determinants of Health Used for Public Views Project

### Broad Key Areas and Sub-Headings<sup>1, 16</sup>

#### **1. Health and Economics**

- Income
- Poverty
- Wealth
- Taxes

#### **2. Health and Education**

- School
- Budget

#### **3. Health and Employment/Work**

- Control
- Stress
- Satisfaction
- Safety/Hazards

#### **4. Health and Early Childhood Development**

- Parenting
- Education and Care Programs
- Skills Development

#### **5. Aboriginal Peoples' Health**

- First Nations
- Inuit
- Métis

#### **6. Obesity**

- Overweight
- Physical Activity
- Diet

## Select Highlights on Public Views of the Determinants of Health

### **7. Health and Social Support/Health and Social Capital**

- Family
- Friends
- Communities
- Volunteering
- Community Groups/Organizations

### **8. Health and Environment (Physical Environment)**

- Water Quality
- Air Quality
- Food Quality
- Contaminants
- Pollution
- Second-Hand Smoke

### **9. Health and Communities**

- Recreation
- Community Organizations
- Safe

### **10. Health and Housing**

- Affordability
- Quality
- Availability (Supply)
- Homeless

### **11. Health and Gender**

- Women's Health (Mostly Diseases, Stress, Depression)

### **12. Personal Health Behaviour**

- Smoking/Tobacco
- Drinking/Alcohol
- Eating/Diet
- Substance Abuse

### 13. Health and Culture/Ethnicity

- Immigrants
- Ethnic
- Visible Minorities

#### Health and Economics

Health status improves at each level up the income hierarchy.<sup>6, 16, 17</sup> People in the high income group are more likely to be healthier than people in the middle income group, who in turn are more likely to be healthier than those in the lower income group.<sup>17</sup> Those with higher incomes tend to have safe housing and access to adequate and good nutritious food.<sup>16</sup> Also, the distribution of income in a given society may be an important factor.<sup>4</sup> The healthiest populations tend to be those societies with a more equitable distribution of wealth.<sup>17</sup>

#### Health and Education

Health status improves with education level.<sup>1</sup> People with low education levels are more likely to be unemployed and poor, and to suffer from poorer health, than those with high levels of education.<sup>1</sup> There are more opportunities for employment and higher income with higher education.<sup>16</sup> Education provides people with knowledge and skills to tackle issues and helps provide a sense of control and mastery over life situations. It enables people to access and understand information in order to be healthy.<sup>1</sup>

#### Health and Employment/Work

Employment has a considerable effect on people's physical, mental and social health.<sup>1, 17</sup> People who have more control over their work circumstances and have fewer stress-related demands on the job tend to be healthier than those in more stressful jobs.<sup>1</sup> Employment provides opportunities for personal growth.<sup>17</sup> Working conditions also affect health.<sup>17</sup> Unemployment, underemployment or stressful work are associated with poorer health.<sup>16</sup>

#### Health and Early Child Development (0 to 6 Years)

Studies indicate that early child development is an important determinant of health.<sup>8, 12</sup> Positive prenatal and early childhood experiences result in improved learning and behavioural skills and better overall health in adulthood.<sup>1</sup> At the same time, several factors affect the physical, social, mental and emotional development of children. For example, a child's development is influenced by his or her neighbourhood,<sup>7</sup> family income and parents' education.<sup>1</sup> Children born in low-income families are more likely than those born in high-income families to have low birth weights, to eat less nutritious foods and to have more difficulties in school.<sup>1, 12</sup>

### Aboriginal Peoples' Health

The term “Aboriginal Peoples” refers to the First Nations, Métis and Inuit people of Canada.<sup>12</sup> Several factors have played a role in shaping the life and health of Aboriginal people. For example, the negotiation of treaties, the transfer of land from Aboriginal people to settlers and the provision of health services and education all have an effect on their lives, culture and health.<sup>12</sup>

### Obesity

Obesity or excess body weight has been linked with major preventable chronic diseases, including type 2 diabetes, cardiovascular diseases, hypertension, stroke, renal failure, blindness and some types of cancer. Obesity is prevalent among children and adults. Excess calorie intake that is not balanced by sufficient energy expenditure could contribute to obesity. In addition to these personal behavioural practices, several social, economic and environmental factors play a role in the promotion and prevention of obesity.<sup>12</sup>

### Health and Social Support

Social support refers to the social networks within a community, region, province or country where people share resources and foster partnerships with others.<sup>1</sup> People with good support have someone to whom they can turn to for help during crisis and also feel loved and cared for. Having support from families, friends and communities is associated with better health.<sup>16</sup>

### Health and Social Capital

The values of a society including volunteerism and active participation in communities can influence the health of individuals and populations. Such factors like social stability, safety and interconnected communities can contribute to good health. Studies have shown that low social participation has a negative impact on health and well-being.<sup>6, 16</sup>

### Health and Environment (Physical Environment)

The physical environment (e.g. air and water quality) is an important determinant of health.<sup>13</sup> Exposure to pollutants in air, water or food can cause a variety of adverse health effects.<sup>17</sup> Factors in the human built environment, such as the design of a community (e.g. road design) can influence health.<sup>18</sup>



### Health and Communities

Studies indicate that geographic (e.g. natural and built environment) and social (e.g. civic life and cohesion) factors can contribute towards promoting good health. There are indications that certain community characteristics may play a role in differences in health status among similarly disadvantaged groups. Several physical characteristics such as the availability of open spaces, as well as social characteristics of the community such as community organizations, can possibly influence people's health.<sup>12</sup>

### Health and Housing

Housing is an important determinant of health status.<sup>5</sup> Several built-in factors, like the quality of water, sanitation and exposure to contaminants or physical hazards, can influence health. Housing may be unsafe for a variety of reasons, including poor construction, inadequate ventilation, inadequate heating or overcrowding. Living in such conditions can contribute to poor health (e.g. respiratory illnesses and gastro-intestinal infections).<sup>5</sup>

### Health and Gender

Gender refers to societal determined roles, attitudes, behaviours and values that are associated with males and females.<sup>1, 16</sup> Many health issues can be attributed to disparities in gender-based status. Females, for example, are more vulnerable to physical violence, low income and single parenthood.<sup>16</sup> Males are more likely to die prematurely of certain disease compared to females.<sup>1</sup> Gender inequalities and gender bias addressed both within and outside the health system can improve population health.<sup>16</sup>

### Personal Health Behaviour

Personal health behaviour refers to those actions taken by individuals that can either prevent or contribute to diseases.<sup>1</sup> People make a number of choices about what and how much they drink, smoke and eat. For example, some people choose to wear helmets while riding bicycles while others do not. It is being recognized that personal behaviours are influenced by several social, economic and environmental factors.<sup>17</sup>

### Health and Culture

The health of members of some ethnic or cultural groups can be vulnerable because of cultural differences and risk factors. Some persons or groups may face health risks due to lower socio-economic conditions and lack of access to culturally appropriate health care and services.<sup>1, 16</sup>



## Appendix 2

# Media Monitoring

Major newspapers reviewed at the national and regional levels:

<p><b>National Level</b></p> <p><i>Toronto Star</i></p> <p><i>Globe and Mail</i></p> <p><i>National Post</i></p>
<p><b>Provincial/Territorial Level*</b></p> <p>British Columbia—<i>Vancouver Sun</i></p> <p>Alberta—<i>Edmonton Journal</i></p> <p>Saskatchewan—<i>Saskatoon StarPhoenix</i></p> <p>Manitoba—<i>Winnipeg Free Press</i></p> <p>Ontario—<i>Ottawa Citizen</i></p> <p>Quebec—<i>La Presse</i></p> <p>Nova Scotia—<i>Halifax Chronicle-Herald</i></p> <p>New Brunswick—<i>New Brunswick Telegraph-Journal</i></p> <p>Prince Edward Island—<i>Charlottetown Guardian</i></p> <p>Newfoundland and Labrador—<i>St. John's Evening Telegram</i></p> <p>Yukon—<i>Whitehorse Star</i></p>
<p>* Note: Only one of the three territories was selected for the study, as the other two do not have dailies available on commercial databases.</p> <p>The date range of the review was January 1, 2003 to June 30, 2003.</p>



## Appendix 3

# Comparison of the Participants in the CPHI Public Opinion Survey, 2003 With Census 2001 Data

Characteristics	CPHI Public Opinion Survey, 2003 (n=1200)* %	Census 2001 <sup>19, 20, 21</sup>
<b>Gender<sup>◇</sup></b>		
Males	50	49
Females	50	51
<b>Age (years)<sup>§</sup></b>		
0–17	NA	23
18–34	19	23
35–54	42	32
55–69	22	13
70+	14	9
<b>Education<sup>§, ◇</sup></b>		
Grade 8 or lower	5	10
More than Grade 8 but less than high school	35	22
Trade certificate/Diploma	7	11
College certificate	27	15
University degree	24	18
<b>Household Income<sup>§</sup></b>		
Less than \$20,000	13	19
20,000 - ≤ 39,999	19	23
40,000 - ≤ 59,999	20	20
60,000 - ≤ 79,999	14	15
80,000 +	17	23
<b>Regions</b>		
Newfound and Labrador	2	2
Prince Edward Island	<1	<1
Nova Scotia	3	3
New Brunswick	3	2
Quebec	25	24
Ontario	37	38
Manitoba	4	4
Saskatchewan	3	3
Alberta	9	10
British Columbia	13	13
<p>§ Does not include age, education and household income that were not reported. * Percentages may not add up to 100% due to rounding. ◇ Includes all age groups for the Census data.</p>		



## Appendix 4

# CPHI Public Opinion Survey, 2003—Questions About Factors Affecting Health

Now I'm going to read you a list of things that may or may not be important factors influencing the health of Canadians. For each, please tell me how you would rate what impact you think each has. Please choose a number from 1 to 7 where 7 means this factor has a very strong impact on health and 1 means it has no impact at all.

<p><b>Genetics and Biology</b></p> <p>a. Your genetic makeup, that is what you inherited from your parents</p>
<p><b>The Physical Environment</b></p> <p>b. The quality of water we drink</p> <p>c. The quality of air we breathe</p> <p>d. The amount of exposure to second-hand smoke</p> <p>e. The safety of our communities</p> <p>f. The availability of quality housing</p>
<p><b>Social and Economic Conditions</b></p> <p>g. A person's level of education</p> <p>h. A child's early family and neighbourhood experiences</p> <p>i. Whether a person has a job</p> <p>j. A person's level of income</p>
<p><b>Behaviours and Lifestyle</b></p> <p>k. How much stress a person has in their life</p> <p>l. A person's eating habits</p> <p>m. The amount of exercise a person gets</p> <p>n. Whether a person has a close circle of friends</p> <p>o. Whether a person is overweight or obese</p> <p>p. Whether a person lives in a supportive community</p> <p>q. Whether a person smokes</p> <p>r. How involved a person is in their community</p>





## Appendix 5

# CPHI Public Opinion Survey, 2003— Open Ended Questions

Now I would like you to consider a number of areas that could be a focus for improving the overall health of Canadians.

In your view, what are the most important changes we could make to your personal surroundings and environment to improve the health of Canadians?

In your view, what are the most important changes we could make to social and economic conditions to improve the health of Canadians?

In your view, what are the most important changes we could make to behaviours and lifestyles to improve the health of Canadians?



## For More Information

1. Health Canada, *Population Health*, [online], last modified June 16, 2003, from <http://www.hc-sc.gc.ca/hppb/phdd/determinants/index.html>.
2. Statistics Canada and the Canadian Institute for Health Information, *Health Indicators* (Ottawa: CIHI, 2004), [online], from [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=indicators\\_e](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=indicators_e), catalogue no. 82-221-XIE.
3. R. G. Wilkinson, "Income Distribution and Life Expectancy," *British Medical Journal* 304, 6820 (1992): pp. 165–168.
4. N.A. Ross, *What Have We Learned Studying Income Inequality and Population Health?*, (Ottawa: Canadian Institute for Health Information, 2004), [online], from <http://www.cihi.ca>.
5. Canadian Institute for Health Information, *Housing and Population Health—The State of Current Research Knowledge*, (Ottawa: CIHI, 2004), [online], from <http://www.cihi.ca>.
6. R. Putnam, "Social Capital: Measurement and Consequences," *ISUMA, Canadian Journal of Policy Research* 2 (2001): pp. 41–52.
7. R. Wilkins, J-M. Berthelot, Trends in mortality by neighbourhood income in Urban Canada from 1971 to 1996, *Health Reports*, 13 (Supplement) (2002): pp.1-24.
8. C. Hertzman, S. A. McLean, D. E. Kohen, J. Dunn, T. Evans, *Early Development in Vancouver: Report of the Community Asset Mapping Project (CAMP)*, (Ottawa: Canadian Institute for Health Information, 2002), [online], from <http://www.cihi.ca>.
9. M. Lalonde, *A New Perspective on the Health Of Canadians*, Government of Canada, Minister of Supply and Services Canada, Catalogue No. H31-1374, ISBN 0-662-50019-9, (Ottawa: Government of Canada, 1981).
10. WHO/HPR/HEP/95.1, *Ottawa Charter for Health Promotion*, First International Conference on Health Promotion, (Ottawa, 1986), p.1.
11. J. Maxwell, K. Jackson and B. Legowski of Canadian Policy Research Networks, S. Rosell, D. Yankelovich, P.-G. Forest and L. Lozowchuk, *Report on Citizens' Dialogue on the Future of Health Care in Canada*, (Ottawa: The Commission on the Future of Health Care in Canada, 2002), [online] from <http://www.cprn.ca>.
12. Canadian Institute for Health Information, *Improving the Health of Canadians*, (Ottawa: CIHI, 2004), [online], from <http://www.cihi.ca>.
13. C. Thorbes, "Media Suffering From 'Tunnel Vision' Says Researchers," *Media and Public Relations* (Simon Fraser University) 23, 6 (March, 21, 2002).

## Select Highlights on Public Views of the Determinants of Health

14. M. Hayes, I. Ross, D. Gutstein, R. Hackett, M. Gasher, J. Dunn, "Telling Stories: News Media, Health Literacy and Public Policy, 2003," presented at the *Canadian Public Health Association Conference* in St. John's, in June 2004 (abstract of oral presentation).
15. D. Nutbeam, "Health Literacy as a Public Health Goal: a Challenge for Contemporary Health Education and Communication strategies into the 21<sup>st</sup> Century," *Health Promotional International*, 15, 3 (2000):pp.1259-267.
16. D. I. Hay, A. Watchell, *The Well-Being of British Columbia's Children and Youth* (British Columbia: First Call Child and Youth Advocacy Coalition, 1998).
17. Federal, Provincial and Territorial Advisory Committee on Population Health, *Toward a Healthy Future, 1999*, Ministry of Public Works and Government Services Canada.
18. L.D. Frank, M.A.Andersen, T.L.Schmid, "Obesity Relationships with Community Design, Physical activity, and Time Spent in Cars," *American Journal of Preventive Health* 27, 2 (2004): pp. 87-96.
19. Statistics Canada, "Age Groups and Sex for Population, for Canada, Provinces and Territories, 1921 to 2001 Censuses, 100% Data, Census 2001," 97F0003XCB01002.
20. Statistics Canada, "Household Income Groups in Constant (2000) Dollars and household Type for Private Households, for Canada, Provinces, Territories, Census Metropolitan and Census Agglomerations, 1995 and 2000—20% Sample Data, Census 2001," 97F0002XCB01005.
21. Statistics Canada, "Detailed Highest Level of Schooling, Age Groups and Sex for Population 15 years and over, for Canada, Provinces, Territories, Census Metropolitan and Census Agglomerations, 2001 Census—20% Sample Data," 97F0017XCB01001.