People and the Environment

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Nature’s law for health: output depends on input

There is a growing understanding that people have evolved with and are part of a complex environment and that their interactions with it are profound. Human beings, if they wish to be healthy, are obliged to adapt to the dictates of ecological reality. How this is being recognized in Canada’s policies on health promotion is outlined below.

In order to be sound, public policy on health should recognize the significance of interactions between people and their environment, and should endeavour to:

— foster public participation in strategic planning, decision-making and efforts to improve health by altering the environment;

— create healthy environments where people live, work and play;

— establish intersectoral action for health in such areas as environmental protection and safety, education, finance, transport and agriculture.

Whereas health promotion in Canada used to be largely concerned with information and education designed to reduce risk and influence individual behaviour, there is now an awareness that a more ecological approach is needed (1). The required framework for health promotion is indicated in the figure. Its ecological basis is expressed in the balances suggested between self-care and mutual aid on one hand and the creation of healthy environments on the other, and between the strategic use of public participation and the creation of healthy public policy. The framework conceptualizes health in terms of the degree to which people can realize their aspirations, satisfy their needs, and cope with or reshape their environment. The creation of healthy environments means altering the social, economic or physical surroundings in an effort to preserve or improve health. Health promotion is seen as the process of enabling people to take control of factors influencing their health so as to improve it (2).

As in most other countries, Canadian experience in this field is still very limited.

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A framework for health promotion

Some examples, however, can be cited to demonstrate recent Canadian efforts to foster public participation, the creation of healthy environments, and intersectoral action.

Public participation

The Health Services and Promotion Branch has endeavoured to foster public participation by increasing public access to health information, using media techniques to increase awareness and social consensus on critical health issues, providing grants to citizens' organizations and mutual aid groups, releasing funds for the carrying out of needs assessment and local action research, and providing time-limited funding for citizens' action projects focused on health promotion goals. Through this enabling programme, a cross-cultural learner centre has become effective at sensitizing providers of health and social services to their needs, and a group of disabled persons has established an independent learning centre where such persons, supported by professionals and the larger community, campaign for equal rights, pursue equal access to services and facilities, and run attendant care, employment, housing, referral and transportation programmes. Over half of Canada's schools have been declared "smoke-free spaces for kids", and a "Be well" programme has created a self-help model for older adults which is being utilized in many communities. In all some 120 projects are funded each year.

In June 1985 a national health promotion survey covered a wide range of topics including self-rated health, self-care,
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employment, socioeconomic factors, the avoidance of health risks, and the influence of family and friends. The first report on the results (3) focuses on the ecological approach through the media and public meetings. Following research, action plans are developed and put into effect. A national policy conference focusing on mental health in the workplace is planned as the final step in the project. It will reflect an approach agreed on by the trade unions, business, government and other decision-makers. This will legitimize a new perspective by seeking to make the working environment more congenial and thus to minimize work-related stress in employees.

A number of “healthy cities projects” have been initiated in Canada. The Minister of National Health and Welfare recently proposed that mayors should take part in such projects and offered to fund a small national office so that a nationwide effort could be coordinated. This idea has been endorsed by the Canadian Institute of Planners and the Canadian Public Health Association.

Intersectoral action

Until recently, health-related policy coordination at the federal level was largely done on an ad hoc basis. Recognizing that planned, collaborative action among federal departments, provincial governments, and the voluntary and private sectors is essential to the promotion of healthy environments, officials in the Health Services and Promotion Branch have begun a series of workshops and meetings, entitled “Achieving health for all: a framework for health promotion”, with all concerned. In addition, there has been a concerted effort to secure collaboration on new programmes dealing with three major health issues: tobacco, impaired driving, and drugs.

A process of consultation and collaboration involving the Treasury Board and the Departments of Justice, Transport, Labour, Agriculture and Revenue, as well as the

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Provincial Ministers of Health and seven major voluntary organizations, has led to the setting up of a strong national programme to reduce tobacco use, a series of tax increases on tobacco products, the initiation of crop-substitution programmes, and the extensive prohibition of smoking on public transport. This groundwork led, in April 1987, to a proposal for a Tobacco Products Control Act intended to ban all forms of advertising of tobacco products, including the use of brand names in sponsored activities, introduce strong, rotating health warnings, phase in a total ban on smoking at all federal worksites, where some 100,000 people are employed, and initiate the development of new regulations on smoking in the workplace as part of the Canada Labour Code. In recognition of the need for a balanced approach that includes education and community participation, additional funds are being directed to the national programme to reduce tobacco use.

The long-term national programme on impaired driving was developed in cooperation with the Departments of Justice, Transport and Finance, the Privy Council Office, the Federal-Provincial Relations Office, and the Solicitor-General. This twenty-year programme, which aims to change the current social acceptability of drinking and driving, has been initiated in collaboration with the provinces and territories as well as with high-profile nongovernmental organizations, such as Mothers Against Drunk Driving, People Against Impaired Driving, the Insurance Bureau of Canada, and the Canadian Medical Association. The programme includes both legislative and health promotion components.

More than any other issue, drug intervention involves a host of governmental and nongovernmental players who are sharply divided into those concerned with reducing supplies and those interested in cutting demand, at the local, provincial, national and international levels. A coordinated national drug strategy has been developed in response to public demand. Regional, federal and provincial officials, provincial and municipal police forces, and a wide range of nongovernmental organizations are involved, and strong interest has been expressed by the Prime Minister and the Minister of National Health and Welfare. The strategy is designed to balance health and enforcement goals in a way acceptable to Canadians and builds on the federal commitment to work in partnership with provincial governments and international agencies, as well as with community groups.

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The implementation of an ecological approach to health policy is an immense task. The many obstacles to success include the fragmented and territorial nature of government sectors, the dissent of powerful vested interests, and the traditional view in Canada that health policy should be separate from social policy. Canadian policy-makers are just beginning to struggle with these difficulties in a collaborative effort to shape the environment so that all citizens can improve their quality of life.

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References