

# Saskatoon Public Opinions on Creating Better Health

Achieving better health for all and reducing health inequity at a population level requires a blend of policy and action to support real change. Understanding public opinion around the social determinants of health (SDOH) provides insight into publicly acceptable policy options that could contribute to reducing inequalities. This summary provides an overview of findings from a 2013 public opinion survey of Saskatoon residents conducted by the Public Health Observatory, Saskatoon Health Region<sup>1</sup>, and the University of Saskatchewan and its Social Sciences Research Laboratory. This summary also sheds light on public views around preferred approaches to fund policy implementation. Comparisons to a similar 2006 Health Region survey are included to demonstrate important shifts in local public understanding of health determinants and opinions around policy options<sup>2</sup>.

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## Background<sup>3</sup>

A cross-sectional survey<sup>4</sup> of the opinions of Saskatoon residents aged 18 years or more was conducted between May 1<sup>st</sup> and May 9<sup>th</sup>, 2013. The questionnaire<sup>i</sup> covered three key areas that aimed to:

- Measure public awareness of health inequalities and determinants of health;
- Determine public support for policies to improve health; and,
- Determine public support for ways to finance the costs of implementing policies to improve health.

## Sample Characteristics

In total, 1,002 city of Saskatoon residents participated in the 2013 survey<sup>5</sup>. They are accurate to  $\pm 3.09\%$  at the 95% confidence level.

- 35% of respondents had an income of \$75,000 and greater while about 19% reported an average household income of between \$50,000 and \$75,000. A further 17% reported an income of \$25,000 to \$50,000. 8% reported an income of less than \$25,000 and the remaining respondents refused to respond or did not know.
- 73% had higher levels of education (24% had secondary education).
- 40% of respondents were retired and 22% represented professional/management occupations.
- The majority of respondents were female (68%).
- Close to 60% were over age 55.
- 89% of respondents were Caucasian.
- 89% were born in Canada.

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<sup>2</sup> It is important to note that the two studies are not completely comparable as questions were modified in the 2013 study and sample sizes differed between studies. This is provided for general information only

<sup>3</sup> More information about methodology is available upon request.

<sup>4</sup> The questionnaire was designed in collaboration between the Public Health Observatory, and researchers at the University of Saskatchewan's Social Science Research Lab (SSRL). It was pilot tested prior to full implementation.

<sup>5</sup> See full report for details regarding representativeness of the responses.

## Summary of Key Survey Findings: Important shifts observed in public understanding of Social Determinants of Health

While the surveys are not scientifically comparable due to some modification of questions, some general observations can be made. For example, the public's understanding of the impact of social determinants of health is increasing. Most notably, public understanding of the relationship between income and health has improved; in 2006, respondents believed nutritious food was the most important factor affecting health, while the majority of 2013 respondents reported income as most important (*Table 1*).

**Table 1: Summary: High Level Comparison of Findings (2006 and 2013)**

Issue/Question	2006 <sup>6</sup>	2013
<b>Understanding of determinants of health and relationship between health and income</b>	<p>More than 75% of residents believed SDOH (income, education, employment, housing, community you live in, recreation, nutritious food and gender) were associated with health.</p> <p>The vast majority deemed that nutritious food (98%), recreation (91%), and genetics (86%) had the largest impacts on health.</p> <p>The majority perceived that health was not affected by income.</p>	<p>80% reported income as the first most important factor affecting health followed by education (69%) and employment and job security (57%). (Surveyed residents with higher income and those with higher education were significantly more likely to respond this way).</p> <p>81% also understood that people with low income are more likely to suffer from poor health compared to people with middle income.</p>
<b>Factors affecting unhealthy behaviours<sup>7</sup></b>	<p>The majority of respondents perceived that certain behaviours are individual choices rather than as a result of how much money we make.</p> <p>Respondents perceived alcohol abuse (50%), illegal drug use (56%), smoking (68%), and lack of physical activity (63%) as mostly individual choice.</p>	<p>More than half of respondents believed that behaviours such as alcohol abuse (51%), illegal drug use (55%), smoking (62%), and physical activity (56%) are due to lifestyle choices</p> <p>In relation to homelessness, 52% of participants believed income was the main contributor.</p> <p>44% said unhealthy eating is due to <i>both</i> income and lifestyle choices.</p>
<b>Acceptability of differences in health status by income level</b>	<p>36% reported that no difference in health status is acceptable between income groups.</p>	<p>54% stated that no difference in health status should be present among individuals with different income levels.</p>

## Public Opinions on Policy Options

In order to address the social determinants of health, respondents were asked to share their thoughts on policy options. Below is the summary of levels of support for proposed options.

<sup>6</sup> Lemstra, M., Neudorf, C., Beaudin, G., *Health disparity knowledge and support for intervention in Saskatoon*. Canadian Journal of Public Health, 2007; 98:484-8.

<sup>7</sup>Behaviours included: alcohol abuse, illegal drug use, smoking, lack of physical activity, homelessness, and unhealthy eating.

## Poverty Reduction

- There was strong public support for poverty reduction overall (94%) and support for provincial plans to reduce poverty (89%), and, in particular, provincial plans to reduce child poverty received very high support (90%).

## Income policies

- 98% of participants would support at least one of the five income policies:
  - 83% agreement for income supplements to move people off welfare<sup>8</sup>, which is a dramatic increase from 55% in 2006;
  - 81% agreement to increase pension amounts for seniors up from 78% in 2006; and
  - 73% support an increase in the minimum wage, up from 71% in 2006.
  - Support for increase in welfare amounts for parents with children dropped from 66% in 2006 to 60% in 2013.

## Child and youth policy

- 97% support overall for one or more child and youth policies (including early childhood opportunities (82%); affordable child care (82%); increased funding for education (83%).
  - A lower proportion of respondents (73%) supported lower tuitions for postsecondary education with less affluent/educated respondents reporting higher support than those with higher education/more affluent. These findings were statistically significant.

## Employment policies

- 92% of individuals supported at least one of the two policy alternatives.
  - 85% support for subsidized work training for adults (a change from 82% who supported trades training in 2006);
  - 71% support for subsidized work training for First Nations and Métis people.

## Health care policies

- 90.9% of respondents supported at least one of the two proposed health care alternatives.
  - 87% support for more disease prevention and health promotion programs with statistically significant differences between lower and middle income groups demonstrating slightly higher support overall than the higher income group. (This is up from 82% in 2006).
  - 68% support for creating more health care programs and services, down from 72% in 2006.

## Housing policies

- 97% of individuals supported at least one of the policy approaches for housing.
  - 84% support for creating more private affordable housing as well as for parents with children (85%) up from 75% in 2006;
  - 72% overall support for more public housing;
  - 70% support for rent controls with higher support from low income individuals (83%) compared to high income earners (68%). (These differences are statistically significant).
  - These policy options demonstrated the most variation between respondent groups than any other policy category.

## Affordable food

- 86% support for ensuring access to more affordable and nutritious food.

## Affordable transit

- Having access to more affordable transit was supported by 74% of the respondents.

## More affordable recreational activities

- This policy approach was supported by 74% of individuals.

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<sup>8</sup> No statistically significant differences by respondent type for these three options.

### More community groups and social support networks

- More than 70% of individuals would support the creation of these groups at the community level.

### More volunteers in the community

- This policy approach was approved by 82% of the participants.

### First Nations and Métis self-determination

- The findings demonstrate stronger support for First Nations and Métis self-determination at 66% up from 60% in 2006.

## Public Views on How to Pay for Policy Options (2013)

When participants were asked how they would cover the costs of the policies they support, eight options were presented including five types of tax increases, redistribution of health care funding, stimulation of increased charitable donations and more effort to attract business and investment. Options that received the greatest support are shown below:

- 83% support for more private sector contributions through efforts to attract more business and investment;
- 82% support for increase in so-called “sin taxes” (alcohol and cigarettes);
- 78% support for increase in taxes on the wealthiest individuals;
- 77% support for increased stimulation of charitable donations; and,
- 72% support for an increase in corporate taxes.

Less support was shown for redistribution of health care funds (39%); increases in municipal property taxes (35%); or increased sales tax (27%).

In the 2006 survey, 70% of respondents supported re-distribution of current taxes; 70% supported redirecting current taxes to address health disparity; 34% supported transfer of funds from health care treatment to prevention; and 34% supported transfer of funds from health care to support education and affordable housing.

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