

What you do every day matters: A new direction for health promotion

Rebecca E. Gewurtz, PhD, OT Reg. (Ont.),¹ Sandra E. Moll, PhD, OT Reg. (Ont.),¹ Lori J. Letts, PhD, OT Reg. (Ont.),¹ Nadine Larivière, PhD, erg., OT(C),² Mélanie Levasseur, PhD, erg., OT(C),² Terry M. Krupa, PhD, OT Reg. (Ont.)³

ABSTRACT

Canadian health promotion campaigns directed towards healthy living have traditionally emphasized discrete behaviours that influence health and well-being, such as diet, physical activity and smoking. Although this traditional approach is important and supported by evidence, it does not account for broader determinants of health. The purpose of this commentary is to propose an innovative health promotion approach that expands the healthy living discourse through a focus on patterns of daily activity. We highlight four key public health messages derived from a synthesis of existing research evidence. The messages are based on the premise that what you do every day has an important impact on health and well-being. Rather than being prescriptive or outlining minimum requirements, this approach invites reflection on various experiences and activity patterns that shape the health and well-being of individuals and communities. This broader and more inclusive approach to healthy living reflects diverse needs and experiences, making it relevant and attainable for people of all ages and abilities. Future efforts directed at operationalizing the key messages for individuals and communities hold much promise for populations that may be at risk of activity patterns believed to contribute to poor health and well-being.

KEY WORDS: Health promotion; health behaviour; social conditions; health status disparities; social participation; lifestyle

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

Can J Public Health 2016;107(2):e205–e208
doi: 10.17269/CJPH.107.5317

Health promotion is an important pillar of public health in Canada. Indeed, an “upstream” focus on health promotion can prevent the onset of illness and disability, and reduce the burden of chronic disease.¹ However, Canadian health promotion campaigns have primarily focused on discrete behaviours related to diet, physical activity and smoking.^{2,3} Although important and supported by evidence,^{4,5} this traditional approach has a narrow focus,^{2,3} ignoring the complex yet important impact that other forms of activity engagement can have on the health and well-being of individuals and communities.^{6,7} Concerns about the amount of “screen time” for children and “work-life balance” for adults, for example, highlight the importance of considering the impact of day-to-day activities on health and well-being. Furthermore, there is mounting evidence about the ways in which engaging in volunteer work, spending time in nature, connecting with others and learning new things can make important contributions to health and well-being.⁸

It is time to move beyond diet and exercise to a broader and more inclusive vision of healthy living that draws attention to the patterns of what people do every day. This vision promotes the integration of physical, mental, social and spiritual components of health and well-being. It is based on a health equity lens that includes social determinants of health^{1,9} and acknowledges the social and structural drivers of health and well-being. There is a need to ensure that healthy living campaigns are relevant, accessible and attainable for a wide range of individuals and communities.

In this commentary we propose a health promotion approach focused on patterns of daily activity. We highlight four public health messages that are relevant to all Canadians. These messages resonate particularly well with groups that are at risk of activity

disruptions, such as those experiencing changes in employment status (e.g., retirement), declining health (e.g., onset of illness) or personal loss (e.g., the loss of a loved one). During times of transition precipitated by life events, there are often significant changes in day-to-day activity patterns that affect health and well-being. Two case scenarios, outlined in Table 1, illustrate how the framework could be used to understand the experiences of a) an older gentleman entering retirement and b) a young Syrian refugee.

WHY EXPAND THE FOCUS OF HEALTH PROMOTION?

The World Health Organization (WHO) has long offered a broad definition of health.¹⁰ However, this multi-dimensional perspective of health often becomes narrowly defined as initiatives are operationalized. The Pan-Canadian Healthy Living Strategy, for example, outlines a vision of “a healthy nation in which all Canadians experience the conditions that support the attainment of

Author Affiliations

1. School of Rehabilitation Science, McMaster University, Hamilton, ON
2. School of Rehabilitation, Faculty of Medicine and Health Sciences, Université de Sherbrooke, Sherbrooke, QC
3. School of Rehabilitation Therapy, Queen's University, Kingston, ON

Correspondence: Rebecca E. Gewurtz, PhD, Assistant Professor, School of Rehabilitation Science, McMaster University, 1400 Main Street West, Hamilton, ON L8S 1C7, Tel: 905-525-9140, ext. 22189, E-mail: gewurtz@mcmaster.ca

Acknowledgements: Funding for the Do-Live-Well project has been received from the Canadian Occupational Therapy Foundation, the Canadian Association of Occupational Therapists and the Canadian Institutes of Health Research (FRN#132279). The authors acknowledge the contributions of student occupational therapists, occupational therapists, and experts in public health and health promotion, who have reviewed and provided feedback on various iterations of the Do-Live-Well framework, and have advanced our thinking about the ideas presented in this paper.

Conflict of Interest: None to declare.

Table 1. Application of Do-Live-Well messages

Case description	Activity disruption	Strategies to promote health and well-being
Bob, a 65-year-old man, recently retired from his job at a local factory working 50+ hours per week. He is a recent widow and his two children are grown and living out of town. He has limited savings from his job and few friends and hobbies outside of work. He describes his health as “good” but misses work and feels bored and lonely.	Retirement and the death of his wife have led to many disruptions in Bob’s day-to-day activity patterns. With few interests outside of work, he has lost his daily routine and primary identities. Isolation and disengagement can lead to mental health problems.	Bob needs to seek new activities that replace the benefits he gained from work. In order to maintain his health and well-being, it will be important for him to establish a sense of purpose, a daily routine, connections with others and an opportunity to build ongoing prosperity and security.
Miriam is a 24-year-old woman who recently arrived in Canada as a refugee. Before leaving Syria she was a university student and was close to her family and friends. However, when circumstances became unsafe most of her family and friends left Syria. She is alone in Canada and speaks minimal English and French.	Miriam’s day-to-day activity patterns have been significantly disrupted. She is currently unable to engage in former activities that were meaningful to her, including attending school and connecting with friends and family. Her limited French and English can lead to further isolation and disengagement.	Newcomer resettlement efforts need to address both personal and social barriers that can limit access to those opportunities critical for health and well-being. This includes helping newcomers like Miriam establish connections and create opportunities for a range of day-to-day experiences that provide meaning and purpose, and promote engagement.

good health”,³ yet the specific strategies remain focused primarily on healthy eating and physical activity.

There is a need to expand the healthy living agenda to consider a broad range of activities and behaviours that affect health and well-being. Rather than being prescriptive or outlining minimum requirements, this approach should invite reflection about how individuals and communities experience health and well-being through meaningful patterns of daily activity. This inclusive approach to healthy living would reflect diverse needs and experiences, while addressing growing awareness of unhealthy activity patterns that are prevalent among Canadians throughout the lifespan.¹¹ It is important to understand how people spend their time, their patterns of day-to-day activities and the social context of their lives.^{8,11} This comprehensive approach advances the health promotion discourse and expands opportunities for intervention at individual, community and public policy levels.

PUBLIC HEALTH MESSAGES FOCUSED ON PATTERNS OF DAILY ACTIVITY

Four public health messages were developed through a series of scoping reviews and stakeholder consultations to capture how patterns of everyday activity contribute to health and well-being. These messages are based on the premise that *what you do every day matters and has an important impact on your health and well-being.*

1. **People should engage in patterns of daily activity that allow for a wide range of experiences.** Diverse experiences are associated with health and well-being. Specifically, individuals should engage in a range of activities that allow for a combination of 1) activating body, mind and senses; 2) connecting with others; 3) contributing to community and society; 4) taking care of oneself; 5) building prosperity and security; 6) developing and expressing identity; 7) developing capabilities and potential; and 8) experiencing pleasure and joy. This message emphasizes the range of experiences derived from patterns of daily activities rather than a single discrete activity, and recognizes that a single discrete activity may encompass a range of experiences. As an example, volunteer work may provide opportunity to connect with others, contribute to community and society, develop and express identity, and develop capabilities and potential.¹² Conversely,

specific dimensions of experience such as connecting with others may occur through a variety of activities such as volunteer work, joining a club or even online communication. The purpose of naming different dimensions of experience is to promote reflection on the many layers of meaning and potential benefits that activities may provide, and what may be missing.

2. **Attention to everyday patterns of activity should consider not only what people do but also the nature of their involvement.** Everyday patterns of activities should provide opportunities for engagement, meaning, balance, control/choice and routine. Each of these five characteristics can be viewed on a continuum. Typically, optimal patterns lead to health benefits, while those on either ends of the continuum can be linked to health risks. Lack of meaning or control at work, for example, can be detrimental to mental health.¹³ Predictable routines might be important during times of intense change but feel restrictive if they are not sufficiently flexible and autonomous.¹⁴ The nature of what constitutes a healthy activity pattern may therefore change over time.
3. **There are a broad range of health and well-being outcomes that are relevant to healthy living.** Consistent with the WHO definition of health¹⁰ and health as a resource for everyday living,² this message highlights that day-to-day activity patterns can affect physical, mental, social and spiritual well-being. It allows for consideration at both individual and community levels, and draws attention to outcomes that might otherwise be missed. For instance, traditional health outcomes related to illness or disease can be expanded to consider quality of life, resilience, life satisfaction and flourishing.
4. **There are personal and social forces that affect experiences, activity patterns and health and wellness outcomes.** This message highlights the importance of understanding how one’s personal and social contexts shape opportunities for optimal participation. It moves away from focusing on the individual as solely responsible for improving health and well-being, recognizing that there are social forces and circumstances that play a role.⁹ Personal forces include demographic characteristics such as age, gender and culture; social forces include accessibility, stigma and public policy

creating environments that promote health and well-being.²⁹ The framework is not designed to be prescriptive but, rather, to consider the unique needs and circumstances of individuals or groups and how these needs may evolve over time. Table 1 illustrates how the framework can be applied to understand and address the needs of two individuals experiencing significant activity disruptions.

FUTURE DIRECTIONS: THE DO-LIVE-WELL PROJECT

The Do-Live-Well framework is currently a theoretical idea, rooted in evidence from the literature and stakeholder consultations. The next steps are to explore and evaluate applications with specific populations that may be at risk of activity disruptions. We are currently partnering with the Active Living Coalition of Older Adults to develop a workshop for older adults that can be delivered at local community and senior centres. We have also launched a website (www.dolivewell.ca) to share reflections and resources related to the four key messages, and to engage others in a dialogue about how to apply these ideas. Future directions include operationalizing the framework to guide practice and resource development, and validating additional components of the framework.

CONCLUSIONS

The Do-Live-Well framework has the potential to add a valuable dimension to health promotion efforts in Canada by focusing on patterns of daily activity, an important but often overlooked dimension of healthy living. This perspective is relevant to all Canadians, especially those at risk of activity disruptions and health disparities.⁹ It moves beyond discrete behaviours to consider how a range of daily activities and patterns of engagement can contribute to health and well-being. Future efforts directed at operationalizing and validating the key messages for individuals and communities hold much promise as health promotion tools for vulnerable populations.

REFERENCES

1. Sindall C. Health promotion and chronic disease: Building on the Ottawa Charter, not betraying it? *Health Promot Int* 2001;16(3):215–17. PMID: 11509456. doi: 10.1093/heapro/16.3.215.
2. Breslow L. Commentary: From disease prevention to health promotion. *JAMA* 1999;281(11):1030–33. doi: 10.1001/jama.281.11.1030.
3. Public Health Agency of Canada. Strengthened Pan-Canadian Healthy Living Strategy Framework. Ottawa, ON: PHAC, 2010. Available at: <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/ipchls-spimmvs/fw-eng.php> (Accessed July 11, 2016).
4. Janssen I, LeBlanc AG. Systematic review of the health benefits of physical activity and fitness in school-aged children and youth. *Int J Behav Nutr Phys Act* 2010;7:40. PMID: 20459784. doi: 10.1186/479-5868-7-40.
5. Penedo FJ, Dahn JR. Exercise and well-being: A review of mental and physical health benefits associated with physical activity. *Curr Opin Psychiatry* 2005; 18:189–93. PMID: 16639173. doi: 10.1097/00001504-200503000-00013.
6. Moll SE, Gewurtz RE, Krupa T, Law MC. Promoting an occupational perspective in public health. *Can J Occup Ther* 2013;80:111–19. PMID: 23926763. doi: 10.1177/0008417143482271.
7. Potvin L, Jones CM. Twenty-five years after the Ottawa Charter: The critical role of health promotion for public health. *Can J Public Health* 2011; 102(4):244–48. PMID: 21913576.
8. Moll SE, Gewurtz RE, Krupa TM, Law MC, Lariviere N, Levasseur M. “Do-Live-Well”: A Canadian framework for promoting occupation, health, and well-being. *Can J Occup Ther* 2015;82:9–23. PMID: 25803944. doi: 10.1177/000841714545981.
9. Braveman P. Health disparities and health equity: Concepts and measurement. *Annu Rev Public Health* 2006;27:167–94. PMID: 16533114. doi: 10.1146/annurev.publhealth.27.021405.102103.
10. World Health Organization. *Ottawa Charter for Health Promotion*. Ottawa, ON: WHO, 1986.
11. Brooker A-S, Hyman I. *Time Use: A Report of the Canadian Index of Wellbeing (CIW)*. Waterloo, ON: CIW, 2010.

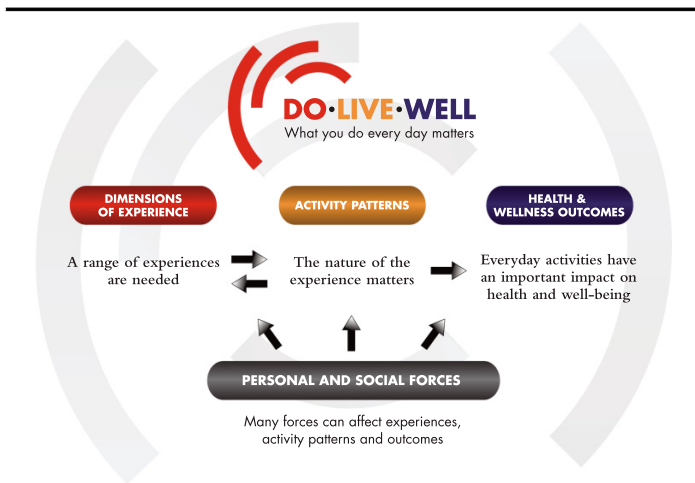


Figure 1. The Do-Live-Well framework



Figure 2. Vivez-Bien-Votre Vie

that affects opportunities for participation. Healthy activity patterns affect and are affected by individual characteristics, as well as by disparities and inequities between different groups that limit their access to opportunities.⁹ Instituting change to improve opportunities for participation may require intervention at the community level and efforts to build healthy and inclusive community environments that support the engagement and participation of citizens.^{15,16}

Together, these four messages make up the *Do-Live-Well* framework (Figures 1 and 2).⁸ This framework offers an enhanced view of healthy living that is relevant to people of all ages and abilities. Broadening our perception of healthy living to include the things we do on a daily basis can shed light on the importance of advocating for improved access to a variety of opportunities and experiences. Individuals need opportunities to not only be physically active but also to connect with others, express their identity and contribute to their community.¹⁷ Furthermore, the framework highlights that healthy living is affected by forces beyond the individual and the health care system,⁷ and that communities and policy decision-makers have an important role in

12. Gottlieb BH, Gillespie AA. Volunteerism, health, and civic engagement among older adults. *Can J Aging* 2008;27:399–406. PMID: 19416800. doi: 10.3138/cja.27.4.399.
13. Grawitch MJ, Gottschalk M, Munz DC. The path to a healthy workplace: A critical review linking healthy workplace practices, employee well-being, and organizational improvement. *Consult Psychol J* 2006;58(3):129–47. doi: 10.1037/1065-9293.58.3.129.
14. Ludwig FM. The unpacking of routine in older women. *Am J Occup Ther* 1998;52:168–75. PMID: 9521991. doi: 10.5014/ajot.52.3.168.
15. World Health Organization. *Global Age-Friendly Cities: A Guide*. Geneva, Switzerland: WHO, 2007.
16. Kenzer M. Healthy cities: A guide to the literature. *Public Health Rep* 2000; 115:279–89. PMID: 10968770. doi: 10.1093/phr/115.2.279.
17. Holt-Lunstad J, Smith TB, Layton BJ. Social relationships and mortality risk: A meta-analytic review. *PLoS Med* 2010;7(7):e1000316. PMID: 20668659. doi: 10.1371/journal.pmed.1000316.

Received: October 8, 2015

Accepted: January 17, 2016

RÉSUMÉ

Les campagnes canadiennes de promotion de la santé axées sur les modes de vie sains portent en général sur les comportements distincts qui influencent la santé et le bien-être, comme le régime alimentaire, l'activité

physique et le tabagisme. Cette démarche classique est importante et appuyée par des données probantes, mais elle ne tient pas compte des grands déterminants de la santé. Le but de notre commentaire est de proposer une démarche de promotion de la santé novatrice qui va au delà du discours sur les modes de vie sains en s'intéressant aux schémas d'activité quotidiens. Nous faisons ressortir quatre messages de santé publique essentiels dérivés d'une synthèse des données de recherche existantes. Ces messages reposent sur l'hypothèse selon laquelle ce que l'on fait tous les jours a un effet important sur la santé et le bien-être. Au lieu d'être prescriptive ou de définir des exigences de base, une telle démarche invite à réfléchir aux diverses expériences et aux schémas d'activité qui façonnent la santé et le bien-être des personnes et des communautés. Cette façon plus large et plus globale d'aborder les modes de vie sains reflète la diversité des besoins et des expériences, ce qui la rend pertinente et atteignable pour des gens de tous âges et de toutes capacités. Les efforts futurs de cette démarche pour opérationnaliser les messages essentiels en fonction des personnes et des communautés sont très prometteurs pour les populations risquant d'avoir des schémas d'activité qui contribuent à réduire leur santé et leur bien-être.

MOTS CLÉS : promotion de la santé; comportement sanitaire; conditions sociales; disparités d'état sanitaire; participation sociale; style de vie