Spotlight

First You Have to Get Their Attention

. . . in Calgary, Saskatchewan, Quebec, and Nova Scotia

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What does the Canadian Department of National Welfare have in common with Madison Avenue? Promotion of a product, penetration of a population, marketing change. But the bottom line for the Canadians is health, not profit. By an astute combination of 20th century technology and marketing expertise, the Department has personally reached over 7 million Canadians in the last 5 years in a public health campaign directed to promoting healthy lifestyles. The key to the campaign is a self-scored profile covering habits of exercise, nutrition, tobacco, substance abuse, safety, self-examination and leisure time. The multiple choice, 35-item profile yields a lifestyle score ranging from excellent to hazardous.

Reaching the target population was the first challenge. Using channels available through their federal network, in 1976 the department sent the profile to 6 million Canadians along with their family allowance and old-age security checks. Stuffing health inserts into routine mailings doesn’t guarantee they’ll be read, as my own wastebasket, overflowing with teasers from bank statements and telephone bills, testifies. That’s the beauty of the Lifestyle Profile. It’s not only a behavioral assessment. It’s more than an evaluation tool for gathering baseline data. It’s also a motivator for hooking response by appealing to self-interest. Who, in today’s proliferating market of do-it-yourself stress tests, support scales, sexual assessments and assertiveness estimates, can resist secretly calculating their own survival potential?

After giving recipients a month to reflect on their mortality, the department followed up with a second mailing: a brochure detailing Ways To Improve Your Lifestyle Profile. Again, the message was paired with the vital checks. This second brochure provides instruction on how to change habits and reduce health risks. In addition to the mass mailing, over 1 million copies have since been distributed in response to requests. Added to this are the countless thou-

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sands who have been exposed to the material through its reproduction and distribution by 80 community health agencies, authors, company health programs, newspapers, and school and university health departments throughout North America.

Seeking a wider market for their campaign, the resourceful Operation Lifestyle staff next targeted the national and regional exhibitions and fairs, which collectively draw millions during the exhibition season. To facilitate large numbers of people filling out the profile at a single site, a computerized version was developed and introduced at the 1978 Canadian Exhibition. More than 6,000 attendees carried away printouts of their health profiles, which they produced by responding to the questions via a CRT keyboard. Four terminals were used in this effort. The success of that experiment led to an even more sophisticated version. The new, interactive profile works like this. Let's say you report that you never wear a seatbelt while driving. Your friendly computer chides you gently, "MARY, YOU CAN REDUCE YOUR RISK OF INJURY IN AN AUTOMOBILE ACCIDENT BY 50% BY ALWAYS WEARING YOUR SEATBELT!" Talking to a caring computer that talks back proved so popular at the 1979 Calgary Stampede that people stood in line for up to half an hour for the opportunity. In all, 16,000 people got the interactive evaluations at exhibitions in 1979. The queuing bottleneck was eased by reducing the time per profile from 20 to 8 minutes. This was done by programming the system for a micro-computer rather than using a central, time-shared computer. Streamlining the process virtually tripled the number of people (45,000) who took the test in 1980 at exhibitions in Alberta, Saskatchewan, Manitoba, Ontario, Quebec and Nova Scotia. A projected 80,000 will take it in 1981, when it will appear at 15 Canadian exhibitions.

An evaluation initiated in 1980 confirms the scale's utility and points to the need for additions to the profile. A 12-item questionnaire administered to some 2,000 persons indicates that approximately a fifth achieved "excellent" lifestyle scores, another fifth achieved "hazardous" scores, and the bulk were rated in between—38% "good" and 26% "risky." Over two-thirds of the sample agreed that the experience of taking the profile increased awareness of their own lifestyles, and half thought it would lead to positive change. Of some surprise is the finding that only half judged the ratings to be "fairly accurate." The tendency to deny or discount bad news is reflected in a further analysis of this item. Almost twice as many persons with positive scores (65% of those scoring Excellent-Good) thought the ratings were accurate compared to those with negative scores (35% of those scoring Risky-Hazardous).

The evaluation in general supports the conclusion that the health campaign has done more than just capture participants' attention. Almost 60% of those with negative scores declared they would work to improve their lifestyles. There's also some indication that the process of learning about one's own lifestyle may lead to positive change. Participants reporting previous experiences in this area (25%) were more likely to have positive scores (65%) than those for whom the profile was a first effort at self-knowledge (only 52% of these had positive scores).