Chronic Disease Prevention Survey Data Release:
Responses relevant to Support for, and Perceptions and Framing of Healthy Eating among Policy Influencers and the General Public in Alberta and Manitoba

The aim of the Chronic Disease Prevention Surveys has been to understand the knowledge, attitudes, and beliefs of policy influencers and the general public on policy topics relevant to the prevention of cancer and other chronic diseases. Understanding policy influencers' and the general public's perceptions of cancer and chronic diseases, and their level of support for policies to address prevention, can help support more evidence-based decision-making. The 2009 survey was conducted in mid-2009 and recruited exclusively policy influencers in Alberta and Manitoba. The 2010 survey, as a follow-up to the 2009 wave, recruited exclusively members of the general public in Alberta. The 2011 survey was conducted in mid-2011 and recruited exclusively policy influencers in Alberta and Manitoba. In the 2014 wave of the survey, policy influencers and members of the general public were recruited in mid-2014 from Alberta, Quebec, and the Northwest Territories. The 2016 Chronic Disease Prevention Survey was conducted in mid-2016 with policy influencers and members of the general public across Alberta, Quebec, and the Northwest Territories. For the 2017 Chronic Disease Prevention Survey, policy influencers and members of the general public were recruited in mid-2017 from both Alberta and Manitoba. Finally, the 2019 wave of the survey was performed from mid-2019 to early 2020 on recruited policy influencers and members of the general public from both Alberta and Manitoba.

In this data summary we provide an overview of the policy influencer and general public surveys on items related to healthy eating policies in Alberta and Manitoba in 2009, 2010, 2011, 2014, 2016, 2017 and 2019.

Overall, the target population for the policy influencer survey was provincial/territorial officials, municipal authorities, school board members, workplace managers, and media reporters and editors. The target population for the public survey was community-dwelling adults (aged 18 years or older) who could be contacted by telephone at the time of the survey.

The overall policy influencer response rates from 2009 to 2019 in Alberta ranged from 10.2% to 14.8%. The total sample of policy influencers in Alberta was 183 in 2009, 157 in 2011, 108 in 2014, 174 in 2016, 157 in 2017, and 291 in 2019. The overall policy influencer response rates in Manitoba were approximately 13.7% across all years. The total sample of policy influencers in Manitoba was 53 in 2009, 75 in 2011, 47 in 2017, and 129 in 2019. The general public response rate from 2010 to 2019 in Alberta ranged from 8.0% to 26.6%. The general public response rate in Manitoba was 14% by phone and 19% by web in 2017, and 26.6% in 2019. An approximately equal number of males and females were surveyed in all iterations of the general public surveys.

The demographic background of policy influencers in Alberta is provided in **Table 1** and **Table 2**. The demographic background of the surveyed general public from Alberta is provided in **Table 3**. The background of policy influencers in Manitoba is given in **Table 4** and **Table 5**, and for the general public in Manitoba in **Table 6**. The results of the Chronic Disease Prevention Surveys (for policy influencers and for the general public) are provided in **Table 7** through **Table 16**. The wording of survey questions has changed slightly across iterations, and the wording used here in **Table 7** to **Table 16** reflects the exact wording in the most recent wave of the survey.

Survey Participant Descriptors

The following six tables provide background information on the sample of Alberta policy influencers (**Table 1** and **Table 2**) and general public (**Table 3**) who were surveyed in the 2009, 2010, 2011, 2014, 2016, 2017 and 2019 Chronic Disease Prevention Surveys, and on the sample of Manitoba policy influencers (**Table 4** and **Table 5**) and general public (**Table 6**) who were surveyed in the 2009, 2011, 2017 and 2019 Chronic Disease Prevention Surveys (valid percent - columns in all tables may not exactly total 100% due to rounding).

Table 1[1]:   Organizational affiliations of **the total sample of Alberta policy influencers** surveyed in the 2009, 2014, 2016 and 2019 Chronic Disease Prevention Surveys.

Demographics*	2009 n = 183 #	/ %	2011 n = 157 #	/ %	2014 n = 108 #	/ %	2016 n = 174 #	/ %	2017 n = 157 #	/ %	2019 n = 291 #	/ %
Provincial Officials	28	15.8	30	19.9	13	12.5	30	19.2	33	21.4	37	18.5
Municipal Authorities	54	30.5	43	28.5	27	26.0	38	24.4	36	23.4	36	18.0
School Board Members	39	22.0	26	17.2	23	22.1	23	14.7	20	13.0	72	36.0
Workplace Managers	30	16.9	26	17.2	20	19.2	36	23.1	29	18.8	31	15.5
Media Health-related Reporters or Editors	15	8.5	13	8.6	15	14.4	10	6.4	12	7.8	13	6.5
Other	11	6.2	13	8.6	6	5.8	19	12.2	24	15.6	11	5.5

*missingness: 2009 n=6 (3.3%), 2011 n=6 (3.8%), 2014 n=4 (3.7%), 2016 n=18 (10.3%), 2017 n=3 (1.9%), and 2019 n=91 (31.3%)

Table 2:   Demographics of **the total sample of surveyed Alberta policy influencers** (2009, 2014, 2016 and 2019 Chronic Disease Prevention Surveys).

Demographics	2009 n = 183 #	/ %	2011 n = 157 #	/ %	2014 n = 108 #	/ %	2016 n = 174 #	/ %	2017 n = 157 #	/ %	2019 n = 291 #	/ %
Gender*												
Male	102	57.3	81	52.3	59	57.3	107	70.9	50	32.9	129	63.2
Female	76	42.7	74	47.7	44	42.7	44	29.1	102	67.1	75	36.8
Gender Diverse	-	-	-	-	-	-	-	-	0	0	0	0
Age**												
18-44	25	14.7	7	25.0	14	14.0	14	9.0	16	10.7	22	11.8
45+	145	85.3	21	75.0	86	86.0	141	91.0	134	89.3	164	88.2

---

[1] Policy influencers' organizational affiliations are reported from their survey responses as opposed to their designation during sampling.

Demographics	2009 n = 183 # / %		2011 n = 157 # / %		2014 n = 108 # / %		2016 n = 174 # / %		2017 n = 157 # / %		2019 n = 291 # / %	
Nature of Position*												
Elected	51	29.0	44	28.9	30	27.8	39	24.5	23	14.7	88	45.4
Appointed	24	13.6	12	7.9	9	8.3	18	11.3	16	10.3	7	3.6
Hired	93	52.8	91	59.9	57	52.8	98	61.6	104	66.7	92	47.4
Other	8	4.5	5	3.3	5	4.6	4	2.5	13	8.3	7	3.6

*missingness: 2009 n=5 (0.4%), 2011 n=2 (1.3%), 2014 n=5 (0.4%), 2016 n=23 (1.9%), 2017 n=1 (0.6%), and 2019 n=80 (4.5%)

**missingness: 2009 n=13 (1.1%), 2011 n=129 (82.2%), 2014 n=8 (0.7%), 2016 n=19 (1.6%), 2017 n=5 (3.2%), and 2019 n=105 (5.9%)

***missingness: 2009 n=6 (0.5%), 2011 n=5 (3.2%), 2014 n=4 (0.3%), 2016 n=18 (1.5%), 2017 n=7 (4.5%), and 2019 n=91 (5.1%)

Table 3: Demographics of **surveyed general public in Alberta** (2010, 2014, 2016 and 2019 Chronic Disease Prevention Surveys).

Demographics	2010 n = 1203 # / %		2014 n = 1200 # / %		2016 n = 1200 # / %		2017 n = 1916 # / %		2019 n = 1792 # / %	
Employment*										
Full-Time or Self-Employed	601	53.7	717	63.8	631	61.2	882	49.3	986	63.4
Part-Time	239	21.4	108	9.6	89	8.6	183	10.2	132	8.5
Unemployed	52	4.6	30	2.7	50	4.8	98	5.5	60	3.9
Student	-	-	18	1.6	10	1.0	37	2.1	50	3.2
Retired	227	20.3	251	22.3	251	24.3	589	32.9	326	21.0
Household Income**										
Up to $70,000	275	30.6	345	33.4	383	36.6	587	38.0	480	33.6
$70,000 to $125,000	343	38.1	368	35.8	337	32.2	532	34.4	494	34.8
Over $125,000	282	31.3	317	30.8	326	31.2	426	27.6	450	31.6
Education***										
Less than High School	96	8.0	98	8.2	92	7.7	38	2.0	35	2.1
High School/Some Post-secondary	377	31.6	387	32.4	380	32.0	388	20.5	489	29.3
Post-Secondary Graduate	722	60.3	708	59.4	716	60.3	1468	77.5	1143	68.6
Health***										
Good to Excellent	-	-	1028	85.9	1024	85.4	1637	67.1	1338	79.5
Fair	-	-	122	10.2	133	11.1	215	8.8	270	16.0
Poor	-	-	47	3.9	42	3.5	58	24.1	75	4.5
Area of Residence										
Edmonton	401	33.3	400	33.3	400	33.3	684	35.7	639	35.7
Calgary	400	33.3	400	33.3	400	33.3	652	34.0	600	33.5
Other settlements in Alberta	402	33.4	400	33.3	400	33.3	580	30.3	553	30.9

Table 4[2]: Organizational affiliations of **the total sample of Manitoba policy influencers** surveyed in the 2009, 2011, 2017 and 2019 Chronic Disease Prevention Surveys.

Demographics*	2009 n = 53 # / %		2011 n = 75 # / %		2017 n = 47 # / %		2019 n = 129 # / %	
Provincial Officials	9	17.6	18	25.0	12	25.5	23	23.5
Municipal Authorities	12	23.5	14	19.4	12	25.5	31	31.6
School Board Members	13	25.5	17	23.6	8	17.0	31	31.6
Workplace Managers	8	15.7	12	16.7	7	14.9	6	6.1
Media Health-related Reporters or Editors	1	2.0	3	4.2	4	8.5	1	1.0
Other	8	15.7	8	11.1	4	8.5	6	6.1

*missingness: 2009 n=2 (3.8%), 2011 n=3 (4.0%), 2017 n=0 (0.0%), and 2019 n=31 (24.0%)

Table 5: Demographics of **the total sample of surveyed Manitoba policy influencers** (2009, 2011, 2017 and 2019 Chronic Disease Prevention Surveys).

Demographics	2009 n = 53 # / %		2011 n = 75 # / %		2017 n = 47 # / %		2019 n = 129 # / %	
Gender*								
Male	29	54.7	40	54.8	25	55.6	47	47.0
Female	24	45.3	33	45.2	20	44.4	51	51.0
Gender Diverse	-	-	-	-	0	0.0	2	2.0
Age**								
18-44	13	25.5	4	28.6	6	13.3	16	17.4
45+	38	74.5	10	71.4	39	86.7	76	82.6
Nature of Position***								
Elected	13	26.0	22	30.1	14	29.8	43	43.9
Appointed	9	18.0	7	9.6	1	2.1	5	5.1
Hired	27	54.0	41	56.2	30	63.8	48	49.0
Other	1	2.0	3	4.1	2	4.3	2	2.0

*missingness: 2009 n=0 (0.0%), 2011 n=2 (2.7%), 2017 n=2 (4.3%), and 2019 n=29 (22.4%)
**missingness: 2009 n=2 (3.8%), 2011 n=61 (81.3%), 2017 n=2 (4.3%), and 2019 n=37 (28.7%)
***missingness: 2009 n=3 (5.7%), 2011 n=2 (2.7%), 2017 n=2 (4.3%), and 2019 n=31 (24.0%)

---

[2] Policy influencers' organizational affiliations are reported from their survey responses as opposed to their designation during sampling.

Table 6: Demographics of **surveyed general public in Manitoba** (2017 and 2019 Chronic Disease Prevention Surveys).

Demographics	2017 n = 1900 # / %		2019 n = 1909 # / %	
Employment*				
Full-Time or Self-Employed	878	49.2	990	58.9
Part-Time	167	9.4	157	9.3
Unemployed	80	4.5	38	2.3
Student	54	3.0	80	4.8
Retired	604	33.9	416	24.7
Household Income**				
Up to $70,000	795	51.9	639	41.7
$70,000 to $125,000	472	30.8	567	37.0
Over $125,000	265	17.3	328	21.3
Education**				
Less than High School	39	2.1	50	2.8
High School/Some Post-secondary	529	28.1	556	31.3
Post-Secondary Graduate	1312	69.8	1170	65.9
Health***				
Good to Excellent	1591	84.0	1428	80.1
Fair	228	12.0	271	15.2
Poor	75	4.0	83	4.7
Area of Residence				
Winnipeg	1270	66.8	1186	62.1
Other settlements in Manitoba	630	33.2	723	37.9

*missingness: 2017 n=26 (1.4%) and 2019 n=144 (7.5%)
**missingness: 2017 n=368 (19.4%) and 2019 n=375 (19.6%)
***missingness: 2017 n=20 (1.1%) and 2019 n=133 (7.0%)
****missingness: 2017 n=6 (0.3%) and 2019 n=127 (6.7%)

Data Summary: Healthy Eating
Policy Influencers and the General Public: Support for Evidence-Based Healthy Eating Policy

The following tables report valid percentages for the sample of **policy influencers and the general public**, stratified by year, who responded "Strongly Support" or "Somewhat Support" when asked **to indicate their support for policy approaches related to healthy eating**. Table 7 reports valid percentages for **the sample of Alberta policy influencers**, while Table 8 reports the same valid percentages for **the sample of Manitoba policy influencers**, and Table 9 and Table 10 report valid percentages of support for the samples of the **Alberta and Manitoba general public** respectively. Data is reported from the 2009, 2011, 2014, 2016, 2017, and 2019 Chronic Disease Prevention Surveys.

Table 7: Valid percentages of **Alberta policy influencer respondents** who indicated support for healthy eating policies, stratified by year

Policy Options related to Healthy Eating	2009 Percent	2011 Percent	2014 Percent	2016 Percent	2017 Percent	2019 Percent
Eliminate all forms of subsidies that make unhealthy food cheaper than healthy food	-	-	95.1	89.7	90.5	85.3
Fund government media campaigns that encourage healthy food and beverage choices	98.3	98.7	-	95.7	96.7	-
Mandate policies for school nutrition programs	90.2	90.7	93.3	-	-	-
Prohibit advertising and promotion of unhealthy foods and beverages to children under the age of 16	72.9	75.2	85.4	72.8	68.7	76.3
Restrict sugary drink sales in public buildings	-	-	66.0	61.0	41.6	47.7
Restrict unhealthy food sales in all public buildings	-	-	64.1	57.0	40.7	-
Mandate calorie listing on all restaurant menus	74.1	74.7	85.1	73.1	81.5	-
Ban the use of artificial trans fats in all food products	86.7	84.6	86.2	81.3	83.7	-
Tax the purchase of unhealthy foods and beverages	57.6	63.5	64.6	60.5	54.4	-
Hold producers of unhealthy foods liable for health care costs associated with obesity	27.2	46.9	46.3	-	-	-
Mandate priority space in grocery stores for healthy foods and beverages (e.g., Fruit stand instead of candy "powerwalls" in checkout aisles)	-	-	78.4	65.2	57.4	66.4
Mandate priority space for healthy foods and beverages in schools	-	86.2	86.9	-	-	-

Policy Options related to Healthy Eating	2009 Percent	2011 Percent	2014 Percent	2016 Percent	2017 Percent	2019 Percent
Subsidize the purchase of healthy foods and beverages	45.6	54.3	74.7	60.4	49.7	57.6
Remove sales taxes on pre-cut vegetables and fruits in grocery stores	-	-	94.2	94.3	90.8	93.6
Permit zoning to limit the number of fast food restaurants per square kilometre	29.6	37.1	46.9	44.1	28.0	84.5
Tax credits for locally grown healthy food purchases	60.5	72.3	77.8	-	-	-
Regulate portion sizes in food outlets	-	39.7	57.6	48.4	38.9	43.5
Regulate portion sizes in pre-packaged unhealthy foods and beverages	-	42.7	57.6	58.3	52.6	-
Permit zoning to increase the number of small grocery stores that people can walk to in every neighbourhood	52.2	54.6	67.0	80.5	75.0	39.6
Tax sugary drinks and energy drinks on top of sales taxes	-	60.8	72.8	57.7	60.3	62.0
Permit zoning to restrict the supply of junk food near schools	-	54.4	54.1	53.2	44.6	-
Fund government media campaigns that encourage healthy food and beverage choices	-	-	-	89.4	80.4	83.5
Mandate priority space for healthy foods and beverages in all public buildings	-	-	-	71.9	63.3	67.7
Ensure breastfeeding is permitted and adequate facilities exist in all public buildings	-	-	-	89.0	91.3	94.8
Restrict sugary drink sales in all recreation facilities	-	-	-	54.4	48.3	57.7
Restrict unhealthy food sales in all recreation facilities	-	-	-	55.1	45.8	54.4

Policy Options related to Healthy Eating	2009 Percent	2011 Percent	2014 Percent	2016 Percent	2017 Percent	2019 Percent
Mandate priority space for healthy foods and beverages in all recreation facilities	-	-	-	73.4	63.3	76.7
Ban sugary drinks in schools (including childcare settings)	-	-	-	74.8	72.8	73.7
Restrict unhealthy foods in schools (including childcare settings)	-	-	-	75.2	73.0	76.2
Mandate policies for healthy foods and beverages at schools (including childcare settings)	-	-	-	82.9	79.5	81.6
Provide comprehensive nutrition education in schools (including pre-schools)	-	-	-	98.1	98.1	-
Provide subsidized fruit and vegetable subscription programs for schools (including childcare settings)	-	-	-	92.7	90.1	76.9
Involve students to grow and prepare nutritious foods and beverages in schools (including pre-schools)	-	-	-	97.4	96.1	-
Create incentives to foster local food and beverage producers to provide healthy foods to schools (including childcare settings)	-	-	-	90.3	91.3	90.9
Monitor and evaluate school (including childcare settings) food and beverage initiatives	-	-	-	81.2	83.4	78.9
Mandate government-led front of package nutrition labelling on all processed foods and beverages	-	-	-	88.4	87.2	87.3
Adopt and implement an evidence-based food and beverage rating system for meals and snacks consumed by children	-	-	-	93.5	92.6	-
Mandate government-led logos or symbols in grocery stores to help identify healthy foods and beverages	-	-	-	86.7	83.6	81.5

Policy Options related to Healthy Eating	2009 Percent	2011 Percent	2014 Percent	2016 Percent	2017 Percent	2019 Percent
Provide incentives to diversify concentrated ownership of the food industry	-	-	-	56.6	51.7	-
Ensure sufficient social assistance food allowances for recipients to purchase a nutritious food basket	-	-	-	80.5	80.6	87.9
Restrict or ban new fast food restaurant drive-through facilities	-	-	-	28.0	20.0	24.2

Table 8: Valid percentages of **Alberta general public respondents** who indicated support for healthy eating policies, stratified by year

Policy Options related to Healthy Eating	2010 Percent	2014 Percent	2016 Percent	2017 Percent	2019 Percent
Fund government media campaigns that encourage healthy food and beverage choices	96.4	95.7	93.9	94.9	-
Mandate policies for school nutrition programs	95.1	91.8	-	-	-
Prohibit advertising and promotion of unhealthy foods and beverages to children under the age of 16	83.6	74.7	72.8	76.0	75.1
Restrict sugary drink sales in public buildings	-	-	53.8	57.5	63.2
Tax the purchase of unhealthy foods and beverages	59.8	56.7	56.9	57.0	-
Hold producers of unhealthy foods liable for health care costs associated with obesity	53.4	56.7	-	-	-
Subsidize the purchase of healthy foods and beverages	79.8	78.6	76.5	76.9	75
Permit zoning to limit the number of fast food restaurants per square kilometre	57.3	56.6	57.7	56.9	52.4
Tax sugary drinks and energy drinks on top of sales taxes	58.2	58.2	58.2	57.9	57.1
Permit zoning to restrict the supply of junk food near schools	74.9	72.8	68.8	68.4	-
Fund government media campaigns that encourage healthy food and beverage choices	-	-	84.3	86.1	85.0
Ensure breastfeeding is permitted and adequate facilities exist in all public buildings	-	-	94.7	93.2	94.5

Policy Options related to Healthy Eating	2010 Percent	2014 Percent	2016 Percent	2017 Percent	2019 Percent
Restrict sugary drink sales in all public recreation facilities	-	-	58.3	62.2	57.6
Restrict unhealthy foods sales in all public recreation facilities	-	-	60.9	62.3	56.0
Mandate priority space for healthy foods and beverages in all public recreation facilities	-	-	86.4	85.9	83.1
Mandate policies for healthy foods and beverages at schools (including childcare settings)	-	-	92.1	90.5	86.0
Restrict or ban new fast food restaurant drive-through facilities	-	-	38.2	35.5	31.1

Table 9: Valid percentages of **Manitoba policy influencer respondents** who indicated support for healthy eating policies, stratified by year

Policy Options related to Healthy Eating	2009 Percent	2011 Percent	2017 Percent	2019 Percent
Eliminate all forms of subsidies that make unhealthy food cheaper than healthy food	-	-	88.6	92.7
Fund government media campaigns that encourage healthy food and beverage choices	100.0	97.3	93.3	-
Mandate policies for school nutrition programs	92.5	90.5	-	-
Prohibit advertising and promotion of unhealthy foods and beverages to children under the age of 16	74.0	76.4	83.7	79.8
Restrict sugary drink sales in public buildings	-	-	55.6	58.3

Policy Options related to Healthy Eating	2009 Percent	2011 Percent	2017 Percent	2019 Percent
Restrict unhealthy food sales in all public buildings	-	-	53.5	-
Mandate calorie listing on all restaurant menus	76.5	71.6	75.0	-
Ban the use of artificial trans fats in all food products	89.8	77.9	84.6	-
Tax the purchase of unhealthy foods and beverages	56.9	63.5	72.1	-
Hold producers of unhealthy foods liable for health care costs associated with obesity	40.8	39.7	-	-
Mandate priority space in grocery stores for healthy foods and beverages (e.g., Fruit stand instead of candy "powerwalls" in checkout aisles)	-	-	64.3	79.0
Mandate priority space for healthy foods and beverages in schools	-	83.6	-	-
Subsidize the purchase of healthy foods and beverages	55.1	64.7	65.9	76.1
Remove sales taxes on pre-cut vegetables and fruits in grocery stores	-	-	95.5	96.5
Permit zoning to limit the number of fast food restaurants per square kilometre	35.4	35.5	34.2	93.9
Tax credits for locally grown healthy food purchases	66.0	74.2	-	-
Regulate portion sizes in food outlets	-	45.7	47.6	53.3

Policy Options related to Healthy Eating	2009 Percent	2011 Percent	2017 Percent	2019 Percent
Regulate portion sizes in pre-packaged unhealthy foods and beverages	-	49.3	64.3	-
Permit zoning to increase the number of small grocery stores that people can walk to in every neighbourhood	65.2	62.7	76.9	51.4
Tax sugary drinks and energy drinks on top of sales taxes	-	67.1	65.9	70.9
Permit zoning to restrict the supply of junk food near schools	-	57.4	47.6	-
Fund government media campaigns that encourage healthy food and beverage choices	-	-	79.5	86.6
Mandate priority space for healthy foods and beverages in all public buildings	-	-	72.7	78.7
Ensure breastfeeding is permitted and adequate facilities exist in all public buildings	-	-	93.3	94.7
Restrict sugary drink sales in all recreation facilities	-	-	55.8	69.9
Restrict unhealthy food sales in all recreation facilities	-	-	56.8	62.2
Mandate priority space for healthy foods and beverages in all recreation facilities	-	-	77.3	82.1
Ban sugary drinks in schools (including childcare settings)	-	-	77.3	82.0
Restrict unhealthy foods in schools (including childcare settings)	-	-	84.1	83.2
Mandate policies for healthy foods and beverages at schools (including childcare settings)	-	-	83.7	88.6

Policy Options related to Healthy Eating	2009 Percent	2011 Percent	2017 Percent	2019 Percent
Provide comprehensive nutrition education in schools (including pre-schools)	-	-	95.5	-
Provide subsidized fruit and vegetable subscription programs for schools (including childcare settings)	-	-	90.7	86.5
Involve students to grow and prepare nutritious foods and beverages in schools (including pre-schools)	-	-	93.3	-
Create incentives to foster local food and beverage producers to provide healthy foods to schools (including childcare settings)	-	-	90.9	92.9
Monitor and evaluate school (including childcare settings) food and beverage initiatives	-	-	80.0	90.7
Mandate government-led front of package nutrition labelling on all processed foods and beverages	-	-	84.1	90.4
Adopt and implement an evidence-based food and beverage rating system for meals and snacks consumed by children	-	-	93.2	-
Mandate government-led logos or symbols in grocery stores to help identify healthy foods and beverages	-	-	83.7	83.8
Provide incentives to diversify concentrated ownership of the food industry	-	-	71.9	-
Ensure sufficient social assistance food allowances for recipients to purchase a nutritious food basket	-	-	79.1	93.8
Restrict or ban new fast food restaurant drive-through facilities	-	-	26.2	31.8

Table 10: Valid percentages of **Manitoba general public respondents** who indicated support for healthy eating policies, stratified by year

Policy Options related to Healthy Eating	2017 Percent	2019 Percent
Fund government media campaigns that encourage healthy food and beverage choices	96.2	-
Prohibit advertising and promotion of unhealthy foods and beverages to children under the age of 16	77.9	79.9
Restrict sugary drink sales in public buildings	60.8	56.2
Tax the purchase of unhealthy foods and beverages	63.9	-
Subsidize the purchase of healthy foods and beverages	82.5	81.2
Permit zoning to limit the number of fast food restaurants per square kilometre	58.1	55.4
Tax sugary drinks and energy drinks on top of sales taxes	62.0	60.1
Permit zoning to restrict the supply of junk food near schools	70.5	-
Fund government media campaigns that encourage healthy food and beverage choices	88.6	68.8
Ensure breastfeeding is permitted and adequate facilities exist in all public buildings	94.1	95.6
Restrict sugary drink sales in all public recreation facilities	65.7	63.6
Restrict unhealthy foods sales in all public recreation facilities	65.5	59.4

Policy Options related to Healthy Eating	2017 Percent	2019 Percent
Mandate priority space for healthy foods and beverages in all public recreation facilities	88.8	85.7
Mandate policies for healthy foods and beverages at schools (including childcare settings)	91.6	89.5
Restrict or ban new fast food restaurant drive-through facilities	39.7	36.8

Data Summary: Regulation Level
Policy Influencers: Perceptions of the Level of Regulation Around Healthy Eating

The following table reports valid percentages for the responses of **policy influencers** who were asked **to indicate their perception of the amount of current regulations related to healthy eating**, as surveyed in 2009, 2011, 2014, 2016, 2017, and 2019 in Alberta (**Table 11**) and Manitoba (**Table 12**), stratified by year (note: these questions were not asked in the 2019 survey).

In 2019 52.9% of Alberta policy influencers, and 50.6% of Manitoba policy influencers, either agreed or strongly agreed that the current policies on nutrition in their province made the healthy choice the easy choice.

Table 11:   Valid percentages of **Alberta policy influencers'** perceptions of current regulations around healthy eating, stratified by year.

Regulations related to Healthy Eating	2009 Percent	2011 Percent	2014 Percent	2016 Percent	2017 Percent
Taxes on unhealthy foods and beverages					
Too Much	5.8	4.3	8.5	-	-
About Right	51.1	43.6	46.3	-	-
Too Little	43.2	52.1	45.1	-	-
Number of places unhealthy foods and beverages sold					
Too Much	24.5	27.2	31.8	16.3	25.4
About Right	59.4	52.0	47.1	62.2	54.9
Too Little	16.1	20.8	21.2	21.5	19.7
Type of places unhealthy foods and beverages sold					
Too Much	24.7	25.8	29.3	-	-
About Right	56.5	54.0	51.2	-	-

Regulations related to Healthy Eating	2009 Percent	2011 Percent	2014 Percent	2016 Percent	2017 Percent
Too Little	18.8	20.2	19.5	-	-
Enforcement of junk food bans in schools					
Too Much	7.6	5.8	7.0	-	11.0
About Right	39.5	31.9	39.5	-	44.9
Too Little	52.9	62.3	53.5	-	44.1
Restrictions on advertising unhealthy foods and beverages					
Too Much	-	-	-	2.9	7.4
About Right	-	-	-	51.4	43.4
Too Little	-	-	-	45.7	49.2
Current taxes on unhealthy foods					
Too Much	-	-	-	5.8	11.0
About Right	-	-	-	47.8	44.9
Too Little	-	-	-	46.4	44.1
Current taxes on sugary drinks					
Too Much	-	-	-	5.0	7.8
About Right	-	-	-	46.4	42.2
Too Little	-	-	-	48.6	50.0
Sales of unhealthy foods and beverages in schools					
Too Much	-	-	-	21.3	16.1
About Right	-	-	-	44.1	50.0
Too Little	-	-	-	34.6	33.9
Sales of unhealthy foods and beverages in recreation facilities					
Too Much	-	-	-	16.9	21.8
About Right	-	-	-	53.7	52.4
Too Little	-	-	-	29.4	25.8
Sales of unhealthy foods and beverages in public buildings					
Too Much	-	-	-	16.6	17.7
About Right	-	-	-	53.2	56.3
Too Little	-	-	-	30.2	26.1

Table 12: Valid percentages of **Manitoba policy influencers'** perceptions of current regulations around healthy eating, stratified by year.

Regulations related to Healthy Eating	2009 Percent	2011 Percent	2017 Percent
Taxes on unhealthy foods and beverages			
Too Much	11.9	6.4	-
About Right	45.2	46.0	-
Too Little	42.9	47.6	-
Number of places unhealthy foods and beverages sold			
Too Much	36.4	30.7	32.3
About Right	45.5	56.5	48.4
Too Little	18.2	12.9	19.4
Type of places unhealthy foods and beverages sold			
Too Much	31.0	27.0	-
About Right	52.4	58.7	-
Too Little	16.7	14.3	-
Enforcement of junk food bans in schools			
Too Much	8.2	9.1	9.4
About Right	55.1	47.0	34.4
Too Little	36.7	43.9	56.23
Restrictions on advertising unhealthy foods and beverages			
Too Much	-	-	2.9
About Right	-	-	29.4
Too Little	-	-	67.7
Current taxes on unhealthy foods			
Too Much	-	-	14.3
About Right	-	-	28.6
Too Little	-	-	57.1
Current taxes on sugary drinks			
Too Much	-	-	5.6
About Right	-	-	38.9
Too Little	-	-	55.6
Sales of unhealthy foods and beverages in schools			
Too Much	-	-	28.1
About Right	-	-	50.0
Too Little	-	-	21.9

Regulations related to Healthy Eating	2009 Percent	2011 Percent	2017 Percent
Sales of unhealthy foods and beverages in recreation facilities			
Too Much	-	-	19.4
About Right	-	-	41.7
Too Little	-	-	38.9
Sales of unhealthy foods and beverages in public buildings			
Too Much	-	-	30.0
About Right	-	-	50.0
Too Little	-	-	20.0

Data Summary: Cancer and Chronic Disease Etiology
Policy Influencers and the General Public: Beliefs about Chronic Disease Etiology and Responsibility

Table 13 and **Table 14** report valid percentages of policy influencer respondents in Alberta and Manitoba respectively who responded "Strongly Agree" or "Agree" when provided with various statements about causes and responsible parties for in chronic disease aetiologies (i.e., cause is their own fault, cause is circumstances beyond their control, responsibility is their own to address, responsibility is society's to address). **Table 15** and **Table 16** report the same responses, but for the Alberta general public sample and Manitoba general public sample respectively.

Table 13: Valid percentages of **Alberta policy influencers**, stratified by year, who agreed with the given statements around responsibilities for chronic disease aetiologies

Statement in Question	2009 Percent	2011 Percent	2014 Percent	2016 Percent	2017 Percent	2019 Percent
Healthy eating problem "Cause OWN FAULT"	65.5	66.9	50.5	56.1	64.8	44.6
Healthy eating problem "Cause CIRCUMSTANCES BEYOND CONTROL"	13.9	13.9	23.7	23.1	13.6	31.7
Healthy eating problem "Responsibility to address OWN"	89.0	92.2	88.9	87.1	94.5	78.9
Healthy eating problem "Responsibility to address SOCIETAL"	26.6	28.4	36.5	33.1	29.4	26.4
Obesity problem "Cause OWN FAULT"	63.1	62.8	53.3	56.7	46.7	47.7
Obesity problem "Cause CIRCUMSTANCES BEYOND CONTROL"	28.2	27.5	29.5	28.9	20.6	34.1
Obesity problem "Responsibility to address OWN"	95.6	92.4	92.7	88.4	91.7	88.8
Obesity problem "Responsibility to address SOCIETAL"	39.9	36.8	48.9	40.9	26.1	33.2

Table 14: Valid percentages of **Manitoba policy influencers**, stratified by year, who agreed with the given statements around responsibilities for chronic disease aetiologies

Statement in Question	2009 Percent	2011 Percent	2017 Percent	2019 Percent
Healthy eating problem "Cause OWN FAULT"	57.1	61.8	60.5	40.9
Healthy eating problem "Cause CIRCUMSTANCES BEYOND CONTROL"	12.8	23.9	24.3	43.8
Healthy eating problem "Responsibility to address OWN"	84.6	91.7	83.3	81.7
Healthy eating problem "Responsibility to address SOCIETAL"	25.0	36.6	33.3	40.4
Obesity problem "Cause OWN FAULT"	55.1	52.3	45.0	47.0
Obesity problem "Cause CIRCUMSTANCES BEYOND CONTROL"	40.5	32.8	30.6	38.3
Obesity problem "Responsibility to address OWN"	96.1	93.1	86.0	78.0
Obesity problem "Responsibility to address SOCIETAL"	33.3	42.3	41.9	40.2

Table 15: Valid percentages of **Alberta general public** respondents, stratified by year, who agreed with the given statements around responsibilities for chronic disease aetiologies

Statement in Question	**2010** Percent	**2014** Percent	**2016** Percent	**2017** Percent	**2019** Percent
Obesity problem "Cause OWN FAULT"	38.4	36.3	43.3	35.8	45.8
Obesity problem "Cause CIRCUMSTANCES BEYOND CONTROL"	53.0	35.8	39.4	35	27.1
Obesity problem "Responsibility to address OWN"	11.9	81.0	80.7	83.3	83.4
Obesity problem "Responsibility to address SOCIETAL"	58.6	24.7	25.0	26.1	27.2

Table 16: Valid percentages of **Manitoba general public** respondents, stratified by year, who agreed with the given statements around responsibilities for chronic disease aetiologies

Statement in Question	**2017** Percent	**2019** Percent
Obesity problem "Cause OWN FAULT"	36.8	43.4
Obesity problem "Cause CIRCUMSTANCES BEYOND CONTROL"	37.5	29.9
Obesity problem "Responsibility to address OWN"	81.0	81.7
Obesity problem "Responsibility to address SOCIETAL"	31.8	29.2

Addendum: Key Considerations for Data Use

- Provision of the data in no way implies transfer of ownership by the University of Alberta.
- The APCCP must be **named** and given credit for conducting the research in all dissemination of the data herein.
- The APCCP Research Committee member(s)/investigator(s) who led the research must be **named** on all internal and external releases of data and be provided with the opportunity to ensure that any technical aspects and/or interpretation of data are 'correct'. Please contact the APCCP Policy Analyst for details.
- Data released to APCCP stakeholders are immediately free to share them *internally* within their organizations.
- Data released to *external* partners, stakeholders, or the media are subject to additional conditions (see below).

External Data Releases (i.e., Media Releases)

The APCCP Research Committee member(s)/investigator(s) via the APCCP Policy Analyst:

- Must be notified in writing (*minimum* of 24 hours' notice), in advance of any planned media releases involving data reported here. Should the APCCP *Research Committee* fail to respond within a timely manner or decline to participate, data requesters can proceed with a public release of the data *unless otherwise notified*.
- Will ensure that the interpretation of data is consistent with other APCCP messaging.
- May elect to participate directly through a joint media release with the stakeholder.
- **May request the temporary or permanent delay of the release in order to fulfill their research obligations**.

Acknowledgements

Suggested Citation

Alberta Policy Coalition for Chronic Disease Prevention. 2009, 2010, 2011, 2014, 2016, 2017 and 2019 Chronic Disease Prevention Survey Data Release: Responses relevant to Support for, and Perceptions and Framing of

Healthy Eating among Policy Influencers and the General Public in Alberta and Manitoba. School of Public Health, University of Alberta. 2020.