Community Profile Indicators

By Municipality and Region

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

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Better health. Best in health care.

UBC
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THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Medicine
eHealth Strategy Office

Sociodemographics

- Seniors (65+)
- Birth place: born in Canada
- Education: university degree
- Household income: under $40,000
- Household income: $120,000 & above

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Sociodemographics

Communities differ considerably with regards to the age, income, education and place of birth of their residents. These social and economic differences are highly influential in determining individual and community health and well-being.

Seniors (Age 65 or older): The proportion of seniors within communities differs considerably. The chances of developing chronic conditions such as diabetes and high blood pressure increases with age. Communities with more seniors are likely to have a higher number of people with chronic conditions.

Born in Canada: The level of immigration differs considerably between our communities. Place of birth is a key determinant of health and health behaviours e.g. smoking is higher among those born in Canada. Communities in Metro Vancouver are the main destination for those born outside Canada, while rural communities have more Canadian-born residents.
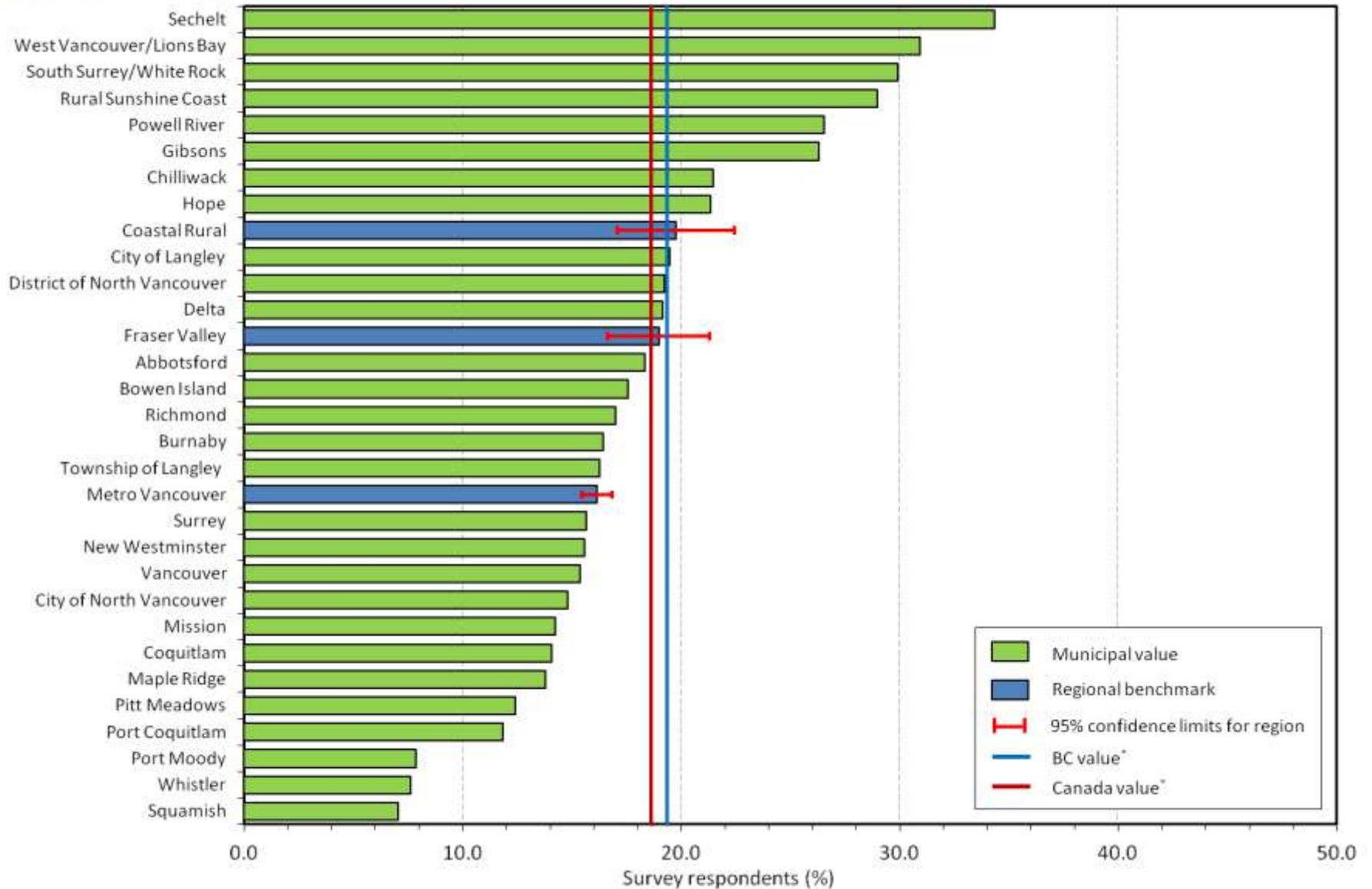
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Sociodemographics

Education: Education is a key determinant of good health and healthy behaviours. The attainment of a university degree differed across the communities we surveyed. Communities with higher educational attainment tend to have a greater prevalence of reported healthy behaviours, such as lower smoking rates, and lower reporting of chronic illness.
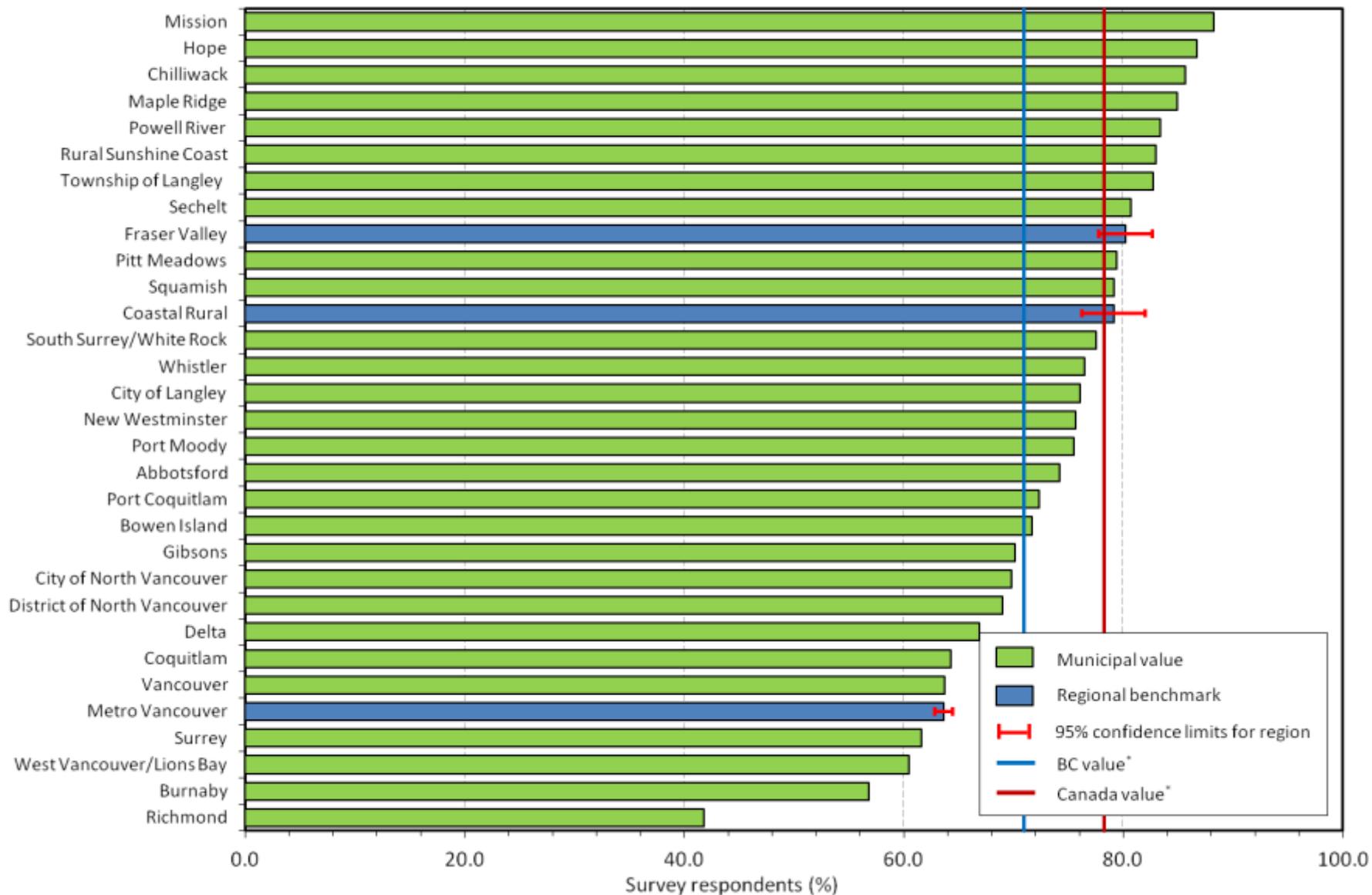
Household income: Poverty is both a cause and a consequence of poor health. The percentage of households with annual income under $40,000 varies widely between the communities surveyed. The household income spread within communities may partly explain the reported differences in health behaviours and chronic conditions.

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Seniors (65+)
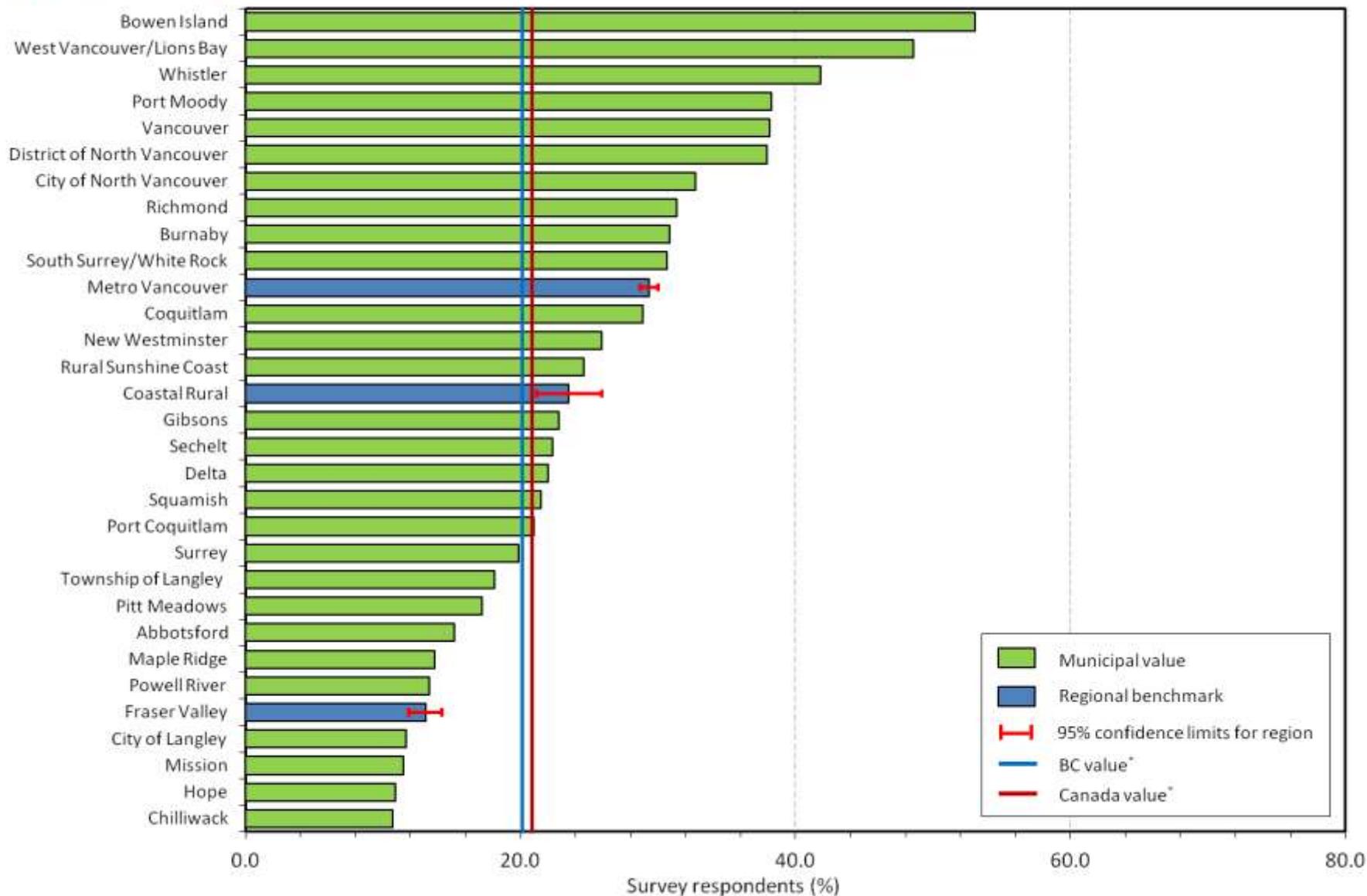My Health My Community Survey 2013-2014

Birth place: born in Canada
My Health My Community Survey 2013-2014

Education: university degree
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14. EMBARGOED TILL JUNE 2, 2015 * Comparison source: National Household Survey 2011.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

Household income: under $40,000
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14. EMBARGOED TILL JUNE 2, 2015   * Comparison source: National Household Survey 2011.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.
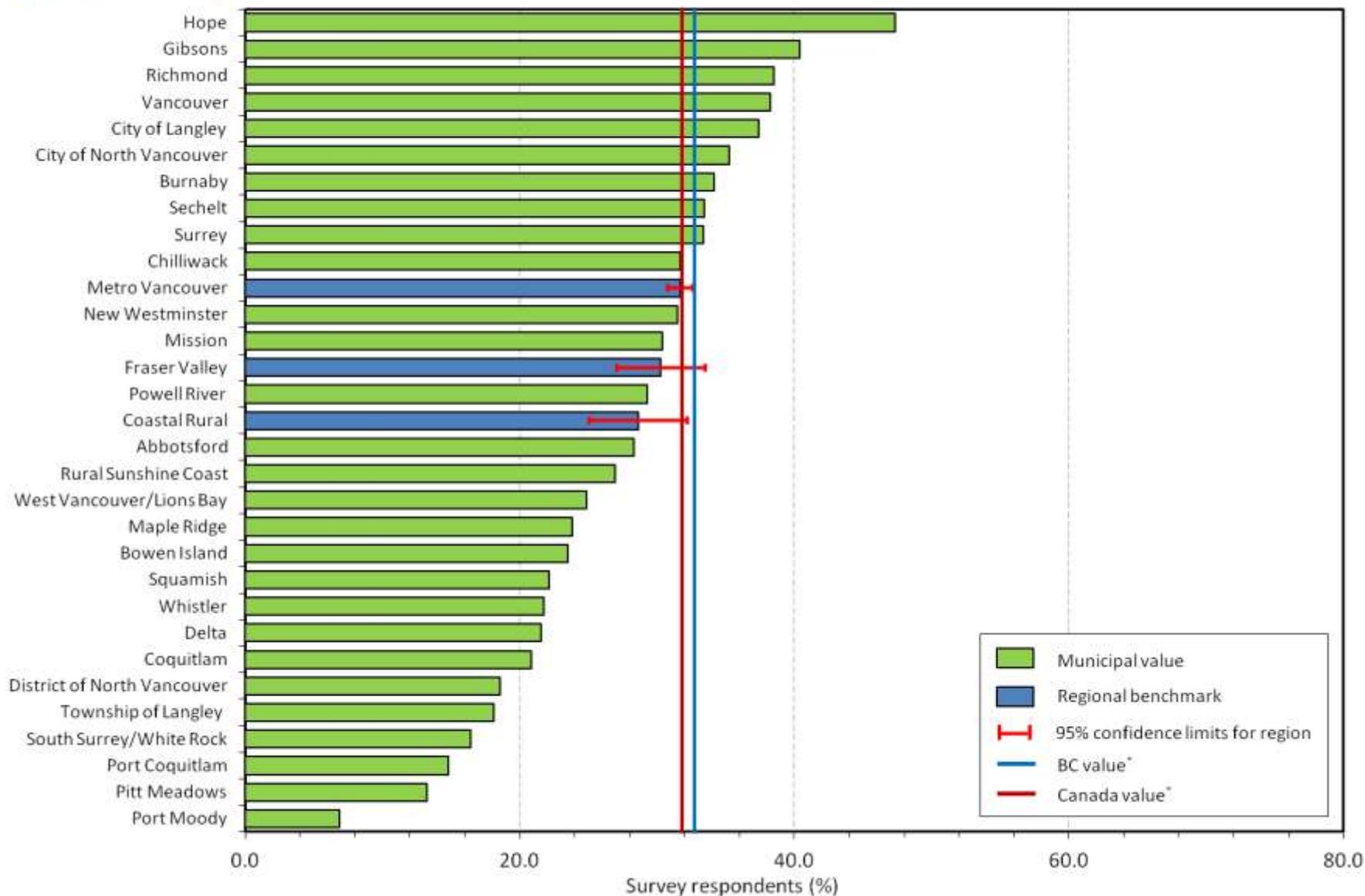
Household income: $120,000 and above
My Health My Community Survey 2013-2014

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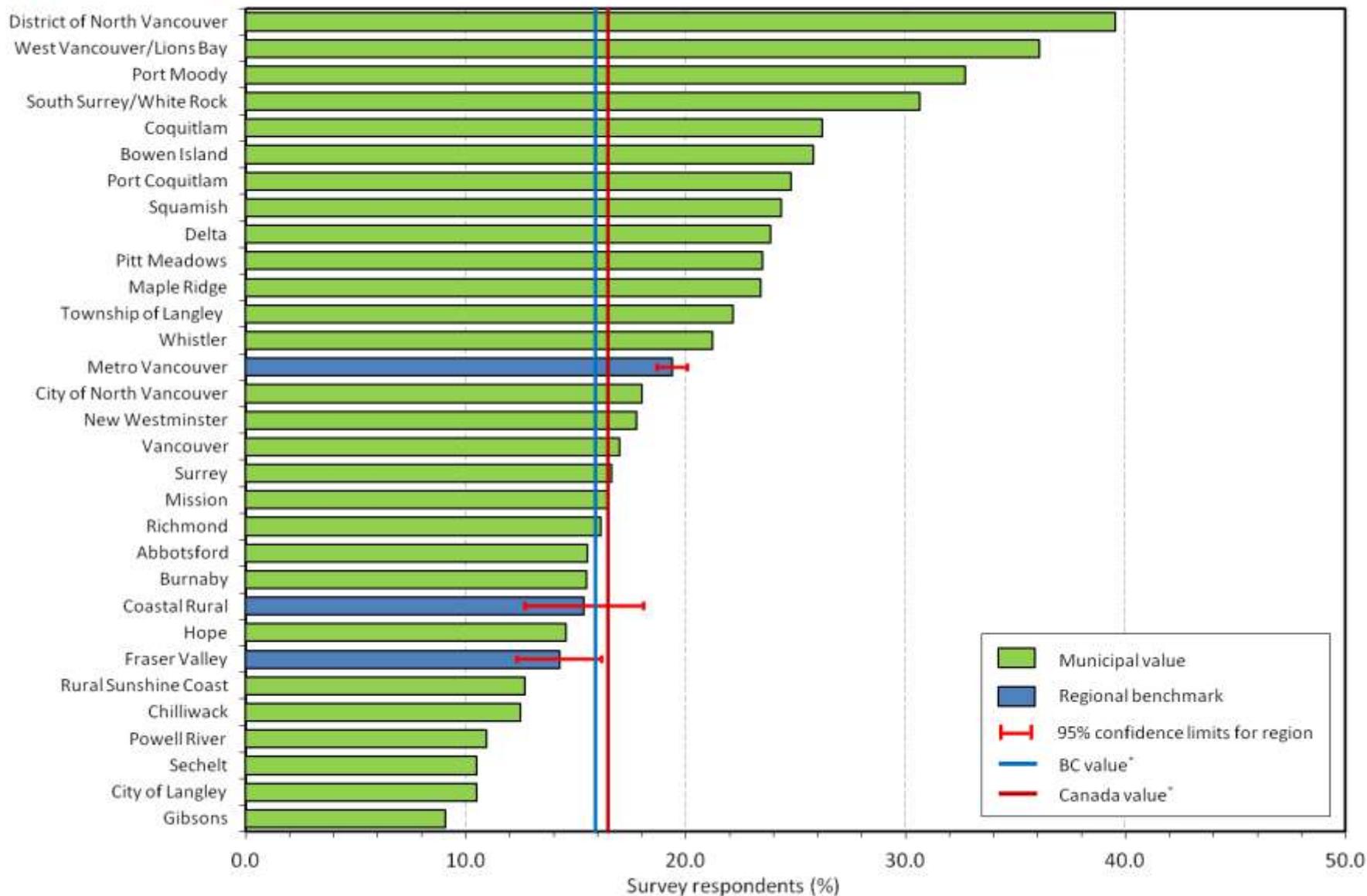
Health Status

- General health (excellent/very good)

- Mental health (excellent/very good)

- Obesity (BMI 30+)

- Diabetes

- High blood pressure

- Mood or anxiety disorders

- Multiple chronic conditions

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Health Status

Our physical and mental health is determined by various factors. These include social and economic factors such as income, employment, education, ethnic and cultural background, access to health care, and the physical built environment of our neighbourhoods.

Self-Reported General Health: Self-reported health is a good indicator of overall health status. In our survey, communities with a younger population, higher levels of education and higher income were more likely to report excellent or very good health.

Self-Reported Mental Health: Self-reported mental health is a general indicator of overall mental health status. Communities with higher levels of education and higher income would be more likely to report excellent or very good mental health.

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Health Status

Obesity: A BMI of 30 or more is considered obese, and increases risk of various chronic conditions such as heart disease and diabetes. Chances of being obese are influenced by many complex factors including social and economic conditions, physical environment of the neighbourhood such as walkability, diet, exercise and sedentary behaviours. In our survey, communities with more poverty, lower educational attainment and lower walkability would be more likely to report higher levels of obesity.

Self-Reported Diabetes: Onset of chronic conditions such as diabetes are influenced by healthy behaviours and various, ethnic, social and economic factors. Certain ethnicities, such as South Asians are at higher risk of diabetes. Areas with higher proportion of South Asians, poverty and lower education levels would be expected to report higher diabetes rates.

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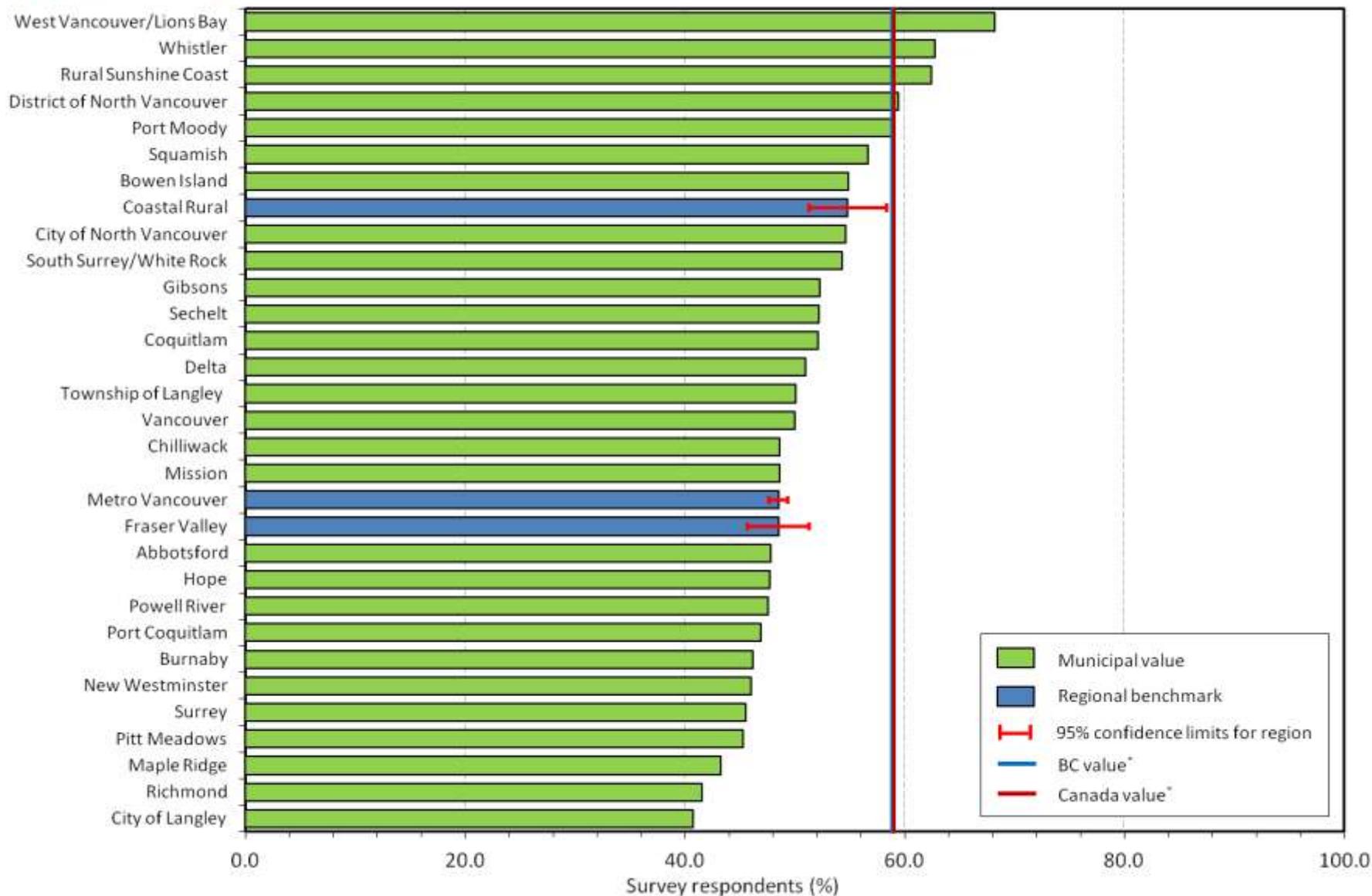
EMBARGOED TILL JUNE 2, 2015

Health Status

Self-Reported High blood pressure: Chances of developing chronic conditions such as high blood pressure are influenced by healthy behaviours and various social and economic factors. In our survey, communities with more seniors, higher poverty and lower education levels were more likely to report high blood pressure.

Self-Reported Mood or anxiety disorders: Diagnosis of mood and anxiety disorders is influenced by various biological, social and economic factors. In our survey mood and anxiety disorders diagnosis was higher among females, and among those with lower household income.

Self-Reported Multiple chronic conditions: Chances of developing chronic conditions are influenced by age, healthy behaviours, and various social and economic factors. In our survey, communities with more seniors, certain ethnic groups at higher risk of chronic conditions, and communities with lower income and lower education levels had higher diagnoses of multiple chronic conditions.

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Self-reported general health: excellent or very good
My Health My Community Survey 2013-2014

Self-reported mental health: excellent or very good
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14, ... son source: Canadian Community Health Survey 2011-2012.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.
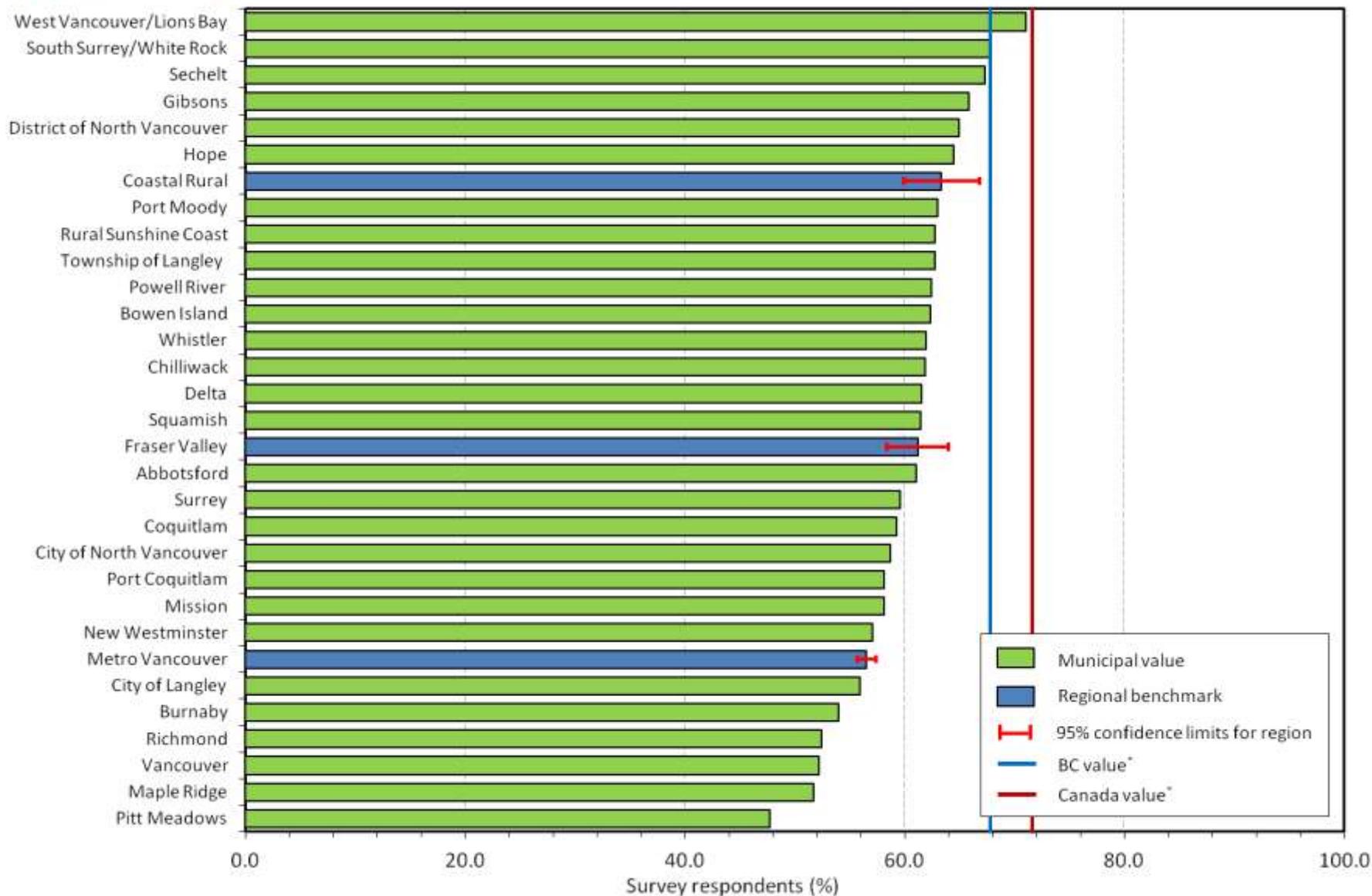
Obesity: Body Mass Index (BMI) 30 kg/m² +
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14. ... son source: Canadian Community Health Survey 2011-2012.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.
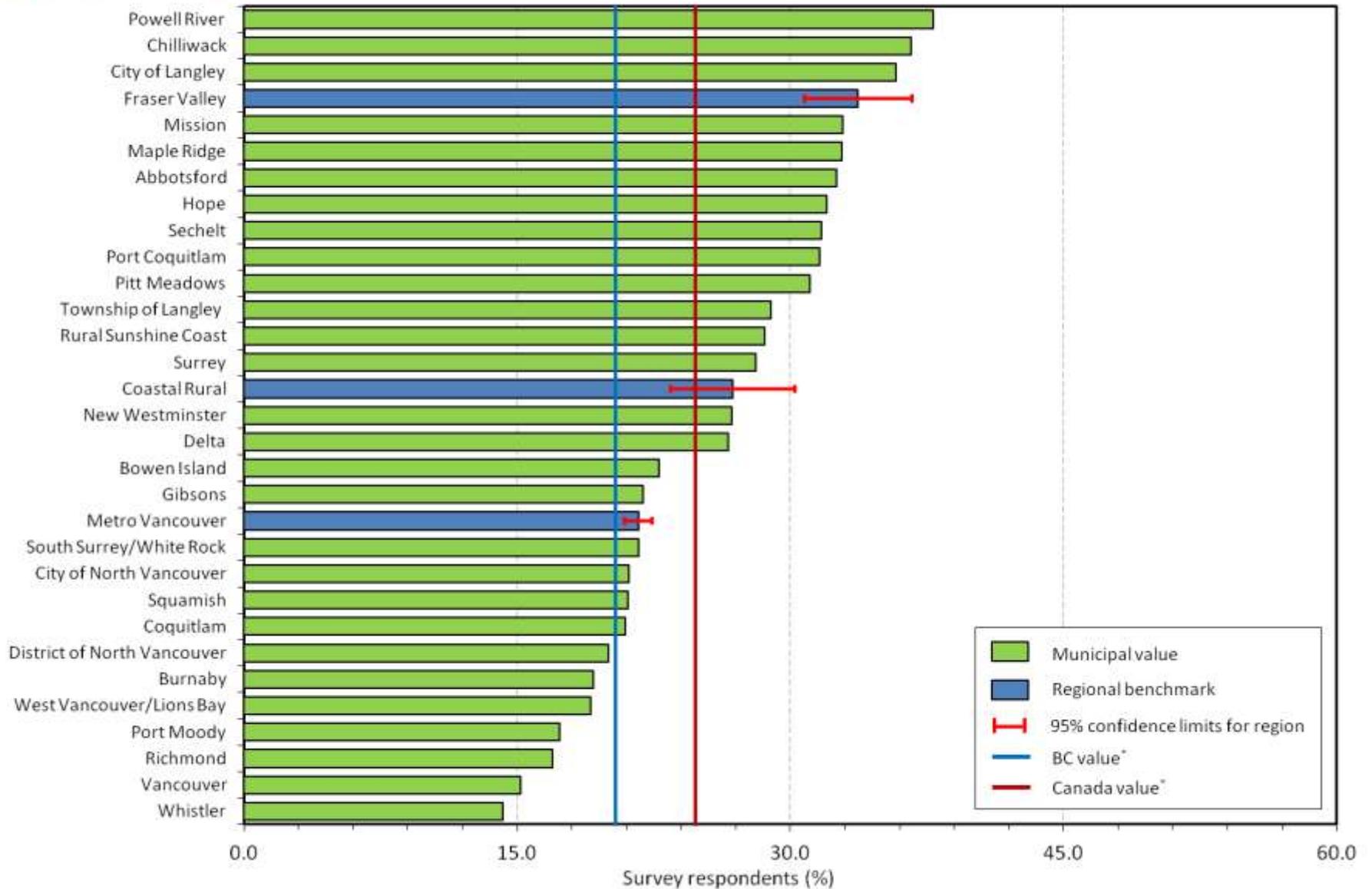
Diabetes diagnosed by doctor, self-reported
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14, ... son source: Canadian Community Health Survey 2011-2012.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.
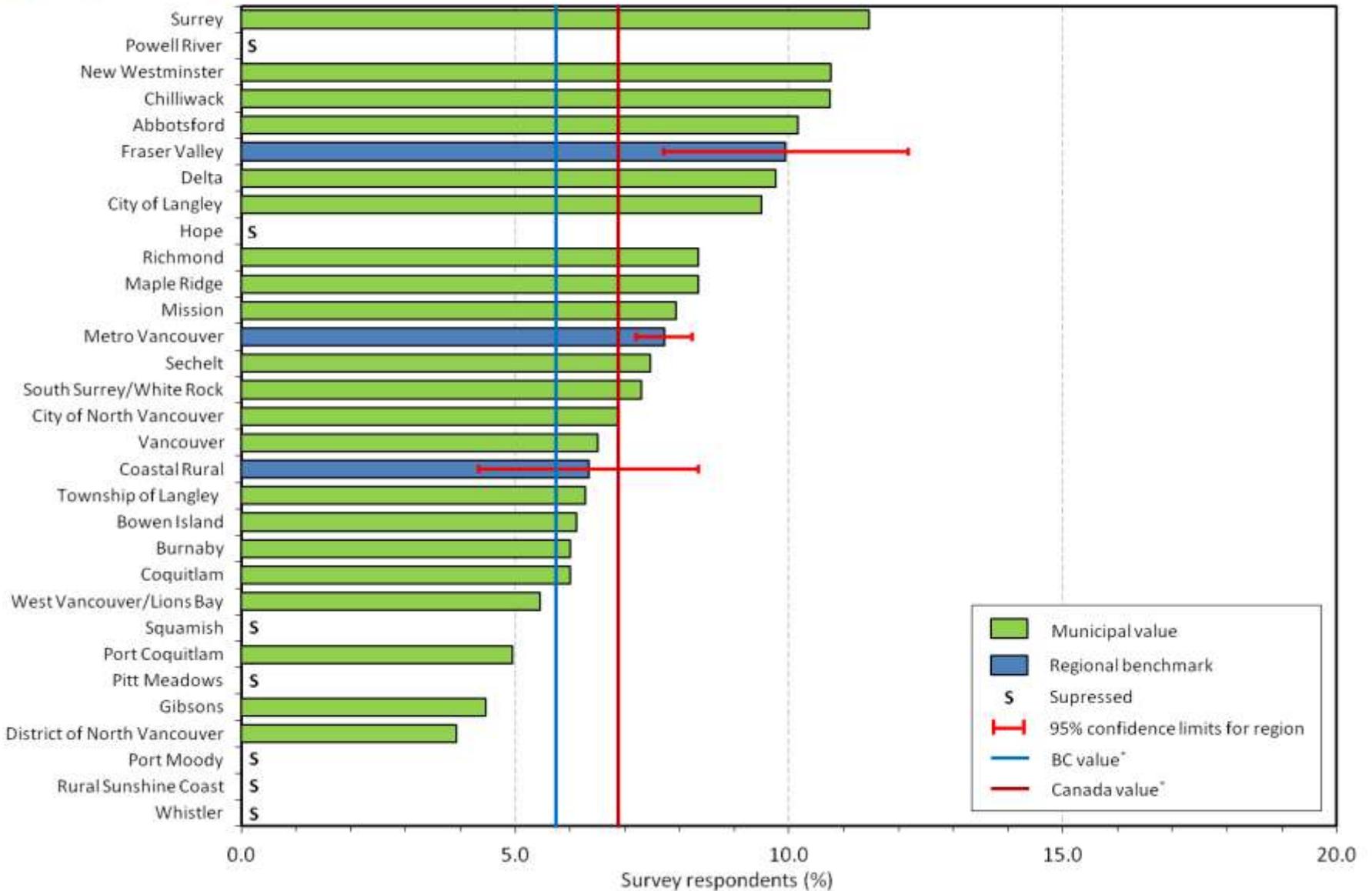
High blood pressure diagnosed by a doctor, self-reported
My Health My Community Survey 2013-2014
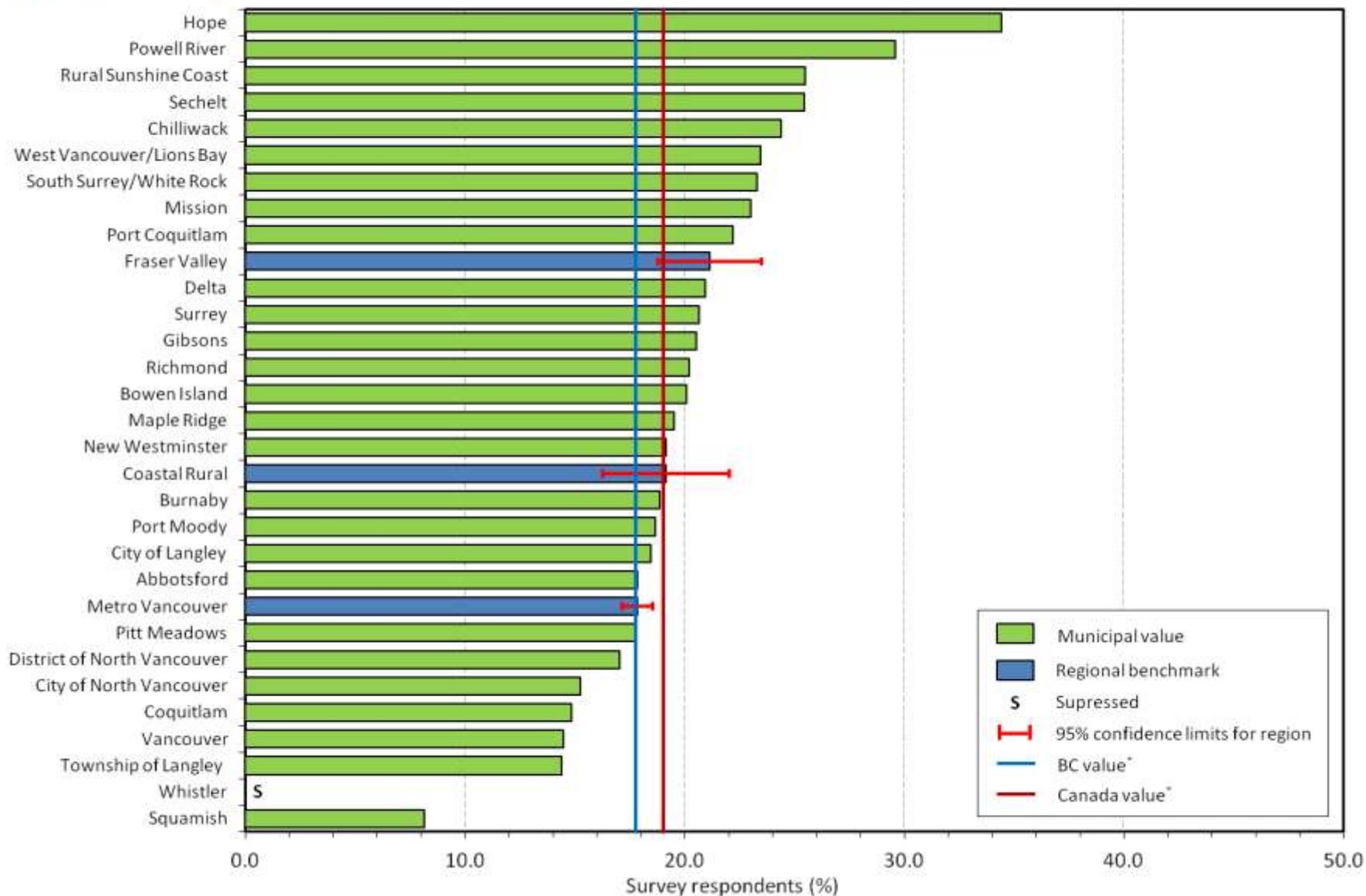
Mood or anxiety disorder diagnosed by a doctor, self-reported
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14,
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.
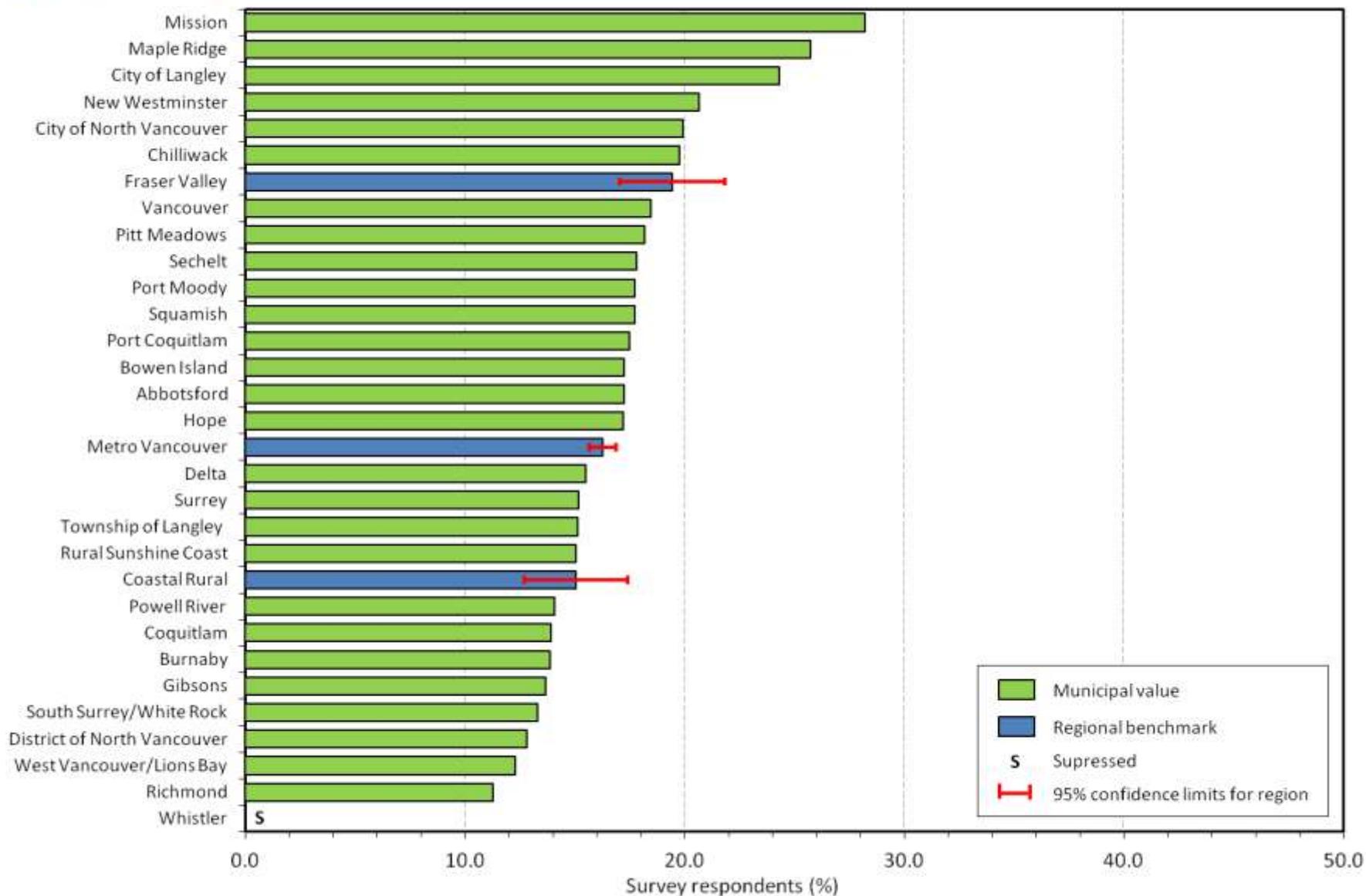
Multiple chronic conditions diagnosed by a doctor, self-reported
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.
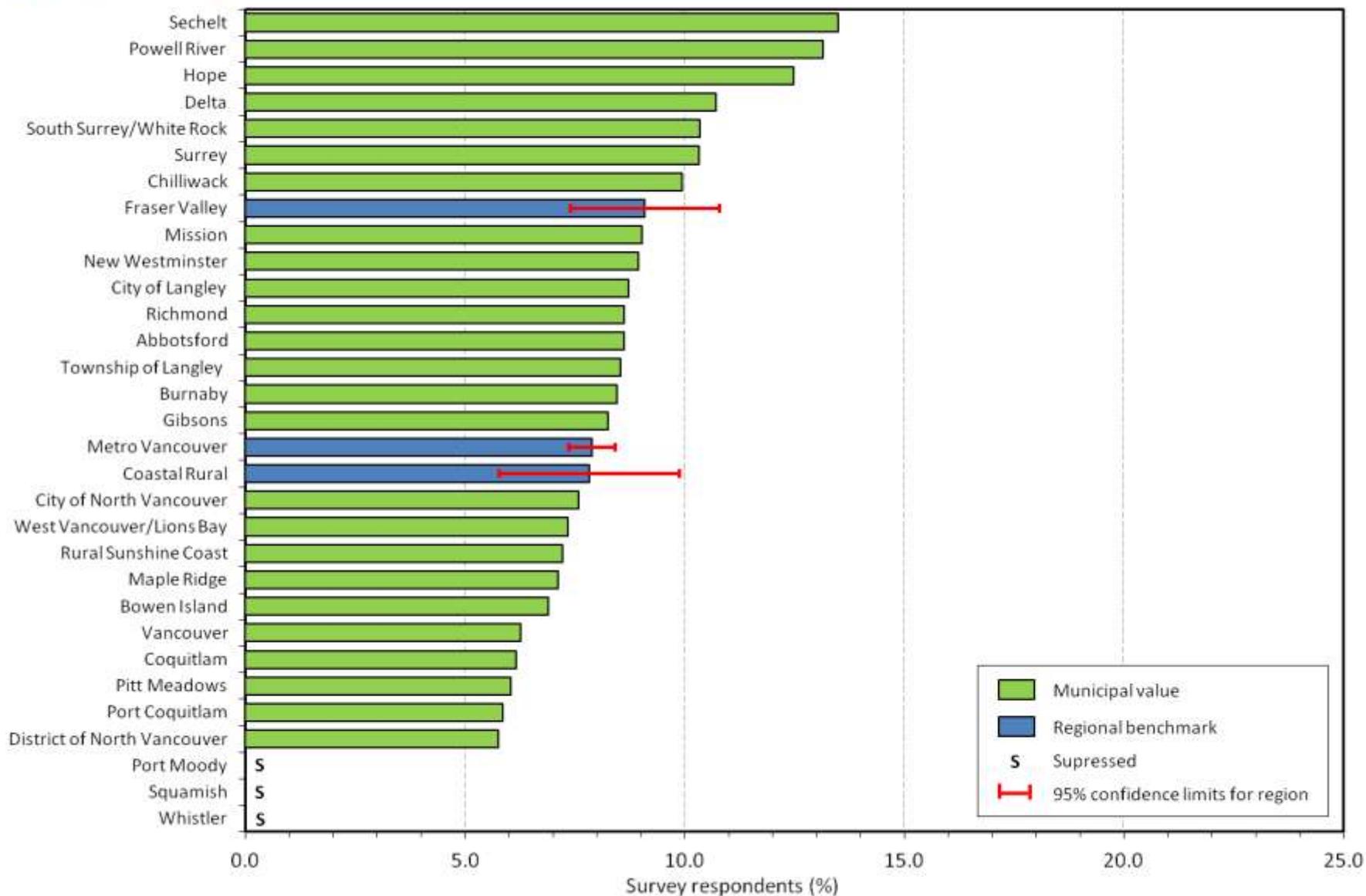
Lifestyle

- Binge drinking (1+ times/month)
- Smoking (daily/occasional)
- Physical activity (150+ minutes/week)
- 5+ servings of fruits and vegetables (/day)
- Stress (extremely/quite stressed)
- High screen time (2+ hours/day)
- High physical wellness score (10-16)

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Lifestyle

Healthy behaviours are shaped by individual choices, social and economic conditions such as poverty and education levels, and neighbourhood design elements such as transit, bike lanes and neighbourhood walkability.

Binge drinking (once or more/month): Heavy drinking is associated with increased risk of chronic conditions such as cardiovascular diseases and other harms such as unintentional injuries. Binge drinking is higher among younger adults and among males. In our survey we would expect binge drinking to be higher in communities with younger population.

Smoking (daily or occasional): Smoking is the main cause of lung cancer and a major cause of cardiovascular diseases. Smoking rates are influenced by various social and economic factors. In our survey, the reported smoking rate was lower among immigrants and among those in higher income and education groups.

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Lifestyle

Physical activity: Health benefits of physical activity are numerous: reduced risk of cardiovascular diseases, diabetes, high blood pressure, stress, depression and anxiety. Most Canadians, including respondents in our survey, do not achieve the recommended 150 minutes of moderate to vigorous physical activity per week. The likelihood of meeting the physical activity recommendation is influenced by social and economic conditions and various cultural and gender norms. Communities with a higher number of immigrants and lower household income and lower education would be expected to have lower levels of physical activity.

5+ servings of fruits and vegetables: A diet rich in fruits and vegetables can help prevent cardiovascular diseases, diabetes and some types of cancers. Most Canadians, including those in our survey, do not eat 5+ servings of fruit and vegetable daily. The likelihood of eating a minimum of five servings of fruits and vegetables was lower among communities with lower income, lower education levels, and a higher proportion of immigrants.

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Lifestyle

Stress: Stress can have negative consequences for health. In addition to a direct impact on mental health, stress can influence health indirectly by influencing intake of psychoactive drugs, alcohol, and excessive eating. Among other things, stress is influenced by social and economic conditions, type of work and household structure.

High screen time: A sedentary lifestyle can increase the risk of chronic conditions such as diabetes and heart disease. Non-work screen time is influenced by various factors including lower income and older age. In our survey, communities with lower incomes and a higher population of seniors may be expected to have higher screen time.

High physical wellness score: Wellness score is a composite score that includes the level of physical activity, smoking, walking and servings of fruits and vegetables. All these constituent behaviours are highly influenced by poverty and education. In our survey communities with greater socioeconomic deprivation would be expected to have fewer people achieving high wellness scores.

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Binge drinking*: one or more times per month
My Health My Community Survey 2013-2014

my Health
my Community

Location	
Whistler	
Squamish	
Bowen Island	
Gibsons	
Coastal Rural	
City of North Vancouver	
Vancouver	
New Westminster	
District of North Vancouver	
Mission	
Maple Ridge	
Sechelt	
Port Coquitlam	
Port Moody	
Chilliwack	
Metro Vancouver	
Coquitlam	
Township of Langley	
Delta	
Rural Sunshine Coast	
Pitt Meadows	
Fraser Valley	
South Surrey/White Rock	
Surrey	
West Vancouver/Lions Bay	
Abbotsford	
Hope	
Powell River	
Burnaby	
City of Langley	
Richmond	

Survey respondents (%)

Municipal value
Regional benchmark
95% confidence limits for region
BC value**
Canada value**

EMBARGOED TILL JUNE 2, 2015

Source: My Health My Community Survey. Data as of August 14, [...] or more [...] occasion for males and four or more drinks on one occasion for females.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.   ** Comparison source: Canadian Community Health Survey 2011-2012.

Smoking: daily or occasional
My Health My Community Survey 2013-2014

Municipality	Value
Hope	~22.5
City of Langley	~18.0
New Westminster	~14.5
Maple Ridge	~14.2
Mission	~13.8
City of North Vancouver	~13.0
Chilliwack	~12.5
Vancouver	~12.3
Gibsons	~12.0
Coquitlam	~11.8
Powell River	~11.5
Surrey	~11.2
Bowen Island	~11.0
Fraser Valley	~10.8
Metro Vancouver	~10.6
Port Coquitlam	~10.0
Coastal Rural	~9.5
Squamish	~9.3
Burnaby	~8.8
Delta	~8.7
Sechelt	~8.6
Abbotsford	~8.5
Township of Langley	~8.2
Pitt Meadows	~7.8
Richmond	~7.6
District of North Vancouver	~6.8
Whistler	S
West Vancouver/Lions Bay	~6.0
South Surrey/White Rock	~5.5
Rural Sunshine Coast	~5.2
Port Moody	~3.3

Legend:
- Municipal value
- Regional benchmark
- S Supressed
- 95% confidence limits for region
- BC value*
- Canada value*

Survey respondents (%)

Source: My Health My Community Survey. Data as of August 14, ... son source: Canadian Community Health Survey 2011-2012.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

EMBARGOED TILL JUNE 2, 2015

Physical activity: 150 minutes or more per week
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14, ... rison source: Canadian Health Measures Survey 2012-2013.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

Daily servings of fruits and vegetables: 5+
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

EMBARGOED TILL JUNE 2, 2015

Reported daily stress: extremely or quite stressed
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14, ... son source: Canadian Community Health Survey 2011-2012.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

Daily screen time*: 2+ hours
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14. Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

* Television, playing video games, computer or tablet.
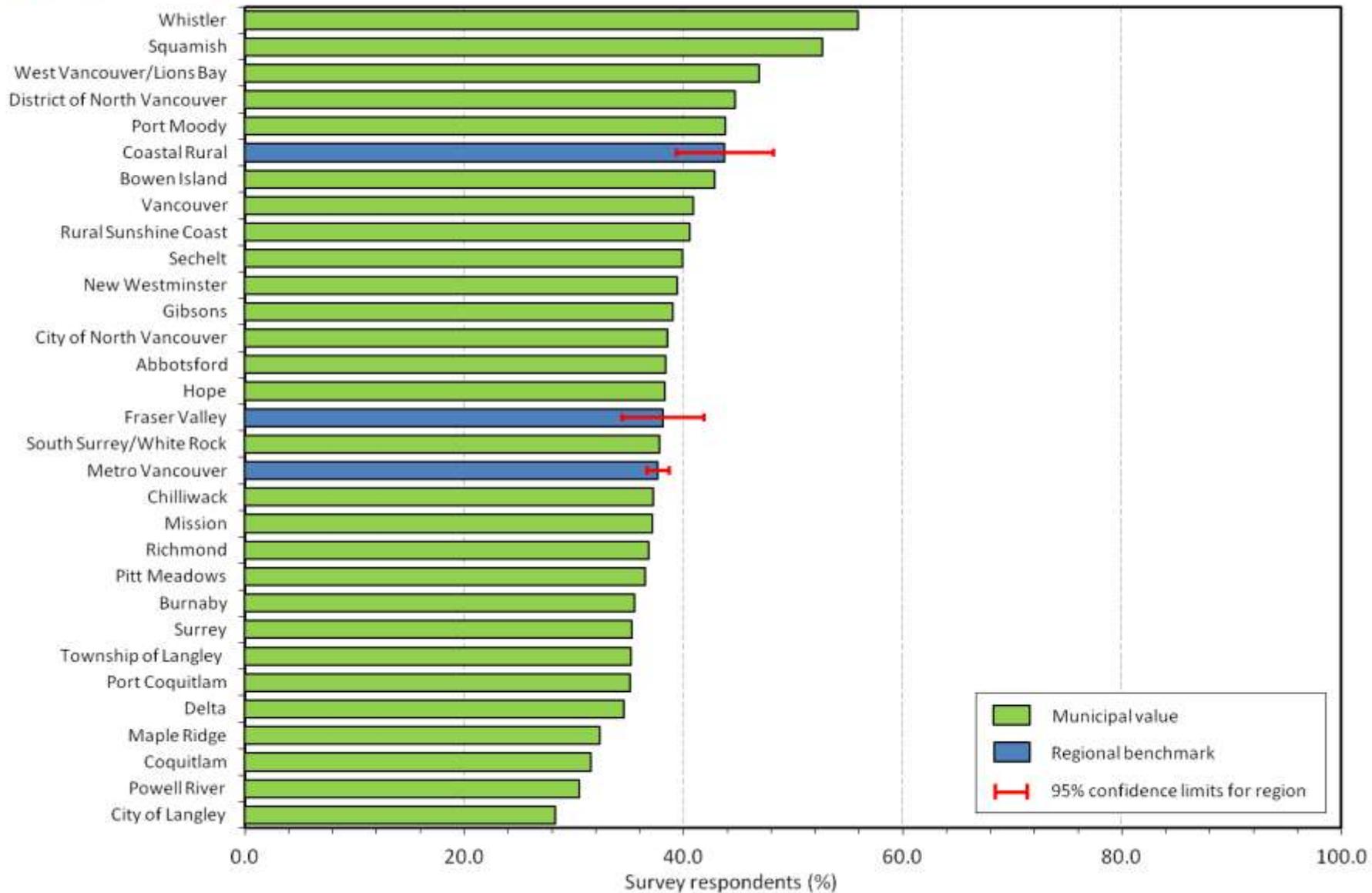
High physical wellness score* (10-16)
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14. [...] serving of fruits or vegetables a day, 30+ minutes of walking a day, 150+
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015. minutes of moderate or vigorous physical activity a week, and not smoking. Wellness scores ranged from 0 -16.

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Primary Care Access

- Family doctor access
- Visited health care professional (past 12 months)
  - Visited physician with appointment
  - Visited walk-in clinic without appointment

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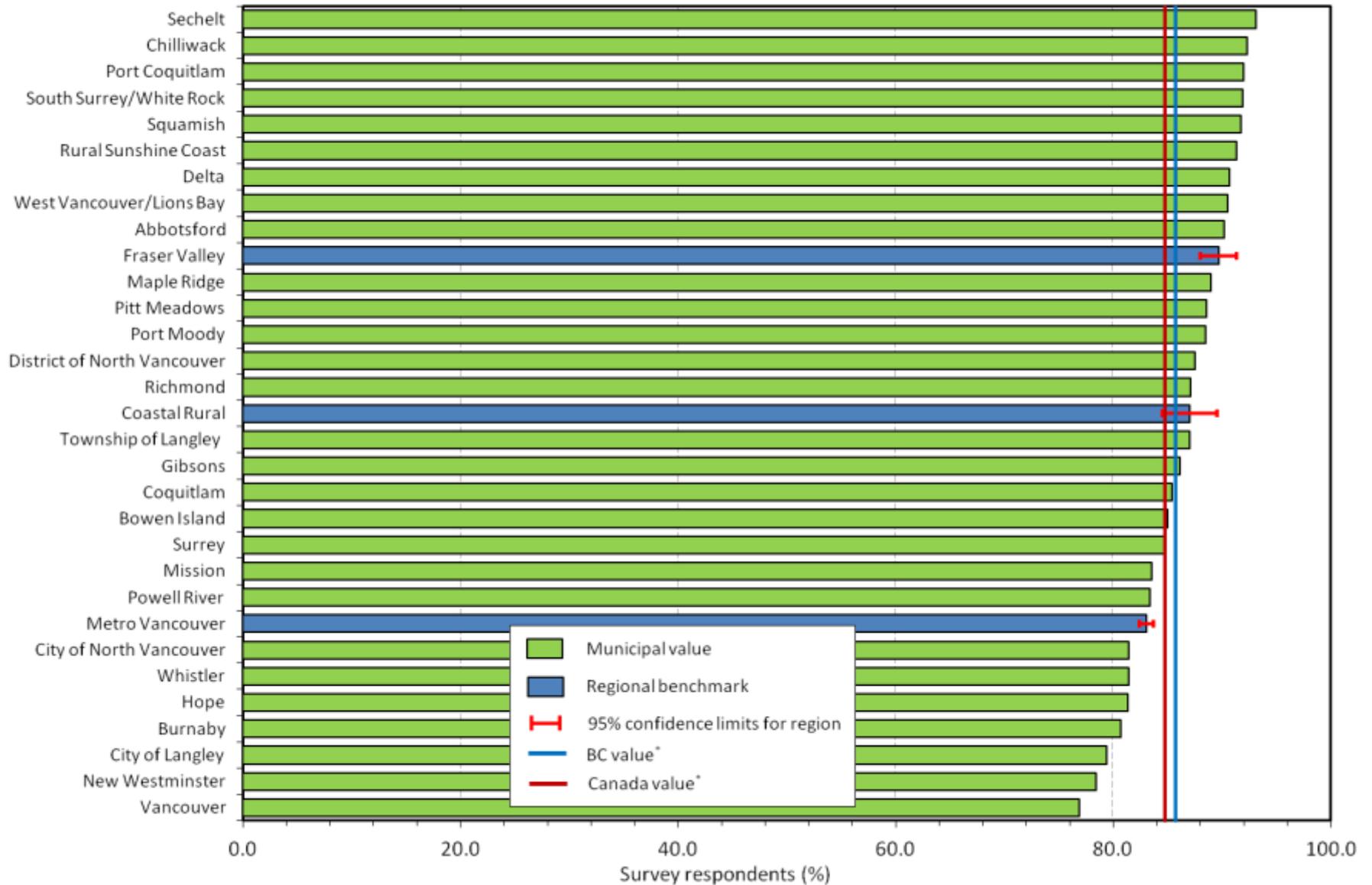
Primary Care Access

Having a family doctor plays an important role in maintaining health and preventing chronic illness. Regular contact with a primary care provider ensures that recommended preventive services, such as timely screening for certain diseases and immunizations are provided. A family doctor also helps to maintain continuity of care for management of complicated chronic conditions.

Having a family doctor: The percentage of respondents who report having a regular family doctor is high across most of our communities. Lower percentages were reported by recent immigrants, young adults and men. Furthermore, in our survey, Aboriginal people and respondents from households with lower income were less likely to report having a family doctor.

Visited health care professionals (past 12 months): A majority of respondents had visited a health care profession in past 12 months, and most had accessed care from a physician with an appointment. Walk-in clinic visits might be influenced by access to a family doctor, even among those who reported having a family doctor, and by local availability of walk-in clinics.
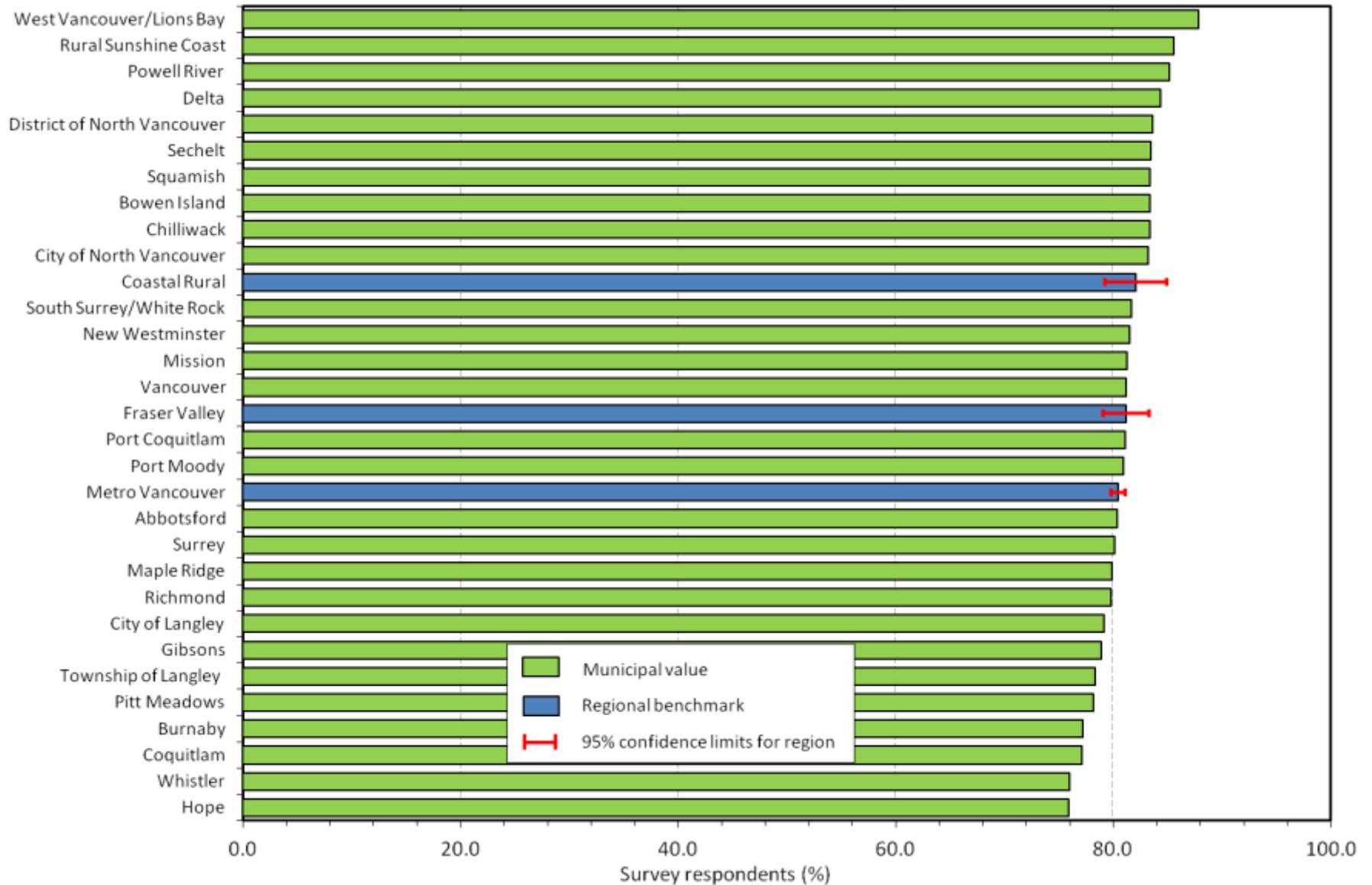
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Reported having a regular family doctor
My Health My Community Survey 2013-2014

Legend:
- Municipal value
- Regional benchmark
- 95% confidence limits for region
- BC value*
- Canada value*

X-axis: Survey respondents (%) — 0.0, 20.0, 40.0, 60.0, 80.0, 100.0

Categories (top to bottom): Sechelt, Chilliwack, Port Coquitlam, South Surrey/White Rock, Squamish, Rural Sunshine Coast, Delta, West Vancouver/Lions Bay, Abbotsford, Fraser Valley, Maple Ridge, Pitt Meadows, Port Moody, District of North Vancouver, Richmond, Coastal Rural, Township of Langley, Gibsons, Coquitlam, Bowen Island, Surrey, Mission, Powell River, Metro Vancouver, City of North Vancouver, Whistler, Hope, Burnaby, City of Langley, New Westminster, Vancouver

Source: My Health My Community Survey. Data as of August 14, ... son source: Canadian Community Health Survey 2011-2012.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

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Visited a health care professional in the past 12 months
My Health My Community Survey 2013-2014

Legend:
- Municipal value
- Regional benchmark
- 95% confidence limits for region

X-axis: Survey respondents (%)

Categories (top to bottom):
West Vancouver/Lions Bay, Rural Sunshine Coast, Powell River, Delta, District of North Vancouver, Sechelt, Squamish, Bowen Island, Chilliwack, City of North Vancouver, Coastal Rural, South Surrey/White Rock, New Westminster, Mission, Vancouver, Fraser Valley, Port Coquitlam, Port Moody, Metro Vancouver, Abbotsford, Surrey, Maple Ridge, Richmond, City of Langley, Gibsons, Township of Langley, Pitt Meadows, Burnaby, Coquitlam, Whistler, Hope

EMBARGOED TILL JUNE 2, 2015

Visited a health care professional in the past 12 months: saw physician with appointment
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

EMBARGOED TILL JUNE 2, 2015
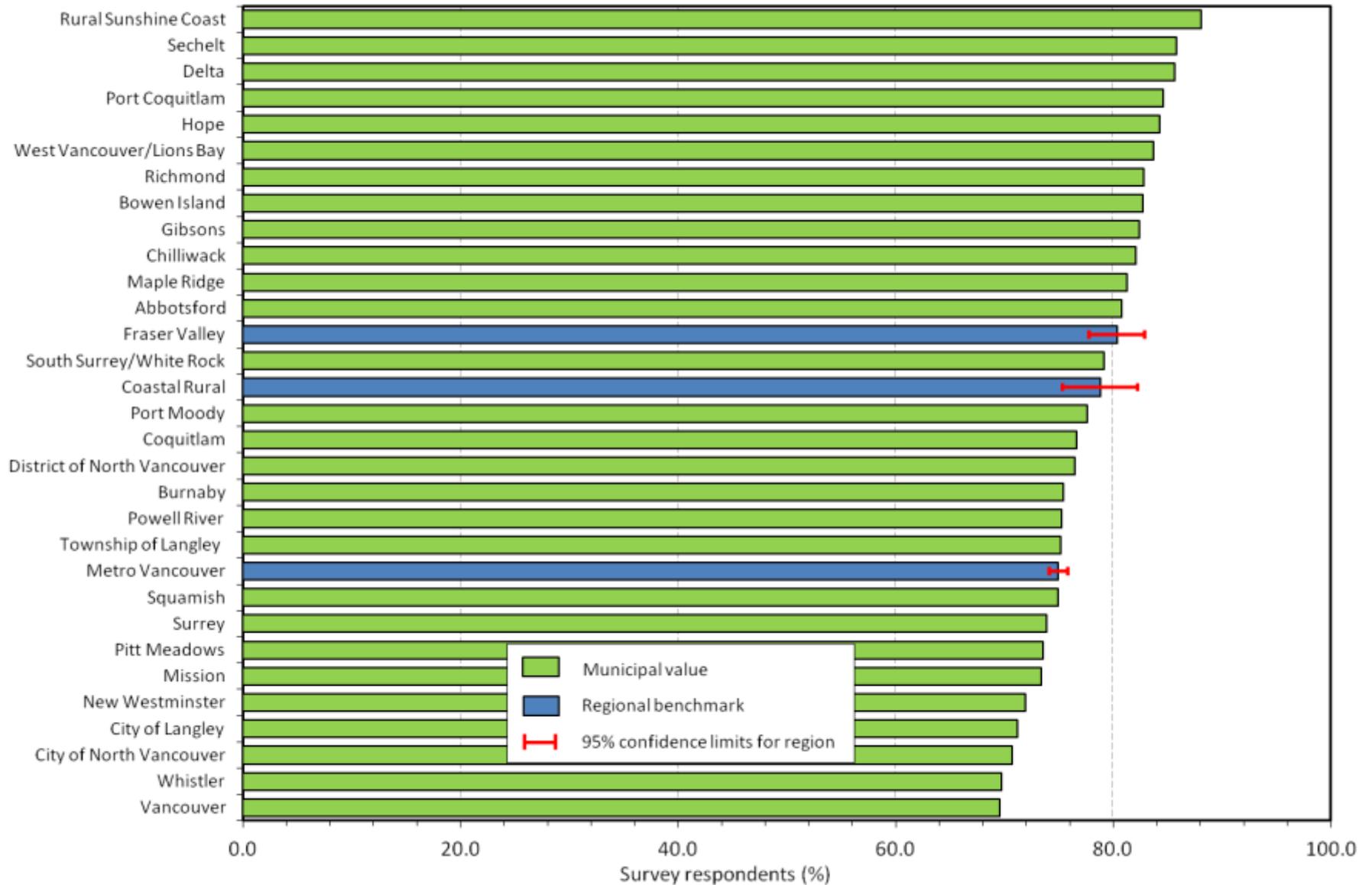
Visited a health care professional in the past 12 months: visited walk-in clinic without appointment
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.
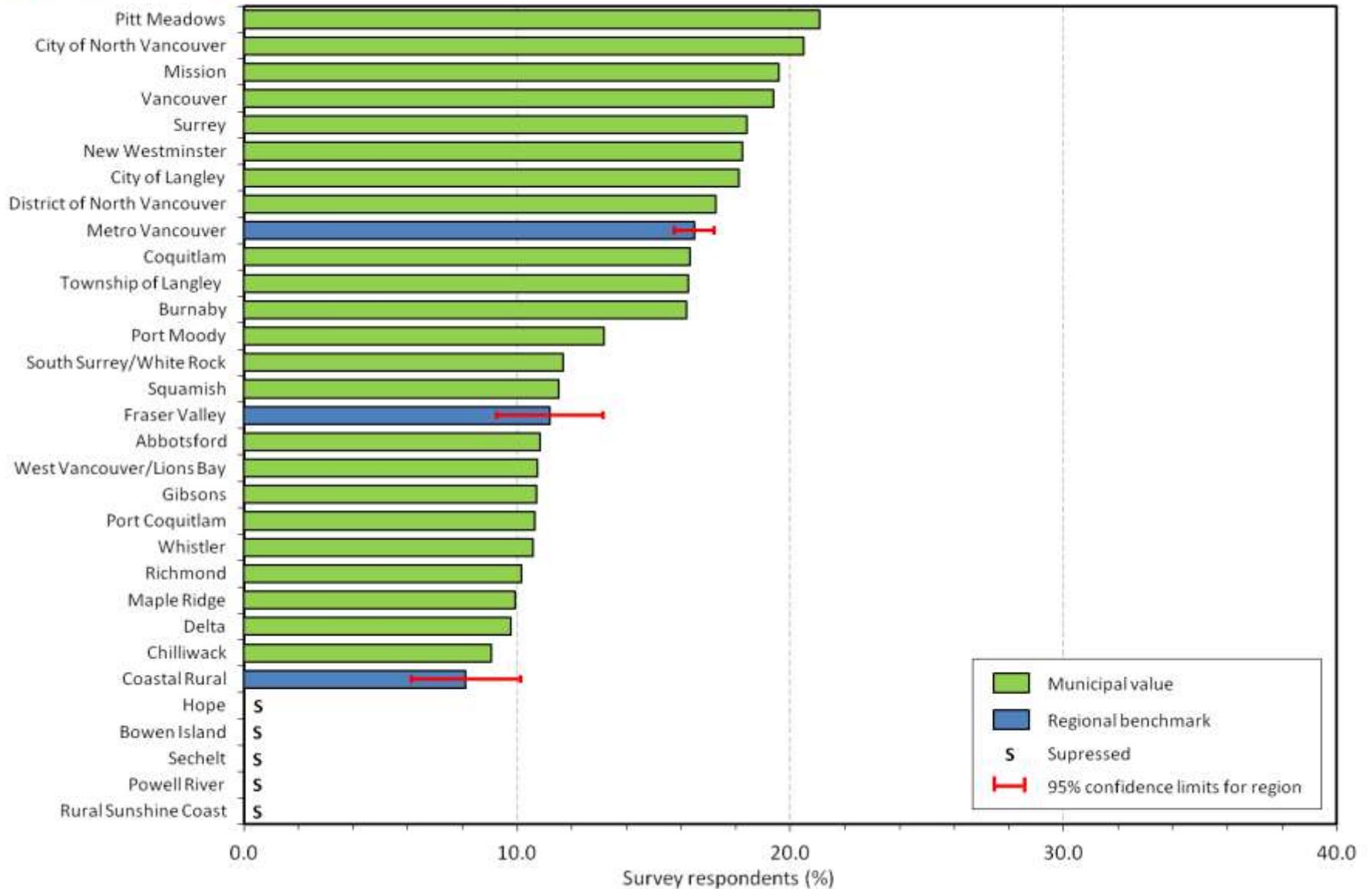
Built Environment

- Commute – car
- Commute – active transportation
- Commute time (one way 30+ minutes)
- Primary mode to run errands – walk or cycle
- Second hand smoke exposure (public places)
- Sidewalks well maintained (strongly/somewhat agree)
- Amenities within walking/cycling distance (strongly/somewhat agree)
- Transit stop (less than 5 minute walk)

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Built Environment

Along with social and economic factors, the built environment is a key determinant of individual health. Physical components of a built environment include neighbourhood design, transportation networks, the natural environment, healthy food systems and housing. Community design influences community connectedness, mental and physical health, and chronic disease outcomes by promoting healthy behaviours such as walking or cycling.

Commute mode (car, active transportation): With the exception of a few cities, cars were the main mode of commute for people heading to work or school. This was especially the case in suburban communities, smaller urban centers and more rural communities. The lack of reliable and frequent public transit options, and greater distances commuted by suburban commuters make walking or cycling unviable.

Commute Time (30 min or more): Commute time is influenced by commute distance and commute mode. In our survey commute times were longer for suburban residents of Metro Vancouver who were likely travelling longer distance and hence spending a greater amount of time getting to work or school.

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Built Environment

Walk or Cycle to run errands: Walking or cycling as main mode of errands would be influenced by various factors. Lack of neighbourhood walkability and lack of amenities in the neighbourhood may encourage driving to run errands. People who are primarily driving to work or school may run their errands around their commute and may be using cars even if services and amenities are within walking or cycling distance.

Second hand smoke exposure (public places): Regular second hand smoke exposure in public places such as parks, sidewalks and transit stops is detrimental to health. In our survey regular exposure was highest among residents in the largest communities. This may be because these communities have the most access to transit and hence higher likelihood of exposure to second hand smoke at transit stops. In our survey, respondents with lower education and lower household income were more likely to report regular exposure to second hand smoke.

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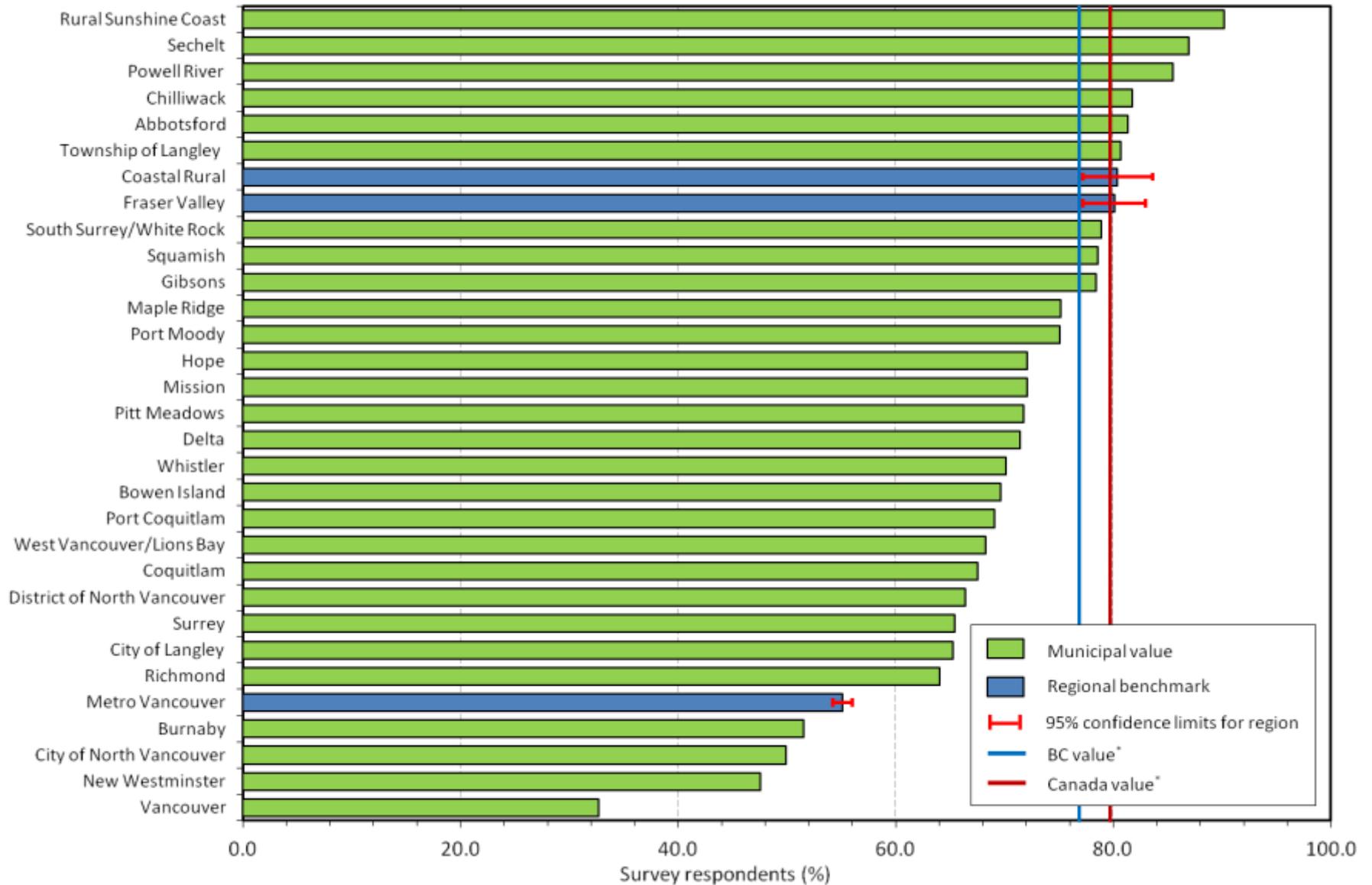
Built Environment

Sidewalks well maintained: High quality sidewalks improve neighbourhood walkability. Lack of sidewalks or obstructed, unmaintained sidewalks can especially be a challenge for those with mobility issues such as those using walkers, wheelchairs or other mobility devices. In our survey satisfaction with sidewalks was highest in very urban Metro Vancouver cities, which have higher population density.

Amenities are within walking distance: Amenities within walking distance are a factor in people. Lack of sidewalks or obstructed, unmaintained sidewalks can especially be a chwalkability. Population density would influence availability of amenities within walking distance. In our survey, communities with higher population density were more likely to report having amenities within walking distance.
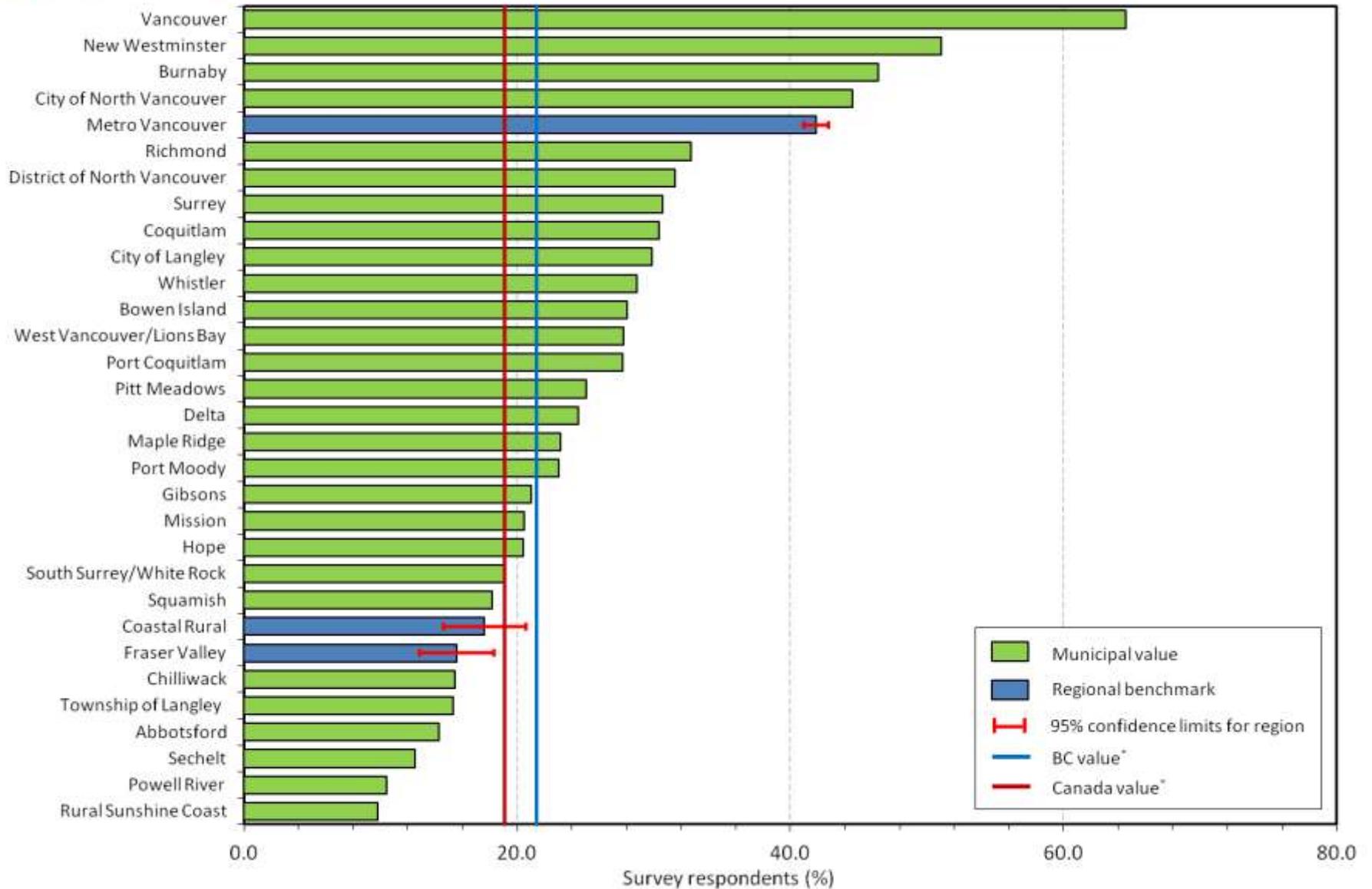
Transit stop 5 min walk: Transit use is influenced by access to a transit. In most communities this was the case for the majority of survey respondents. Several communities with high reported access to a transit stop did not report high use of transit as a commute mode. This may be because service available was not frequent and reliable.
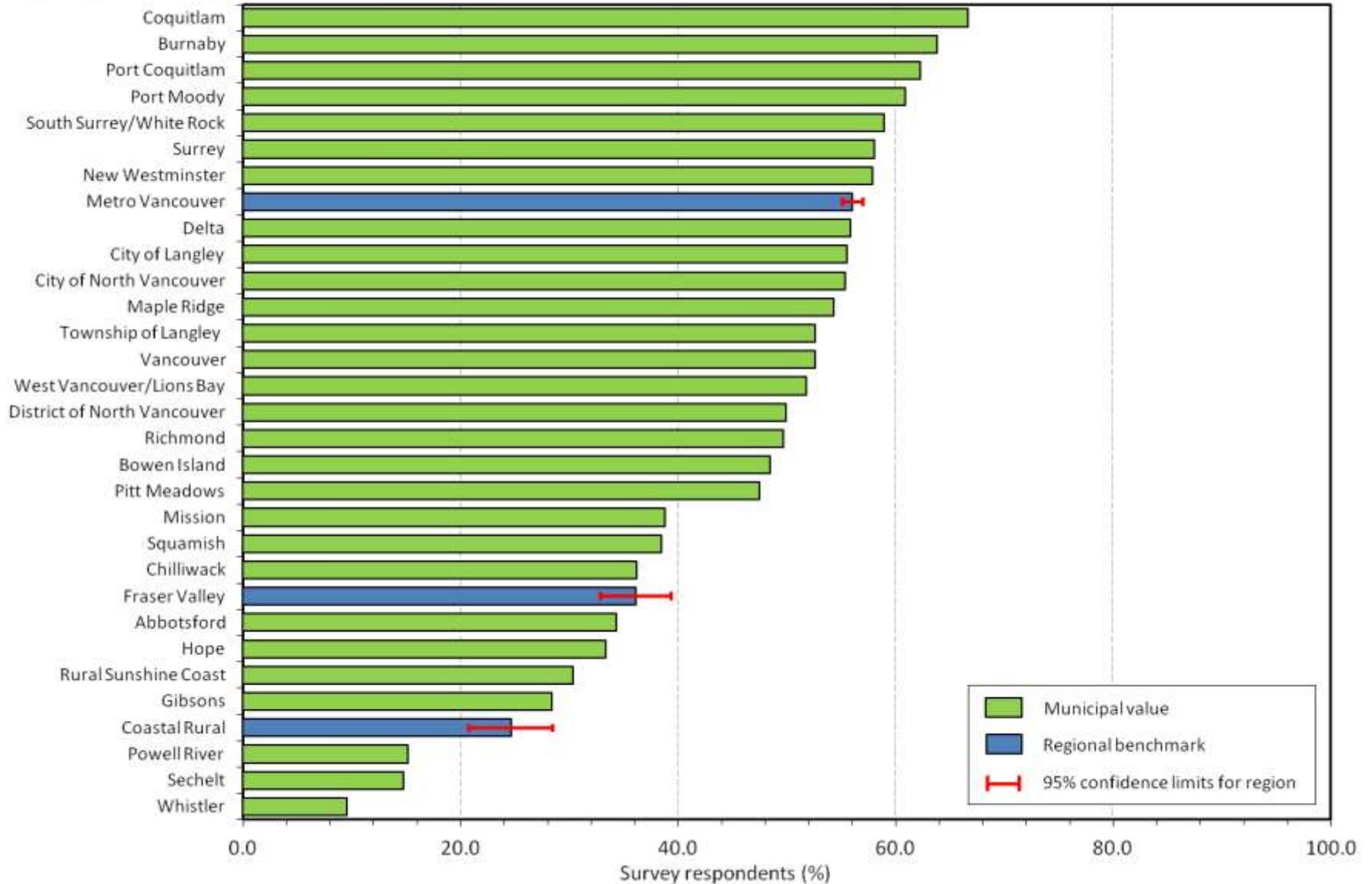
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Car, truck or van (own vehicle driver/passenger) as primary mode of commuting to work or school
My Health My Community Survey 2013-2014

Legend:
- Municipal value
- Regional benchmark
- 95% confidence limits for region
- BC value*
- Canada value*

X-axis: Survey respondents (%)

Categories (top to bottom):
Rural Sunshine Coast, Sechelt, Powell River, Chilliwack, Abbotsford, Township of Langley, Coastal Rural, Fraser Valley, South Surrey/White Rock, Squamish, Gibsons, Maple Ridge, Port Moody, Hope, Mission, Pitt Meadows, Delta, Whistler, Bowen Island, Port Coquitlam, West Vancouver/Lions Bay, Coquitlam, District of North Vancouver, Surrey, City of Langley, Richmond, Metro Vancouver, Burnaby, City of North Vancouver, New Westminster, Vancouver
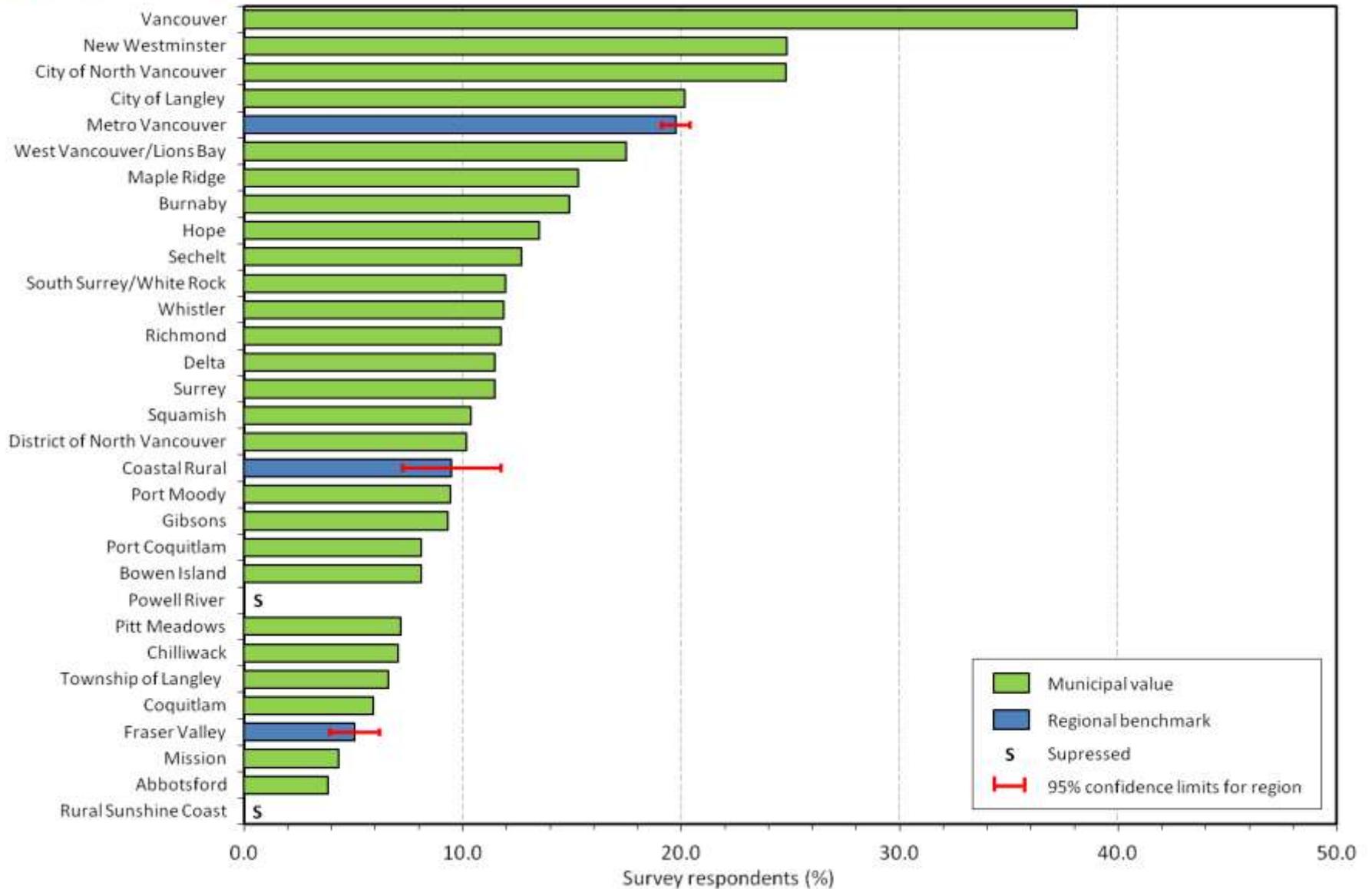
Walk, cycle or public transit as primary mode of commuting to work or school
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14. Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

* Comparison source: National Household Survey 2011.
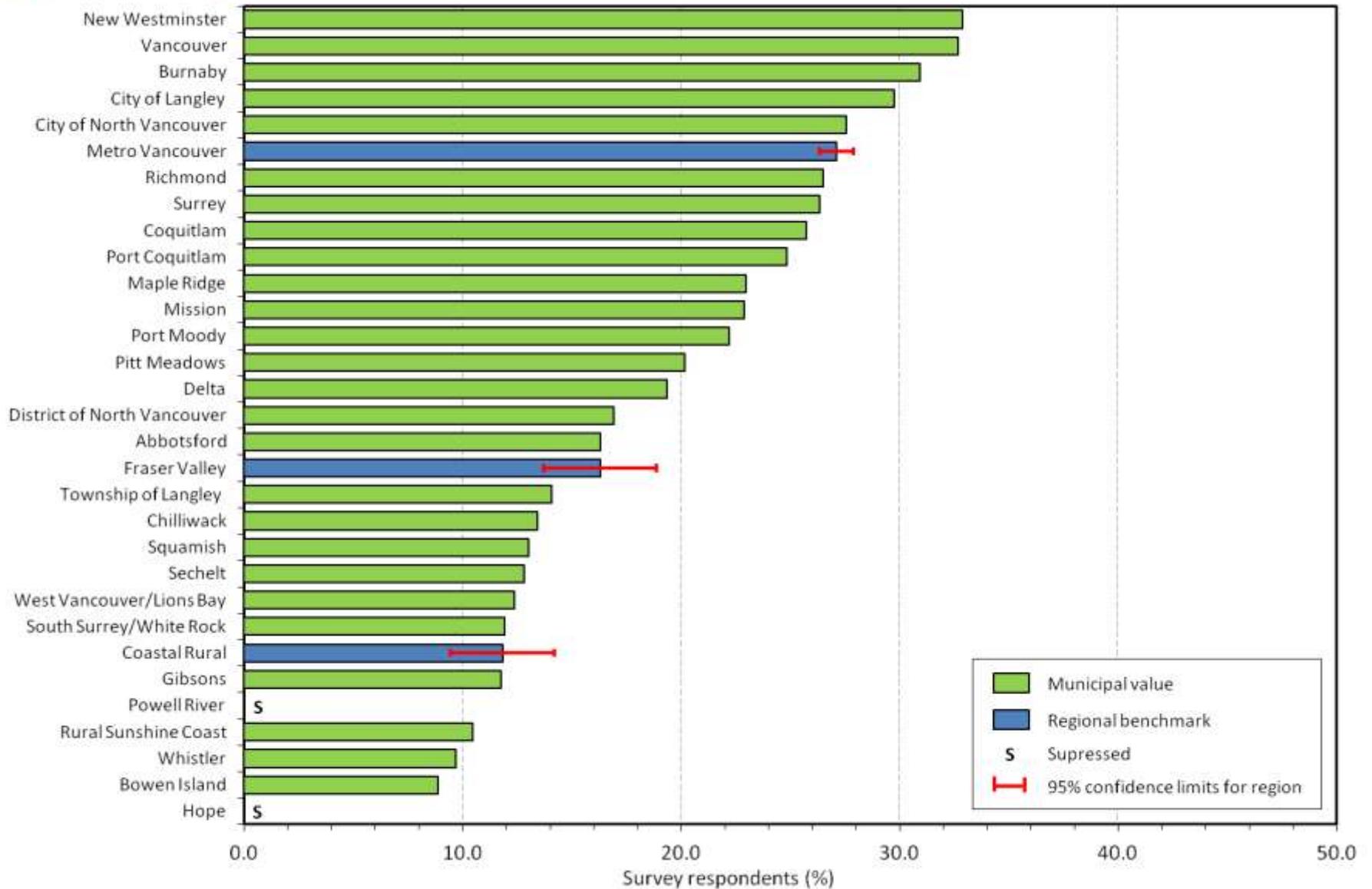
Regular commute time to work or school in one direction: 30 minutes or more
My Health My Community Survey 2013-2014

Legend:
- Municipal value
- Regional benchmark
- 95% confidence limits for region

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Walk or cycle as primary mode to run errands
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14.
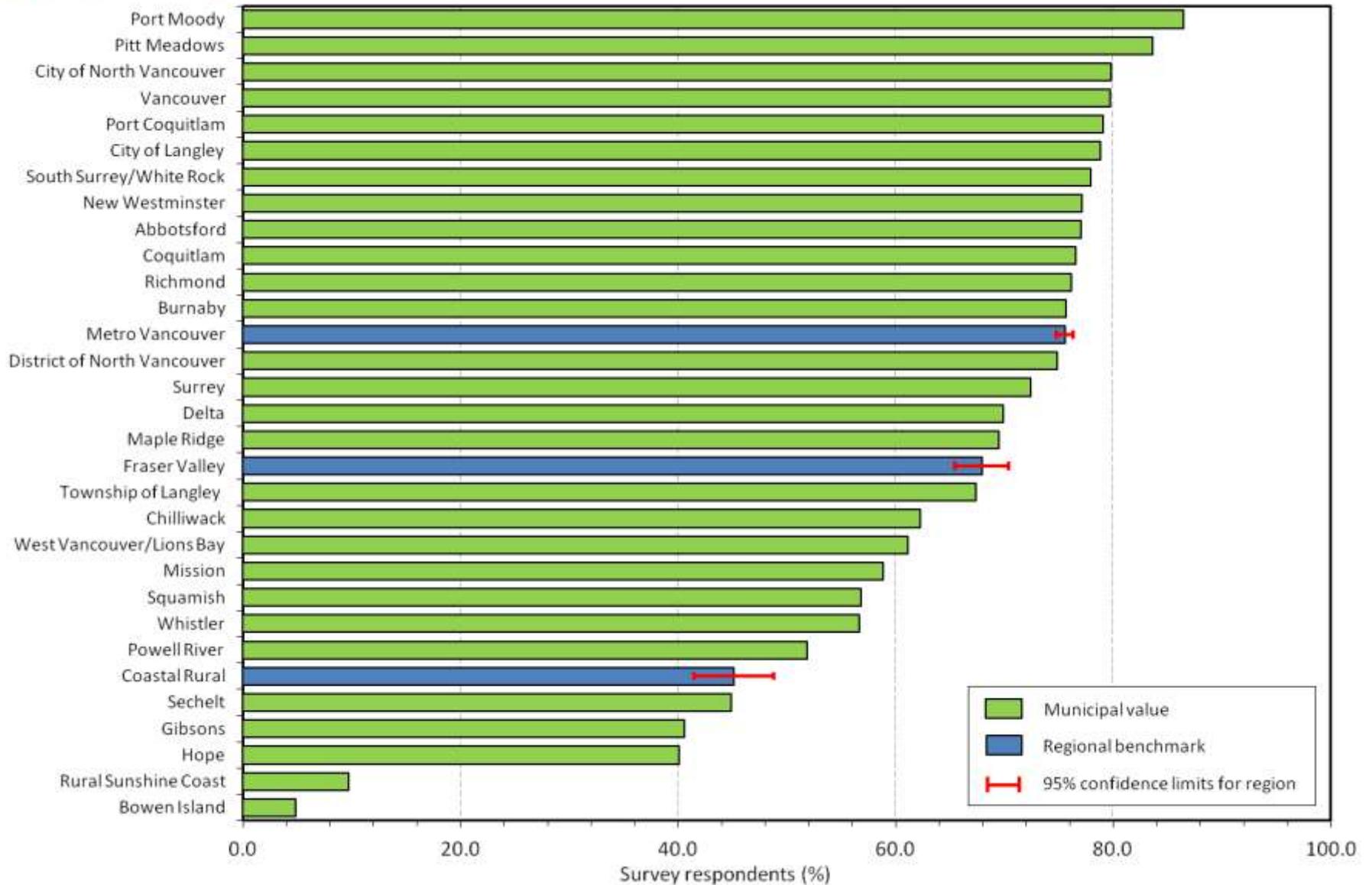Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

Exposed to second hand smoke every day or almost every day in public places*
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14. [...] restaurant/coffee shop patio or other outdoor public area.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.
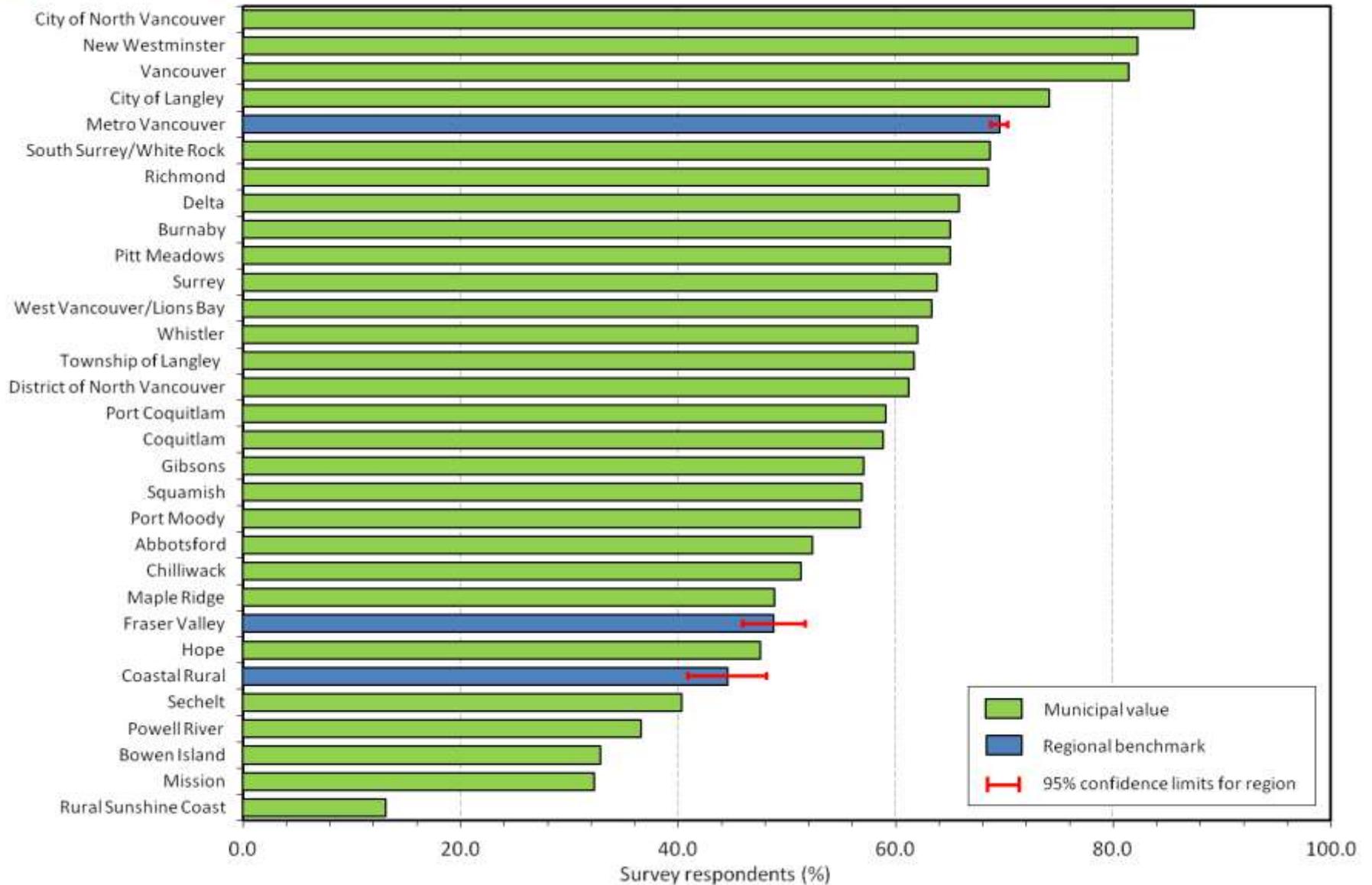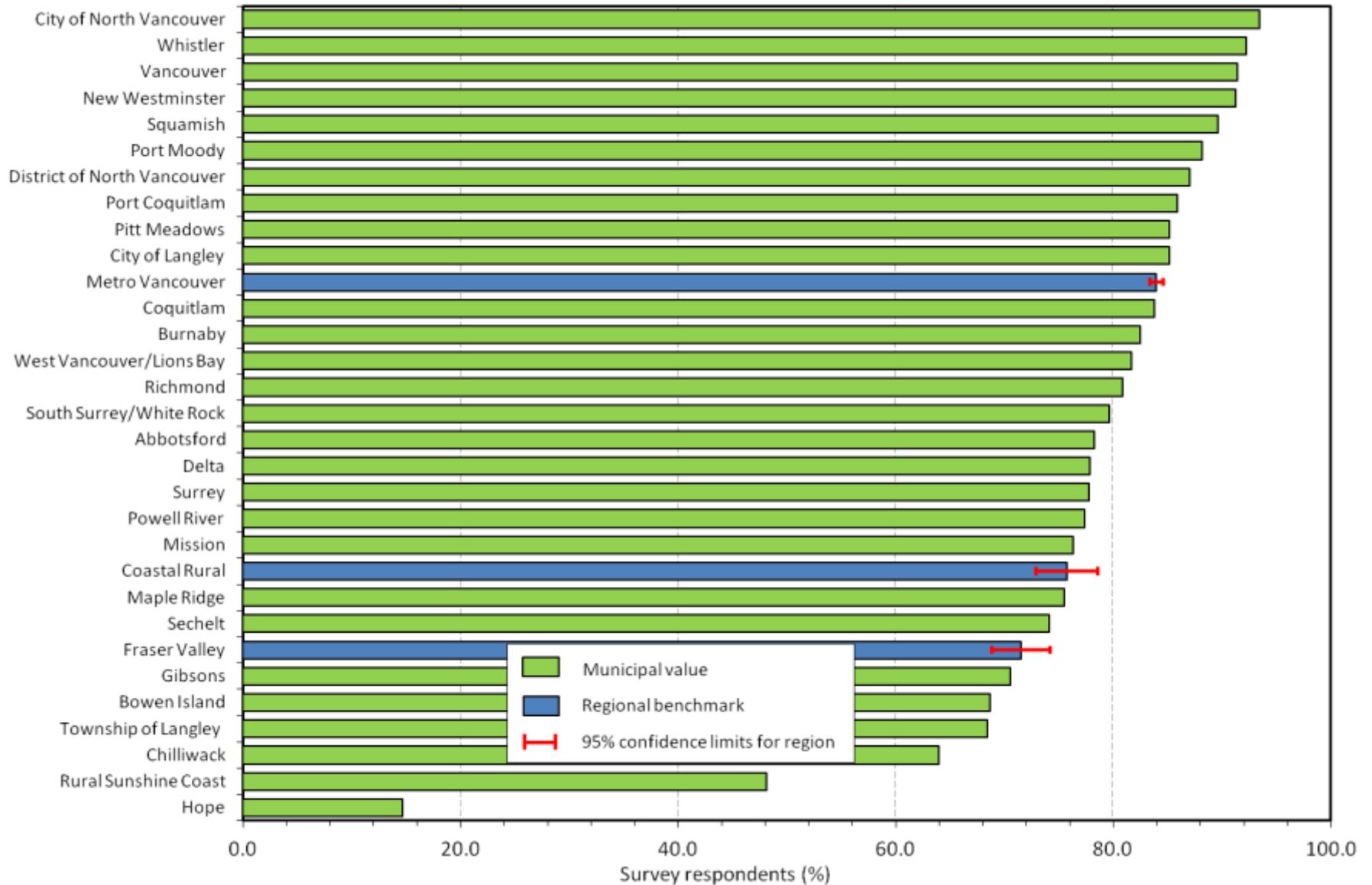
Sidewalks are well maintained in my neighbourhood: strongly or somewhat agree
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14,
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

Amenities are within walking distance of my home: strongly or somewhat agree
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.

Less than 5 minute walk to transit stop from home
My Health My Community Survey 2013-2014

Legend:
- Municipal value (green)
- Regional benchmark (blue)
- 95% confidence limits for region (red)

Categories (top to bottom):
City of North Vancouver, Whistler, Vancouver, New Westminster, Squamish, Port Moody, District of North Vancouver, Port Coquitlam, Pitt Meadows, City of Langley, Metro Vancouver, Coquitlam, Burnaby, West Vancouver/Lions Bay, Richmond, South Surrey/White Rock, Abbotsford, Delta, Surrey, Powell River, Mission, Coastal Rural, Maple Ridge, Sechelt, Fraser Valley, Gibsons, Bowen Island, Township of Langley, Chilliwack, Rural Sunshine Coast, Hope

X-axis: Survey respondents (%)

Community Resiliency

- Emergency supplies (3+ days)
- Community belonging (strong/somewhat strong)
- 4+ people to confide in/turn to for help

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EMBARGOED TILL JUNE 2, 2015

Community Resiliency

Support from families, friends and communities is associated with better physical and mental health. It allows us to overcome social, economic and health challenges. Supportive communities provide environments in which people are able to make decisions to improve their health and engage in healthy behaviours.

Emergency supplies (3+ days): Emergency supplies for three days or more are a key part of emergency preparedness against natural disasters such as earthquakes. In our survey, participants from large urban Metro Vancouver communities were less likely to report having emergency supplies for 3 days or more.

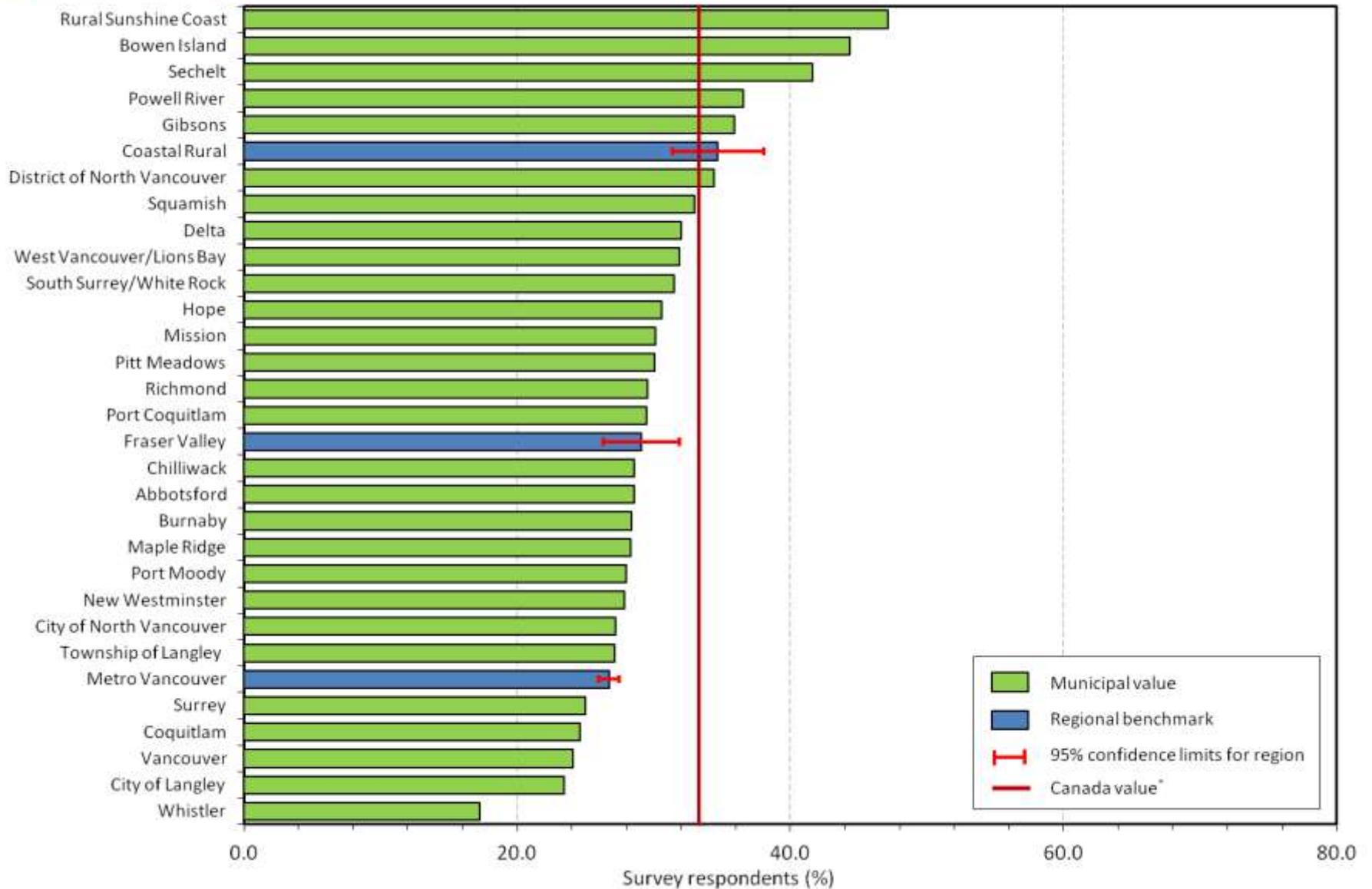myhealthmycommunity.org

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Community Resiliency

Strong Community belonging: Social isolation can be detrimental to health. Sense of community belonging highlights engagement and participation in communities. A strong sense of community belonging is also associated with positive mental health. In our survey, strong community belonging was higher among seniors and those with higher household incomes.
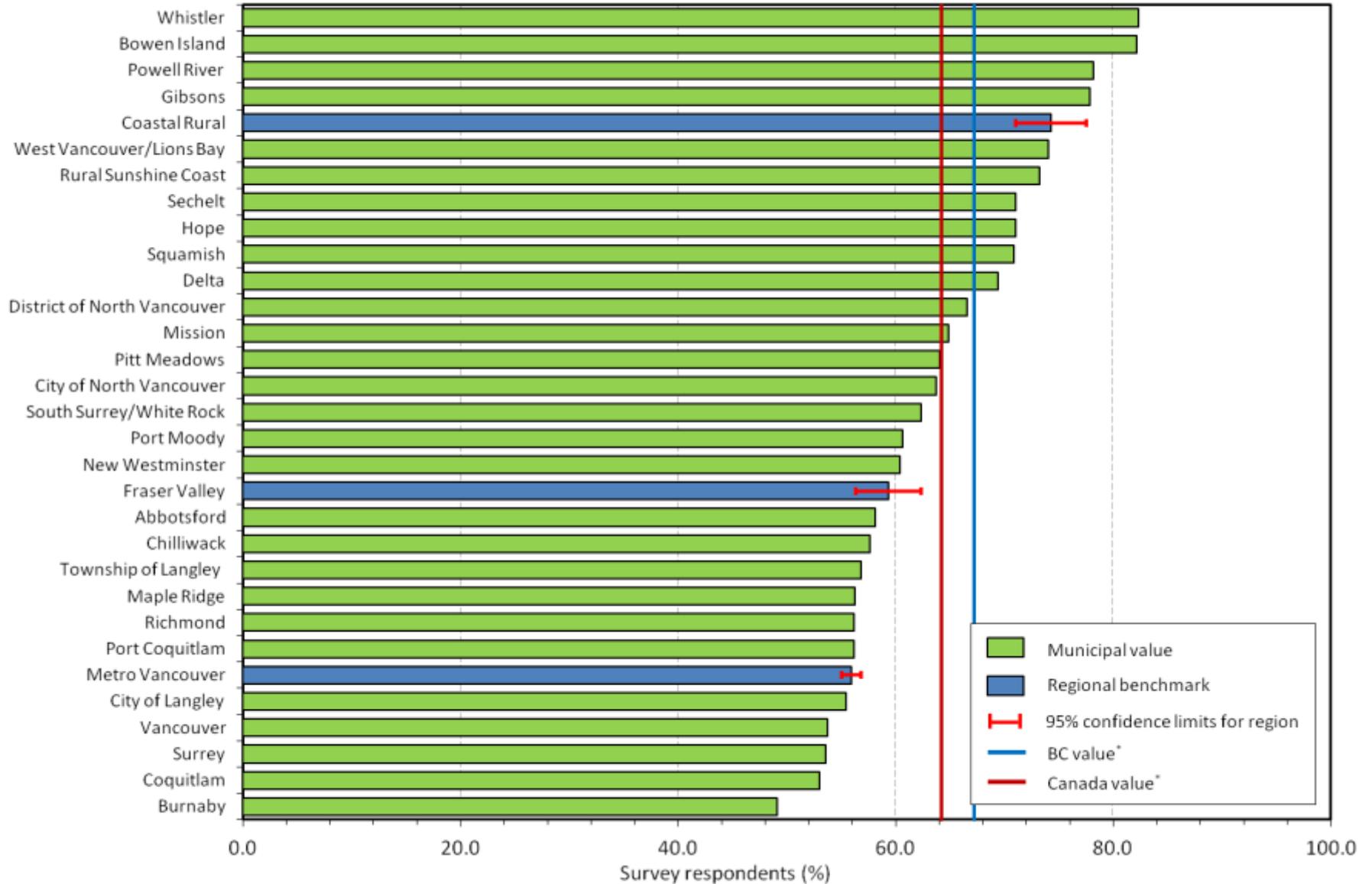
Four plus people to confide in and turn to: Lack of social support, especially in times of need, can be detrimental to long term physical and mental health. In our survey, Canadian born respondents, those with highest level of household income and highest level of education were more likely to report having four or more people to confide in or turn to if they needed help.

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Emergency preparedness supplies: enough for 3 or more days
My Health My Community Survey 2013-2014

Sense of community belonging: strong or somewhat strong
My Health My Community Survey 2013-2014

Legend:
- Municipal value
- Regional benchmark
- 95% confidence limits for region
- BC value*
- Canada value*

X-axis: Survey respondents (%)

Communities (top to bottom):
Whistler, Bowen Island, Powell River, Gibsons, Coastal Rural, West Vancouver/Lions Bay, Rural Sunshine Coast, Sechelt, Hope, Squamish, Delta, District of North Vancouver, Mission, Pitt Meadows, City of North Vancouver, South Surrey/White Rock, Port Moody, New Westminster, Fraser Valley, Abbotsford, Chilliwack, Township of Langley, Maple Ridge, Richmond, Port Coquitlam, Metro Vancouver, City of Langley, Vancouver, Surrey, Coquitlam, Burnaby

People in network: 4 or more people to confide in or turn to for help when needed
My Health My Community Survey 2013-2014

Source: My Health My Community Survey. Data as of August 14.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 2015.
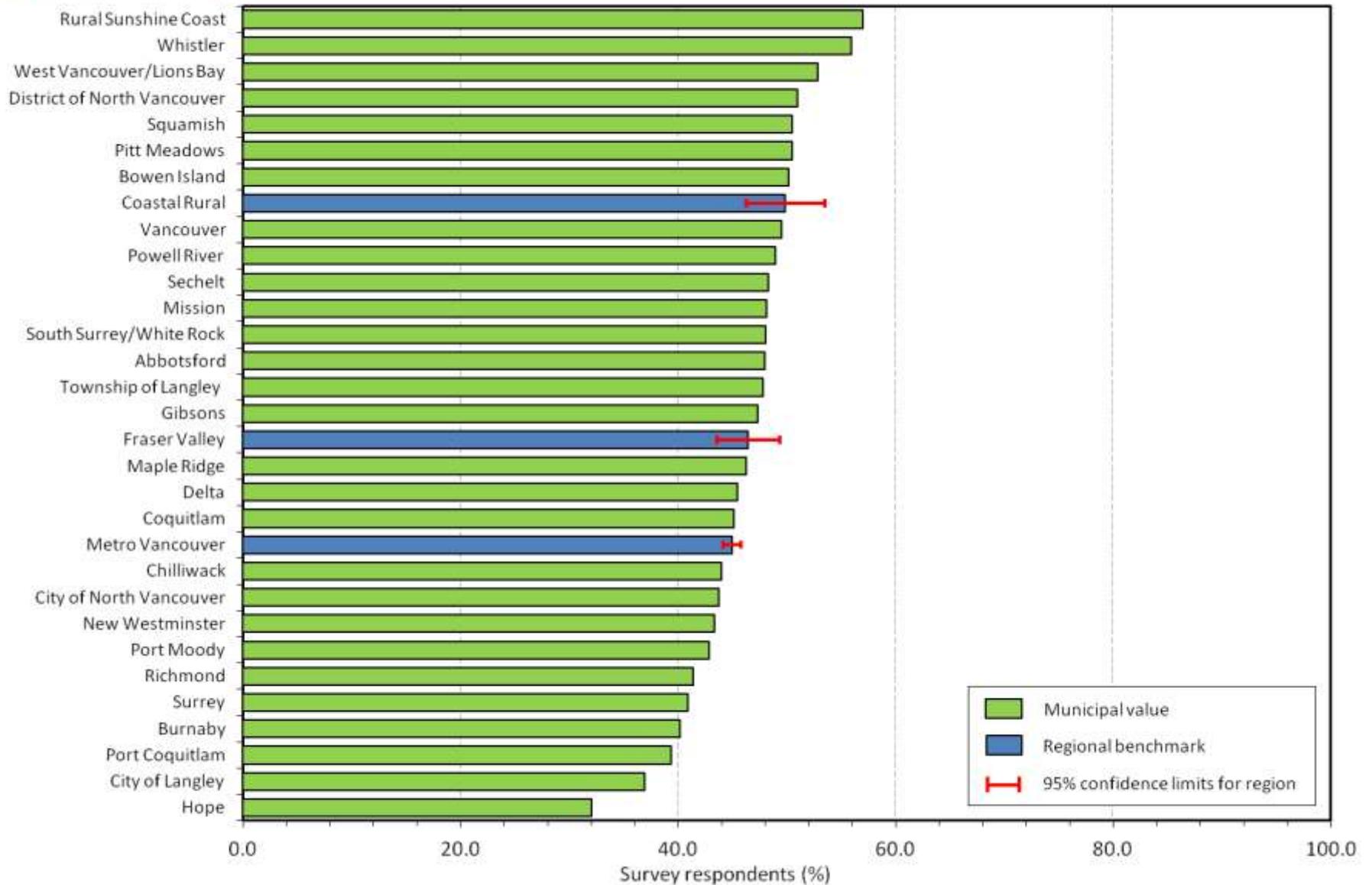
For further information on the methods, analyses, sources of questions and comparability with other data sources, please see the technical notes available here:

http://www.myhealthmycommunity.org/Results/TechnicalNotes.aspx

For any additional information please contact:

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