# Chilliwack

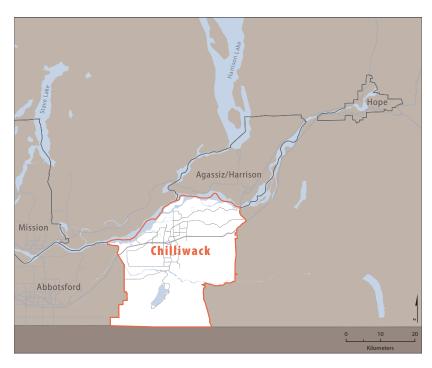
## Community Health Profile



This report provides an overview of health and wellness in Chilliwack that will give residents, community agencies and local governments a better understanding of the factors influencing health in their community. Our hope is that this information will help spark community level dialogue on actions to create health promoting environments and reduce health inequities.

#### HIGHLIGHTS

- The community fares very well compared to the rest of the Fraser Health region for access to primary care.
- In contrast, Chilliwack performs worse than the Fraser Health average for the majority of healthy built environment indicators.
- Health status and behaviour indicators tend to cluster around the Fraser Health average, but in a few cases were much worse (prevalence of chronic breathing conditions and obesity).
- Chilliwack's Healthier Community Partnership plans to improve local health and wellness focus on homelessness, stigmatization related to mental health, access to services for older adults and community safety.



CHILLIWACK POPULATION 18+ YEARS (CENSUS 2011) = 67,936

<b>○</b> COMMUNITY DEMOGRAPHICS					
•••••	····· GENDER ······				
98	Female Male	53% 47%			
	····· AGE (YEARS) ······				
	18-39 40-64 65+	32% 46% 21%			
	····· BIRTH PLACE ······	• • • • • • • • • • • • • • • • • • • •			
9	Born in Canada	86%			
•••••	····· EDUCATION ·······				
	Below high school High school Certificate or diploma University degree	17% 34% 39% 11%			
	HOUSEHOLD INCOME				
\$	Under \$40,000 \$40,000 to \$79,999 \$80,000 to \$119,999 \$120,000 & above	32% 29% 26% 12%			
•••••	··· EMPLOYMENT ····				
(Car	Employed Not in labour force Unemployed	64% 31% 5%			
•••••	····· ETHNICITY ······				
(3)	Aboriginal Caucasian Chinese South Asian Other	9% 85% s s 5%			







**S** = suppressed



### Survey and participant recruitment

The My Health My Community survey was conducted between June 2013 and July 2014. People who responded to the survey were 18 years of age or older and lived within the Vancouver Coastal or Fraser Health regions. The survey was available online, in both English and Chinese, and printed versions were also available in English, Chinese and Punjabi. To ensure that we reached all segments of our population, our field outreach team also administered the survey in person in community settings (e.g. community events, seniors groups, homeless shelters).

Overall, more females responded to the survey than males and more responses were received from some geographic areas and population groups than others. Due to the nature of survey responses, it is common practice to "weight" survey results using the most recent census data (2011) to account for these differences. After all of the surveys were completed, we used statistical "weighting" to balance the results so that they represent the population of the geographic region specified. For example, if the responses were 65% female and 35% male, after weighting the responses represent a population that is 51% female and 49% male - closer to the actual values based on census data.

The results in this profile may differ from other publicly reported surveys, e.g. Canadian Community Health Survey, National Household Survey etc., due to differences in methodology such as recruitment, collection and reporting.

More detailed information on the survey tool and questions, recruitment of participants and calculation of indicators can be found in the My Health My Community Technical Report at: www.myhealthmycommunity.org

### How to read this profile

Unless otherwise indicated, this report summarizes results for the highlighted geographical area (e.g. municipality) specified on page 1. Results for each indicator on pages 3-7 are presented for the highlighted area overall, and where possible are split into gender (male and female) and three age groups (18-39 years, 40-64 years and 65+ years). In some cases, data for a particular indicator or sub-group have not been shown (suppressed) due to small sample size and this is indicated with an 'S'.

Fraser Valley Regional District averages for each indicator are represented by: \( \% \)



Graphic bullets highlight socioeconomic differences for select indicators across the FRASER VALLEY REGIONAL DISTRICT. Immigration, education, income and ethnicity are represented by the following graphics:





**EDUCATION** 



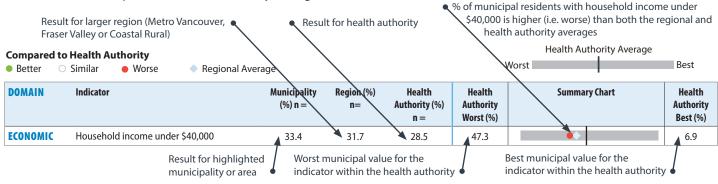
INCOME



**ETHNICITY** 

### Using the spine chart

The chart on page 8 summarizes results for select indicators of health and well-being (some of which you will find on pages 3-7). In the chart, the results for the highlighted geographic area are given in the first column, along with the results for the relevant larger region (Metro Vancouver, Fraser Valley or Coastal Rural) and the results for the relevant health authority (Vancouver Coastal or Fraser Health). The chart also shows the results for the "worst" and the "best" geographic areas within that health authority. The value for the highlighted geographic area is labeled better ( • ) or worse ( • ) if the 95% confidence interval around the municipal value does not overlap with the health authority average.

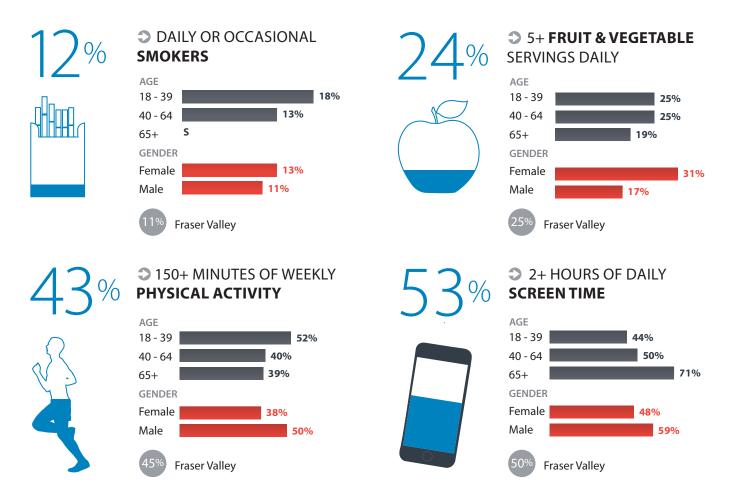


To provide feedback or for any additional information please contact: info@myhealthmycommunity.org

### Chilliwack | Healthy Behaviours

Healthy behaviours contribute to maintaining physical and mental health, and reducing the risk of chronic conditions such as heart disease, diabetes and stroke. Recommended lifestyle behaviours include (but are not limited to) consumption of 5 or more servings of fruits and vegetables per day, limiting harmful alcohol consumption, avoiding smoking, exercising moderately to vigorously for 150 or more minutes per week, and reducing screen time and other sedentary activities.

Healthy behaviours are shaped by individual choices, social and economic conditions and neighbourhood design. Community programs and policies can encourage and enable healthy behaviours and reduce the burden of chronic conditions in our communities.



#### **ACROSS FRASER VALLEY**



Compared to immigrants, **Canadian born** were **60% more likely to eat 5+ servings** of fruits and vegetables daily and **70% more likely to be smokers**.



Healthy behaviours were higher among people with an annual household income greater than \$120,000. They were almost 40% less likely to smoke, almost 25% more likely to meet physical activity recommendations and have daily consumption of 5+ servings of fruits and vegetables, and 50% less likely to report 2+ hours daily screen time compared to those with a household income less than \$40,000.



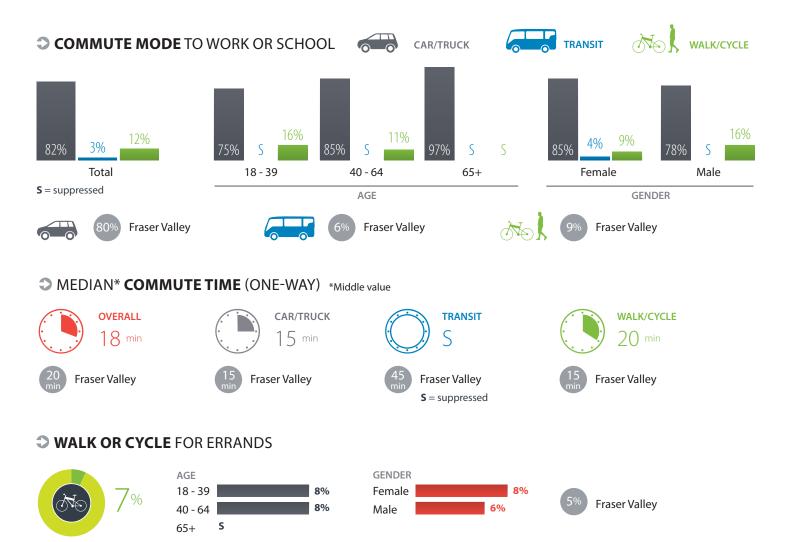
Healthy behaviours were higher among university graduates compared to those with less than high school education. Among university graduates smoking was 70% lower, daily consumption of 5+ servings of fruits and vegetables was 2.5 times higher, and reporting 2+ hours of screen time was 40% lower.



Healthy behaviours differed by ethnicity. Compared to the Fraser Valley average of all ethnicities, **smoking** was **3 times higher among Aboriginal people**, daily **consumption of 5+ servings** of fruits and vegetables was **60% lower among South Asians** and reporting **2+ hours of screen time** was **25% higher among Chinese.** 

### Chilliwack | Built Environment

The physical environment in which we live, work and play impacts our health. Physical components of a built environment include neighbourhood design, transportation networks, 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. Healthy built environments are a shared responsibility and require the combined efforts of community agencies, health and social services and various levels of government.



### **ACROSS FRASER VALLEY**



Compared to Canadian born, **commuting by** walking/cycling was **90% higher among recent** immigrants.



Compared to those with an annual household income of \$120,000+, commuting by transit was 4 times higher and walking/cycling was 6 times higher among those with a household income less than \$40,000. Second hand smoke exposure in public places was 2.5 times higher among those with a household income less than \$40,000 compared to an income of \$120,000+.



Among those with less than high school education, commuting by transit was 5 times higher and walking/cycling was 2 times higher compared to university graduates. Exposure to second hand smoke in public places was 45% lower among university graduates compared to those with less than high school education.



Among all ethnicities, Caucasians had higher use of cars as the main mode of commute. Compared to the Fraser Valley average, exposure to second hand smoke in public places was 2 times higher among both Aboriginal and Chinese people.

### Chilliwack | Built Environment

- WELL MAINTAINED **SIDEWALKS** IN **NEIGHBOURHOOD** 
  - **AGREE**
  - Fraser Valley

AMENITIES WITHIN WALKING OR CYCLING **DISTANCE** 



**AGREE** 



EXPOSED TO SECOND **HAND SMOKE IN PUBLIC PLACES** 



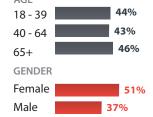


### Chilliwack | Community Resiliency

Support from families, friends and communities is associated with better health as it helps people deal with challenges and overcome problems. Supportive communities provide environments in which people are able to make decisions to improve their health and engage in healthy behaviours.

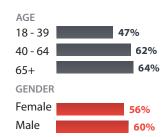
#### □ HAVE 4+ PEOPLE TO CONFIDE IN





### STRONG SENSE OF COMMUNITY BELONGING







Fraser Valley residents with no one to confide in

#### **ACROSS FRASER VALLEY**



Sense of community belonging and having 4+ people to confide in did not differ significantly by immigration status.



Sense of **community belonging** and having 4+ people to confide in did not differ significantly by level of education.



Those with an annual household income of \$120,000+ were 45% more likely to report having 4+ people to confide in compared to those with an income of less than \$40,000.



Compared to regional average, strong sense of community belonging was 35% higher among South Asians.

### Chilliwack | Family Doctor

Having a family doctor plays an important role in maintaining health and preventing chronic illness. Regular contact with a health care provider ensures that recommended preventive services, like screening for early stages of disease, is timely and that chronic conditions are well-managed to prevent complications. Having a regular care provider also helps to maintain continuity of care.

### ◆ HAVE A FAMILY DOCTOR AGE 18 - 39 87% 40 - 64 93% 65+ **GENDER** Female

#### **ACROSS FRASER VALLEY**



Having a family doctor did not differ significantly by level of education.



Respondents with an annual income of \$120,000+ were 10% more likely to have a family doctor compared to those with a household income less than \$40,000.



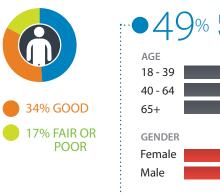
Compared to Canadian born, having a **family doctor** was 30% lower among recent immigrants.

### Chilliwack | Health Status

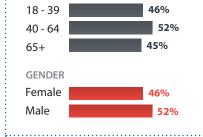
Fraser Valley

Our physical and mental health is influenced by lifestyle behaviours, access to health services, the built environment, and our social and economic situation. Self-rated health is considered to be a good measure of the general health status of a population.

#### SELF-RATED GENERAL HEALTH

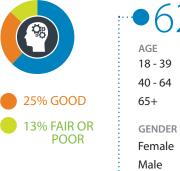


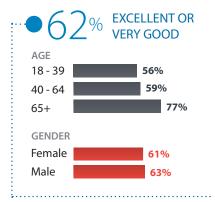




Fraser Valley excellent or very good

#### SELF-RATED MENTAL HEALTH





Fraser Valley excellent or very good

### ACROSS FRASER VALLEY



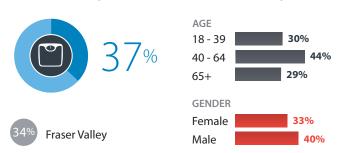
Compared to those with less than high school education, reporting excellent or very good general health was 65% higher and excellent or very good mental health was 20% higher among university graduates.



Compared to those with an annual household income below \$40,000, reporting excellent or very good general health was 60% higher and excellent or very good mental health was 30% higher among those with annual income \$120,000+.

### Chilliwack | Obesity

#### → OBESITY (BODY MASS INDEX >=30.0)



#### **ACROSS FRASER VALLEY**



**Obesity** was **30% lower among university graduates** compared to those with less than high school education.



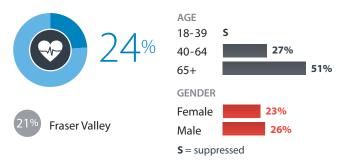
**Obesity** was **30% lower among immigrants** compared to Canadian born.

### Chilliwack | Self-reported Chronic Conditions

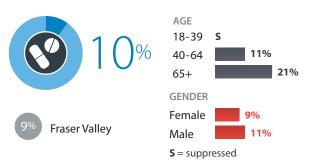
Chronic conditions are a major burden on our health care system, individuals, families and communities. Strategies to prevent chronic conditions include the development of policies and programs, at a community level, which encourage and enable healthy behaviours in order to reduce risk factors for chronic conditions.

#### HEART DISEASE MOOD OR ANXIETY DISORDER DIABETES AGE AGE AGE 18-39 27% 18-39 18-39 12% 40-64 40-64 19% 40-64 23% 10% 65+ 65+ 65+ **GENDER GENDER GENDER** Female 10% Female 23% Female Male Male Male **S** = suppressed S = suppressedS = suppressed Fraser Valley Fraser Valley Fraser Valley

#### HIGH BLOOD PRESSURE



#### MULTIPLE CHRONIC ILLNESSES



#### ACROSS FRASER VALLEY



Compared to those with an annual household income of \$120,000+, diabetes was 6 times higher, high blood pressure was 2 times higher, mood and anxiety disorders were 2 times higher and multiple chronic conditions were 9 times higher among those with an annual household income of less than \$40,000.



Compared to university graduates, diabetes was 3 times higher, high blood pressure was 80% higher and multiple chronic conditions were 2.5 times higher among those with less than high school education.

# Chilliwack | Community Health Indicators

The chart below summarizes select indicators of health and well-being. Results for Chilliwack are compared to the Fraser Valley region as well as Fraser Health Authority.



DOMAIN	Indicator	Chilliwack (%) n = 906	Fraesr Valley (%) n = 2920	Fraser Health (%) n = 15427	Fraser Health Worst (%)	Summary Chart	Fraser Health Best (%)
ECONOMIC	Household income under \$40,000	31.7	30.3	28.5	47.3	•>	6.9
	Currently unemployed	5.0	5.8	6.0	12.0	<b>♦</b> •	4.0
HEALTH STATUS	General health (excellent/very good)	48.6	48.5	47.5	40.7	•	58.9
	Mental health (excellent/very good)	61.9	61.2	58.8	47.7	40	64.6
	Obesity (BMI 30+)	36.7	33.7	27.2	36.7	• •	17.3
	Diabetes	10.8	9.9	8.8	11.5	• •	3.3
	High blood pressure	24.4	21.2	19.5	34.4	• •	14.4
	Heart disease	2.8	3.7	5.0	7.6	•	2.8
	Chronic breathing condition	10.8	8.5	7.3	10.9	•	4.1
	Arthritis	19.7	14.7	13.9	30.0	• •	7.4
	Mood or anxiety disorder	19.8	19.4	16.7	28.2	•	13.9
	Multiple chronic conditions <sup>1</sup>	10.0	9.1	8.8	12.5	• •	5.9
	Cancer (lung, breast, prostate or colorectal)	4.0	3.6	3.0	8.8	••	2.3
LIFESTYLE	Binge drinking (1+ times/month) <sup>2</sup>	21.7	18.9	18.8	24.8	•	15.1
	Smoker (daily/occasional)	12.4	10.7	10.5	22.4	• •	3.3
	Physical activity (150+ minutes/week)	43.3	45.4	43.3	38.2	• •	56.7
	5+ servings of fruits and vegetables (/day)	23.8	25.2	23.6	20.5	• •	30.0
	Stress (extremely/quite stressed)	17.5	17.6	18.6	26.3	•	13.7
	Screen time (2+ hours/day)	53.0	49.7	47.5	60.8	• •	41.4
	High physical wellness score (10-16) <sup>3</sup>	37.2	38.2	35.6	28.4	•	43.9
PRIMARY CARE ACCESS	Have a family doctor	92.3	89.7	85.8	78.5	<b>•</b>	92.3
	Visited health care professional (past 12 months)	83.4	81.2	79.9	76.0	• •	84.4
	Visited physician with appointment	82.1	80.4	77.0	71.3	• •	85.6
	Visited walk-in clinic without appointment	9.1	11.2	15.1	21.0	<b>♦ 0</b>	7.9
BUILT ENVIRONMENT	Commute - car	81.8	80.1	67.0	81.8	•	47.5
	Commute - public transit	3.2	6.4	21.4	3.2	• •	38.0
	Commute - walk or cycle	12.2	9.2	8.4	3.7	<b>•</b> •	20.9
	Commute time (one way 30+ minutes)	36.2	36.1	55.7	66.6	•	33.3
	Primary mode to run errands - walk or cycle	7.0	5.1	11.0	3.9	• •	24.9
	Second hand smoke exposure (public places)	12.7	15.9	23.5	32.2	• •	6.8
	Sidewalks well maintained (strongly/somewhat agree)	62.3	67.9	72.8	40.1	• •	86.5
	Amenities within walking/cycling distance (strongly/somewhat agree)	51.3	48.8	61.3	32.3	••	82.3
	Transit stop (less than 5 minute walk)	64.0	71.5	78.7	14.7	••	91.3
COMMUNITY RESILIENCY	Emergency supplies (3+ days)	28.6	29.1	27.3	23.5	••	32.0
	Food insecure (sometimes/often)	5.2	4.9	6.3	12.7	•	3.6
	Community belonging (strong/somewhat strong)	57.6	59.4	56.0	49.1	••	71.1
	4+ people to confide in/turn to for help	44.0	46.5	43.2	32.1	• •	50.5

<sup>1</sup> Reported diagnosis of two or more of the following: Diabetes, heart disease, stroke, high blood pressure or chronic breathing conditions.

<sup>3</sup> Lifestyles characterised by eating 5+ servings of fruits or vegetables a day, 30+ minutes of walking a day, 150+ minutes of moderate or vigorous physical activity a week, and not smoking. Wellness scores ranged from 0 -16.



<sup>2</sup> Five or more drinks on one occasion for males and 4 or more drinks on one occasion for females.