# Hope
## Community Health Profile

my Health my Community

This report provides an overview of health and wellness in Hope 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

- There is room for improvement with respect to healthy behaviours. Less than one in four reported eating 5+ servings of fruit and vegetables, two out of five met physical activity recommendations, three out of five reported high screen time, and around one in five reported smoking. Around a third of the residents in Hope were obese and a third had high blood pressure.
- In Hope, over one in five reported walking or cycling as their mode of commute, which is higher than the Fraser Health average. Over two-thirds of Hope residents reported strong community belonging, highest in Fraser Health.
- Less than half the residents agreed that sidewalks were well maintained and amenities were within walking or cycling distance. Around half the respondents had a household income below $40,000.
- The district has taken initiatives to further encourage physical activity and active lifestyles by improving and promoting accessibility to its recreational walking trails. The district government is addressing socioeconomic health determinants such as housing. Recognizing the effects of poverty and homelessness, the community has piloted low-barrier housing initiatives.


HOPE POPULATION 18+ YEARS (CENSUS 2011) = 5,020

## COMMUNITY DEMOGRAPHICS

### GENDER

| | |
|---|---|
| Female | **57%** |
| Male | **43%** |

### AGE (YEARS)

| | |
|---|---|
| 18-39 | **22%** |
| 40-64 | **57%** |
| 65+ | **21%** |

### BIRTH PLACE

| | |
|---|---|
| Born in Canada | **87%** |

### EDUCATION

| | |
|---|---|
| Below high school | **15%** |
| High school | **31%** |
| Certificate or diploma | **43%** |
| University degree | **11%** |

### HOUSEHOLD INCOME

| | |
|---|---|
| Under $40,000 | **47%** |
| $40,000 to $79,999 | **23%** |
| $80,000 to $119,999 | **15%** |
| $120,000 & above | **15%** |

### EMPLOYMENT

| | |
|---|---|
| Employed | **48%** |
| Not in labour force | **40%** |
| Unemployed | **s** |

### ETHNICITY

| | |
|---|---|
| Aboriginal | **s** |
| Caucasian | **79%** |
| Chinese | **s** |
| South Asian | **s** |
| Other | **s** |

**S** = suppressed

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA
fraserhealth
Vancouver CoastalHealth
Promoting wellness. Ensuring care.

## 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'.

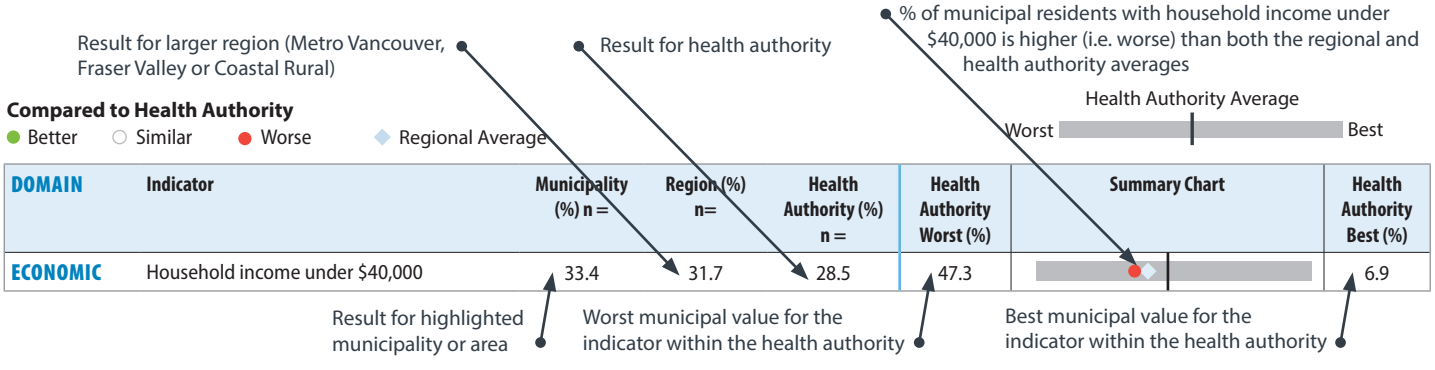
Fraser Valley Regional District averages for each indicator are represented by: %

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:

IMMIGRATION 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**

# Hope | 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.

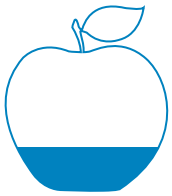
## 22% DAILY OR OCCASIONAL **SMOKERS**

| | |
|---|---|
| AGE | |
| 18 - 39 | S |
| 40 - 64 | 28% |
| 65+ | S |
| GENDER | |
| Female | S |
| Male | 34% |

S = suppressed

11% Fraser Valley

## 23% 5+ **FRUIT & VEGETABLE** SERVINGS DAILY



| | |
|---|---|
| AGE | |
| 18 - 39 | S |
| 40 - 64 | 18% |
| 65+ | S |
| GENDER | |
| Female | 30% |
| Male | S |

S = suppressed

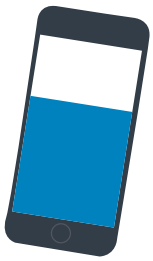
25% Fraser Valley

## 40% 150+ MINUTES OF WEEKLY **PHYSICAL ACTIVITY**

| | |
|---|---|
| AGE | |
| 18 - 39 | 45% |
| 40 - 64 | 45% |
| 65+ | S |
| GENDER | |
| Female | 45% |
| Male | 31% |

45% Fraser Valley

## 61% 2+ HOURS OF DAILY **SCREEN TIME**



| | |
|---|---|
| AGE | |
| 18 - 39 | 57% |
| 40 - 64 | 57% |
| 65+ | 74% |
| GENDER | |
| Female | 63% |
| Male | 57% |

50% Fraser Valley

## 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**.

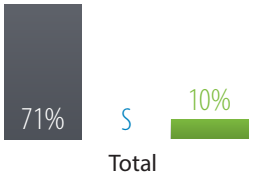
Healthy behaviours differed by ethnicity. Compared to the Fraser Valley average of all ethnicities, **smoking** was **3 times higher among Aboriginal people**, daily **consumption of 5+ servings** of fruits and vegetables was **60% lower among South Asians** and reporting **2+ hours of screen time**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

# Hope | 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.

## **COMMUTE MODE** TO WORK OR SCHOOL

CAR/TRUCK TRANSIT WALK/CYCLE




80% Fraser Valley

6% Fraser Valley

9% Fraser Valley

## MEDIAN* **COMMUTE TIME** (ONE-WAY) *Middle value

| OVERALL | CAR/TRUCK | TRANSIT | WALK/CYCLE |
|---|---|---|---|
| 15 min | 10 min | S | S |
| 20 min Fraser Valley | 15 min Fraser Valley | 45 min Fraser Valley | 15 min Fraser Valley |

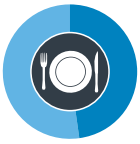
## **WALK OR CYCLE** FOR ERRANDS


5% Fraser Valley

## **WELL MAINTAINED SIDEWALKS** IN NEIGHBOURHOOD


68% Fraser Valley

## **AMENITIES** WITHIN WALKING OR CYCLING DISTANCE




49% Fraser Valley

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


16% Fraser Valley

## 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.

# Hope | 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**

32%

47% Fraser Valley

AGE

| | |
|---|---|
| 18 - 39 | 34% |
| 40 - 64 | 28% |
| 65+ | 41% |

GENDER

| | |
|---|---|
| Female | 30% |
| Male | 35% |

6% Fraser Valley residents with ***no one*** to confide in

## STRONG SENSE OF **COMMUNITY BELONGING**

71%

59% Fraser Valley

AGE

| | |
|---|---|
| 18 - 39 | 66% |
| 40 - 64 | 69% |
| 65+ | 80% |

GENDER

| | |
|---|---|
| Female | 77% |
| Male | 62% |

## ACROSS FRASER VALLEY

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

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.

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

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

# Hope | 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**

81%

90% Fraser Valley

AGE

| | |
|---|---|
| 18 - 39 | 77% |
| 40 - 64 | 79% |
| 65+ | 91% |

GENDER

| | |
|---|---|
| Female | 88% |
| Male | 73% |

## 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**.

# Hope | Health Status

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**

35% GOOD

17% FAIR OR POOR

48% EXCELLENT OR VERY GOOD

AGE

| | |
|---|---|
| 18 - 39 | 54% |
| 40 - 64 | 53% |
| 65+ | S |

GENDER

| | |
|---|---|
| Female | 54% |
| Male | 40% |

**S** = suppressed

49% Fraser Valley excellent or very good

## SELF-RATED **MENTAL HEALTH**

24% GOOD

11% FAIR OR POOR

64% EXCELLENT OR VERY GOOD

AGE

| | |
|---|---|
| 18 - 39 | 64% |
| 40 - 64 | 62% |
| 65+ | 73% |

GENDER

| | |
|---|---|
| Female | 62% |
| Male | 69% |

61% Fraser Valley excellent or very good

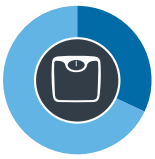
## ACROSS FRASER VALLEY

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+.**

# Hope | Obesity

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



32%

34% Fraser Valley

AGE

| | |
|---|---|
| 18 - 39 | S |
| 40 - 64 | 34% |
| 65+ | S |

GENDER

| | |
|---|---|
| Female | 38% |
| Male | 24% |

## 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.

# Hope | 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.

### HIGH BLOOD PRESSURE

34%

21% Fraser Valley

### MULTIPLE CHRONIC ILLNESSES

12%

9% Fraser Valley

### MOOD OR ANXIETY DISORDER

17%

19% Fraser Valley

## 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**.

Several age and gender stratifications, particularly for chronic conditions, were not possible for Hope due to small number of survey respondents

# Hope | Community Health Indicators

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

**Compared to Fraser Health**

● Better ○ Similar ● Worse ◆ Fraser Valley Average

Fraser Health Average

Worst — Best

| DOMAIN | Indicator | Hope (%) n = 117 | Fraesr Valley (%) n = 2920 | Fraser Health (%) n = 15427 | Fraser Health Worst (%) | Summary Chart | Fraser Health Best (%) |
|---|---|---|---|---|---|---|---|
| ECONOMIC | Household income under $40,000 | 47.3 | 30.3 | 28.5 | 47.3 | | 6.9 |
| | Currently unemployed | s | 5.8 | 6.0 | 12.0 | | 4.0 |
| HEALTH STATUS | General health (excellent/very good) | 47.7 | 48.5 | 47.5 | 40.7 | | 58.9 |
| | Mental health (excellent/very good) | 64.5 | 61.2 | 58.8 | 47.7 | | 64.6 |
| | Obesity (BMI 30+) | 32.0 | 33.7 | 27.2 | 36.7 | | 17.3 |
| | Diabetes | s | 9.9 | 8.8 | 11.5 | | 3.3 |
| | High blood pressure | 34.4 | 21.2 | 19.5 | 34.4 | | 14.4 |
| | Heart disease | s | 3.7 | 5.0 | 7.6 | | 2.8 |
| | Chronic breathing condition | s | 8.5 | 7.3 | 10.9 | | 4.1 |
| | Arthritis | 30.0 | 14.7 | 13.9 | 30.0 | | 7.4 |
| | Mood or anxiety disorder | 17.2 | 19.4 | 16.7 | 28.2 | | 13.9 |
| | Multiple chronic conditions[1] | 12.5 | 9.1 | 8.8 | 12.5 | | 5.9 |
| | Cancer (lung, breast, prostate or colorectal) | s | 3.6 | 3.0 | 8.8 | | 2.3 |
| LIFESTYLE | Binge drinking (1+ times/month)[2] | 15.7 | 18.9 | 18.8 | 24.8 | | 15.1 |
| | Smoker (daily/occasional) | 22.4 | 10.7 | 10.5 | 22.4 | | 3.3 |
| | Physical activity (150+ minutes/week) | 39.8 | 45.4 | 43.3 | 38.2 | | 56.7 |
| | 5+ servings of fruits and vegetables (/day) | 23.2 | 25.2 | 23.6 | 20.5 | | 30.0 |
| | Stress (extremely/quite stressed) | 13.7 | 17.6 | 18.6 | 26.3 | | 13.7 |
| | Screen time (2+ hours/day) | 60.8 | 49.7 | 47.5 | 60.8 | | 41.4 |
| | High physical wellness score (10-16)[3] | 38.4 | 38.2 | 35.6 | 28.4 | | 43.9 |
| PRIMARY CARE ACCESS | Have a family doctor | 81.4 | 89.7 | 85.8 | 78.5 | | 92.3 |
| | Visited health care professional (past 12 months) | 76.0 | 81.2 | 79.9 | 76.0 | | 84.4 |
| | *Visited physician with appointment* | 84.2 | 80.4 | 77.0 | 71.3 | | 85.6 |
| | *Visited walk-in clinic without appointment* | s | 11.2 | 15.1 | 21.0 | | 7.9 |
| BUILT ENVIRONMENT | Commute - car | 72.1 | 80.1 | 67.0 | 81.8 | | 47.5 |
| | Commute - public transit | s | 6.4 | 21.4 | 3.2 | | 38.0 |
| | Commute - walk or cycle | 20.5 | 9.2 | 8.4 | 3.7 | | 20.9 |
| | Commute time (one way 30+ minutes) | 33.3 | 36.1 | 55.7 | 66.6 | | 33.3 |
| | Primary mode to run errands - walk or cycle | 13.5 | 5.1 | 11.0 | 3.9 | | 24.9 |
| | Second hand smoke exposure (public places) | s | 15.9 | 23.5 | 32.2 | | 6.8 |
| | Sidewalks well maintained (strongly/somewhat agree) | 40.1 | 67.9 | 72.8 | 40.1 | | 86.5 |
| | Amenities within walking/cycling distance (strongly/somewhat agree) | 47.6 | 48.8 | 61.3 | 32.3 | | 82.3 |
| | Transit stop (less than 5 minute walk) | 14.7 | 71.5 | 78.7 | 14.7 | | 91.3 |
| COMMUNITY RESILIENCY | Emergency supplies (3+ days) | 30.6 | 29.1 | 27.3 | 23.5 | | 32.0 |
| | Food insecure (sometimes/often) | 12.7 | 4.9 | 6.3 | 12.7 | | 3.6 |
| | Community belonging (strong/somewhat strong) | 71.1 | 59.4 | 56.0 | 49.1 | | 71.1 |
| | 4+ people to confide in/turn to for help | 32.1 | 46.5 | 43.2 | 32.1 | | 50.5 |

**S** = suppressed

1 Reported diagnosis of two or more of the following: Diabetes, heart disease, stroke, high blood pressure or chronic breathing conditions.
2 Five or more drinks on one occasion for males and 4 or more drinks on one occasion for females.
3 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.