Squamish
Community Health Profile

my Health
my Community

This report provides an overview of health and wellness in Squamish 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

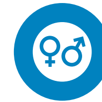
- Overall general and mental health is comparable to health authority and regional average, despite lower chronic disease burden.
- Positive lifestyle attributes include significantly higher physical activity rates but less desirably higher reported binge drinking.
- Excellent access to primary care in a family orientated community with a very strong sense of belonging.
- A car dependent community for daily commuting, although use of active forms of transportation for errands and accessing amenities is an area for potential improvement.
- These community level data will contribute to the partnership work on the District's official community plan.

SQUAMISH* POPULATION 18+ YEARS (CENSUS 2011) = 13,410

*Census agglomeration - includes Squamish, Garibaldi Highlands, Brackendale, Paradise Valley and all First Nations reserves within the geographic boundaries

COMMUNITY DEMOGRAPHICS

GENDER



Female	50%
Male	50%

AGE (YEARS)

18-39	42%
40-64	51%
65+	7%

BIRTH PLACE

Born in Canada	79%

EDUCATION

Below high school	9%
High school	30%
Certificate or diploma	40%
University degree	21%

HOUSEHOLD INCOME

Under $40,000	22%
$40,000 to $79,999	24%
$80,000 to $119,999	29%
$120,000 & above	24%

EMPLOYMENT

Employed	79%
Not in labour force	21%
Unemployed	s

ETHNICITY

Aboriginal	11%
Caucasian	82%
Chinese	s
South Asian	s
Other	s

S = supressed

a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

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**

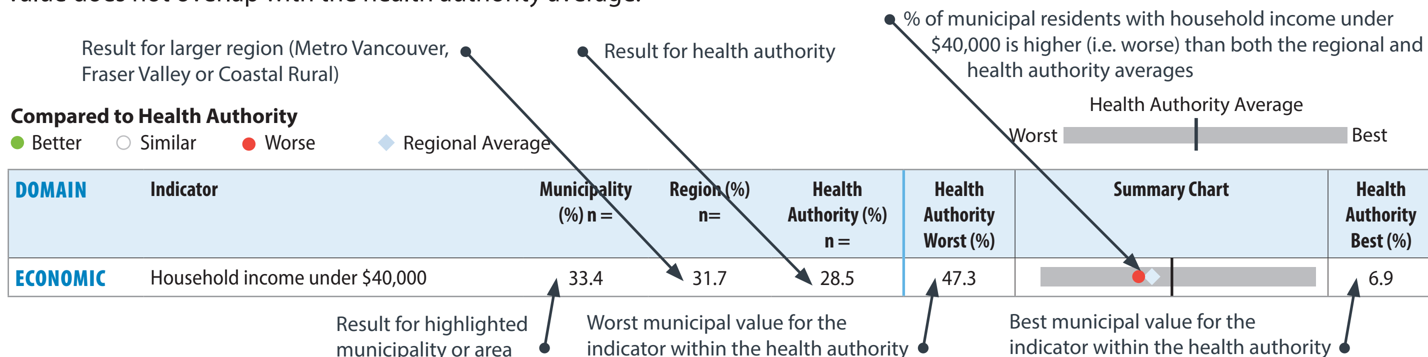
How to read this profile

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 (supressed) due to small sample size and this is indicated with an 'S'.

Graphic bullets highlight socioeconomic differences for select indicators across the COASTAL RURAL region. Immigration, education, income and ethnicity are represented by the following graphics:

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**

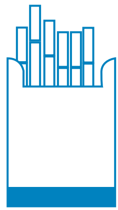
Squamish | Healthy Behaviours

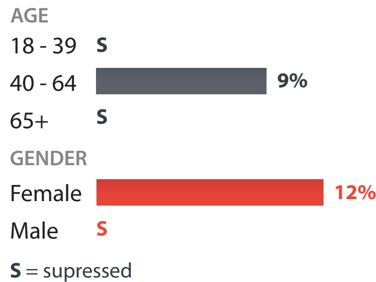
Healthy behaviours contribute to maintaining physical and mental health, and reducing the risk of chronic conditions such as heart disease, diabetes and stroke. Recommended lifestyle behaviours include (but are not limited to) consumption of 5 or more servings of fruits and vegetables per day, limiting 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.

10%

DAILY OR OCCASIONAL **SMOKERS**

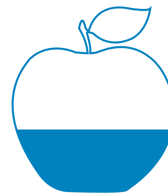


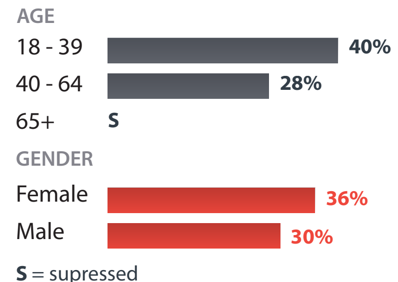


10% Coastal Rural

33%

5+ **FRUIT & VEGETABLE** SERVINGS DAILY

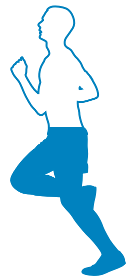


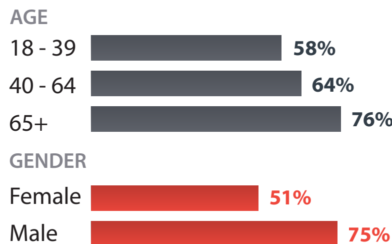


32% Coastal Rural

62%

150+ MINUTES OF WEEKLY **PHYSICAL ACTIVITY**

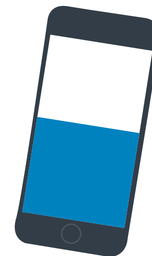


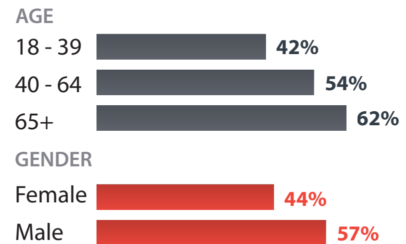


57% Coastal Rural

50%

2+ HOURS OF DAILY **SCREEN TIME**





52% Coastal Rural

ACROSS COASTAL RURAL

Healthy behaviours were **higher among** people with annual **household income greater than $120,000.** They were **less likely to smoke**, **more likely to consume 5+ daily servings of fruits and vegetables** and **less likely to report 2+ hours daily screen time** compared to those with household income under $40,000.

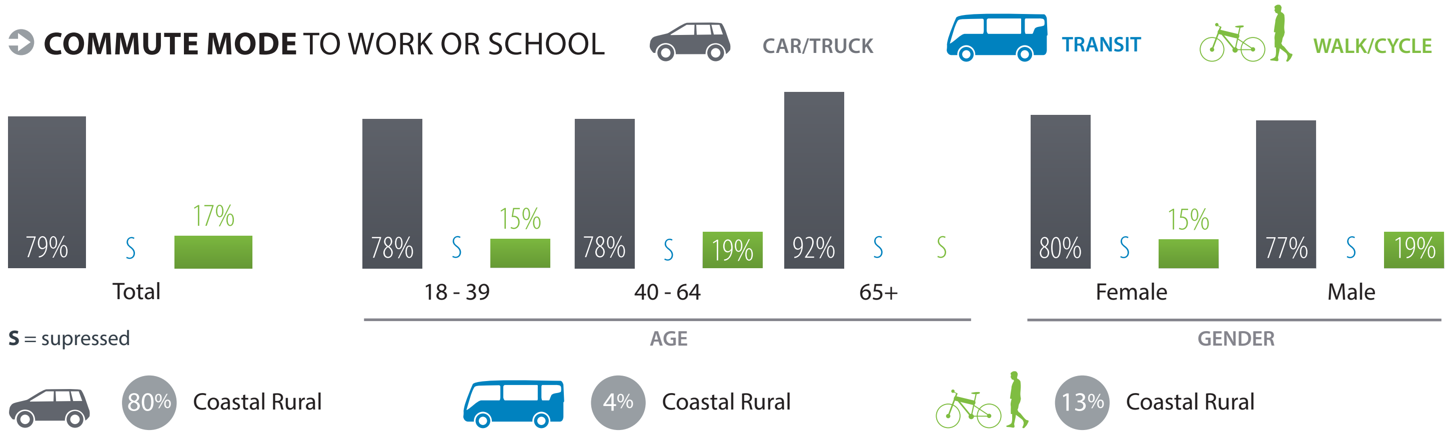
Healthy behaviours differed by ethnic groups. Compared to the Coastal Rural average, **smoking** was **2 times higher** and consumption of **5+ daily fruit and vegetable servings** was **50% lower among Aboriginal people.**

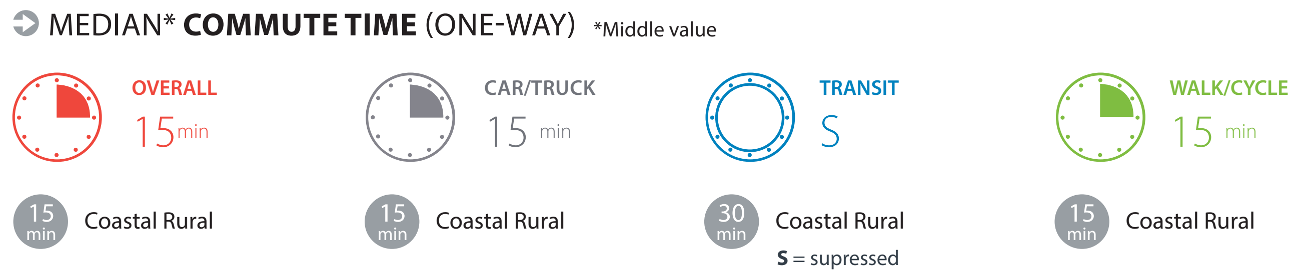
Healthy behaviours were **higher among university graduates** compared to those with less than high school education. They were **85% less likely to smoke,** more than **2.5 times more likely to consume 5+ daily servings of fruits and vegetables**, **more likely to get 150+ minutes of weekly physical activity** and almost **50% less likely to report 2+ hours** of **daily screen time**.

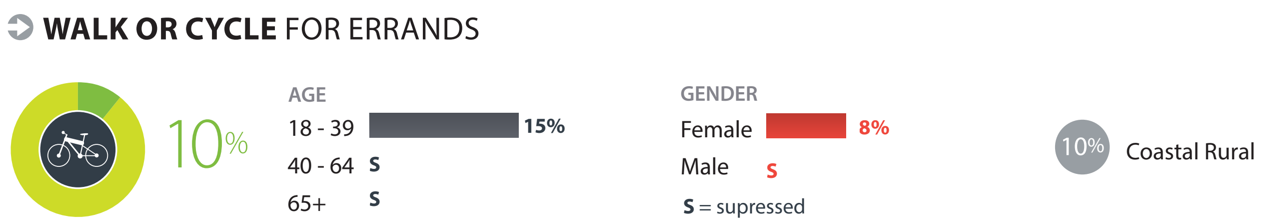
Canadian born were **more likely to eat 5+ daily servings of fruits and vegetables,** but **4 times more likely to be smokers** compared to immigrants.

Squamish | 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 COASTAL RURAL

Commuting by car was almost **40% higher among** those with annual household **income greater than $120,000** compared to those with income less than $40,000. **Commuting by walking or cycling** was **50% lower among** those with **income greater than $80,000** compared to those with income less than $40,000.

Exposure to **second hand smoke** in public places was **lower among university graduates** compared to those with less than high school education.

Compared to Canadian born, **recent immigrants** were **40% less likely to commute by car** and **more likely to commute by transit**.

Squamish | Built Environment

WELL MAINTAINED SIDEWALKS IN NEIGHBOURHOOD

45% Coastal Rural

AMENITIES WITHIN WALKING OR CYCLING DISTANCE

45% Coastal Rural

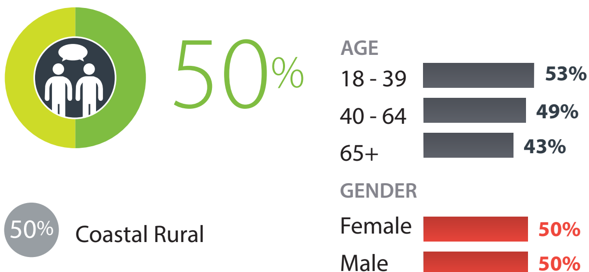
EXPOSED TO **SECOND HAND SMOKE** IN PUBLIC PLACES

12% Coastal Rural

Squamish | 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.

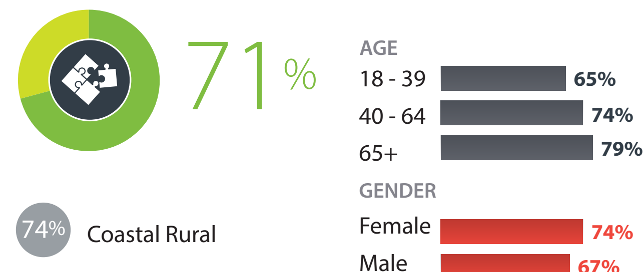
HAVE 4+ PEOPLE TO **CONFIDE IN**



50% Coastal Rural

3% Coastal Rural residents with ***no one*** to confide in

STRONG SENSE OF **COMMUNITY BELONGING**



74% Coastal Rural

ACROSS COASTAL RURAL

Recent immigrants were **less likely to report** having **4+ people to confide in** compared to Canadian born.

Those with annual household **income of $120,000+** were **more likely to report** having **4+ people to confide in.**

University graduates were **more likely to report** having **4+ people to confide in.**

Compared to the Coastal Rural average of all ethnicities, **Aboriginal people** were **35% less likely to report** having **4+ people to confide in.**

Squamish | 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**

92%

87% Coastal Rural

ACROSS COASTAL RURAL

Compared to the Coastal Rural average, **having a family doctor** was **40% lower among recent immigrants**.

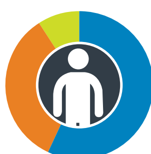
People with annual household **income of $120,000+** were **15% more likely to have a family doctor** compared to those with household income under $40,000.

Having a family doctor did not differ by education level.

Squamish | 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.

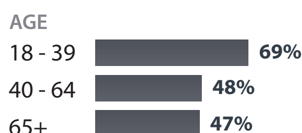
SELF-RATED **GENERAL HEALTH**



34% GOOD

9% FAIR OR POOR

57% EXCELLENT OR VERY GOOD



55% Coastal Rural excellent or very good

SELF-RATED **MENTAL HEALTH**

31% GOOD

7% FAIR OR POOR

61% EXCELLENT OR VERY GOOD

63% Coastal Rural excellent or very good

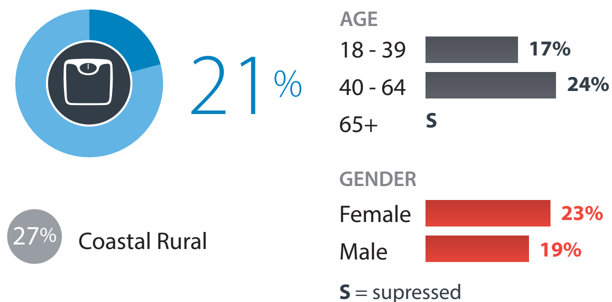
ACROSS COASTAL RURAL

University graduates were almost **3 times more likely to report excellent or very good general health** and **35% more likely to report excellent or very good mental health** compared to those with less than high school education.

People with annual household **income $120,000+** were **2 times more likely to report excellent or very good general health** and **40% more likely to report excellent or very good mental health** compared to households with annual income below $40,000.

Squamish | Obesity

OBESITY (BODY MASS INDEX >=30.0)



27% Coastal Rural

ACROSS COASTAL RURAL

University graduates were **70% less likely to be obese** compared to those with less than high school education.

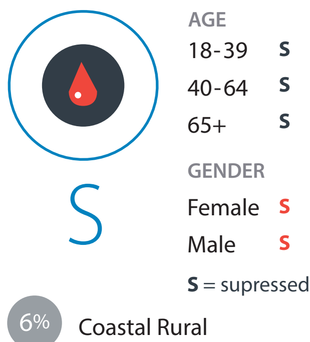
Obesity was **40% lower among immigrants** compared to Canadian born.

People with annual household **income $120,000+** were **40% less likely to be obese** than those with annual household income less than $40,000.

Squamish | Self-reported Chronic Conditions

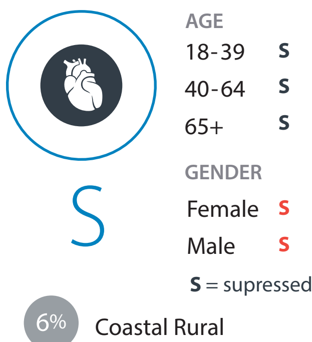
Chronic conditions are a major burden on our health care system, individuals, families and communities. Strategies to prevent chronic conditions include the development of policies and programs, at a community level, which encourage and enable healthy behaviours in order to reduce risk factors for chronic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

DIABETES



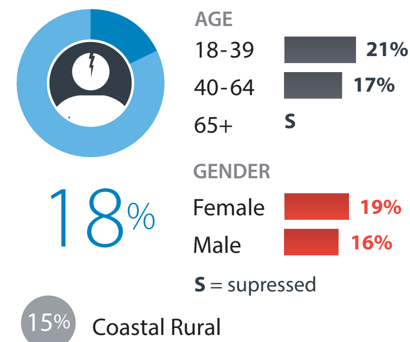
6% Coastal Rural

HEART DISEASE



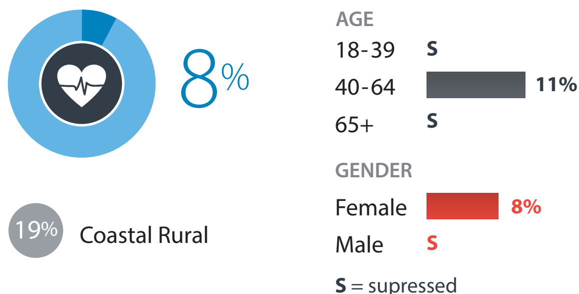
6% Coastal Rural

MOOD OR ANXIETY DISORDER



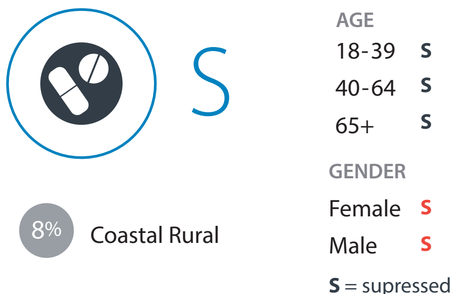
15% Coastal Rural

HIGH BLOOD PRESSURE



19% Coastal Rural

MULTIPLE CHRONIC ILLNESSES



8% Coastal Rural

ACROSS COASTAL RURAL

Compared to university graduates, **multiple chronic conditions** were **5 times higher** and **high blood pressure** was **2 times higher among those with less than high school education.** Compared to Coastal Rural overall**, university graduates** were **60% less likely to report diabetes.**

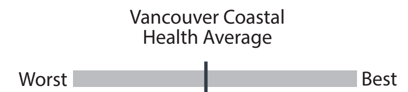
Among people with annual household **income under $40,000, high blood pressure** was **2 times higher** and **mood and anxiety disorders** were **90% higher** compared to those with annual household income $120,000+.

Squamish | Community Health Indicators

The chart below summarizes select indicators of health and well-being. Results for Squamish are compared to the Coastal Rural region as well as Vancouver Coastal Health Authority.

Compared to Vancouver Coastal Health

Better   Similar   Worse   Coastal Rural Average



DOMAIN	Indicator	Squamish (%) n = 372	Coastal Rural (%) n = 2027	Vancouver Coastal Health (%) n = 17648	Vancouver Coastal Health Worst (%)	Summary Chart	Vancouver Coastal Health Best (%)
ECONOMIC	Household income under $40,000	22.1	28.6	35.6	40.4		18.6
	Currently unemployed	s	3.2	6.6	9.5		3.2
HEALTH STATUS	General health (excellent/very good)	56.7	54.8	50.3	41.5		68.2
	Mental health (excellent/very good)	61.4	63.4	54.9	52.2		71.0
	Obesity (BMI 30+)	21.1	26.9	17.0	39.1		14.2
	Diabetes	s	6.3	6.6	11.8		3.9
	High blood pressure	8.1	19.1	16.4	30.8		8.1
	Heart disease	s	5.7	4.1	12.0		3.1
	Chronic breathing condition	8.4	7.1	7.3	10.2		4.0
	Arthritis	s	15.5	12.4	21.6		11.6
	Mood or anxiety disorder	17.7	15.1	16.4	19.9		11.3
	Multiple chronic conditions[1]	s	7.8	6.8	13.7		5.8
	Cancer (lung, breast, prostate or colorectal)	s	4.9	2.9	7.8		2.4
LIFESTYLE	Binge drinking (1+ times/month)[2]	32.8	27.6	23.4	48.3		15.0
	Smoker (daily/occasional)	9.5	9.7	10.6	13.0		6.2
	Physical activity (150+ minutes/week)	62.2	57.3	46.4	37.5		68.9
	5+ servings of fruits and vegetables (/day)	32.9	32.2	27.2	20.9		37.1
	Stress (extremely/quite stressed)	14.4	15.0	16.4	18.0		7.4
	Screen time (2+ hours/day)	49.9	51.7	48.8	57.7		38.1
	High physical wellness score (10-16)[3]	52.7	43.8	40.9	29.3		55.9
PRIMARY CARE ACCESS	Have a family doctor	91.7	87.1	81.0	76.9		93.2
	Visited health care professional (past 12 months)	83.4	82.1	81.5	76.0		87.9
	Visited physician with appointment	74.9	78.8	73.6	69.6		85.8
	Visited walk-in clinic without appointment	11.5	8.1	16.6	20.5		5.3
BUILT ENVIRONMENT	Commute - car	78.6	80.4	45.2	86.9		32.7
	Commute - public transit	s	4.1	31.8	4.1		38.9
	Commute - walk or cycle	17.1	13.5	20.2	8.2		25.7
	Commute time (one way 30+ minutes)	38.5	24.6	50.5	56.0		9.5
	Primary mode to run errands - walk or cycle	10.4	9.5	28.1	8.1		38.1
	Second hand smoke exposure (public places)	12.9	11.6	27.6	32.1		8.9
	Sidewalks well maintained (strongly/somewhat agree)	56.8	45.2	75.8	4.9		79.8
	Amenities within walking/cycling distance (strongly/somewhat agree)	56.9	44.6	74.9	32.9		87.4
	Transit stop (less than 5 minute walk)	89.6	75.8	88.0	68.7		93.4
COMMUNITY RESILIENCY	Emergency supplies (3+ days)	33.0	34.7	27.0	17.3		44.4
	Food insecure (sometimes/often)	4.5	4.1	7.3	8.5		2.3
	Community belonging (strong/somewhat strong)	70.9	74.3	57.8	53.8		82.3
	4+ people to confide in/turn to for help	50.5	49.9	48.1	41.4		55.9

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.