



This report provides an overview of health and wellness in Whistler 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

- Very good self-reported general health compared to health authority and regional average, with low chronic disease burden.
- Exceptional levels of weekly physical activity participation that contributes to the significantly lower prevalence of obesity. However, an undesirably high proportion of reported binge drinking.
- Relatively car dependent though comparatively good use of walking and cycling for daily commuting. However, lower reporting of access to nearby amenities by walking or biking.
- The low level of personal emergency preparedness in the community is an area requiring attention.
- These community level data will contribute to the partnership work on the municipality's official community plan.



WHISTLER (DISTRICT MUNICIPALITY) POPULATION POPULATION 18+ YEARS (CENSUS 2011) = 8,410

➔ COMMUNITY DEMOGRAPHICS

..... GENDER

	Female	54%
	Male	46%

..... AGE (YEARS)

	18-39	51%
	40-64	42%
	65+	8%

..... BIRTH PLACE

	Born in Canada	76%
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..... EDUCATION

	Below high school	s
	High school	20%
	Certificate or diploma	38%
	University degree	42%

..... HOUSEHOLD INCOME

	Under \$40,000	22%
	\$40,000 to \$79,999	35%
	\$80,000 to \$119,999	22%
	\$120,000 & above	21%

..... EMPLOYMENT

	Employed	81%
	Not in labour force	19%
	Unemployed	s

ETHNICITY

	Aboriginal	s
	Caucasian	97%
	Chinese	s
	South Asian	s
	Other	s

S = suppressed



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 (suppressed) due to small sample size and this is indicated with an ‘S’.

Coastal Rural averages for each indicator are represented by: 

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



IMMIGRATION



EDUCATION



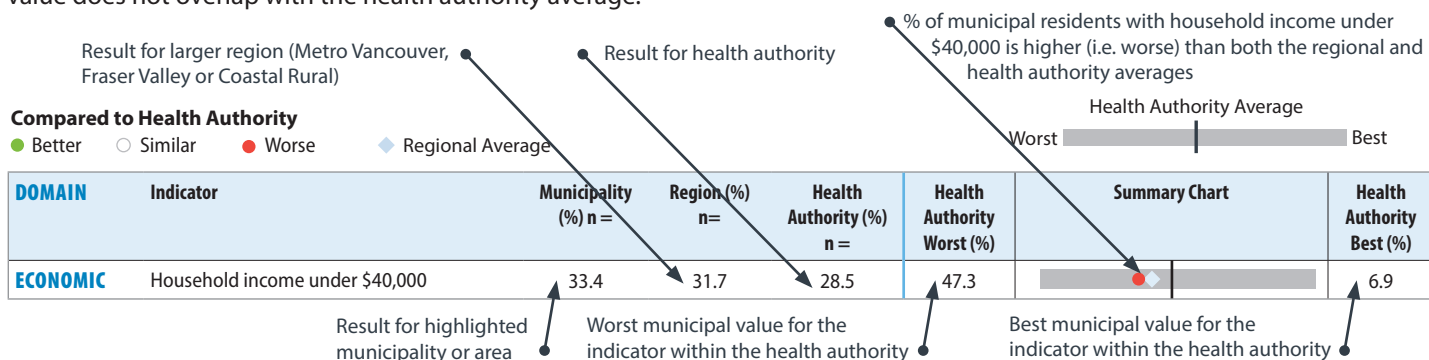
INCOME



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.

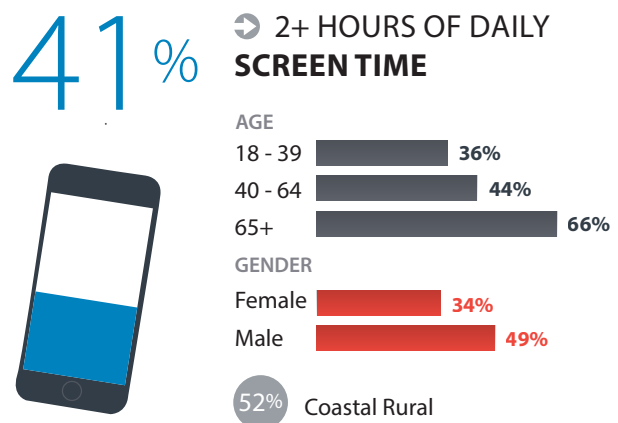
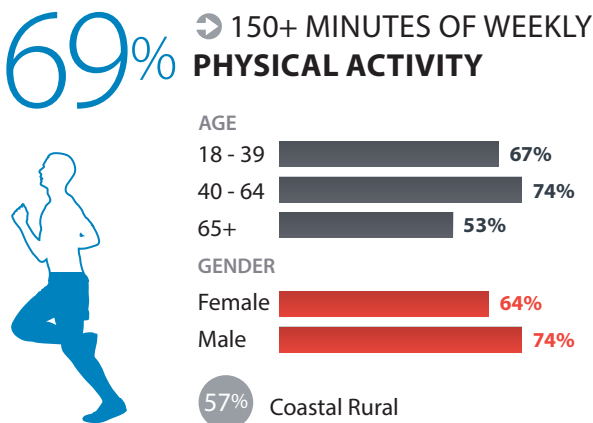
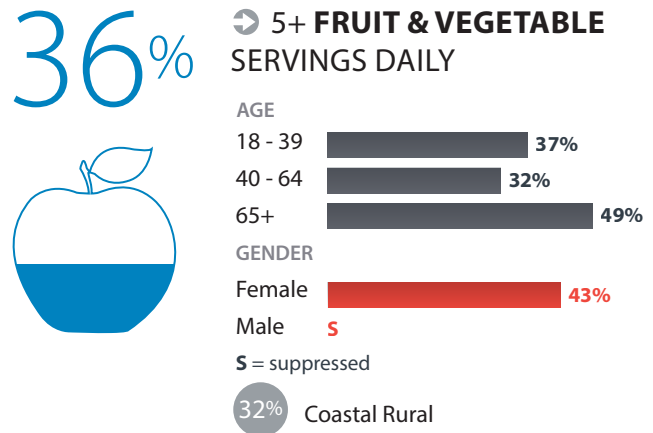
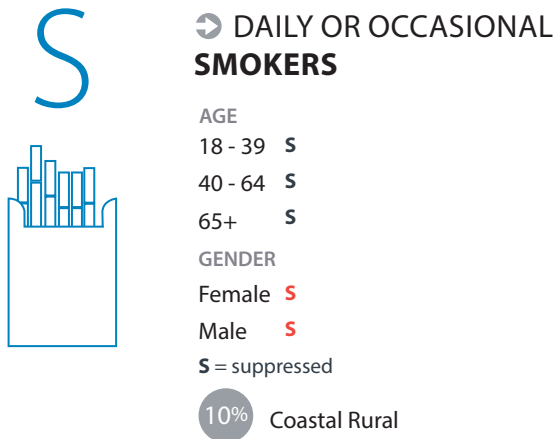


To provide feedback or for any additional information please contact: info@myhealthmycommunity.org


Whistler | 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 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.

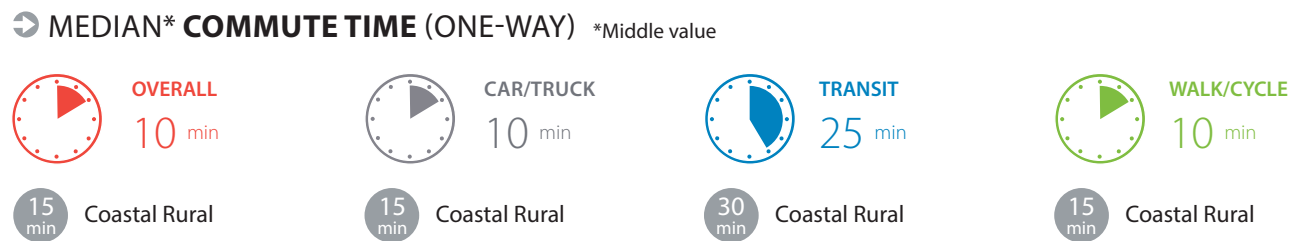
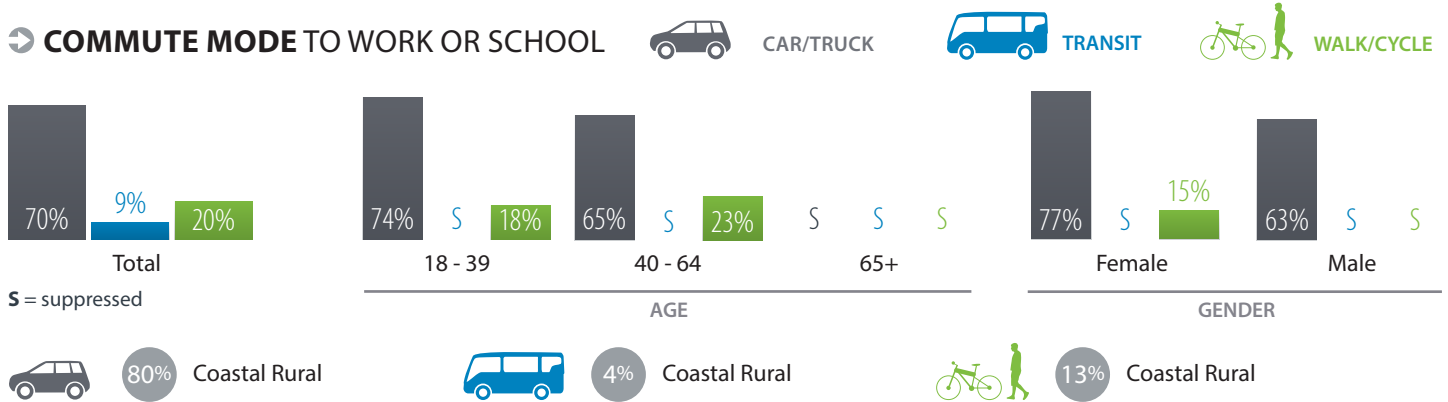
 **Healthy behaviours were higher among university graduates** compared to those with less than high school education. They were **85% less likely to smoke, more than 2.5 times more likely to consume 5+ daily servings of fruits and vegetables, more likely to get 150+ minutes of weekly physical activity**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

 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**.

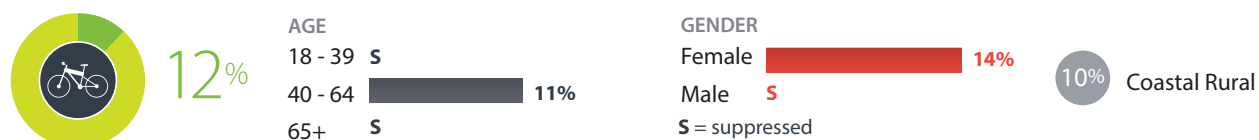
 **Canadian born** were **more likely to eat 5+ daily servings of fruits and vegetables, but 4 times more likely to be smokers** compared to immigrants.

Whistler | 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.



WALK OR CYCLE FOR ERRANDS



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**.

Whistler | 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

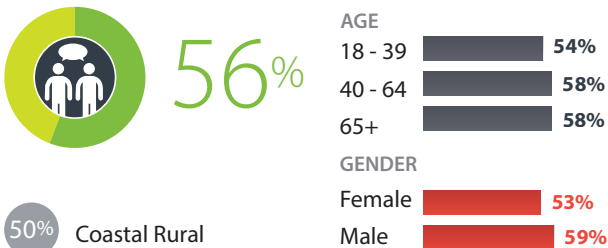


12% Coastal Rural

Whistler | Community Resiliency

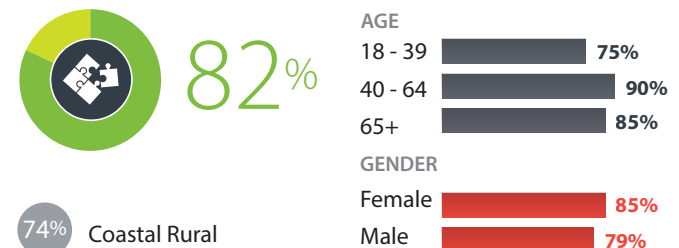
Support from families, friends and communities is associated with better health as it helps people deal with challenges and overcome problems. Supportive communities provide environments in which people are able to make decisions to improve their health and engage in healthy behaviours.

→ HAVE 4+ PEOPLE TO CONFIDE IN



50% Coastal Rural

→ STRONG SENSE OF COMMUNITY BELONGING



74% Coastal Rural

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

ACROSS COASTAL RURAL

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

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

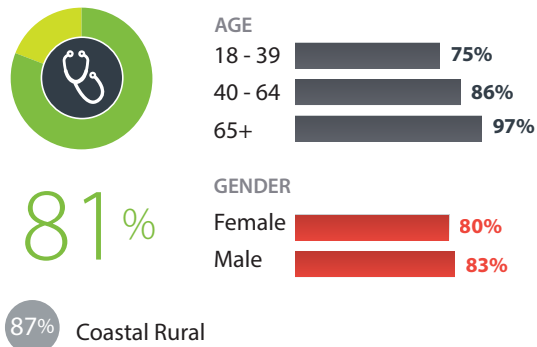
Those with annual household **income of \$120,000+** were **more likely to report** having **4+ people to confide in**.

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

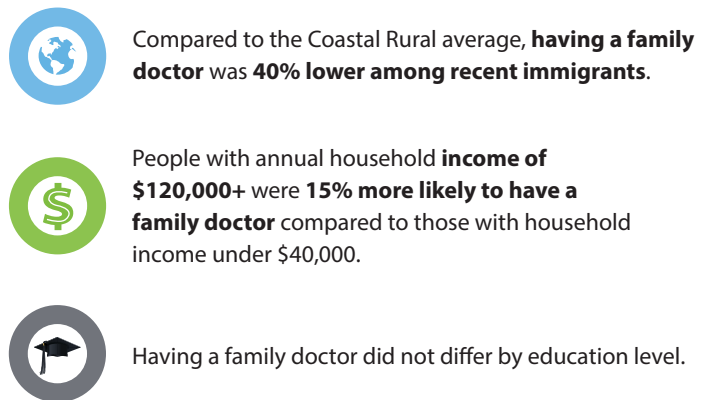
Whistler | Family Doctor

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



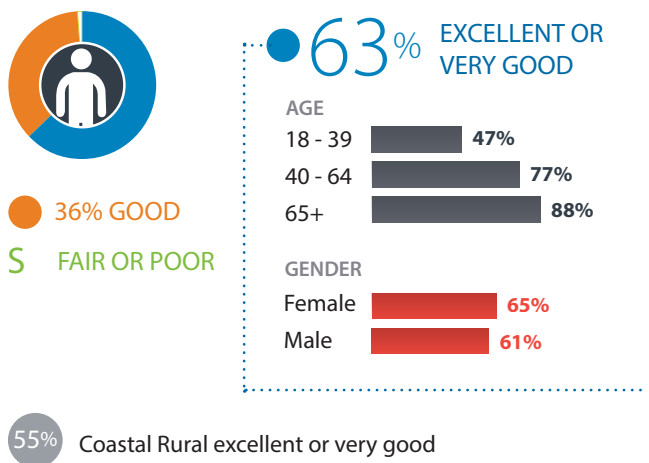
ACROSS COASTAL RURAL



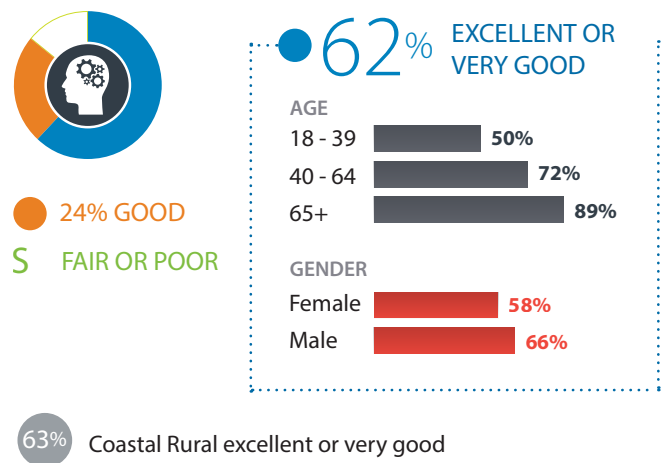
Whistler | Health Status

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



➔ SELF-RATED MENTAL HEALTH

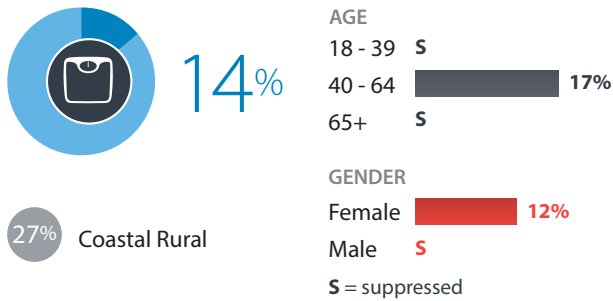


ACROSS COASTAL RURAL



Whistler | Obesity

OBESITY (BODY MASS INDEX >=30.0)



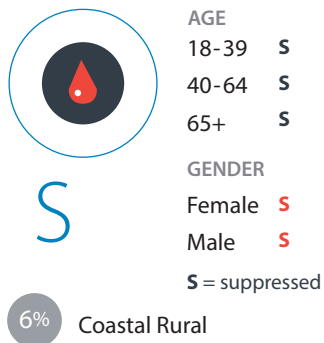
ACROSS COASTAL RURAL

- 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.

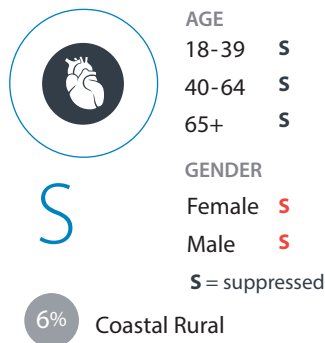
Whistler | Self-reported Chronic Conditions

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.

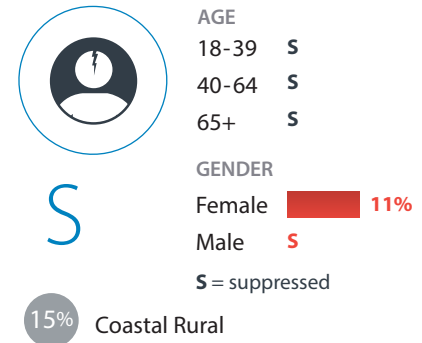
DIABETES



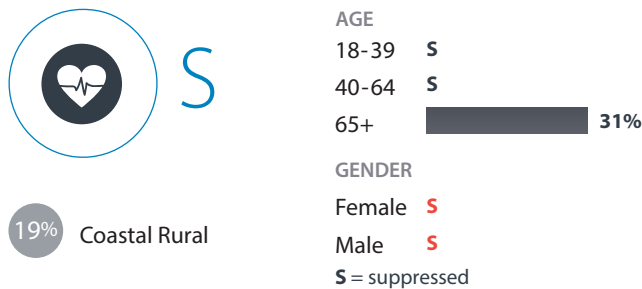
HEART DISEASE



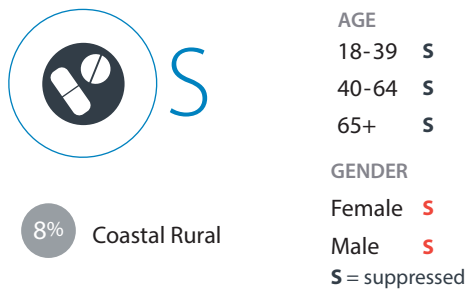
MOOD OR ANXIETY DISORDER



HIGH BLOOD PRESSURE



MULTIPLE CHRONIC ILLNESSES



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+.

Whistler | Community Health Indicators

The chart below summarizes select indicators of health and well-being. Results for Whistler 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	Whistler (%) n = 203	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	21.7	28.6	35.6	40.4		18.6
	Currently unemployed	s	3.2	6.6	9.5		3.4
HEALTH STATUS	General health (excellent/very good)	62.8	54.8	50.3	41.5		68.2
	Mental health (excellent/very good)	62.0	63.4	54.9	52.2		71.0
	Obesity (BMI 30+)	14.2	26.9	17.0	37.9		14.2
	Diabetes	s	6.3	6.6	8.4		3.9
	High blood pressure	s	19.1	16.4	29.6		8.1
	Heart disease	s	5.7	4.1	12.0		3.1
	Chronic breathing condition	s	7.1	7.3	10.2		4.0
	Arthritis	s	15.5	12.4	21.1		10.1
	Mood or anxiety disorder	s	15.1	16.4	19.9		11.3
	Multiple chronic conditions ¹	s	7.8	6.8	13.5		5.8
	Cancer (lung, breast, prostate or colorectal)	s	4.9	2.9	8.1		2.5
	LIFESTYLE	Binge drinking (1+ times/month) ²	48.2	27.6	23.4	48.2	
Smoker (daily/occasional)		s	9.7	10.6	13.0		6.2
Physical activity (150+ minutes/week)		68.9	57.3	46.4	37.5		68.9
5+ servings of fruits and vegetables (/day)		35.6	32.2	27.2	20.9		37.1
Stress (extremely/quite stressed)		s	15.0	16.4	18.0		7.4
Screen time (2+ hours/day)		41.3	51.7	48.8	57.7		38.1
High physical wellness score (10-16) ³		55.9	43.8	40.9	30.5		55.9
PRIMARY CARE ACCESS		Have a family doctor	81.4	87.1	81.0	76.8	
	Visited health care professional (past 12 months)	76.0	82.1	81.5	76.0		87.9
	Visited physician with appointment	69.7	78.8	73.6	69.6		85.8
	Visited walk-in clinic without appointment	10.6	8.1	16.6	20.5		6.1
BUILT ENVIRONMENT	Commute - car	70.1	80.4	45.2	86.9		32.7
	Commute - public transit	8.7	4.1	31.8	8.7		38.9
	Commute - walk or cycle	20.1	13.5	20.2	8.4		25.7
	Commute time (one way 30+ minutes)	9.5	24.6	50.5	55.4		9.5
	Primary mode to run errands - walk or cycle	11.9	9.5	28.1	8.1		38.1
	Second hand smoke exposure (public places)	9.1	11.6	27.6	32.0		8.9
	Sidewalks well maintained (strongly/somewhat agree)	56.6	45.2	75.8	4.9		79.8
	Amenities within walking/cycling distance (strongly/somewhat agree)	62.0	44.6	74.9	32.9		87.4
	Transit stop (less than 5 minute walk)	92.3	75.8	88.0	68.7		93.4
COMMUNITY RESILIENCY	Emergency supplies (3+ days)	17.3	34.7	27.0	17.3		44.4
	Food insecure (sometimes/often)	s	4.1	7.3	8.5		3.2
	Community belonging (strong/somewhat strong)	82.3	74.3	57.8	53.8		82.3
	4+ people to confide in/turn to for help	55.9	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.

Updated version: July 7, 2017

