



This report provides an overview of health and wellness in Abbotsford 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 (prevalence of smoking, proportion of population who are physically active, proportion who eat five or more servings of fruits and vegetables daily and proportion who have more than two hours screen time each day). The community performs strongly in community resiliency indicators (prevalence of food insecurity, having four or more people to confide in).
- Abbotsford is close to the Fraser Health average for health status indicators with the notable exception of the higher prevalence of obesity.
- Abbotsford scores worse or no better in seven of the nine indicators related to the healthy built environment.
- The Abbotsford Healthier Community Partnership's plans to improve local health and wellness focus on homelessness, community safety and healthy lifestyles.



ABBOTSFORD POPULATION 18+ YEARS (CENSUS 2011) = 105,726

➔ COMMUNITY DEMOGRAPHICS

..... GENDER



Female **51%**
Male **49%**

..... AGE (YEARS)



18-39 **40%**
40-64 **42%**
65+ **18%**

..... BIRTH PLACE



Born in Canada **74%**

..... EDUCATION



Below high school **18%**
High school **32%**
Certificate or diploma **34%**
University degree **15%**

..... HOUSEHOLD INCOME



Under \$40,000 **28%**
\$40,000 to \$79,999 **31%**
\$80,000 to \$119,999 **26%**
\$120,000 & above **16%**

..... EMPLOYMENT



Employed **60%**
Not in labour force **34%**
Unemployed **6%**

..... ETHNICITY



Aboriginal **4%**
Caucasian **72%**
Chinese **2%**
South Asian **17%**
Other **6%**



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’.

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



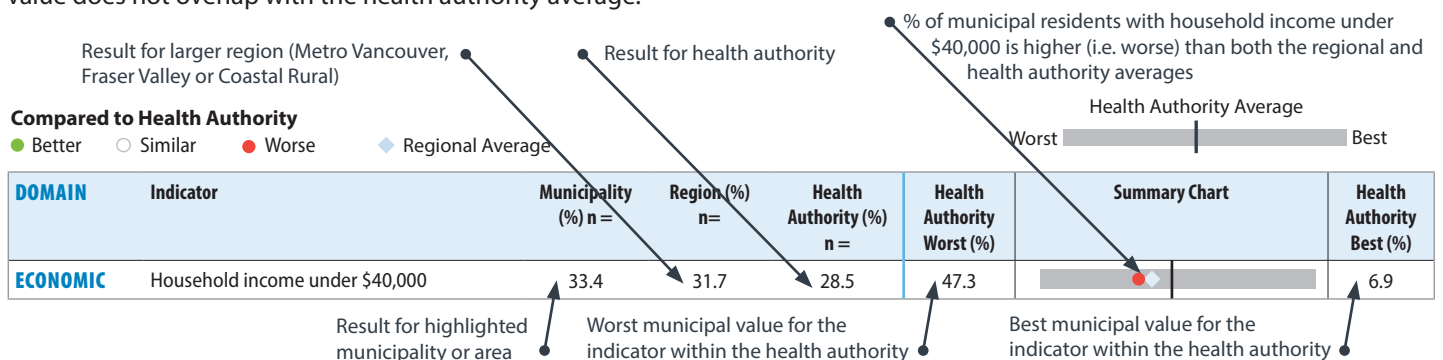
INCOME



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.

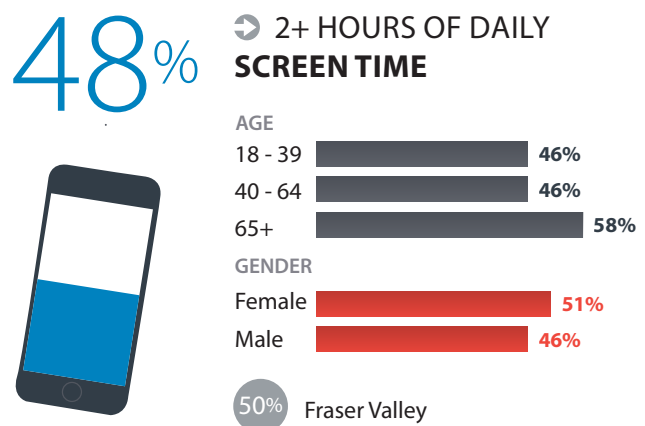
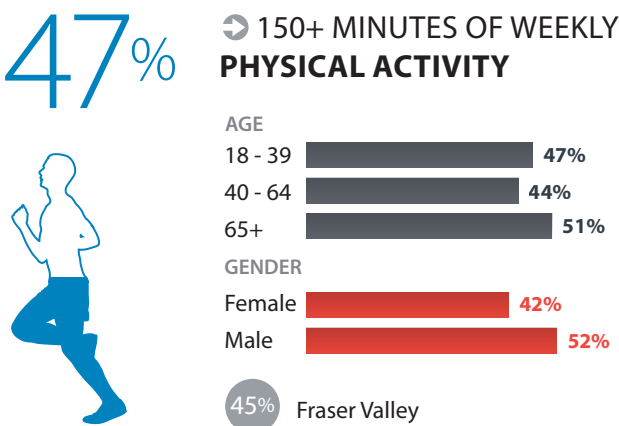
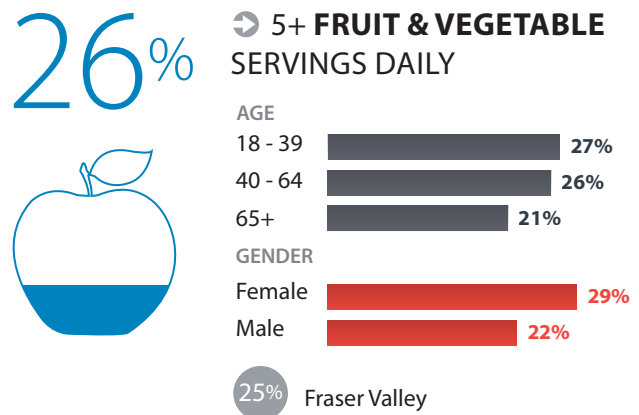
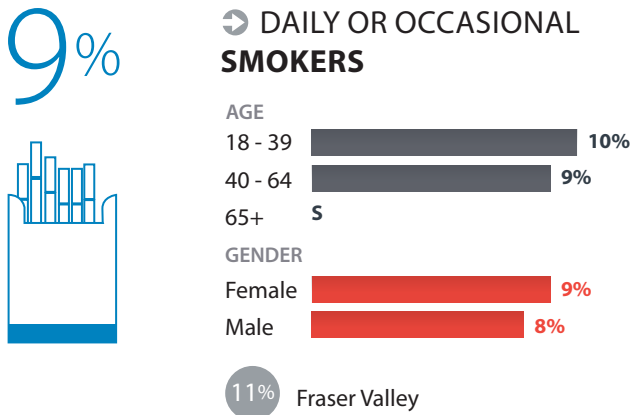


To provide feedback or for any additional information please contact: info@myhealthmycommunity.org


Abbotsford | 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**.

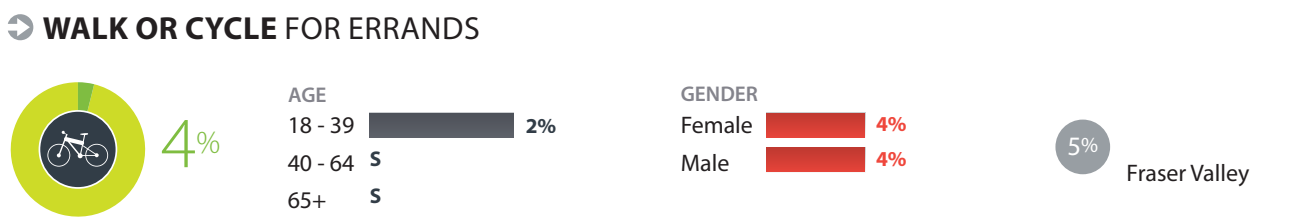
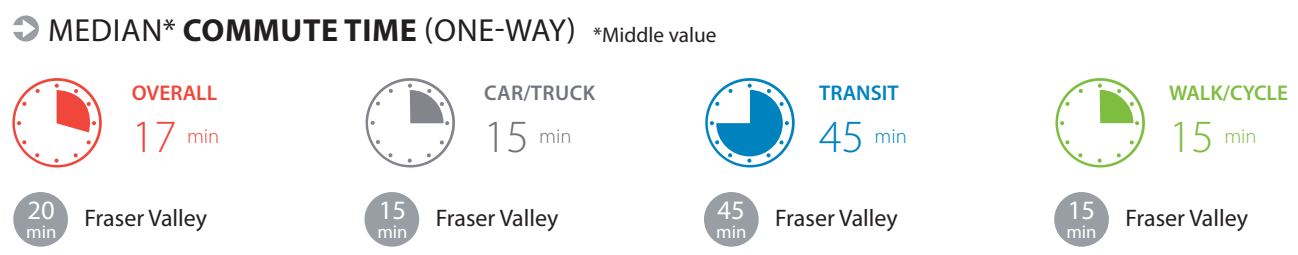
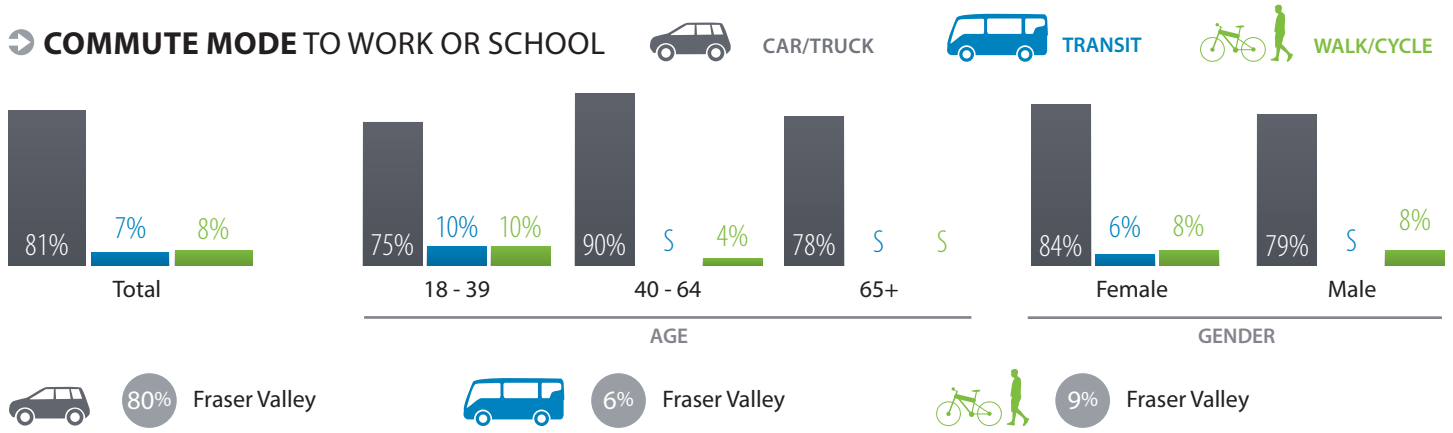
 Healthy behaviours were higher among people with an **annual household income greater than \$120,000**. They were almost **40% less likely to smoke**, almost **25% more likely to meet physical activity recommendations** and have daily **consumption of 5+ servings** of fruits and vegetables, and **50%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

Abbotsford | 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.
- 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.
- 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 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.

Abbotsford | Built Environment

➔ **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**

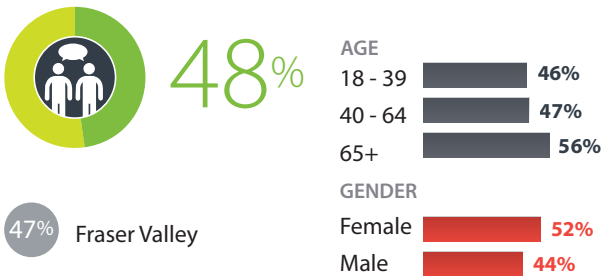


16% Fraser Valley

Abbotsford | 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.

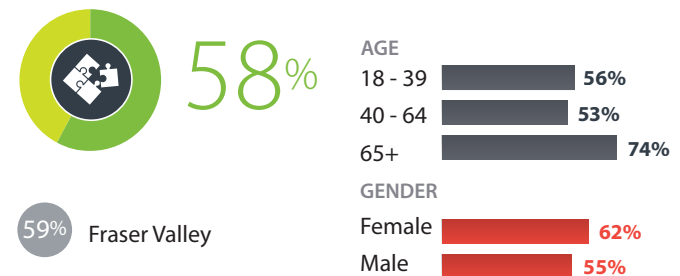
➔ **HAVE 4+ PEOPLE TO CONFIDE IN**



47% Fraser Valley

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

➔ **STRONG SENSE OF COMMUNITY BELONGING**



59% Fraser Valley

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**.

Abbotsford | 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



90%



90% Fraser Valley

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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**.

Abbotsford | 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



49% Fraser Valley excellent or very good

➔ SELF-RATED MENTAL HEALTH



25% GOOD
14% FAIR OR POOR

61% EXCELLENT OR VERY GOOD



61% Fraser Valley excellent or very good

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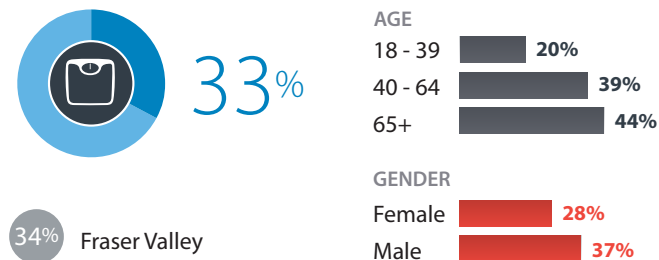
Compared to those with less than high school education, reporting **excellent or very good general health** was **65% higher** and **excellent or very good mental health** was **20% higher among university graduates**.



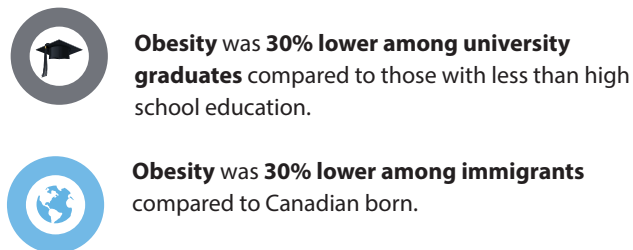
Compared to those with an annual household income below \$40,000, reporting **excellent or very good general health** was **60% higher** and **excellent or very good mental health** was **30% higher among those with annual income \$120,000+**.

Abbotsford | Obesity

OBESITY (BODY MASS INDEX >=30.0)



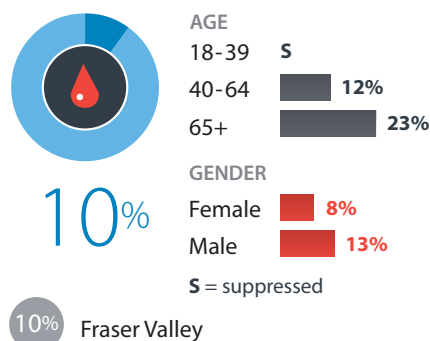
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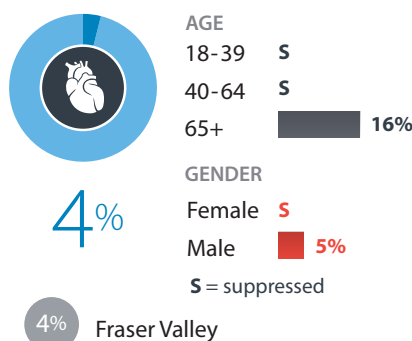
Abbotsford | Self-reported Chronic Conditions

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.

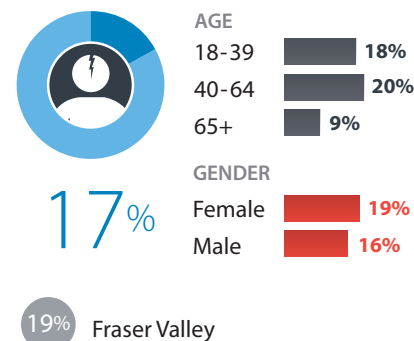
DIABETES



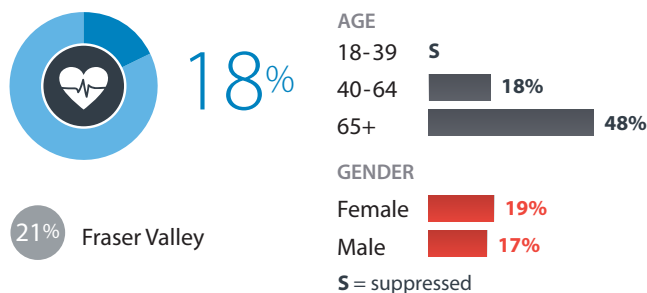
HEART DISEASE



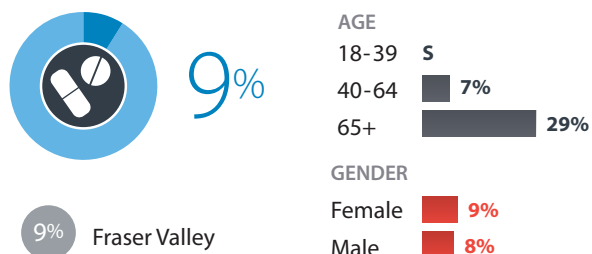
MOOD OR ANXIETY DISORDER



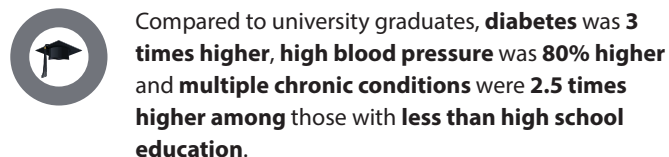
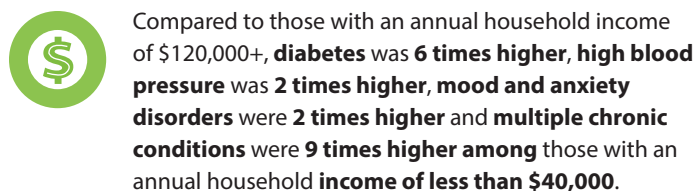
HIGH BLOOD PRESSURE



MULTIPLE CHRONIC ILLNESSES



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Abbotsford | Community Health Indicators

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

Compared to Fraser Health

● Better ○ Similar ● Worse ◆ Fraser Valley Average



DOMAIN	Indicator	Abbotsford (%) n = 1202	Fraser Valley (%) n = 2920	Fraser Health (%) n = 15427	Fraser Health Worst (%)	Summary Chart	Fraser Health Best (%)
ECONOMIC	Household income under \$40,000	28.3	30.3	28.5	47.3		6.9
	Currently unemployed	5.5	5.8	6.0	8.8		4.0
HEALTH STATUS	General health (excellent/very good)	47.8	48.5	47.5	40.7		58.9
	Mental health (excellent/very good)	61.1	61.2	58.8	47.7		64.6
	Obesity (BMI 30+)	32.5	33.7	27.2	36.7		17.3
	Diabetes	10.2	9.9	8.8	11.5		5.0
	High blood pressure	17.9	21.2	19.5	34.4		14.4
	Heart disease	4.3	3.7	5.0	7.6		2.8
	Chronic breathing condition	7.2	8.5	7.3	10.8		4.1
	Arthritis	10.8	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	8.6	9.1	8.8	12.5		5.9
	Cancer (lung, breast, prostate or colorectal)	3.8	3.8	3.3	4.3		2.5
	LIFESTYLE	Binge drinking (1+ times/month) ²	16.2	18.9	18.8	24.8	
Smoker (daily/occasional)		8.6	10.7	10.5	22.4		3.3
Physical activity (150+ minutes/week)		46.7	45.4	43.3	38.2		56.7
5+ servings of fruits and vegetables (/day)		25.6	25.2	23.6	20.5		30.0
Stress (extremely/quite stressed)		18.0	17.6	18.6	26.3		13.7
Screen time (2+ hours/day)		48.1	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	90.2	89.7	85.8	78.5	
	Visited health care professional (past 12 months)	80.3	81.2	79.9	76.0		84.4
	Visited physician with appointment	80.8	80.4	77.0	71.3		85.6
	Visited walk-in clinic without appointment	10.9	11.2	15.1	21.0		9.1
BUILT ENVIRONMENT	Commute - car	81.3	80.1	67.0	81.8		47.5
	Commute - public transit	6.6	6.4	21.4	3.2		38.0
	Commute - walk or cycle	7.6	9.2	8.4	5.6		20.9
	Commute time (one way 30+ minutes)	34.3	36.1	55.7	66.6		33.3
	Primary mode to run errands - walk or cycle	3.9	5.1	11.0	3.9		24.9
	Second hand smoke exposure (public places)	16.1	15.9	23.5	32.2		12.7
	Sidewalks well maintained (strongly/somewhat agree)	77.0	67.9	72.8	40.1		86.5
	Amenities within walking/cycling distance (strongly/somewhat agree)	52.4	48.8	61.3	32.3		82.3
	Transit stop (less than 5 minute walk)	78.3	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)	4.1	4.9	6.3	12.7		3.6
	Community belonging (strong/somewhat strong)	58.1	59.4	56.0	49.1		71.1
	4+ people to confide in/turn to for help	48.0	46.5	43.2	32.1		50.5

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.

