City of North Vancouver
Community Health Profile

my Health my Community

This report provides an overview of health and wellness in the City of North Vancouver 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.

- The smoking prevalence and higher reporting of a chronic breathing condition indicate an area for improved health protection.

- A desirable built environment that includes well-maintained sidewalks and easy access to amenities and public transit.

- Higher levels of unemployment and food insecurity suggest a need for greater action on the social determinants of health.

- These community level data will contribute to the work of the North Shore Congress partnership and the City's official community plan.

CITY OF NORTH VANCOUVER* POPULATION 18+ YEARS (CENSUS 2011) = 40,755
*Includes Mission 1, IRI

⟳ COMMUNITY DEMOGRAPHICS

GENDER

Female	**52%**
Male	**48%**

AGE (YEARS)

18-39	**39%**
40-64	**46%**
65+	**15%**

BIRTH PLACE

Born in Canada	**70%**

EDUCATION

Below high school	**5%**
High school	**25%**
Certificate or diploma	**37%**
University degree	**33%**

HOUSEHOLD INCOME

Under $40,000	**35%**
$40,000 to $79,999	**24%**
$80,000 to $119,999	**23%**
$120,000 & above	**18%**

EMPLOYMENT

Employed	**64%**
Not in labour force	**26%**
Unemployed	**10%**

ETHNICITY

Aboriginal	**10%**
Caucasian	**72%**
Chinese	**7%**
South Asian	**s**
Other	**10%**

S = supressed

UBC a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

fraser health

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 (have been supressed) due to small sample size and this is indicated with an 'S'.
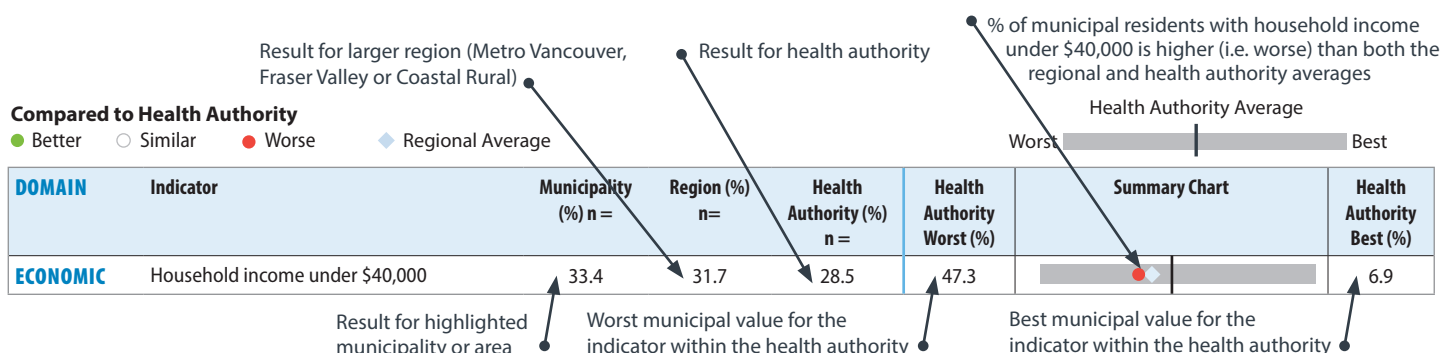
Metro Vancouver averages for each indicator are represented by: %

Graphic bullets highlight socioeconomic differences for select indicators across the METRO VANCOUVER 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.
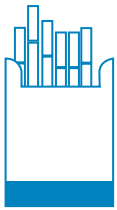
Result for larger region (Metro Vancouver, Fraser Valley or Coastal Rural)

Result for health authority

% of municipal residents with household income under $40,000 is higher (i.e. worse) than both the regional and health authority averages

Health Authority Average

Worst ▮▮▮▮▮▮▮ Best

Compared to Health Authority
● Better   ○ Similar   ● Worse   ◆ Regional Average

DOMAIN	Indicator	Municipality (%) n =	Region (%) n=	Health Authority (%) n =	Health Authority Worst (%)	Summary Chart	Health Authority Best (%)
ECONOMIC	Household income under $40,000	33.4	31.7	28.5	47.3	▮▮▮▮ ●◆ ▮▮▮▮	6.9

Result for highlighted municipality or area

Worst municipal value for the indicator within the health authority

Best municipal value for the indicator within the health authority

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

# City of North Vancouver | 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.
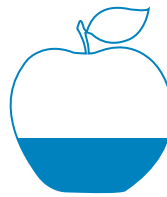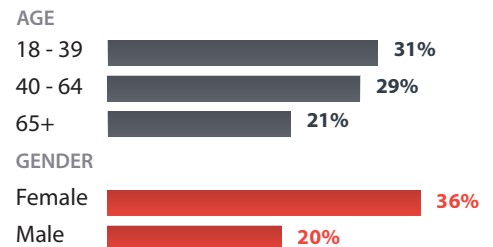
13% ➲ DAILY OR OCCASIONAL **SMOKERS**

AGE
18 - 39	10%
40 - 64	16%
65+	10%

GENDER
Female	11%
Male	16%
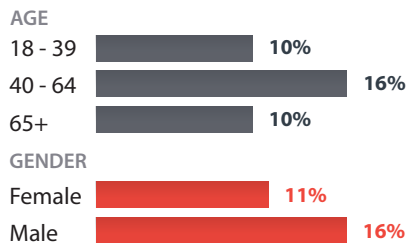
11% Metro Vancouver

28% ➲ 5+ **FRUIT & VEGETABLE** SERVINGS DAILY

AGE
18 - 39	31%
40 - 64	29%
65+	21%

GENDER
Female	36%
Male	20%

25% Metro Vancouver

49% ➲ 150+ MINUTES OF WEEKLY **PHYSICAL ACTIVITY**

AGE
18 - 39	49%
40 - 64	48%
65+	52%

GENDER
Female	42%
Male	56%

44% Metro Vancouver

49% ➲ 2+ HOURS OF DAILY **SCREEN TIME**

AGE
18 - 39	45%
40 - 64	48%
65+	64%

GENDER
Female	44%
Male	54%
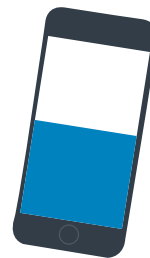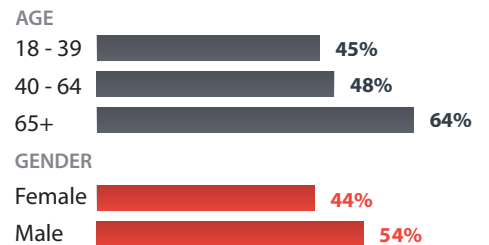
48% Metro Vancouver

ACROSS METRO VANCOUVER

Canadian born were **more likely to be physically active** and **eat 5+ daily servings of fruits and vegetables**, but were **2 times more likely to be smokers** compared to immigrants.

Healthy behaviours were **higher among** people with annual household **income $120,000+.** They were **75% less likely to smoke**, were **60% more likely to consume 5+ daily servings of fruits and vegetables** and were **30% less likely to have 2+ hours of 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 **80% less likely to smoke** and **2 times more likely to consume 5+ daily servings of fruits and vegetables**.

Healthy behaviours varied by ethnicity. Compared to the Metro Vancouver average, **smoking** was **3 times higher among Aboriginal people,** consumption of **5+ daily servings of fruits and vegetables** was **40% lower among South Asians**, and weekly recommended **physical activity** was **25% lower among Chinese**.

City of North Vancouver | 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.

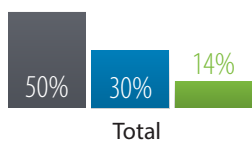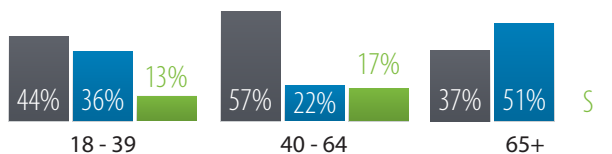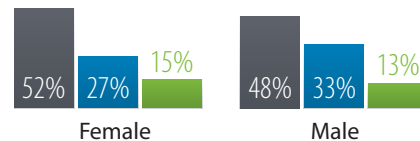## ➲ COMMUTE MODE TO WORK OR SCHOOL

CAR/TRUCK　　TRANSIT　　WALK/CYCLE

	Total			18 - 39			40 - 64			65+			Female			Male		

Total: 50% / 30% / 14%

18 - 39: 44% / 36% / 13%
40 - 64: 57% / 22% / 17%
65+: 37% / 51% / S

AGE

Female: 52% / 27% / 15%
Male: 48% / 33% / 13%

GENDER

S = supressed

🚗 55% Metro Vancouver　　🚌 28% Metro Vancouver　　🚲🚶 14% Metro Vancouver

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

OVERALL
30 min

CAR/TRUCK
20 min

TRANSIT
50 min

WALK/CYCLE
15 min

30 min Metro Vancouver　　25 min Metro Vancouver　　45 min Metro Vancouver　　20 min Metro Vancouver

➲ WALK OR CYCLE FOR ERRANDS

25%

AGE
18 - 39 27%
40 - 64 25%
65+ 19%

GENDER
Female 22%
Male 28%

20% Metro Vancouver

ACROSS METRO VANCOUVER

Compared to Canadian born, immigrants and especially recent **immigrants** were **more likely to take transit**. **Car use** among immigrants **increases with** length of **time in Canada**.

Households with annual **income under $40,000** were **3 times more likely to commute by transit, 2 times more likely to walk or cycle to run errands**, and **2 times more likely to be exposed to second hand smoke** in public places compared to household income of $120,000+.

Commuting by transit was **50% higher among** those with **less than high school education** compared to university graduates. Exposure to **second hand smoke** in public places was **40% lower among university graduates** compared to those with less than high school education.

Among all ethnicities, **Caucasians and South Asians** were **most likely to drive** to work or school. **Aboriginal people and Chinese** reported the **highest** likelihood of **exposure to second hand smoke** in public places.

City of North Vancouver | Built Environment

⟳ **WELL MAINTAINED SIDEWALKS** IN NEIGHBOURHOOD

80% AGREE

76% Metro Vancouver

⟳ **AMENITIES** WITHIN WALKING OR CYCLING DISTANCE

87% AGREE

70% Metro Vancouver

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

27% AGREE

27% Metro Vancouver

City of North Vancouver | 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.
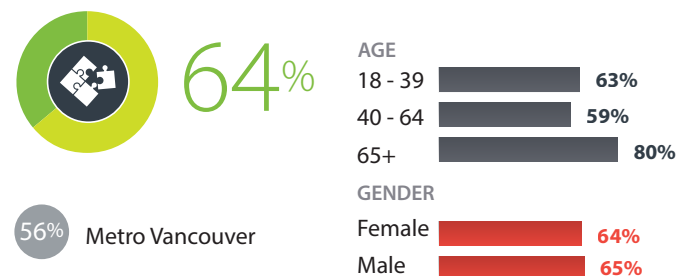
⟳ HAVE 4+ PEOPLE TO **CONFIDE IN**

44%

AGE
18 - 39	46%
40 - 64	43%
65+	39%

GENDER
Female	51%
Male	36%
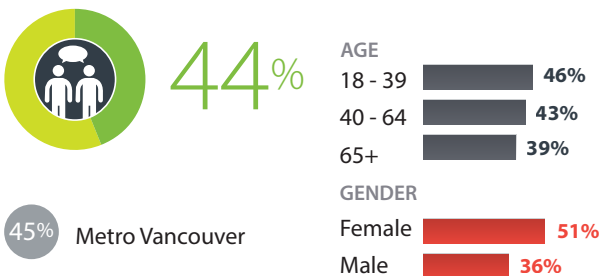
45% Metro Vancouver

6% Metro Vancouver residents with *no one* to confide in

⟳ STRONG SENSE OF **COMMUNITY BELONGING**

64%

AGE
18 - 39	63%
40 - 64	59%
65+	80%

GENDER
Female	64%
Male	65%

56% Metro Vancouver

ACROSS METRO VANCOUVER

Recent immigrants were **less likely to report** a **strong sense of community belonging**, and **Canadian born** were **more likely to report having 4+ people they can confide in**.

University graduates were **more likely to report** having **4+ people to confide in**, but were **less likely to report** a **strong sense of community belonging** compared to those with less than high school education.

Those with annual household **income of $120,000+** were **more likely to report** a **strong sense of community belonging** and having **4+ people to confide in**.

Compared to the Metro Vancouver average of all ethnicities, **Caucasians** were **more likely to report having 4+ people to confide in**, and **South Asians** were **more likely to report** having a **strong sense of community belonging**.

City of North Vancouver | 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	73%
40 - 64	85%
65+	90%

GENDER
Female	84%
Male	78%

81%

83% Metro Vancouver

ACROSS METRO VANCOUVER

Compared to the Metro Vancouver average, **having a family doctor** was **25% lower among recent immigrants**.

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

Among all ethnicities, **Aboriginal people** were **least likely to report having a family doctor** and **South Asians** were the **most likely**.

City of North Vancouver | 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**

55% EXCELLENT OR VERY GOOD

AGE
18 - 39	61%
40 - 64	51%
65+	49%

GENDER
Female	56%
Male	54%

● 32% GOOD
● 13% FAIR OR POOR

49% Metro Vancouver excellent or very good

➲ SELF-RATED **MENTAL HEALTH**

59% EXCELLENT OR VERY GOOD

AGE
18 - 39	59%
40 - 64	56%
65+	65%

GENDER
Female	56%
Male	61%

● 28% GOOD
● 14% FAIR OR POOR

57% Metro Vancouver excellent or very good
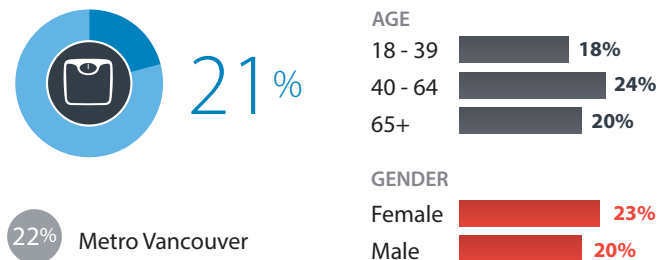
ACROSS METRO VANCOUVER

University graduates were **2 times more likely to report excellent or very good general health** and **60% more likely to report excellent or very good mental health** compared to those with less than high school education.
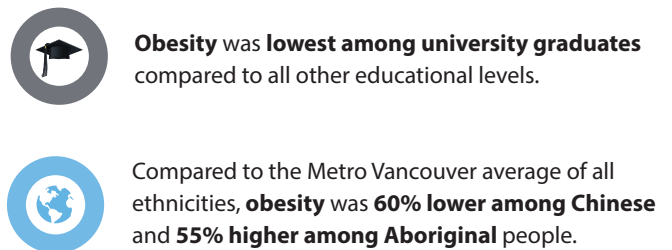
Households with **annual income $120,000+** were **2 times more likely to report excellent or very good general health** and **60% more likely to report excellent or very good mental health** compared to households with income under $40,000.

City of North Vancouver | Obesity

⮕ OBESITY (BODY MASS INDEX >=30.0)

21%
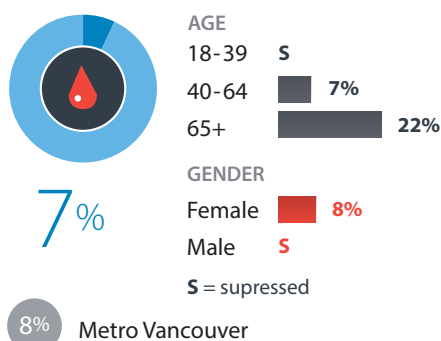
22% Metro Vancouver

AGE
18 - 39	18%
40 - 64	24%
65+	20%

GENDER
Female	23%
Male	20%

ACROSS METRO VANCOUVER

Obesity was **lowest among university graduates** compared to all other educational levels.

Compared to the Metro Vancouver average of all ethnicities, **obesity** was **60% lower among Chinese** and **55% higher among Aboriginal** people.
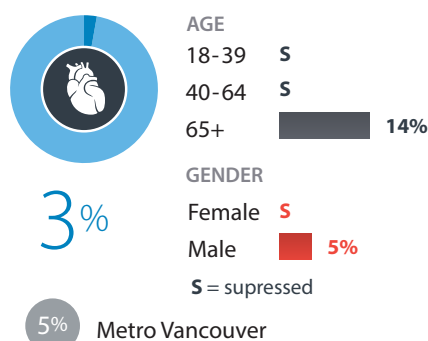
City of North Vancouver | Self-reported Chronic Conditions

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.
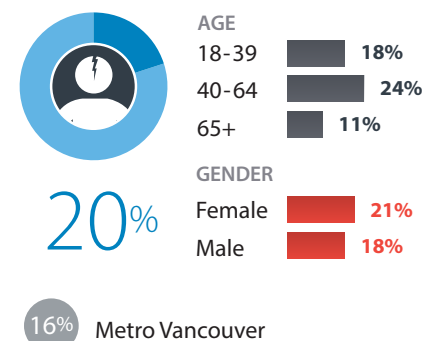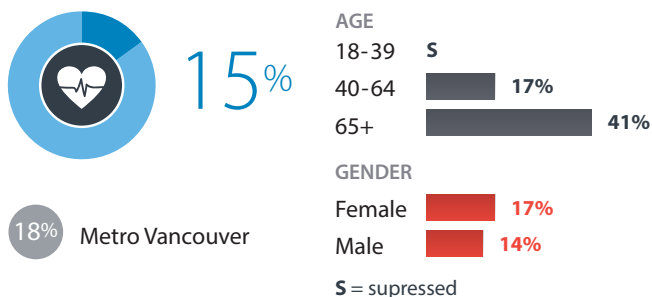
⮕ DIABETES

7%

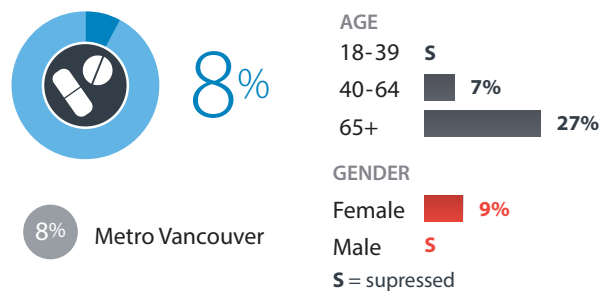8% Metro Vancouver

AGE
18-39	S
40-64	7%
65+	22%

GENDER
Female	8%
Male	S

S = supressed

⮕ HEART DISEASE

3%

5% Metro Vancouver

AGE
18-39	S
40-64	S
65+	14%

GENDER
Female	S
Male	5%

S = supressed

⮕ MOOD OR ANXIETY DISORDER

20%

16% Metro Vancouver

AGE
18-39	18%
40-64	24%
65+	11%

GENDER
Female	21%
Male	18%

⮕ HIGH BLOOD PRESSURE

15%

18% Metro Vancouver

AGE
18-39	S
40-64	17%
65+	41%

GENDER
Female	17%
Male	14%

S = supressed

⮕ MULTIPLE CHRONIC ILLNESSES

8%

8% Metro Vancouver

AGE
18-39	S
40-64	7%
65+	27%

GENDER
Female	9%
Male	S

S = supressed

ACROSS METRO VANCOUVER

Multiple chronic conditions were **4 times higher among** those with **less than high school education** and **3 times higher among** those with annual **household income under $40,000** compared to those in the highest income and education groups.

Self-reported chronic disease burden varied by ethnicity. **South Asians** were **more likely to report diabetes, heart disease and multiple chronic diseases. Visible minorities** were **least likely to report mood or anxiety disorder.**

City of North Vancouver | Community Health Indicators

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

Compared to Vancouver Coastal Health
● Better   ○ Similar   ● Worse   ◆ Metro Vancouver Average

Vancouver Coastal Health Average
Worst ———————————— Best

DOMAIN	Indicator	City of North Vancouver (%) n = 734	Metro Vancouver (%) n = 28128	Vancouver Coastal Health (%) n = 17648	Vancouver Coastal Health Worst (%)	Summary Chart	Vancouver Coastal Health Best (%)
ECONOMIC	Household income under $40,000	35.3	31.7	35.6	40.4		18.6
	Currently unemployed	9.5	6.4	6.6	9.5		3.2
HEALTH STATUS	General health (excellent/very good)	54.6	48.5	50.3	41.5		68.2
	Mental health (excellent/very good)	58.7	56.5	54.9	52.2		71.0
	Obesity (BMI 30+)	21.1	21.7	17.0	39.1		14.2
	Diabetes	6.9	7.7	6.6	11.8		3.9
	High blood pressure	15.3	17.9	16.4	30.8		8.1
	Heart disease	3.5	4.7	4.1	12.0		3.1
	Chronic breathing condition	10.2	7.2	7.3	10.2		4.0
	Arthritis	13.2	13.1	12.4	21.6		11.6
	Mood or anxiety disorder	19.9	16.3	16.4	19.9		11.3
	Multiple chronic conditions[1]	7.6	7.9	6.8	13.7		5.8
	Cancer (lung, breast, prostate or colorectal)	3.0	2.9	2.9	7.8		2.4
LIFESTYLE	Binge drinking (1+ times/month)[2]	26.1	20.7	23.4	48.3		15.0
	Smoker (daily/occasional)	13.0	10.6	10.6	13.0		6.2
	Physical activity (150+ minutes/week)	48.9	44.1	46.4	37.5		68.9
	5+ servings of fruits and vegetables (/day)	28.3	24.9	27.2	20.9		37.1
	Stress (extremely/quite stressed)	16.6	17.8	16.4	18.0		7.4
	Screen time (2+ hours/day)	49.0	47.8	48.8	57.7		38.1
	High physical wellness score (10-16)[3]	38.6	37.7	40.9	29.3		55.9
PRIMARY CARE ACCESS	Have a family doctor	81.4	83.1	81.0	76.9		93.2
	Visited health care professional (past 12 months)	83.2	80.4	81.5	76.0		87.9
	Visited physician with appointment	70.6	75.0	73.6	69.6		85.8
	Visited walk-in clinic without appointment	20.5	16.5	16.6	20.5		5.3
BUILT ENVIRONMENT	Commute - car	49.9	55.1	45.2	86.9		32.7
	Commute - public transit	30.3	28.2	31.8	4.1		38.9
	Commute - walk or cycle	14.2	13.7	20.2	8.2		25.7
	Commute time (one way 30+ minutes)	55.4	56.0	50.5	56.0		9.5
	Primary mode to run errands - walk or cycle	24.8	19.8	28.1	8.1		38.1
	Second hand smoke exposure (public places)	27.1	26.6	27.6	32.1		8.9
	Sidewalks well maintained (strongly/somewhat agree)	79.8	75.5	75.8	4.9		79.8
	Amenities within walking/cycling distance (strongly/somewhat agree)	87.4	69.5	74.9	32.9		87.4
	Transit stop (less than 5 minute walk)	93.4	84.0	88.0	68.7		93.4
COMMUNITY RESILIENCY	Emergency supplies (3+ days)	27.2	26.7	27.0	17.3		44.4
	Food insecure (sometimes/often)	8.5	7.0	7.3	8.5		2.3
	Community belonging (strong/somewhat strong)	63.7	55.9	57.8	53.8		82.3
	4+ people to confide in/turn to for help	43.7	45.0	48.1	41.4		55.9

S = supressed

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.