

Canadian Public Health Association Conference 2015, Vancouver

Title: Health status and risk factors for chronic disease in the homeless population, Metro Vancouver 2013-2014

Authors: Maritia Gully (Vancouver Coastal Health Authority), Eleni Kefalas (Vancouver Coastal Health Authority), Rahul Chhokar (Fraser Health Authority), James Lu (Vancouver Coastal Health Authority), Victoria Lee (Fraser Health Authority), Jat Sandhu (Vancouver Coastal Health Authority)

Background:

The My Health My Community (MHMC) survey was developed to fill a gap in information on health status and local-level population needs, and to better understand how lifestyle, environment and neighbourhood characteristics affect community health and well-being.

Objectives:

To examine differences in health status and chronic disease risk factors between the homeless population in Metro Vancouver (MV) and MV residents overall.

Methods:

The MHMC survey, administered online and through community outreach, surveyed 28,320 MV residents aged 18+ years. Of these, 147 identified as homeless. The response frequencies for the homeless subset were compared to frequencies for MV overall. Differences were considered to be statistically significant if 95% confidence intervals were non-overlapping.

Results:

Compared to MV overall, homeless respondents were 2.5 times more likely to report poor/fair general health, twice as likely to report fair/poor mental health, 4 times more likely to report declining health and twice as likely to report that a physical/mental health condition stopped them from making health improvements over the past year. Homeless respondents were 3 times more likely to report mood/anxiety disorder. Smoking was almost 6-fold higher in homeless respondents and reported binge drinking 1+ times per month was twice as high as MV overall. There were no differences in those reporting 150+ weekly minutes of physical activity or eating 5+ servings of fruits/vegetables per day, although homeless respondents were more than twice as likely to report regular sugary beverage consumption versus MV overall.

Conclusions:

While response frequencies of most chronic diseases did not vary significantly between the homeless subset and MV overall, the differences in self-perceived health and underlying risk factors for chronic disease were quite striking.

What are the implications of your research on practice or policy?

These findings shed light on some upstream opportunities to improve the health of our MV homeless population, namely a focus on smoking, alcohol consumption and access to healthy foods.



Health status and risk factors for chronic disease in the homeless population, Metro Vancouver 2013-14

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Maritia Gully MSc, Regional Epidemiologist, Public Health Surveillance Unit, Vancouver Coastal Health Authority

Co-authors: Kefalas E, Chhokar R, Lu J, Lee V, Daly P, Sandhu J



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Vancouver
Coastal Health
Promoting wellness. Ensuring care.

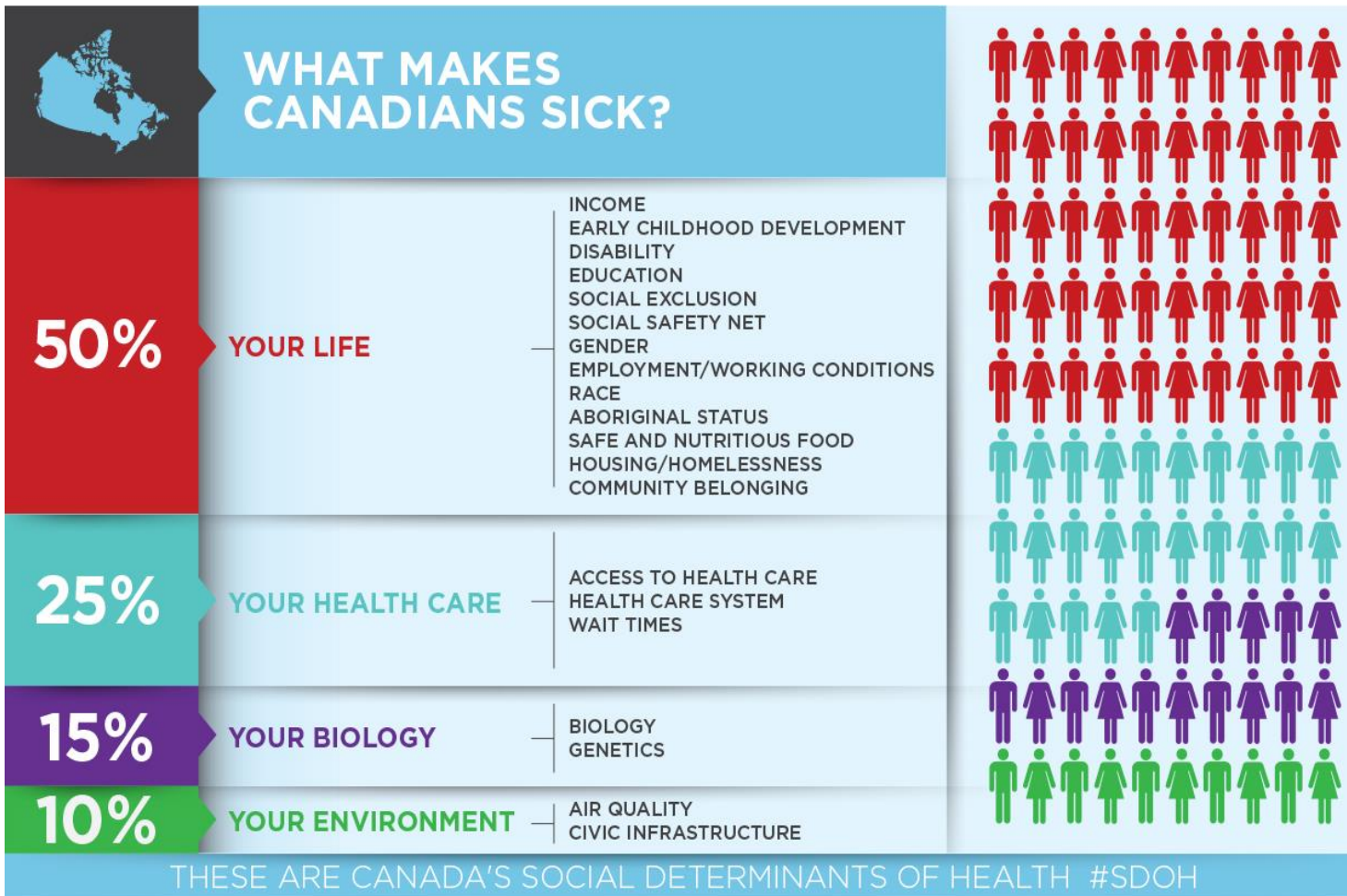
Homelessness and health

- Metro Vancouver homeless count 2014: 2,689 adults
- Homeless at increased risk of...
 - Premature morbidity and mortality
 - Variety of chronic conditions
 - Infectious diseases
- Mental illness and substance use
- Barriers to health services

Results of the 2014 Homeless Count in the Metro Vancouver Region. A Report of the Greater Vancouver Regional Steering Committee on Homelessness, July 31st, 2014

Hwang SW. Homelessness and Health. CMAJ. 164 (2), 229-233.





Source: Canadian Medical Association - healthcaretransformation.ca

Analysis objective

To examine differences in **health status** and **chronic disease risk factors** between the **homeless** population in Metro Vancouver (MV) and **MV residents overall**



Methods

- Analyzed data from Metro Vancouver residents that responded to the My Health My Community survey
- Homeless defined as responses indicating:
 - Homeless
 - No permanent dwelling
 - Live in shelter
- Statistically significant differences between MV homeless and MV overall determined by non-overlapping 95% CIs





my Health
my Community

**It's time to see
the big picture.**

Help shape your
community.

Get involved
today!

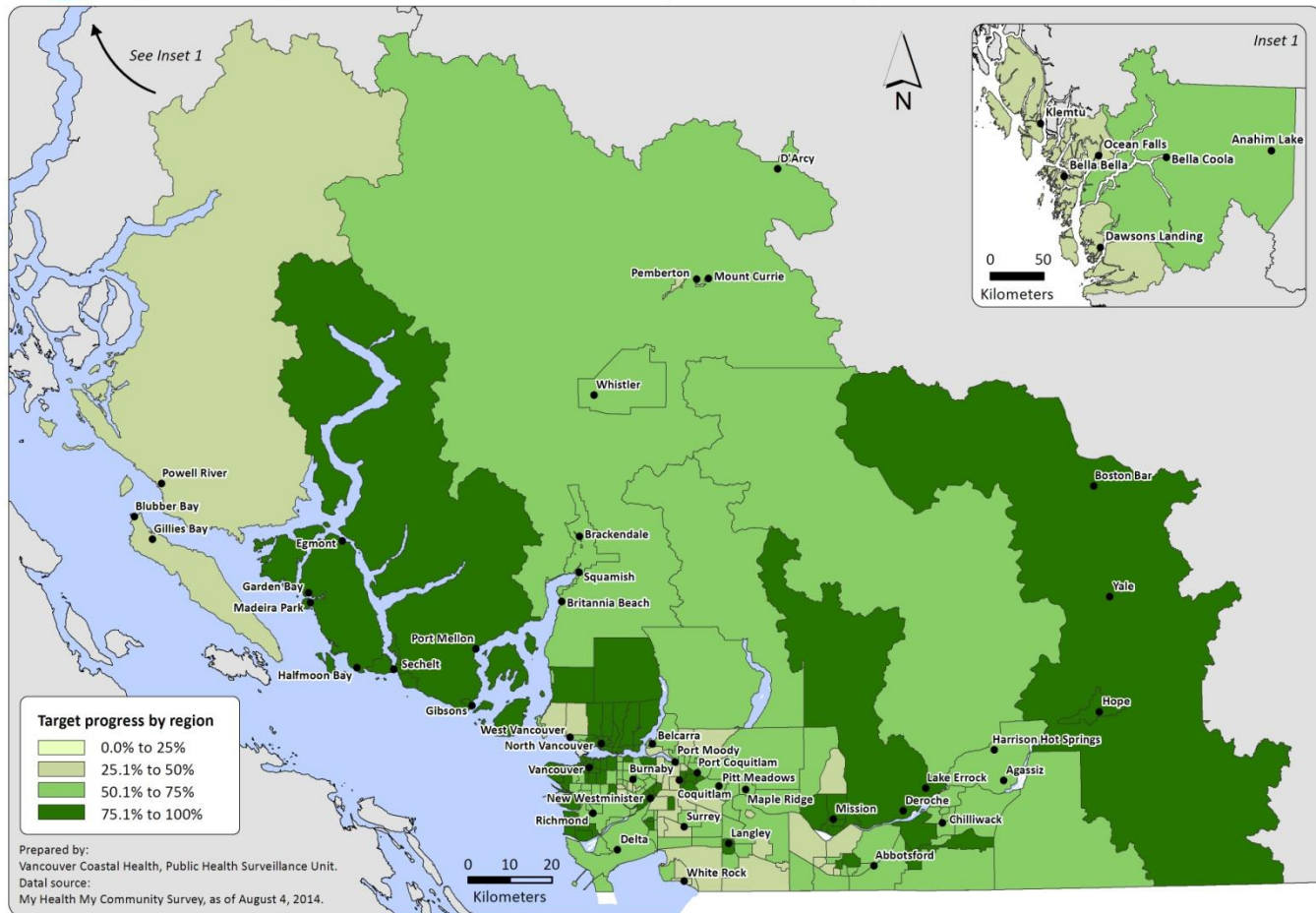
1. Socio-demographics
2. Health status
3. Health care access
4. Lifestyle
5. Built environment
6. Community resiliency





my Health
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My Health My Community Survey Progress June 27, 2013 - June 30, 2014 (n= 33,075 surveys)





Data collection

- Online survey
- 18 years +
- Media and social media promotions



- Community partnerships
- Outreach
- Incentives



Ensuring a representative sample

- 2% population target overall
- Purposeful sampling
- Monitoring of progress
- Outreach
- Post-collection weighting
 - Age, gender, education and geography (municipality)



Demographics



Male

**Homeless
n=159**

78.4%

**Metro Vancouver
n=28,128**

47.7%



Aged 45-54 years

27.0%

20.1%



Canadian born

84.6%

63.6%



Self-identified as Aboriginal

25.5%

4.2%





Household income >\$40K

90.8%

31.7%

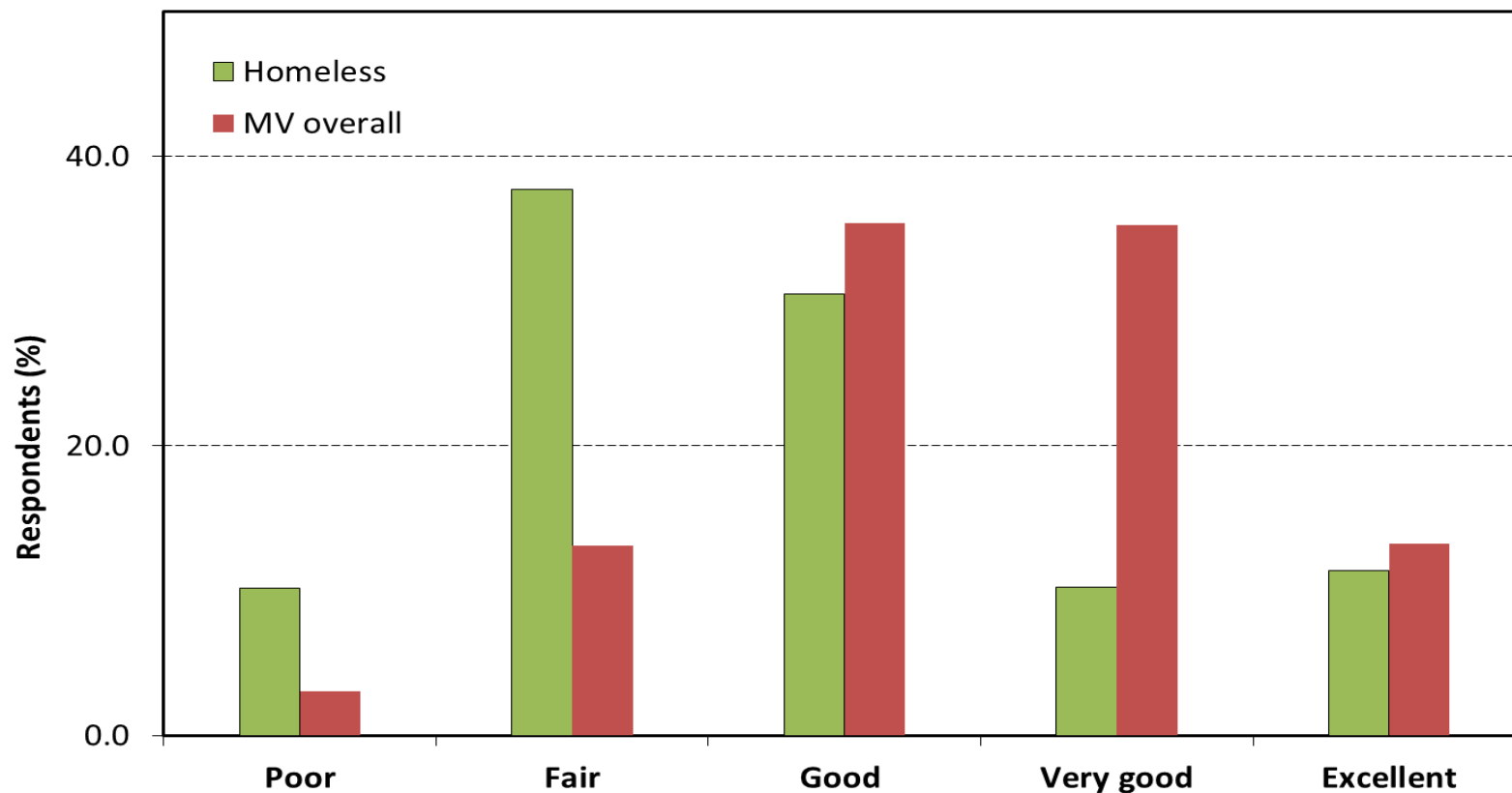


Demographics cont'd

	Homeless n=159	Metro Vancouver n=28,128
 Education		
Less than high school	41.6%	10.7%
University	4.7%	29.3%
 Employment		
Unemployed	39.4%	6.4%
Unable to work due to sickness/disability	24.8%	4.8%



Self-reported general health, Metro Vancouver homeless and MV overall, My Health My Community Survey, 2013-2014



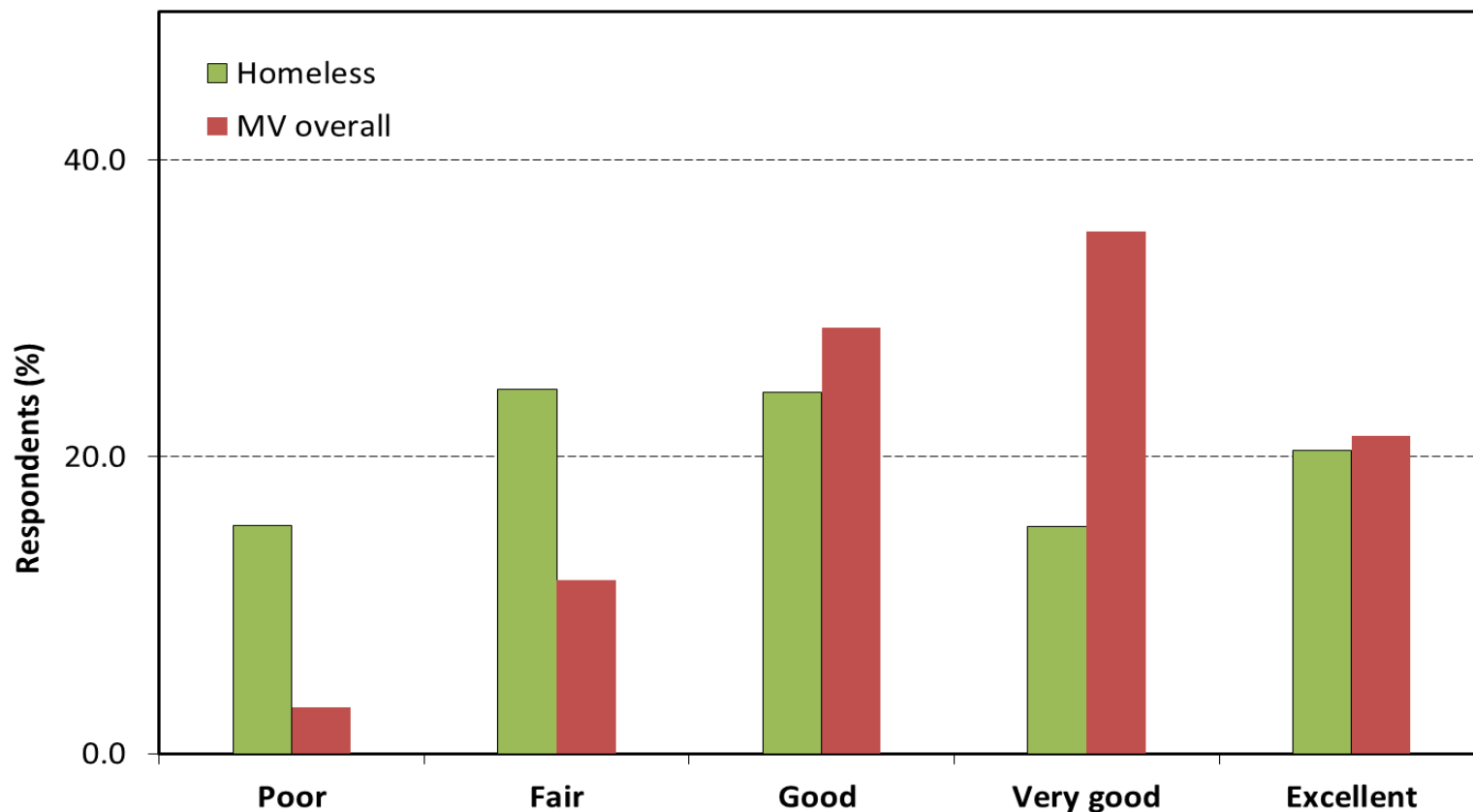
Source: My Health My Community Survey. Data as of August 14, 2014.
Prepared by: Vancouver Coastal Health, Public Health Surveillance Unit, May 21, 2015.

Declining health

- MV homeless almost 3x more likely to report declining health in the past year (41.5% vs. 16.0%)
 - 2.5x more likely to report physical or mental health condition stopped them from making health improvements (34.5% vs. 13.6%)



Self-reported mental health, Metro Vancouver homeless and MV overall, My Health My Community Survey, 2013-2014



Chronic disease

(self-report of physician diagnosis)

- Diabetes, high blood pressure, heart disease
 - No significant difference
- Chronic breathing condition
 - Higher (not statistically significant)
- Mood or anxiety disorder
 - **Almost 2.5x higher (38.9% vs. 16.3%)**



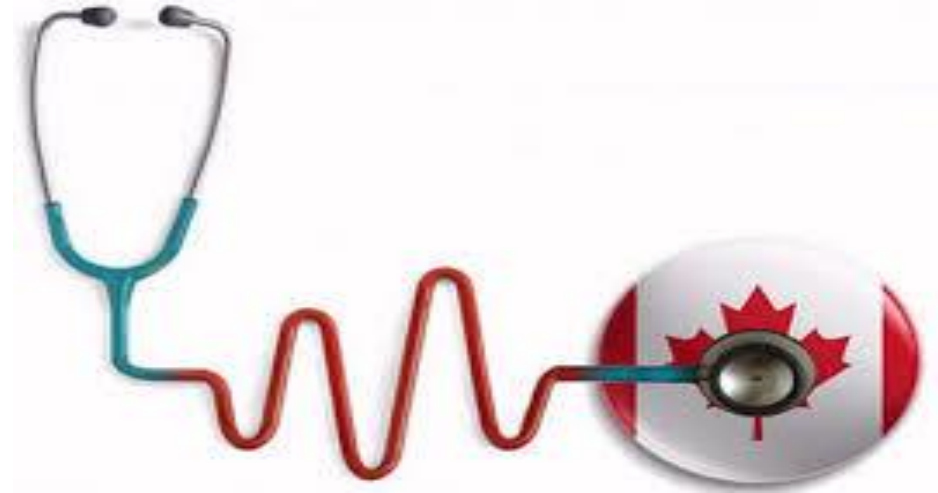
Risk Factors – Chronic Disease

- Smoking (daily or occasionally) **7 x higher (71.9% vs. 10.6%)**
- Alcohol consumption
 - Frequency of consumption no different
 - **Homeless report more “binge drinking”**
- Healthy eating
 - No significant difference in daily fruits & veg (average 3.4 servings)
 - **3+ sugary beverages per week 3x higher (42.6% vs. 14.1%)**
 - **3+ baked goods per week 2x higher (55.2% vs. 26.5%)**
- Physical activity 150+ minutes per week
 - 150+ minutes per week - no difference
 - **Walking for recreation or commute – 2x higher**



Regular Family Doctor

- Homeless: 48.5%
- MV: 83.1%



Conclusions

- Chronic disease freq. did not vary significantly
- Differences in self-perceived health & underlying risk factors for chronic disease striking
- Upstream opportunities for health improvements within our homeless population
 - Smoking, alcohol, access to healthy foods
- Useful and relevant data for health authorities, municipal gov't, community organizations



Project Team (since 2013)



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Andi Cuddington*, VCH

Belinda Boyd, VCH

Chae-Lyn Dopke, VCH/UBC

Chris Richardson, UBC

Christina Fung, FHA

Claire Gram, VCH

Eleni Kefalas, VCH

Elizabeth Stacy, UBC

Emily Laflamme*, VCH

Evelyn Derus*, UBC

Geoff Ramler, FHA

Helen Novak Lauscher (CI), UBC

Helena Swinkels, FHA

James Lu*, VCH

Jami Brown, FHA

Jat Sandhu (PI), VCH

Justyna Berzowska*, UBC

Katherine Tweedie, FHA

Kendall Ho (CI), UBC

Lisa Mu, FHA

Lisa Thibault, FHA

Maritia Gully*, VCH

Michael Lim*, UBC

Peter Chow, UBC

Paul Gustafson, UBC

Paul Martiquet, VCH

Peter Vlahos, VCH

Rahul Chhokar, FHA

Salman Klar, FHA

Sha Xiao, UBC

Stephanie Bale, FHA

Sophie Pasche, UBC

Tanya Lo, VCH

Tiffany Akins*, VCH

Victoria Lee (CI), FHA

Yumian Hu, VCH

PI – Principal Investigator CI - Co-Investigator * - Working Group Lead



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Additional acknowledgements



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- VCH and FH Medical Health Officers and other staff involved in the project
- Municipal partners
- Community organizations
- All of our survey respondents!



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