The following technical notes have been prepared to provide the users of the My Health My Community atlas with further information on the methods, analyses, sources of questions and comparability with other available data sources.

For any additional information please contact: **info@myhealthmycommunity.org**

Mission

To improve the health and well-being of the communities we serve.

Vision

Communities of engaged individuals who provide a local-level perspective on health and wellness.

Values

Encouraging and supporting shared responsibility with the people we serve in their own care and in the improvement of our services, and fostering respectful collaboration among our communities.

Survey Background

My Health My Community (MHMC) was a collaboration between Vancouver Coastal Health, Fraser Health and the University of British Columbia. The 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 Health or Fraser Health regions.

The survey was available online, in both English and Chinese, and printed versions were available in English, Chinese and Punjabi. To ensure all segments of the population were reached, our field outreach team also administered the survey in person in community settings (e.g. community events, seniors groups, homeless shelters, etc.).

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 common occurrence of disproportionate representation of the population in 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 final data were weighted using 2011 Statistics Canada census and National Household Survey (NHS) data by geography (municipality or neighbourhood, depending on the geography) for age, gender and education level.

Additional information on the survey background, questionnaire and content, target population, participant recruitment and survey completion, data management and representativeness can be found in the technical notes developed for the community health profiles and on myhealthmycommunity.org.

Data Suppression

Efforts were made to report only reliable and statistically stable estimates. Coefficients of variation (CV) were calculated for each measure at each geographic level (neighbourhood, municipality, region and health authority). Estimates with coefficients of variation greater than 33.3% were considered unreliable and were suppressed. Similar cut-offs are used by Statistics Canada in national surveys such as the Canadian Community Health Survey (CCHS).

In the MHMC Atlas, suppressed estimates are shaded grey in the map and noted as "no data" in the data table. In the downloadable MS Excel file, the suppressed estimates are denoted with an 's' and neighbourhood estimates with CVs between 16.6% and 33.3%, which should be interpreted with caution, are denoted with 'c'.

For percentile calculation for specific indicators, we excluded all geographic areas with CVs above 33.3% and where the value for the measure was zero (i.e. no participants selected the specific response in a given geographical area). In the MHMC atlas, the number of geographical areas for which data were available are noted in the metadata section; this information can also be found in Table 1.

Selection of measures for reporting

Measures for reporting were selected based on following criteria:
• The measures were part of the MHMC community health profiles
• There was sufficient sample size to report stable estimates for most of the geographical areas
Details on questions used to develop the measures, calculations and comparability to other data sources are available in Table 1.

Selection of geographies for reporting

My Health My Community participants were asked to report their city of residence, neighbourhood and postal code. The municipality was assigned as indicated by the respondent. Neighbourhood was assigned using postal codes only if the postal code matched the municipality indicated by the respondent. If postal code was not provided or did not match the municipality, neighbourhood was assigned as indicated by respondent.

Neighbourhood values were compared to respective municipal estimates, regional estimates (Metro Vancouver, Coastal Rural or Fraser Valley Regional District) and health authority estimates (Vancouver Coastal Health or Fraser Health).

We did not have sufficient sample size to report neighbourhood level data for all the neighbourhoods. Where possible, we combined the neighbourhoods to achieve sufficient sample sizes of around 100 or more respondents. Neighbourhoods with small sample sizes where combined with the neighbouring areas that had the most similar age structure, income and education level and proportion of visible minorities, using 2006/2011 census and 2011 census/National Household Survey data. Some neighbourhoods were excluded as they had a very small number of respondents (i.e. less than 40) and could not be combined with neighbouring areas dues to unique sociodemographic or geographic characteristics.

Table 1: Calculations and explanation of measures reported in MHMC Atlas

Measures (n= number of geographic areas)	Calculation and Notes	Comparability to other data sources
Demographics		
Male (n=120)	Respondents were asked their gender and the options were: • Male • Female • Transvariant or Transgender • Prefer not to answer Number of transvariant or transgender was too low to report out and their sex was categorized as missing during the calculation of this variable.	Census 2011 asked sex and not gender. The options were only male and female.
Age 18-39 years (n=120) 40-64 years (n=120) 65+ years (n=98)	Participants were required to provide their age, in years, in order to take part in the survey.	MHMC target population was aged 18+ years. Census, National Household Survey (NHS) and Canadian Community Health Survey (12 years +) reports have wider age groups so publically reported estimates from these surveys may differ by MHMC. Comparisons can be made between MHMC and 2011-2012 CCHS data. PUMF data allows for analysis of CCHS data to be restricted to 18 years +. More recent CCHS data were not available in a PUMF at the time of this data release.
Ethnicity White/Caucasian (n=120) Chinese (n=63) South Asian (n=40) Visible minority (n=100)	Participants were asked "Do you consider yourself to be (check all that apply)" The options were: • Aboriginal (i.e. First Nations, Métis or Inuit) • White (European descent) • Chinese • South Asian (e.g. East Indian, Pakistani, Sri Lankan) • Black (e.g. African or Caribbean) • Filipino • Latin American/Hispanic • Southeast Asian (e.g. Vietnamese, Cambodian, Malaysian, Laotian) • Arab • West Asian (e.g. Iranian, Afghan) • Korean • Japanese • Other • Prefer not to answer This question was based on census 2006 and 2011. For reporting through the MHMC Atlas, the responses were collapsed as follows: • Caucasian/White: White (European descent) • Chinese: Chinese • South Asian: South Asian (e.g. East Indian, Pakistani, Sri Lankan) • Visible minority: Statistics Canada definition was used, which defines visible minority as "persons, other than Aboriginal peoples, who were non-Caucasian in race or non-white in colour". Proportion of Aboriginal ethnicity was too low for majority of geographical areas to report out in the MHMC atlas.	Comparable to NHS. The portions reported by NHS website are for the whole population. MHMC only includes those 18 years +.
Married or common-Law (n=120)	Participants were asked to report "What is your marital status?" The options were: • Legally married • Living common law • Widowed or widower • Separated, but still legally married • Divorced • Single, never legally married • Prefer not to answer This question was based on census 2006, 2001 and CCHS 2010. We reported the proportion of participants who reported being legally married or were living common law .	Compared to census 2011. Census reports out for all those 15+ years.

Measures (n= number of geographic areas)	Calculation and Notes	Comparability to other data sources
Demographics		
Born in Canada (n=120)	We reported the proportion of respondents who were born in Canada. Proportion of immigrants will be lower in areas where higher proportions of participants were born in Canada.	NHS 2011 reports immigration status for all ages.
Immigration status - citizen (n=120)	If participants were born outside Canada they were asked "Which of the following best describes your current status" The options were • Canadian citizen • Permanent resident (landed immigrant) • Refugee claimant • Work or study permit • I don't know • Prefer not to answer This was a custom MHMC question. Several of the options used were comparable to the census. We reported the proportion of respondents who had immigrated to Canada and were Canadian citizens as of the time of the survey.	The NHS 2011 allows for calculation of similar statistics for those 18+ years.
Live Alone (n=92)	Participants were asked to report if they lived alone. This question was adapted from Ontario Health Study, 2011.	The census 2011 used the household as the unit of analysis and reported on people not in census families who were living alone.
Parent(s) child under 5 at home (n=99)	Participants were asked to report the number of people who lived in their household, the age of each household member and their relationship with the respondent. This question was adapted from Ontario Health Study, 2011. Relationship categories were taken from the long form census 2006. We reported the proportion of respondents who were parents of one or more children under the age of 5 years living in the same household.	The census 2011 used the household and not respondents as the unit of analysis and reports out on total number of household with children under the age of 6 rather than percentage of people living with children.
Parent(s) child under 18 at home (n=120)	See notes above. We reported the proportion of respondents who were parents of one or more children under the age of 18 years living in the same household.	See notes above.
Social and Economic		
Education High school or less (n=120) Bachelor's degree or more (n=120	Participants were asked "What is the highest level of education you have completed?" The options were: • Less than high school graduation • High school graduation • Trade certificate or diploma from a vocational school or apprenticeship training • Non-university certificate or diploma from a community college, CEGEP or nursing school • University certificate below bachelor's level • Bachelor's degree • Graduate degree • Prefer not to answer These categories were collapsed into two categories for reporting in the MHMC atlas: • High school or less: Less than high school or high school graduation • University or more: Bachelor's degree or graduate degree	The MHMC education question was based on census questions. NHS 2011 also reports highest level of education completed. It is possible to derive the MHMC education categories from NHS data. Publically the NHS reports education in a different way by using different age groups (15 years +, and ages 25-64 years) than MHMC; estimates from Statistics Canada website may differ from

Measures (n= number of geographic areas)	Calculation and Notes	Comparability to other data sources
Social and Economic		
Income Under $40, 000 (n=106) $100, 000+ (n=117	Participants were asked "Can you estimate your household income, before taxes and deductions, from all sources for the last calendar (tax) year?". The options were: • Under $20,000 • $20,000 to $39,999 • $40,000 to $59,999 • $60,000 to $79,999 • $80,000 to $99,999 • $100,000 to $120,999 • $120,000 to $139,999 • $140,000 to $159,999 • $160,000 to $179,999 • $180,000 to $199,999 • $200,000 and over • I don't know • Prefer not to answer This question was based on CCHS 2010. A large number of MHMC participants did not report their household. This is a common issue for all large surveys. At the municipal level, the non-response for this question ranged from 16% to 32%.	NHS asks detailed questions on income and sources of income. Due to high MHMC nonresponse for this question the MHMC and NHS estimates may differ for some communities. Furthermore, NHS uses households and not individuals as unit of reporting for household income.
Employed 18-39 years (n=120) 40-64 years (n=120) 65+ years (n=98)	Participants were asked "Which of the following best describes your current employment status? (Check all that apply)". The options were • Self-employed (full or part-time) • Full-time employed (not self-employed) • Part-time employed (not self-employed) • Retired • Looking after home and/or family • Unable to work because of sickness or disability • Unemployed • Doing unpaid or voluntary work outside the home • Full time student • Part time student • Prefer not to answer This question was based on CCHS 2010 and census 2006. We reported on proportion of participants who were employed. The "employed" category was defined as either self-employed (full or part time), full time employed (not self-employed), or part time employed (not self-employed).	MHMC used same categories as the NHS. The NHS data reported on Statistics Canada website reported this for those aged 15 years + so estimates may differ from MHMC.
Dwelling owned (with or without mortgage) (n=120)	Participants were asked "Is your dwelling". The options were: • Owned without a mortgage • Owned with a mortgage • Rented • I don't know • Prefer not to answer • Other [open text] The question was adapted from the 2010 Canadian Survey of Household Spending. We reported the proportion of participants who owned their dwelling by combining "Owned without a mortgage" and "owned with a mortgage".	No direct comparisons available. The NHS 2011 reports the proportion of households in an area where by tenure, either owner or renter.
Health status		
General health (excellent/very good) (n=120)	Participants were asked "In general, how would you rate your health?" and provided with a five point scale from excellent to poor. We reported proportion of participants who responded excellent or very good. This question was taken from CCHS 2010.	Comparable to CCHS. Comparisons can be made between MHMC and 2011-2012 CCHS data. PUMF data allows for analysis of CCHS data to be restricted to 18 years +. More recent CCHS data were not available in a PUMF at the time of this data release.

Measures (n= number of geographic areas)	Calculation and Notes	Comparability to other data sources
Health status		
Mental health (excellent/very good) (n=120)	Participants were asked "In general, how would you rate your mental health?" and provided with a five point scale from excellent to poor. We reported proportion of participants who responded excellent or very good. This question was taken from CCHS 2010.	Comparable to CCHS. Comparisons can be made between MHMC and 2011-2012 CCHS data. PUMF data allows for analysis of CCHS data to be restricted to 18 years +. More recent CCHS data were not available in a PUMF at the time of this data release.
High stress (n=117)	Participants were asked "Thinking about the amount of stress in your life, would you say that most days are" and answers were captured on a five point scaled from not very stressful to extremely stressful. We reported the proportion of participants who reporting being extremely stressed or quite stressed. This question was based on CCHS 2010.	Comparisons can be made between MHMC and 2011-2012 CCHS data. PUMF data allows for analysis of CCHS data to be restricted to 18 years +. More recent CCHS data were not available in a PUMF at the time of this data release.
Body Mass Index (BMI) Healthy weight (BMI 18.5 to 24) (n=119) Overweight/obese (BMI 25+) (n=120) Obese (BMI 30+) (n=116)	Respondents were asked to report their height and weight. The questions were based on Ontario Health Study, 2011. This information was used to calculate body mass index using the formula. BMI = (weight in kilograms)/ (height in meters)2 This BMI value was adjusted based on Statistic Canada methodology developed using the Canadian Health Measures Survey to account for reporting bias. MHMC used the following formulas for males and females Adjusted male BMI = (BMI*1.07592)-1.07575 Adjusted female BMI= (BMI*1.05129)-0.1237 BMI was missing for 9% to 38% of respondents depending on the municipality. Pregnant women were excluded from BMI calculation.	Both CCHS and MHMC asked participants to report their weight. In the CCHS several questions were asked to arrive at the accurate height. MHMC estimate may differ from CCHS Statistics Canada website estimates for two reasons 1) CCHS reports unadjusted estimates 2) the data collection period is different, MHMC is more recent. CCHS also reports adjusted BMI. Details on StatisticsCanada adjustment for BMI can be found here:http://www.statcan.gc.ca/pub/82-624-x/2014001/article/11922-eng.pdf Comparisons can be made between MHMC and 2011-2012 CCHS data. PUMF data allows for analysis of CCHS data to be restricted to 18 years +. More recent CCHS data were not available in a PUMF at the time of this data release.
Chronic Conditions One or more chronic conditions (n=118) High blood pressure (n=109) Mood or anxiety disorder (n=116) Arthritis (n=94)	Respondents were asked "Has a doctor ever diagnosed you with any of the following other conditions? Do not include any misdiagnoses (check all that apply)". • Diabetes • High blood pressure • Heart disease • Chronic bowel condition (e.g. Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome) • Chronic breathing condition (e.g. asthma, chronic obstructive pulmonary disease(COPD) • Chronic bronchitis or emphysema • Arthritis • Stroke • Dementia • Mood or anxiety disorder (e.g. depression, bipolar disorder, a phobia, a panic disorder) • None of the above • Prefer not to answer The denominator for this question was limited to those who answered the chronic disease question. Not all chronic diseases and cancer estimates were reported due to small samples sizes at the neighbourhood level. We reported the proportion of participants who reported being diagnosed with specific chronic diseases. The one or more chronic conditions measure was defined as respondents who reported that a doctor had diagnosed them with one or more of the following: Diabetes, heart disease, stroke, high blood pressure or chronic breathing conditions.	The chronic conditions question was adapted from the CCHS. In general, depending on the CCHS cycle, more detailed questions are asked to determine if a person has chronic conditions.

Measures (n= number of geographic areas)	Calculation and Notes	Comparability to other data sources
Health Behaviours		
Smoker (daily or occasional) (n=62)	Participants were asked to pick the smoking situation that best described them, the options were: • I smoke cigarettes daily • I smoke cigarettes occasionally • I no longer smoke cigarettes, but I used to smoke cigarettes daily • I no longer smoke cigarettes, but I used to smoke cigarettes occasionally • I have never smoked cigarettes. • Prefer not to answer. The proportion of respondents who reported they smoked daily or occasionally was reported.	CCHS reports smoking similar to MHMC. Comparisons can be made between MHMC and 2011-2012 CCHS data. PUMF data allows for analysis of CCHS data to be restricted to 18 years +. More recent CCHS data were not available in a PUMF at the time of this data release.
Alcohol No alcohol – past 12 months (n=114) Binge drinking - never or infrequently (n=120) Binge drinking - 1+ times/ month (n=115)	These measures were based on two questions. The first question asked "During the past 12 months, how often did you drink alcoholic beverages". The second question asked, males and females separately, the frequency of binge drinking. Male respondents were asked "How often in the past 12 months have you had 5 or more drinks in one occasion?" and female respondents were asked "How often in the past 12 months have you had 4 or more drinks in one occasion?" The question was based on CCHS 2010. We reported the proportion of males and females who reported not drinking at all, binge drinking less than once a month or never, and binge drinking once or more a month during the past 12 months.	MHMC and CCHS binge drinking questions were asked similarly. However, CCHS PUMF reports binge drinking as 5 drinks or more for males and females. This may lead to an underestimate of binge drinking in females. Comparisons can be made between MHMC and 2011- 2012 CCHS data. PUMF data allows for analysis of CCHS data to be restricted to 18 years +. More recent CCHS data were not available in a PUMF at the time of this data release.
Physically active - 150+ minutes/week (n=120)	Respondents were asked to report the number of days they did moderate to vigorous physical activities that made them breath harder than normal and then asked to report how much time they usually spent doing moderate or vigorous physical activities on one of those days. The responses to both questions were combined to calculate weekly physical activity time in minutes. In line with Canadian Physical Activity Guidelines for Adults, the percentage meeting the recommendation of 150 minutes or more per week was reported. This question was based on International Physical Activity Questionnaire (Short form).	The Canadian Health Measures Survey (CHMS) reports out comparable national data.
Walking Utilitarian walking- 30+ minutes/day (n=119) Leisure walking - 30+ minutes/day (n=120) Total walking - 30+ minutes/day (n=120)	Participants were asked to report their walking time, in hours and minutes, using the two following questions: "In total during the last seven days, how much time did you spend walking as part of your commute or to do errands or shopping?" "In total during the last seven days, how much time did you spend walking for recreation or leisure?" The walking questions were adapted from International Physical Activity Questionnaire (Short Form), Ontario Health Study 2011 and Healthy Richmond 2012 survey. The weekly walking times was divided by seven to calculated daily times. Total weekly times were calculated by combining responses to the two questions and dividing by seven. The proportion of respondents who walked 30+ minutes of utilitarian and/or leisure time was reported. Approximately a third of survey respondents did not report walking time.	Comparable data reported from 2 MHMC pilot surveys – the North Shore Wellness Survey (2012): http://www.vch.ca/media/North-Shore-Community-Wellness-Survey-Report-OCT-2013.pdf and the Healthy Richmond Survey (2012): http://www.vch.ca/media/Healthy-Richmond-Full-Report.pdf

Measures (n= number of geographic areas)	Calculation and Notes	Comparability to other data sources
Health Behaviours		
Fruits and vegetables - 5+ servings/day (n=120)	Participants were asked "How many servings of fruit and/ or vegetables did you eat yesterday? Do not include fruit or vegetable juice, but can include fresh, frozen and canned fruits and vegetables. One serving is equal to one piece of fruit or ½ cup (about what would fit in your cupped hand)".	The MHMC question and calculations differ from CCHS. CCHS reports on the average number of times a particular item of food was eaten daily and the not number of servings consumed.
	Minimum recommended servings, according to Canada Food Guide, were 7-8 for adult females and 8-10 for adult males from 19-51 years of age, and 7 servings per day for adults over 51 years. We used five or more a day to be in line with Healthy Families BC target to have 55% of BC residents consuming five or more servings a day by year 2023.	
	This question was based on Ontario Health Study, 2011.	
Fast food - 2+ times/ week (n=117)	Participants were asked to report "In the past seven days how many times did you eat or drink the following?"	Comparable local or national data not available for this measure from other surveys.
	Response to the "Eat in or take out meal from a fast food chain" option was used to calculate this measure. Eating fast food two times or more per day can increase risk for obesity and diabetes (Pereira et al. 2005). http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(04)17663-0/abstract	
Sugary beverage - 3+ times/week (n=98)	Participants were asked to report "In the past seven days how many times did you eat or drink the following?"	Comparable local or national data not available for this measure from other surveys.
	Response to the "Other sugary beverages - e.g. soda, energy or sports drinks" option was used to calculate this measure.	
Screen time - 2+ hours/ day (n=120)	Participants were asked "In a typical day, outside of work, how much time do you spend watching television or videos, playing video games or on a computer or tablet (including playing computer games and using the internet)?". The options were: • None • Less than 1 hour • From 1 to 2 hours • From 2 to 5 hours • From 5 to 10 hours • More than 10 hours • I don't know • Prefer not to answer	CCHS uses various questions to arrive at an overall screen time number. MHMC estimates are not comparable to CCHS.
	There are no maximum screen time recommendations for adults in Canada. We reported the proportion of participants who indicated two or more hours of outside of work screen time.	
	The question was based on various CCHS 2010 questions.	
Sleep – 6 hours or less/ day (n=118)	Participants were asked to report "On average, how many hours per day do you usually sleep, including naps?"	Comparable local or national data not available for this measure from other surveys.
	This question was based on Ontario Health Study, 2011.	
	Recommended sleep level is 7-8 hours for adults (http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/howmuch).	
	Getting 6 hours or less would likely increase risk of diabetes and obesity (http://care.diabetesjournals.org/content/33/2/414.short).	

Measures (n= number of geographic areas)	Calculation and Notes	Comparability to other data sources
Health Behaviours		
High physical wellness score (10-16) (n=119)	Wellness Score values ranged from 0-16 and developed using four health behaviours reported in the survey. The final score was sum of sub scores. The sub scores for each health behaviour were given as follows: **Smoking:** 0=current smoker 2=past smoker 4=never smoked **Total physical activity per week:** 0=Zero minutes 1=one to <100 minutes 2=100 to <200 minutes 3=200 to < 300 minutes 4= 300+ minutes **Total walking per week:** 0=0 minutes 1=1 to <30 minutes 2=30 to <60 minutes 3=60 to <90 minutes 4=90+ minutes **Fruit and vegetable servings consumed yesterday** 0=0 servings 1=1 to <4 servings 2=4 to 6 servings 3=7 to 9 servings 4=10+ servings A composite index of physical wellness piloted in 2 local community surveys. Wellness Score was missing, at municipal level, for 27% to 48% of respondents. Most of this was due to missing data for walking indicators.	Comparable data reported from 2 MHMC pilot surveys – the North Shore Wellness Survey (2012): http://www.vch.ca/media/North-Shore-Community-Wellness-Survey-Report-OCT-2013.pdf and the Healthy Richmond Survey (2012): http://www.vch.ca/media/Healthy-Richmond-Full-Report.pdf
Health care access and utilization		
Have a family doctor (n=120)	Participants were asked if they had a regular family doctor. This question was based on CCHS 2010.	MHMC estimates are comparable to CCHS. Comparisons can be made between MHMC and 2011-2012 CCHS data. PUMF data allows for analysis of CCHS data to be restricted to 18 years +. More recent CCHS data were not available in a PUMF at the time of this data release.
Healthcare visit – past 12 months (n=120)	Participants were asked "When was the last time you saw or talked to a doctor, nurse or other health professional about any physical or mental health issue". The options were: • Less than 6 months ago • Between 6 months and 1 year ago • Between 1 year and 2 years ago • Between 2 years and 3 years ago • 3 or more years ago • Never • I don't know • Prefer not to answer This question was based on CCHS 2010. We reported on proportion of participants who had visited a healthcare provider in part 12 months.	Question and answer options are comparable between CCHS and MHMC. Comparisons can be made between MHMC and 2011-2012 CCHS data. PUMF data allows for analysis of CCHS data to be restricted to 18 years +. More recent CCHS data were not available in a PUMF at the time of this data release.
Flu Shot - past 12 months n=120)	Participants were asked "In the past 12 months, which of the following have you had?" The list of preventative services was gender specific. Males and females were asked if they had a flu shot in last 12 months. This was a custom MHMC question.	CCHS has comparable data on flu shots.

Measures (n= number of geographic areas)	Calculation and Notes	Comparability to other data sources
Health care access and utilization		
Mammogram - past 12 months (n=115)	Participants were asked "In the past 12 months, which of the following have you had?" Only females were asked if they had a mammogram in last 12 months. This was a custom MHMC question. The proportion of females aged 50-74 years who indicated they had a mammogram in the past 12 months was reported.	Comparable data is available from CCHS. Most Canadian jurisdictions use a two year, three or five year time period to report this measure, this is because mammograms are not recommended every year for the general population.
Pap test – past 12 months (n=120)	Participants were asked "In the past 12 months, which of the following have you had?" Only females were asked if they had a pap test in last 12 months. This was a custom MHMC question. The proportion of females aged 21-69 years who indicated they had a pap test in the past 12 months was reported.	Comparable data is available from CCHS. Most Canadian jurisdictions use a three year time period to report this measure; this is because pap tests are not recommended every
Dental visit – past 12 months (n=120)	Participants were asked "When was the last time you saw a dental professional, including a dentist or a dental hygienist?". The options were: • Less than 6 months ago • Between 6 months and 1 year ago • Between 1 year and 2 years ago • Between 2 years and 3 years ago • 3 or more years ago • Never • I don't know • Prefer not to answer The question was based on CCHS 2010. The proportion of respondents who saw a dental professional in the past 12 months was reported.	The question is comparable to CCHS and CHMS.
Built environment		
Commute (n=92)	Participants were asked "What is your primary mode of commuting to and from work or school? If you use more than one method, select the one used for most of the travel distance. If you don't have a regular commute (e.g. you are retired), select 'not applicable'". The options were: • Car, truck, van as driver (own vehicle) • Car, truck, van as driver (car share/car co-op vehicle – e.g Car2Go or ZipCar) • Motorcycle • Car, truck, van as passenger (i.e. carpool) • Public transit (e.g. bus, streetcar, subway, light-rail transit, commuter train, ferry) • Walk • Bicycle • Taxicab • Not applicable • Prefer not to answer This question was based on NHS 2011. The proportion of respondents who reported using "car, truck, vas as driver (own vehicle)" or "car, truck, van as passenger (i.e. carpool)" was reported for the "Car" measure, and proportion reporting public transit was used for the public transit measure.	The NHS and MHMC used the same transportation options for the commute question but the target population differed. NHS targeted those who were 15 years + and had a job. NHS only asked about mode of commute to work and did not cover other destinations such as school. MHMC data were collected for those 18 years + and focused on those with regular commute whether to work or school or other destinations. Students are key group that rely on transit. For this reason the MHMC transit use estimates are higher than NHS 2011. MHMC commuting mode data should not be compared to NHS because of difference in the target population and differences in reporting.
Do errands – car (n=120)	Respondents were asked "What is your primary mode of traveling to do errands, like grocery shopping or other shopping? If you use more than one mode, choose the one that you use for most trips". The proportion of respondents who reported using "car, truck, vas as driver (own vehicle)" or "car, truck, van as passenger (i.e. carpool)" was reported. This question was adapted from the MHMC transportation question on commuting to work or school.	Comparable local or national data not available for this measure from other surveys

Measures (n= number of geographic areas)	Calculation and Notes	Comparability to other data sources
Built environment		
One-way commute 30+ minutes (n=120)	Respondents were asked "How long is your regular commute to work or school on an average day (one direction?)". The proportion of respondents who indicated 30+ minutes was reported.	Please see note in "Commute". The target population for NHS and CCHS questions differs. MHMC commute time data should not be compared to NHS because of difference in the target population and differences in reporting.
Transit stop within 5 min walk of home (n=120)	Participants were asked "Is it less than a 5 minute walk to a transit stop (e.g. bus, seabus or skytrain) from your home?"	Comparable local or national data not available for this measure from other surveys.
Neighbourhood perceptions (n=120) Lanes/pathways for cyclists & walking (n=120) Sidewalks well maintained (n=120) Amenities within walking/ cycling distance (n=119) Large selection of fruits/vegetables available(n=120) Many attractive natural sites around(n=120) Traffic in the area makes walking difficult(n=117) Feel safe walking after dark See a lot of people walking/biking(n=120)	Respondents were asked to indicate to what extent they agreed or disagreed with statements describing the neighbourhood they lived in. The options were: • Strongly disagree • Somewhat disagree • Neutral • Somewhat agree • Strongly agree Neighbourhood was defined as area within a 20 minute walk or a distance of one mile (1.6km) from participant's home. Statements were 1. There are special lanes, separate paths or trails or shared use paths for cyclists and pedestrians in or near my neighbourhood 2. There are sidewalks in my neighbourhood that are well maintained (paved, with few cracks) and not obstructed 3. Many shops, restaurants, services and facilities are within walking distance of my home 4. A large selection of fruits and vegetables is available in my neighbourhood 5. There are many attractive natural sites in my neighbourhood (such as landscaping, views or parks) 6. There is so much traffic along the street I live on that it makes it difficult or unpleasant to walk in my neighbourhood 7. I feel safe walking alone in my neighbourhood after dark 8. I see a lot of people walking and biking in my neighbourhood The proportion of respondents who strongly or somewhat agreed was reported. This question was based on CCHS built environment module.	Comparable national data available from 2011 CCHS Rapid Response Module on Neighbourhood Environments: http://www.phac-aspc.gc.ca/hp-ps/hlmvs/assets/pdf/fast-facts-faits-rapidesV2-eng.pdf
Lived in neighbourhood for 5+ years (n=119)	Participants were asked to report in years and months "How long have you lived in your neighbourhood?" This was a custom MHMC question. The proportion of respondents who had lived in their current neighbourhood for 5 or more years was reported.	Comparable local or national data not available for this measure from other surveys.
Community Resiliency		
Strong sense of community belonging (n=120)	Participants were asked on a 4 point scale from very strong to very weak "How would you describe your sense of belonging to your local community?" This question was based on CCHS 2010. The proportion of respondents who reported very strong or somewhat strong community belonging were reported as strong sense of community belonging.	MHMC and CCHS questions were asked similarly. Comparisons can be made between MHMC and 2011-2012 Canadian Community Healthy Survey (CCHS) data where appropriate as the available Public Use Microdata File (PUMF) allows for analysis of CCHS data to be restricted to 18 years +. More recent CCHS data were not available in a PUMF at the time of this data release.

Measures (n= number of geographic areas)	Calculation and Notes	Comparability to other data sources
Community Resiliency		
4+ people to confide in or turn to for help (n=120)	Participants were asked "How many people do you have in your network that you could confide in, tell your problems to, or call when you really need help?". The options were: • 0 • 1 to 3 • 4 to 6 • More than 6 • Prefer not to answer The question was adapted from the 2012 North Shore Community Wellness Survey. The proportion of respondents who indicated 4 or more people in their network was reported.	Comparable local or national data not available for this measure from other surveys.
Emergency supplies for 3+ days (n=119)	Participants were asked "Have you set aside any emergency preparedness supplies (e.g. food, water, radio etc.) at home, in your car or at work in case of an emergency such as a flood or earthquake?". The options were: • yes, enough for more than 3 days • yes, enough for about 3 days, yes • enough for about 1 to 2 days • no • Prefer not to answer The proportion of respondents who indicated supplies for 3+ days was reported.	Comparable national data from Public Safety Canada: http://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/public_safety_canada/2010/003-10/report.pdf and Canadian Red Cross: http://www.redcross.ca/blog/2012/10/tech-talk-canadian-survey-on-socialmedia-in-emerg

For any additional information please contact: info@myhealthmycommunity.org