Technical Notes for Community Profiles

my Health my Community

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

Background

The My Health My Community (MHMC) survey was a web-based health and wellness survey that gave residents the opportunity to help influence their community's health priorities. MHMC was created through a joint partnership between Vancouver Coastal Health (VCH), Fraser Health (FH) and the UBC Faculty of Medicine eHealth Strategy Office.

MHMC has generated specific information about the health status and health needs of the local population – a vital step in planning, delivering, and evaluating local health programs and policies. This information will be used by local governments, healthcare decision-makers, academia, and community stakeholders to collaboratively tackle health inequities and shape community services and amenities to meet local needs.

In order to appropriately develop, implement and evaluate local-level programs and policies, an accurate understanding of community health status, needs and well-being is crucial. While national or provincial surveys may provide data for larger geographical areas, and health service utilization statistics may illustrate one aspect of community health needs, there is a clear gap in comprehensive, relevant and representative local level health and wellness information.

MHMC was developed collaboratively to fill this gap in health and well-being information for VCH and FH regions. MHMC survey sought to capture information within the following domains:

- Socio-demographics
- Health status
- Lifestyle
- Access to care
- Built environment
- Community resiliency

A broad range of stakeholders representing local governments, healthcare decision-makers, academia, community non-profits and members of the public contributed to the development of these domains.

Questionnaire content and format

The MHMC survey questions drew from validated sources (e.g. Canadian Community Health Survey (CCHS), Canadian Health Measures Survey (CHMS), Ontario Health Study, national Census etc.) where possible and were developed through extensive consultation with stakeholders and partners. The final survey was approximately 80 questions in length (there were some municipal specific questions). A copy of the English version of the questionnaire can be found online here: https://www.myhealthmycommunity.org/About/SurveyQuestions.aspx

With the exception of age and municipality, which were required questions in order to complete the survey, all other questions were optional and included "prefer not to answer" as a response option.

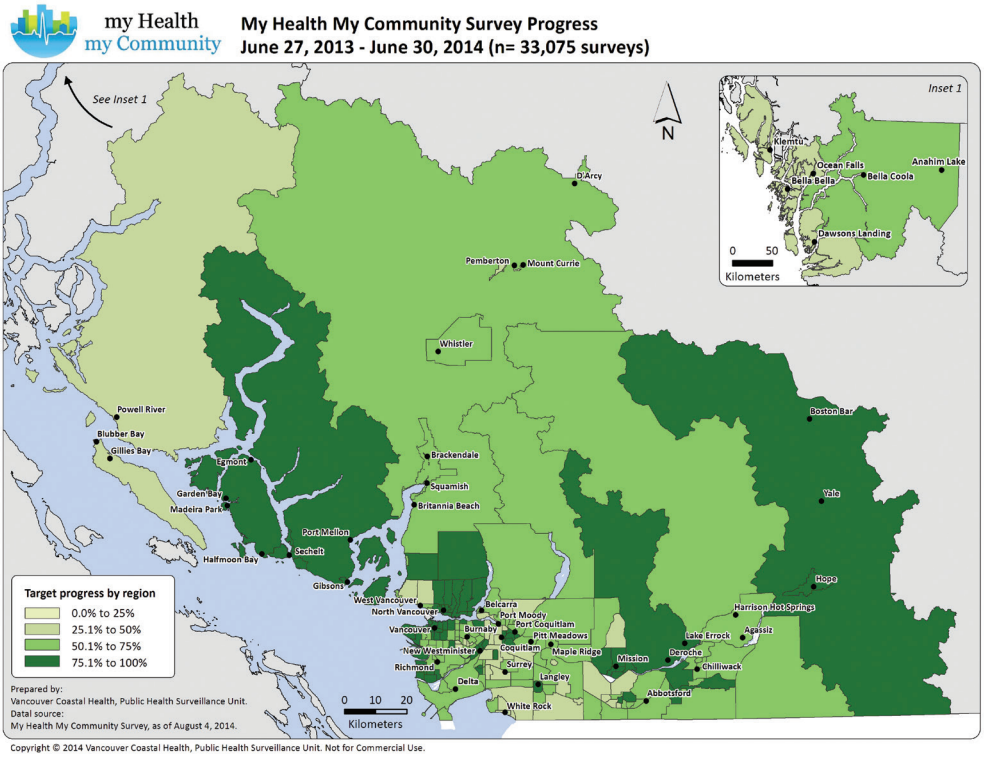
MHMC was primarily an online survey administered from June 2013 to June 2014 across VCH and FH. The survey was available in English and Chinese (online and paper) and Punjabi (paper). The online survey was supplemented with multi-lingual field outreach in community settings (i.e. seniors groups, homeless shelters, food banks, neighbourhood housing associations, places of worship, community events and festivals etc.) to reach groups traditionally not well covered by health surveys.

Target population

The target population for the survey was residents of VCH and FH who were 18 years of age or older. In order to achieve a large and representative sample, a response target of 2% of the overall population 18 years + was set, with individual targets by municipality established for age, gender, income, education and ethnicity. For rural VCH Local Health Areas (LHA) a 4% target was set to ensure the sample size was sufficient for analysis. Progress towards these targets was monitored on a weekly basis and purposeful promotion and surveying was done in order to fill in some of the gaps in certain geographies and population demographics.

Through partnerships and collaboration, a final sample of 33,075 responses was achieved, representing 77% of the initial 2% population target across VCH and FH authorities. Within VCH, progress towards target by urban municipalities ranged from 55% in the District of West Vancouver to 96% in Vancouver (99% for VCH overall). In rural VCH areas, progress towards 4% targets ranged from 39% in Powell River to over 100% for the Sunshine Coast. Within FH, progress towards targets by municipality ranged from 50% in White Rock and Coquitlam to 99% in Hope (62% for FH overall) (Figure 1). Final progress reports can be found online here: https://www.myhealthmycommunity.org/Results.aspx

Figure 1 – My Health My Community survey final progress by geography



Participant recruitment and survey completion

The survey was initially launched online and a variety of media (newspaper articles and advertisements, transit advertisements etc.) and social media promotions (through Twitter and Facebook) were used to create awareness and engage potential participants. Quarterly prize draws were run as incentives to participate. Prizes included iPads and $25-$200 gift cards. Survey promotions took place throughout the survey period. Municipalities and community organizations provided support to MHMC, both online and through organized events, in order to recruit participants.

Field surveyors promoted the survey, registered potential participants and administered surveys in order to increase survey uptake among groups less likely to complete the survey online. Field surveyors also attended a wide variety of public events and locations (i.e. community festivals and fairs, sporting events, malls, post-secondary campuses) to promote awareness of the survey and increase participation.

Data Management

DATA CLEAN UP AND PROCESSING

Individual variables were cleaned to remove invalid numeric responses (e.g. height and weight) and variables were checked for inconsistencies. Systematic corrections were made where appropriate or noted for consideration in future analysis.

Question format was reviewed (i.e. single select vs. multi-select responses) and appropriate denominators were selected for each question (e.g. only those who had answered a particular question). Those who did not answer the question, selected "Prefer not to answer" or "Don't know", were excluded from the analysis of that particular question.

DATA WEIGHTING

Statistical weighting is often used in large surveys to ensure that the sample of collected responses reflects the overall target population. This type of weighting compensates for the fact that certain demographics are less likely to respond to a survey. For example, most general population surveys have substantially more female than male respondents (often 60% female) although in the general population the number of males and females is very similar. Because surveys tend to over-represent females and under-represent males in the population a weight is used to compensate for this bias. The other common characteristics which affect response rate and need to be taken into consideration are age and education.

By establishing detailed socio-demographic targets at the outset for each geographic area of interest within the MHMC survey area, it allowed for more focussed participant recruitment with the ultimate benefit of applying smaller weights. The margin of error around an estimate increases when large weights are applied. Such purposeful sampling allows for more confident and stable estimates to be derived.

The final MHMC sample was weighted using 2011 Statistics Canada Census and National Household Survey (NHS) data by geography (municipality) for age, gender and education level to account for residual differences in sample demographics and to ensure that the sample is as representative as possible of the overall geographic population that is being reported on.

Analysis for community profiles

SELECTION OF INDICATORS

Indicators were selected for inclusion in the Community Profiles based on consultation with the My Health My Community Governance Committee and Medical Health Officer (MHO) Advisory Group. Indicators were chosen under the following section headings:

- Socio-demographics
- Healthy behaviours (lifestyle)
- Built Environment
- Community Resiliency
- Family doctor
- Health Status
- Chronic Conditions

Some indicators were chosen for inclusion in the spine chart only. Indicators were selected to provide data needed at community level, particularly by our key target audience of municipal planners.

More detail on the indicators and definitions and comparability to other data sources can be found in Appendices 1 and 2.

STRATIFICATIONS

Most indicators were stratified by age and gender within each municipality with the exception of select indicators within the Built Environment category.

The same indicators were stratified by income, education, immigration (born in Canada or length of time in Canada for immigrants) and ethnicity within the region (Metro Vancouver, Coastal Rural or Fraser Valley) specific to municipality being profiled. These stratifications were done at regional level because of small samples sizes; for some municipalities it was not possible to stratify at a smaller geographic level. Socio-demographic groupings (gender, age groups, education and income levels) used for stratification are as indicated on page 1 of each profile.

STATISTICAL SIGNIFICANCE

Statistical significance was not calculated for age and gender stratified indicators within each municipal profile. Differences noted by age and gender on pages 1-7 of the profiles may or may not be statistically significant. Differences noted at regional level by income, education, ethnicity and immigration were statistically significant ($p<0.05$). Calculations of statistical significance for the spine chart on page 8 are detailed below.

DATA SUPPRESSION BASED ON COEFFICIENTS OF VARIATION

Efforts were made to report only reliable estimates and to not release estimates that are highly variable given small sample size. Coefficients of variation were calculated for each stratification level for each variable in the profiles, including page 1 sociodemographics, all age, gender, income, education, ethnicity and immigration stratifications and all spine chart indicators. Estimates with coefficients of variation greater than 33.3% were considered unreliable and were suppressed in the profiles. Similar cut-offs are used by Statistics Canada in national surveys like the CCHS. This is indicated with an 'S' in the community health profiles.

REPRESENTATIVENESS

In order to assess how representative the final data were of the target population, the weighted MHMC data were compared to the 2011 Statistics Canada Census/NHS data for VCH, FH and Metro Vancouver for gender, age and education (all) as well as born in Canada and household income (Metro Vancouver)(Table 1). Those variables which MHMC adjusted for - gender, age and education - fall within a percentage point of the 2011 Statistics Canada Census/NHS against which they were weighted. Household income for Metro Vancouver MHMC as compared to 2011 NHS was within half a percentage point and born in Canada was comparable (Household income and born in Canada were reported for 18 years + for MHMC and all ages for NHS).

Table 1 – Comparison of gender, age, education, born in Canada and household income for MHMC sample and 2011 Statistics Canada Census/NHS, by health authority and Metro Vancouver region

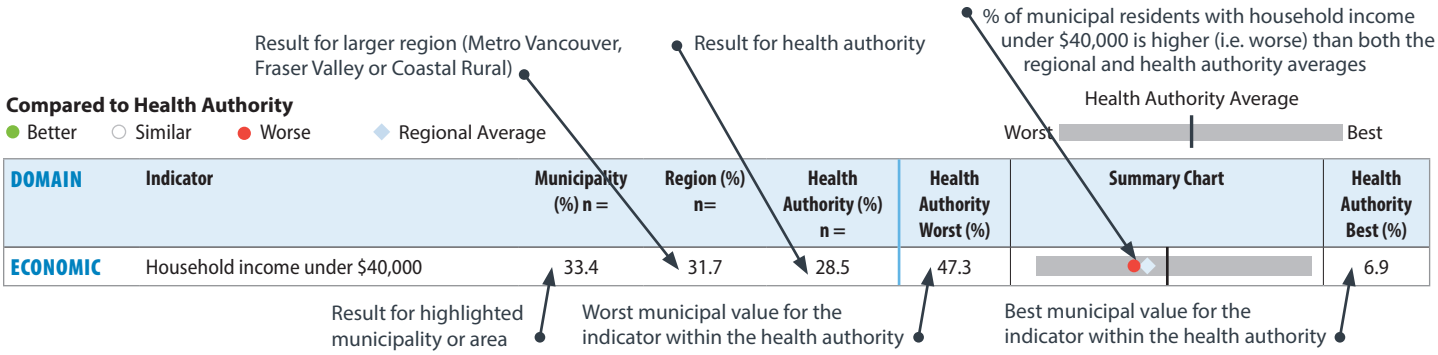
	VCH		FH		Metro Vancouver	
	MHMC	Census/NHS 2011	MHMC	Census/NHS 2011	MHMC	Census/NHS 2011
Female 18+/Total 18+	52.00%	51.98%	51.38%	51.40%	51.52%	51.76%
Aged 18-44 years/18+	48.03%	48.07%	46.52%	47.09%	48.02%	48.08%
18+ University educated	36.24%	35.19%	21.50%	21.36%	29.35%	28.92%
Born in Canada	n/a	n/a	n/a	n/a	63.64%	57.69%
Household income <$40,000	n/a	n/a	n/a	n/a	31.69%	31.39%

Spine Chart

The summary indicator (spine) chart on page 8 of each profile summarizes results for select indicators of health and well-being. The chart was generated using the Spine Chart Tool v4 (West Midlands Public Health Observatory, United Kingdom) as a template.

Indicators are listed for the municipality of interest in the first column, the larger geographic region (Metro Vancouver, Coastal Rural or Fraser Valley) in the second column and for the relevant health authority (VCH or FH) in the third column. In addition, the value for the municipalities ranking best or worst for each indicator are included as columns on either side of the summary chart for comparison purposes. The summary chart (Figure 2) includes a grey bar which represents the range of values from worst to best within each health authority and a solid black line which represents the average value for each indicator within the health authority.

Figure 2 – spine chart example



The municipal value is indicated in the summary chart by a coloured circle (red for significantly worse, white for similar and green for significantly better). 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. The regional value relative to the municipal and health authority values is indicated by a light blue diamond. There is no statistical significance noted around the difference between the municipal and regional values.

Values where the coefficient of variation exceeded 33.3% were not included in either the municipal estimates column or the health authority best/worst columns. A number of aggregate profiles were generated for smaller communities where the community on its own did not have a large enough sample size to allow for its own profile. For these profiles, the aggregate estimate may fall above or below (to the left or right of) the health authority best or worst in the summary chart and this is indicated by a footnote on each of these profiles.

More details on the indicators listed in the spine chart, definitions and comparability to other data sources can be found in Appendix 2.

NOTE: The results in this profile may differ from other publicly reported surveys, e.g. CCHS, NHS etc., due to differences in methodology such as recruitment (telephone, mail in, online panels etc.), collection and reporting.

Appendix 1 – Calculations and explanation of socio-demographics reported in MHMC community health profiles

Variable	Calculation and Notes	Comparability to other data sources
Gender Females Males	Respondents were asked their gender and options included Male, Female, Transvariant or transgender and Prefer not to answer. The analysis and reporting in the profiles was restricted to males and females. Number of transvariant or transgender was too low to report out.	Census 2011 asked sex and not gender. The options were only Male and Female.
Age (Years) 18-39 40-64 65+	Participants were required to provide age 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 +) report have wider age groups so publically reported estimates, such as on Statistics Canada website, from these surveys may differ by MHMC. Comparisons can be made between MHMC and 2011-2012 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 profile release.
Born in Canada	Proportion of respondents who reported being born in Canada.	NHS 2011 reports immigration status for all ages.
Education Below high school High school Certificate or diploma University degree	Participants were asked "What is the highest level of education you have completed?" • 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 four categories for reporting: - below high school (Less than high school graduation) - High school graduation (High school) - Certificate or Diploma (Trade certificate or diploma from a vocational school or apprenticeship training, Non-university certificate or diploma from a community college, CEGEP or nursing school or University certificate below bachelor's level) - University degree (Bachelor's degree or Graduate degree)	The MHMC education question was based on Statistics Canada questions. NHS 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) than MHMC; estimates from Statistics Canada website may differ from MHMC.
Household income Under $40,000 $40,000 to $79,999 $80,000 to 119,999 $120,000 and above	Participants were asked "Can you estimate your household income, before taxes and deductions, from all sources for the last calendar (tax) year?" • 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 $119,999 • $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 income. This is common problem for all large surveys. The non-response for this question ranged from 16% to 32% depending on the community.	NHS asks detailed questions on income and sources of income. Due to high MHMC non-response 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.

Employment Employed Not in labour force Unemployed	Participants were asked "Which of the following best describes your current employment status?" (check all that apply) • 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 Question was based on CCHS 2010 and Census 2006. Based on the answer the following categories were generated: - Employed (Self-employed (full or part time), Full time employed (not self employed), Part time employed (not self employed)) - Not in labour force (Retired, Looking after home and/or family, Unable to work because of sickness or disability, Doing unpaid or voluntary work outside the home, Full time student, or Part time student). - Unemployed (Unemployed)	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.
Ethnicity Aboriginal Caucasian Chinese South Asian Other	Participants were asked "Do you consider yourself to be (check all that apply)" • 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 Question was based on census 2006 and 2011. The responses were collapsed as follows. - Aboriginal - Aboriginal (i.e. First Nations, Métis or Inuit) - Caucasian - White (European descent) - Chinese - Chinese - South Asian - South Asian (e.g. East Indian, Pakistani, Sri Lankan) - Other – All others	Comparable to NHS. The portions reported by NHS website are for the whole population. MHMC only includes those 18 years +.

Appendix 2 - Spine Chart

Variable	Indicator	Calculation and Notes	Comparability to other data sources
Economic	Household income under $40,000	See appendix 1	
	Currently unemployed	See appendix 1	
Health Status	General health (excellent/very good)	Participants were asked "In general, how would you rate your health?" and provided with a five point scale from excellent to poor. Question 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 profile release.
	Mental health (excellent/very good)	Participants were asked "In general, how would you rate your mental health?" and provided with a five point scale from excellent to poor. Question taken from CCHS 2010.	Comparable to CCHS. Comparisons are made between MHMC and 2011-2012 CCHS data as the available PUMF data allows for analysis of CCHS data to be restricted to 18 years + and therefore the same age group as MHMC. More recent CCHS data were not available in a PUMF at the time of this profile release.
	Obesity (BMI 30+)	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 Statistics Canada adjustment for BMI can be found here: http://www.statcan.gc.ca/pub/82-624-x/2014001/article/11922-eng.htm 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 profile release.
	Diabetes High blood pressure Heart disease Chronic breathing condition Arthritis Mood or anxiety disorder	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)". The list included 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), and none of the above We limited the denominator for this question to those who answered the chronic disease question. Those who skipped the question or picked prefer not to answer were excluded.	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. Statistics Canada report CCHS chronic disease estimates for those 12 years + or 15 years +; MHMC reports for those 18 years +. 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 profile release.
	Cancer (lung, breast, prostate or colorectal)	Respondents were asked "Has a doctor ever diagnosed you with any of the following types of cancer? Do not include any misdiagnoses (check all that apply)". The list included lung cancer, breast cancer, prostate cancer, colorectal cancer, skin cancer, and other cancer not listed here Due to low numbers it was not possible to report each cancer individually. We combined and report on four major cancers – lung, breast, prostate and colorectal cancers. We limited the denominator for this question to those who answered the cancer question. Those who skipped the question or picked prefer not to answer were excluded.	The cancer question was adapted from the CCHS. In general, depending on the CCHS cycle, more detailed questions are asked to determine if a person has cancer and which type of cancer.

Lifestyle	Binge drinking (1+ times/month)	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?" We reported on proportion of males and females who reported binge drinking once or more time a month during the past 12 months. Binge drinking question was based on CCHS 2010.	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 profile release.
	Smoker (daily/occasional)	Participants were asked to pick the smoking situation that best descripted them, options included: • I smoke cigarettes daily 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. We combined the responses and reported on those who currently smoked daily or occasionally.	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 profile release.
	Physical activity (150+ minutes/week)	Respondents were asked to report the number of days they did moderate to vigorous physical activities that made them breathe harder than normal and then 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 we reported percentage meeting the recommendation of 150 minutes or more per week. Question was based on International Physical Activity Questionnaire (Short form).	The Canadian Health Measures Survey (CHMS) reports on comparable national data.
	5+ servings of fruits and vegetables (/day)	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)". 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. 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. Based on Ontario Health Study, 2011.	The MHMC question and calculations differs 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.
	Stress (extremely/quite stressed)	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. Question is based on CCHS 2010.	MHMC and CCHS questions were asked similarly and responses are compared. Statistics Canada reports their estimates for those 15 years +; MHMC estimates are for those 18 years +. 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 profile release.
	Screen time (2+ hours/day)	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)?" and answers were captured on a categorical scale with options none, less than 1 hour, from 1 to 2 hours, from 2 to 5 hours, from 5 to 10 hours, and more than 10 hours. There are no maximum screen time recommendations for adults in Canada. The 2 hour cut off for children (Live 5-2-1-0) was used for a cut-off in our reporting. Question was based on various CCHS 2010 questions.	CCHS uses various questions to arrive at an overall screen time number. MHMC estimates not comparable to CCHS.

	High physical wellness score (10-16)	Wellness index was based on four reported health behaviours and ranged from 0-16. It was custom developed using MHMC data. 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 mins 2=30 to <60 mins 3=60 to <90 mins 4=90+ mins **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 for 27% to 48% of respondents depending on the municipality.	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
Primary Care Access	Have a family doctor	Participants were asked if they had a regular family doctor. 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 profile release.
	Visited health care professional (past 12 months)	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". Options included 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 and never. Question was based on CCHS 2010.	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 profile release.
	Visited physician with appointment Visited walk-in clinic without appointment	Respondents were asked to report where they got the care they needed. The denominator was restricted to those who had visited a health care professional in last 12 months. Question was based on CCHS 2010.	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 profile release.

Built environment	Commute - car	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'." • 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 Based on options available in NHS 2011.	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.
	Commute - public transit	See "Commute – car"	
	Commute - walk or cycle	See "Commute – car"	
	Commute time (one way 30+ minutes)	Respondents were asked to indicate the time it took them to commute in one direction on an average day.	Please see note in "Commute – car". 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.
	Primary mode to run errands - walk or cycle	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". We reported the proportion of participants who indicated walking or cycling. The question was custom created for MHMC and adapted from transportation option used for commuting.	Comparable local or national data not available for this indicator from other surveys
	Second hand smoke exposure (public places)	Participants were asked "Are you exposed to second hand smoke every day or almost every day in any of the following locations? (check all that apply)". We reported the proportion of participants who were exposed at either transit shelter/waiting for the bus, restaurant/coffee shop patio, or other outdoor public area (e.g. beach, park, sidewalk, trails, and building entranceway). Custom MHMC question.	Comparable local or national data not available for this indicator from other surveys.
	Sidewalks well maintained (strongly/somewhat agree)	Respondents were asked to indicate to what extent you agreed or disagreed with statements on a five point scale with the statement "There are sidewalks in my neighbourhood that are well maintained (paved, with few cracks) and not obstructed." 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/hl-mvs/assets/pdf/fast-facts-faits-rapidesV2-eng.pdf
	Amenities within walking/ cycling distance (strongly/ somewhat agree)	Respondents were asked to indicate to what extent you agreed or disagreed with statements on a five point scale with the statement "Many shops, restaurants, services and facilities are within easy walking or cycling distance of my home." Neighbourhood was defined as area within a 20 minute walk or a distance of one mile (1.6km) from your home. Question was based on CCHS built environment module.	
	Transit stop (less than 5 min walk)	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 indicator from other surveys.

Community resiliency	Emergency supplies - 3 days or more	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?" with the options yes, enough for more than 3 days, yes, enough for about 3 days, yes, enough for about 1 to 2 days and no.	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-social-media-in-emerg
	Food Insecurity - Sometimes or often did not have enough to eat	Participants were asked "Which of the following statements best describes the food eaten in your household in the past 12 months?". Options for the answer were you always have enough of the kinds of food you wanted to eat, you had enough to eat, but not always the kind of food you wanted, sometimes you did not have enough to eat, and often you did not have enough to eat. Question was based on 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 profile release.
	Community belonging - Strong or somewhat strong	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?" Question was based on CCHS 2010.	MHMC and CCHS questions were asked similarly and responses are compared. Statistics Canada reports their estimates for those 12 years +; MHMC estimates are for those 18 years +.
	Social network - 4+ people in network	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?"	

Appendix 3 - Health authority and region associated with communities covered by the MHMC profiles.

Health Authority	Region	MHMC profiles
Fraser Health	Fraser Valley (Fraser Valley Regional District)	Abbotsford
		Chilliwack
		Hope
		Mission
	Metro Vancouver	Burnaby
		Coquitlam
		Delta
		City of Langley
		Township of Langley
		Maple Ridge
		New Westminster
		Pitt Meadows
		Port Coquitlam
		Port Moody
		South Surrey/White Rock (Local Health Area)
		Surrey
Vancouver Coastal Health		Bowen Island
		City of North Vancouver
		District of North Vancouver
		District of West Vancouver and Village of Lions Bay (combined)
		Richmond
		Vancouver
	Coastal Rural	Gibsons
		Howe Sound (Local Health Area)
		Rural Sunshine Coast (Sunshine Coast Regional District excluding Sechelt, Gibsons, Electoral Area E – Elphinstone, and Sechelt Indian Government District)
		Powell River
		Sechelt
		Squamish
		Sunshine Coast (Local Health Area)
		Whistler

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