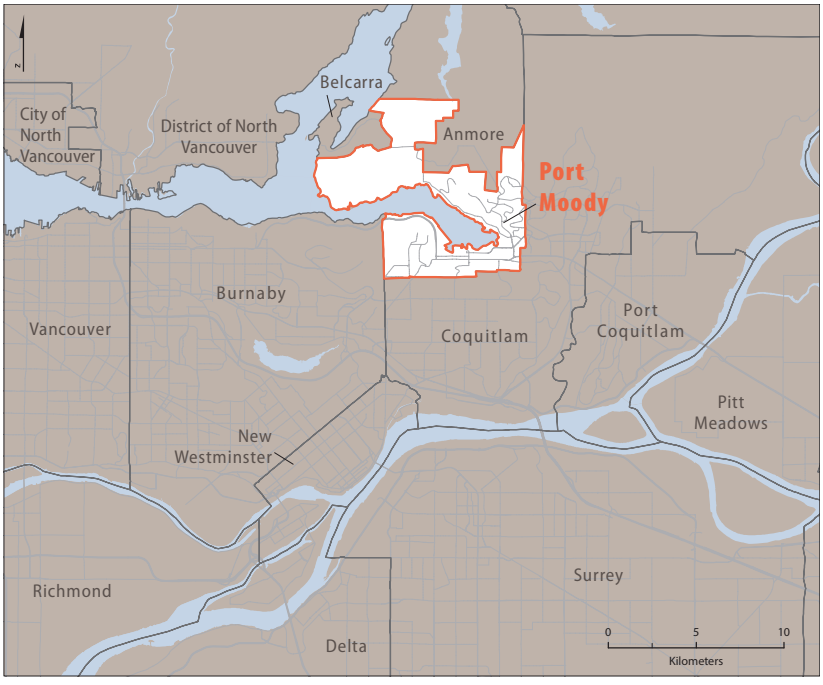
Port Moody
Community Health Profile

my Health my Community

This report provides an overview of health and wellness in Port Moody 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

- Port Moody had the lowest rates of smoking and obesity, and highest rate of physical activity in Fraser Health.
- There is room for improvement with respect to healthy behaviours. Less than one in three respondents were eating 5+ servings of fruits and vegetables, four out of ten reported high screen time, and one in five reported binge drinking at least once per month.
- Over 89% of Port Moody respondents had a family doctor.
- Port Moody is part of the new Tri-Cities Healthier Communities Partnership, where mental health, seniors, and physician recruitment have been identified as priority areas.



PORT MOODY POPULATION 18+ YEARS (CENSUS 2011) = 25,500

COMMUNITY DEMOGRAPHICS

GENDER

Female	**54%**
Male	**46%**

AGE (YEARS)

18-39	**38%**
40-64	**54%**
65+	**8%**

BIRTH PLACE

Born in Canada	**76%**

EDUCATION

Below high school	**s**
High school	**25%**
Certificate or diploma	**37%**
University degree	**38%**

HOUSEHOLD INCOME

Under $40,000	**7%**
$40,000 to $79,999	**27%**
$80,000 to $119,999	**33%**
$120,000 & above	**33%**

EMPLOYMENT

Employed	**81%**
Not in labour force	**16%**
Unemployed	**s**

ETHNICITY

Aboriginal	**s**
Caucasian	**79%**
Chinese	**s**
South Asian	**s**
Other	**10%**

S = suppressed

a place of mind THE UNIVERSITY OF BRITISH COLUMBIA
fraserhealth
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 suppressed) due to small sample size and this is indicated with an 'S'.

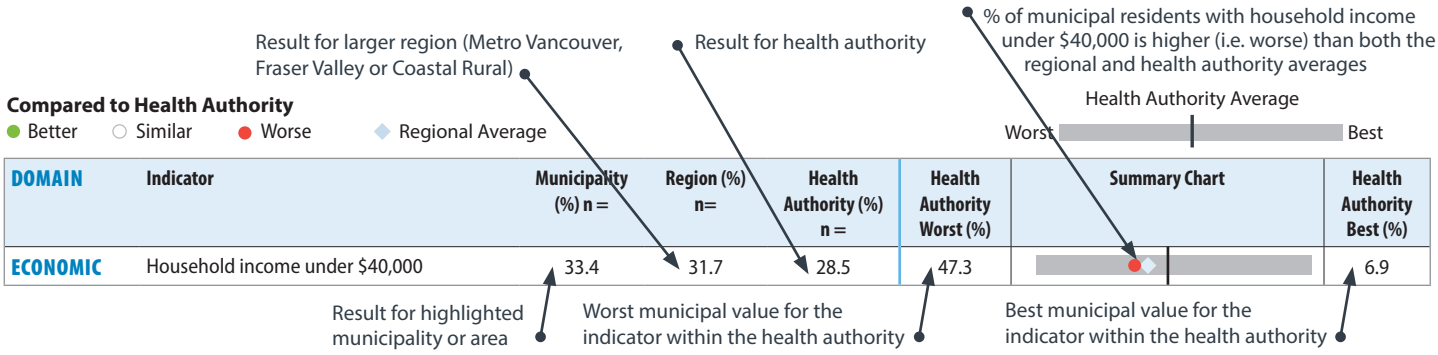
Metro Vancouver averages for each indicator are represented by: %

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.



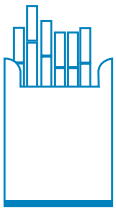
To provide feedback or for any additional information please contact: **info@myhealthmycommunity.org**

Port Moody | 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.

3% DAILY OR OCCASIONAL **SMOKERS**

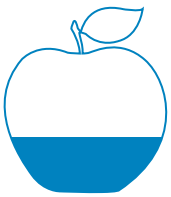


AGE	
18 - 39	S
40 - 64	S
65+	S
GENDER	
Female	6%
Male	S

S = suppressed

11% Metro Vancouver

29% 5+ **FRUIT & VEGETABLE** SERVINGS DAILY



AGE	
18 - 39	31%
40 - 64	27%
65+	S
GENDER	
Female	34%
Male	23%

S = suppressed

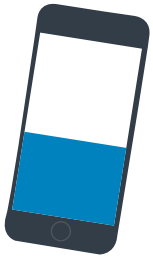
25% Metro Vancouver

57% 150+ MINUTES OF WEEKLY **PHYSICAL ACTIVITY**

AGE	
18 - 39	52%
40 - 64	57%
65+	76%
GENDER	
Female	49%
Male	66%

44% Metro Vancouver

41% 2+ HOURS OF DAILY **SCREEN TIME**



AGE	
18 - 39	48%
40 - 64	37%
65+	44%
GENDER	
Female	45%
Male	38%

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.**

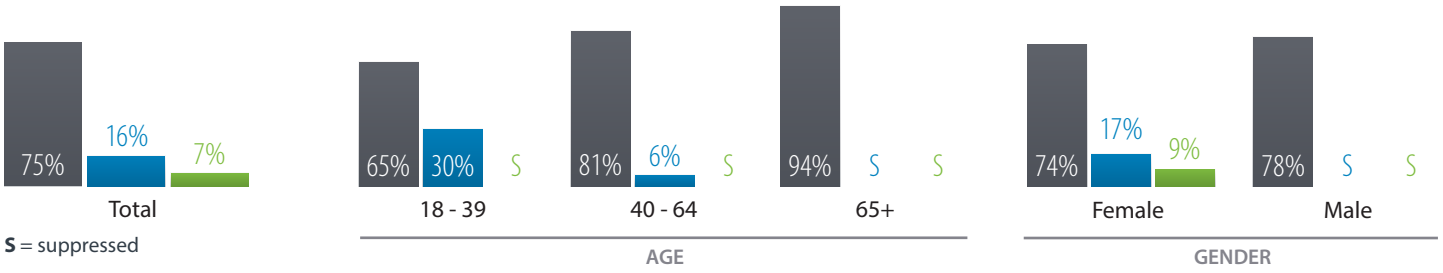
Healthy behaviours varied by ethnicity. Compared to the Metro Vancouver average, **smoking** was **3 times higher among Aboriginal people,** consumption of **5+ daily servings of fruits and vegetables** was **40% lower among South Asians**, and weekly recommended **physical activity** was **25% lower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

Port Moody | 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



S = suppressed

55% Metro Vancouver

28% Metro Vancouver

14% Metro Vancouver

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

OVERALL 30 min — 30 min Metro Vancouver

CAR/TRUCK 30 min — 25 min Metro Vancouver

TRANSIT 60 min — 45 min Metro Vancouver

WALK/CYCLE 10 min — 20 min Metro Vancouver

WALK OR CYCLE FOR ERRANDS

9%

AGE

18 - 39	13%
40 - 64	S
65+	S

GENDER

Female	11%
Male	S

20% Metro Vancouver

S = suppressed

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.

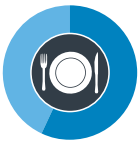
Port Moody | Built Environment

WELL MAINTAINED SIDEWALKS IN NEIGHBOURHOOD

87% AGREE

76% Metro Vancouver

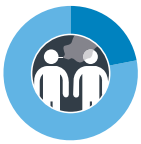
AMENITIES WITHIN WALKING OR CYCLING DISTANCE



57% AGREE

70% Metro Vancouver

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



22% AGREE

27% Metro Vancouver

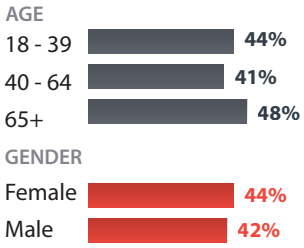
Port Moody | Community Resiliency

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**

43%

45% Metro Vancouver

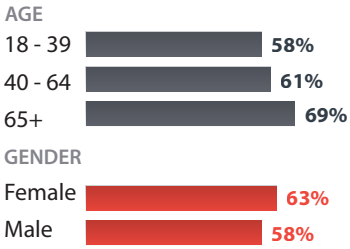


6% Metro Vancouver residents with ***no one*** to confide in

STRONG SENSE OF **COMMUNITY BELONGING**

61%

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**.

Port Moody | 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**

89%

AGE

18 - 39	79%
40 - 64	94%
65+	S

GENDER

Female	90%
Male	87%

S = suppressed

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**.

Port Moody | 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**

34% GOOD

7% FAIR OR POOR

59% EXCELLENT OR VERY GOOD

AGE

18 - 39	66%
40 - 64	55%
65+	51%

GENDER

Female	54%
Male	65%

49% Metro Vancouver excellent or very good

SELF-RATED **MENTAL HEALTH**

29% GOOD

8% FAIR OR POOR

63% EXCELLENT OR VERY GOOD

AGE

18 - 39	60%
40 - 64	64%
65+	74%

GENDER

Female	58%
Male	70%

57% Metro Vancouver excellent or very good

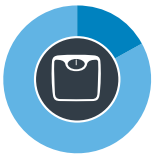
ACROSS METRO VANCOUVER

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.

Port Moody | Obesity

OBESITY (BODY MASS INDEX >=30.0)



17%

AGE

18 - 39	11%
40 - 64	22%
65+	S

GENDER

Female	21%
Male	S

S = suppressed

22% Metro Vancouver

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.

Port Moody | 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

S

AGE

18-39	S
40-64	S
65+	S

GENDER

Female	S
Male	S

S = suppressed

8% Metro Vancouver

HEART DISEASE

S

AGE

18-39	S
40-64	S
65+	S

GENDER

Female	S
Male	S

S = suppressed

5% Metro Vancouver

MOOD OR ANXIETY DISORDER

18%

AGE

18-39	16%
40-64	22%
65+	S

GENDER

Female	25%
Male	S

S = suppressed

16% Metro Vancouver

HIGH BLOOD PRESSURE

19%

AGE

18-39	S
40-64	24%
65+	S

GENDER

Female	16%
Male	S

S = suppressed

18% Metro Vancouver

MULTIPLE CHRONIC ILLNESSES

S

AGE

18-39	S
40-64	S
65+	S

GENDER

Female	S
Male	S

S = suppressed

8% Metro Vancouver

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.**

Port Moody | Community Health Indicators

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

Compared to Fraser Health

● Better ○ Similar ● Worse ◆ Metro Vancouver Average

DOMAIN	Indicator	Port Moody (%) n = 304	Metro Vancouver (%) n = 28128	Fraser Health (%) n = 15427	Fraser Health Worst (%)	Summary Chart	Fraser Health Best (%)
ECONOMIC	Household income under $40,000	6.9	31.7	28.5	47.3		6.9
	Currently unemployed	s	6.4	6.0	12.0		4.0
HEALTH STATUS	General health (excellent/very good)	58.9	48.5	47.5	40.7		58.9
	Mental health (excellent/very good)	63.0	56.5	58.8	47.7		64.6
	Obesity (BMI 30+)	17.3	21.7	27.2	36.7		17.3
	Diabetes	s	7.7	8.8	11.5		3.3
	High blood pressure	18.7	17.9	19.5	34.4		14.4
	Heart disease	s	4.7	5.0	7.6		2.8
	Chronic breathing condition	6.7	7.2	7.3	10.9		4.1
	Arthritis	9.5	13.1	13.9	30.0		7.4
	Mood or anxiety disorder	17.7	16.3	16.7	28.2		13.9
	Multiple chronic conditions[1]	s	7.9	8.8	12.5		5.9
	Cancer (lung, breast, prostate or colorectal)	s	2.9	3.0	8.8		2.3
LIFESTYLE	Binge drinking (1+ times/month)[2]	22.9	20.7	18.8	24.8		15.1
	Smoker (daily/occasional)	3.3	10.6	10.5	22.4		3.3
	Physical activity (150+ minutes/week)	56.7	44.1	43.3	38.2		56.7
	5+ servings of fruits and vegetables (/day)	28.8	24.9	23.6	20.5		30.0
	Stress (extremely/quite stressed)	14.7	17.8	18.6	26.3		13.7
	Screen time (2+ hours/day)	41.4	47.8	47.5	60.8		41.4
	High physical wellness score (10-16)[3]	43.9	37.7	35.6	28.4		43.9
PRIMARY CARE ACCESS	Have a family doctor	88.5	83.1	85.8	78.5		92.3
	Visited health care professional (past 12 months)	81.0	80.4	79.9	76.0		84.4
	Visited physician with appointment	77.7	75.0	77.0	71.3		85.6
	Visited walk-in clinic without appointment	13.2	16.5	15.1	21.0		7.9
BUILT ENVIRONMENT	Commute - car	75.1	55.1	67.0	81.8		47.5
	Commute - public transit	15.7	28.2	21.4	3.2		38.0
	Commute - walk or cycle	7.3	13.7	8.4	3.7		20.9
	Commute time (one way 30+ minutes)	60.9	56.0	55.7	66.6		33.3
	Primary mode to run errands - walk or cycle	9.5	19.8	11.0	3.9		24.9
	Second hand smoke exposure (public places)	22.2	26.6	23.5	32.2		6.8
	Sidewalks well maintained (strongly/somewhat agree)	86.5	75.5	72.8	40.1		86.5
	Amenities within walking/cycling distance (strongly/somewhat agree)	56.7	69.5	61.3	32.3		82.3
	Transit stop (less than 5 minute walk)	88.2	84.0	78.7	14.7		91.3
COMMUNITY RESILIENCY	Emergency supplies (3+ days)	28.0	26.7	27.3	23.5		32.0
	Food insecure (sometimes/often)	s	7.0	6.3	12.7		3.6
	Community belonging (strong/somewhat strong)	60.6	55.9	56.0	49.1		71.1
	4+ people to confide in/turn to for help	42.9	45.0	43.2	32.1		50.5

S = suppressed

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.