

The Journey to Wellness

Population Health Priorities of Richmond Residents

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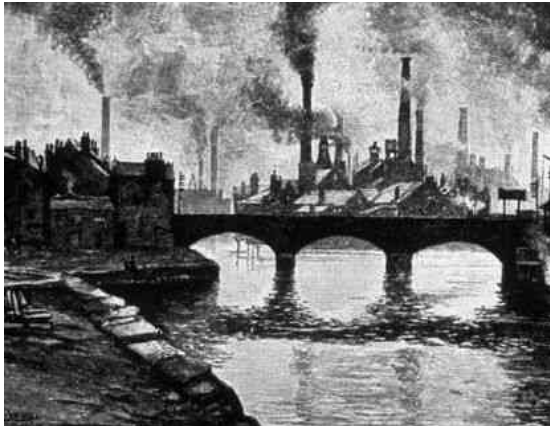
Overview

- Illness, wellness, determinants
- Review population health priorities identified by the MHMC survey and other data sources
- Universal versus Targeted Action: My Health My Community neighborhood atlas

Main causes of morbidity and mortality have changed over time



Communicable diseases



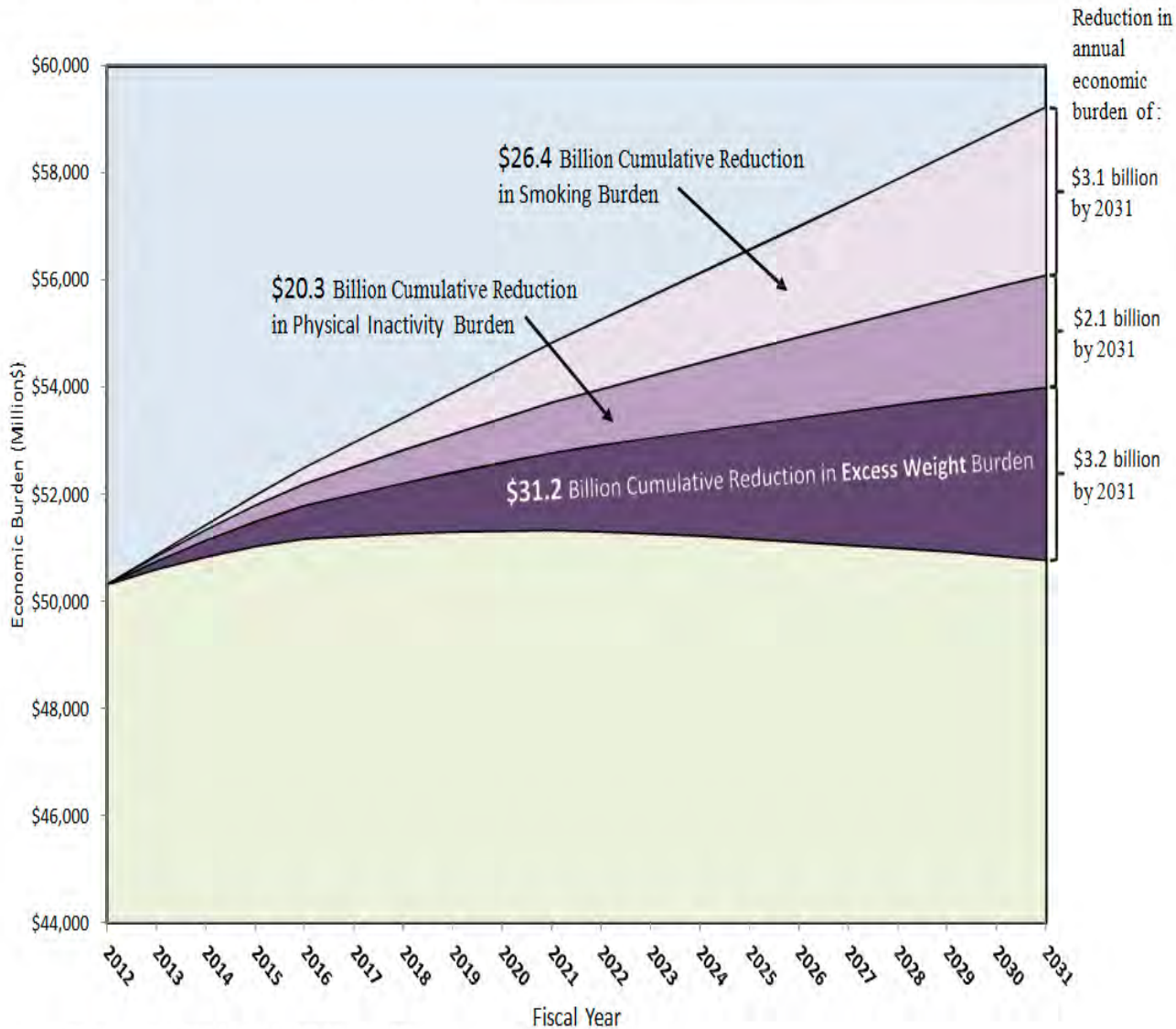
Injury and disease prevention



Chronic health problems - prevention & management



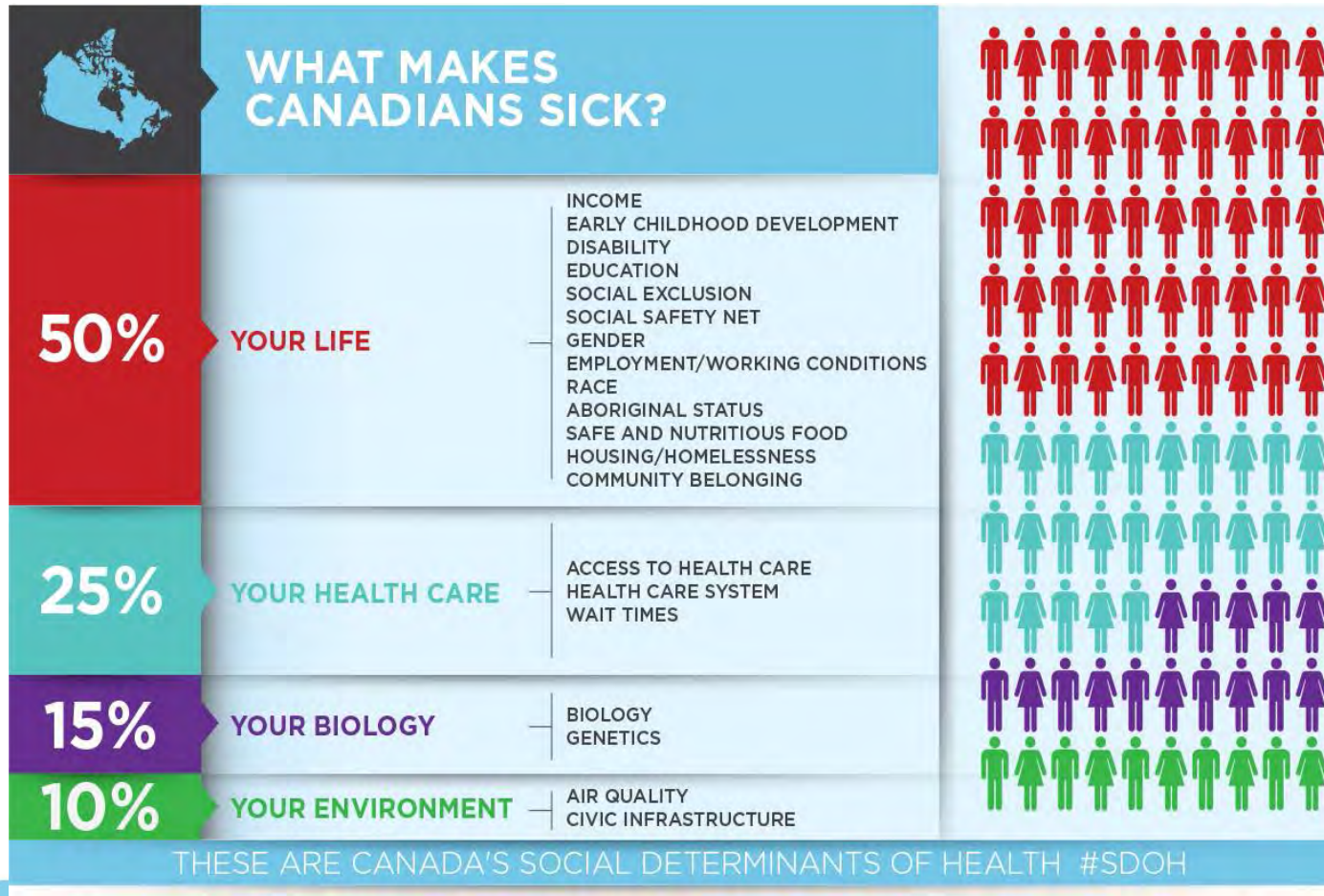
Changes in economic burden of smoking, excess weight and physical inactivity, 1% reduction in risk factor prevalence compared to no reduction, Canada, 2012-2031 (constant million \$)



COST of DOING NOTHING

Source: Canadian Journal of Public Health
January/February 2014, 69-78

Wellness - a mandate beyond the health care system



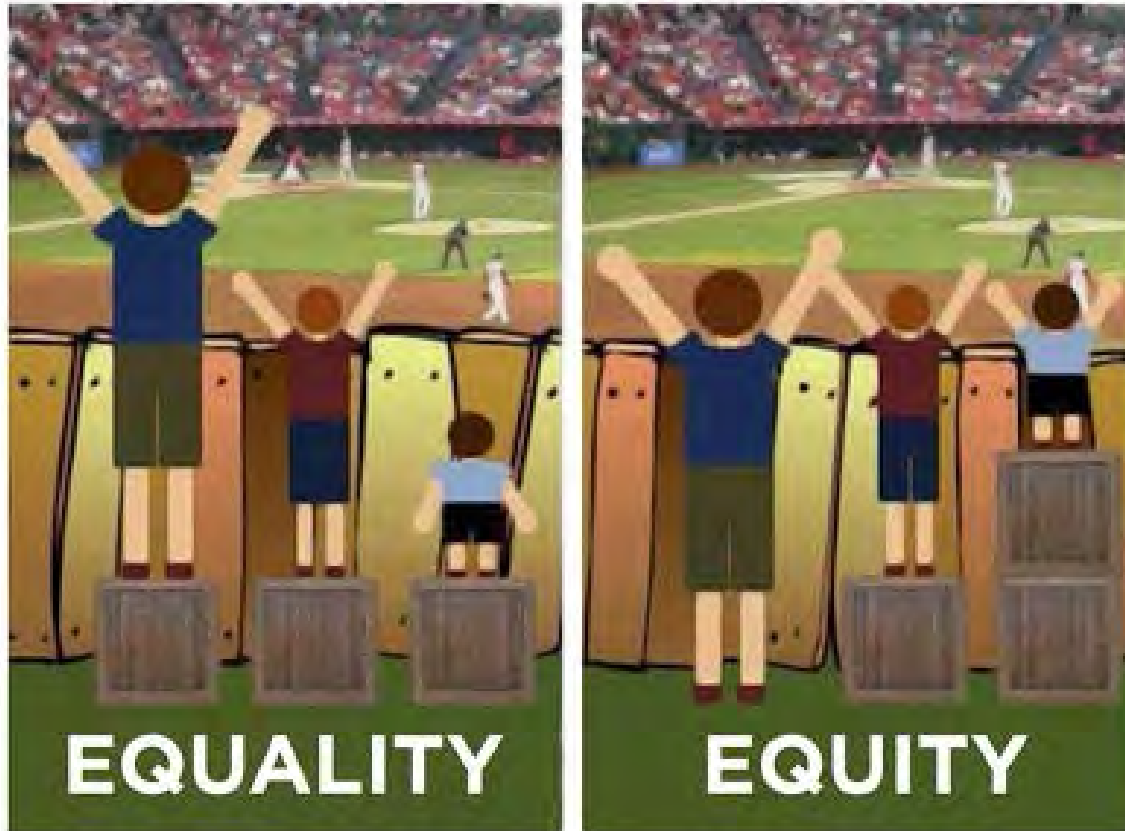
Societal policies and structures impact health outcomes

The health gradient



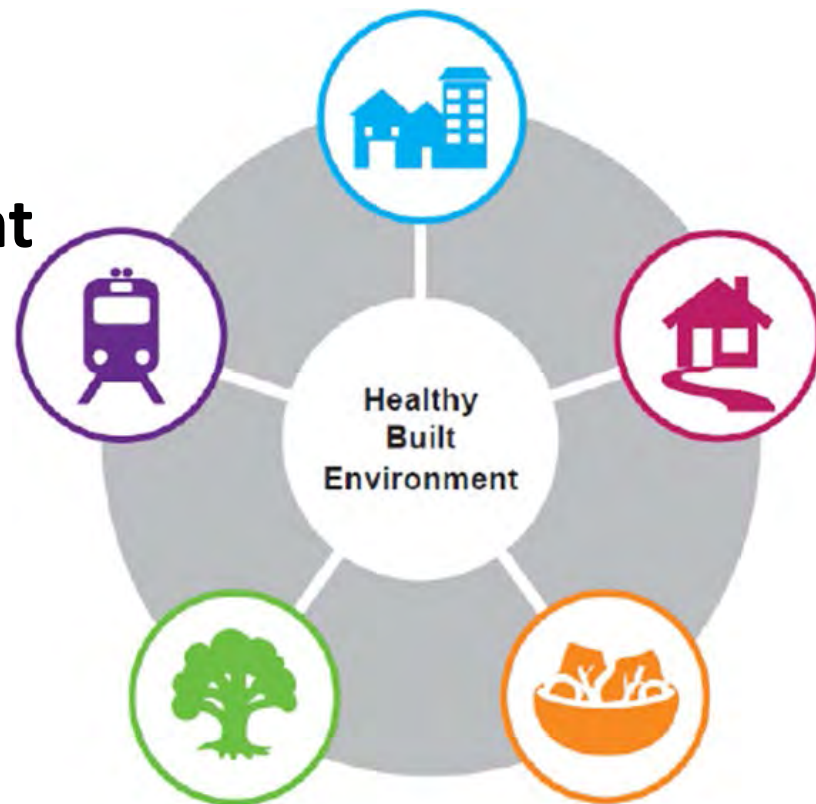
Source: Taket A (1990) *Making Partners: Intersectoral Action for Health: Proceedings and Outcome of a Joint Working Group on Intersectoral Action for Health*. Copenhagen, WHO.

Population level impact requires attention to inequities

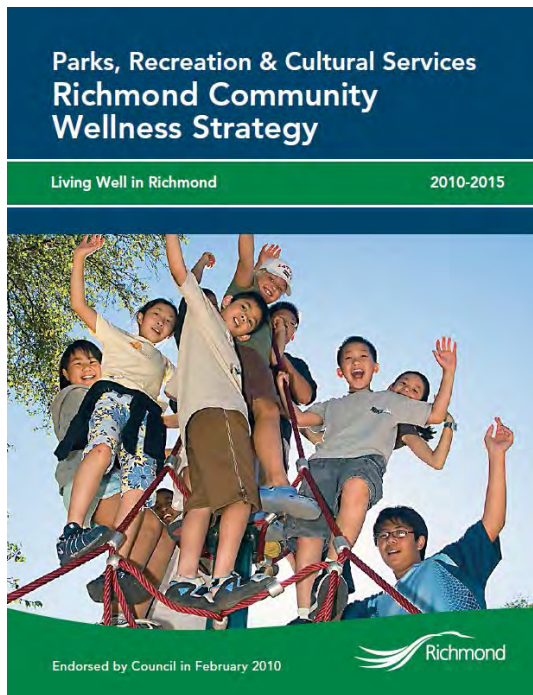


Focus of partnership between Health and Municipalities

Chronic Disease Prevention
Early Childhood Development
Social Connectedness
Tobacco Reduction
Food Security
Injury Prevention
Healthy Built Environment



Richmond Wellness Strategy 2010-2015



First partnership agreement in BC between a local government and health.

Desired Outcomes:

- Increased commitment to wellness and well-being
- Increased physical activity and physical fitness
- Increased sense of connectedness to the community

Indicators of interest

- Self reported physical and mental health
- Lifestyle risk factors: physical activity, diet, tobacco, alcohol
- Access to primary care
- Social connectedness: social capital and cohesion
- Children: child poverty, early development index

Population health successes - adults

Indicators	Richmond	VCH
Life expectancy (years)	85.5	~ 84
Obesity	17%	22%
Smoking rate (daily/occasional – 10%*)	8%	11%
Binge drinking (1+ times/month – 14*)	15%	23%
Stress (extremely/quite)	14%	16%
Have a family doctor	87%	81%

*BC Public Health Framework Targets

Data source for all indicators: My Health My Community

Population health successes – children and youth

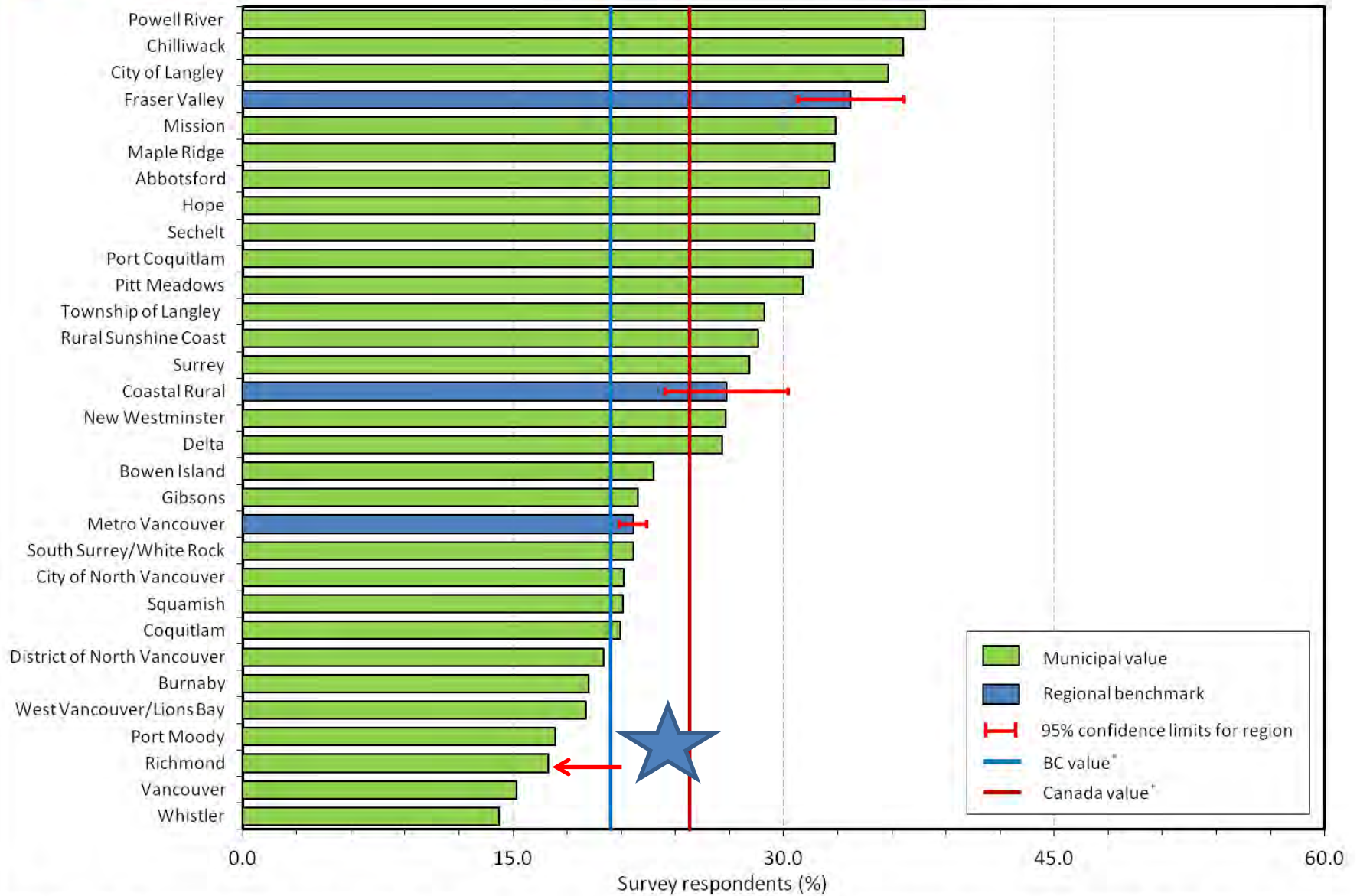
Indicators	Richmond	BC
Self-rated excellent/very good health ¹	86%	87%
Self-rated positive mental health ¹	80%	81%
Happiness indicator – Gr 4 % thriving ²	68%	
Ever tried smoking ¹	14%	21%
Two year old immunization coverage ³	72%	69% (VCH)

¹McCreary Adolescent Youth Survey, 2013

²Middle Development Instrument, HELP, 2013

³ VCH Immunization Coverage Survey, 2012 birth cohort

Obesity: Body Mass Index (BMI) 30 kg/m² +
My Health My Community Survey 2013-2014



Population health opportunities - adults

Indicators	Richmond (%)	VCH (%)
Self-rated excellent/very good health	42	50
Self-rated positive mental health (80%*)	52	55
5+ fruit/veg per day (55%*)	21	27
Meeting physical activity guidelines (70%*)	38	46
Walk or cycle for errands	12	28
Strong sense of community belonging	56	58
4+ people to confide in/turn to for help	42	48

*BC Public Health Framework Targets

Data source for all indicators: My Health My Community

Population health opportunities - children and youth

Indicators	Richmond (%)	BC (%)
% children vulnerable on any Early Development Index dimension ¹ (21%*)	35	
Child poverty rate ²	24	20
Gr 3/4 Children consuming 5+ fruit/veg ³	54	52
Gr 10 Youth consuming 5+ fruit/veg per day ³	44	44
Gr 3/4 Children physically active ³	42	44
Gr 10 Youth physically active ³	38	44
Feel connected to their community ⁴	42	40

*BC Public Health Guiding Framework Targets

¹Early Years Development Index, Human Early Learning Partnership

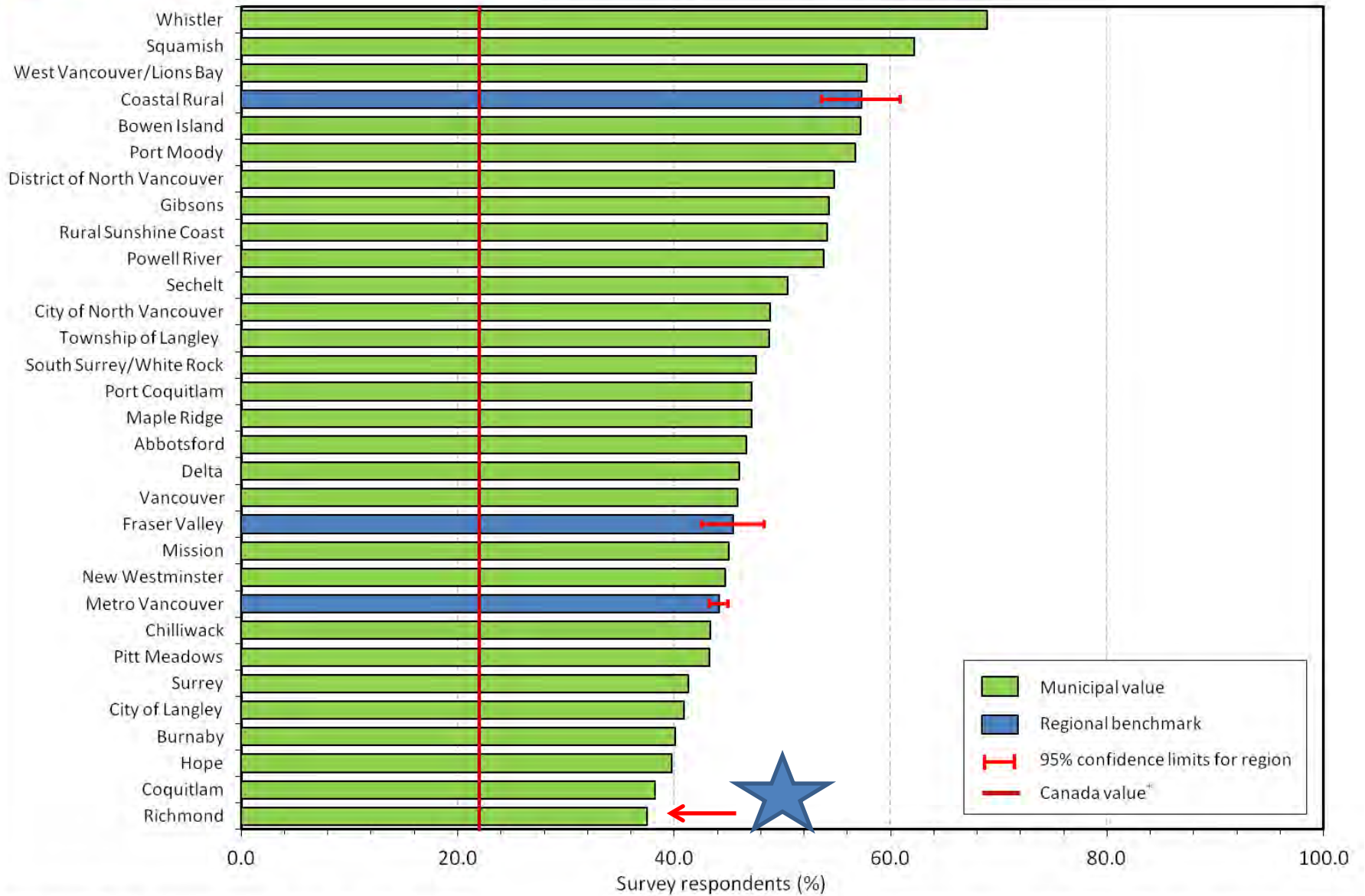
²Child Poverty Report Card, 2016

³BC School Satisfaction Survey 2013-2014

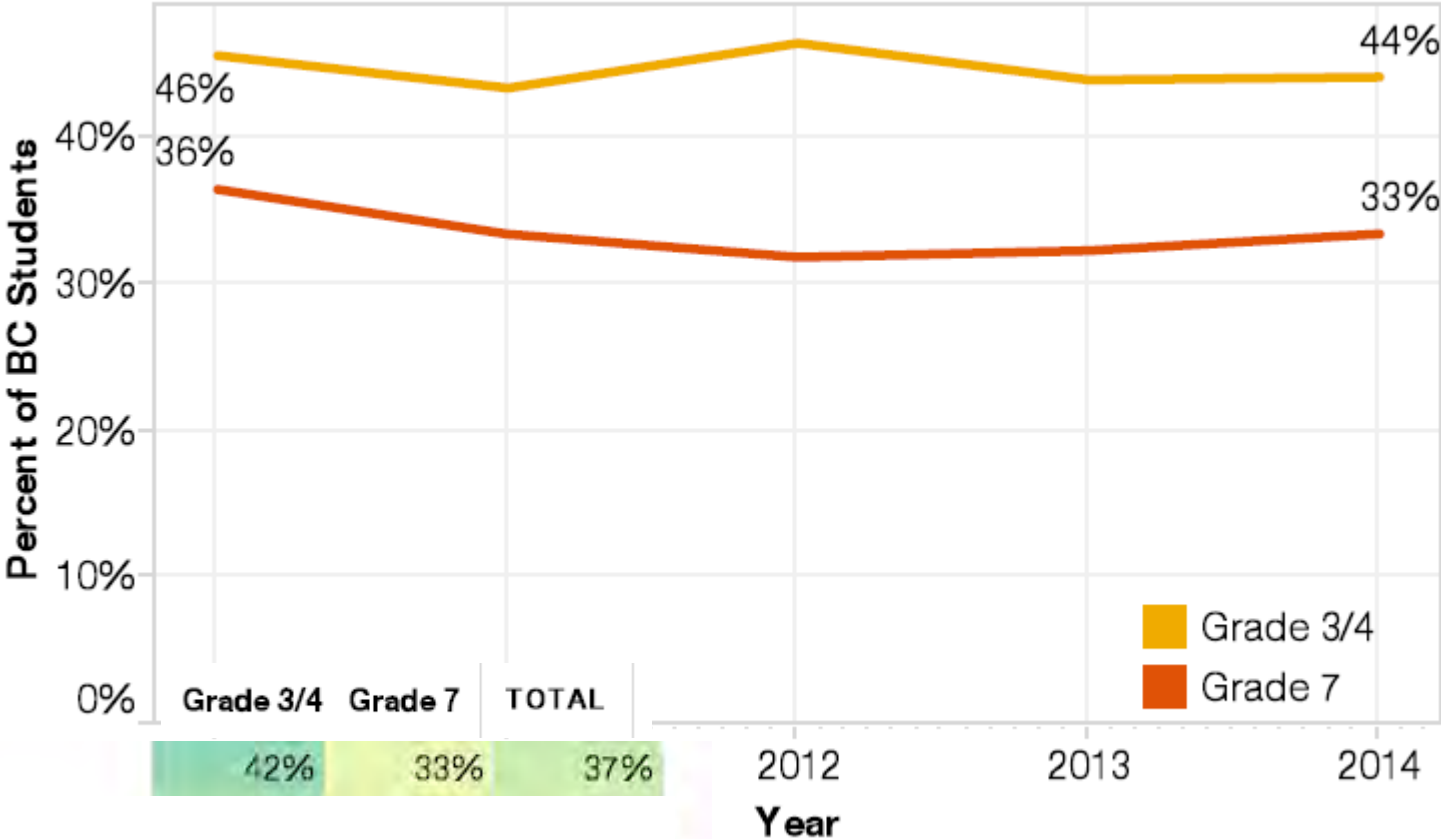
⁴BC Adolescent Health Survey, McCreary

PHYSICAL ACTIVITY

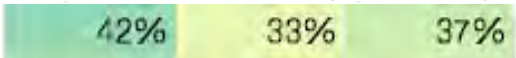
Physical activity: 150 minutes or more per week
My Health My Community Survey 2013-2014



Students meeting physical activity target (moderate to vigorous activity 30 mins/day)



Richmond

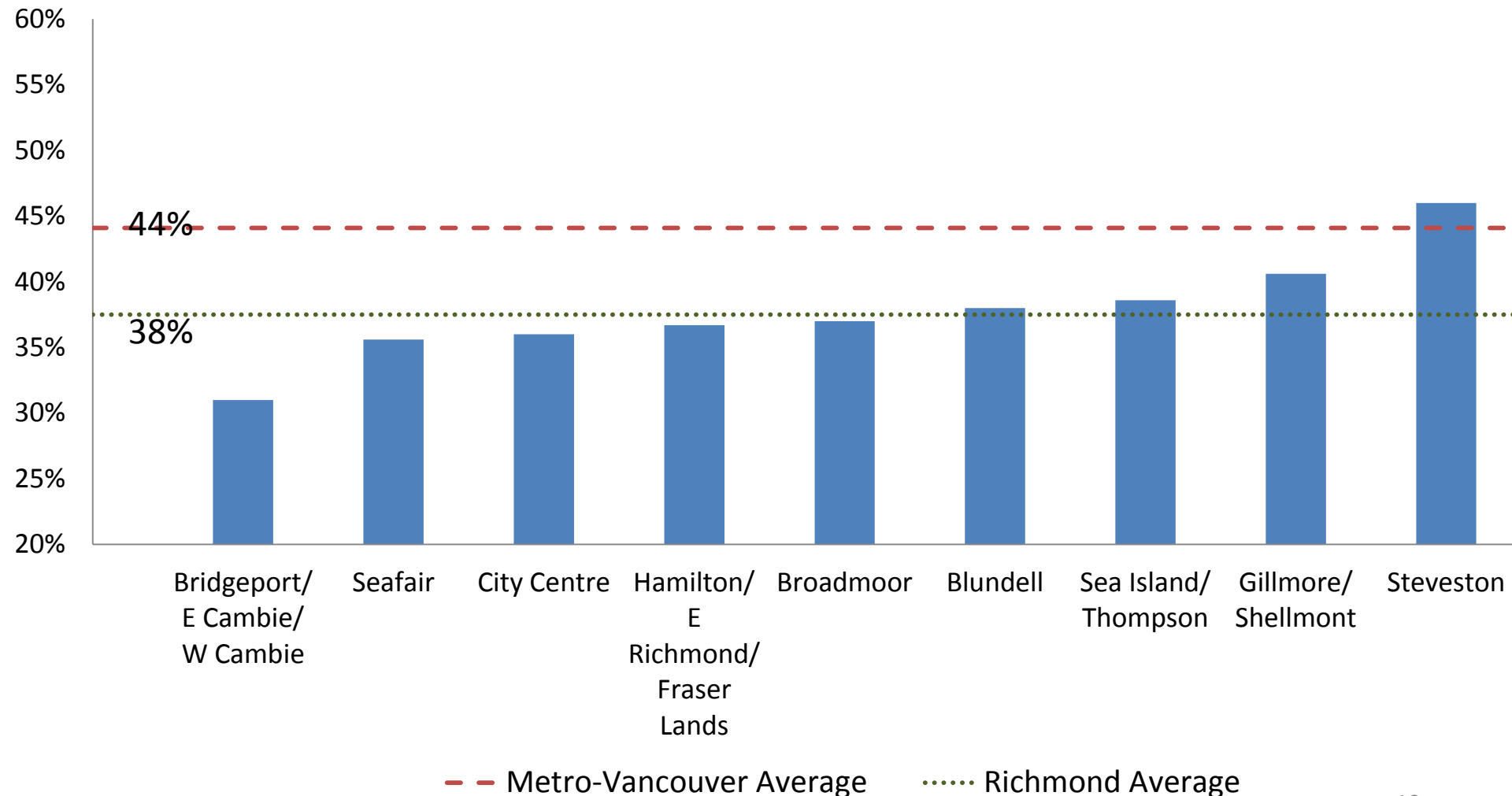


BC AVERAGE

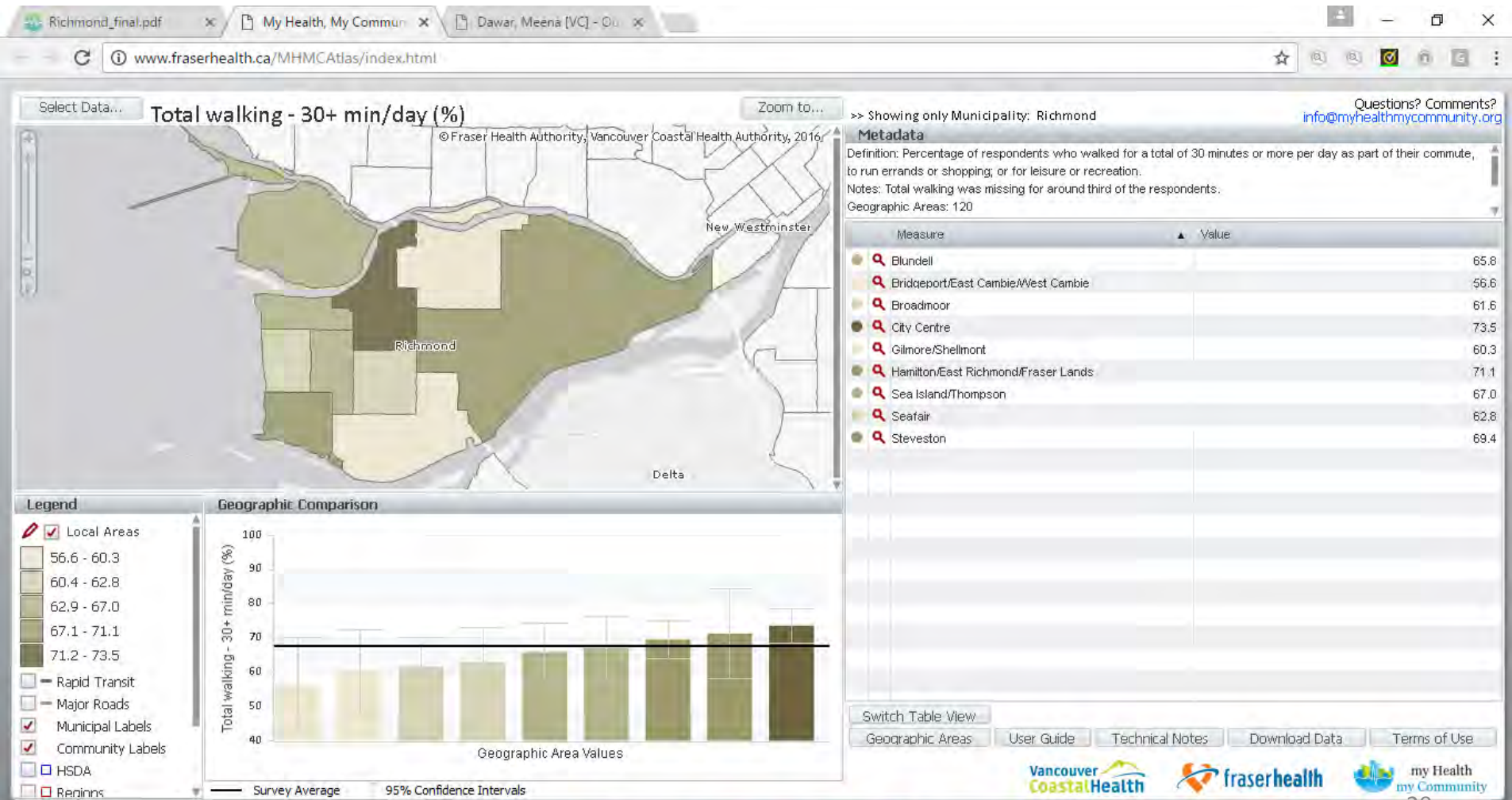


Range: 27% 49%

Adults meeting physical activity target (150+ mins of moderate to vigorous physical activity/week)



Adults walking 30+ minutes/day



Transportation to work or school

Richmond

COMMUTE MODE TO WORK OR SCHOOL



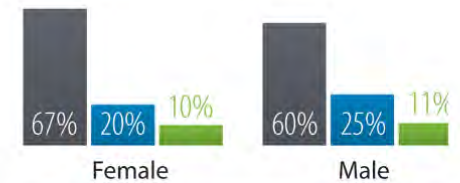
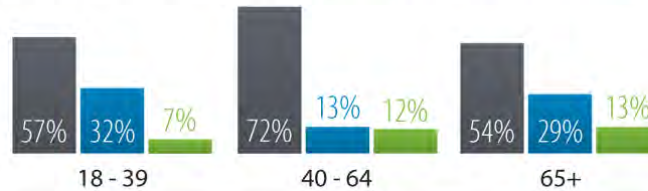
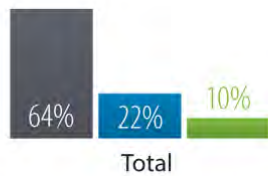
CAR/TRUCK



TRANSIT



WALK/CYCLE



AGE

GENDER



55% Metro Vancouver



28% Metro Vancouver



14% Metro Vancouver

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



30 min Metro Vancouver



25 min Metro Vancouver



45 min Metro Vancouver



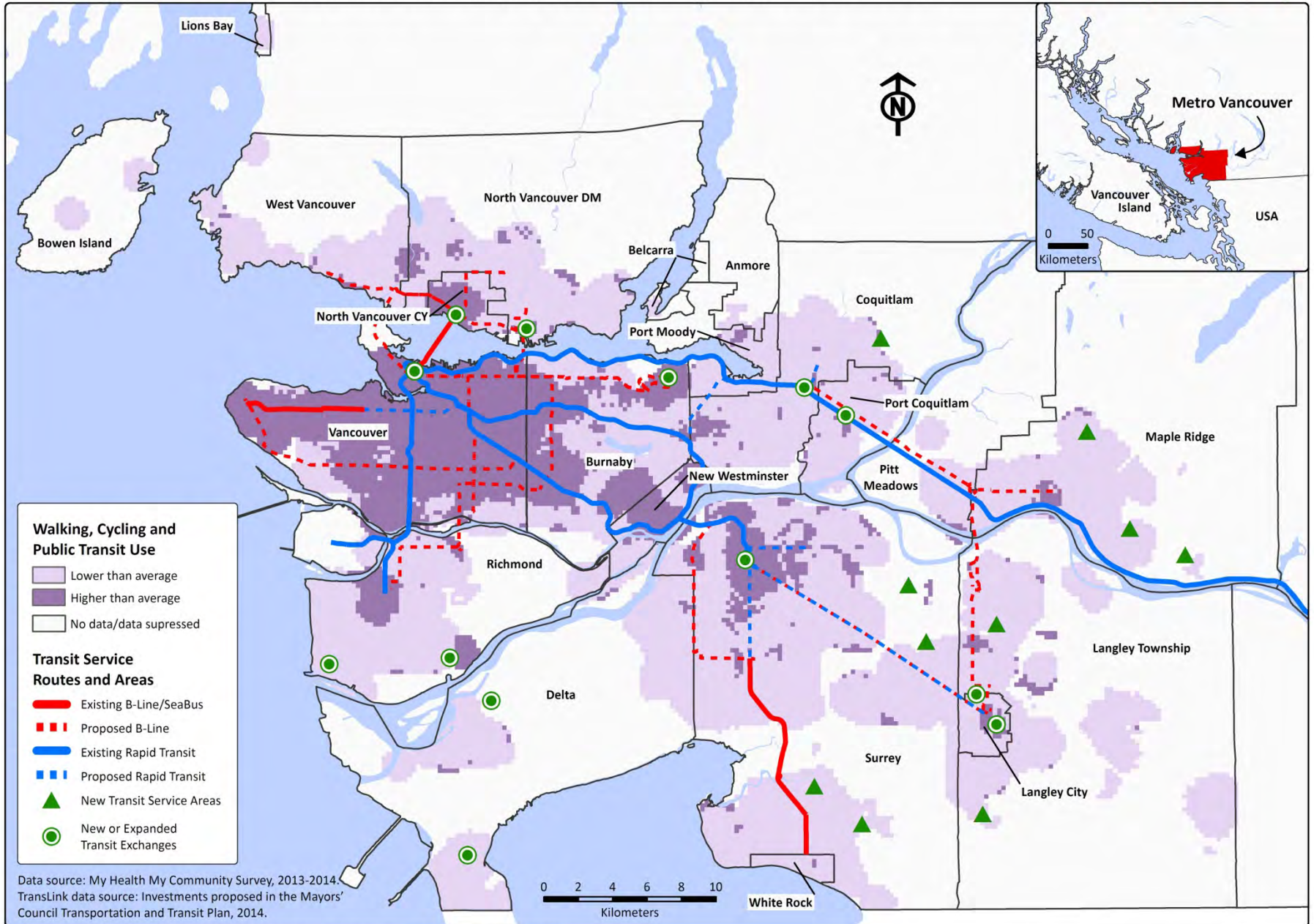
20 min Metro Vancouver

WALK OR CYCLE FOR ERRANDS



20% Metro Vancouver

Walking, cycling and public transit commuters in relation to existing and proposed transit service routes and areas. Metro Vancouver, My Health My Community Survey 2013-2014

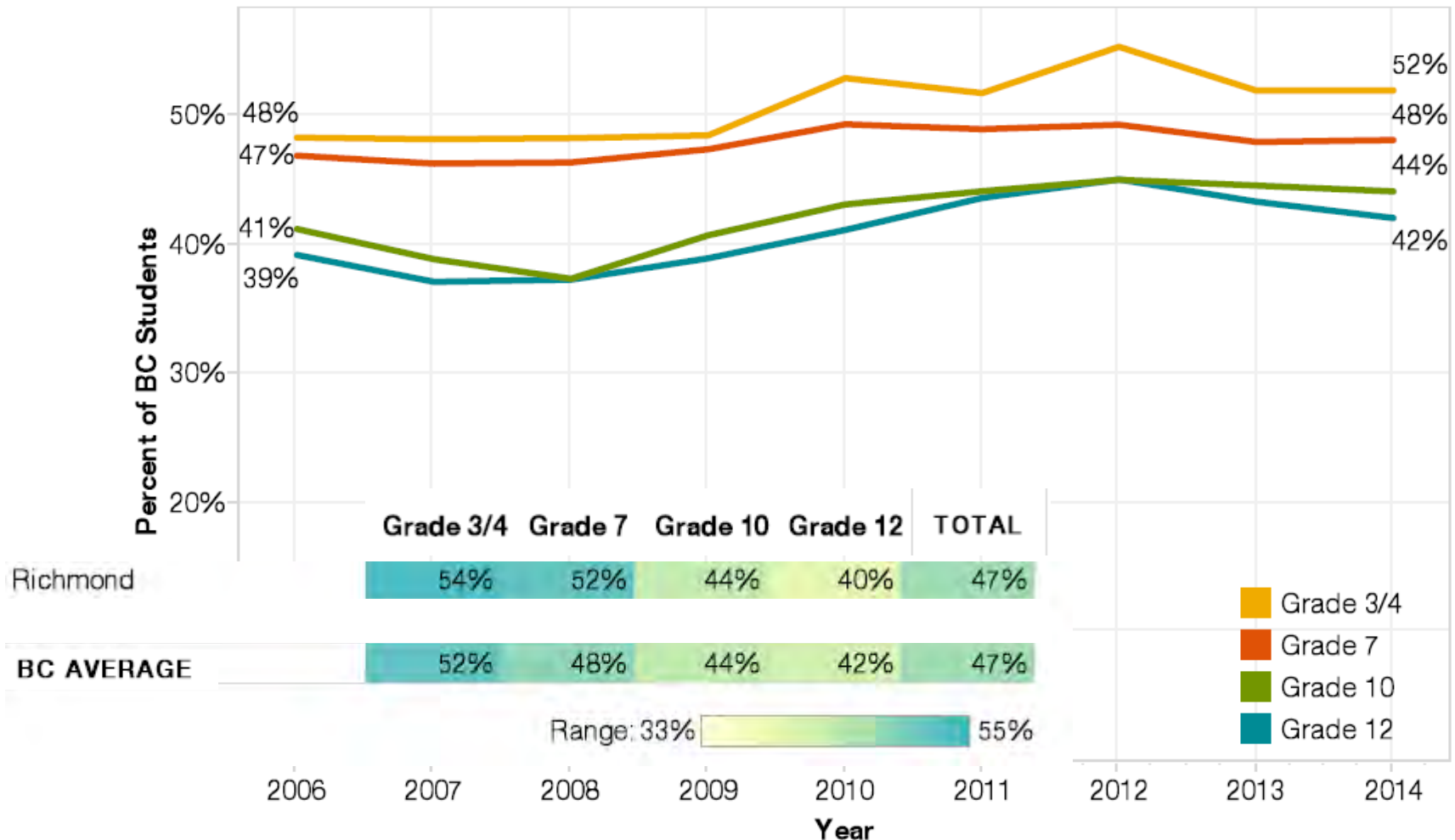


Additional considerations

- Commuting by walking or biking = 69% greater likelihood of meeting physical activity targets
- Commuting by walking, biking or transit = 33% lower likelihood of obesity
- Less time commuting in the car = more time in the community, and greater social connectedness

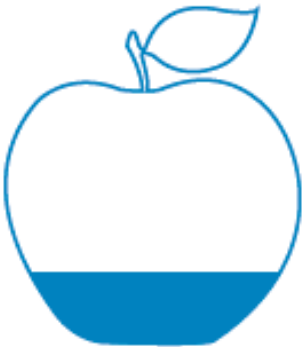
HEALTHY EATING

Youth: Fruits and vegetable consumption in previous 24 hours



Adults: Fruit and veggie consumption

21%



➔ 5+ **FRUIT & VEGETABLE** SERVINGS DAILY

AGE



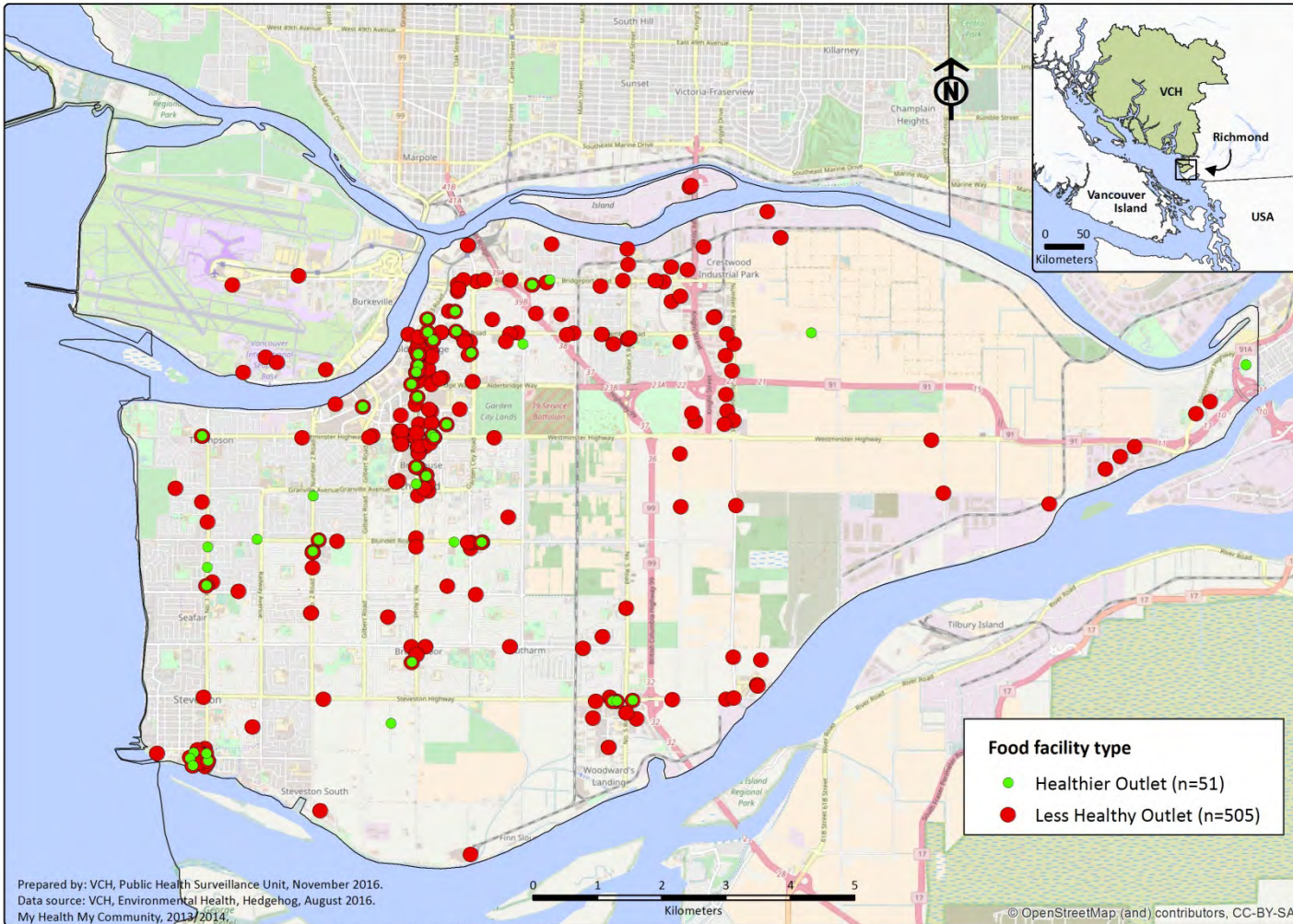
GENDER



25% Metro Vancouver

Neighborhood Food Environment

Healthier and Less Healthy Food Outlets in Richmond between June 27, 2013 and June 1, 2014.



● **HEALTHIER**
*e.g. grocery stores,
 green grocers, meat
 and fish stores*

● **LESS HEALTHY**
*e.g. convenience
 stores, gas stations
 and limited service*

Prepared by: VCH, Public Health Surveillance Unit, November 2016.
 Data source: VCH, Environmental Health, Hedgehog, August 2016.
 My Health My Community, 2013/2014.

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Neighborhood Food Environment Research

Results: Access influences outcome

Living in proximity to limited service or fast food restaurants

- lower consumption of fruits and vegetables
- higher consumption (3+ times/wk) sugary beverages or sugary snacks.

Living in neighborhoods with a higher retail food environment index (RFEI)

- less likely to be overweight or obese than people living in a neighborhood with a lower RFEI.

SOCIAL CONNECTEDNESS

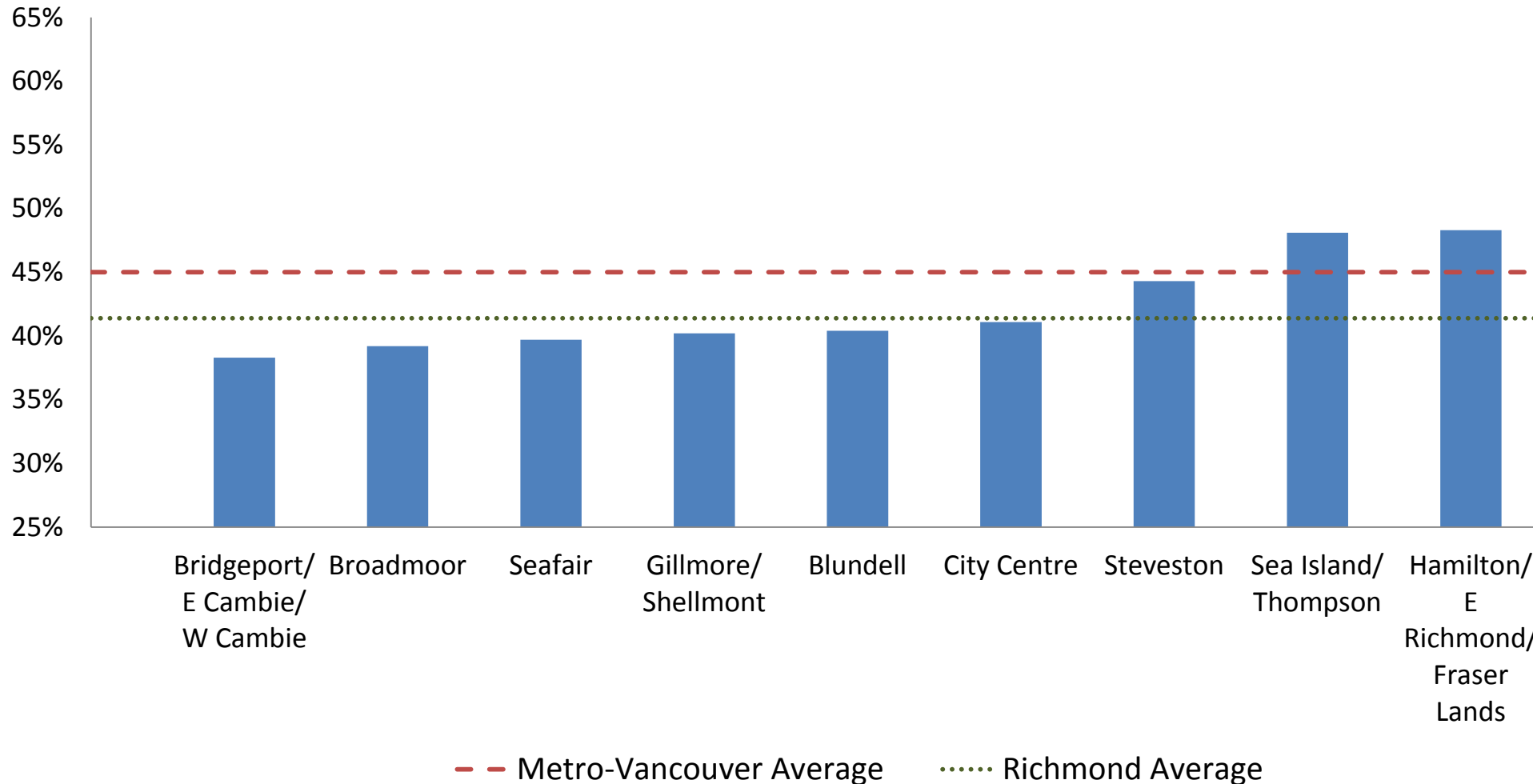
Various Forms of Social Connection

- **Social Capital**
 - Access to support, resources, and information due to relationships with others
- **Social Cohesion**
 - Perception of belonging to a 'community'
 - Address well being of all members
- **Social Inclusion**
 - Full and equal participation in social, cultural and political institutions for all members of a 'community'

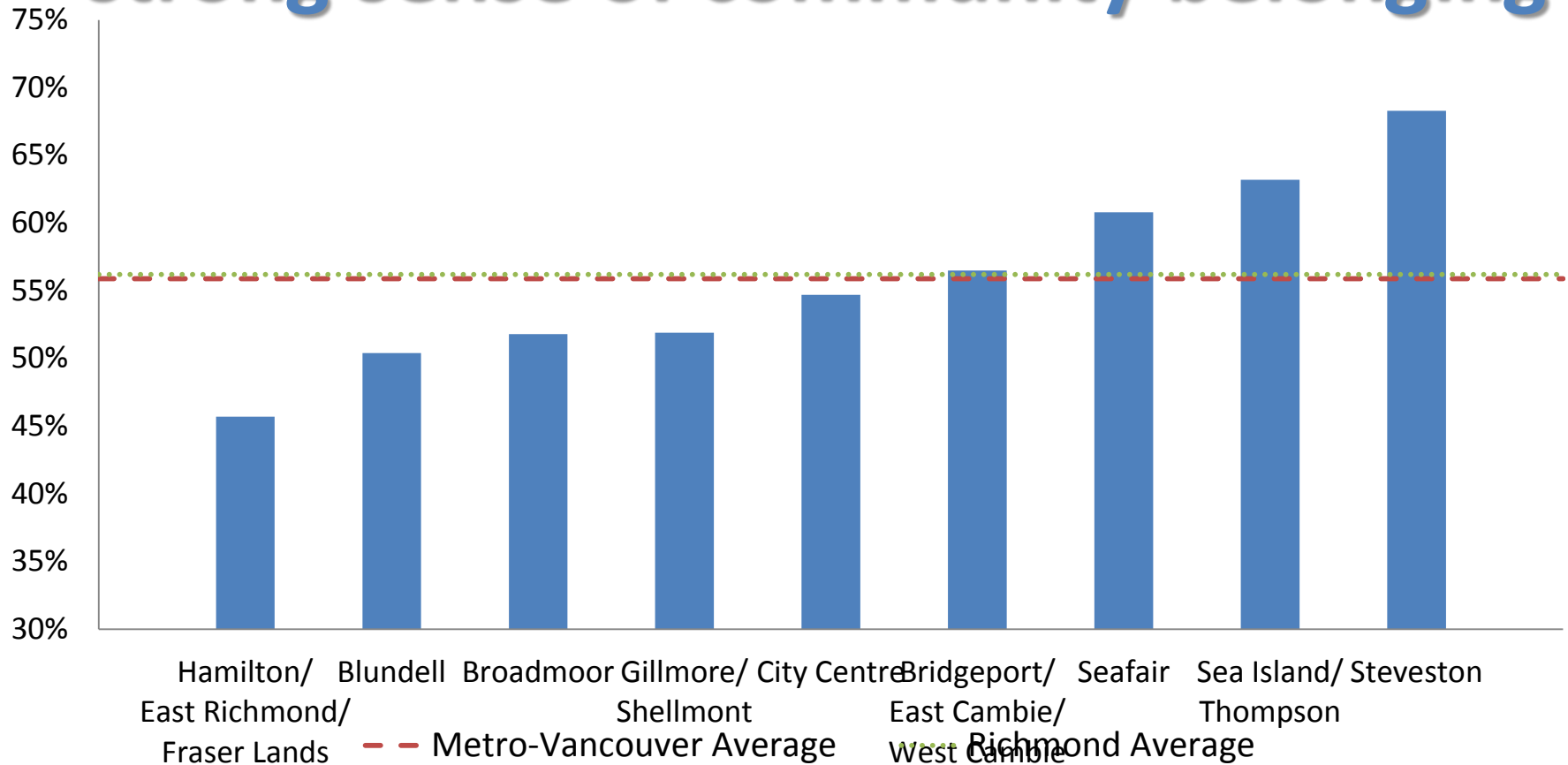


Image Designed by Alvaro_cabrera - Freepik.com

Social support: % Population with 4+ people to confide in or turn to for help



Community Belonging: % People with strong sense of community belonging



Data Source: My Health, My Community

Conclusion

1. Journey of wellness is important to continue
2. There is a shared commitment to creation of an active, caring and connected community
3. Continue with original priorities: active living, wellness and belonging
4. Recommend an added focus on healthy eating, mental wellness and early childhood development
5. Incorporate the role of the built environment on health and wellness
6. Focus on reach and population level impact
7. Use local level data to target programs and services

Acknowledgements

- My Health My Community project team and participants
- Public Health Surveillance Unit
- Richmond Food Environment Study
- Population Health Team
- Data from external sources
 - BC Adolescent Health Survey, McCreary
 - BC School Satisfaction Survey, PHSA
 - Middle Years Development Index, HELP
 - Early Years Development Index, HELP
 - Child Poverty Report Card, 2016

Richmond Neighbourhoods

