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PUBLIC INTEREST RESEARCH GROUP

Burnside Gorge Health Assessment Survey

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Report

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1. Introduction

The purpose of the Burnside Gorge Health Assessment (BGHA) was to capture a “snapshot” of the overall health and wellbeing of individuals visiting the Burnside Family Medical Clinic. The information gathered can be used to develop a deeper understanding of health and well-being in the neighbourhood, while serving as baseline data to analyze changes as the community grows. The findings will be disseminated to community groups, agencies, service providers and policy-makers in order to enrich their efforts to meet the needs of the diverse populations they serve. A related objective of the project was to develop and evaluate a process to rapidly assess the health of a neighbourhood.

To produce our “snapshot” of health and well-being, we sampled patients in a walk-in medical clinic in the Burnside Gorge neighbourhood. This allowed us to gain insight into the health and well-being of 499 individuals. Respondents answered questions drawn from the Canadian Community Health Survey (CCHS) and tailored to BGHA research priorities. Selected results were then compared to the results of the broader health service delivery area.

The BGHA project was a collaboration between the Community Council, Vancouver Island Health Authority (VIHA) Public and Population Health Observatory, and the Vancouver Island Public Interest Research Group (VIPIRG).

2. Method

As mentioned above, the BGHA survey was modeled on the Canadian Community Health Survey (CCHS) and adapted to conform to our specific project objectives and constraints. It was designed in consultation with VIHA, a walk-in clinic physician, and experienced community-based researchers. The survey was made available to individuals over 19 years of age in the waiting room of the Burnside Family Medical Clinic, located at 101 Burnside Gorge Road in Victoria, BC. The survey was entirely voluntary and anonymous.

Survey dissemination was carried out in two one-week sessions. The first session was October 19th – 24th 2008, and the second session was December 6th – 11th 2008. The Project Manager and/or a Research Assistant were present at all times in order to approach patients, answer any questions and collect the completed surveys.

Data analysis and modeling was conducted in partnership with VIHA. Where relevant, data was compared to CCHS regional and provincial figures for 2007.

The project will be presented to the Burnside Gorge Community Association Board of Directors to share data, discuss the implications of the findings and recommend follow-up activities.

3. Findings

With 499 returned surveys, the sample size of our study was relatively high. There were, however, missing results for a number of the questions where individuals did not wish to or were unable to respond. In order to determine the health characteristics of individuals in different living situations with varying levels of support, the results were broken out by the following living situations where possible:

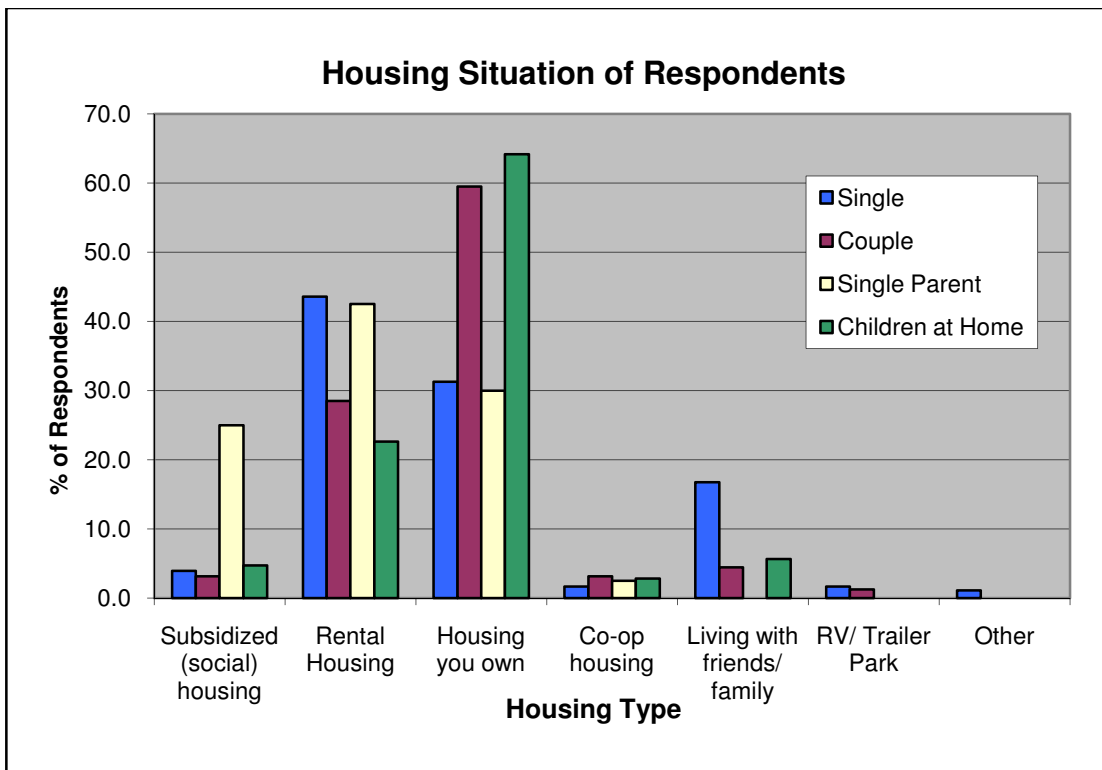
- **Single** – single person living alone or with others (friends, family etc.)
- **Couple** – individual living with spouse or partner with no children at home
- **Single Parent** – single parent living with children at home

- **Children at Home** – individual living with spouse or partner and children at home

A summary of the most salient features of the results – including some graphs – is provided below. A complete report with graphs and statistics for all questions is available upon request.

3.1 Profile of Respondents

At 37.2%, the majority of survey respondents described their living situations as being single, followed by couples (32.4%), couples with children at home (22.1%) and single parents (8.3%). 55% of single respondents lived alone and 45% lived with others. As indicated below, single parents were more likely to live in subsidized and/or rental housing, with couples and individuals with children at home most likely to live in their own housing. 80.5% of single parents identified as female.



There was a wide age distribution consistent with regional norms, although the percentages of single parents aged 26-35 (41%) and 36-45 (28.2%) were relatively high.

With 61% of respondents identifying as female, the gender of respondents was also consistent with other surveys.

Interestingly, only 37.4% of respondents live in Burnside Gorge, with others residing in 21 locations both inside and outside of the Capital Region. The most frequently-cited locations were Esquimalt (6.3%), View Royal (6.1%), and Saanich (4.4%). People may be traveling to Burnside Family Medical Clinic for a number of reasons, including long waits at hospital

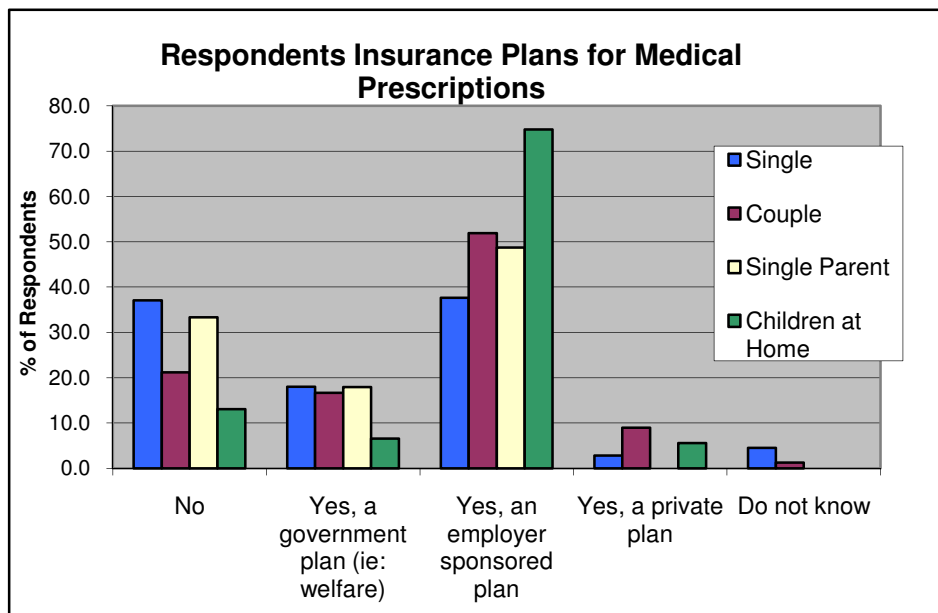
emergency rooms, difficulties in making short-notice appointments with family doctors, or the clinic’s reputation as being an efficient full-service site.

Among respondents, single parents were less likely to have graduated from high school, followed by singles, couples and individuals living with children. Despite the clinic’s proximity to the New Songhees reserve, only 28 respondents or 5.8% identified as Aboriginal.

3.2 Health Services

78.8% of respondents had a regular medical doctor, which was just below the 2007 CCHS figures for BC (87.9%) and South Vancouver Island (89.6%).

Most respondents who had insurance plans obtained coverage through their employers. In total, 26.3% respondents did not have insurance plans for medical prescriptions, 31.4% did not have



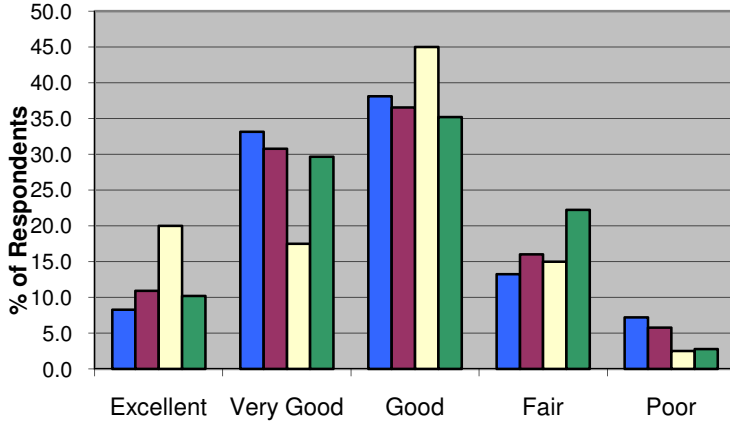
dental plans and 37.2% did not have insurance plans for eyeglasses. In all categories, singles were least likely to have plans, followed by single parents. The graph above provides a glimpse of the breakdown of medical prescription plans according to living situations.

Single parents and singles were also most likely to have avoided eye and dental care due to cost¹. The disparities between individuals in different living situations are quite striking. Only 39% of single parents visited a dentist in the past year, compared to 69.6% of couples and 67.3% couples with children at home.

Respondents were asked to rate both the availability and quality of health care. In both questions, responses hinge on levels of expectation that can be based on a number of factors. Interestingly, single parents were most likely to rate the availability of health care as “excellent” (20%), while respondents living with spouses or partners and children at home were most likely to rate availability as “fair” (22.2%).

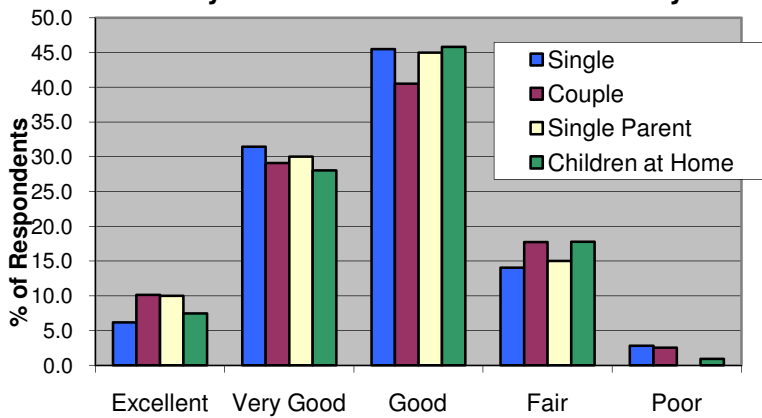
¹ It should be noted that eye care appointments tend to be less frequent than dental care appointments in general.

Availability of Health Care in Community



As seen in the two first charts at left, there was less variation among living situations in assessments of the quality of health care in the community. As with evaluations of the accessibility of health care, most respondents selected “very good” or “good”. No single parents rated the quality of health care as “poor”.

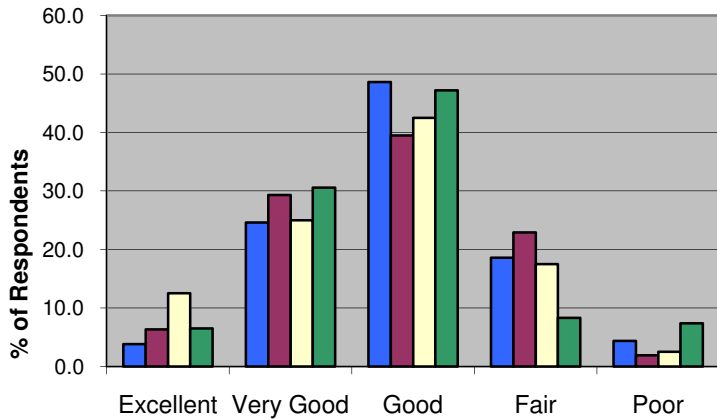
Quality of Health Care in the Community



3.3 Self-Rated Health

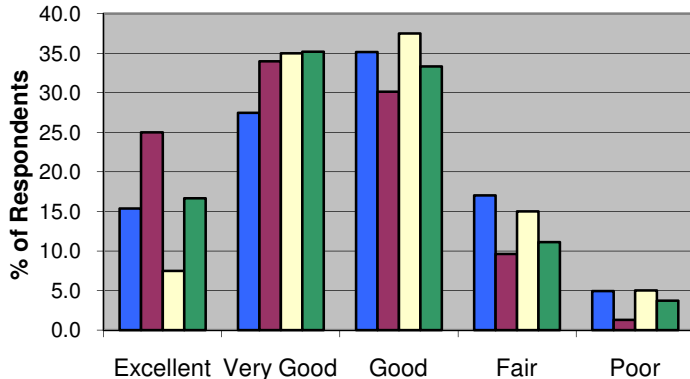
The percentage of respondents who rated their own health as “excellent” or “very good” in the BGHA was 35%, which was slightly lower than CCHS 2007 figures for BC (58.6%) and South Vancouver Island (SVI) (66%).

Self Rated Health



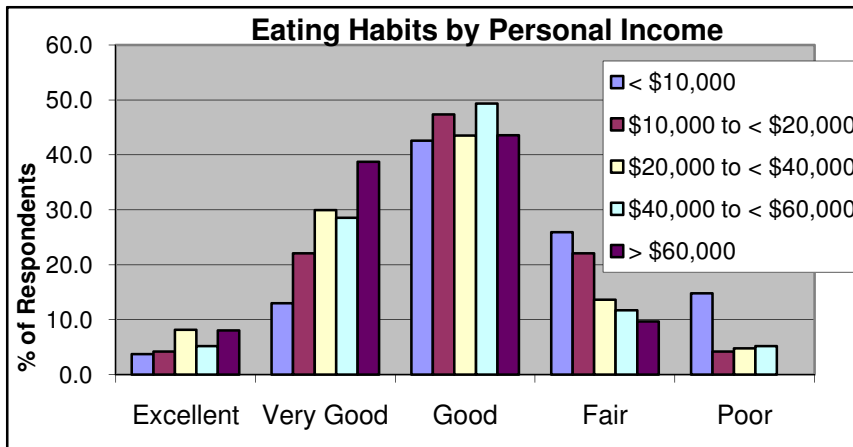
At 49%, the BGHA survey response rates for self-rated mental health were also fairly low in comparison to the 2007 CCHS figures for BC and SVI, where 68.4% and 73.3% of respondents rated their mental health as “very good” or “excellent”. It should be noted, however, that self-rated mental health can depend greatly on changing external factors, such as weather or the state of the economy.

Self Rated Mental Health



12.5% of single parents and 12.1% of singles rated the health of their teeth and mouth as poor, compared to 4.5% of couples and 4.7% of individuals with children at home.

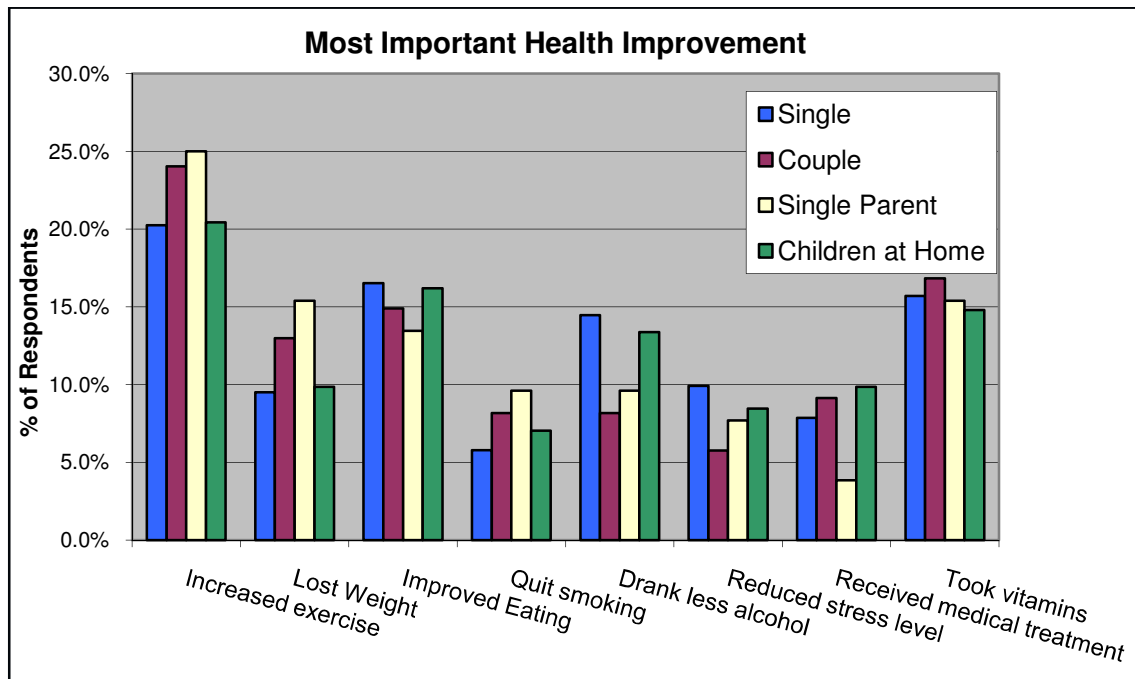
High percentages (61.2%) of respondents were usually free of pain and discomfort, with individuals with children at home rating the highest (68.5%).



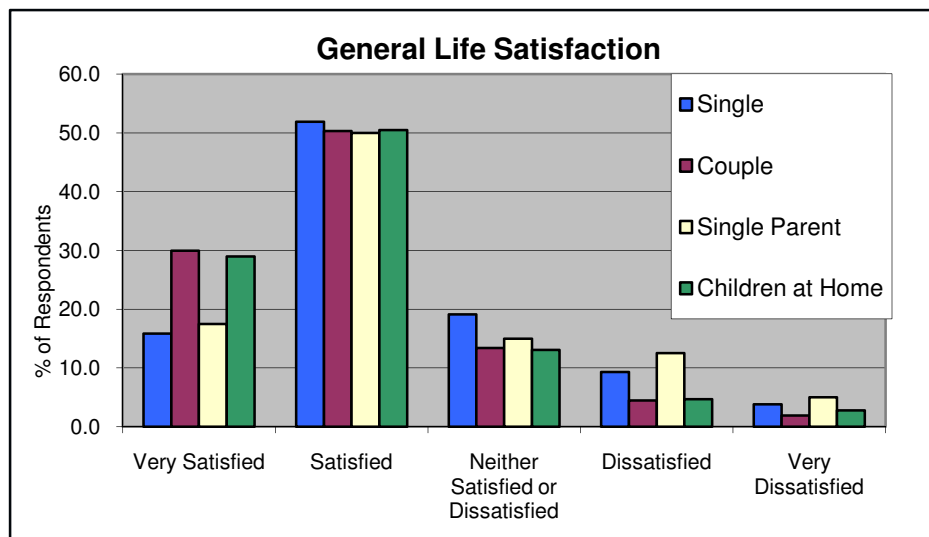
The eating habits of respondents were also analyzed (see graph at left). We correlated our data according to income categories to evaluate any relation between the two. As is typical of surveys, most respondents in all categories rated their eating habits as the middle option - "good". Yet we found that no individuals with

incomes over \$60,000/year rated their eating habits as "poor", and only 9.7% rated their eating habits as "fair". Meanwhile, 14.8% of individuals with the lowest incomes rated their eating habits as "poor" and 25.9% as "fair". Only 3.7% of the respondents in the "less than \$10,000/year" income bracket rated their eating habits as "excellent", and 13% rated theirs as "very good". These figures indicate a correlation among our respondents between the lowest income brackets and poorer self-rated eating habits.

The percentage (12.9%) of respondents that had gone hungry due to costs in the past year is alarming. In Burnside Gorge, the percentage of respondents that had gone hungry in the past year due to costs (14%) is slightly higher than the overall average. At 34.2%, single parents were much more likely to not eat due to costs than individuals with children at home (11.2%), singles (14.0%) and couples (7.6%). This would indicate that the financial burden of children impacts food security at the family level.



A high percentage (66.4%) of respondents report that they have done something to improve their health this year. Single parents reported the highest improvements in this area (77.8%). As illustrated by the chart on the preceding page, most of those who did improve their health report that they increased their exercise. Single parents were least likely to have improved eating (13.5%) and most likely to have quit smoking (9.6%). Singles were least likely to have quit smoking (5.8%).



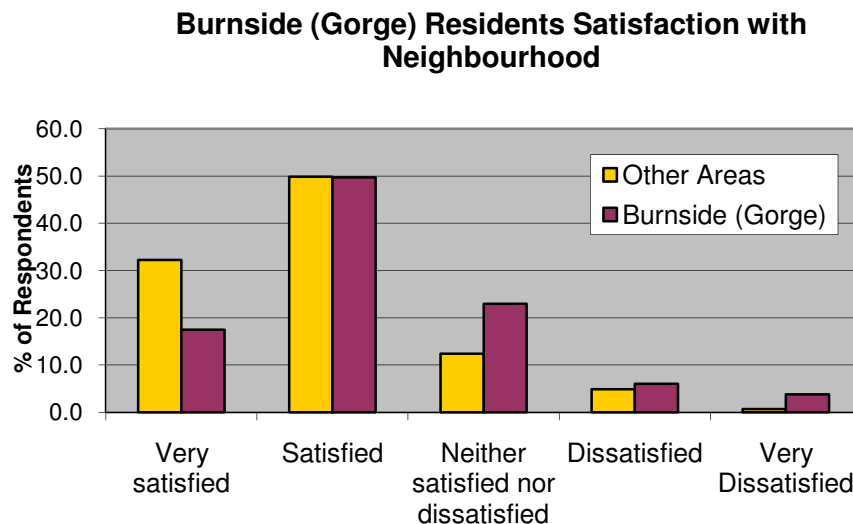
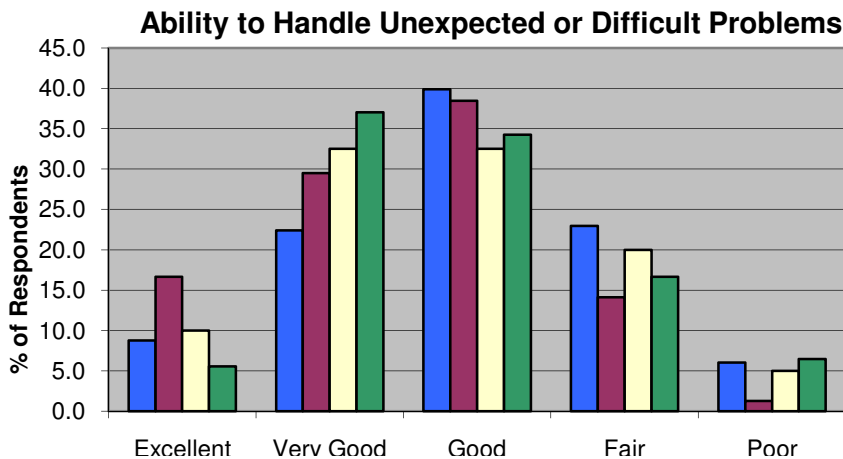
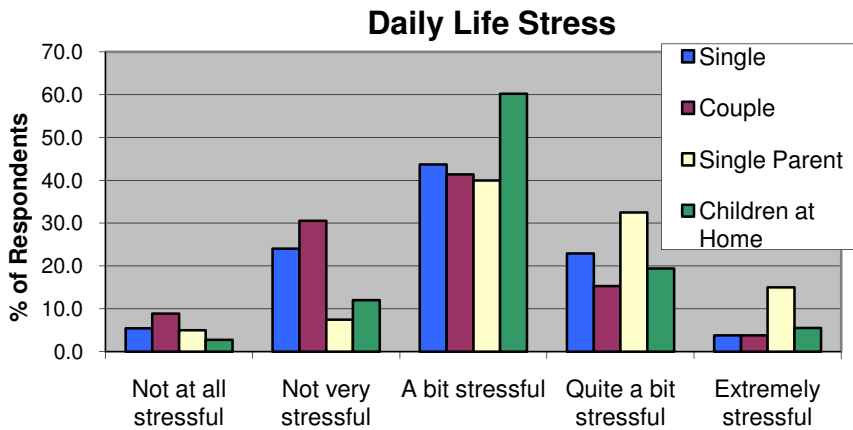
3.4 Life Satisfaction, Quality of Life and Stress

Our figures suggest that living with a partner or spouse contributes to a feeling of life quality. Couples with children at home (14.8%) and couples without children at home (16%) were most likely to rate their quality of life as “excellent”. Couples with children at home (38.9%) and couples without children at home (38.5%) were also most likely to rate their quality of life as “very good”. Single parents overwhelmingly selected “good” (45%). Singles (22.5%) and single parents (20%) were most likely to rate their quality of life as “fair”.

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Respondents were also asked to evaluate their level of general life satisfaction. Once again, those with most support in the household – couples (29.9%) and couples with children at home (29%) – were most satisfied with their quality of life. Of all groups, single parents were most likely to be dissatisfied (12.5%) or very dissatisfied (5%) with their lives. Encouragingly, however, 50.7% individuals in all living situations reported that they were “satisfied” with their lives.

Responses to a question on daily life stress were interesting in terms of contrasts and similarities with the preceding life satisfaction responses. Couples were most likely to find their daily lives “not at all stressful” (8.9%) or “not very stressful” (30.6%), followed by singles (5.5% and 24%). Most respondents found their daily lives “a bit stressful” (46.3%), with couples with children at home rating the highest in the category at 60.2%. Single parents (32.5%) and singles (23%) were most likely to find their daily lives “quite a bit stressful”. Single parents were most likely to rate their daily lives as “extremely stressful” at 15%, compared to couples with children at home (5.6%), couples (3.8%) and singles (3.8%). We could suggest that single

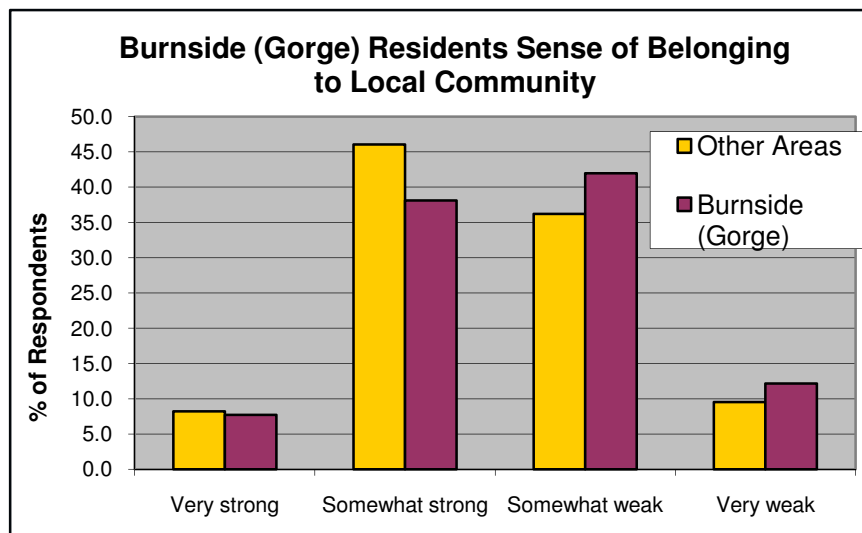


parents experience most daily stress, and that couples without children at home experience the least.

When asked to assess their ability to handle unexpected or difficult problems, couples were most likely to choose “excellent” (16.7%) and least likely to select “poor” (1.3%). Singles, single parents and individuals with children at home were most likely to select “fair” and “poor”. This further supports the notion that having household supports without dependents is most conducive to community members' senses of being able to handle difficult problems.

3.5 Community and Social Support

The following section contains both the general data collected from all surveys and segregated data from the 185 individuals who indicated that they lived in Burnside Gorge neighbourhood (37.4% of BGHA respondents).



As can be seen in the graph at left, residents of Burnside Gorge were generally less satisfied with their neighbourhood than residents of other areas.

BGHA figures indicate that Burnside Gorge residents' sense of belonging to their local community was also slightly lower than other areas. Compared to the general rates of 51.8%, slightly fewer Burnside

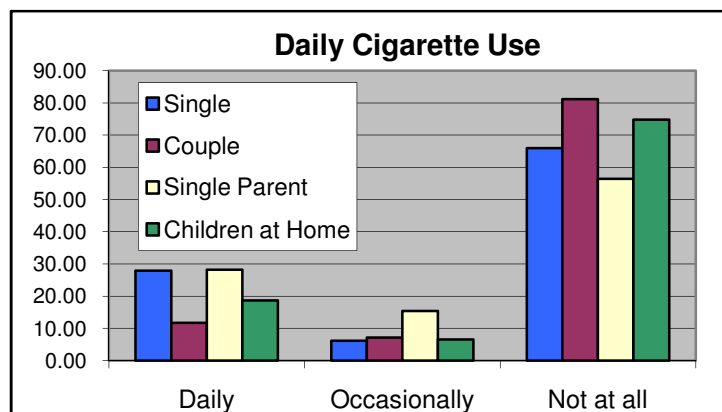
Gorge residents believe that their neighbours help one another (45.8%). Rates of respondents who reported a "very strong" or "somewhat strong" sense of belonging for both Burnside Gorge (22.9%) and other areas (27.1%) are lower than the CCHS 2007 rates for BC (64.8%) and SVI (66.1%).

The number of Burnside Gorge residents who know their neighbours is quite consistent with respondents from other areas. Among Burnside Gorge residents, 10.5% of respondents know "most of the people", 18.4% know "many of the people", 58.4% know "a few of the people", and 12.8% know "nobody else".

3.6 Substance Use

The graph below indicates that singles (27.9%) and single parents (28.2%) are most likely to smoke on a daily basis, while couples (81.2%) and couples with children at home (74.8%) are most likely to not smoke at all.

84.1% of all respondents had consumed an alcoholic beverage in the past year, with single parents (89.8%) showing a slightly higher average among BGHA respondents. Singles and



single parents showed the highest rates of "binge drinking", or having more than 5 drinks at least once a month. BGHA rates of "binge drinking", however, are lower than the BC average of 18.5% and the SVI average of 20.6%, as calculated from the 2007 CCHS figures.

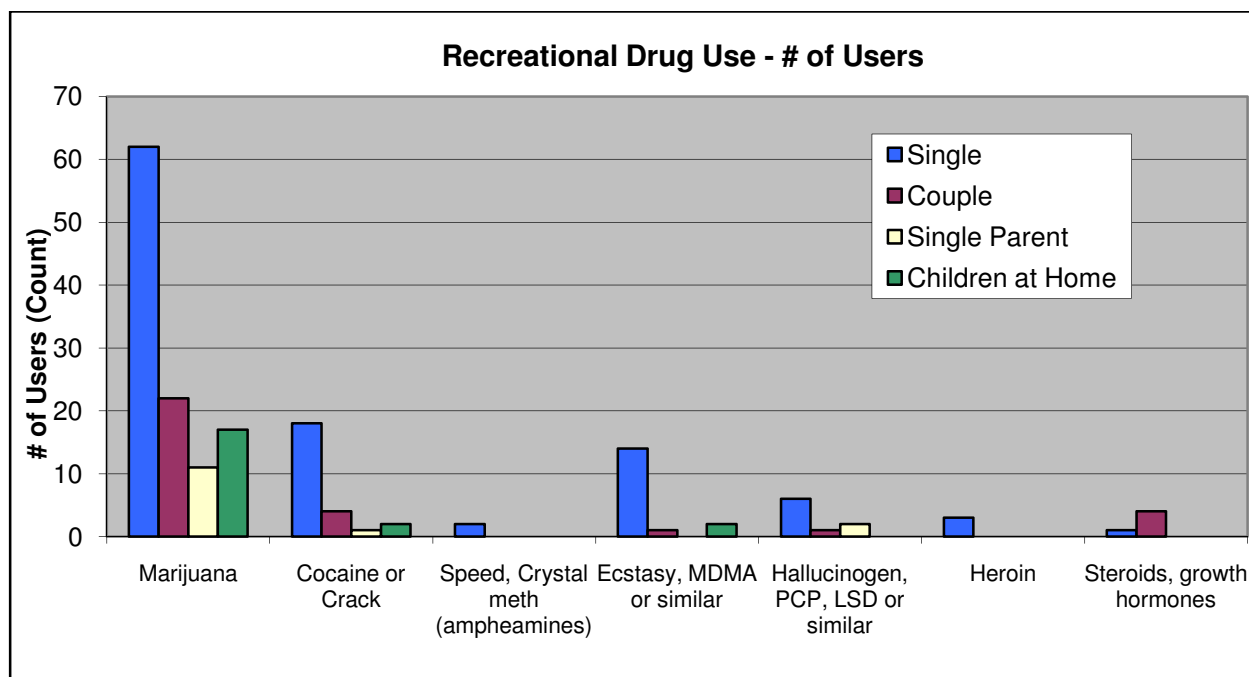
One hundred and seventy-three BGHA survey respondents (35.3%) indicated that they use recreational

drugs, 86 of which are from Burnside Gorge. The graph and table at the bottom of the page show counts of different substance use among the categories of respondents. Of all respondents, 22% consume marijuana, 5% use cocaine or crack, 4% consume ecstasy, MDMA or similar substances, 3% use crystal meth or speed, 2% consume hallucinogens and 1% use steroids. Thirteen of the 25 individuals who consume crack or cocaine are from Burnside Gorge. In total, 58% of singles, 34% of single parents, 20% of couples and 19% of couples with children at home consume recreational drugs.

Respondents were asked if their consumption of alcohol and/or recreational drug use resulted in serious problems. Among the 84% of respondents who had consumed alcohol in the past year, 16.4% reported having serious problems. Within the 16.4% of respondents whose alcohol use was a serious problem, singles (25.7%) and single parents (20%) rated the highest. Thirty-six respondents (7.2%) reported serious problems from marijuana use, and 13 respondents (3%) reported serious problems from their use of crack or cocaine.

Recreational Drug Use – # of Users

	Marijuana	Cocaine or Crack	Speed, Crystal meth (amphetamine)	Ecstasy, MDMA or similar	Hallucinogen, PCP, LSD or similar	Heroin	Steroids, growth hormones	Totals
Single	62	18	2	14	6	3	1	106
Couple	22	4	0	1	1	0	4	32
Single Parent	11	1	0	0	2	0	0	14
Children at Home	17	2	0	2	0	0	0	21
Total	112	25	2	17	9	3	5	173

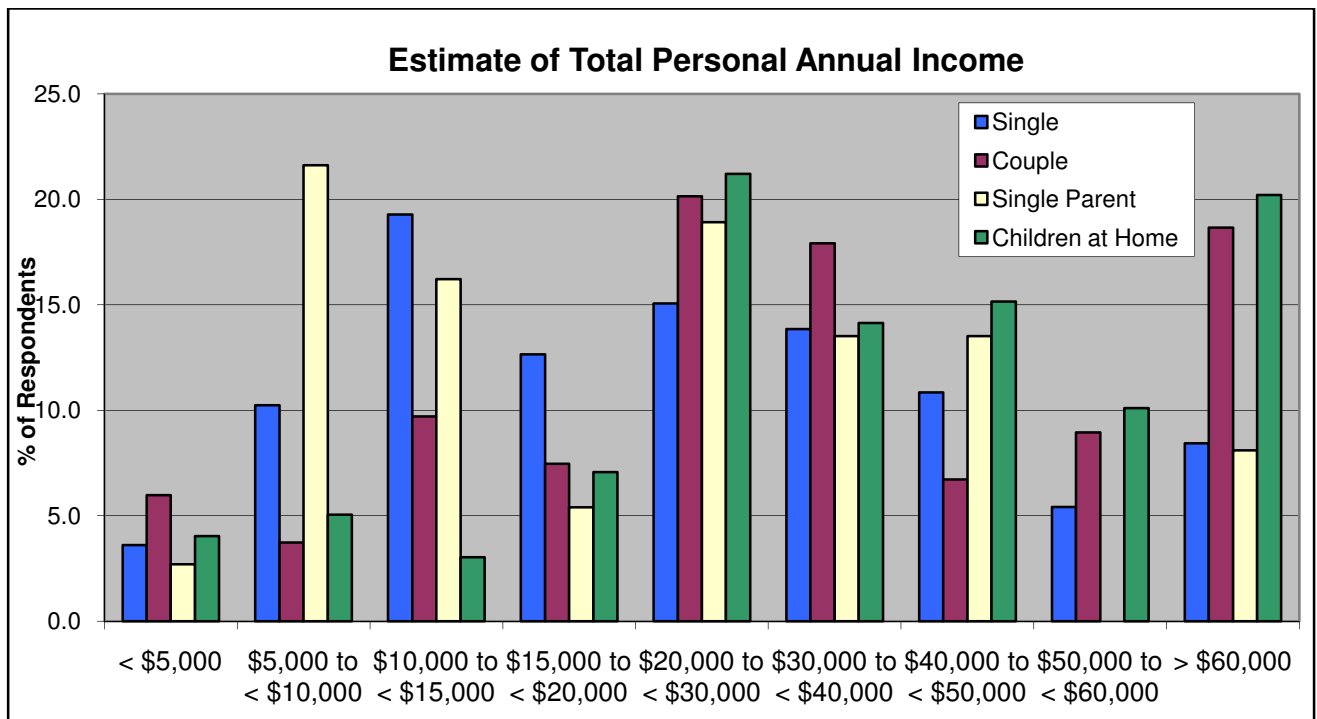


3.7 Financial Information

The graph at the bottom of the page shows estimates of personal annual incomes for all BGHA respondents. It should be emphasized that the BGHA did not ask respondents for their combined household income, and the figures discussed may not account for partners' incomes, child support payments, or other sources of income.

The primary source of income in the past 12 months for respondents was wages and salaries (57.6%), followed by retirement pensions (14.4%), income from self-employment (8.9%), and benefits from the Canada Pension Plan (CPP). In comparison to the rest of the group, single parents were most likely to have earned their main source of income from disability pensions (7.9%). Couples were least likely of all BGHA respondents to have earned most of their income from wages (46%) and most likely to have earned their income from retirement pensions (25.3%), indicating that many who identified as “couples” were retirees. Of the respondents who did not work at a job or business within the last week (33.6%), couples ranked the highest (43.1%). Eighteen respondents (3.9%) were permanently unable to work, with singles (5.2%) ranking the highest.

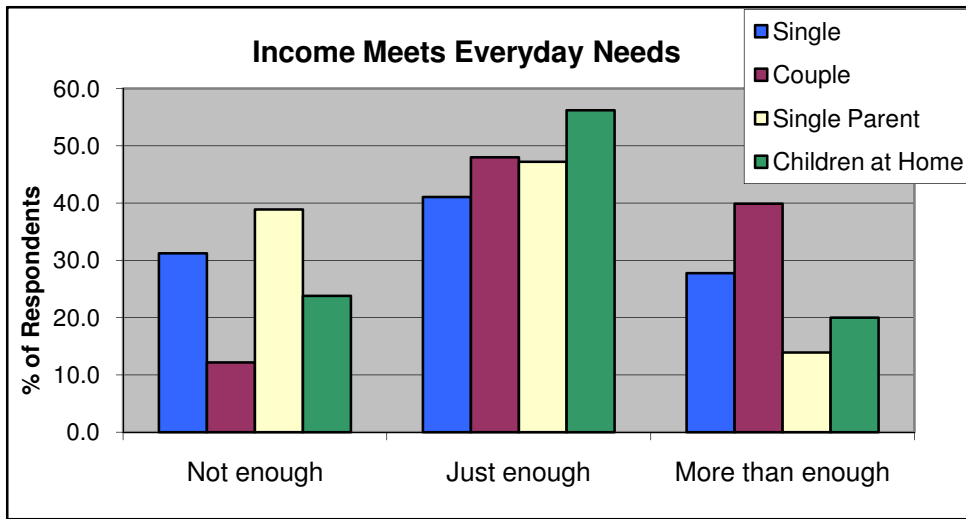
The highest percentage (17%) of respondents fell into the \$20,000 - \$30,000 personal income range. As can be seen, couples with children at home and couples were most likely to hold a personal income of \$50,000 or more. Interestingly, couples (6%) were most represented in the lowest income bracket among all respondent categories. Single parents were most likely to earn \$5,000 - \$10,000 (21.6%), and 46% reported a personal annual income of less than \$20,000. It is important to emphasize, however, that the reported personal incomes may not reflect household incomes and – accordingly – poverty levels.



**LICO Cut-offs for the CRD Region
(Population 100,000 – 499,000)**

Size of Household	LICO Cut-Off
1 person	\$18,257
2 persons	\$22,728
3 persons	\$27,941

Poverty in Canada is measured using Statistic Canada’s Low Income Cut-Offs (LICOs), which are based on the concept that people in poverty live in "straitened circumstances", or spend a disproportionate amount of their income on food, clothing and shelter. The Survey of Household Spending conducted by Statistics Canada shows that the average family spends 34.3% of its income from all sources before taxes on food, clothing and shelter. Families are considered to be in "straitened circumstances" if they spend 54.3% or more of their income on these three items.



Although we have used the LICOs to guide a preliminary glimpse of poverty among BGHA respondents, to the limited scope of the data we collected² render our assessments of poverty as rough estimates. With these limitations in mind, our estimates

of poverty levels among BGHA respondents are 46% of singles, 47% of couples, 65% of single parents and 40% of couples with children at home.

The graph above indicates responses to a question asking if respondents’ income meets their everyday needs, and may provide more accurate insight into poverty. Overall, the incomes of 26.5% of respondents were “not enough”, 48.1% were “just enough” and 25.4% were “more than enough”. Respondents without children were most likely to find that their incomes were

² Some complications arise from the fact that we did not collect information on how many members were in each respondent’s household or combined household incomes, as is required for an accurate calculation based on Statistics Canada LICOs. A single parent, for instance, may have two or three children living at home, or an individual living with a partner or spouse may be dependent on the other’s income. Furthermore, LICO uses the “economic family” rather than the “census family” in its calculations, as the former includes other relations living in the household at some level of dependency. We have estimated poverty rates based on the minimum numbers of people in each category of household (1 – single, 2 – couple, 2 – single parent, 3 – individual with spouse/partner and children) and the total personal incomes reported. Our benchmark was the LICO calculated according to the population of the Capital Regional District. It should also be noted that the specific LICO income cut-offs, shown on the table on the following page, do not always correspond with the income categories used in the BGHA survey, and we used the closest interval.

“more than enough”. 38.9% of single parents reported that their incomes were “not enough” to meet their everyday needs, followed by singles (31.2%).

4. Limitations

The Burnside Gorge Health Assessment provides a glimpse of health in the neighbourhood. Because we were limited to people who were seeking health care services at one medical clinic during two short data collection periods, it is difficult to draw conclusions with regards to the neighbourhood as a whole. The clinic’s location on the border of Saanich meant that we inadvertently captured a “snapshot” of the health of those living outside the community as well.

As is common with surveys, there were several additional questions we would have liked to ask respondents in retrospect. We realized, for instance, that information on respondents’ field of employment would have illuminated some of our findings. It would have been useful to know if respondents were students, retirees or workers. It would have also been pertinent to know why respondents from other regions had traveled to the Burnside Family Medical Clinic. More information on the number of household members, dependants, and combined incomes would have allowed us to produce a more accurate report of poverty among BGHA respondents.

5. Analysis and Recommendations

In light of the limitations discussed in the previous section, drawing targeted recommendations for health and well-being in the overall community would require further research. That said, the rich data collected through the BGHA can make an important contribution to the work of local community associations, health and wellness facilities, service providers, planners and/or policy makers.

An overarching – but not surprising – finding was that there is a clear link between poverty, lack of social supports, wellness and health among our respondents. It is also not surprising that there is a link between gender, wellness and health: Single parents show the lowest health and wellness indicators in most categories, and 80.5% of single parents who completed the BGHA survey identify as women. These findings suggest that working towards eliminating local poverty and improving social supports could result in more positive health and well-being indicators. They also suggest that efforts to improve health and well-being can best be made within a framework that addresses gender while considering the needs of individuals in the lower income categories who have fewer social supports (namely single parents and singles).

The following section briefly highlights the findings that we feel are particularly pertinent, provides a starting point for analysis and suggests broad recommendations where relevant:

- **Profile of respondents:** The majority of BGHA respondents are single, and only 30.4% report having children. The reasons why so many survey respondents reside in areas other than Burnside Gorge may be worth investigating further.
- **Health services:** The BGHA identified community assets and strengths, which included several in the area of health services. Single parents in particular perceive their health services to be of a high standard, which is very pertinent in light of their

higher rates of stress and poverty. Yet there were also several areas where challenges were identified, many of which may be relevant considerations for health and wellness approaches. These include the fact that a disproportionate amount of singles and single parents do not have insurance for medical prescriptions, eye care and/or dental care. Access to a regular doctor is lower among BGHA respondents than the 2007 CCHS figures for BC and SVI.

- **Self-rated health:** The percentage of respondents who report having excellent, very good or good health is relatively high, albeit slightly lower than regional statistics collected by the CCHS in 2007. An encouraging finding is that 66.4% of respondents have done something to improve their health in the past year, with single parents reporting the highest levels of improvement. This suggests that community programs or activities that support healthy lifestyles may strengthen residents' own efforts.
- **Food security, health and nutrition:** A correlation was observed between the respondents' self-rated eating habits and their income levels. The fact that 13% of respondents have gone hungry because they could not afford the cost of food in the past year is alarming. Our figures show that parents are most likely to not have eaten due to costs, and 40% of respondents who report going hungry are from Burnside Gorge. These findings may hold implications for the work of community organizations on family poverty, food security and nutrition.
- **Life satisfaction, quality of life and stress:** Findings in the area of life satisfaction emphasize the importance of creating supportive environment for residents without domestic social supports. Singles and single parents report lower levels of life satisfaction and quality of life than individuals with partners and/or partners with children at home. Our findings also suggest that parents may benefit from specific initiatives directed at reducing and/or managing stress.
- **Community and social support:** BGHA respondents report a lower sense of belonging to their neighbourhoods than CCHS respondents in BC and SVI in 2007. Within the BGHA, Burnside Gorge residents report having a lower sense of belonging to their local community than respondents from other areas. Singles and single parents show the lowest levels of satisfaction with their neighbourhood and the weakest sense of belonging to their local community. Community groups may wish to address this issue by building the social fabric of Burnside Gorge through activities, events and infrastructure directed at bringing community members – singles and otherwise – together.
- **Substance use:** Singles and single parents report the highest levels of smoking, alcohol consumption, “binge drinking” and recreational drug use. They are also the most likely to find that their alcohol consumption is a serious problem. The fact that those without social supports are most likely to consume cigarettes, alcohol and

recreational drugs suggest that targeting those with less social supports in health programming on substance use may be most relevant.

- **Financial information:** The highest percentage of respondents' self-reported personal annual income falls into the \$20,000 - \$30,000 range. Forty-six percent of single parents report a personal annual income of less than \$20,000. Overall, more than 1/3 of respondents find that their incomes are “not enough” and almost half report that their incomes are “just enough”. These figures reinforce other findings that poverty reduction must be an integral consideration for service provision, advocacy and policy development in the neighbourhood.

As an overall recommendation, we would like to suggest that much more remains to be learned about the health and well-being of the Burnside Gorge community. The fascinating data uncovered by our research provides us with a glimpse of the characteristics of our community. We hope that the findings will be useful to community groups, health service providers and policy makers in Burnside Gorge.

For more information, or to receive statistics and graphs for all questions, please contact:

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