

Attitudes & Beliefs About Social Determinants of Health in Leeds, Grenville & Lanark (2013)

Some Highlights:

- Access to quality and timely healthcare was rated as the top SDOH factor as being very or extremely important in helping make a person healthy.
- How much money a person has was rated as the bottom SDOH factor as being very or extremely important in helping make a person healthy.

Background about the Report & Survey

The purpose of this report is to provide information on the attitudes and beliefs of Leeds, Grenville & Lanark (LGL) residents aged 18 and over about the ten social determinants of health (SDOH) (see Figure 1 below). Data was collected from 980 LGL adults using the Rapid Risk Factor Surveillance System (RRFSS)¹. For more information about the RRFSS survey please see page 15.

The information in this report can help us better understand

how the importance of the SDOH on health is perceived by residents of LGL. The information is also a starting point for asking the harder questions about why these beliefs and attitudes are held. This information could further be used to educate public health, community partners, and the public about SDOH in our region. This could allow us to better frame and target messaging, as well as monitor the public's perceptions about SDOH.



What are the Social Determinants of Health

Health is influenced by many factors beyond just medical care obtained from the health care system. Work, education, income, where we live, social interactions and many other factors together are referred to as social determinants of health (SDOH)².

The Public Health Agency of Canada published a list of twelve key determinants of health for Canadians³. This list reflects some of the factors that lead to good health and was key to the development of the RRFSS module on "Attitudes and Beliefs About Social Determinants of Health" on which this report is based (Figure 1).

Keep in mind that each factor is important to the outcome of good health but also the factors tend to interrelate to help create good health.

Figure 1: The 10 Social Determinants of Health Studied in the 2013 RRFSS Survey
 (Graphic Courtesy of Halton Region Health Department)



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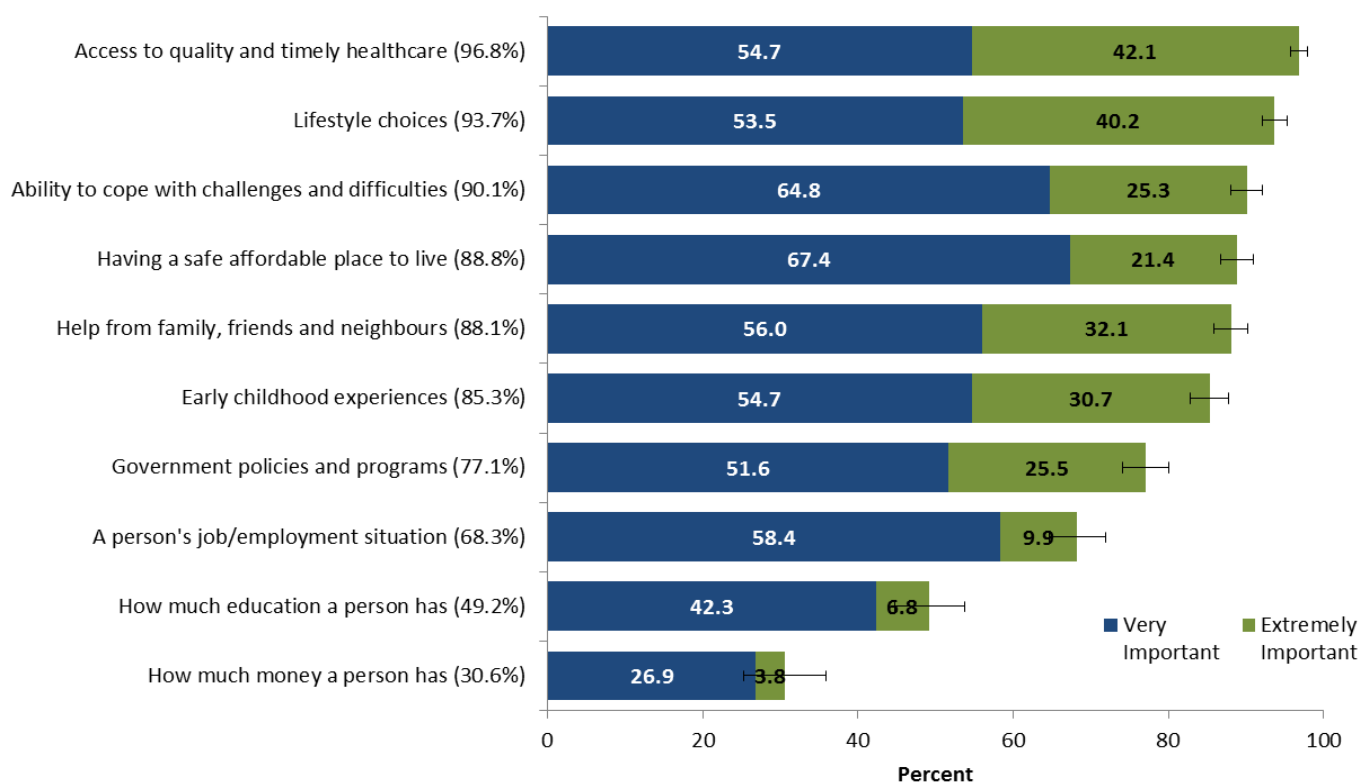
Summarizing the Survey Results

In this survey, LGL adults aged 18+ years were asked to rate how important (not at all, not very, somewhat, very, or extremely) they felt 10 factors related to the SDOH were in helping make a person healthy (see Figure 1). The survey defined “*healthy*” as “*a person’s physical and mental health, being free from disease and pain, and being satisfied with life*”. Those who responded that they felt that each of these 10 SDOH factors were very important or extremely important in helping make a person healthy have been included in this report. Here are the highlights of the survey:

- Access to quality and timely healthcare was rated as the top SDOH factor as being very or extremely important in helping make a person healthy at 96.8% overall by survey respondents aged 18+ years in LGL . This factor was statistically significantly higher than all other factors. Lifestyle choices, ability to cope, safe and affordable housing and social networks all scored in the top 5 SDOH factors as being very or extremely important in helping make a person healthy by LGL survey respondents (Figure 2).
- How much money a person has was rated as the bottom SDOH factor as being very or extremely important in helping make a person healthy at 30.6% overall by survey respondents aged 18+ years in LGL . This factor was statistically significantly lower than all other factors (Figure 2).

Please see table 2 on page 14 to see a comparison of how LGL attitudes and beliefs about the SDOH compared to the other 11 health units who participated in the survey.

Figure 2: Percentage of adults aged 18+ years in LGL who rated 10 SDOH factors as very or extremely important in helping make a person healthy (2013).



Key Demographic Finding Highlights

Table 1 summarizes the SDOH findings in this report and how they are associated with the demographics of the survey respondents. Note that no statistical associations were found between a survey respondent's attitudes and beliefs about SDOH factors and their education or the county in which they lived (Lanark or United Counties of Leeds and Grenville (UCLG)). However, several patterns are worth noting:

- In 2013, Females were significantly more likely to report than men that government policies and programs, family and friends and the ability to cope were very or extremely important factors in helping make a person healthy.
- In 2013, older adults were significantly more likely to identify government policies and programs whereas younger adults identified early childhood experiences as being very or extremely important factors in helping make a person healthy.
- In 2013, people with lower incomes were significantly more likely to recognize how much money a person has as being very or extremely important to health while persons in the highest income category were significantly more likely to report that lifestyle choices were very or extremely important factors in helping make a person healthy.

Table 1: Summary of demographic differences in how a survey respondent's sex, age, income and education were associated with their attitudes and beliefs about the 10 SDOH factors in this report.

Sex	Age	Income	Education
Females were more likely to state that Government Policies & Programs, Early Childhood Experiences, Helpful Family, Friends & Neighbours, Access to Safe & Affordable Housing, Ability to Cope with Challenges & Difficulties, and Access to Quality & Timely Healthcare were very or extremely important in helping make a person healthy.	Older adults aged 65+ years were more likely to state How Much Money a Person Has and Government Policies & Programs were a very or extremely important factor in helping make a person healthy.	Lower income adults were more likely to state How Much Money a Person Has and Government Policies & Programs were a very or extremely important factor in helping make a person healthy.	No differences were observed between survey respondents with and without a post-secondary graduation degree.
	Younger adults aged 18-24 years were more likely to state How Much Education a Person Has and Early Childhood Experiences were a very or extremely important factor in helping make a person healthy.	Higher income adults were more likely to state that Job & Employment Situation and Lifestyle Choices were a very or extremely important factor in helping to make a person healthy.	

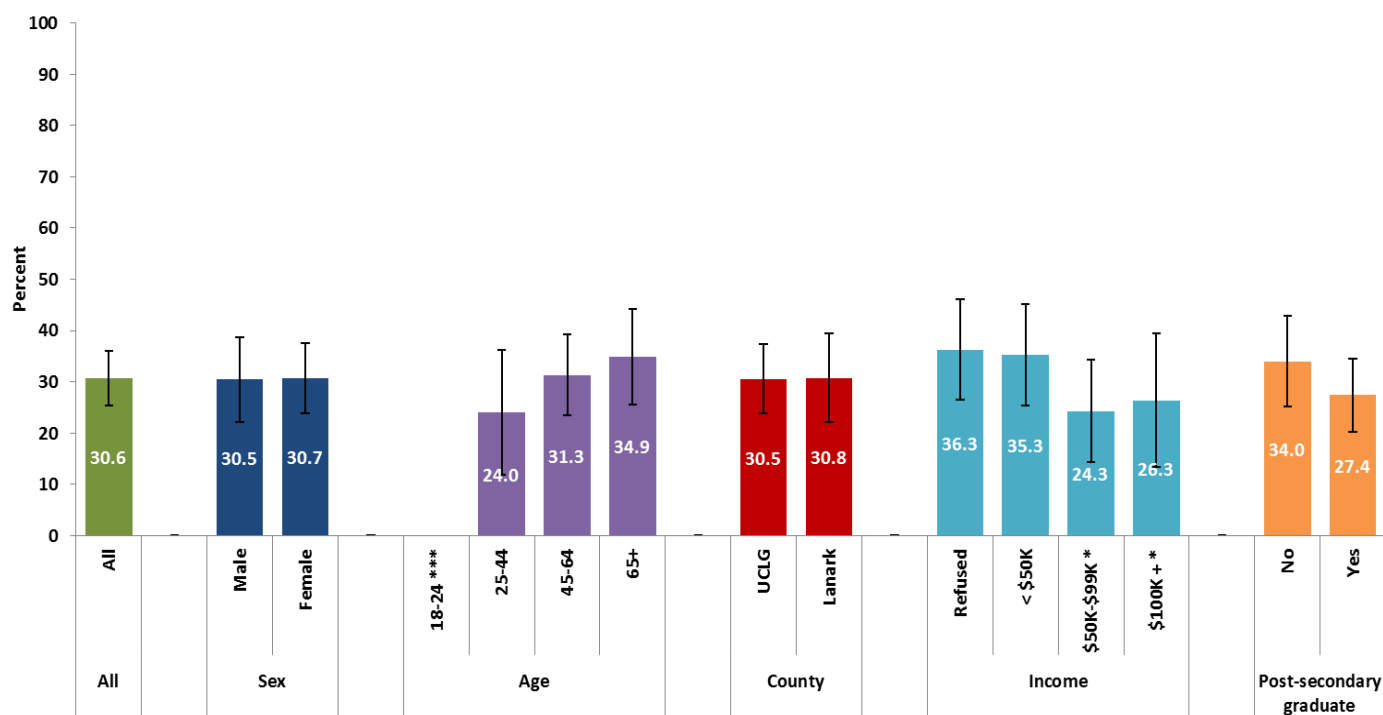
How Much Money a Person Has

- In 2013, as age increased, adults aged 18+ years in LGL were more likely to rate how much money a person has as a very or extremely important factor in helping make a person healthy. However, this trend was not statistically significant when comparing adults aged 65 years and over at 34.9% to adults aged 25-44 years at 24.0% and 45-64 years at 31.3% (Figure 3).
- In 2013, as income increased adults aged 18+ years in LGL who rated how much money a person has as a very or extremely important factor in helping make a person healthy decreased. This trend was not statistically significant when comparing adults in the lowest income group at 35.3% to adults in the middle at 24.3% and high income groups at 26.3% (Figure 3).
- In 2013, there were no statistically significant differences by sex, county or education in the percentage of adults aged 18+ years who rated how much money a person has as a very or extremely important factor in helping make a person healthy (Figure 3).

How much money a person has was rated as the **lowest** of the 10 factors rated as being very or extremely important in helping make a person healthy

Older adults and people with **lower income** were more likely to rate how much money a person has as very or extremely important in helping make a person healthy.

Figure 3: Percentage of adults aged 18+ years in LGL who rated how much money a person has as very or extremely important in helping make a person healthy (2013).



Source: Rapid Risk Factor Surveillance System, 2013

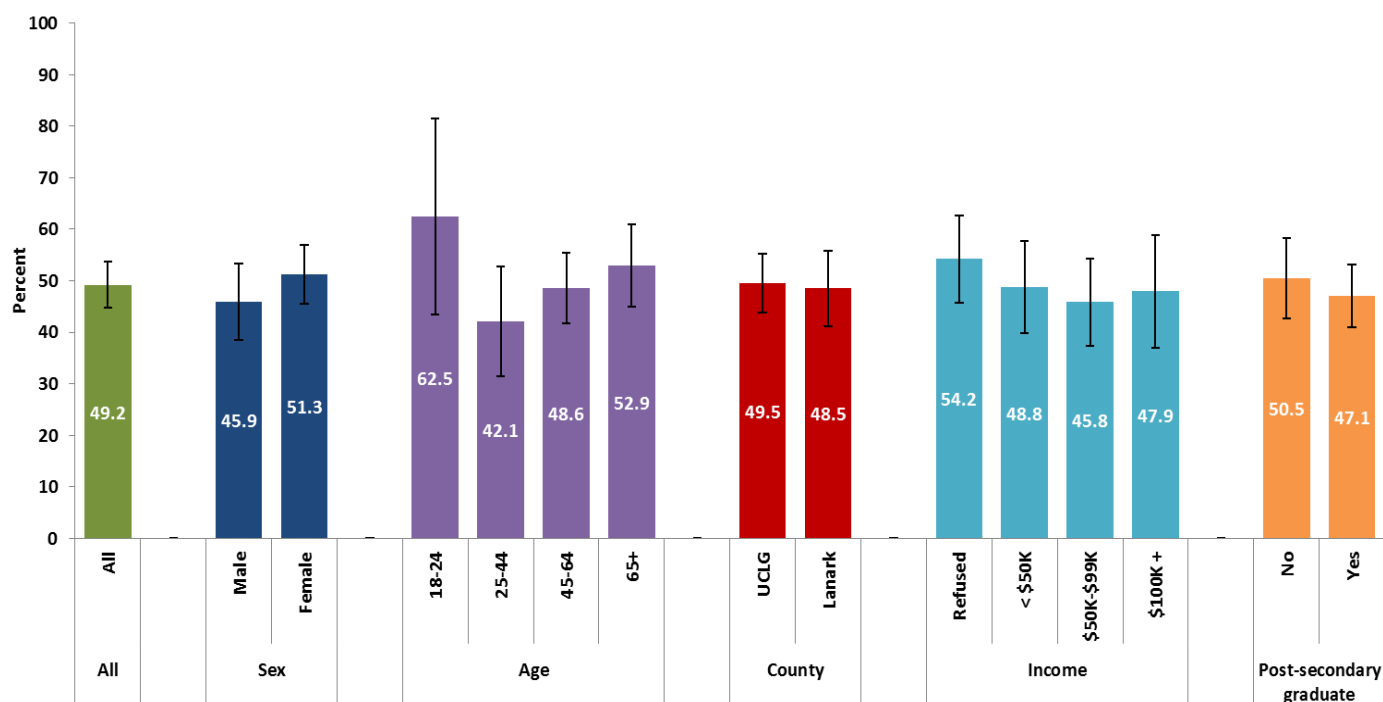
How Much Education a Person Has

- In 2013, the youngest age grouping of adults aged 18+ years in LGL were the most likely to rate how much education a person has as a very or extremely important factor in helping make a person healthy. A full 62.5% of adults aged 18-24 years responded that they felt that education is very or extremely important in helping make a person be healthy. This compares to 42.1% of the 25-44 year age group (Figure 4).
- In 2013, as income increased adults aged 18+ years in LGL who rated how much education a person has as a very or extremely important factor in helping make a person healthy remained constant (Figure 4).
- In 2013, there were no statistically significant differences by sex, county or education in the percentage of adults aged 18+ years who rated how much education a person has as a very or extremely important factor in helping make a person healthy (Figure 4).

How much education a person has was rated as the **second lowest** of the 10 factors rated as being very or extremely important in helping make a person healthy.

Younger adults were more likely to rate how much education a person has as very or extremely important in helping make a person healthy.

Figure 4: Percentage of adults aged 18+ years in LGL who rated how much education a person has as very or extremely important in helping make a person healthy (2013).



Source: Rapid Risk Factor Surveillance System, 2013

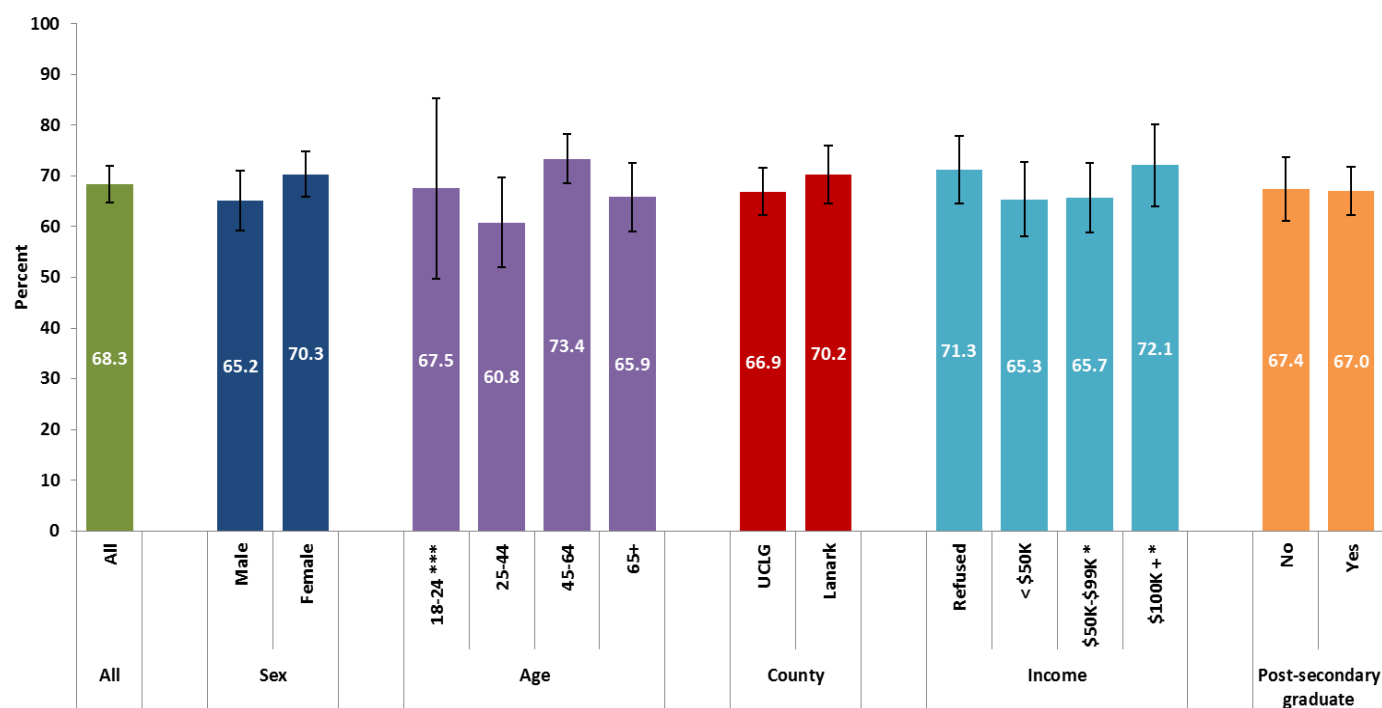
Job & Employment Situation

- In 2013, as income increased, adults aged 18+ years in LGL were more likely to rate a person's job and employment situation as a very or extremely important factor in helping make a person healthy. However, this increase was not statistically significant (Figure 5).
- In 2013, there were no statistically significant differences by sex, age, county or education in the percentage of adults aged 18+ years who rated a person's job and employment situation as a very or extremely important factor in helping make a person healthy (Figure 5).

A person's job and employment situation was rated as the **third lowest** of the 10 factors rated as being very or extremely important in helping make a person healthy.

Higher income earners were more likely to rate a person's job and employment situation as very or extremely important in helping make a person healthy.

Figure 5: Percentage of adults aged 18+ years in LGL who rated a person's job and employment situation as very or extremely important in helping make a person healthy (2013).



Source: Rapid Risk Factor Surveillance System, 2013

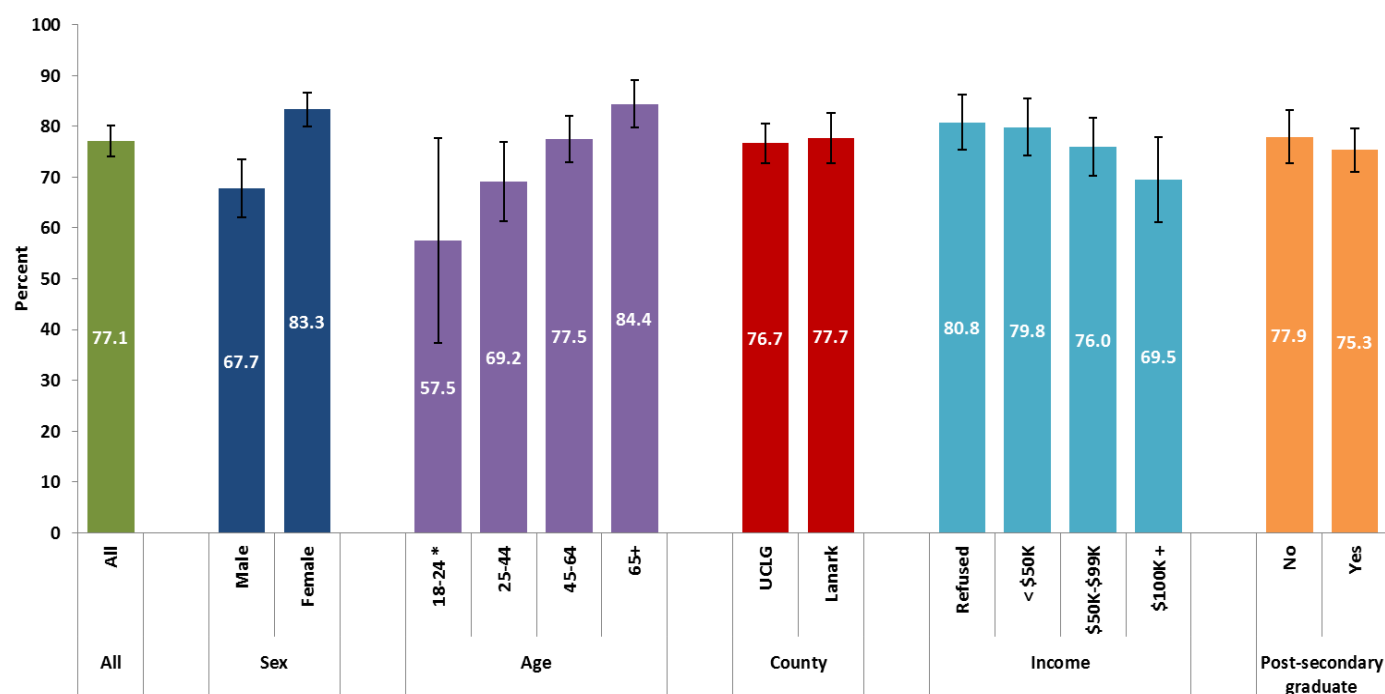
Government Policies & Programs

- In 2013, as age increased adults aged 18+ years in LGL were more likely to rate government policies and programs as a very or extremely important factor in helping make a person healthy. This trend was statistically significant (Figure 6).
- In 2013, 83.3% women compared to 67.7% of men rated government policies and programs as a very or extremely important factor in helping make a person healthy. This difference was statistically significant (Figure 6).
- In 2013, as income increased, adults aged 18+ years in LGL were less likely to rate government policies and programs as a very or extremely important factor in helping make a person healthy. This trend was not statistically significant (Figure 6).
- In 2013, there were no statistically significant differences by county or education in the percentage of adults aged 18+ years who rated government policies and programs as a very or extremely important factor in helping make a person healthy (Figure 6).

Females and older adults were most likely to rate government policies and programs as a very or extremely important factor in helping make a person healthy.

Lower income earners were more likely to rate government policies and programs as very or extremely important in helping make a person healthy.

Figure 6: Percentage of adults aged 18+ years in LGL who rated government policies and programs as very or extremely important in helping make a person healthy (2013).



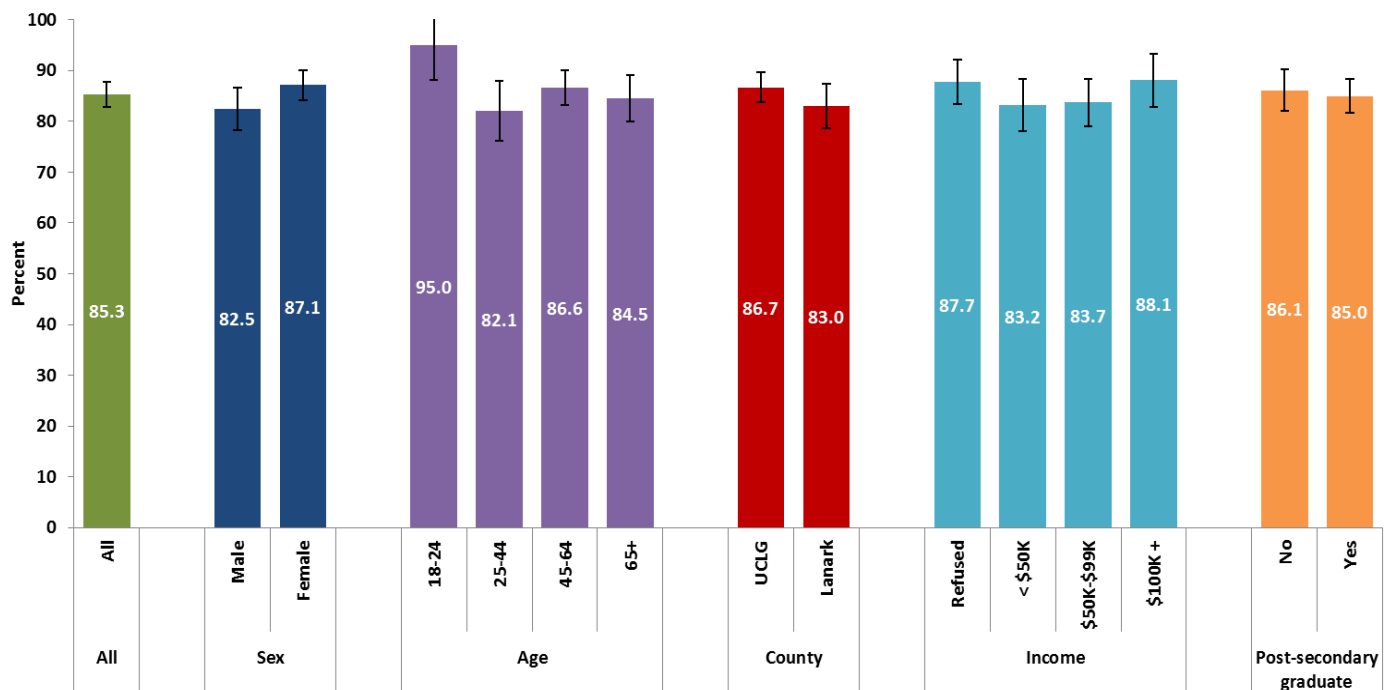
Source: Rapid Risk Factor Surveillance System, 2013

Early Childhood Experiences

- In 2013, as age increased adults aged 18+ years in LGL were less likely to rate early childhood experiences as a very or extremely important factor in helping make a person healthy. This trend was statistically significant when comparing adults aged 18-24 years at 95.0% agreement to those aged 65+ years at 84.5% agreement. However, the levels of agreement for all age categories were still high (Figure 7).
- In 2013, there were no statistically significant differences by sex, county, income or education in the percentage of adults aged 18+ years who rated early childhood experiences as a very or extremely important factor in helping make a person healthy (Figure 7).

Females and younger adults were most likely to rate early childhood experiences as a very or extremely important factor in helping make a person healthy.

Figure 7: Percentage of adults aged 18+ years in LGL who rated early childhood experiences as very or extremely important in helping make a person healthy (2013).

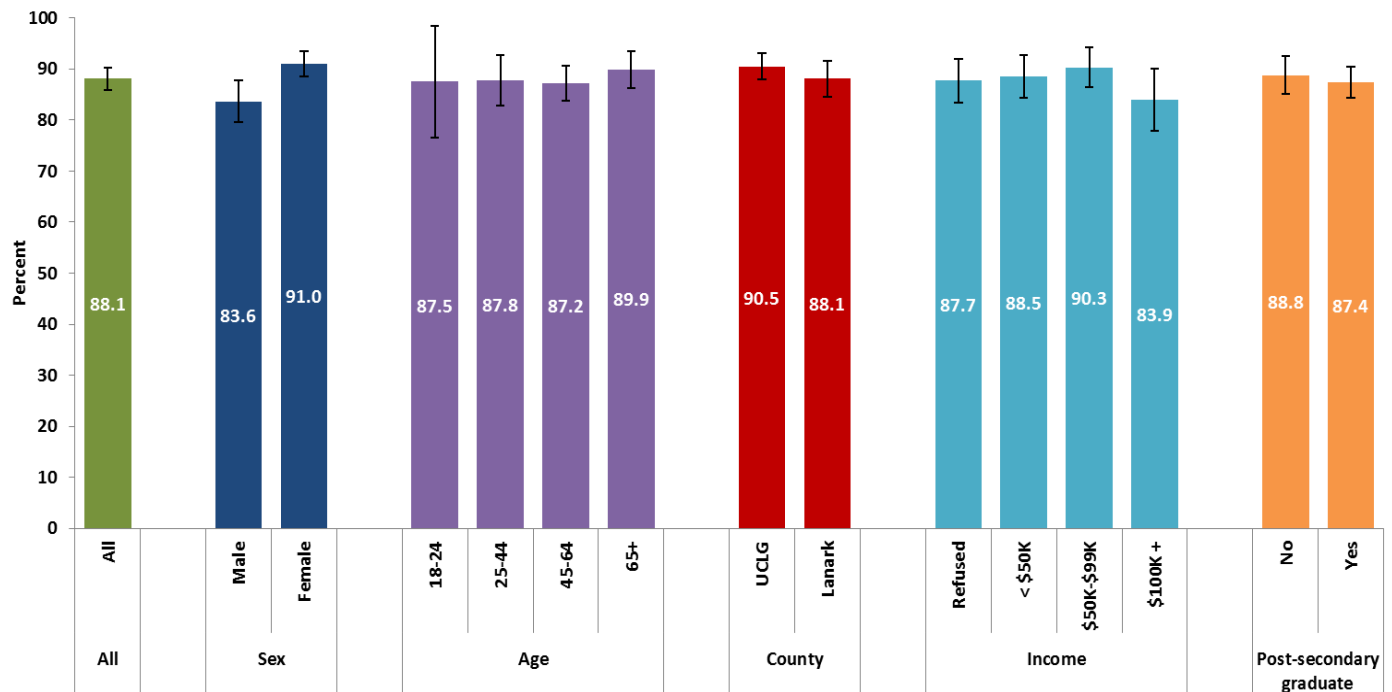


Helpful Family, Friends & Neighbours

- In 2013, 91.0% women compared to 83.6% of men rated helpful family, friends and neighbours as a very or extremely important factor in helping make a person healthy. This difference was statistically significant. (Figure 8).
- In 2013, there were no statistically significant differences by age, county, income or education in the percentage of adults aged 18+ years who rated helpful family, friends and neighbours as a very or extremely important factor in helping make a person healthy (Figure 8).
- In 2013, the percentage of agreement in all categories was high (Figure 8).

Females were most likely to rate helpful family, friends and neighbours as a very or extremely important factor in helping make a person healthy.

Figure 8: Percentage of adults aged 18+ years in LGL who rated helpful family, friends and neighbours as very or extremely important in helping make a person healthy (2013).



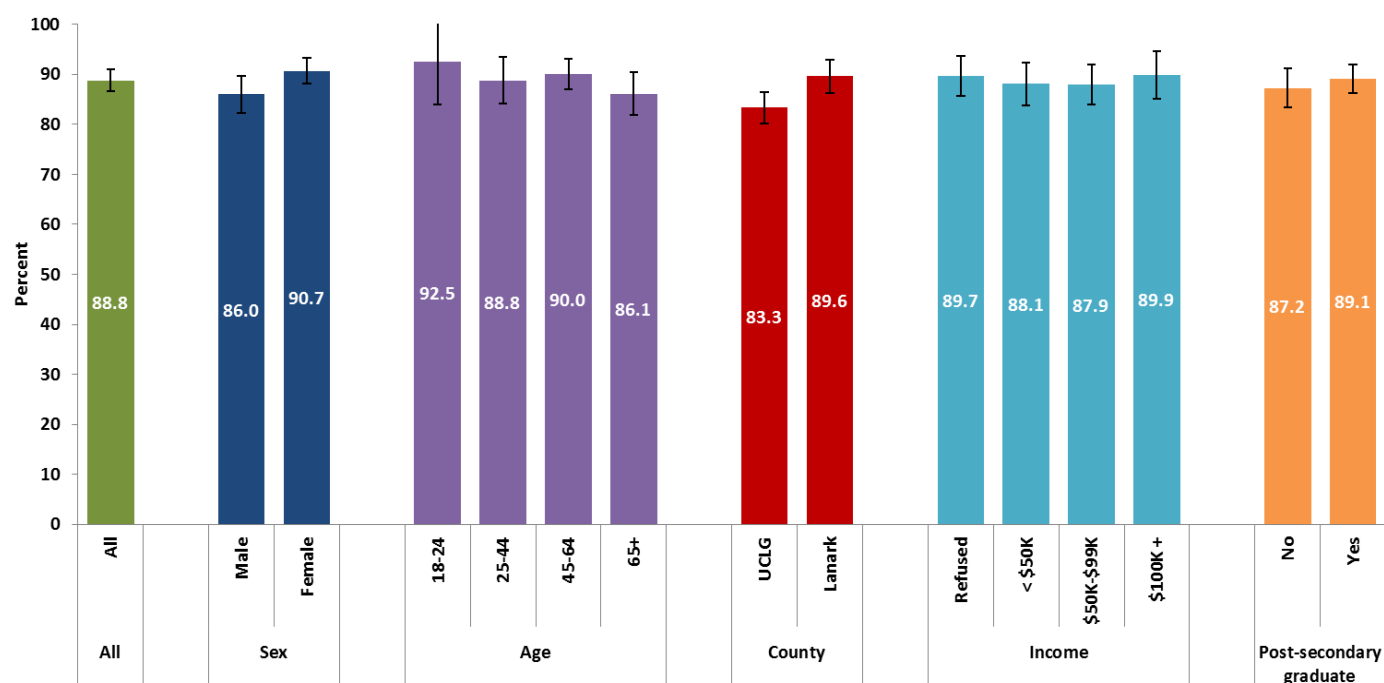
Access to Safe & Affordable Housing

- In 2013, 91.7% women compared to 86.0% of men rated access to safe and affordable housing as a very or extremely important factor in helping make a person healthy. However, this difference was not statistically significant. (Figure 9).
- In 2013, there was a downwards trend associated with age as adults aged 65+ years were slightly less likely to agree with access to safe and affordable housing being a very or extremely important factor in helping make a person healthy. However, the trend was not statistically significant (Figure 9).
- In 2013, there were no statistically significant differences by income or education in the percentage of adults aged 18+ years who rated access to safe and affordable housing as a very or extremely important factor in helping make a person healthy.
- In 2013, the percentage of agreement in all categories was high (Figure 9).

Females were most likely to rate access to safe and affordable housing as a very or extremely important factor in helping make a person healthy.

Lanark County rated access to safe and affordable housing as a very or extremely important factor in helping make a person healthy more often than in UCLG.

Figure 9: Percentage of adults aged 18+ years in LGL who rated access to safe and affordable housing as very or extremely important in helping make a person healthy (2013).

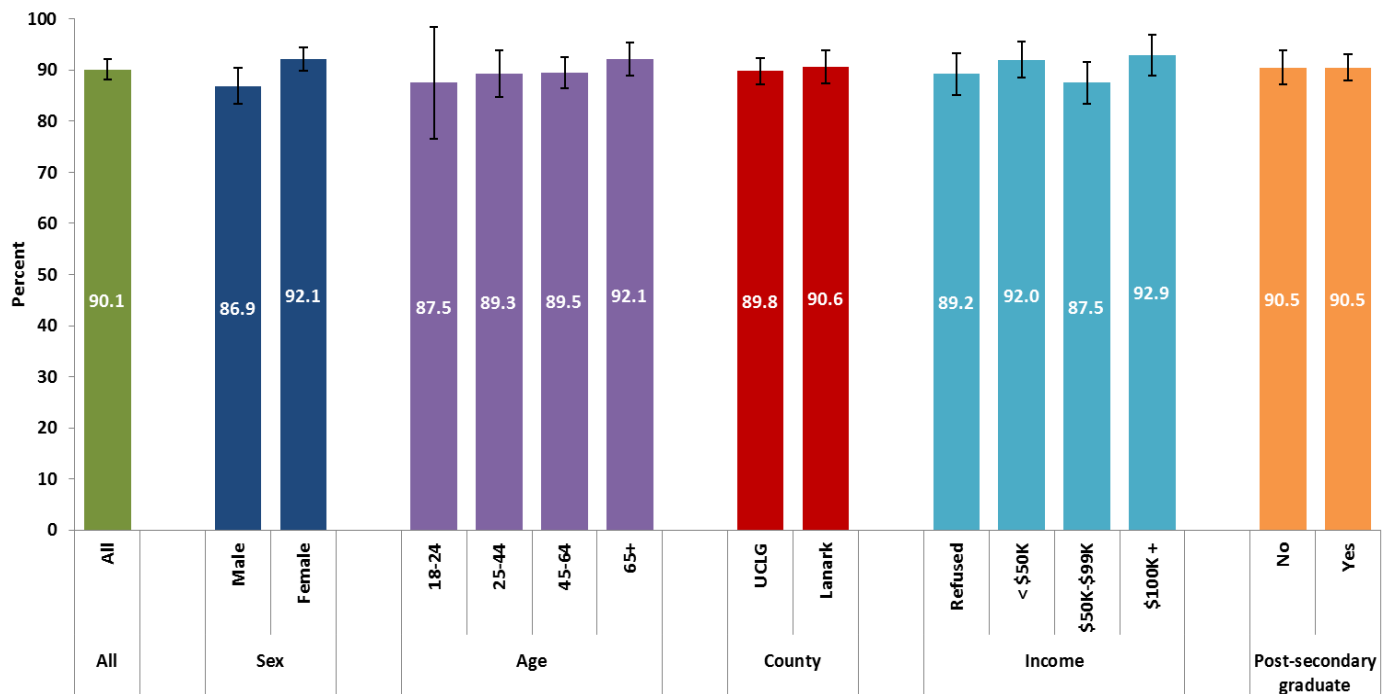


Ability to Cope with Challenges & Difficulties

- In 2013, 92.1% women compared to 86.9% of men rated the ability to cope with challenges and difficulties as being a very or extremely important factor in helping make a person healthy. This difference was statistically significant. (Figure 10).
- In 2013, there was an upwards trend associated with age as adults aged 65+ years were more likely to agree with the ability to cope with challenges and difficulties being a very or extremely important factor in helping make a person healthy. However, the trend was not statistically significant (Figure 10).
- In 2013, there were no statistically significant differences by income, county or education in the percentage of adults who rated the ability to cope with challenges and difficulties as a very or extremely important factor in helping make a person healthy (Figure 10).
- In 2013, the percentage of agreement in all categories was high (Figure 10).

Females were more likely than males to rate the ability to cope with challenges and difficulties as a very or extremely important factor in helping make a person healthy.

Figure 10: Percentage of adults aged 18+ years in LGL who rated the ability to cope with challenges and difficulties as very or extremely important in helping make a person healthy (2013).



Lifestyle Choices

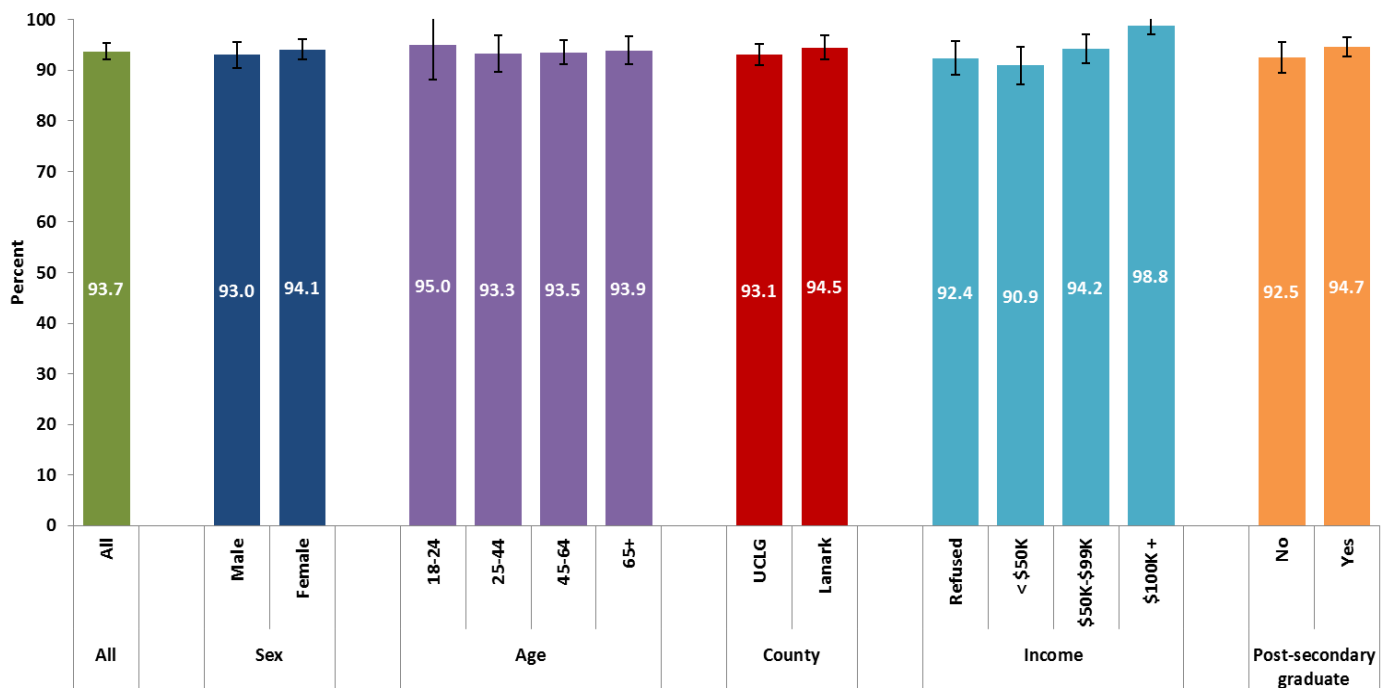
Lifestyle choices were described in the survey as choices made in terms of diet, smoking, alcohol consumption and exercise.

- In 2013, as income increased, adults in LGL aged 18+ years were more likely to rate the lifestyle choices a persons makes as a very or extremely important factor in helping make a person healthy. This trend was statistically significant when comparing adults in the highest income group at 98.8% to adults in the lowest income group 90.9% (Figure 11).
- In 2013, there were no statistically significant differences by sex, age, county or education in the percentage of adults who rated lifestyle choices as a very or extremely important factor in helping make a person healthy (Figure 11).
- In 2013, the percentage of agreement in all categories was high (Figure 11).

Lifestyle choices were rated as the **second highest** of the 10 factors as being very or extremely important in helping make a person healthy.

People with a **Higher Income** were more likely to rate lifestyle choices as very or extremely important in helping make a person healthy.

Figure 11: Percentage of adults aged 18+ years in LGL who rated lifestyle choices as very or extremely important in helping make a person healthy (2013).



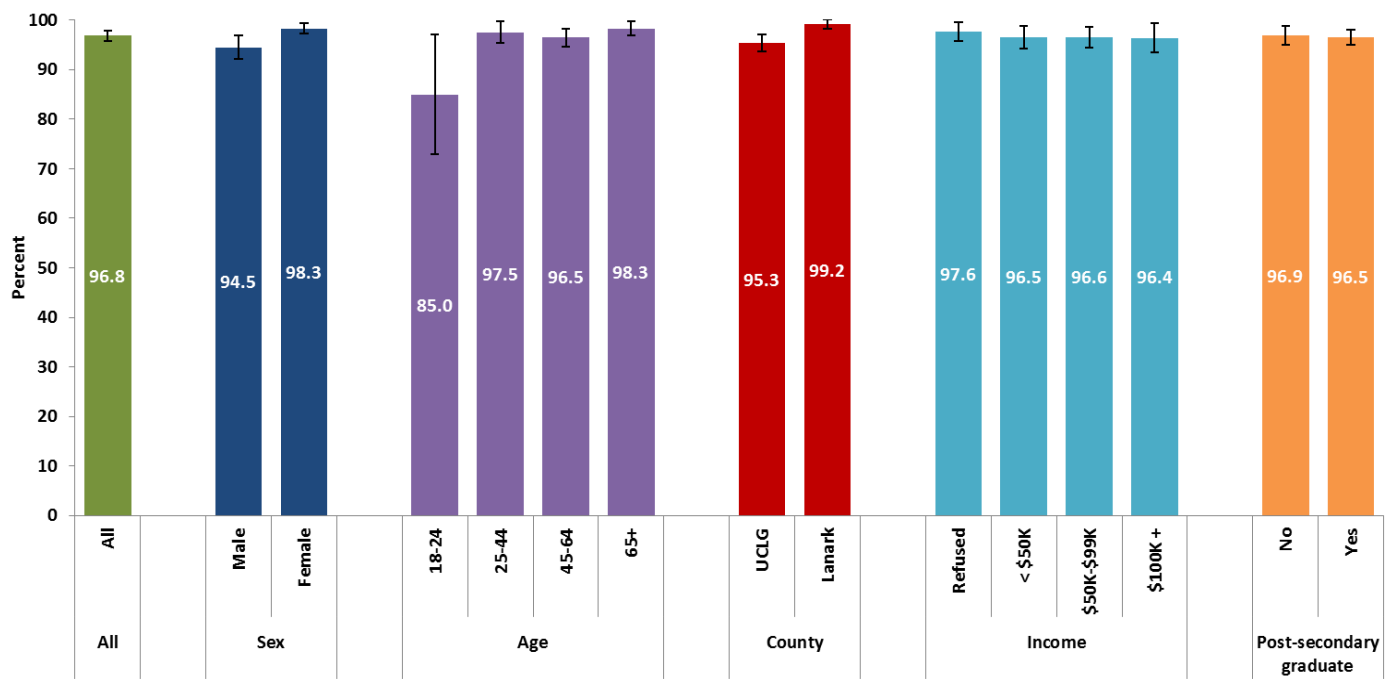
Access to Quality & Timely Healthcare

- In 2013, females in LGL aged 18+ years were more likely to rate access to quality and timely healthcare as a very or extremely important factor in helping make a person healthy. The difference between males and females was statistically significant. However, both scored a high percentage of agreement at 98.3% for females and 94.5% for males (Figure 12).
- In 2013, there were no statistically significant differences by age, county, income or education in the percentage of adults who rated access to quality and timely healthcare as a very or extremely important factor in helping make a person healthy (Figure 12).
- In 2013, the percentage of agreement in all categories was high (Figure 12).

Access to quality and timely healthcare was rated as the **highest** of the 10 factors rated as being very or extremely important in helping make a person healthy.

Females were more likely than males to rate access to quality and timely healthcare as very or extremely important in helping make a person healthy.

Figure 12: Percentage of adults aged 18+ years in LGL who rated access to quality and timely healthcare as very or extremely important in helping make a person healthy (2013).



Summary Comparison of SDOH Factors

- In 2013, adults aged 18+ years in LGL rated “how much money a person has” as a very or extremely important factor in helping make a person healthy as the least important factor at 30.6% overall. “Access to timely healthcare” was rated as the most important factor in helping make a person healthy at 96.8% (Table 2).
- In 2013, the order of rating the SDOH factors was identical between LGL and all other RRFSS participating Health Units. As well, the rating percentages allotted to each factor were similar (Table 2).
- In 2013, there were no statistically significant differences overall between LGL and all other RRFSS participating Health Units combined (Table 2).

Table 2: Percentage of adults aged 18+ years in LGL who rated the SDOH very or extremely important factors in helping make a person healthy compared to all other RRFSS participating Health Units combined[†] (2013).

Social Determinants of Health Factors Measured in the RRFSS Survey	LGLDHU (%)	All other RRFSS Participating Health Units (%)	Statistical Difference
How much money a person has.	30.6 (± 5.3)	31.1 (± 1.5)	None
How much education a person has.	49.2 (± 4.5)	50.8 (± 1.3)	None
A person's job or employment situation.	68.3 (± 3.6)	70.7 (± 1.0)	None
Government policies & programs.	77.1 (± 3.0)	78.2 (± 0.8)	None
Early childhood experiences	85.3 (± 2.4)	82.6 (± 0.7)	None
Help from family, friends & neighbours.	88.1 (± 2.2)	85.4 (± 0.7)	None
Having a safe and affordable place to live.	88.8 (± 2.1)	87.6 (± 0.6)	None
Ability to cope with challenges & difficulties.	90.1 (± 2.0)	89.4 (± 0.6)	None
Lifestyle choices.	93.7 (± 1.6)	93.5 (± 0.5)	None
Access to quality & timely healthcare.	96.8 (± 3.0)	95.7 (± 0.4)	None

[†] Combined data includes the following Health Units: Chatham-Kent, Lambton, Grey-Bruce, Hamilton, Sudbury District, York Region, Middlesex-London, Niagara Region, Pine Ridge, Kawartha, Haliburton, Simcoe Muskoka District, Halton Region.

About the Survey & Data

The Rapid Risk Factor Surveillance System (RRFSS) is an on-going telephone survey that takes place in various public health units across Ontario. RRFSS is a random sample of adults aged 18 years and older. Survey questions cover risk factors, knowledge, attitudes, and awareness of topics of importance to public health. Data is provided to participating health units three times per year, allowing for current health status information to be produced. The survey is conducted by the Institute for Social Research (ISR) at York University, on behalf of all RRFSS-participating health units.

The purpose of RRFSS is to provide timely, useful information to help plan local public health programs and services. Public health uses the survey to learn more about the behaviours of Ontarians to help improve the health of our communities¹.

Because RRFSS is a self-reported survey, respondents may not always accurately recall answers to survey questions. The survey is telephone based and may not reach those households not using a landline telephone.

Statistical Significance

A 95% confidence interval (CI) refers to the range of values that has a 95% chance of including the true estimate. 95% CI's are presented as "I" shaped bars in the graphs. A large CI means that there was a large amount of variability in responses or the sample size for the category was small. When CIs do not overlap between 2 or more groups (e.g., when comparing males and females) it means that the differences between the groups are statistically significant and unlikely to be due to chance alone. Confidence intervals are used to determine statistical significance.

References:

1. The Rapid Risk Factor Surveillance System (RRFSS). <http://www.rrfss.ca/>
2. Communicating the Social Determinants of Health. Canada Council on Social Determinants of Health. Public Health Agency of Canada, 2013. http://ccsdh.ca/images/uploads/Communicating_the_Social_Determinants_of_Health.pdf
3. What Makes Canadians Healthy or Unhealthy? Public Health Agency of Canada, 2013 <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php#status>

Primary Business Address
458 Laurier Blvd
Brockville, ON K6V 7A3

Phone: 613-345-5685

Fax: 613-345-2879

E-mail: epi@healthunit.org

The Leeds, Grenville & Lanark District Health Unit offers a wide range of services to promote healthy living, healthy growth and development, prevent illness and injury and control communicable diseases in the community. Services are available to individuals and groups of all ages in a variety of places. A referral is not needed for any service. We publish and update health-related information on our web-site on a continual basis.

Visit us online at: <http://www.healthunit.org>

For more information about this report please contact the Epidemiologist at The Leeds, Grenville and Lanark District Health Unit, at 345-5685 or 1-800-660-5853.