

The British Columbia

Atlas of Wellness

2nd Edition

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In Memory

Harold (Harry) D. Foster

(1943 - 2009)

Medical Geographer extraordinaire, colleague, and friend, as well as founder and series editor of the Western Geographical Series from its inception in 1970.

Thank you for all you have done to push the frontiers of knowledge and to challenge us to always look at all perspectives, and for working so tirelessly to get new ideas published.

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Leslie T. Foster, C. Peter Keller,
Brian McKee and Aleck Ostry
Victoria, June, 2011

Preface

The genesis of the British Columbia Atlas of Wellness came after a brief meeting with Andrew Hazlewood, then Assistant Deputy Minister of Population, Health and Wellness in the Ministry of Health. The topic of discussion was the concept of a wellness approach to mapping health in BC. Mapping health-related data in the province was initiated in the late 1980s, but it looked at mortality, morbidity, or system use, not the actual “health” or wellness of British Columbians. The concept of taking a wellness approach had not been tried before. Hence, the beginning of the first edition of the Atlas.

The Atlas was developed in response to the BC government’s ActNow BC initiative. The overall goal of ActNow BC was to help make BC the healthiest jurisdiction to host a modern day Olympic and Paralympic games. The Atlas assisted in focusing the attention of diverse ministries and their funded agencies on ways to contribute to ActNow BC, and to ensure that actions to support the initiative would recognize the geographical diversity of the province. It was well known that achieving the provincial goals of ActNow BC would require attention to the fact that health, wellness, illness, and health system infrastructure varied substantially throughout the province. As such, it was important to get a broad geographical baseline of these variations so that differences, and anticipated improvements, could be measured over time.

This second edition of the Atlas goes well beyond the key goals established by ActNow BC. Of the more than 400 maps included in this edition, approximately half are updates to maps presented previously, but the other half are new, reflecting interests expressed by users of the first edition, and the discovery of new data sources.

Like health, wellness is multi-faceted and is a term that is used in everyday discourse without much thought to what it entails. There is an assumption that everyone knows what it is. Achieving some definition of wellness, and agreement around what influences it, was a major issue in developing and organizing the Atlas. A second issue was defining an appropriate geographical unit for mapping purposes. Within the province, there are myriad geographical administrative units for which data are collected. This makes both measuring and mapping wellness a challenging prospect.

We have not collected any primary data for inclusion in the Atlas. Rather, our approach has been to use existing data, albeit from a variety of sources, for different time periods and for well used geographical administrative units such as Health Service Delivery Areas, School Districts, Regional Districts, and Economic Development Regions. To enable comparisons among geographies, averages, means, rates, or percentages have been used. There is also a limited number of what we refer to as “custom maps” that are not based on any of these geographical units, but use the boundary of BC as a whole. These use unique indicators that relate to the key components of ActNow BC.

The second edition of this Atlas is roughly divided into four parts. The first part provides background and context, instructions on “how to use and read” the maps, and a demographic summary of the province. The next group of chapters provides the geography of health determinants and wellness assets and uses indicators that describe the key “pillars” of the ActNow BC initiative: smoke-free environments and behaviour; food security and nutrition; physical activity; healthy weights; and healthy pregnancies. The third part focuses on chronic-free conditions and wellness outcomes. The final part provides a summary of the geography of wellness within BC, and suggests opportunities for developing geographical wellness benchmarks.

Throughout the Atlas, a “half-full” or asset approach to mapping indicators is taken, rather than a “half-empty” or deficit approach. Put simply, this involves using indicators such as healthy weight rather than overweight status or obesity, non-smoking behaviour rather than smoking behaviour, activity-related indicators rather than those related to inactivity and sedentary behaviour, healthy pregnancies and birth outcomes rather than maternal and perinatal complications, chronic-free conditions rather than prevalence of conditions such as diabetes, cancers, and heart disease, and good health indicators rather than morbidity and mortality measures. This is our way of using the wellness concept in the Atlas.

It is not our intent to explain the variations in the many indicators that we map. The aim of this edition of the BC Atlas of Wellness is to present data in a useful and understandable manner. We want the maps “to speak for themselves,” and our job is to construct them and describe the key points that emerge from the maps and accompanying tables and graphs as a basis for discussion by interested groups, researchers, policy and decision makers, and individuals. By opening the Atlas at any page, there is a geographical “story” to be told about the wellness indicator on that page. Each colour map shows those areas that are doing the “best” as measured by key indicators, and those that may require improvements in wellness. It is our hope that users will ask questions of themselves, and others in their community and region, about the “whys and wherefores” of the patterns that emerge.

We anticipate that the half-full rather than half-empty approach we use— mapping the positive rather than the negative, mapping assets rather than deficits—will result in fuller discourse on why variations exist, and what can be achieved from a wellness perspective. This can only help improve the overall health and wellness of the province and its residents' food security and nutrition, physical activity, healthy weights, healthy pregnancy, reduction in chronic conditions, and wellness outcomes.

As with any publication of this nature, new events and data often overtake what has been presented. As the Atlas goes to press, there have been developments in a variety of areas contained within its pages. For example, additional Strong Start Centres have been announced and smokers will be provided with free nicotine-replacement therapies to reduce smoking. But the most important development involves ActNow BC itself. The initiative has been replaced by a much broader Healthy Families BC strategy. This change, we believe, mirrors the broader approach to health and wellness that we demonstrate throughout this Atlas and our work on wellness mapping. No doubt there will be new initiatives implemented as part of Healthy Families BC to improve the health and wellness of BC citizens, and at the same time reduce the geographical inequities in health and wellness throughout the province.

Leslie T. Foster, C. Peter Keller,
Brian McKee and Aleck Ostry
Victoria, June, 2011

Foreword

Health geomatics has made great strides in the last few years because of improved geographic information systems, and the use of mapping in the public health arena is steadily increasing. But health and wellness mapping has a long history. John Snow is viewed by many as the first modern-day epidemiologist and health “mapper.” In 1854, Snow studied the locations of cholera victims in London and was able to identify how the disease was transmitted and thus make recommendations to prevent future outbreaks. As I noted in the *Foreword* to the 1st Edition of the *British Columbia Atlas of Wellness*, this publication follows a long tradition in public and population health mapping, and shows geographical variations and inequities for a variety of wellness-related indicators. While many previous atlases have focused on health system use and public health problem areas, this 2nd Edition of the *BC Atlas of Wellness* remains unique in that it focuses on assets rather than deficits. This focus was recognized as an innovative approach to knowledge development and transfer by the Public Health Agency of Canada (2009) in its *Report on the Integrated Healthy Living Strategy*.

Having wellness as its focus, this Atlas provides a diversity of indicators that reflect the multi-faceted concept of wellness. These indicators are based on administrative data, and also on key surveys such as the Canadian Community Health Surveys (CCHS). These surveys have become an important source of information for public health practitioners and policy makers over the past decade, and have enabled us to gauge how individuals feel about a variety of issues that may influence their health and well-being, and also how they rate their own health and important life matters.

While the original *BC Atlas of Wellness* had a major focus on the province's health promotion ActNow BC strategy, this edition has been expanded. It contains updated indicators that focus on the determinants of health and wellness, but now includes comparisons to both earlier data and Canadian averages for, smoke-free environments and behaviours, food security and healthy nutrition, physical activity, healthy weights, and healthy pregnancies and births. Additional material has been added, with a specific emphasis on food security and being free of chronic conditions, as a result of requests from users of the original Atlas. In total, over 400 separate maps along with supporting tables are included that provide data related to indicators of various facets of wellness.

The material presented provides the user with visualizations of regional differences, as well as variations based on gender and age groupings and, where appropriate, statistical testing shows whether or not differences are significant. The information can be used to generate questions and discussions among community groups, public health policy makers and decision makers, school boards, and local governments on why one region does better than other regions on one or more indicators. Are regional inequalities in wellness indicators important enough to warrant local action to target health promotion initiatives both geographically and demographically? If so, what can be done to improve wellness? What can be learned from the regions that are the best or excel on certain aspects of wellness?

The maps and tables have also been created from a variety of somewhat scattered existing data sources, some of which may not be well known to policy makers and others interested in wellness. The information provided can be used to help target health promotion initiatives both geographically and demographically. The Atlas adds value to raw data so that rates can be compared among regions, and by providing them in this manner, makes them available to any one who wishes to use the data for their own purposes. Further, the Atlas and a series of supplements that focus on seniors, women, and inter-provincial comparisons are available to all through the website <http://www.geog.ubc.ca/wellness>.

By focusing on assets and taking a wellness approach, the *BC Atlas of Wellness* provides a unique and most interesting look at health and wellness in the province. It can assist communities and regions to learn more about their health and wellness relative to other parts of the province, and it complements reports that have been produced through my office.

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May, 2011