

# The Greater Victoria Wellbeing Survey

## Mini Report – Health

June 2010



**United Way**  
OF GREATER VICTORIA



University  
of Victoria



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FOUNDATION**

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The Capital Region Wellbeing Survey was implemented by a partnership of eight organizations in Greater Victoria: the United Way of Greater Victoria, University of Victoria, City of Victoria, Community Council, Capital Regional District, Victoria Foundation, Vancouver Island Health Authority, and the Ministry of Healthy Living and Sport.

The contributors to happiness and wellbeing that are employed in the survey are based on a framework that was developed by a group of international scholars from eastern and western countries who came together to help the nation of Bhutan to develop a measurement framework for their developmental philosophy of Gross National Happiness (GNH). The United Nations Development Program has supported this effort and annual conferences have been held for the past four years in Bhutan, Thailand, Canada and Brazil to review the research literature for the purpose of identifying the primary contributors to happiness and wellbeing in different cultures and countries.

These contributors of happiness and wellbeing include:

- Physical and mental health
- Time Balance
- Social and Community Vitality
- Cultural Vitality
- Material Standards
- Quality of Governance
- Environmental Vitality

The survey instrument that was used in the Greater Victoria survey was developed through an international collaboration involving participants from Canada, Bhutan, the United Kingdom, the United States, Thailand, Brazil and New Zealand. The survey was mailed out in October and November 2008 to a random sample of residents in the Capital Region. A total of 2400 returns were received by early January 2009.

A summary of the overall results is available at the website of the Victoria Foundation-  
<http://www.victoriafoundation.bc.ca>

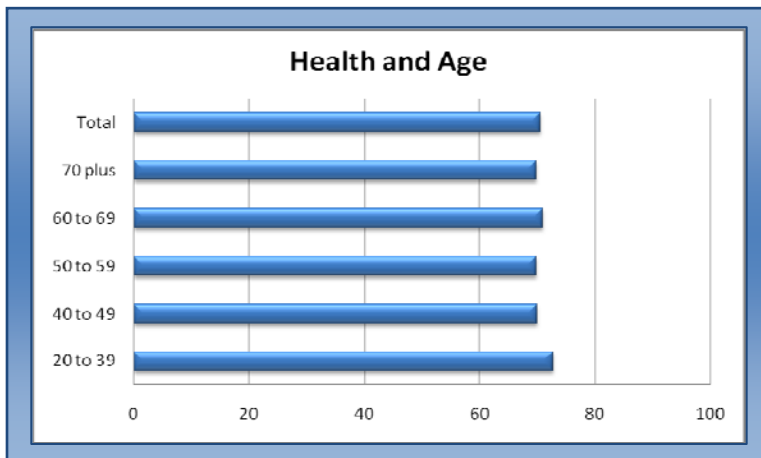
The following is the first in a series of short reports resulting from the Capital Region Wellbeing Survey that will summarize the key results related to happiness and wellbeing, and key contributors. **The focus of this report is on the characteristics and conditions that are associated with high or low levels of health and the relationship between health and life-satisfaction among the respondents.**



### **How was “Health” Measured?**

A person’s sense of wellbeing is largely based on their own appraisal of their situation. The health measures which are used in the Capital Region Wellbeing Survey are therefore based on the respondent’s subjective perception of their health, rather than upon objective health measures. Five items are used to measure self-rated health status: satisfaction with health, satisfaction with ability to perform everyday activities, self-rated mental health and cognitive abilities. These items are presented in the appendix to this report. The score obtained on each item is summed and this figure is then taken as a percentage of the total maximum score possible. A person who scored “100” on this scale is one who rates their general health and mental health as excellent, is very satisfied with their health and their ability to perform everyday activities and is able to think clearly and solve their everyday problems.

The appliance of these types of subjective measures is useful because they allow respondents to account for the normal effects of aging. For example, an eighty-five year-old respondent may have a lower level of health than a thirty year old respondent based on objective measures, but may still be very satisfied with their health status because they feel that they are “in very good shape for an eighty-



five year old.” It is this level of satisfaction which contributes to an overall sense of wellbeing and life-satisfaction.

For this reason, the scores of respondents did not differ very much due to age. The average score of respondents who were seventy and older had very similar scores to the younger respondents.

also virtually identical.

The scores of males and females were

### **Income Is the Most Important Determinant of Health**

Among all of the demographic variables included in the survey, income showed the strongest relationship with health. These differences did not simply arise in a comparison of “rich” versus “poor” respondents. The increase in health scores occurred with each step up the income hierarchy.

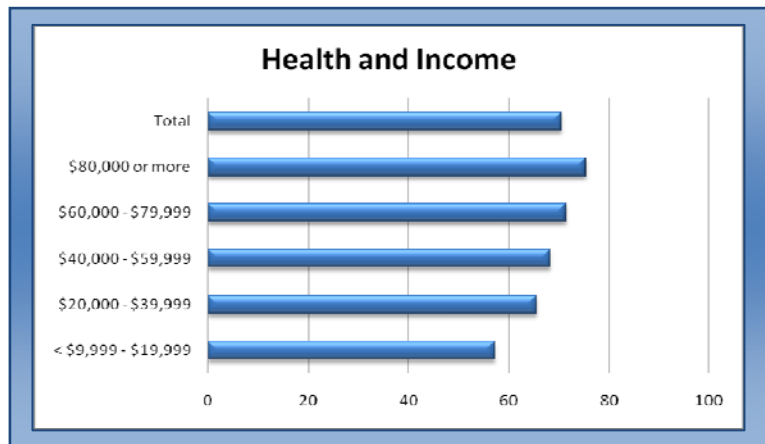
This relationship between income and health is not just a local phenomena - it occurs throughout the world. Within countries there are dramatic differences in health that are closely linked with degrees of social disadvantage, and life expectancy can differ dramatically depending on where a person is born.



These inequities in health arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness.<sup>1</sup>

Worldwide interest in how to better address this issue led the World Health Organization to establish the Commission on the Social Determinants of Health and the 2008 report of this Commission can be found at:

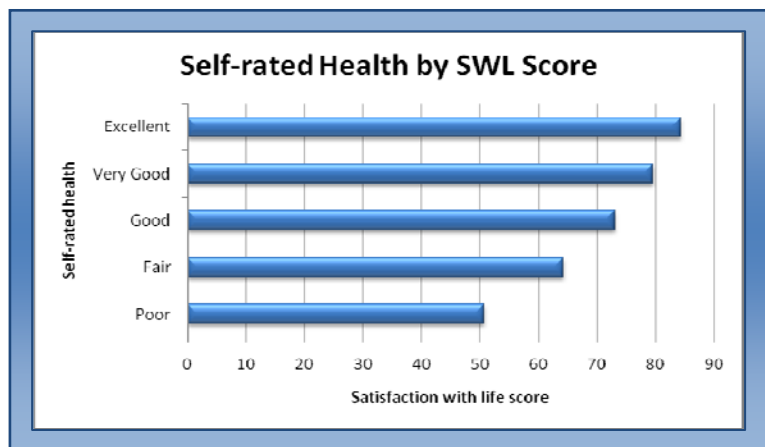
[http://www.who.int/social\\_determinants/thecommission/finalreport/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/en/index.html)



### **Health Is an Important Determinant of Wellbeing**

Not surprisingly, the results of the survey also supported the notion that health and wellbeing (defined as 'satisfaction with life' or 'SWL') are strongly associated. Studies out of the United States and Canada are showing evidence that people who are happier and more satisfied with their lives might also enjoy better health. A US-based study of the population aged eighteen years or older determined that as the level of life satisfaction decreased, the prevalence of fair/poor general health, disability, and infrequent social support increased, as did the mean number of days of physical distress, mental distress, activity limitation, depressive symptoms, anxiety symptoms, sleep insufficiency, and pain. The prevalence of smoking, obesity, physical inactivity, and heavy drinking also increased with decreasing level of life satisfaction.<sup>2</sup>

The Greater Victoria findings support the notion that self-rated health is a function of life satisfaction. The data are consistent with this evidence as people who reported that their health was "excellent" had an average satisfaction-with-life score

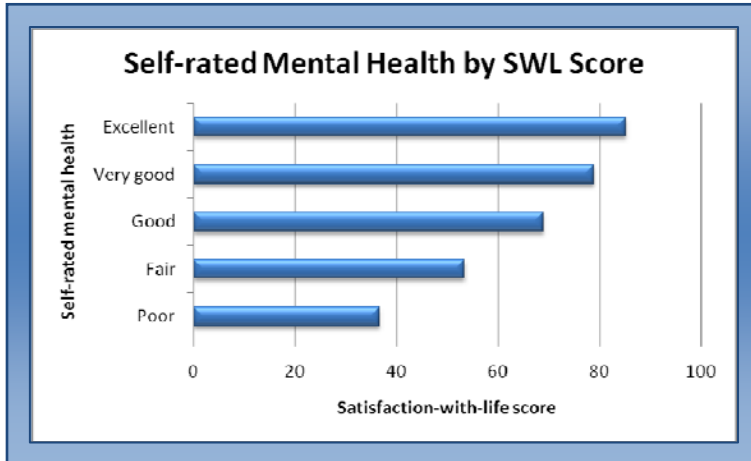


<sup>1</sup> CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization

<sup>2</sup> Strine TW., Chapman DP., Balluz LS., Moriarty DG., Mokdad AH., *The associations between life satisfaction and health-related quality of life, chronic illness, and health behaviors among U.S. community-dwelling adults.*, 2008 Feb;33(1):40-50.



of 84 out of 100. This average fell to 73 out of 100 among people who rated their health as only “good” and to a low level of 51 among persons who rated their health as “poor.”



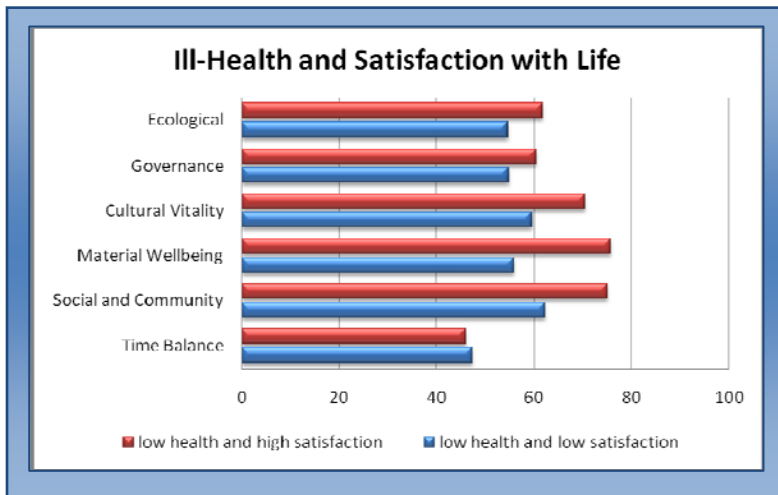
This relationship is particularly strong with respect to mental health. In the Greater Victoria Wellbeing Survey, people who rated their mental health as “poor” had an average score of only 37 out of 100 on satisfaction-with-life, while those individuals who rated their mental health as “excellent” had an average score of 85 out of 100. Mental health is often affected by other factors such as financial security, stress, chronic disease and pain, and control

over daily living activities. Life satisfaction can be correlated with perception of these factors, such as feeling discriminated against, perception of social supports, socio-economic status, and freedom from stress and deprivation.

**But it is not the only determinant – a substantial proportion of persons who report ill-health also report high levels of life satisfaction.** For example, in the Greater Victoria Wellbeing survey, among people who rated their health as only “poor or fair”, thirty percent reported a life-satisfaction score of 80 or higher.

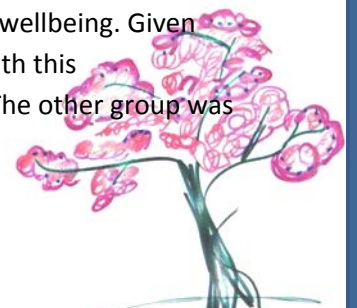
**What Factors Seem to Promote Wellbeing Among Persons With Health Problems?**

Because there are a number of factors that contribute to a sense of wellbeing, if limitations exist with respect to one factor such as health,



respect to one factor such as health, other contributors can play a compensatory role by supporting higher levels of wellbeing despite health problems. To examine how other factors may counter-balance the effect of ill-health on wellbeing, we compared the scores of two groups on all of the other contributors to life-satisfaction. The first group was composed of individuals who scored low on both health status and wellbeing. Given

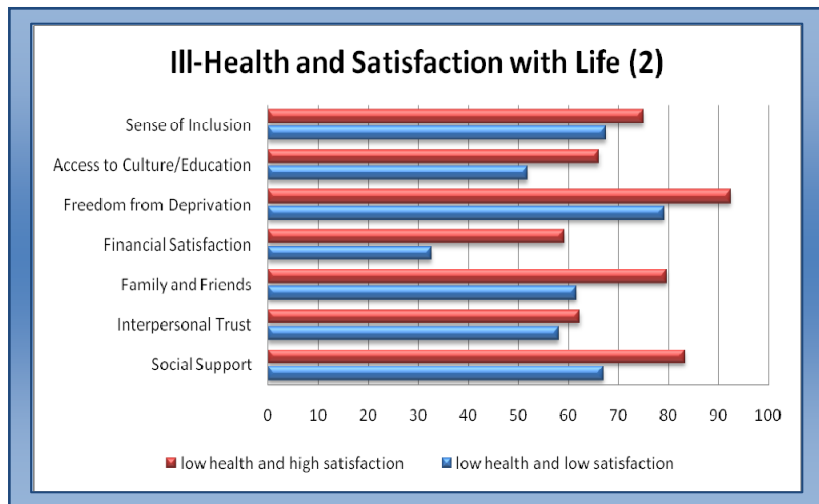
that health is an important contributor to wellbeing, these people were consistent with this relationship- their low levels of health were associated with low levels of wellbeing. The other group was



inconsistent with this relationship- they reported high levels of life-satisfaction despite reporting only poor or fair health.

As reflected in the graph above, people who maintained high levels of wellbeing despite their health problems, reported substantially higher scores on material wellbeing, social and community vitality and cultural vitality.

The second graph to the right shows more detailed results for the various components that make up the social, material and cultural contributors. With respect to social and community vitality, the greatest differences between the groups were on “social support” and “family and friends”. On the cultural vitality contributors, the greatest differences related to the person’s ability to participate in community



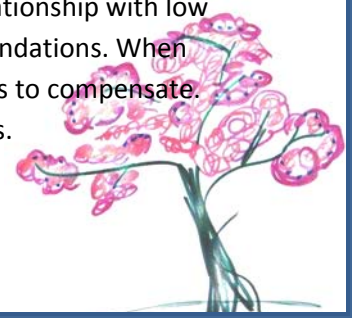
cultural, educational and recreational events. On the material wellbeing contributor, pronounced differences were apparent in terms of both material deprivation as well as a sense of financial insecurity.

As a result of this analysis we have some indication of why some people are able to maintain a high sense of wellbeing despite their states of ill-health:

- They are less likely to experience material deprivation and financial insecurity.
- They have better social supports.
- They have stronger relationships with family and friends.
- They are more satisfied with their ability to participate in community events.

### **Summary**

Health status is an important determinant of our sense of wellbeing, and health status is strongly associated with our level of income. It is important to note; however, that some people report high levels of life-satisfaction despite experiencing ill-health. Once again, income emerges as an important determinant - people who experience high levels of wellbeing despite their ill-health are less likely to be troubled by material deprivations or financial insecurity than people whose ill-health is accompanied by low levels of life-satisfaction. However, income is not the only factor- social support, family and friends, and participation in community cultural, educational and recreational events also emerged as important factors. It was also notable that mental health problems had a particularly strong relationship with low levels of wellbeing. In general, then, our sense of wellbeing rests on a number of foundations. When one of these foundations weakens- such as health- we can draw on other foundations to compensate. Our wellbeing tends to suffer the most when more than one foundation shows cracks.



**Appendix – Health Status Questions** (Excerpt from Section “6.0 – Your Health”)

**6.1.** In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
4	3	2	1	0

**6.2** How satisfied are you with your health?

Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied
4	3	2	1	0

**6.3** How satisfied are you with your ability to perform your daily living activities?

Very Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Very Dissatisfied
4	3	2	1	0

**6.5** In general, would you say your mental health is:

Excellent	Very Good	Good	Fair	Poor
4	3	2	1	1

**6.6** How would you describe your usual ability to think and solve day-to-day problems?

Able to think clearly and solve day-to-day problems	Having a little difficulty thinking clearly and solving day-to-day problems	Having some difficulty thinking clearly and solving problems	Having a great of difficulty thinking clearly and solving day-to-day problems	Unable to think or solve problems
4	3	2	1	0

Health Status Score: Sum items  
Take sum as a percentage of “20”

