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Background

The purpose of this report is to provide information on the attitudes and beliefs of Halton residents (aged 18 and over) about 10 social determinants of health (SDoH) (see Figure 1). Data was collected from 1200 Halton adults using the Rapid Risk Factor Surveillance System\(^1\) (RRFSS) during 2013. For more information on data interpretation, statistical significance, and the limitations, see Appendix A.

People have a personal responsibly to take care of their health\(^2\), but health is not solely determined by lifestyle choices such as physical activity and nutrition. Health is largely influenced by a person’s socioeconomic environment which is estimated to account for about 50% of population health outcomes.\(^4\) SDoH influence these social and physical environments where we live, learn, work, play and age.\(^3\) Because everyone is not equally supported by SDOH, individuals have varying means and abilities for health. Public policies that strengthen SDoH and improve our social and physical environments create more opportunities for improving health and lead to better health outcomes.

Addressing SDoH is a challenge because perceptions of factors that influence health tend to not include those elements related to socioeconomic status such as income, education, and employment. Studies have identified that people are more likely to think that individual lifestyle choices, healthcare availability and government policies and programs are more important to a person’s physical and mental health than social factors such as income, education, social supports and the physical environment.\(^5,6,7\) Yet, people who are economically disadvantaged are often identified as a group that tend to be in worse health than other Canadians.\(^5\) So while it is understood that people with less money are often in worse health, it is not well understood that money is an important factor in helping make a person healthy as well. This lack of understanding makes it difficult to bring about change in the social factors, or more “upstream” SDoH.

The information in this report helps us better understand how the residents of Halton perceive the importance of some of the SDoH on health, and how we might bring about change. The information is also a starting point for asking the harder questions about why Halton residents hold these beliefs and attitudes. One role of public health is to educate ourselves, community partners, and the public about SDoH. This allows us to better frame and target our messaging, as well as monitor the public's perceptions over time to determine how attitudes might be changing.

Figure 1: The 10 social determinants of health studied in the 2013 Rapid Risk Factor Surveillance System
A Comparison of 10 Social Determinants of Health

Halton adults aged 18 and over 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 2). “Healthy” was defined as a person’s physical and mental health, being free from disease and pain, and being satisfied with life. Only the percent of adults who felt that each of these 10 SDoH were very important or extremely important in helping make a person healthy have been included in this report. The factors have been ranked from lowest to highest based on the percent of adults aged 18 and over who identified each of the factors as very or extremely important in helping make a person healthy.

For a comparison on how Halton adults attitudes and beliefs about the SDoH compare to the other 11 health units which asked this RRFSS module in 2013, please see Appendix B.

The SDoH discussed in this report are interwoven and all play an important part in determining population health outcomes. The more “upstream” factors such as income, education and employment impact the more “downstream” factors such as lifestyle choices, access to healthcare, and safe and affordable housing. The idea that health outcomes are largely related to social determinants rather than solely on individual health choices is a difficult one to grasp for many. The results in Figure 2 highlights that people appear to better understand the relationship between the more downstream SDoH and health, but less so for the more upstream factors. This is concerning because it is these upstream factors have the greatest impact on health. Social policy is largely influenced by public opinion, so it is important to educate the public of the importance of these upstream factors on health in order to bring about change in social policies to help shape the environments where we live, learn, work, play and age and create equal opportunities in health for everyone.

Figure 2: Percent of adults who rated these SDoH as very or extremely important factors in helping make a person healthy, adults aged 18 and over, Halton Region, 2013.
Key Demographic Findings

Table 1: Summary of the key demographic findings related to attitudes and beliefs about SDoH, 2013.

<table>
<thead>
<tr>
<th>SEX</th>
<th>AGE</th>
<th>INCOME</th>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Females were more likely to recognize that government policies/programs, helpful family friends &amp; neighbours, early childhood experiences, access to safe and affordable housing, a person's ability to cope with challenges and difficulties, and access to quality and timely healthcare were very or extremely important factors in helping make a person healthy.</td>
<td>• Older adults, aged 65 and over, were more likely to recognize that how much money and education a person has, their job or employment situation and government policies/programs were very or extremely important factors in helping make a person healthy.</td>
<td>• Lower income adults were more likely to recognize that how much money a person has was a very or extremely important factor in helping make a person healthy.</td>
<td>• Adults who were not post secondary graduates were more likely to recognize that government policies/programs were very or extremely important factors in helping make a person healthy.</td>
</tr>
</tbody>
</table>

Table 1 provides a summary of how sex, age, income, and education are associated with a person’s attitudes and beliefs about the SDoH. No statistically significant differences were found by municipality.

While this report is not intended to provide a complete explanation for the differences found by demographics on the attitudes and beliefs about the SDoH, there are some patterns worth noting in Table 1. Respondents may identify more with those SDoH that were based in their own lived experiences. For instance, females identify family, friends and childhood experiences as very or extremely important to health; older adults identified with money, education and employment as very or extremely important to health; and people with lower incomes were more likely to recognize how much money a person makes is very or extremely important to health. Recognizing these patterns is a first step to starting the conversation on how we can bring about the changes that are required to create equal opportunities in health.

The pages that follow present more detailed findings broken down by sex, age, municipality, income and education for each of the 10 SDoH that were part of the 2013 RRFSS survey.
How Much Money a Person Has

- In 2013, as age increased Halton adults aged 18 and over were more likely to rate how much money a person has as a very or extremely important factor in helping make a person healthy. This trend was statistically significant when comparing adults aged 65 and over [42%(±5)] to adults aged 25-44 [27%(±5)] and 45-64 [31%(±4)] (see Figure 3).

- In 2013, as income increased Halton adults aged 18 and over 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 statistically significant when comparing adults in the lowest income group [43%(±6)] to adults in the middle [28%(±5)] and high income [26%(±5)] groups (see Figure 3).

- In 2013, there were no statistically significant differences by sex, municipality or education in the percent of adults aged 18 and over who rated how much money a person has as a very or extremely important factor in helping make a person healthy (see Figure 3).

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

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

Figure 3: Percent of adults who rated how much money a person has as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013
How Much Education a Person Has

- In 2013, as age increased Halton adults aged 18 and over were more likely to rate how much education a person has as a very or extremely important factor in helping make a person healthy. This difference was statistically significant when comparing adults aged 65 and over [60%(±5)] to adults aged 25-44 [45%(±6)] and 45-64 [47%(±4)] (see Figure 4).

- In 2013, as income increased Halton adults aged 18 and over were less likely to rate how much education a person has as a very or extremely important factor in helping make a person healthy, however this was trend was not statistically significant (see Figure 4).

- In 2013, there were no statistically significant differences by sex, municipality, or education in the percent of adults aged 18 and over who rated how much education a person has as a very or extremely important factor in helping make a person healthy (see Figure 4).

Figure 4: Percent of adults who rated how much education a person has as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013

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

Older adults were more likely to rate how much education a person has as a very or extremely important factor in helping make a person healthy.
Job and Employment Situation

- In 2013, as age increased Halton adults aged 18 and over 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. This trend was statistically significant when comparing adults aged 65 and over [79%(±4)] to adults aged 18-24 [60%(±13)], 25-44 [65%(±6)] and 45-64 [67%(±4)] (see Figure 5).

- In 2013, there were no statistically significant differences or trends by sex, municipality, income or education in the percent of adults aged 18 and over who rated a person’s job and employment situation as a very or extremely important factor in helping make a person healthy (see Figure 5).

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

Older adults 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.

Figure 5: Percent of adults who rated a person’s job or employment situation as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013

Figure 5: Percent of adults who rated a person’s job or employment situation as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013
Government Policies and Programs

- In 2013 Halton females aged 18 and over [85%(±3)] were more likely than males [68%(±4)] to rate government policies and programs as a very or extremely important factor in helping make a person healthy. This difference was statistically significant (see Figure 6).

- In 2013, as age increased Halton adults aged 18 and over 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 when comparing adults aged 65 and over [86%(±4)] to adults aged 18-24 [63%(±13)], 25-44 [75%(±5)] and 45-64 [78%(±4)] (see Figure 6).

- In 2013, as income increased Halton adults aged 18 and over were less likely to rate government policies and programs as a very or extremely important factor in helping make a person healthy, however this was trend was not statistically significant (see Figure 6).

- In 2013 Halton adults aged 18 and over who were not post-secondary graduates [86%(±4)] were more likely than post-secondary graduates [75%(±3)] to rate government policies and programs as a very or extremely important factor in helping make a person healthy. This difference was statistically significant (see Figure 6).

- In 2013, there were no statistically significant differences by municipality in the percent of adults aged 18 and over who rated government policies and programs as a very or extremely important factor in helping make a person healthy (see Figure 6).

Figure 6: Percent of adults who rated government policies and programs as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013
Early Childhood Experiences

- In 2013 Halton females aged 18 and over [84% (±3)] were more likely than males [76% (±4)] to rate early childhood experiences such as the type of parenting and upbringing, problems in the home, etc. as a very or extremely important factor in helping make a person healthy. This difference was statistically significant (see Figure 7).

- In 2013, as age increased Halton adults aged 18 and over were more likely to rate early childhood experiences as a very or extremely important factor in helping make a person healthy, however this trend was not statistically significant (see Figure 7).

- In 2013, there were no statistically significant differences or trends by municipality, income or education in the percent of adults aged 18 and over who rated early childhood experiences such as the type of parenting and upbringing, problems in the home etc. as a very or extremely important factor in helping make a person healthy (see Figure 7).

**Females** were more likely to rate early childhood experiences as a very or extremely important factor in helping make a person healthy.

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**Figure 7:** Percent of adults who rated early childhood experiences as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013
Helpful Family, Friends and Neighbours

- In 2013 Halton females aged 18 and over [87%(±2)] were more likely than males [75%(±4)] to rate having helpful family, friends, neighbours or others as a very or extremely important factor on physical and mental health. This difference was statistically significant (see Figure 8).

- In 2013, as income increased Halton adults aged 18 and over were less likely to rate having helpful family, friends, neighbours or others as a very or extremely important factor in helping make a person healthy, however this was trend was not statistically significant (see Figure 8).

- In 2013, there were no statistically significant differences or trends by age, municipality, or education in the percent of adults aged 18 and over who rated having helpful family, friends, neighbours or others as a very or extremely important factor in helping make a person healthy (see Figure 8).

Figure 8: Percent of adults who rated having helpful family, friends and neighbours as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013
Access to Safe and Affordable Housing

- In 2013 Halton females aged 18 and over [92%±2] were more likely than males [81%±4] to rate having a safe and affordable place to live as a very or extremely important factor in helping make a person healthy. This difference was statistically significant (see Figure 9).

- In 2013, there were no statistically significant differences or trends by age, municipality, income or education in the percent of adults aged 18 and over who rated having a safe and affordable place to live as a very or extremely important factor in helping make a person healthy (see Figure 9).

Figure 9: Percent of adults who rated having access to safe and affordable housing as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013

Females were more likely to rate having a safe and affordable place to live as a very or extremely important factor in helping make a person healthy.
Ability to Cope with Challenges and Difficulties

- In 2013 Halton females aged 18 and over [94%(±2)] were more likely than males [85%(±3)] to rate a person’s ability to cope with challenges and difficulties in their life as a very or extremely important factor in helping make a person healthy. This difference was statistically significant (see Figure 10).

- In 2013, there were no statistically significant differences or trends by age, municipality, income or education in the percent of adults aged 18 and over who rated a person’s ability to cope with challenges and difficulties in their life as a very or extremely important factor in helping make a person healthy (see Figure 10).

Figure 10: Percent of adults who rated a person’s ability to cope with challenges and difficulties as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013

Females were more likely to rate a person’s ability to cope with challenges and difficulties in their life as a very or extremely important factor in helping make a person healthy.
Lifestyle Choices

The lifestyle choices a person makes was described as choices such as what they eat, if they smoke, how much alcohol they drink and how much exercise they get.

- In 2013, as income increased Halton adults aged 18 and over 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 [98%±1] to adults in the lowest income group [94%±3] (see Figure 11).

- In 2013, there were no statistically significant differences or trends by sex, age, municipality, or education in the percent of adults aged 18 and over who rated the lifestyle choices a person makes as a very or extremely important factor in helping make a person healthy (see Figure 11).

Lifestyle choices was ranked second highest of the 10 factors rated as a very or extremely important factor in helping make a person healthy.

People with higher income were more likely to rate lifestyle choices as a very or extremely important factor in helping make a person healthy.

Figure 11: Percent of adults who rated a person’s lifestyle choices as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013
Access to Quality and Timely Healthcare

- In 2013 Halton females aged 18 and over [98% (±1)] were more likely than males [95% (±2)] to rate having access to quality and timely healthcare services as a very or extremely important factor in helping make a person healthy. This difference was statistically significant (see Figure 12).

- In 2013, there were no statistically significant differences or trends by age, municipality, income or education in the percent of adults aged 18 and over who rated having access to quality and timely healthcare services as a very or extremely important factor in helping make a person healthy (see Figure 12).

Having access to quality and timely healthcare services was ranked highest of the 10 factors rated as a very or extremely important factor in helping make a person healthy. Females were more likely to rate having access to quality and timely healthcare services as a very or extremely important factor in helping make a person healthy.

Figure 12: Percent of adults who rated having access to quality and timely healthcare as a very or extremely important factor in helping make a person healthy, adults age 18 and over, Halton Region, 2013
Appendix A

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 reported in brackets or 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. Since overlapping confidence intervals are used to determine statistical significance, p-values are not calculated. This is a conservative approach (α<0.01) which is more appropriate when multiple comparisons are being made, such as in this report.

Data Interpretation:

Income Groups are based on the ratio of each survey respondent’s annual household income level to the low income cut-off (LICO, 2011) corresponding to their household size, and community size. The low income group is the lowest 30% of income ratios, the middle income group is the 31st-70th% of income ratios and the high income group is the the top 30% of income ratios. Respondents who did not know or refused to provide their income were not included in the analysis by income.

Coefficient of variation (CV) refers to the precision of the estimate. When the CV is between 16.6 and 33.3, the estimate should be interpreted with caution because of high variability and has been marked with an asterisk (*). Estimates with a CV of 33.3 or greater are not reportable and have been marked with double asterisks (**) in the graphs and tables.

Household (HH) weights were used for any questions related to individuals. The HH weight adjusts for the fact that an adult in a larger HH is less likely to be selected than an adult in a smaller HH.

Limitations:

RRFSS results are self-reported and may not be recalled accurately. Individuals not living in households (such as those in prison, hospitals, or the homeless) were excluded. Individuals who live in a household without a landline telephone are also not reached through RRFSS (over 12% of all Ontario households, and 49% of Ontario households with only adults aged 18-34 years old). As a result, the percentages may not represent the true estimates for the general population.

Rounded estimates were used for the presentation of data, thus estimates may not total 100 percent. Rounded CI’s were used for the presentation of data; however, non-rounded CI’s were used to determine significant differences.

Don’t know and refused responses were excluded from the analysis.

References:

Appendix B

Table 2: Percent of adults who rated these SDoH as very or extremely important factors in helping make a person healthy, adults aged 18 and over, RRFSS Participating Health Units (HUs)* compared to Halton Region, 2013.

<table>
<thead>
<tr>
<th>Factors asked about in SDoH Module</th>
<th>Halton</th>
<th>Other RRFSS participating HUs* (not including Halton)</th>
<th>Halton compared to other HUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much money a person has</td>
<td>31.2 (±2.6)</td>
<td>31.1 (±0.8)</td>
<td>↔</td>
</tr>
<tr>
<td>How much education a person has</td>
<td>49.0 (±2.8)</td>
<td>50.8 (±0.9)</td>
<td>↔</td>
</tr>
<tr>
<td>Job/employment situation</td>
<td>68.4 (±2.6)</td>
<td>70.7 (±0.8)</td>
<td>↔</td>
</tr>
<tr>
<td>Government policies and programs</td>
<td>78.0 (±2.4)</td>
<td>78.1 (±0.8)</td>
<td>↔</td>
</tr>
<tr>
<td>Early childhood experiences</td>
<td>80.6 (±2.3)</td>
<td>83.0 (±0.7)</td>
<td>↔</td>
</tr>
<tr>
<td>Helpful family, friends and neighbours</td>
<td>82.4 (±2.2)</td>
<td>86.0 (±0.6)</td>
<td>↓</td>
</tr>
<tr>
<td>Access to safe and affordable housing</td>
<td>87.3 (±1.9)</td>
<td>87.7 (±0.6)</td>
<td>↔</td>
</tr>
<tr>
<td>Ability to cope with challenges and difficulties</td>
<td>90.3 (±1.7)</td>
<td>89.4 (±0.6)</td>
<td>↔</td>
</tr>
<tr>
<td>Lifestyle choices</td>
<td>95.1 (±1.2)</td>
<td>93.4 (±0.4)</td>
<td>↑</td>
</tr>
<tr>
<td>Access to quality and timely healthcare</td>
<td>97.2 (±0.9)</td>
<td>95.7 (±0.4)</td>
<td>↑</td>
</tr>
</tbody>
</table>

* Combined data from the following 11 health units: Simcoe Muskoka District; Haliburton, Kawartha, Pine Ridge; Niagara Region; Middlesex-London; York Region; Sudbury District; Hamilton; Grey Bruce; Lambton; Leeds, Grenville and Lanark; Chatham-Kent.

↔ indicates there were no statistically significant differences between Halton and the other RRFSS participating HUs
↑ indicates that Halton’s results were statistically significantly higher than the other RRFSS participating HUs
↓ indicates that Halton’s results were statistically significantly lower than the other RRFSS participating HUs