

Report 2: General and Mental Health

May 2017

Summary

- The 2016 Oxford Health Matters Survey (OHMS) was conducted for Oxford County Public Health (Public Health) to inform public health program development in new and emerging areas based on the needs and concerns of the community.
- Self-rated health is an overall measure of physical, mental and social wellbeing that is related to doctors' judgment of a patient's health. It is also related to things that are difficult for a doctor to see, such as diseases in the early stages, seriousness of disease, and social functioning.^{1,2}
- Over half (53.6%) of residents reported that their general health was very good or excellent; however, this differed significantly within population groups:
 - Older adults (65 years and older) were less likely to report very good or excellent general health compared to those aged 35 to 64 years (42.3% versus 56.6%).
 - Residents with post-secondary education were more likely to report very good or excellent health compared to those with less than high school (62.1% versus 38.0%).
 - Residents who were married or living with a partner were more likely to report very good or excellent general health than residents who were not (59.6% versus 33.3%).
- Two-thirds (65.3%) of residents felt that their mental health was very good or excellent; however, this differed significantly by household income:
 - Residents with a high household income (\$100,000+) were more likely to report very good or excellent mental health compared to residents with a low household income (<\$40,000; 77.6% versus 44.2%).
- These findings align with the results of the Oxford County Community Wellbeing Survey, which found that 45.8% of residents had very good or excellent self-rated physical health and 64.2% of residents had very good or excellent self-rated mental health.³ The association between self-rated mental health and household income was also noted.

Background

A core function of public health is population health assessment. This includes measuring the health status of the population and considering biological and social factors that may influence health to inform the planning and delivery of programs and services, with the goal of reducing health inequities, improving and protecting the health of the population. The 2016 Oxford Health Matters Survey (OHMS) included two questions about self-rated health to assess the general health status and mental health status of Oxford County residents. Where possible, general and mental health status were examined by personal and social factors (i.e., socio-demographic characteristics) to understand differences in sub-populations.

Self-rated health is a measure used worldwide to assess population health. Self-rated health is an individual's perceived health status based on their understanding of health behaviours, risk factors for disease and their lived experiences.⁴ Research has shown that as a measure, self-rated health is valid (i.e., measures the concept accurately) and reliable (i.e., measures the concept consistently).⁵ Self-rated health has been associated with physicians' assessments of health, mortality, chronic disease incidence, diabetes complications, physical and cognitive limitations and health service use.¹

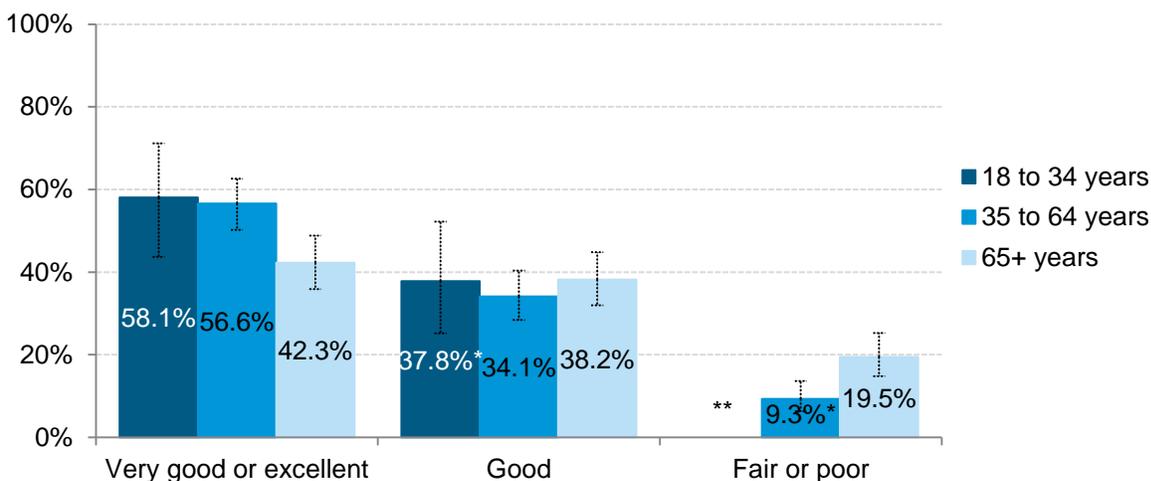
Please see Data Notes for more information about definitions and methods of the survey, sample size, and how the numbers are calculated and displayed.

Results

General Health

About half of residents (53.6%) felt that their general health was very good or excellent, 36.2% felt that it was good and 10.2% felt that it was fair or poor (Appendix, Table 1). There were some differences by socio-demographic characteristics. Residents aged 65 years and older were less likely than those aged 35 to 64 years to rate their general health as very good or excellent (42.3% versus 56.6%) and were more likely to rate their general health as fair or poor (19.5% versus 9.3%) (Figure 1; Appendix, Table 2).

Figure 1. Self-rated general health by age group, Oxford County, 2016



*High variability, interpret with caution. **Extremely high variability results, data suppressed.

Residents with a household income of less than \$40,000 were more likely to report fair or poor general health than residents with a household income of \$40,000 to less than \$70,000 (33.8% versus 9.7%) and residents who answered don't know or refused when asked about their income (7.6%) (Figure 2; Appendix, Table 3).

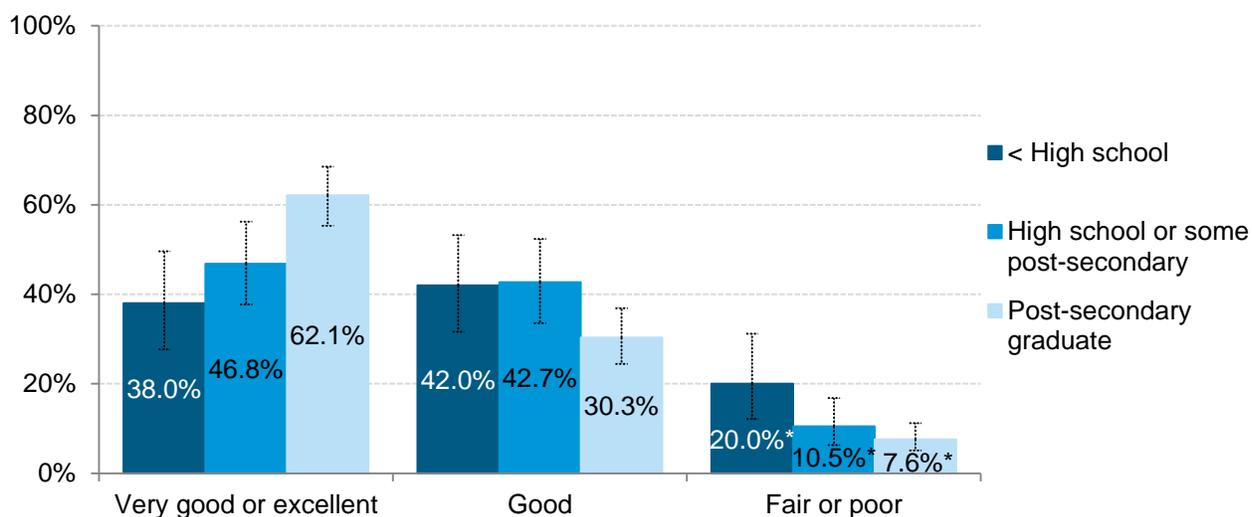
Figure 2. Self-rated general health by household income, Oxford County, 2016



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Post-secondary graduates were more likely to rate their general health as very good or excellent (62.1%) and less likely to rate their general health as fair or poor (7.6%) compared to those with less than a high school education (38.0% very good or excellent; 20.0% fair or poor) (Figure 3; Appendix, Table 4).

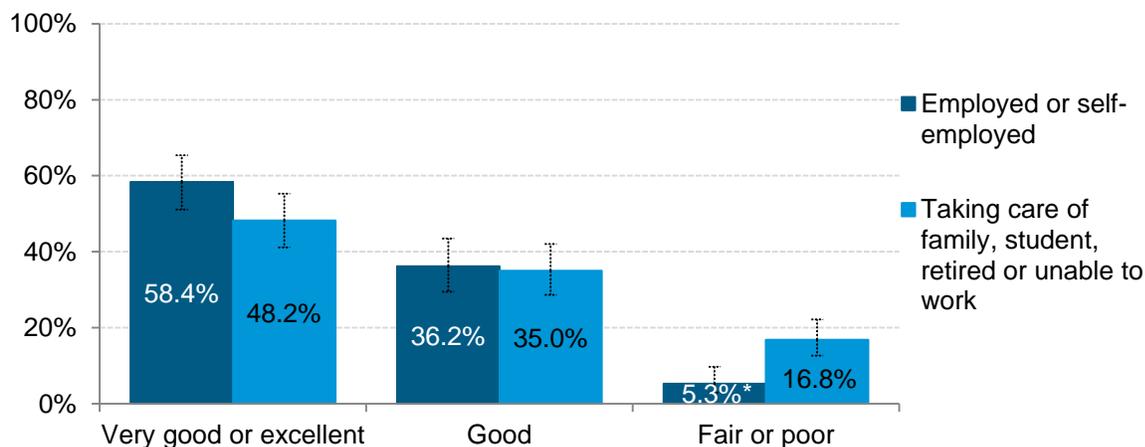
Figure 3. Self-rated general health by education level, Oxford County, 2016



*High variability, interpret with caution.

Residents who were taking care of family, students, retired or unable to work were more likely to report fair or poor general health compared to residents who were employed or self-employed (16.8% versus 5.3%) (Figure 4; Appendix, Table 5).

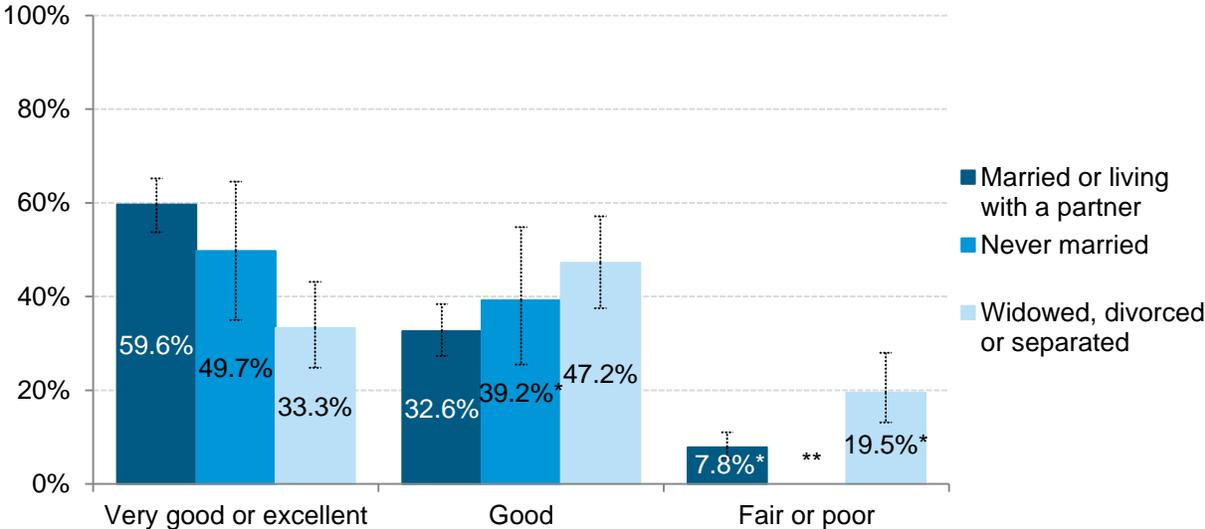
Figure 4. Self-rated general health by employment status, Oxford County, 2016



*High variability, interpret with caution.

Residents who were married or living with a partner were more likely to report very good or excellent health (59.6%) and less likely to report fair or poor health (7.8%) than residents who were widowed, divorced or separated (33.3% very good or excellent; 19.5% fair or poor) (Figure 5; Appendix, Table 7).

Figure 5. Self-rated general health by marital status, Oxford County, 2016

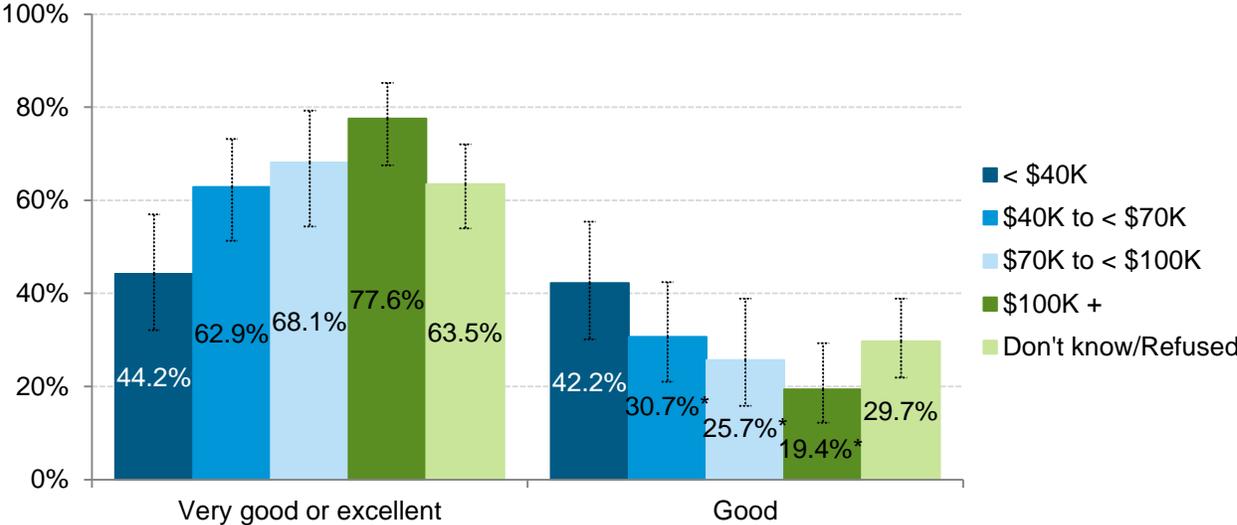


*High variability, interpret with caution. **Extremely high variability results, data suppressed.

Mental Health

About two-thirds of residents (65.3%) felt that their mental health was very good or excellent, 28.2% felt that it was good and 6.5% felt that it was fair or poor (Appendix, Table 1). Residents with a household income of \$100,000 or more were more likely to report very good or excellent mental health (77.6%) and less likely to report good mental health (19.4%) than residents with a household income of less than \$40,000 (44.2% very good or excellent; 42.2% good) (Figure 6; Appendix, Table 3).

Figure 6. Self-rated mental health by household income, Oxford County, 2016



*High variability, interpret with caution. The per cent of residents who reported that their mental health was fair or poor was not reportable by household income due to extremely high variability.

Considerations

Findings from this report suggest that there are important sub-populations in Oxford County to consider when planning programs and services. These sub-populations include older adults, those with lower levels of education, those not married or living with a partner and those living in lower income households. The differences seen in self-rated health based on socio-demographic characteristics highlights the importance of considering social determinants of health (e.g., income, social status, education, employment) when working towards improving the health of the population. These findings align with the results of the Oxford County Community Wellbeing Survey, which found that 45.8% of residents had very good or excellent self-rated physical health and 64.2% of residents had very good or excellent self-rated mental health.³ The association between self-rated mental health and household income was also noted. The per cent of residents who had very good or excellent self-rated physical health in the Oxford County Community Wellbeing Survey may be slightly lower than the per cent of residents who had very good or excellent self-rated general health in the 2016 OHMS (45.8% versus 53.6%) due to differences in the wording of the questions.

Appendix: Tables

Table 1. Self-rated general health and mental health, by sex, Oxford County, 2016

Indicator	Responses	Per cent of residents (95% CI)		
		Overall	Male	Female
General health	Very good or excellent	53.6% (48.4%-58.6%)	49.0% (40.9%-57.2%)	58.0% (51.8%-64.0%)
	Good	36.2% (31.4%-41.3%)	40.6% (32.8%-48.8%)	31.9% (26.4%-38.0%)
	Fair or poor	10.2% (7.8%-13.3%)	10.4%* (6.8%-15.7%)	10.1% (7.3%-13.9%)
Mental health	Very good or excellent	65.3% (60.2%-70.1%)	66.8% (58.6%-74.1%)	63.9% (57.6%-69.8%)
	Good	28.2% (23.8%-33.0%)	27.3% (20.6%-35.1%)	29.0% (23.5%-35.1%)
	Fair or poor	6.5%* (4.2%-9.9%)	**	7.1%* (4.4%-11.3%)

* High variability results, interpret with caution.

** Extremely high variability results, data suppressed.

Table 2. Self-rated general health and mental health by age, Oxford County, 2016

Indicator	Responses	Per cent of residents (95% CI)			
		Overall	18 to 34 years	35 to 64 years	65 years and older
General health	Very good or excellent	53.7% (48.6%-58.8%)	58.1% (43.7%-71.2%)	56.6%‡ (50.2%-62.6%)	42.3%‡ (35.9%-48.8%)
	Good	36.0% (31.2%-41.2%)	37.8%* (25.2%-52.2%)	34.1% (28.4%-40.4%)	38.2% (32.0%-44.8%)
	Fair or poor	10.2% (7.8%-13.3%)	**	9.3%*‡ (6.3%-13.6%)	19.5%‡ (14.8%-25.3%)
Mental health	Very good or excellent	65.3% (60.2%-70.1%)	58.9% (44.7%-71.8%)	69.9% (63.8%-75.3%)	62.9% (56.3%-69.0%)
	Good	28.1% (23.7%-33.0%)	31.3%* (19.9%-45.5%)	24.8% (19.7%-30.6%)	31.7% (25.9%-38.2%)
	Fair or poor	6.5%* (4.3%-9.9%)	**	5.3%* (3.1%-8.9%)	5.4%* (3.1%-9.2%)

* High variability results, interpret with caution.

** Extremely high variability results, data suppressed.

‡ Statistically significant difference between groups based on a 95% confidence interval.

Table 3. Self-rated general health and mental health, by household income, Oxford County, 2016

Indicator	Responses	Per cent of residents (95% CI)					
		Overall	<\$40K	\$40K to < \$70K	\$70K to < \$100K	\$100K +	Don't know/ Refused
General health	Very good or excellent	53.6% (48.4%-58.6%)	35.0%* (24.1%-47.8%)	52.7% (41.6%-63.5%)	59.0% (45.5%-71.3%)	63.7% (52.7%-73.4%)	50.7% (41.6%-59.7%)
	Good	36.2% (31.4%-41.3%)	31.1%* (21.0%-43.4%)	37.5% (27.5%-48.7%)	34.5%* (22.9%-48.3%)	30.2%* (21.0%-41.2%)	41.7% (32.9%-51.1%)
	Fair or poor	10.2% (7.8%-13.3%)	33.8%*†† (21.8%-48.4%)	9.7%*‡ (5.4%-16.9%)	**	**	7.6%*† (4.6%-12.2%)
Mental health	Very good or excellent	65.3% (60.2%-70.1%)	44.2%‡ (32.1%-57.0%)	62.9% (51.3%-73.2%)	68.1% (54.4%-79.3%)	77.6%‡ (67.5%-85.2%)	63.5% (54.0%-72.0%)
	Good	28.2% (23.8%-33.0%)	42.2%‡ (30.1%-55.4%)	30.7%* (21.0%-42.4%)	25.7%* (15.8%-38.9%)	19.4%*‡ (12.2%-29.3%)	29.7% (21.9%-38.9%)
	Fair or poor	6.5%* (4.2%-9.9%)	**	**	**	**	**

* High variability results, interpret with caution.

** Extremely high variability results, data suppressed.

‡, † Statistically significant difference between groups based on a 95% confidence interval.

Table 4. Self-rated general health and mental health, by education level, Oxford County, 2016

Indicator	Responses	Per cent of residents (95% CI)			
		Overall	< High school	High school or some post- secondary	Post-secondary graduate
General health	Very good or excellent	53.5% (48.3%-58.6%)	38.0%‡ (27.7%-49.6%)	46.8% (37.7%-56.2%)	62.1%‡ (55.3%-68.5%)
	Good	36.3% (31.4%-41.4%)	42.0% (31.6%-53.2%)	42.7% (33.5%-52.4%)	30.3% (24.4%-36.9%)
	Fair or poor	10.2% (7.8%-13.3%)	20.0%*‡ (12.1%-31.2%)	10.5%* (6.3%-16.8%)	7.6%*‡ (5.1%-11.2%)
Mental health	Very good or excellent	65.1% (60.0%-69.9%)	58.4% (47.1%-68.9%)	59.7% (50.0%-68.7%)	70.7% (64.0%-76.6%)
	Good	28.3% (23.9%-33.2%)	33.9% (24.2%-45.2%)	30.7% (22.5%-40.2%)	25.2% (19.7%-31.7%)
	Fair or poor	6.6%* (4.3%-9.9%)	**	**	4.1%* (2.1%-7.8%)

* High variability results, interpret with caution.

** Extremely high variability results, data suppressed.

‡ Statistically significant difference between groups based on a 95% confidence interval.

Table 5. Self-rated general health and mental health, employment status, Oxford County, 2016

Indicator	Responses	Per cent of residents (95% CI)		
		Overall	Employed or self-employed	Taking care of family, student, retired or unable to work
General health	Very good or excellent	53.2% (48.0%-58.3%)	58.4% (51.1%-65.4%)	48.2% (41.1%-55.3%)
	Good	36.5% (31.6%-41.6%)	36.2% (29.5%-43.5%)	35.0% (28.6%-42.0%)
	Fair or poor	10.3% (7.9%-13.4%)	5.3%*‡ (2.9%-9.7%)	16.8%‡ (12.6%-22.2%)
Mental health	Very good or excellent	65.1% (60.0%-69.9%)	70.1% (62.9%-76.3%)	60.7% (53.5%-67.4%)
	Good	28.3% (23.9%-33.2%)	25.6% (19.8%-32.4%)	30.1% (24.1%-36.9%)
	Fair or poor	6.5%* (4.3%-9.9%)	**	9.2%* (5.4%-15.2%)

* High variability results, interpret with caution.

** Extremely high variability results, data suppressed.

‡ Statistically significant difference between groups based on a 95% confidence interval.

Table 6. Self-rated general health and mental health, by rural or urban residence, Oxford County, 2016

Indicator	Responses	Per cent of residents (95% CI)		
		Overall	Rural	Urban
General health	Very good or excellent	53.6% (48.4%-58.6%)	61.0% (51.8%-69.4%)	49.7% (43.6%-55.7%)
	Good	36.2% (31.4%-41.3%)	31.8% (23.9%-40.8%)	38.5% (32.6%-44.7%)
	Fair or poor	10.2% (7.8%-13.3%)	7.2%* (4.4%-11.8%)	11.8% (8.6%-16.0%)
Mental health	Very good or excellent	65.3% (60.2%-70.1%)	69.7% (60.6%-77.4%)	63.1% (56.9%-68.9%)
	Good	28.2% (23.8%-33.0%)	27.0% (19.6%-35.9%)	28.8% (23.5%-34.7%)
	Fair or poor	6.5%* (4.2%-9.9%)	**	8.2%* (5.0%-13.0%)

* High variability results, interpret with caution.

** Extremely high variability results, data suppressed.

Table 7. Self-rated general health and mental health, by marital status, Oxford County, 2016

Indicator	Responses	Per cent of residents (95% CI)			
		Overall	Married or living with a partner	Never married	Widowed, divorced or separated
General health	Very good or excellent	53.5% (48.3%-58.6%)	59.6% (53.7%-65.2%)	49.7% (35.0%-64.5%)	33.3% (24.8%-43.1%)
	Good	36.2% (31.4%-41.3%)	32.6% (27.3%-38.4%)	39.2%* (25.5%-54.8%)	47.2% (37.5%-57.1%)
	Fair or poor	10.2% (7.9%-13.4%)	7.8%*‡ (5.5%-11.0%)	**	19.5%*‡ (13.1%-28.0%)
Mental health	Very good or excellent	65.2% (60.1%-70.0%)	68.3% (62.5%-73.6%)	58.9% (43.4%-72.8%)	60.6% (50.7%-69.7%)
	Good	28.3% (23.9%-33.2%)	28.4% (23.3%-34.2%)	27.2%* (15.7%-42.7%)	29.2% (21.5%-38.4%)
	Fair or poor	6.5%* (4.2%-9.9%)	3.3%* (1.9%-5.7%)	**	**

* High variability results, interpret with caution.

** Extremely high variability results, data suppressed.

‡ Statistically significant difference between groups based on a 95% confidence interval.

Data Notes

Definitions

Rural versus Urban Comparisons: Results are presented for Oxford County as a whole, and where possible, reported by whether the resident lives in a 'rural' or 'urban' area within the County. Although there are a mixture of rural and (sub)urban areas even within the municipalities, for the purposes of this report, they were subdivided as follows:

1. **Rural:** Zorra, East Zorra-Tavistock, Blandford-Blenheim, Norwich and South-West Oxford.
2. **Urban:** Woodstock, Ingersoll and Tillsonburg.

Methods

The 2016 Oxford Health Matters Survey (OHMS) was conducted for Oxford County Public Health by the Institute for Social Research (ISR) at York University. The purpose of the survey was to collect data to help shape public health programs in new and emerging areas based on the needs and concerns of the community. The survey interviewed by telephone a total of 550 randomly selected households from September to December 2016 with Oxford County residents aged 18 years or older. This resulted in an overall response rate of 44%, which is comparable to other recent Canadian health surveys. If the household included a person aged 18-30 years old, they were selected to answer the survey to increase the number of young people in the sample, as they are typically harder to reach with this type of survey. Otherwise, the person with the first birthday in the household was asked to complete the survey. The number of responses for various questions may not total 550 due to survey skip patterns and differing amounts of non-response to each question. Responses to questions relevant to individuals are weighted by age and sex to adjust for fewer males and younger individuals completing the survey. This weighting allows the sample to more closely represent the population of Oxford County.

Confidence Intervals

The per cents in brackets that follow each per cent estimate in the tables are the confidence intervals (CIs). Each estimate is based on the survey sample, and a CI is a range of values that describes the uncertainty surrounding an estimate.⁶ The 95% CI shows a range of values that

have a 95% chance of including the true estimate in the population if the survey was repeated. The larger a 95% CI, the more caution should be used when using the estimate. In graphs, the 95% CI is shown by an error bar. Error bars and CIs that don't overlap show statistically significant differences between groups (e.g., when comparing males and females). Statistically significant results indicate the finding is unlikely to be due to chance alone.

Variability

Throughout the report, some numbers may be suppressed because they are unstable due to high variability, as measured by the coefficient of variation (CV). The CV indicates how precise an estimate is. Higher CVs indicate more variability, which often occurs when there is a small sample size. When the CV is between 16.6 and 33.3, the estimate should be interpreted with caution because of high variability. In tables and graphs, this is shown with an asterisk (*). Estimates with a CV of 33.3 or more are not reportable and the estimates are replaced with double asterisks (**). Estimates may also not be reportable if they are based on an unweighted denominator of less than 30 or a numerator of less than 5.

Missing Responses

“Don't know” and “Refused” responses are usually removed from the analysis, unless they account for over 5% of the responses. Then they are included as a separate category. Responses are self-reported and may be subject to recall bias (trouble remembering) and social desirability bias (answering in the “expected” or socially acceptable way).

References

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OXFORD COUNTY PUBLIC HEALTH

410 Buller Street

Woodstock, Ontario

N4S 4N2

519.539.9800 | 1-800-755-0394

www.oxfordcounty.ca/health

Email: healthevidence@oxfordcounty.ca

Author

Melissa MacLeod, B.H.Sc. (Hon), M.Sc.

Epidemiologist

Foundational Standards

Oxford County Public Health

Reviewers

Hilary Caldarelli, B.Sc., MPH

Epidemiologist

Foundational Standards

Oxford County Public Health

Rob Haile, M.Sc.

Public Health Planner

Foundational Standards

Oxford County Public Health

Ruth Sanderson, M.Sc.

Manager

Foundational Standards

Oxford County Public Health

Michael Gorgey, B.Sc.N., RN

Supervisor

Health Promotion

Oxford County Public Health

Susan MacIsaac, RD, M.Sc.

Manager

Health Promotion

Oxford County Public Health

Lynn Beath, B.Sc.N., RN, MPA

Director/CEO/CNO

Oxford County Public Health & Emergency

Services