

Urban Structure, Population Health, & Public Policy

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Population health draws attention to the profound influence social relations have in shaping health experiences and producing systematic inequalities (social gradients) in health status.

Central to our CPHI Research Program is the creation of an integrated data base for the CMA, combining information from the census with data sources from health regions, municipalities, housing assessment, vital statistics, police departments, and miscellaneous data sets available throughout the region, as well as with the BC linked data base at intra-regional scales

OBJECTIVES

To better understand:

- social geographies of health
- spatial distribution of health inequalities
- localized policy impacts within the CMA

Apply Federation of Canadian Municipalities (FCM) indicators to analyze

Explore theoretical and practical questions relating to data integration and spatial analysis

OBJECTIVES

Apply FCM indicators to analyze intra-urban variation in quality of life

Explore theoretical and practical questions relating to data integration and spatial analysis

Analyze the distribution of health status at the intra-regional level in the Vancouver CMA

Develop neighbourhood profiles for several areas

RESEARCH QUESTIONS

1) What is the relative distribution of health status at the intra-regional level in the Vancouver CMA? What is the magnitude of health inequality within the CMA? To what degree do RI indicators vary between intra-regional units of analysis?

RESEARCH QUESTIONS

2) To what extent do FCM quality of life indicators vary between intra-regional units within the CMA? How are variations in FCM indicators related to health status?

RESEARCH QUESTIONS

3) What are the discernable differences in the quality of daily life between places that seem most to contribute to observed spatial differences in health status and use of health services?

RESEARCH QUESTIONS

4) Which decision rules work best in integrating data registered to different boundaries and collected at different geographic scales? How does scale of analysis influence estimates of the distribution of health status?

RESEARCH QUESTIONS

5) What are the redistributive effects of selected public policies at the census tract/neighbourhood area level? How do these relate to health inequalities? Can the involvement of local decision makers in multi-criteria analyses concerning the distribution of health status influence policy outcomes?

Health Authorities



Vancouver CMA Boundary

Vancouver CMA



New Westminster Study Area



Population by Municipality

Census 2001

	Population		Population
Vancouver	546,976.00	North Vancouver City	44,642.00
Surrey	347,956.00	West Vancouver	43,651.00
Burnaby	193,954.00	Port Moody	23,816.00
Richmond	164,345.00	Langley City	22,643.00
Coquitlam	112,905.00	White Rock	18,250.00
Delta	97,429.00	Pitt Meadows	14,670.00
Langley Township	87,627.00	Greater Vancouver A	8,350.00
North Vancouver District	83,567.00	Bowen Island	2,957.00
Maple Ridge	63,174.00	Lions Bay	1,379.00
New Westminster	54,656.00	Anmore	1,344.00
Port Coquitlam	51,262.00	Belcarra	682.00

Total Population: 2,000,000

Health Authorities

