

Description

Sense of community belonging:

- Proportion of the population who feel a somewhat strong or very strong sense of community belonging.

Specific Indicators

- Sense of community belonging

Ontario Public Health Standards (OPHS)

The Ontario Public Health Standards (OPHS) establish requirements for the fundamental public health programs and services carried out by boards of health, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The OPHS consist of one Foundational Standard and 13 Program Standards that articulate broad societal goals that result from the activities undertaken by boards of health and many others, including community partners, non-governmental organizations, and governmental bodies. These results have been expressed in terms of two levels of outcomes: societal outcomes and board of health outcomes. Societal outcomes entail changes in health status, organizations, systems, norms, policies, environments, and practices and result from the work of many sectors of society, including boards of health, for the improvement of the overall health of the population. Board of health outcomes are the results of endeavours by boards of health and often focus on changes in awareness, knowledge, attitudes, skills, practices, environments, and policies. Boards of health are accountable for these outcomes. The standards also outline the requirements that boards of health must implement to achieve the stated results.

Outcomes Related to this Indicator

- Societal Outcome (Chronic Disease Prevention): An increased proportion of the population lives, works, plays, and learns in healthy environments that contribute to chronic disease prevention.
- Societal Outcome (Chronic Disease Prevention): There is increased adoption of behaviours and skills associated with reducing the risk of chronic diseases of public health importance.
- Societal Outcome (Reproductive Health): An increased proportion of individuals in their reproductive years are physically, emotionally, and socially prepared for conception.
- Board of Health Outcome (Foundational Standard): Public health practitioners, policy-makers, community partners, health care providers, and the public are aware of the best available research regarding the factors that determine the health of the population and support effective public health practice.

Assessment and/or Surveillance Requirements Related to this Indicator

- The board of health shall use population health, determinants of health and health inequities information to assess the needs of the local population, including the identification of populations

at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations; Foundational Standard).

- The board of health shall provide population health information, including determinants of health and health inequities to the public, community partners, and health care providers, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current; Foundational Standard).

<http://www.ontario.ca/publichealthstandards>

Corresponding Health Indicator(s) from Statistics Canada and CIHI

The Internet publication Health Indicators, produced jointly by Statistics Canada and the Canadian Institute for Health Information, provides over 80 indicators measuring the health of the Canadian population and the effectiveness of the health care system. Designed to provide comparable information at the health region and provincial/territorial levels, these data are produced from a wide range of the most recently available sources.

Sense of community belonging

Population aged 12 and over who reported their sense of belonging to their local community as being very strong or somewhat strong. Research shows a high correlation of sense of community belonging with physical and mental health.

<http://www.statcan.gc.ca/start-debut-eng.html>

Click on "Browse by subject"

Click on "Health"

Click on "Health Profile" at the right of the page (under "Featured Products")

Search or browse to the appropriate geography

Corresponding Indicator(s) from Other Sources

None

Data Sources

Numerator and Denominator: [Canadian Community Health Survey](#)

Original source: Statistics Canada

Distributed by: Statistics Canada

Suggested citation (see [Data Citation Notes](#)): Canadian Community health Survey [year], Statistics Canada, [Share File, Ontario MOHLTC or Public Use Microdata File, Statistics Canada]

Survey Questions

Data Source	Module	Question	Response Categories	Year	Variable
CCHS	General Health	How would you describe your sense of belonging to your local community? Would you say it is ... ?	Very Strong Somewhat Strong Somewhat Weak Very Weak Don't Know Refused	2007-2014	GEN_10
				2005	GENE_10
				2003	GENC_10
				2000-1	GENA_10

Alternative Data Source(s)

None.

ICD Code(s)

Not applicable.

Analysis Check List

CCHS

- It is recommended that public health units use the Share File provided by the Ministry of Health and Long-Term Care rather than public use file (PUMF) provided by Statistics Canada. The Share File has a slightly smaller sample size because respondents must agree to share their information with the province to be included; however, the share file has more variables and fewer grouped categories within variables. The Share File is a cleaner dataset for Ontario analysis because all variables that were not common content, theme content or optional content for Ontario have been removed.
- There may be slight differences between results from the share file and data published on the Statistics Canada website for the Health Indicators because rates calculated for Health Indicators use the master CCHS data file.
- Not applicable respondents should be excluded; however, it is important to understand who these respondents are from the questionnaire skip patterns to be able to describe the relevant population.
- Users need to consider whether or not to exclude the 'Refusal, 'Don't Know' and 'Not Stated' response categories in the denominator. Rates published in most reports, including Statistics Canada's publication Health Reports generally exclude these response categories. In removing not stated responses from the denominator, the assumption is that the missing values are random, and this is not always the case. This is particularly important when the proportion in these response categories is high.
- Estimates must be appropriately weighted (generally the share weight for the CCHS) and rounded.
- Users of the CCHS Ontario Share File must adhere to Statistics Canada's release guidelines for the CCHS data when publishing or releasing data derived from the file in any form. Refer to the appropriate user guide for guidelines for tabulation, analysis and release of data from the CCHS. In general, when calculating the CV from the share file using the bootstrap weights, users should not use or release weighted estimates when the unweighted cell count is below 10. For ratios or proportions, this rule should be applied to the numerator of the ratio. Statistics Canada uses this approach for the tabular data on their website. When using only the Approximate Sampling Variability (CV) lookup tables for the share file, data may not be released when the unweighted cell count is below 30. This rule should be applied to the numerator for ratios or proportions. This provides a margin of safety in terms of data quality, given the CV being utilized is only approximate.
- Before releasing and/or publishing data, users should determine the CV of the rounded weighted estimate and follow the guidelines below:
 - **Acceptable (CV of 0.0 - 16.5%)** Estimates can be considered for general unrestricted release. Requires no special notation.
 - **Marginal (CV of 16.6 - 33.3%)** Estimates can be considered for general unrestricted release but should be accompanied by a warning cautioning subsequent users of the

- high sampling variability associated with the estimates. Such estimates should be identified by the letter E (or in some other similar fashion).
- **Unacceptable (CV greater than 33.3%)** Statistics Canada recommends not to release estimates of unacceptable quality. However, if the user chooses to do so then estimates should be flagged with the letter F (or in some other fashion) and the following warning should accompany the estimates: "The user is advised that...(specify the data)...do not meet Statistics Canada's quality standards for this statistical program. Conclusions based on these data will be unreliable and most likely invalid". These data and any consequent findings should not be published. If the user chooses to publish these data or findings, then this disclaimer must be published with the data.
 - Caution should be taken when comparing the results from Cycle 1.1 (2000/01) to subsequent years of the survey, due to a change in the mode of data collection. The sample in Cycle 1.1 had a higher proportion of respondents interviewed in person, which affected the comparability of some key health indicators. Please refer to http://www.statcan.gc.ca/imdb-bmdi/document/3226_D16_T9_V1-eng.pdf for a full text copy of the Statistics Canada article entitled "Mode effects in the Canadian Community Health Survey: a Comparison of CAPI and CATI"

Method of Calculation

Percent who rate their sense of community belonging as somewhat strong or very strong:

$$\frac{\text{Total number of persons aged 12 and over who rate their sense of community belonging as somewhat strong or very strong}}{\text{Total population aged 12 and over}} * 100$$

Basic Categories

- Sex: male, female and total.
- Age groups:
 - **Canadian Community Health Survey Data:**
 - 12-19, 20-44, 45-64, 65+ [It may be necessary to aggregate data based on age groups to produce stable rates. (Refer to Document: [Methods for Calculating Moving Averages](#))].
- Geographic areas of patient residence:
 - Ontario, public health unit

Indicator Comments

- The CCHS is population-based and excludes institutionalized populations, and the homeless.
- Sense of community belonging is a measure of social inclusion. "Socially excluded Canadians are more likely to be unemployed and earn lower wages. They have less access to health and social services, and means of furthering their education. . . . Excluded groups have little influence upon decisions made by governments and other institutions. They lack power." (1)
- "Social capital is a useful term to cover lack of important social relations between people at the level of whole communities. It reminds us how important it is that we lift our focus from the individual to the community. Societies that are characterized by social cohesion, whether rich like Japan, poor like Kerala, or somewhere in between like Costa Rica, have better health than others with the same wealth but less social cohesion." (2)
- This indicator is included as one of five outcome indicators selected as part of the *Positive Mental Health Surveillance Indicator Framework*, a conceptual framework for surveillance of positive

mental health and its determinants. (3) This framework identifies positive mental health outcome indicators based on contemporary positive mental health and wellbeing theory, as well as positive mental health determinant indicators to capture the risk and protective factors for positive mental health that exist in the individual, family, community and social domains.

- This indicator is included as one of five population wellbeing indicators, identified in *Informing the Future Mental Health Indicators for Canada*, a document that aims to create a pan-Canadian set of mental health and mental illness indicators to paint a more complete picture of mental health in Canada. (4) These indicators were selected based on the following criteria: Meaningfulness (relevance to the strategy); Validity (scientifically sound); Feasibility (readily available data); Replicability (data continues to be available over time); and Actionability (amenable to improvement).
- Research found a significant association between the sense of community belonging with respondent health. In particular, self-perceived health, mental health, life stress and physical activity were significantly associated with sense of community belonging after adjusting for socioeconomic status, geography, and other demographic factors.

Definitions

None.

Cross-References to Other Indicators

None.

Cited Reference(s)

1. Mikkonen, J. & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management. Available online at: <http://www.thecanadianfacts.org/>
2. Marmot, Michael. (2004). *The Status Syndrome*. New York: Times Books.
3. Orpana, H., et al. (2016). Monitoring positive mental health and its determinants in Canada: the development of the Positive Mental Health Surveillance Indicator Framework. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy, and Practice*. 2016; 36(1):1-10. Available online at: <http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/36-1/assets/pdf/36-1-eng.pdf>
4. Mental Health Commission of Canada. (2015). *Informing the Future: Mental Health Indicators for Canada*. Ottawa, ON. Available online at: <http://www.mentalhealthcommission.ca/English/focus-areas/mental-health-indicators-canada>
5. Kitchen, P., Williams, A., & Chowhan J. (2012) Sense of Community Belonging and Health in Canada: A Regional Analysis. *Social Indicators Research* 107:103-126.
6. Shields, M. (2008) Community Belonging and Self-Perceived Health. *Health Reports*. Jun 2008; 19(2):51-60.

Other Reference(s)

None.

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Changes made

Date	Type of Review-Formal Review or Ad Hoc?	Changes made by	Changes
December 2014	New Indicator	Social Determinants of Health Core Indicators Workgroup	New Indicator
June 2017	Ad Hoc	Child and Adolescent Health Data Working Group—Mental Health Subgroup	Indicator Comments substantially expanded

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