



Region of Waterloo

PUBLIC HEALTH

Building Healthy and Supportive Communities

A Glance at Accessing Amenities in Selected Areas of Waterloo Region



This is one report in a series that highlight key findings from a Statistics Canada survey of selected areas in Waterloo Region.

This report and others are available on the **Region of Waterloo Public Health website:**

www.region.waterloo.on.ca/ph

(Resources/Reports and Factsheets)

INTRODUCTION

Waterloo Region has a unique balance of urban and rural areas and as such, community sizes and characteristics (i.e. population density, land use, accessibility to services) vary considerably. Individuals choose their place of residence for a number of economic or social reasons. Research suggests that individuals migrate to rural settlement areas out of a desire for more space and to escape city noise and congestion, and that proximity to their job, school or amenities is not always a major factor in selection of neighbourhood (Fernandez, Brown, Marans, & Nassauer, 2005; Mitchell, 2003).

The relationship between the environment people live in and their physical and mental health is well recognized. The geographic location where one lives can also affect the accessibility of amenities. Amenities such as grocery shopping, recreational facilities and health services can contribute to achieving good health – they offer access to nutritious food, physical activity, and health professionals for medical care.

On behalf of Region of Waterloo Public Health, Statistics Canada collected data to explore differences in community size and composition as they relate to certain aspects of health (Statistics Canada, 2007). Selected residents (n=644) were surveyed in areas of Waterloo Region chosen for varying degrees of urbanization in May 2007. In addition to asking about accessing amenities, the survey asked residents about their physical and mental health, how connected they feel to their community, commuting patterns, and use of public transportation. Data collected from residents were adjusted to reflect the population size in the respective community. Results denoted by “^s” are to be interpreted with caution because the sample size was not large enough to ensure precise estimates; results denoted by “--” were not suitable for release.

ABOUT THE SELECTED AREAS OF STUDY

Small urbanized rural areas (Ayr and Wellesley), larger urbanized rural areas (Elmira and New Hamburg) and two urban neighbourhoods (Fairfield and Willowdale neighbourhoods, Kitchener/Waterloo) were surveyed in this study. Table 1 illustrates the demographic characteristics of the selected areas.

Table 1. Demographic Characteristics of Selected Areas of Study, Waterloo Region, 2007

	Ayr and Wellesley	Elmira and New Hamburg	Fairfield and Willowdale
Total population	4,647	10,744	8,579
Age			
18-34	25% [§]	27%	32%
35-49	43%	32%	18%
50-64	21%	23%	22%
65 and over	12% ^{a§}	17% ^{b§}	28% ^{a,b§}
Household income			
Less than \$30,000	5% [§]	9% [§]	15% [§]
\$30,000 to \$54,000	16% [§]	23% [§]	30%
\$55,000 to \$84,000	29%	34%	30%
\$85,000 and over	50% ^{c,d}	35% ^c	25% ^{d§}
Children in the household	51% ^{e,f}	36% ^e	22% ^{f§}
Seniors only in the household	9% ^{g§}	12% ^h	22% ^{g,h§}
Residency less than five years	25% [§]	15% [§]	17%

^{a, b, c, ...}Represent statistically significant differences between two proportions (%) at $p < 0.10$, e.g. two proportions with an "a" next to them are statistically different from each other

Table 1 Highlights

- More residents of Fairfield and Willowdale neighbourhoods were age 65 years and over (28%[§]) and were from seniors only households (22%[§]) as compared to Ayr and Wellesley, and Elmira and New Hamburg, respectively.
- More residents in Ayr and Wellesley had children in the household (51%) and had an annual income of \$85,000 or more (50%), as compared to Elmira and New Hamburg, and Fairfield and Willowdale neighbourhoods, respectively.

COMPARISON OF COMMUNITIES SURVEYED

As the three areas selected represent varying degrees of urbanization, it is obvious that the accessibility of amenities (e.g. grocery, retail, recreational facilities, and health services) is different for each area. The survey aimed to ask residents about whether they were accessing such amenities from within their community, or were travelling outside their community for services.

Tables 2 and 3 illustrate patterns around accessing shopping and other amenities outside of community of residence. Ayr and Wellesley residents indicated making the most trips outside their community for grocery and retail shopping, as well as for recreational facilities and medical visits.

Table 2. Number of Trips Accessing Amenities Outside Community of Residence in a Typical Four Week Period, by Household, Waterloo Region Study Areas, 2007¹

	Ayr and Wellesley	Elmira and New Hamburg	Fairfield and Willowdale
Grocery Shopping			
None	--	35% ^{a§}	56%
1-4 trips	61%	57%	37%
5-9 trips	26% ^{a,b}	7% ^{a§}	6% ^{b§}
10+ trips	12% ^{c,d§}	-- ^c	-- ^d
Retail shopping			
None	3% [§]	17% [§]	50% [§]
1-4 trips	47% [§]	56% [§]	41%
5-9 trips	33% ^{e,f}	21% ^{e§}	7% ^f
10+ trips	16% ^{g,h§}	7% ^{g§}	-- ^{h§}
Recreational facilities			
None	32%	57%	67%
1-4 trips	37% [§]	28%	24%
5-9 trips	16% ^{i,j§}	9% ^{i§}	4% ^{j§}
10+ trips	14% ^{k,l}	16% ^{k§}	3% ^{l§}

^{a, b, c, ...}Represent statistically significant differences between two proportions (%) at $p < 0.10$, e.g. two proportions with an "a" next to them are statistically different from each other

Table 2 Highlights

- More residents from Ayr and Wellesley indicated making five or more trips for grocery and retail shopping outside their community than did residents from Elmira and New Hamburg, and Fairfield and Willowdale neighbourhoods, respectively.
- More residents from Ayr and Wellesley indicated making five or more trips to recreational facilities outside their community than did residents from Elmira and New Hamburg, and Fairfield and Willowdale neighbourhoods, respectively.

Table 3. Number of Trips Accessing Medical Facilities Outside Community of Residence in the past year, Waterloo Region Study Areas, 2007¹

	Ayr and Wellesley	Elmira and New Hamburg	Fairfield and Willowdale
Medical Facilities			
None	7% [§]	20%	68%
1-4 trips	30% [§]	43%	21%
5-9 trips	29% ^{a,b}	16% ^a	3% ^{b§}
10+ trips	34% ^{c,d}	21% ^{c§}	6% ^d

^{a, b, c, ...}Represent statistically significant differences between two proportions (%) at $p < 0.10$, e.g. two proportions with an "a" next to them are statistically different from each other

Table 3 Highlights

- More residents from Ayr and Wellesley indicated making five or more trips to access medical facilities outside their community than did residents from Elmira and New Hamburg, and Fairfield and Willowdale neighbourhoods, respectively.

SOCIAL DETERMINANTS

A wealth of evidence suggests that sociodemographic circumstances contribute to personal health behaviours. The following sociodemographic variables were measured: age, children in the household, education, gender, household income, length of residency, and seniors only household. Statistically significant relationships ($p < 0.10$) are reported where found.

¹ Interviewers described community as Ayr, Wellesley, Elmira or New Hamburg for rural dwellers, and as perceived neighbourhood for urban dwellers.

Children in the Household

- More residents of households with children reported accessing amenities outside of their community in a typical four week period than residents of households without children:
 - For grocery shopping (44% versus 22%^s, respectively)
 - For other retail shopping (34% versus 11%^s, respectively)
 - To access recreational facilities (66% versus 36%, respectively)

This result reflects the fact that there were significantly more households with children in Ayr and Wellesley, than Elmira and New Hamburg and Fairfield and Willowdale neighbourhoods. Respondents from the households with children expressed a greater use of a variety of amenities outside of their community in a rural area compared with the more urban ones.

Length of Residency

- More residents who had resided in their community for five years or more, reported to have not retail shopped outside their community in a typical four week period, as compared to residents who had resided in their community less than five years (29% versus 17%^s, respectively).

Seniors Only Household

- More households with only seniors reported to have not retail shopped outside their community in a typical four week period, as compared to households that were not seniors only (45% versus 23%, respectively).

IMPLICATIONS

- Making motor vehicle trips outside one's community for groceries, retail, recreation, and to access other amenities has many implications for health and safety. Motor vehicle usage contributes to poorer air quality and close to 40 per cent of all motor vehicle collisions occur in rural areas (CIHI, 2006). Accessing available services in one's community helps reduce motor vehicle emissions, reduce time spent on two-lane rural roads, and is a great opportunity to support one's local economy. Results support literature indicating that rural communities appeal to residents who have children and that choice to live there has more to do with larger house and lot size and the perception of a positive place to raise a family, than availability and access to services (Fernandez et al., 2005).

The technical report, Urbanization and Health within Waterloo Region: Survey Report (Statistics Canada, 2007), can be obtained from the Region of Waterloo Public Health Resource Centre 519-883-2256 and website: www.region.waterloo.on.ca/ph (Resources/Reports and Fact Sheets).

Additional reports in this series glance at commuting, use of public transportation, community connectedness, physical and mental health and are also available on the website.

For questions, please contact Health Determinants, Planning and Evaluation Division, at 519-883-2004.

1. Canadian Institute for Health Information. (2006). How Healthy are Rural Canadians? An assessment of Their Health Status and Health Determinants. A Component of the Initiative "Canada's Rural Communities: Understanding Rural Health and Its Determinants". Technical Report.
2. Fernandez, L.E., Brown, D.G., Marans, R.W., & Nassauer, J.I. (2005). Characterizing location preferences in an exurban population: implications for agent-based modeling. *Environment and Planning B: Planning and Design*, 32, 799-820.
3. Mitchell, C.J.A. (2003). Making sense of counterurbanization. *Journal of Rural Studies*, 20, 15-34.
4. Statistics Canada. (2007). Urbanization and Health within Waterloo Region: Survey Report. Survey Skills Development Course Report on Survey Findings SSDC-108. Technical Report.



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