

GREATER NANAIMO

Local Health Area Profile



Greater Nanaimo Local Health Area (LHA) is one of 14 LHAs in Island Health and is located in Island Health's Central Health Service Delivery Area (HSDA). Greater Nanaimo is in the centre of the Central HSDA on the east coast of Vancouver Island. It is 1,308 square kilometres and encompasses the communities of Nanaimo, Lantzville and Gabriola Island. It borders on four other LHAs: Comox Valley, Alberni-Clayoquot, Cowichan Valley North and Cowichan Valley West. Nanaimo is situated alongside Highway 1 and Highway 19. It is approximately one and a half hours drive from Victoria.



July 2018

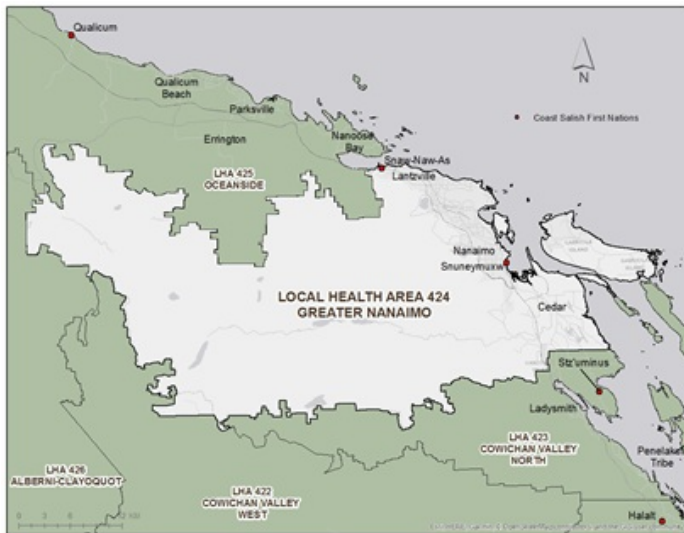
An accompanying Interpretation Guide has been created to assist with the interpretation of indicators.

The Interpretation Guide should be read with the profiles.

These profiles are not intended to be used for detailed planning or analysis. As they are updated on an annual basis, there may be more current data available. If you are intending to use these profiles for health planning purposes, or if you have questions or notice a discrepancy, please contact: Maritia Gully (Maritia.Gully@viha.ca).



Population and Demographics

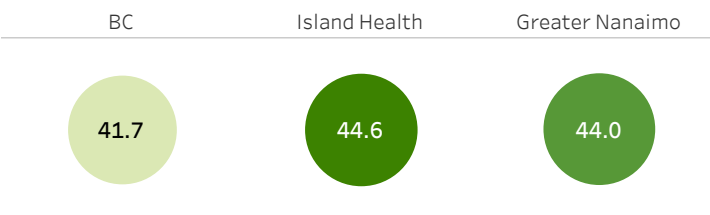


As of 2017, the Greater Nanaimo LHA represented 14.3% (113,489 people) of Island Health’s total population of 793,180. According to the 2016 Census, 7.9% of people living in the Greater Nanaimo LHA identified themselves as Aboriginal compared to 7.6% across Island Health and 5.9% in BC. Additionally, 8.8% of people living in the Greater Nanaimo area identified themselves as a visible minority, compared to 9.6% across Island Health and 30.3% in BC.

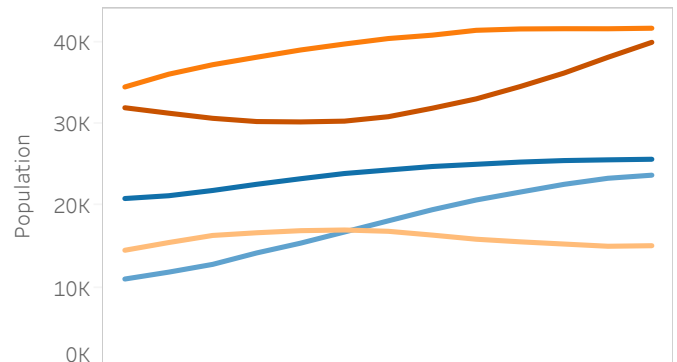
On average, the population of Greater Nanaimo is younger than that of Island Health but older than BC, with an average age of 44 years. The 75+ age group makes up around 9.7% of the population which is lower than Island Health (10%) and higher than BC (8%). Currently the largest population group is between the ages 20 and 44 years.

The Greater Nanaimo LHA population is expected to increase by 11.25% to 127,882 over the next 10 years; this is higher than the growth expected for Island Health (10.5%) but lower than BC (12.2%). The greatest growth is expected in the 75+ age group where the population is expected to more than double (from 11,041 to 22,601) over the next 20 years. The 65-74 year age group is expected to increase over the short term and then decline while the 45-64 age group is expected to decrease over the short term and then rebound. The younger age groups (0-19 and 20-44 years) are expected to see very small increases. See the Population and Demographics summary on page 10 for more information.

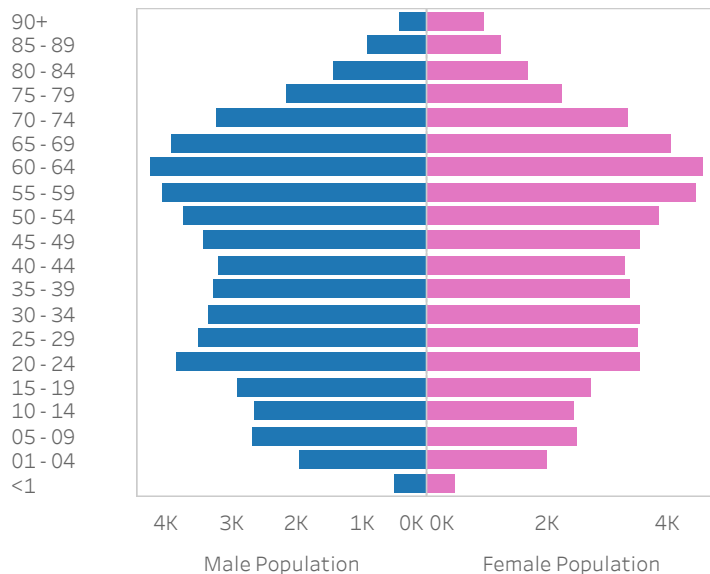
Average Age (2017)



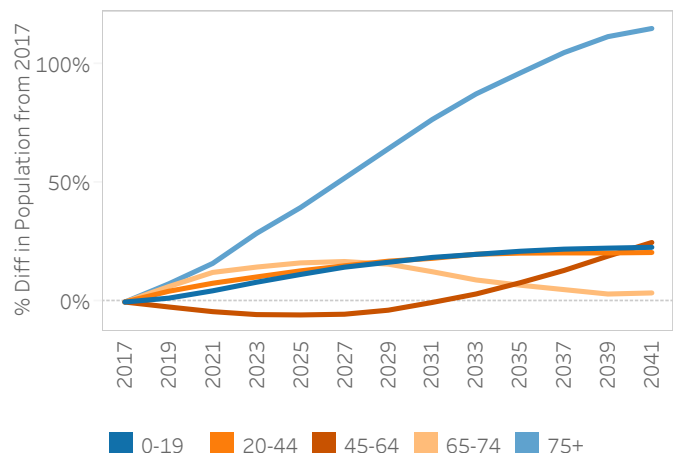
Estimated Total Population - Greater Nanaimo



Population Pyramid - 2017 - Greater Nanaimo



Estimated Population Change - Greater Nanaimo





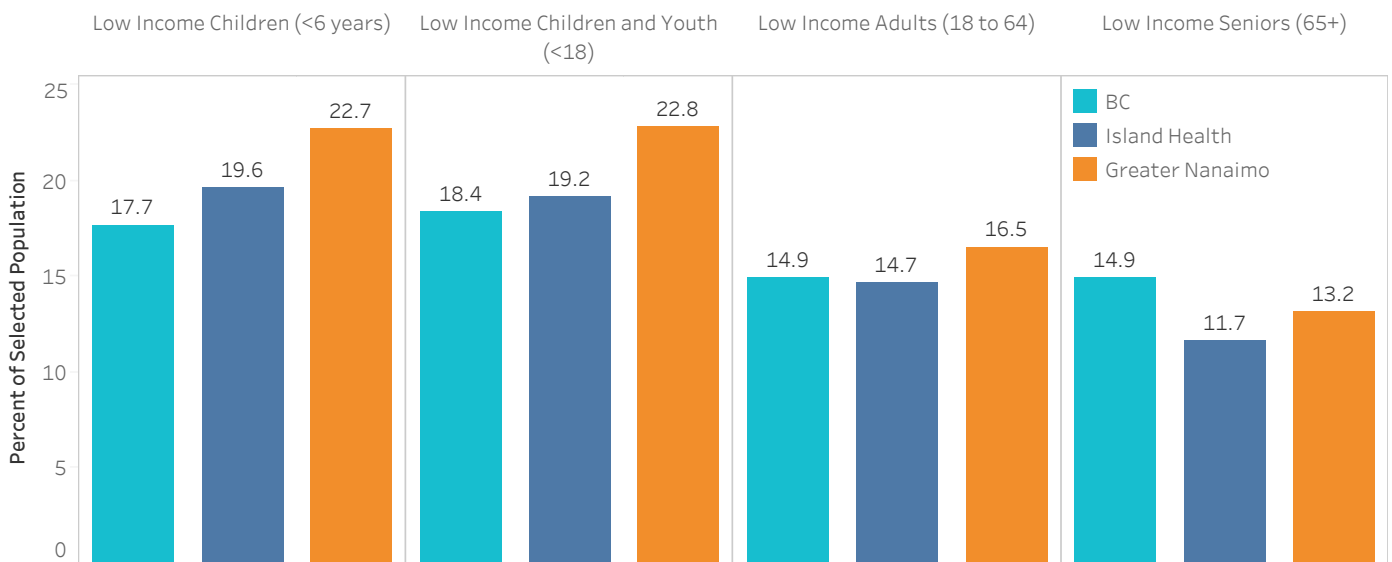
Determinants of Health

Access to adequate income, affordable housing, healthy food, education, healthy environments and recreational opportunities influence our health and wellbeing. People who are less well-off generally have poorer health and shorter life expectancies than those who are well-off. By working upstream to improve the conditions in which all people live, work and play, we can decrease these gaps and improve the health and wellbeing of our population.

Income and Employment

The median household income for Greater Nanaimo was \$62,175 in 2016 and was lower than the BC median household income of \$69,979 and Island Health’s \$65,735. The proportion of persons who are members of a low income household is higher among children, youth and adults compared to Island Health and BC. The proportion of low income seniors is higher than Island Health overall but lower than BC. Unemployment rates in the Greater Nanaimo LHA are also higher (see page 11).

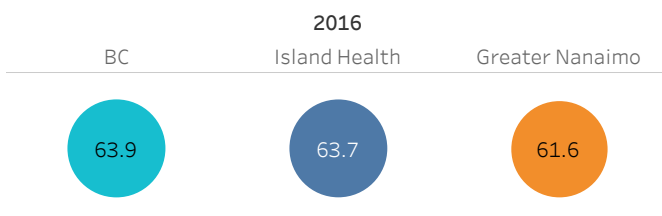
Percent of Population with Low Income in 2015 based on after-tax low-income measure (2016 Census)



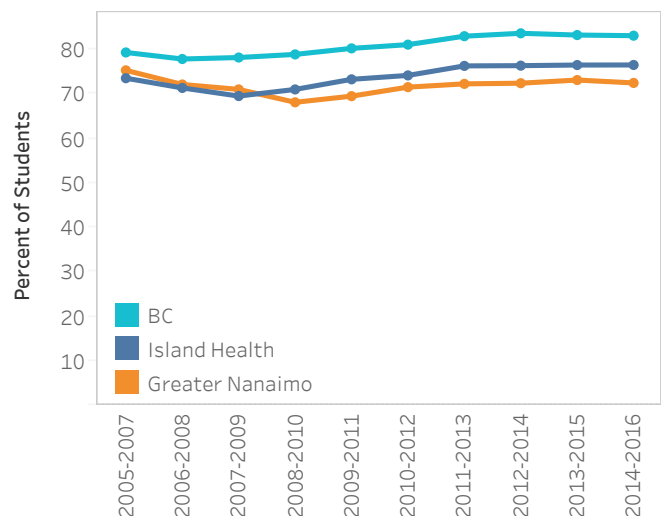
Education

High school completion rates in the Greater Nanaimo LHA are lower than the rates for Island Health and BC; additionally, according to the 2016 Census, a lower proportion of the Greater Nanaimo adult population have completed post-secondary education.

Population Aged 25 to 64 with Post-Secondary Certificate, Diploma or Degree (%)



High School Completion Rate within 6 years of Grade 8 Enrollment



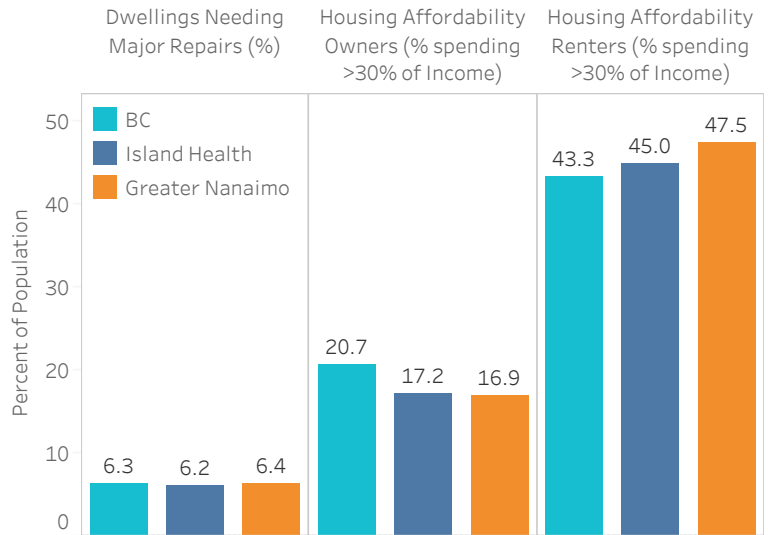


Determinants of Health

Housing

One way to measure affordability of housing is to look at how much of a household's income is spent on shelter. The proportion is lower in the Greater Nanaimo LHA than BC and Island Health for home owners, while a higher percentage of renters in Greater Nanaimo spend more than 30% of their income on shelter than in the rest of BC. There is a lower percentage of crowded family households in Greater Nanaimo compared to BC but a higher percentage than Island Health overall (see page 11). The percentage of households in need of major repairs (e.g., defective electrical wiring) is slightly higher than Island Health and BC rates.

Selected Household Indicators

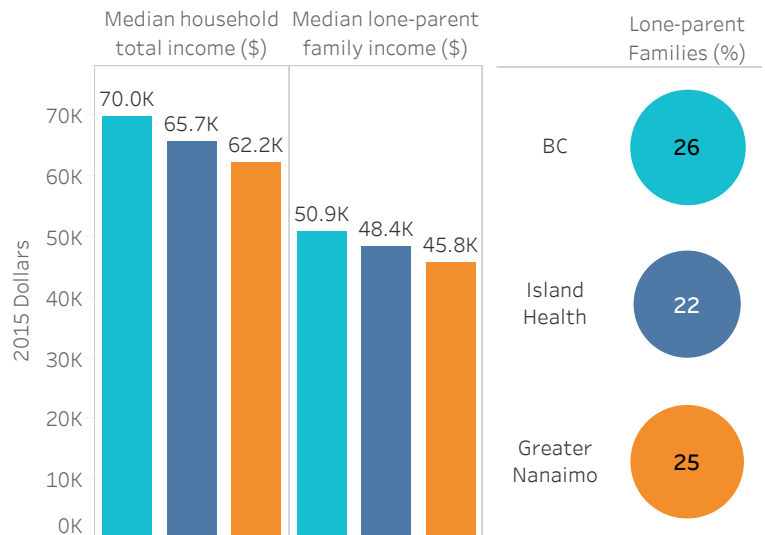


Early Childhood Development and Determinants of Child and Youth Health

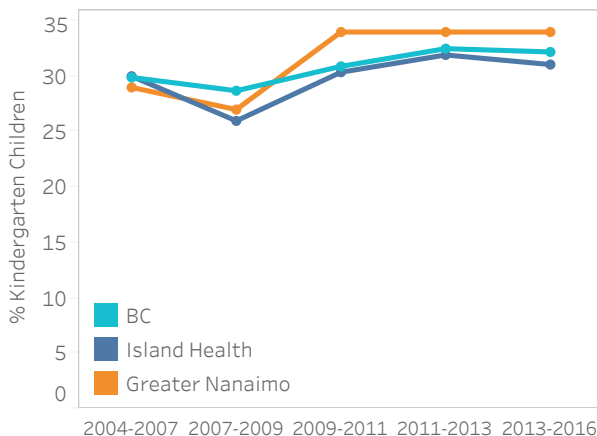
Creating supportive and healthy environments in an equitable way so that all children and youth can grow and thrive is critical to the health of the population. This includes supporting mothers during the pre- and post-natal period, supporting families during early development years, and supporting children and youth to grow, learn, and transition into adulthood.

The Greater Nanaimo LHA has a lower percentage of lone-parent families in comparison to BC but higher than Island Health. Lone-parent families also have a lower median household income in Greater Nanaimo than they do in Island Health and BC overall.

Median Household and Lone-Parent Income, and Percentage of Lone-Parent Families (2016 Census)



Early Childhood Development Instrument (EDI) Percent of Preschool Children Vulnerable on EDI: Vulnerable on >1 Domains



The Early Development Instrument (EDI) is used to measure vulnerability in kindergarten children across five domains (social, physical, emotional, language, and communication). Increases in the EDI rate are a negative indicator of child health and decreases are a positive indicator. For Island Health overall, vulnerability has increased between 2007/2009 and 2014/2016 and the Greater Nanaimo LHA has higher levels of vulnerability than Island Health and BC.

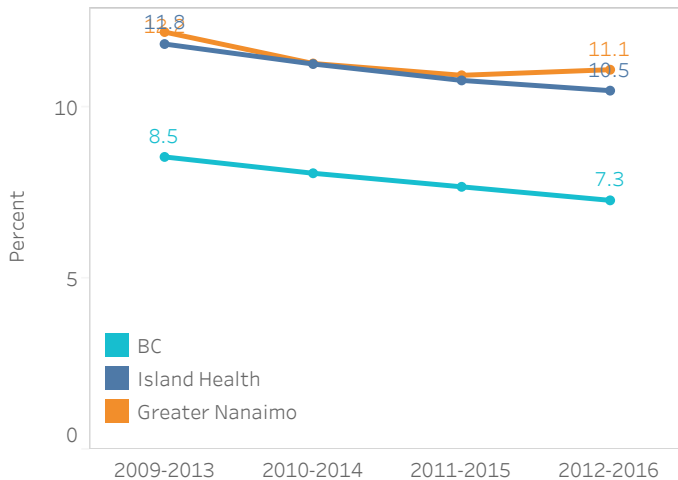


Determinants of Health

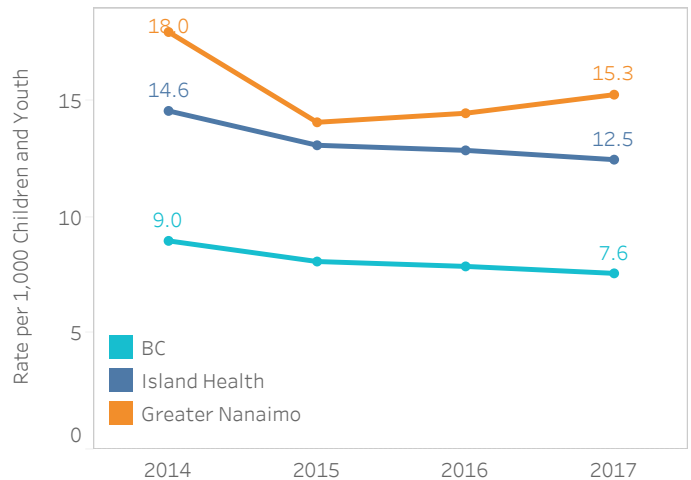
Mothers' smoking during pregnancy has been shown to have negative effects for both mother and the baby. Rates of smoking during pregnancy have been decreasing over the past 8 years; however, across Island Health overall, rates have been much higher than for BC. The Greater Nanaimo LHA has rates higher than BC and slightly higher than Island Health overall.

Rates of children and youth in care have decreased over the past 4 years; however, across Island Health overall, rates have been much higher than for BC. Greater Nanaimo has a higher rate of children and youth in care than Island Health and BC. See the Determinants of Health summary on page 12 for more information.

Percent of Pregnant Women who Reported Smoking at Any Time During Current Pregnancy (5 year aggregate)

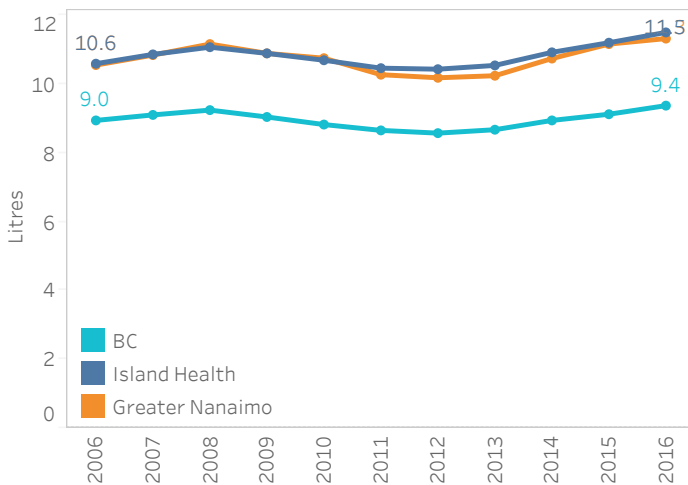


Children and Youth in Care per 1,000 Children and Youth



Healthy Behaviours and Built Environment

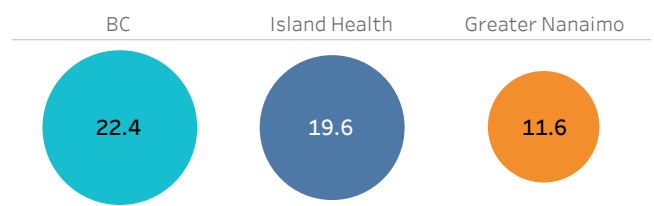
Alcohol Consumption (litres of absolute alcohol sold per person, 1L=58 standard drinks)



Preference for healthy behaviours such as healthy eating, exercise, reduction of smoking and alcohol consumption, and social connections contribute to a healthier life. Many of the healthy behaviour indicators are available through the Canadian Community Health Survey (CCHS) but the data is not available at the LHA level. Among LHA-level available data, substance use in the Greater Nanaimo LHA, particularly alcohol consumption per capita, is similar to the Island Health average but higher than the BC average. The rates of alcohol, tobacco, and illicit drug-related hospitalizations are higher for the Greater Nanaimo LHA population than for Island Health and BC.

Among those who are employed, a lower percentage of the population in the Greater Nanaimo LHA reports using active modes of transportation (walking, cycling, public transit) to get to work. See the Determinants of Health summary on pages 11 and 12 for more information.

Employed Population Aged 15 and Over Walking, Biking or Busing to Work (%)





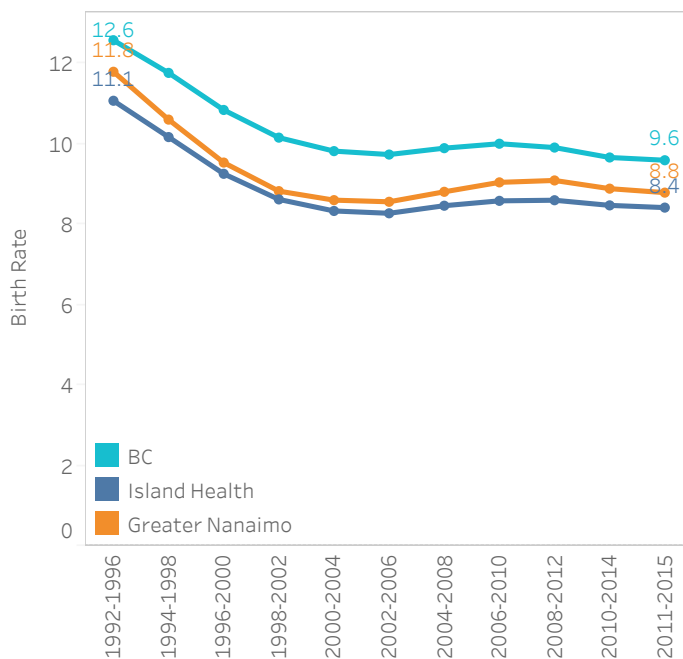
Health Status

The health status of the population includes measures such as life expectancy, infant mortality, prevalence of chronic disease, mortality and premature mortality.

Birth Statistics

The overall birth rate for the Greater Nanaimo LHA is lower than that for BC but higher than Island Health. There are proportionately fewer births to older (35 years and over) mothers and more to younger mothers (under 20 years). While the rate of low birth weight babies is similar to Island Health, and lower than BC, the rate of pre-term births (those born at less than 37 weeks) is slightly higher. The rate of cesarean sections is also lower in Greater Nanaimo.

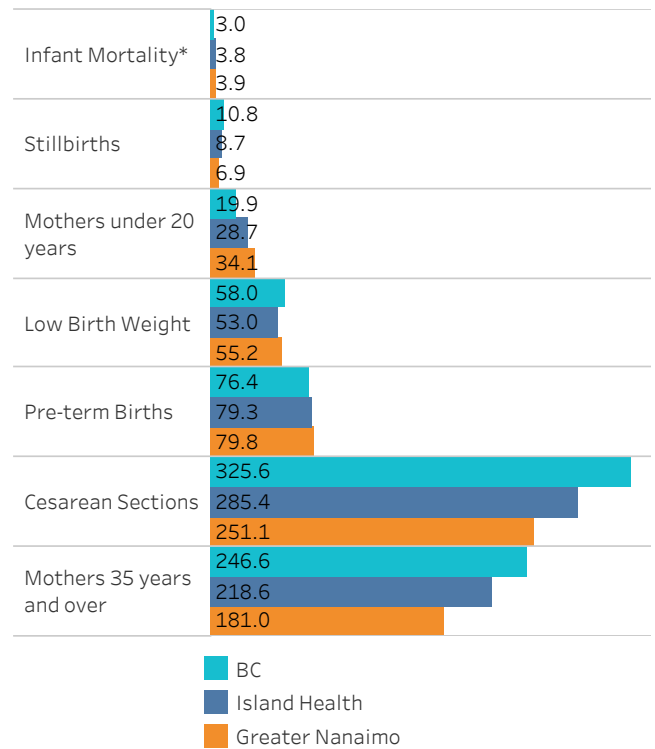
Birth Statistics
Live Births per 1,000 Population
(1992-1996 to 2011-2015)



Mortality Statistics

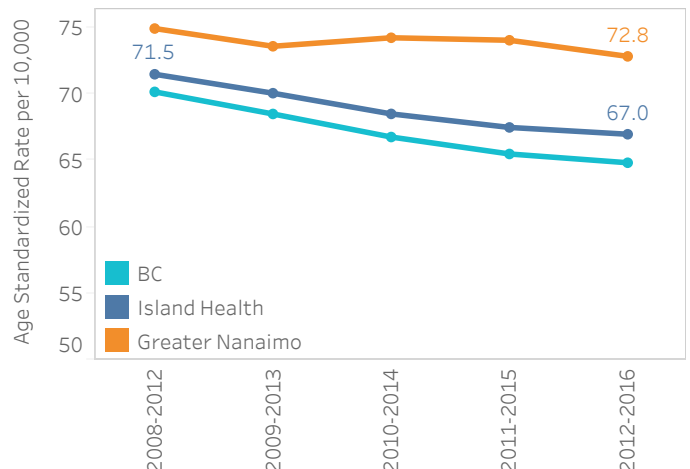
Mortality rates have decreased steadily over the last 5 years. The age-standardized all-cause mortality rate for the Greater Nanaimo LHA is higher than the Island Health and BC rates. See the Health Status summary on page 14 for cause-specific mortality rates.

Birth Statistics
Per 1,000 Live Births



*It is important to note that caution should be exercised when dealing with a small number of cases as an increase or decrease may indicate random variation rather than a significant change in rates.

Mortality (Age Standardized Rate per 10,000)





Health Status

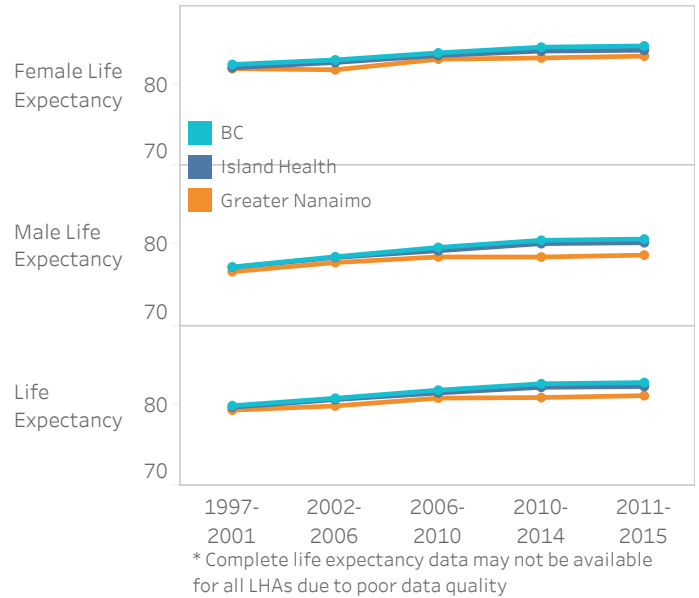
Potential years of life lost (PYLL), is a measure of premature mortality (an estimate of the average years a person would have lived if he or she had not died prematurely). The PYLL in the Greater Nanaimo LHA for all measures are higher or similar to the BC and Island Health rates with the exception of the PYLL due to diseases of the arteries, arterioles and capillaries, which are lower. A complete list of PYLL by cause can be found on page 15.

Life expectancy has been increasing over the last few decades; however, in the Greater Nanaimo LHA, for both males and females the life expectancy is shorter than that for both Island Health and BC.

Chronic Disease

Chronic disease prevalence rates in Greater Nanaimo tend to be higher or similar to Island Health and BC rates, with the exception of hypertension, which is lower than Island Health and BC. See the Health Status summary on page 13 for more information.

Life Expectancy*



Chronic Disease Age Standardized Prevalence in 2017 Per 1,000 Individuals

	BC		Island Health		Greater Nanaimo
Heart Failure	19.9		18.1		19.3
Alzheimer's Disease and Other Dementia	20.7		21.9		24.4
Chronic Kidney Disease	22.5		21.7		24.0
Chronic Obstructive Pulmonary Disease	62.0		62.4		66.9
Ischemic Heart Disease	71.5		62.2		71.2
Diabetes	80.9		70.1		74.3
Osteoarthritis	86.7		92.7		92.6
Asthma	122.3		129.2		135.0
Hypertension	226.4		214.0		207.8
Depression	245.5		275.4		254.5
Mood & Anxiety Disorders	300.1		338.4		330.5

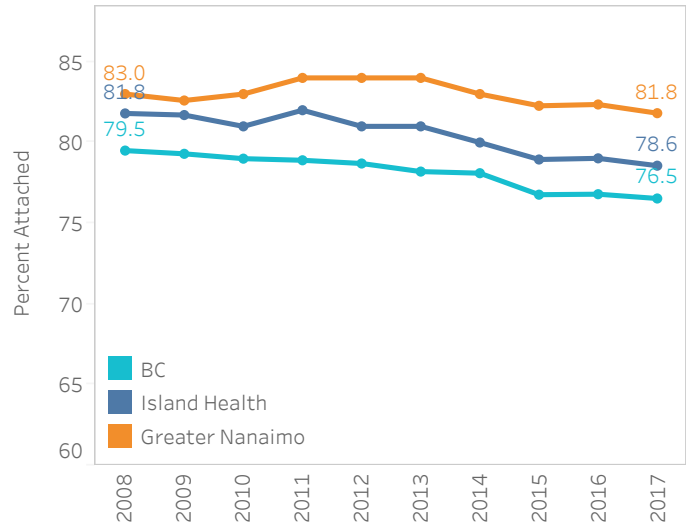


Health Service Use

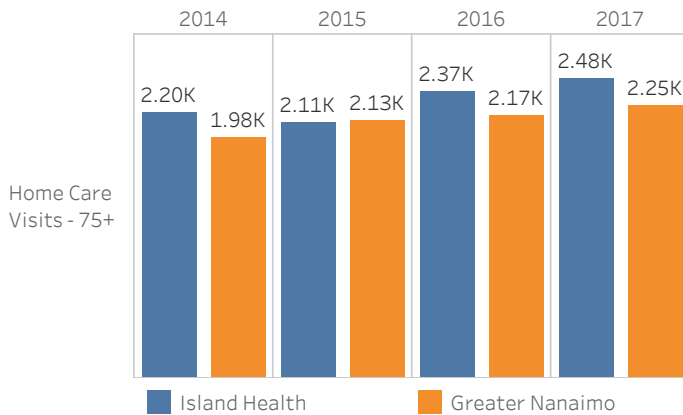
Access to health services also determines health service utilization. Access to primary care services plays an important role in the use of emergency department and inpatient services. The population attached to physicians at the practice level is calculated by the Ministry of Health and indicates the percentage of population who have a regular physician or regular physician practice. A larger percentage of the Greater Nanaimo LHA population has a physician at the practice level.

There is a higher rate of home care and home support clients age 75 and over for the Greater Nanaimo LHA compared to Island Health. When we look at the rates of home care visits and home support hours for clients among those 75 years and over, the Greater Nanaimo rates are lower than Island Health's rates. See the Health Service Use summary on page 16 for more information on these topics.

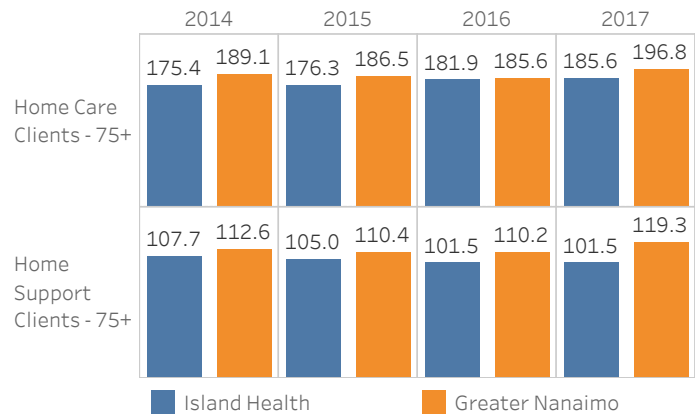
Population Attached to Physician at the Practice Level (%)



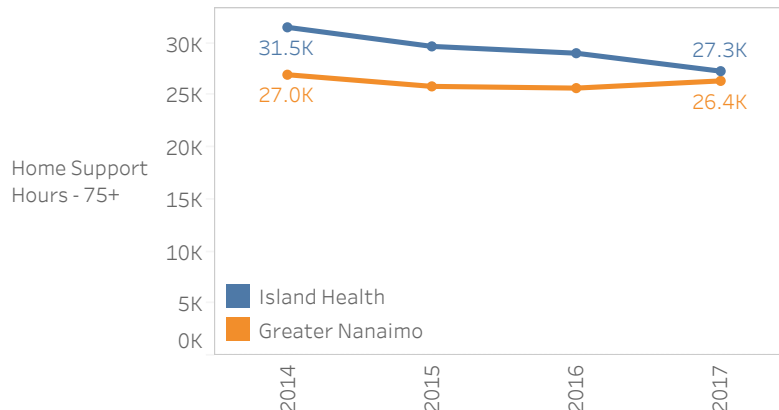
Home Care Visits
Rate per 1,000 Population



Home Care and Home Support Clients
Rate per 1,000 Population



Home Support Hours
Rate per 1,000 Population





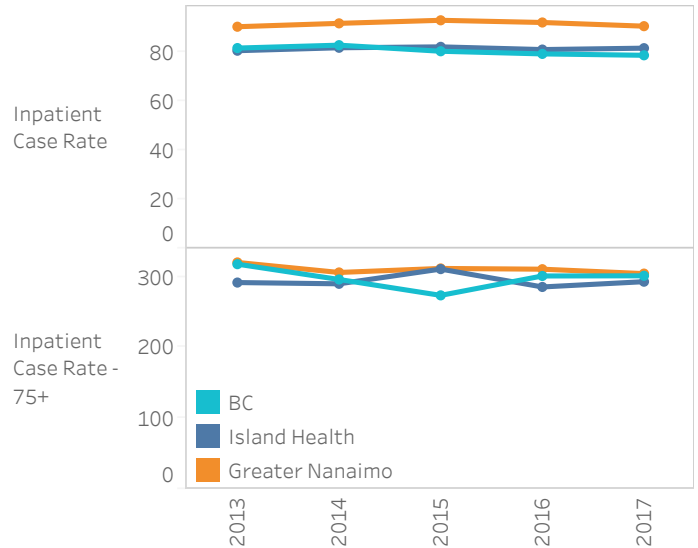
Health Service Use

The age standardized hospitalization rate (inpatient admissions) for the Greater Nanaimo LHA population is higher than the Island Health and BC rates, both overall and for the population aged 75 and over.

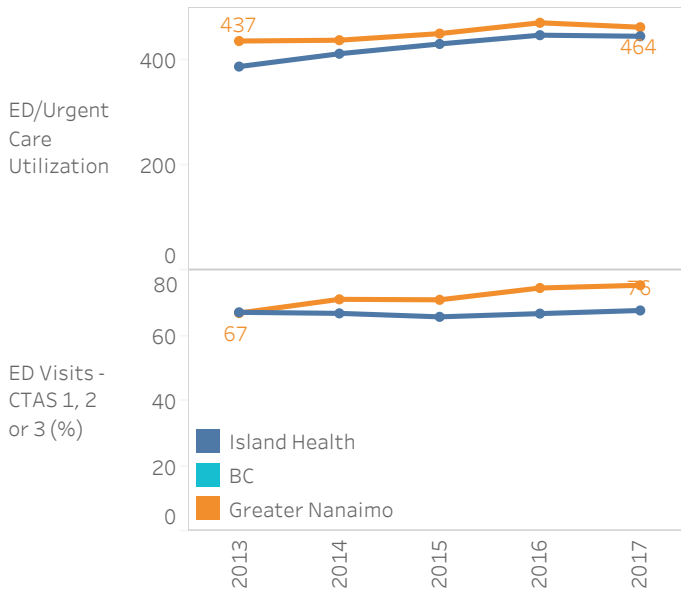
Hospital admission rates for Ambulatory Care Sensitive Conditions (ASCS) - conditions that can be treated in the community if services are available and would not necessarily require hospitalization - have been higher in the Greater Nanaimo LHA.

Emergency/urgent care visit rates, both overall and for higher urgency visits, are higher in Greater Nanaimo as compared to Island Health. Health service usage is based on where the user resides rather than where the service is provided. See the Health Service Use summary on page 16 for more information on these topics.

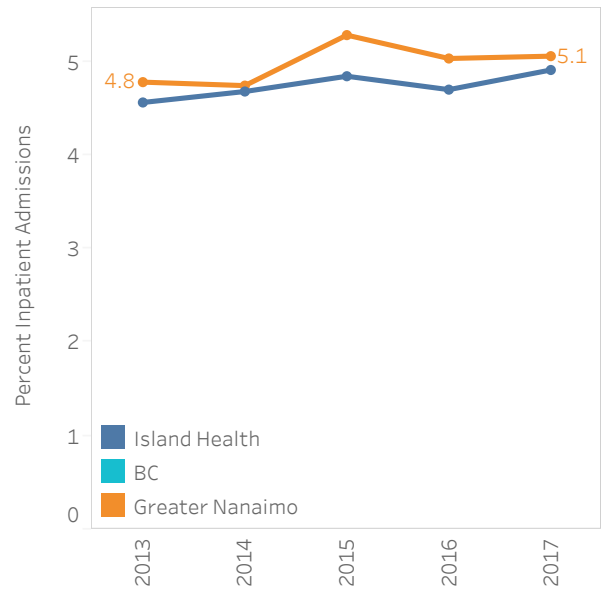
Acute Care Inpatient Cases
(Age Standardized Rate per 10,000)



Unscheduled Emergency and Urgent Care Centre Visits
Rate per 1,000 Population and Percent of Higher Urgency
(Canadian Triage and Acuity Scale (CTAS) 1, 2 or 3)



Ambulatory Care Sensitive Conditions
(Percent of Admissions)



The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. BC's result is indicated with a light blue diamond. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompassing small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value.

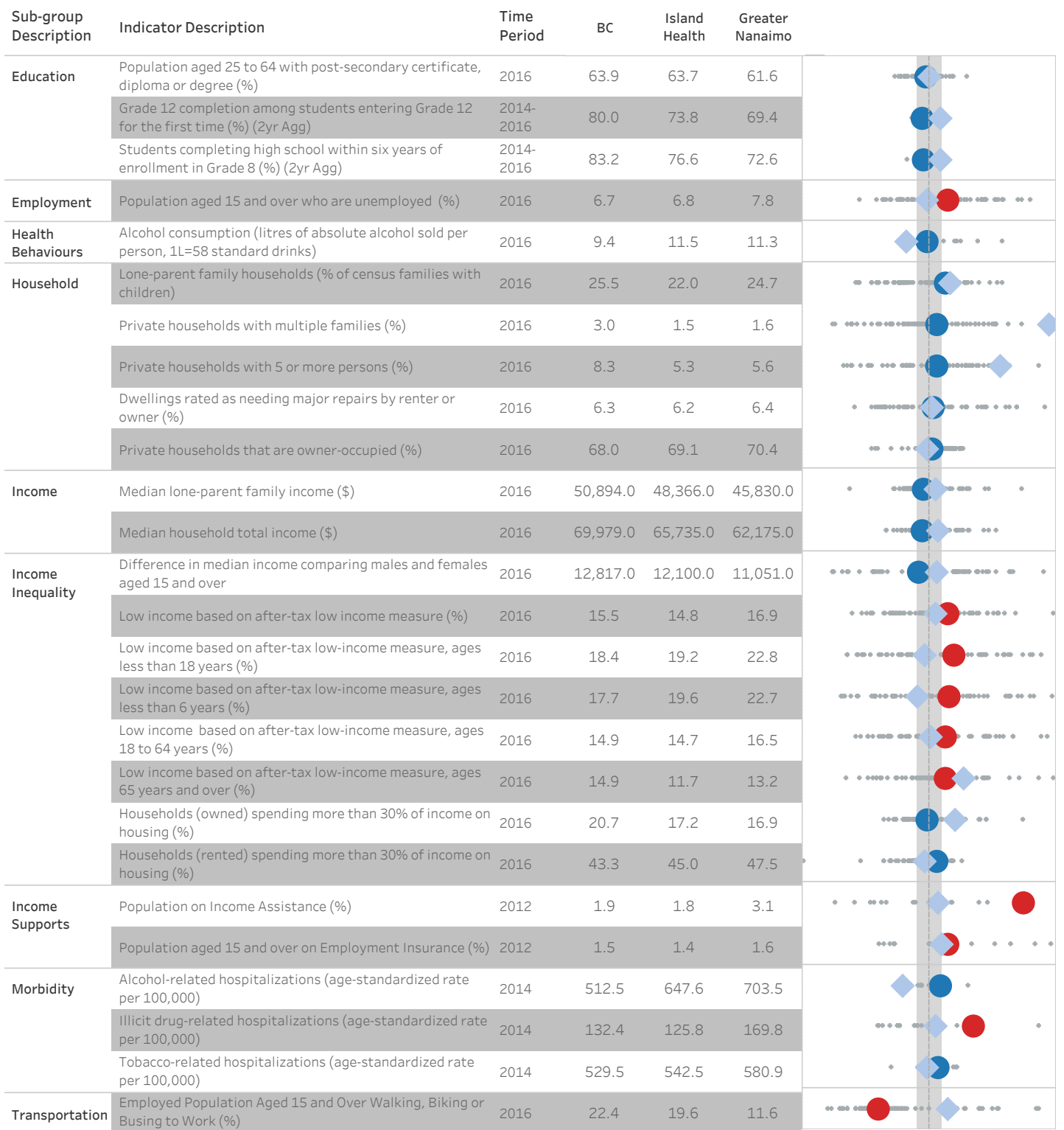
Population and Demographics Summary

Sub-group Description	Indicator Description	Time Period	BC	Island Health	Greater Nanaimo
Population and Population Projection	10 Year Population Growth (%)	2017-2027	10.8	8.7	11.3
	Population aged 0-19 (%)	2017	19.9	18.0	18.5
	Population aged 20-44 (%)	2017	33.6	29.8	30.5
	Population aged 45-64 (%)	2017	28.1	28.7	28.3
	Population aged 65-74 (%)	2017	10.5	13.6	12.9
	Population aged 75 and over (%)	2017	7.8	9.9	9.8
	Percent growth of the 0-19 age group population in next 10 years	2017	9.1	7.5	15.2
	Percent growth of the 20-44 age group population in next 10 years	2017	9.1	7.5	15.2
	Percent growth of the 45-64 age group population in next 10 years	2017	0.5	-6.4	-5.1
	Percent growth of the 65-74 age group population in next 10 years	2017	30.9	17.8	17.0
	Percent growth of the 75+ age group population in next 10 years	2017	54.5	60.3	52.0
	Average Age	2017	41.7	44.6	44.0
Age and Demographics	Median Age of Population	2016	43.0	47.7	46.7
	Population where language spoken most often at home is not English or French (%)	2016	15.6	3.7	3.7
	Visible minority population (%)	2016	30.3	9.6	8.8
	Population in private households with Aboriginal Identity (%)	2016	5.9	7.6	7.9
Marital Status	Population aged 15 and over who are married (%)	2016	48.7	46.8	45.8
	Population aged 15 and over who are common-law (%)	2016	9.4	11.5	11.6
	Population aged 15 and over who are single, never married (%)	2016	27.2	24.5	24.6
	Population aged 15 and over who are widowed (%)	2016	5.4	6.2	6.4
	Population aged 15 and over who are separated or divorced (%)	2016	9.3	11.1	11.5
Migration and Immigrants	Immigrant population (%)	2016	28.3	15.8	14.9
	Population migrating to area in the last 5 years (%)	2016	20.9	20.6	20.4

0.0 0.5 1.0 1.5 2.0
 This shows the relative magnitude of the LHA value compared to the Island Health value for that indicator.

The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. BC's result is indicated with a light blue diamond. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompassing small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value.

\$ Determinants of Health Summary



This shows the relative magnitude of the LHA value compared to the Island Health value for that indicator. 11 of 22

● LHA
 ● LHA Better than Island Health
 ● LHA Worse than Island Health
 ◆ BC Rate, when available
 Range
 ● Other LHAs
 Island Health Value with ±10%

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\$ Determinants of Health Summary (Continued)

Sub-group Description	Indicator Description	Time Period	BC	Island Health	Greater Nanaimo
Child Health	Child Mental Diseases & Disorders Hospitalizations (age-standardized rate per 1,000 aged 0-14)	2017	1.6	1.9	1.6
	Youth Mental Dis. & Disorders Hospitalizations (age-standardized rate per 1,000 aged 15-24)	2017	11.3	11.9	9.6
	Child/Youth Mental Dis. & Disorders Hosp. (age-standardized rate per 1,000 aged 0-24)	2017	6.0	5.8	6.8
	Child hospitalizations - Injury/Poisoning (rate per 1,000 aged 0 to 14) - (2yr Agg)	2015-2017	4.5	5.4	4.9
	Child hospitalizations - Respiratory Dis. (rate per 1,000 aged 0 to 14) - (2yr Agg)	2015-2017	7.9	9.1	7.2
	Child hospitalizations - Dental Surgery (rate per 1,000 aged 0 to 14) -(2yr Agg)	2015-2017	7.1	9.5	12.1
	Pregnant women who reported smoking at any time during current pregnancy (%) (5yr Agg)	2012-2016	7.3	10.5	11.1
Crime	Serious Violent Crime (rate per 1,000 population)	2012	3.1	2.2	2.8
	Serious Crime (rate per 1,000 population)	2012	10.1	7.7	9.9
	Number of Serious Crimes per Police Officer	2012	7.0	5.7	7.3
	Motor Vehicle Theft (rate per 1,000 population)	2012	3.6	2.1	3.2
	Non-Cannabis Drug Offences (rate per 1,000 population)	2012	170.3	154.8	225.3
Early Development	EDI: Kindergarten children rated as vulnerable for physical development (%)	2013-2016	14.8	16.2	18.0
	EDI: Kindergarten children rated as vulnerable for social development (%)	2013-2016	15.7	14.7	16.0
	EDI: Kindergarten children rated as vulnerable for emotional development (%)	2013-2016	16.1	16.6	18.0
	EDI: Kindergarten children rated as vulnerable for language development (%)	2013-2016	9.4	9.0	10.0
	EDI: Kindergarten children rated as vulnerable for communication development (%)	2013-2016	14.2	11.9	13.0
	EDI: Kindergarten children rated as vulnerable on one or more domains (%)	2013-2016	32.2	31.1	34.0
	EDI: Kindergarten children rated as vulnerable on one or more domains, excluding communication (%)	2013-2016	28.6	28.5	31.0
Protecting children and youth	Children and Youth in Care (rate per 1,000 children aged 0-18)	2017	7.6	12.5	15.3
	Children and Youth in Need of Protection (rate per 1,000 children aged 0-18)	2016	27.7	39.2	51.4

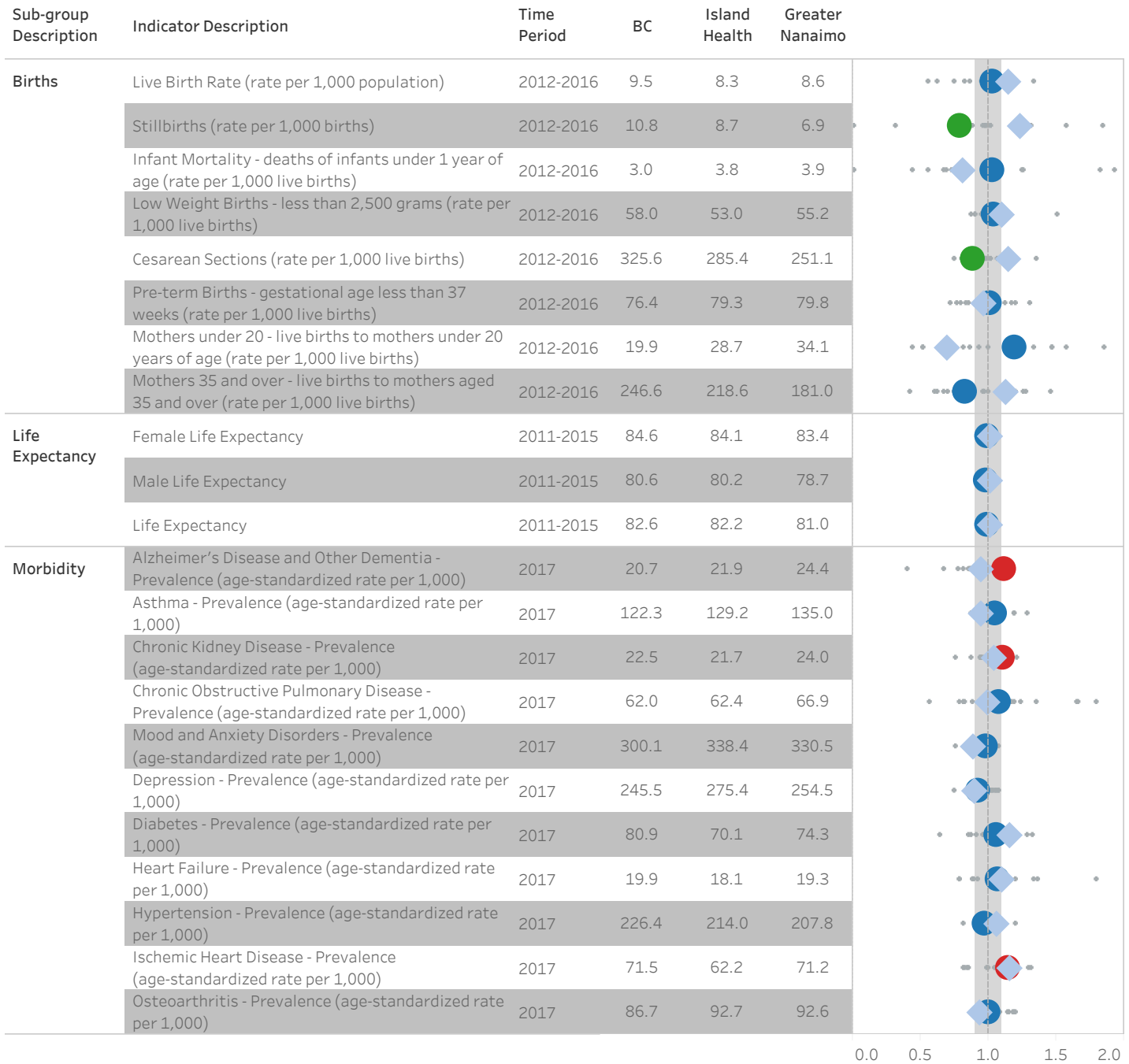
0.0 0.5 1.0 1.5 2.0

This shows the relative magnitude of the LHA value compared to the Island Health value for that indicator.

● LHA
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 ◆ BC Rate, when available
 Range
 ● Other LHAs
 Island Health Value with ±10%

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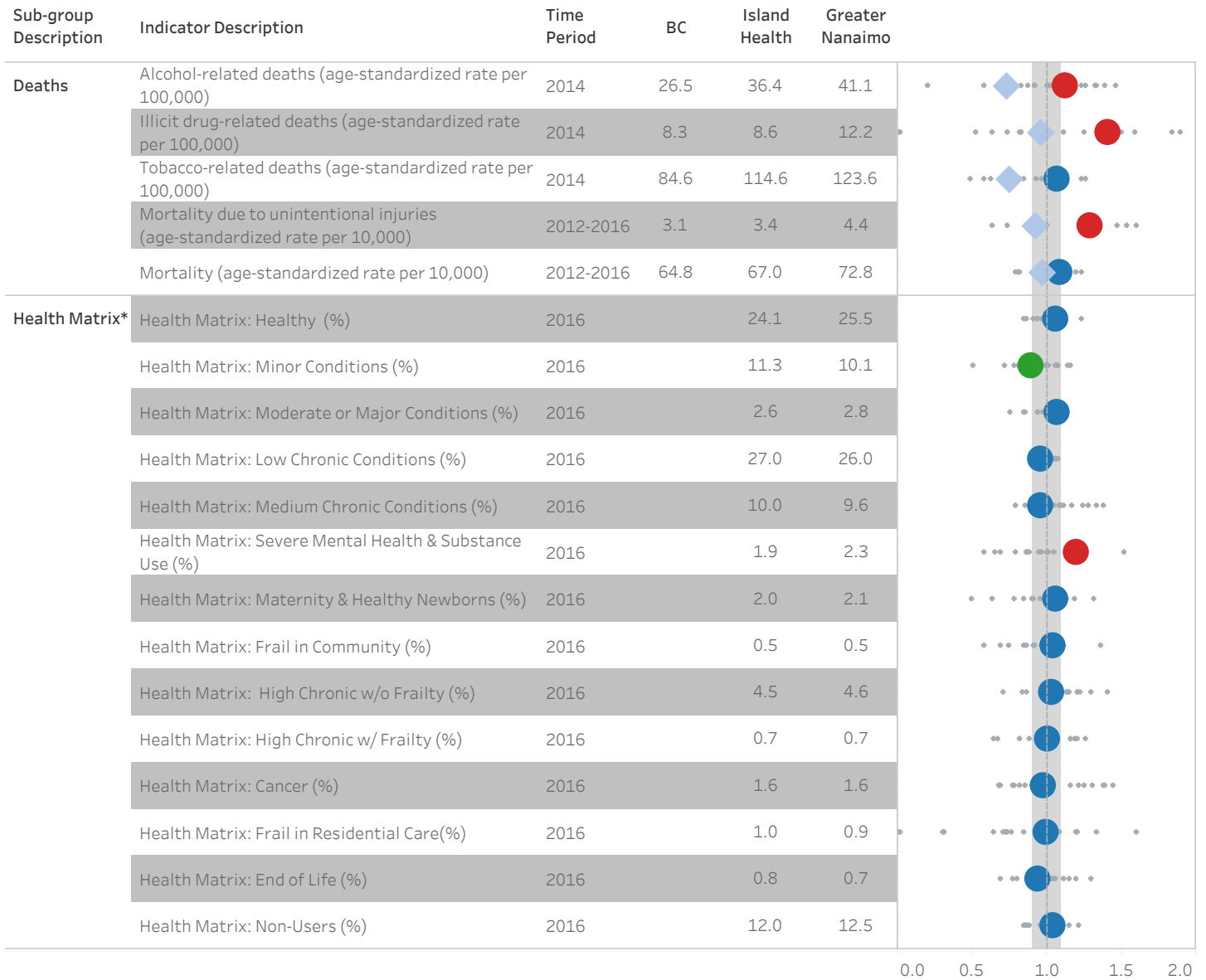
Health Status Summary



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Health Status Summary (Continued)



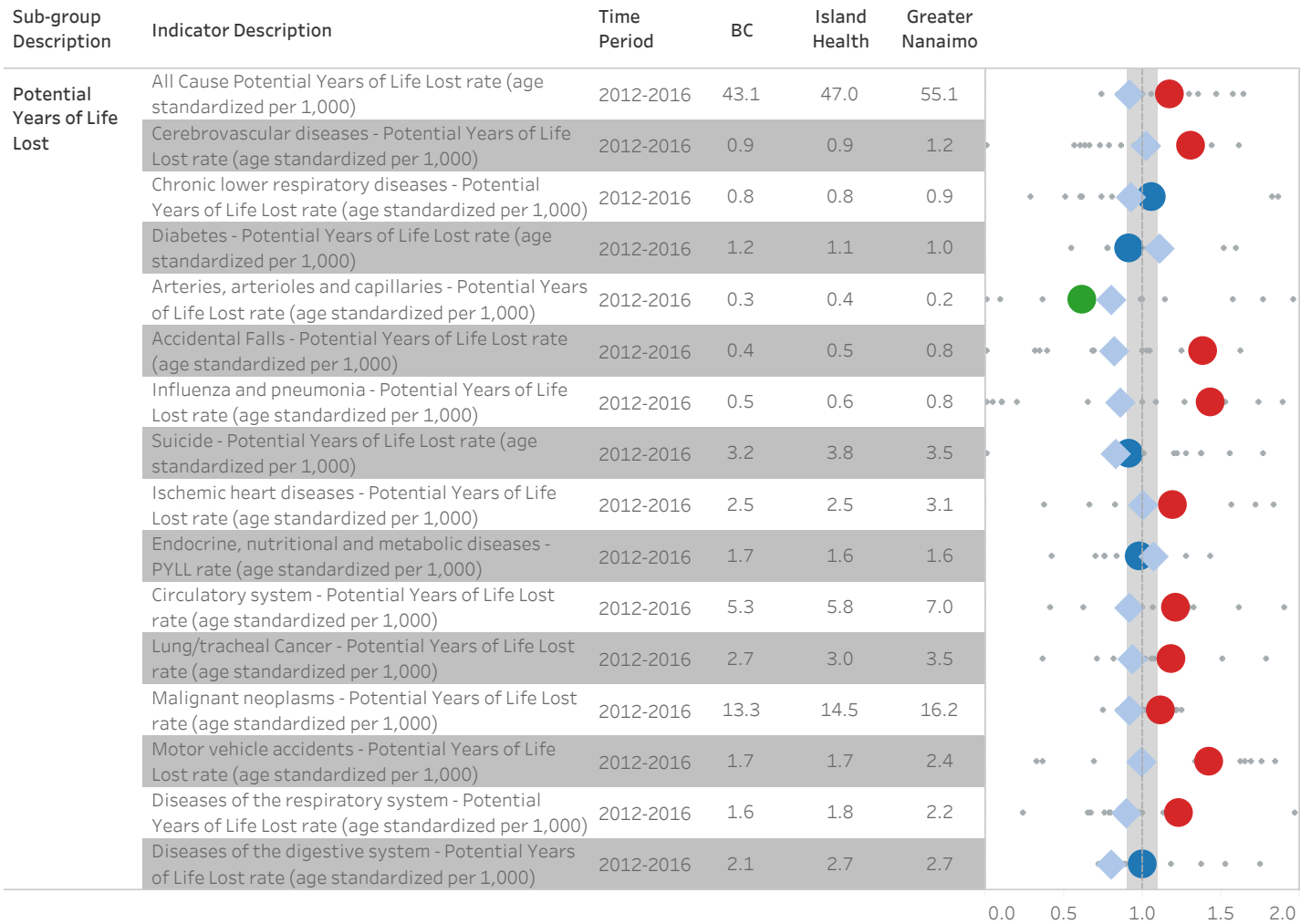
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*The Health Matrix is a way of categorizing the population into different groups based on their health service utilization patterns. These categories are mutually exclusive and add up to 100% - in other words, everyone is placed into one of the categories, going from low or no utilization to high utilization at end of life; people who may meet the criteria for more than one category would be placed into the higher utilization category - for example, someone with medium complex chronic conditions who was also living in residential care would be counted in the Frail, Living in Residential Care category.

● LHA
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 ● LHA Worse than Island Health
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 Range
 ● Other LHAs
 Island Health Value with ±10%

The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. BC's result is indicated with a light blue diamond. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompassing small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value.

Potential Years of Life Lost (PYLL)



This shows the relative magnitude of the LHA value compared to the Island Health value for that indicator.

● LHA
 ● LHA Better than Island Health
 ● LHA Worse than Island Health
 ◆ BC Rate, when available
 Range
 ● Other LHAs
 Island Health Value with ±10%

The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. BC's result is indicated with a light blue diamond. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompassing small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value.

Health Service Use Summary



This shows the relative magnitude of the LHA value compared to the Island Health value for that indicator.

● LHA
 ● LHA Better than Island Health
 ● LHA Worse than Island Health
 ◆ BC Rate, when available
 Range
 ● Other LHAs
 Island Health Value with ±10%

The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. BC's result is indicated with a light blue diamond. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompassing small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value.

Health Service Use Summary (Continued)



This shows the relative magnitude of the LHA value compared to the Island Health value for that indicator.



Data Sources

Population and Demographics

Population and Population Projection

Population and Population Projection: Average Age (People): BC Statistics - Calendar year ending 2017 | Percent growth of the 0-19 age group population in next 10 years: BC Statistics - People Version 2017 | Percent growth of the 20-44 age group population in next 10 years: BC Statistics - People Version 2017 | Percent growth of the 45-64 age group population in next 10 years: BC Statistics - People Version 2017 | Percent growth of the 65-74 age group population in next 10 years: BC Statistics - People Version 2017 | Percent growth of the 75+ age group population in next 10 years: BC Statistics - People Version 2017 | Population aged 0-19 (%): BC Statistics - People Version 2017 | Population aged 20-44 (%): BC Statistics - People Version 2017 | Population aged 45-64 (%): BC Statistics - People Version 2017 | Population aged 65-74(%): BC Statistics - People Version 2017 | Population aged 75 and over (%): BC Statistics - People Version 2017 | Total population growth between 2016 and 2026: BC Statistics - People Version 2017

Age and Demographics

Median Age of Population: Census, Calendar year 2016 | Population in private households with Aboriginal Identity (%): National Household Survey, Calendar year 2016 | Population where language spoken most often at home is not English or French (%): Census, Calendar year 2016 | Visible minority population (%): National Household Survey, Calendar year 2016

Marital Status

Population aged 15 and over who are common-law (%): Census, Calendar year 2016 | Population aged 15 and over who are married (%): Census, Calendar year 2016 | Population aged 15 and over who are separated or divorced (%): Census, Calendar year 2016 | Population aged 15 and over who are single, never married (%): Census, Calendar year 2016 | Population aged 15 and over who are widowed (%): Census, Calendar year 2016

Migration and Immigrants

Immigrant population (%): National Household Survey, Calendar year 2016 | Population migrating to area in the last 5 years (%): National Household Survey, Calendar year 2016

Determinants of Health

Education

Grade 12 completion among students entering Grade 12 for the first time (%) (2yr Agg): Ministry of Education, 2014-2016 | Population aged 25 to 64 with post-secondary certificate, diploma or degree (%): National Household Survey, Calendar year ending 2016 | Students completing high school within six years of enrollment in Grade 8 (%) (2yr Agg): Ministry of Education, 2014-2016

Employment

Population aged 15 and over who are unemployed (%): National Household Survey, Calendar year 2016

Health Behaviours

Alcohol consumption (litres of absolute alcohol sold per person, 1L=58 standard drinks): AOD, Calendar Year 2016

Household

Dwellings rated as needing major repairs by renter or owner (%): National Household Survey, Calendar year ending 2016 | Lone-parent family households (% of census families with children): Census, Calendar year ending 2016 | Private households that are owner-occupied (%): National Household Survey, Calendar year ending 2016 | Private households with 5 or more persons (%): Census, Calendar year ending 2016 | Private households with multiple families (%): Census, Calendar year ending 2016

Income

Median household total income (\$): National Household Survey, Calendar year 2016 | Median lone-parent family income (\$): National Household Survey, Calendar year 2016



Data Sources

Determinants of Health

Income Inequality

Difference in median income comparing males and females aged 15 and over: National Household Survey, Calendar year ending 2016 | Households (owned) spending more than 30% of income on housing (%): National Household Survey, Calendar year ending 2016 | Households (rented) spending more than 30% of income on housing (%): National Household Survey, Calendar year ending 2016 | Low income based on after-tax low income measure (%): National Household Survey, Calendar year ending 2016 | Low income based on after-tax low-income measure, ages 18 to 64 years (%): National Household Survey, Calendar year ending 2016 | Low income based on after-tax low-income measure, ages 65 years and over (%): National Household Survey, Calendar year ending 2016 | Low income based on after-tax low-income measure, ages less than 6 years (%): National Household Survey, Calendar year ending 2016 | Low income based on after-tax low-income measure, ages less than 18 years (%): National Household Survey, Calendar year ending 2016

Income Supports

Population aged 15 and over on Employment Insurance (%): BC Statistics, 4 quarter average as of Sept 2012 2012 | Population on Income Assistance (%): BC Statistics, September 2012

Morbidity

Alcohol-related hospitalizations (age-standardized rate per 100,000): CISUR, Fiscal year ending 2014 | Illicit drug-related hospitalizations (age-standardized rate per 100,000): CISUR, Fiscal year ending 2014 | Tobacco-related hospitalizations (age-standardized rate per 100,000): CISUR, Fiscal year ending 2014

Transportation

Employed population aged 15 and over walking, biking or busing to work (%): National Household Survey, Calendar year ending 2016

Child Health

Child hospitalizations - Dental Surgery (rate per 1,000 aged 0 to 14) -(2yr Agg): Ministry of Health Health Ideas, Period ending 2015-2017 | Child Hospitalizations - Injury/Poisoning (rate per 1,000 aged 0 to 14) - (2yr Agg): Ministry of Health Health Ideas, Period ending 2015-2017 | Child hospitalizations - Respiratory Dis. (rate per 1,000 aged 0 to 14) - (2yr Agg): Ministry of Health Health Ideas, Period ending 2015-2017 | Child Mental Diseases & Disorders Hospitalizations (Indirect Age Standardized rate per 1,000 aged 0-14): Ministry of Health Health Ideas, Fiscal year ending 2017 | Child/Youth Mental Diseases & Disorders Hospitalizations (Indirect Age Standardized rate per 1,000 aged 15-24): Ministry of Health Health Ideas, Fiscal year ending 2017

Crime

Motor Vehicle Theft (rate per 1,000 population): BC Statistics, Avg 2009-2011 2012 | Non-Cannabis Drug Offences (rate per 1,000 population): BC Statistics, Avg 2009-2011 2012 | Number of Serious Crimes per Police Officer: BC Statistics, Avg 2009-2011 2012 | Serious Crime (rate per 1,000 population): BC Statistics, Avg 2009-2011 2012 | Serious Violent Crime (rate per 1,000 population): BC Statistics, Avg 2009-2011 2012

Early Development

EDI: Kindergarten children rated as vulnerable for social development (%): Early Development Instrument, Wave ending 2016 | EDI: Kindergarten children rated as vulnerable for communication development (%): Early Development Instrument, Wave ending 2016 | EDI: Kindergarten children rated as vulnerable for emotional development (%): Early Development Instrument, Wave ending 2016 | EDI: Kindergarten children rated as vulnerable for language development (%): Early Development Instrument, Wave ending 2016 | EDI: Kindergarten children rated as vulnerable for physical development (%): Early Development Instrument, Wave ending 2016 | EDI: Kindergarten children rated as vulnerable on one or more domains (%): Early Development Instrument, Wave ending 2016 | EDI: Kindergarten children rated as vulnerable on one or more domains, excluding communication (%): Early Development Instrument, Wave ending 2016

Protecting Children and Youth

Children and Youth in Care (rate per 1,000 children aged 0 to 18): Ministry of Children and Family Development, Fiscal year ending 2016 | Children and Youth in Need of Protection (rate per 1,000 children aged 0 to 18): Ministry of Children and Family Development, End of August 2014



Data Sources

Health Status

Births

Cesarean Sections (rate per 1,000 live births):Vital Statistics, 5 year aggregate 2012-2016 | Infant Mortality - deaths of infants under 1 year of age (rate per 1,000 live births):Vital Statistics, 5 year aggregate 2012-2016 | Live Birth Rate (rate per 1,000 population):Vital Statistics, 5 year aggregate 2012-2016 | Low Weight Births - less than 2,500 grams (rate per 1,000 live births):Vital Statistics, 5 year aggregate 2012-2016 | Mothers 35 and over - live births to mothers aged 35 and over (rate per 1,000 live births):Vital Statistics, 5 year aggregate 2012-2016 | Mothers under 20 - live births to mothers under 20 years of age (rate per 1,000 live births):Vital Statistics, 5 year aggregate 2012-2016 | Pre-term Births - gestational age less than 37 weeks (rate per 1,000 live births): Vital Statistics, 5 year aggregate 2012-2016 | Stillbirths (rate per 1,000 births): Vital Statistics, 5 year aggregate 2012-2016

Life Expectancy

Female Life Expectancy: BC Statistics, Calendar Year Range 2011-2015 | Life Expectancy: BC Statistics, Calendar Year Range 2011-2015 | Male Life Expectancy: BC Statistics, Calendar Year Range 2011-2015

Morbidity

Alzheimer's Disease and Other Dementia - Prevalence (age-standardized rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Asthma - Prevalence (age-standardized rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Chronic Kidney Disease - Prevalence (age-standardized rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Chronic Obstructive Pulmonary Disease - Prevalence (age-standardized rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Depression - Prevalence (age-standardized rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Diabetes - Prevalence (age-standardized rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Heart Failure - Prevalence (age-standardized rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Ischemic Heart Disease - Prevalence (age-standardized rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Mood and Anxiety Disorders - Prevalence (age-standardized rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Osteoarthritis - Prevalence (age-standardized rate per 1,000):MoH - Chronic Disease Registries, Fiscal year ending 2017 | Health Service Utilization

Deaths

Alcohol-related deaths (age-standardized rate per 100,000):CISUR, Fiscal year ending 2014 | Illicit drug-related deaths (age-standardized rate per 100,000):CISUR, Fiscal year ending 2014 | Mortality (age-standardized rate per 10,000):Vital Statistics, Calendar year ending 2012-2016 | Mortality due to unintentional injuries (age-standardized rate per 10,000):Vital Statistics, Calendar year ending 2012-2016 | Tobacco-related deaths (age-standardized rate per 100,000):CISUR, Fiscal year ending 2013 | Tobacco-related deaths (age-standardized rate per 100,000):CISUR, Fiscal year ending 2014

Health Matrix

Health Matrix: Cancer (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: End of Life (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: Frail in Community (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: Frail in Residential Care(%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: Healthy (%) :Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: High Chronic w/ Frailty (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: High Chronic w/o Frailty (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: Low Chronic Conditions (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: Maternity & Healthy Newborns (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: Medium Chronic Conditions (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: Minor Conditions (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: Moderate or Major Conditions (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: Non-Users (%):Blue Matrix and People, Fiscal year ending 2016 | Health Matrix: Severe Mental Health & Substance Use (%):Blue Matrix and People, Fiscal year ending 2016



Data Sources

Health Status

Potential Life Years Lost

Accidental Falls - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | All Cause Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Arteries, arterioles and capillaries - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Cerebrovascular diseases - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Chronic lower respiratory diseases - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Circulatory system - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Diabetes - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Diseases of the digestive system - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Diseases of the respiratory system - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Endocrine, nutritional and metabolic diseases - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Influenza and pneumonia - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Ischemic heart diseases - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Lung/tracheal Cancer - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Malignant neoplasms - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Motor vehicle accidents - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016 | Suicide - Potential Life Years Lost rate (age standardized per 1,000):Vital Statistics, Calendar year ending 2012-2016

Complex Continuing Care

Home Care Clients (rate per 1,000 population aged 75 and over):Island Health - Ideas, Fiscal year ending 2017 | Home Care Clients (rate per 1,000 population):Island Health - Ideas, Fiscal year ending 2017 | Home Care Visits (rate per 1,000 population aged 75 and over):Island Health - Ideas, Fiscal year ending 2017 | Home Care Visits (rate per 1,000 population):Island Health - Ideas, Fiscal year ending 2017 | Home Support Clients (rate per 1,000 population aged 75 and over):Island Health - Ideas, Fiscal year ending 2017 | Home Support Clients (rate per 1,000 population):Island Health - Ideas, Fiscal year ending 2017 | Home Support Hours (rate per 1,000 population aged 75 and over):Island Health - Ideas, Fiscal year ending 2017 | Home Support Hours (rate per 1,000 population):Island Health - Ideas, Fiscal year ending 2017 | Residential Care Beds (rate per 1,000 population aged 75 and over):Island Health - Ideas, Fiscal year ending 2017

Emergency

Emergency Visits with CTAS of 1, 2 or 3 (%) for 75+ population:Island Health - Ideas, Fiscal year ending 2017 | Emergency Visits with CTAS of 1, 2 or 3 (%):Island Health - Ideas, Fiscal year ending 2017 | Unscheduled Emergency Department or Urgent Care Centre visits (rate per 1,000 population):Island Health - Ideas, Fiscal year ending 2017 | Unscheduled Emergency Department or Urgent Care Centre visits for 75+ (rate per 1,000 75+ population):Island Health - Ideas, Fiscal year ending 2017

Hospital Day Care

Acute Care Day Cases (age-standardized rate per 1,000 population aged 75 and over):Ministry of Health Health Ideas, Fiscal year ending 2017 | Acute Care Day Cases (age-standardized rate per 1,000 population):Ministry of Health Health Ideas, Fiscal year ending 2017

Primary Care

Population attached to physician at the practice level (%):Ministry of Health, Fiscal year ending 2017



Data Sources

Health Status

Hospital Inpatient Care

Acute Care Inpatient Cases (age-standardized rate per 1,000 population aged 75 and over):Ministry of Health Health Ideas, Fiscal year ending 2017 | Acute Care Inpatient Cases (age-standardized rate per 1,000 population):Ministry of Health Health Ideas, Fiscal year ending 2017 | Alternative Level of Care Cases (age-standardized rate per 1,000 population aged 75 and over):Ministry of Health Health Ideas, Fiscal year ending 2017 | Alternative Level of Care Cases (age-standardized rate per 1,000 population):Ministry of Health Health Ideas, Fiscal year ending 2017 | Alternative Level of Care Days (age-standardized rate per 1,000 population aged 75 and over):Ministry of Health Health Ideas, Fiscal year ending 2017 | Alternative Level of Care Days (age-standardized rate per 1,000 population):Ministry of Health Health Ideas, Fiscal year ending 2017 | Ambulatory Care Sensitive conditions (%):Island Health - Ideas, Fiscal year ending 2017 | Maternity Acute Care Utilization (case rate per 1,000 population):Ministry of Health Health Ideas, Fiscal year ending 2017 | Medical Acute Care Utilization (case rate per 1,000 population):Ministry of Health Health Ideas, Fiscal year ending 2017 | MRI Utilization - Island Health facilities only (rate per 1,000 population):Island Health, Fiscal year ending 2016 | Psychiatry (Dementia excluded) Acute Care Utilization (case rate per 1,000 population):Ministry of Health Health Ideas, Fiscal year ending 2017 | Surgical Acute Care Utilization (case rate per 1,000 population):Ministry of Health Health Ideas, Fiscal year ending 2017