

# Population Health Status Report

2025



# Population Health Status Report

## Territory Acknowledgement

The region Island Health supports is the traditional territory of the Coast Salish, Nuu-chah-nulth, and Kwakwaka'wakw cultural families, who have been caretakers and stewards of these lands since time immemorial. It is with humility we continue to work toward building our relationship.

## Rights Acknowledgement

We acknowledge with respect the inherent rights of the First Nations whose ancestral territories cover the entirety of the region served by Island Health. These inherent rights include their unextinguished land rights and rights to self-determination, health, and wellness within these territories. Laws and governance systems rooted in the land have upheld the sovereignty of these diverse Nations for thousands of years. The rights and responsibilities of First Nations to their ancestral territories have never been ceded or surrendered, and are upheld in provincial, national, and international law.

We also acknowledge that many Indigenous Peoples (First Nations, Métis, and Inuit) from elsewhere in what is now known as Canada also call these lands and waters home, and we have obligations to uphold their rights to self-determination, health, and wellness. This includes Métis Nation British Columbia and its Chartered Communities across the region served by Island Health, as well as those whose ancestral territories lie elsewhere. In alignment with a Distinctions-based Approach and Indigenous data governance principles (e.g., the First Nations principles of Ownership, Control, Access, and Possession) Island Health has not included data specific to Indigenous peoples or their communities in this report.

Island Health Medical Health Officers recognize the need for thoughtful and intentional work to decolonize the health system. In the spirit of the United Nations Declaration on the Rights of Indigenous Peoples, the Métis Nation Relationship Accord II, and the Calls to Action of the Truth and Reconciliation Commission, Island Health works with the First Nations Health Authority, Métis Nation British Columbia, and other Indigenous partners to make programs and services more culturally appropriate and supportive of Indigenous health and wellness.

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Health status monitoring and reporting are tools for identifying health needs, improving health, and reducing health inequities. Data are the diagnostic tools we use to help focus efforts on health issues where we can make a difference.

This report aims to provide a snapshot of population health in Island Health, with a particular focus on children and youth. Information provided here relies on synthesis from a variety of data sources; data will be updated as they become available to be included in future health status reports.

The health status report does not answer the question of *why*. Rather, it aims to set the stage for deeper inquiry with communities and partners. To that end, we hope to make our health status reports available for everyone. We look forward to working together towards improved population health within our region.



Sincerely,

**Dr. Réka Gustafson**

Vice President, Population and Public Health  
and Chief Medical Health Officer,  
Island Health

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## Executive Summary

The overarching goal of public health is to improve population health and reduce health inequities. Population health assessment is needed to determine whether we are achieving these goals, and where collective effort should be focused. This report aims to provide a snapshot of the health of the Island Health population, with a particular focus on child and youth wellbeing.

By 2025, several population health indicators reflected improvement and recovery from the pandemic. One important change in the determinants of health is the reduction in child poverty. Between 2016 and 2021, the proportion of children and youth living in low-income households decreased by 41%. Additionally, post-pandemic, childhood immunization rates in Island Health are improving and now exceed the provincial average.

Signs of recovery in mental health indicators are also emerging post-pandemic. Following a three-year low in 2021/2022, the proportion of youth reporting good to excellent mental health has increased year-over-year. Additionally, the proportion of youth in Island Health who have ever used alcohol, tobacco, or cannabis has declined over the past five years. Hospital admission rates for suicide and self-harm, which peaked in 2021, have begun decreasing. Similarly, after four years of increases, deaths from unregulated drug poisoning declined in 2024. While these improvements are encouraging, it is important to note that the majority of mental health and substance use indicators have yet to return to pre-pandemic levels, indicating that there is a long way to go in the recovery.

There are also indicators highlighting areas where focused effort can further improve population health and reduce health inequities. Life expectancy in Island Health has declined over the past five years and is geographically inequitable; there is an eight-year difference between the local health areas with the highest and lowest life expectancy at birth. The difference in life expectancy between males and females has increased to five years. One of the most important contributors to declining and inequitable life expectancy is unregulated drug poisoning deaths.

There are also important indicators of concern related to the determinants of health. The median income (after tax) in Island Health (\$38K) is below the BC average (\$40.8K). Food insecurity, related to income, is a concern in Island Health. As of 2022, the average monthly cost of healthy eating for a family of four in Island Health was \$1,366, highest of all BC health authorities. In 2023, nearly 1 in 5 Island Health residents were concerned about food security. Access to healthcare, another key determinant of health, is also a challenge, with 70% of people reporting difficulty accessing a family doctor and 19% indicating a lack of access to urgent care.

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Mental health and substance use are also significant concerns. Mood and anxiety disorders have the highest crude incidence rate among chronic conditions in Island Health. A higher percentage of adults in Island Health (16%) report having seriously contemplated suicide than the rest of BC (12%). Data from 2023 show a crude rate of suicide deaths of 13.1 per 100,000 people, which was higher than the provincial rate of 11.6 per 100,000. Suicide death rate is also geographically inequitable, with a rate of 22.3 per 100,000 in North Island compared to 10.3 per 100,000 in South Island (Central Island 13.0 per 100,000). Additionally, there are disparities by sex, with 75% of suicide deaths provincially occurring in males between 2013 to 2023.

Substance use is a significant health and social issue in Island Health. While we have seen a decline in consumption rates over the past few years, tobacco use, alcohol consumption, and cannabis use are all higher in Island Health than in the rest of the province. Alcohol use is particularly concerning for Island Health, as it is the second leading cause of substance use related potential years of life lost, and the leading cause of substance use-related hospital admissions. Unregulated drug poisoning remains the leading cause of death among those 19 to 59-years old in Island Health. It is also a leading cause of overall potential years of life lost in the population, second only to cancer.

Interventions during the early years are among the most effective ways to improve health and reduce health inequities. While there has been an improvement in self-rated mental health since the pandemic, there has also been a decline in community connection among youth (age 12 to 19) since 2018 in North Island. Increasing community connection and providing positive childhood experiences are proven strategies for preventing both physical and mental health problems.

This health status report also identifies disparities in the acquisition of communicable diseases driven by the social determinants of health and brings to light the resurgence of ones which were well-controlled in the recent past. Importantly, unstable housing has been a contributing factor in local outbreaks of tuberculosis, syphilis, and shigellosis.

Climate-related events are expected to increase in Island Health and will continue to impact population health. Over the past few years, the number of days with severe drought has increased and is expected to continue, with more intense and prolonged droughts anticipated in the future. In addition, wildfire smoke has exacerbated summer exposure to fine particulate matter (PM<sub>2.5</sub>), compounding the seasonal exposure already influenced by woodstove use and open burning in the winter. Heat- and cold-related health outcomes from extreme temperatures are continuing to result in emergency visits and hospital admissions.

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Chronic diseases and injuries are significant contributors to morbidity and mortality in the population. Malignant cancers account for the highest number of potential years of life lost in the population. While overall cancer rates remain stable, age-standardized rates for breast and cervical cancers have been on the rise. Between 2022 and 2035, cancer diagnoses are projected to rise by 40%, with 89% of this increase attributed to population growth and aging. Falls among older adults (age 65 years and older) are the leading cause of injury-related hospital admissions in Island Health. Additionally, in 2023, Island Health represented 31% of all drowning fatalities in the province, the highest among all health authorities.

Overall, while it is encouraging to see youth mental health improving, this assessment highlights significant health disparities among communities in Island Health, higher rates of substance use, and continued concerns about youth mental health following the pandemic. To help address these inequities, Population and Public Health is prioritizing upstream interventions and cross-sectoral partnerships with a focus on substance use prevention and youth resilience, investing in a comprehensive school health approach, and advocating for healthy public policies. Overall, the current population health status report reinforces that these assessments are a key tool to help better understand the needs of the population and how to support them in their health.

Lastly, the report has revealed gaps in our ability to meaningfully communicate the health status of First Nations, Métis, and Inuit in a culturally appropriate and strengths-based way. Island Health acknowledges that local First Nations, Inuit and Métis are the experts in identifying and interpreting indicators for their communities. This report reinforces the need to resolve current gaps in the assessment of the health of the population by supporting local communities to claim access to and governance of their data. To support this, Island Health is in the process of engaging with Indigenous partners to create a data governance framework as well as beginning to appropriately inquire about Indigenous self-identification.

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## Introduction

In British Columbia, Medical Health Officers (MHOs) have the legislated responsibility under the [Public Health Act](#) to monitor and report on the health of the population, advise on public health issues, health promotion and protection policies, practices, and bylaws relevant to those health issues.

This report provides an overview of the health status of the Island Health region's population. By summarizing key trends, challenges, and opportunities, the report is intended to inform programs, interventions, and policies. Future Island Health population health status reports will be informed by newly available population health data. New data sources for this report include the BC Adolescent Health Survey, the BC SPEAK Population Health survey (round 3), as well as local reportable disease and hospital data.

A key focus of this report is the [Best Start in Life](#). Experiences in childhood strongly influence long-term physical, social, and emotional health. This presents an opportunity to support children and youth through proactive health promotion and disease prevention. Island Health's 2024 Youth Mental Health and Resilience Framework (see page 36) was used to select indicators for the Best Start in Life section.

Where possible, links to external resources and relevant data are included to empower readers to explore topics in greater depth.

Monitoring health and health inequities is critical to improving health and reducing health inequities. Along with the release of the new British Columbia Public Health Framework, a companion [Measurement Primer to Reduce Population Health Inequities in British Columbia](#) was published, which highlights the importance of being able to disaggregate data by demographic factors to better understand health inequities and identify priorities to be addressed.

One significant gap in this report is the lack of local disaggregated data on the health of the diverse populations within the region, in particular the Indigenous population in Island Health. Continuing to work towards addressing this data gap is a key priority and will be critical for the evolution of these population health status reports.

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## Data Interpretation

To provide a comprehensive picture of population health in Island Health, data from multiple and diverse sources were compiled, including, Census data, survey data, administrative health data, vital statistics, and routine surveillance data. Each data source has unique characteristics (population, timeframe, and methodology) and limitations (See list of data sources in Appendix – Data Notes). Due to differences in methodology, comparisons should not be made across data sources. Through descriptive and thematic examination, this report offers an overview of the health status of the population.

The proportion of the population identified as Indigenous is presented as an important demographic indicator in this report, recognizing the diversity within the region, and the importance of providing culturally safe and appropriate healthcare. At this time indicators in this report are not disaggregated by Indigenous identity and it is important to note that inferences about associations with health outcomes or determinants of health should not be made at the geographic level based on the proportion of Indigenous population in a particular geographic area.

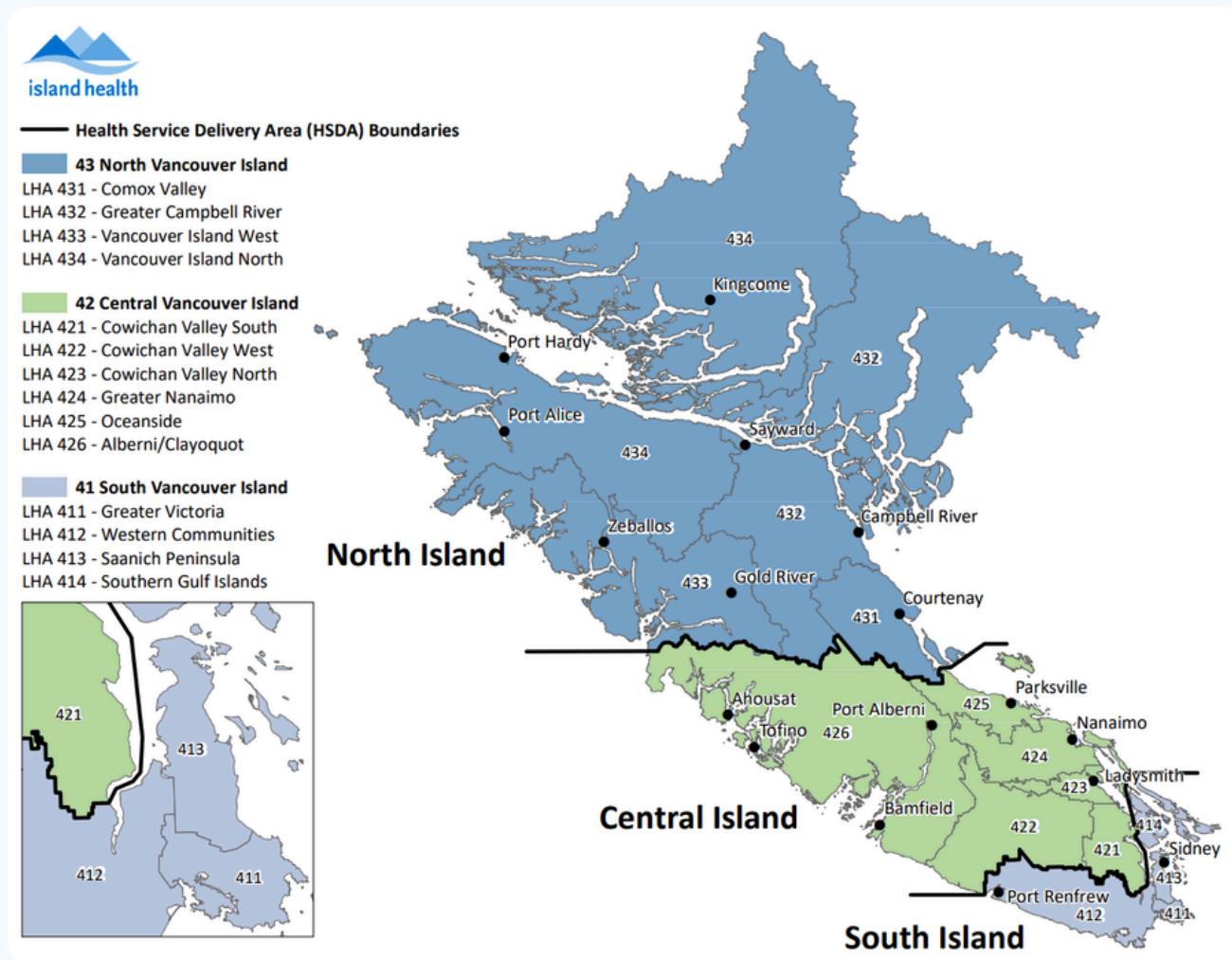
## Definitions

<b>Crude rate</b>	Simple rates that do not adjust for age differences in the population. They provide a general snapshot but may be misleading if age distribution varies.
<b>Incidence</b>	The rate of <b>new</b> diagnoses or events over a specified period of time for a population at risk for the event.
<b>Prevalence</b>	The total number of <b>existing</b> diagnoses or events in a population for the event at a specific time.
<b>Age-specific rate</b>	Rates within a specific age group, making rates more comparable across geographies or over time.
<b>Age-standardized rate</b>	Rates that adjust for differences in age distribution across populations, making rates more comparable between groups or over time.

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## Geography

To explore population health and health inequities, trends and differences are highlighted. Geographic differences within Island Health are compared at the Health Service Delivery Area (HSDA) and Local Health Area (LHA) levels.



For more information refer to the  
[British Columbia Health Geographies](#)

# DEMOGRAPHICS

# Population Health Status Report

## The Island Health region is diverse

Island Health encompasses vibrant and diverse communities on Vancouver Island, the Gulf and Discovery Islands, and a region of the mainland east of northern Vancouver Island. As of 2023, there were over 900,000 residents within Island Health, a number that is predicted to grow to over 1 million by 2043 [1].

Examining population projections helps better support equitable resource allocation to promote the health of the population [2].



Figure 1. Map of Island Health, Local Health Areas.  
Data Source: BC Ministry of Health, BC Data Catalogue.

## The population is growing

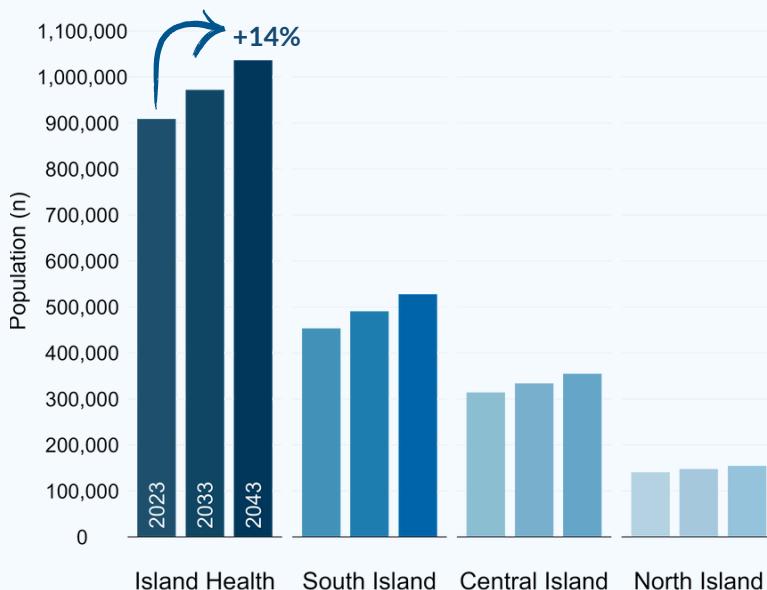


Figure 2. Total (2023) and Projected (2033, 2043) Population for Island Health and the Health Service Delivery Areas. Data Source: BC Stats, Population Estimates & Projections for British Columbia.

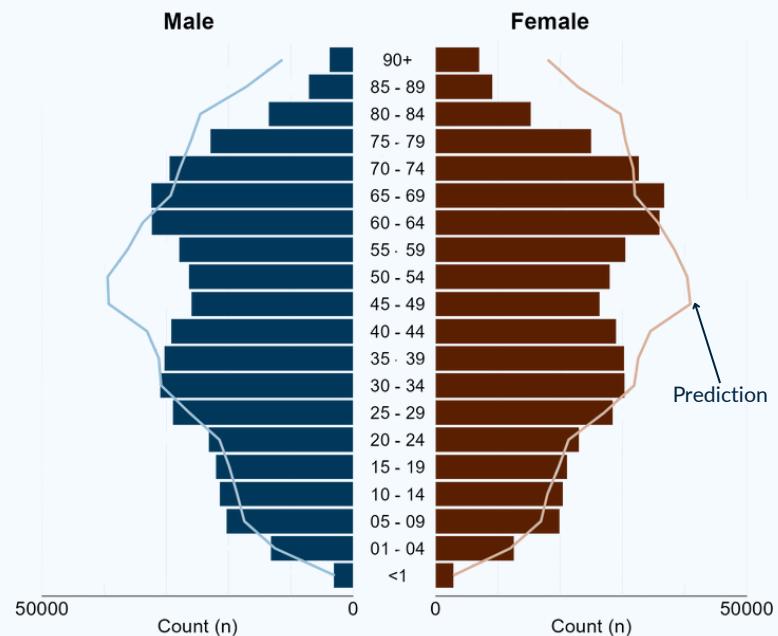
- Island Health's population is **growing**. Population size is expected to increase by **17% in large urban areas, 12% in small and medium urban areas and 9% in rural areas** between 2023 and 2043 [1].
- As of 2023, Greater Victoria was the most populated Local Health Area, with 254,649 residents, while Vancouver Island West had the smallest population at 2,174 [1].
- Across the Community Health Service Areas (geographic areas nested within the Local Health Areas) the **population density**, or number of people per kilometer square, ranged from **0.1 to 5,124.9** in 2022 [3].

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## The population is aging

- The **average age** in Island Health was **45.3** years in 2023, **above** the average age of 42 years in **British Columbia** [1].
- The **youngest** population resided in the **Western Communities (40.4 years)** and the **oldest** in **Oceanside (53.9 years)** Local Health Area [1].
- Population growth is not evenly distributed across age groups. By 2043, the **child and youth** population is projected to **decrease** by **10%**, while the population aged **85 years** and older is expected to **more than double** [1].

**+157%** projected growth for 85+  
between 2023 and 2043 [1]



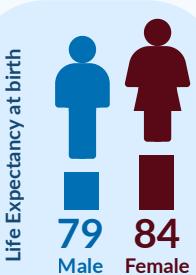
**Figure 3.** Population Distribution (2023) and Prediction (2043) by Age and Sex, Island Health. **Data Source:** BC Stats, Population Estimates & Projections for British Columbia.

## Life expectancy declined over the past five years and is geographically inequitable

**9 yrs.**

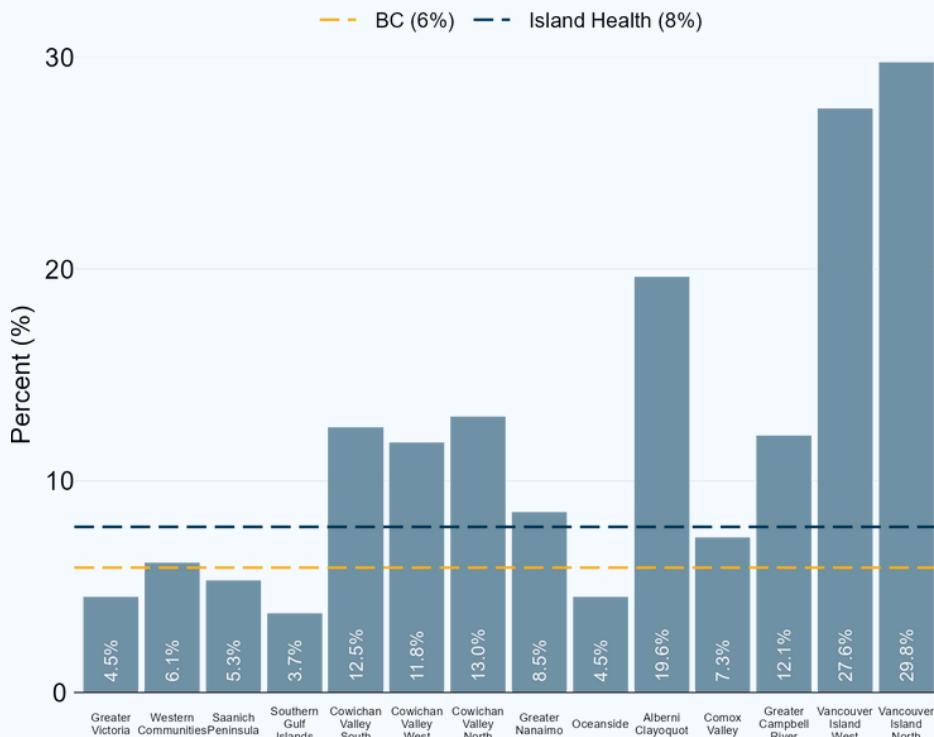
Difference in life expectancy at birth between highest and lowest Local Health Areas.

- Life expectancy at birth, a measure of population health and wellbeing, **declined** in Island Health from 81.7 years to 81.3 years and provincially from 82.5 to 82.0 between 2017/2018 and 2021/2022 [6].
- In the past five years, **illicit drug toxicity** has **contributed** substantially to **declining life expectancy**. In 2024, illicit drug toxicity was the fifth highest cause of death and the second highest cause of Potential Years of Life Lost, with a **median age of death of 44 years** in Island Health. [5].
- In 2021/2022, Saanich Peninsula had the highest life expectancy at birth in Island Health at 84.2 years, nine years higher than the lowest life expectancies recorded in Vancouver Island North (75.3 years) and Alberni/Clayoquot (75.7 years) [6].
- The **difference in life expectancy at birth** between **males and females** was about **five years** in 2021/2022, a larger difference than historically reported [6].



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## Indigenous Populations



**Figure 4.** Percentage of Population Self-Identifying as Indigenous by Local Health Area (2021). Data Source: Statistics Canada, 2021 Census of Population.

**Note:** At this time indicators in this report are not disaggregated by Indigenous identity and it is important to note that inferences about associations with health outcomes or determinants of health should not be made at the geographic level based on the proportion of Indigenous population in a particular geographic area.

- As of 2021, **7.8%** of the population in Island Health self-identified as **Indigenous**, which is **higher** than the **provincial** figure of **5.9%** [4].
- Among those identifying as Indigenous, **4.9%** in Island Health identified as **First Nations** (ranging from **1.9%** to **26%** across the Local Health Areas), **2.5%** identified as **Metis**, and less than **1%** **Inuit**, or **multiple and other Indigenous** populations [4].

Recognizing the diversity within the region highlights the importance of providing culturally safe and appropriate healthcare, a priority for Island Health.

## Nearly 1 in 5 Island Health residents live in a rural area

Residents living in rural areas [1, 3, 126]:

**18%** vs. **14%**

Island Health (2023)      British Columbia (2023)

Rurality is a key determinant of health, highlighting populations vulnerable to health disparities [10]. Island Health communities range from urban centres to communities accessible only by water or air.

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## Fewer new Canadians in Island Health compared to British Columbia

New Canadians may have different health conditions and health risks due to pre-immigration conditions, determinants of health and barriers to utilizing healthcare [11].

New Canadians (2021) [4]:

**16%** vs. **29%**

Island Health  
LHA: 7.6%-21.5%      British Columbia

Immigrated past 5 years (2021) [4]:

**3%** vs. **4%**

Island Health  
LHA: 0.1%-3.2%      British Columbia



*For consideration:* Between 2023 and 2046 British Columbia's population growth is projected to almost entirely be driven by international migration [125].

## Sex and Gender

Sex is determined by biological characteristics and is typically classified as female or male. In Island Health, in 2023, **51%** of the population was **female**. This **sex ratio** is expected to remain **stable** over the next 10 years [1].

Gender represents a holistic concept of how a person views themselves. Gender is intertwined with culture and does not need to be binary nor static [7].

This report stratifies by sex. In future, we hope to be able to stratify by gender as data collection catches up to changing norms, providing a more inclusive approach to health surveillance.



## Sexual Orientation

Sexual orientation describes a person's sexual attraction as well as their sexual behaviour, two concepts that do not have to align and may change with time [8].



Within Island Health, **86.2%** of residents identified as **heterosexual**, 6.4% Bisexual, approximately 3% Queer or Gay and less than 2% Asexual, Lesbian or other in 2023 [9].

# DETERMINANTS OF HEALTH

# Population Health Status Report

## Determinants of Health

Determinants of health, including social and economic conditions, and the physical environment, significantly influence health.

Social and economic determinants of health include education, income, employment, and housing. These factors are important to health outcomes on their own, and due to their influence on other determinants of health and health behaviours. Education is an important determinant of health as it may confer access to employment and income. In turn, employment and income are factors in accessing housing and food security [12].

Additionally, systemic oppression of Indigenous, Black, and People of Colour (IBPOC), persons with disabilities, and the 2SLGBTQIA+ community is a determinant of health. Island Health has developed a Position Statement on Racism and Discrimination, based on the BC Cultural Safety and Humility Standard and the In Plain Sight Report.

Physical activity, diet and nutrition are determinants of health that are considered to be individual behaviours. Adequate sleep, nutrition and physical activity are known to promote overall health and wellbeing for both children and adults [13]. While these behaviours can be within direct control of the individual, they are strongly influenced by broader determinants of health outside of individual control.

Access to healthcare is also a determinant of health. While some of the determinants of health operate outside of Island Health's influence, health services that better meet the needs of the population are part of Island Health's strategic direction.

For more information on population and demographics, determinants of health, health status and service utilization, refer to the 2025 Local Health Area Profiles

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## Social and Economic

### Residents are educated

- In 2021, **85.1% of Island Health** residents (Local Health Areas ranged from 69% to 90%) had a high school diploma or equivalency certificate, **surpassing the provincial average of 84.7% [4]**.

Post-secondary education (2021) [4]



### Fewer households with children

- In Island Health, **32% of couple-family households had children**, which was **lower than the provincial average of 40%**. The proportion ranged from 22.9% to 39.5% across Local Health Areas in 2021 [4].



- Among households with children, **14.5% were one-parent households** in Island Health, similar to the **provincial average of 14.9%**. The proportion ranged from 10.4% to 19.3% across Local Health Areas in 2021 [4].

### Socioeconomic status shows variation

In Island Health, **10.2% live in low income households**, compared to 10.4% provincially (LHA range 6.5%-22.5%) [4].

10%

\$38k

The **median after-tax income** in Island Health was **\$38,000** (provincially \$40,800, LHA range \$32,000 to \$42,800) [4].

16%

In Island Health, **15.8% who own their home** spent more than **30% of their income** on shelter costs (19.3% provincially, LHA range 9.7%-18.5%) [4].

39%

In Island Health, **39.4% who rent** spent more than **30% of their income** on shelter costs (25% provincially, LHA range 25%-43.6%) [4].



*For consideration:* Socioeconomic indicators from the 2021 Census do not reflect realities in 2024. Beginning in 2023, the British Columbia economy faced “the continued impact of high interest rates and inflationary pressures, and slowing domestic and global demand” impacting cost of living [30]. The next census is planned for 2026.

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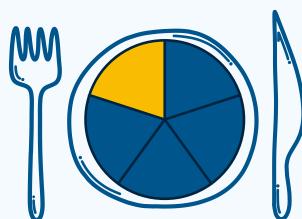
## Unemployment is lower in Island Health

- In December 2024, the unemployment rate in Island Health was 4.2%, **below the provincial average of 5.2%** [29].



## Food Insecurity affects 1 in 5 Island Health residents

Food insecurity refers to the experience of individuals or households lacking the resources to consistently purchase foods that are nutritious and promote their wellbeing. Food insecurity “exists as a result of unique social, environmental and economic circumstances in which people are situated” [14].



Nearly 1 in 5 were concerned about food security in the past 12 months (2023) [9]



Average monthly cost of healthy eating for a family of four in Island Health (2022) [17]

- In 2023, **18.7% in Island Health** were **concerned about food security** in the past 12 months. There was **regional variation** across the Local Health Areas (10.9% to 22.4%). In British Columbia, 21.8% of people lived in food insecure households in 2023, compared to 16.2% in 2019 [9].

## Physical Environment

### Most feel safe in their community

- In 2023, approximately **75% of rural** residents **felt safe** alone after dark in their neighborhood, compared to 60% in urban areas (Local Health Area range 52.2%–83.4%) [9].
- 71.3% of males and 54.9% of females reported feeling safe in their neighborhood [9].

### Geography affects active transport

- Fewer residents in large urban areas** (vs. smaller urban and rural) reported that traffic made it **difficult, unpleasant or unsafe to walk** (2023) [9].
- 25% of Southern Gulf Island residents strongly felt that **traffic impeded** their ability to **safely bike** (Local Health Area range 3% to 25.4% in 2023) [9].



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## Island Health has shorter commutes

Among employed people in 2021 [4]:



In Island Health (LHA range 7% to 13%), **fewer used sustainable transport** - public transit, biking, walking - than provincially (17.7%).



*For consideration:* commuting indicators are from the 2021 Census and reflect pandemic work from home policies which have since evolved. The next census is planned for 2026.



Commutes over 60 minutes were **less common** in Island Health (LHA range 2.1% to 13.1%) than provincially (7.2%).



Commutes under 15 minutes were **more common** in Island Health (LHA range 25.9% to 65.2%) than provincially (31.8%).

## Health Behaviours

For more information, refer to [SPEAK Round 3 Results](#)

## Majority met physical activity target

The Canadian physical activity guidelines suggest **150 minutes** of moderate to vigorous physical activity **per week** for adults age 18 years and older [19].



met physical activity guidelines (2023) [9]

- In 2023, **63.2%** of Island Health residents and 59.2% of British Columbians **met or exceeded** physical activity guidelines, varying from 61.5% in large urban areas to 67.4% in rural areas [9].
- **12.5%** of residents in **large urban** areas, **13.5%** in **small and medium urban** areas<sup>1</sup> and 10% in rural areas reported **0 days of moderate or physical activity** in the past week [9].

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## Females eat their fruits and veggies more than males

A healthy diet includes regular fruit and vegetable consumption, which supports overall wellbeing and reduces the risk of obesity, heart disease, and diabetes. Canada's Food Guide encourages home cooking to limit processed foods and promote healthier choices [20].

- Across Island Health in 2023, **37.1%** of residents reported eating 5 to 10 servings of **fruits and vegetables** per day, similar to 34% provincially [9].
- Females reported **more frequently** (45%) that they ate 5 to 10 servings of fruit and **vegetables per day than males** (27.8%) [9].
- Approximately **half** of Island Health residents across urban and rural areas reported that at least **three quarters** of their **meals per week were home-made**. There was little variation between males and females [9].



~90% of Island Health residents ate at least one home-made meal per week in 2023 [9]

## Access to Healthcare

### Access to urgent care



1 in 5 had difficulty accessing urgent care

- In 2023, **19.3%** of Island Health residents, and 17% of British Columbians, reported they were **unable to access urgent care** when needed in the past year. Difficulty with access ranged from 10% to 30% across the Local Health Areas [9].

### Primary care access

- In 2023, **70.2%** of Island Health residents expressed **difficulty** accessing a **family doctor** when care was needed, compared with 65% provincially [9].



7 in 10 Island Health residents had difficulty accessing a family doctor

### Healthcare access varied by location

More access issues for general healthcare, family doctor, urgent care, and mental health support were reported in metropolitan and large urban areas as well as rural areas<sup>i</sup>, while fewer access issues were reported in medium or small urban areas [9].

<sup>i</sup> The BCCDC SPEAK III survey combines the BC Ministry of Health's 7-Tier Urban-Rural Classifications (See page 68) into three categories based on the respondents Community Health Service Area: Metro/Large Urban (Metropolitan and Large Urban), Medium/Small Urban (Medium Urban and Small Urban), and Rural (Rural Hub, Rural, and Remote).



# POPULATION MENTAL HEALTH AND WELLNESS

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## Population Mental Health and Wellness

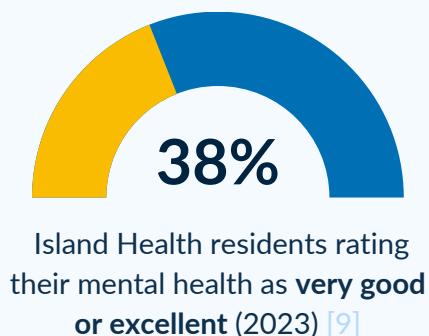
Mental health is a fundamental component of wellbeing and a critical priority for population health. It influences overall quality of life, productivity, and social cohesion, shaping the health and resilience of entire communities.

Social connections play a crucial role in mental health. People who report a strong sense of community belonging, meaningful relationships with family and friends, and supportive schools and workplaces tend to experience lower levels of stress and better mental health outcomes. Conversely, loneliness, social isolation, and chronic stress can increase the risk of depression, anxiety, and suicide.

Effective healthcare planning relies on strong data and surveillance to track trends in mental health, access to care, and suicide rates. Monitoring factors such as self-rated community belonging, social support, and stress levels help identify emerging risks and opportunities for intervention and health promotion. Reliable data allows policymakers and healthcare providers to allocate resources where they are most needed, evaluate the impact of interventions, and develop strategies to improve mental health outcomes for all populations.

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## Self-rated mental health: room for improvement



- More males (43%) than females (35%) rated their mental health as **very good or excellent**, similar to the provincial figures of 42.9% and 34%, respectively [9].
- Residents in **rural** (40.9%) and **small/medium urban areas** (40.2%) reported very good to excellent mental health more often than those in large urban areas (37.4%) [9].
- Across Local Health Areas, residents reporting very good to excellent mental health ranged from 29% to 51% [9].

## 1 in 3 feel hopeful most days

- 34%** of Island Health residents **feel hopeful most days** (past week), similar to British Columbia (33%) [9].
- A higher proportion of **females** feel hopeful (37%) than males (32%) [9].
- 39%** of adults **aged 55+** feel hopeful, higher than ages 18-34 (28%), and 35-54 (32%) [9].

## Many residents report loneliness

- 82.3%** of Island Health residents **feel lonely sometimes, hardly ever or never**; similar to 81.5% of British Columbians [9].

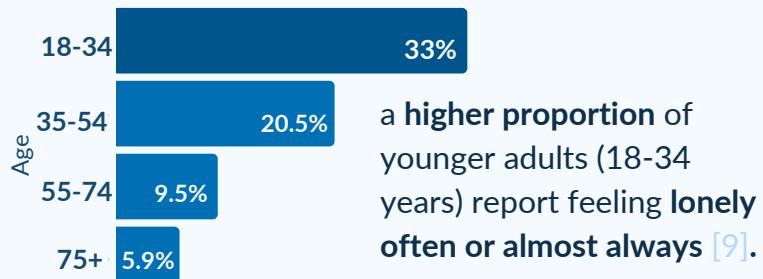
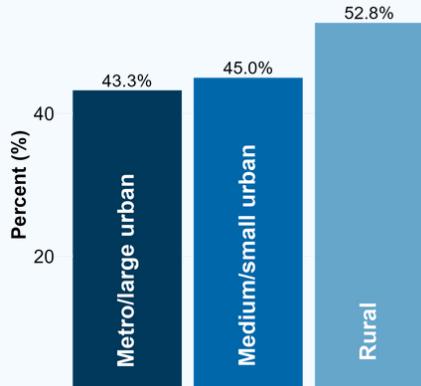


Figure 5: Proportion reporting feeling lonely often or almost all of the time by age group, Island Health (2023). Data Source: SPEAK III, 2023.

## Rural residents report strong community connection



- 52.8%** of **rural residents** report a **“somewhat” or “very strong” connection** to their community, higher than large to medium urban centres [9].
- A similar proportion of **males** and **females** (roughly 45%) reported a **“somewhat” to “very strong” community connection** [9].
- The proportion of residents who felt **“somewhat” to “very strong” connection** to community varied from 35.4% to 68.8% across the Local Health Areas [9].

Figure 6: Proportion reporting strong community connection, Island Health (2023). Data Source: SPEAK III, 2023<sup>1</sup>.

<sup>1</sup> The BCCDC SPEAK III survey combines the BC Ministry of Health's 7-Tier Urban-Rural Classifications (See page 68) into three categories based on the respondents Community Health Service Area: Metro/Large Urban (Metropolitan and Large Urban), Medium/Small Urban (Medium Urban and Small Urban), and Rural (Rural Hub, Rural, and Remote).

# Population Health Status Report

## Stress levels highest among South Island residents

Stress can be any perceived threat to a person's potential, resources, or well-being. Stress affects both physical and mental health; it is associated with increased morbidity and mortality, especially negative cardio-metabolic and mental health outcomes [21].

### Life stress:

- **22.8% of South Island**, 20.5% of North Island, and 17.6% of Central Island HSDA residents rated their **life stress** as “quite stressful” or “extremely stressful” in 2020 [22].

**1  
5** Island Health residents reported at least **quite a lot of life stress** [22].



*For consideration:* these life and work stress indicators reflect experiences in 2020 and may not reflect post-pandemic experiences.

### Work stress:

- **29.8% of South Island**, 27.4% of Central Island, and 24.1% of North Island HSDA residents rated their **work stress** as “quite stressful” or “extremely stressful” in 2020 [22].

**1  
4** Island Health residents reported at least **quite a lot of work stress** [22].

## Mood and anxiety disorders are the leading chronic condition in Island Health

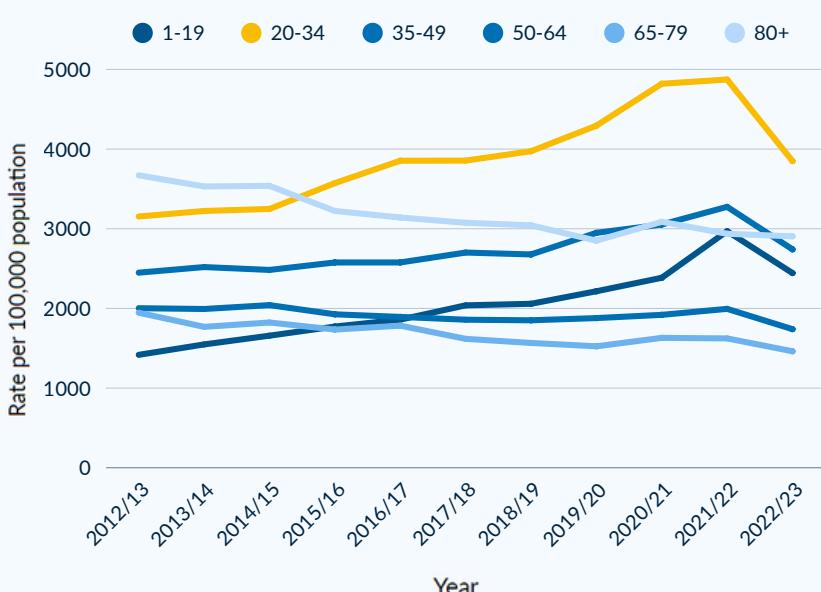


Figure 7. Crude Incidence of Mood & Anxiety Disorders (Age 1+) by Age and Year, Island Health, 2012/2013 to 2022/2023 Data Source: Chronic Disease Registry, Ministry of Health.

- Island Health age-standardized **prevalence** was 37% in 2022/2023, **above** the provincial figure of 32% [23].
- Island Health age-standardized **incidence** was 2,808 per 100,000, **similar** to the provincial rate (2,893) [23].
- In 2022/2023, crude incidence was nearly double for **females** (3,320 per 100,000) compared to males (1,834) [23].
- Age-specific incidence rates were **highest** among those **20-34** years old (3,849 per 100,000), though the increasing trend may be shifting [23].

# Population Health Status Report

## Nearly 1 in 5 in Island Health have ever considered suicide

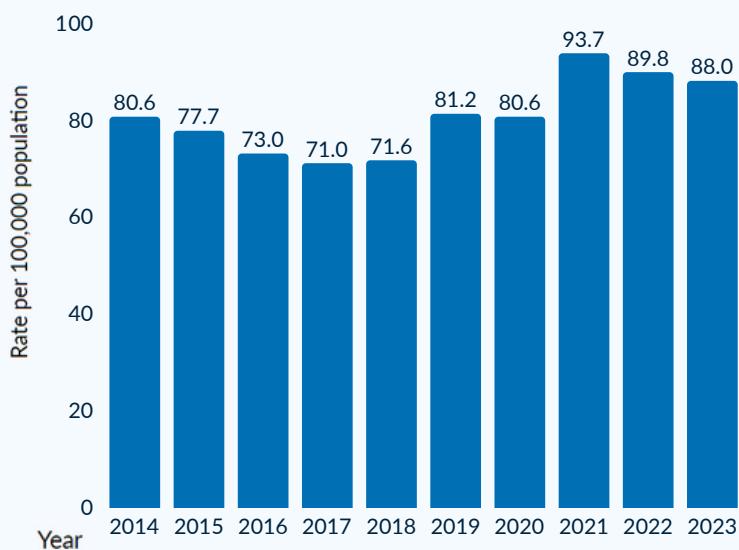
Suicidal ideation is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide.

- As of 2020, **16.2%** of the adult population in Island Health had seriously **contemplated suicide in their lifetime**, higher than in British Columbia overall at 12.0% [24].
- A similar proportion of males** (12.3%) and **females** (13.7%) had contemplated suicide in their lifetime. [24].
- Of those who had **ever considered suicide**, **33.4%** in Island Health and 25.7% in British Columbia had contemplated it **in the past year**. Ranging from 41.6% in South Island, 28.0% in Central Island and 18.8% in North Island HSDA [24].



## Self-harm-related hospital admissions above previous 5-yr average

Self-harm encompasses all intentional acts of self-poisoning or self-injury, including non-suicidal self-injury, which is self-harm with no intent to die.



- The crude rate of **hospital admissions** due to suicide and non-fatal suicide attempts **peaked in 2021** (93.7 per 100,000), dropping to 88.0 in 2023 but staying above the 2014–2018 average (74.8) [25].
- In 2023, the crude rate of **hospital admissions** due to suicide and non-fatal suicide attempts was **2.1 times higher for females** (121.5 per 100,000) than males (51.8) [1, 25].

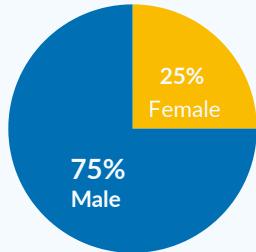
Figure 8. Crude Rate of Suicide and Self-Harm Hospital Admissions, Island Health, 2014-2023. Data Source: Island Health Enterprise Data Warehouse.

# Population Health Status Report

## Suicide deaths higher in Island Health than British Columbia

Suicide is an intentional self-directed behaviour that results in death.

- In 2023, the crude suicide death rate in Island Health was 13.1 per 100,000, **above** the overall **provincial** rate of 11.6. The rate in South Island was 10.3, Central Island 13.0 and North Island HSDA 22.3 [26].



Percent of Suicide Deaths by Sex, 2013-2023 in British Columbia [26]

## 1 in 5 spoke with a professional about their mental health

- In 2023, **21%** of Island Health residents **spoke** with a **health professional** about their mental health, higher than British Columbia (17.6%), with little variation across Local Health Areas [9].
- **33.4%** of residents in Island Health and 33.6% in British Columbia reported **needing** mental health support but **not receiving** it, reported **more** often among **females** (36.2%) than males (27.9%) [9].
- **More females** (23.5%) seek **professional** help than males (13.2%) but were **less likely** (74.9% vs. 83.9%) to feel they received **enough** support [9].

### Island Health Residents [9]



~1 in 5 spoke with a professional about their mental health



~1 in 3 felt they didn't get the mental health care they needed



Females seek professional help for mental health twice as much as males





# PREVENTION AND REDUCTION OF SUBSTANCE-RELATED HARMS

## Prevention and Reduction of Substance-Related Harms

Substance use is a common and complex aspect of society that is deeply embedded in our history, culture and practices. People use substances for a variety of reasons such as ceremonial purposes, pleasure, or to deal with stress, trauma or pain.

The use of substances can be understood as a spectrum with different levels of benefits or harm. This spectrum encompasses non-use, beneficial use, lower-risk use, higher-risk use, potentially leading to substance use disorder. Only a proportion of people who use substances develop a substance use disorder [\[31\]](#).

While substances may be used medicinally or recreationally, substance use is linked to a range of significant preventable harms to the health of individuals such as chronic conditions, hospital admission and premature death.

Tobacco and alternative tobacco products (such as e-cigarettes and vapes), alcohol, cannabis and unregulated substances (such as illegally manufactured opioids) are all known to cause harms to health. The health harms caused by each substance are proportionate to the amount consumed, the pattern of consumption, and the toxicity of the substance.

The public narrative around substances is polarized, oversimplified, and often rooted in perception, opinion and history, rather than facts and evidence.

For more information refer to the  
[\*\*2024 Challenge and Change report\*\*](#).

# Population Health Status Report

## Tobacco use is decreasing

Smoking tobacco is associated with negative health outcomes, including an increased risk of cancer and premature death [28].



- **More males (10.4%) than females (5.8%) report currently using tobacco (2020) [22].**
- The proportion of **daily smokers** in North and Central Island is nearly **twice** as high as South Island HSDA (2020) [22].
- **50% fewer** people in Island Health currently **smoke** compared with a **decade ago** [22].

## More males use e-cigarettes & vapes

E-cigarettes are not without risk as they contain chemicals that can be harmful to human health. While using these products to consume nicotine may be less harmful than continued cigarette use, nicotine is a highly addictive substance [33].



- **6.8% of Island Health residents reported using an alternative tobacco product, compared to 6.1% provincially. Use ranges from 5.4% in North Island, 6.9% in South Island to 7.2% in Central Island HSDA [22].**

## Alcohol consumption is common

Alcohol is embedded in numerous cultural and societal norms, leading many to overlook its dependence producing properties and associated health harms in favour of continued use [27].

- In 2020, **17.9%** of Island Health residents report **not consuming alcohol** in the **past year**, **below** the **provincial figure** of 23.7% [22].
- **64.6%** of Island Health residents reported **regular alcohol consumption** in the **past 12 months** in 2023, **above** the **provincial average** of 60.7% [9].
- In 2023, **more males** reported **regular drinking** (71.1% vs. 60%), while **more females** reported **occasional drinking** (21.7% vs. 11.7%) [9].

The rate of hospital admissions entirely caused by alcohol in 2022–2023 in Island Health was 1.3 times higher than BC [32].



- In Island Health, alcohol accounts for the **highest rate of substance-related hospital admissions** (2023) [32].
- In 2020, alcohol was the **second largest contributor** to substance-related potential **years of productive life lost**, opioids were first [32].

# Population Health Status Report

## Cannabis use higher in Island Health

Cannabis can have short- and long-term effects on learning, lung function and mental health [34].

- **More males** (29.1%) reported cannabis use in the past year compared with females (19.9%) [22].
- 3.5% of Island Health residents self-reported **cannabis dependency** vs. 4.8% for British Columbia overall (2020) [22].
- Cannabis-related **hospital admissions** increased from 64.3 per 100,000 in 2017 (prior to legalization) to 91.5 in 2023, after peaking at 104.3 in 2021 [32].

32% Island Health

22% British Columbia

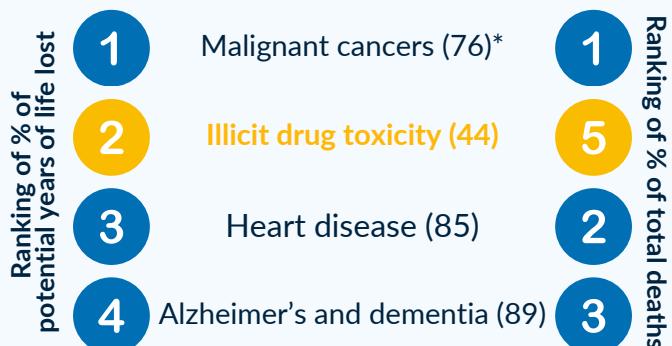
reported using cannabis in the past year (2020) [22]



For consideration: provincial cannabis use increased by 6% from 2018 to 2020 following legalization; during the same period, alcohol consumption increased by 5.5% (based on alcohol sales) [32].

## Unregulated drug deaths higher in Island Health

Illicit drug toxicity accounts for the **highest number of substance-related potential years of life lost** in Island Health [5].



\* Underlying cause of death (median age at death), Island Health, 2024 [5]

Among 446 unregulated drug **deaths** in 2024 in Island Health [35]:

73% were **male**.

49% occurred in private **residences**.

85% involved **fentanyl**.

73% consumed their substance by **smoking**.

- Illicit drug toxicity is the leading cause of **death** among people **19-39** and **40-59** years of age in Island Health (2023) [5].
- In **2024**, for the first time in the past 10 years, unregulated drug **deaths decreased** [5].

For more information refer to the  
[BCCDC Mortality Context App](#)



# BEST START IN LIFE

-- from prenatal to adolescence --

# Population Health Status Report

## Best Start in Life

The early years, from pregnancy through childhood and adolescence, are critical periods of growth and development. Recognizing that the early years set the foundation for physical, cognitive, social, and emotional development, Island Health prioritizes access to high quality prenatal care and supportive early childhood environments.

British Columbia's **Population and Public Health Framework** identifies six priorities, including the Best Start in Life, which focuses on building "foundations of good health by reducing unfair disadvantages for pregnant people, children and families" to "secure a healthier and more equitable future for all".

As children grow into adolescence, new challenges and opportunities emerge. Mental health and substance use among youth is a growing concern. Addressing these issues involves upstream prevention, health promotion, equitable access to care and treatment; a holistic approach to mental health and wellbeing. The **Youth Mental Health and Resilience Framework** was developed by Island Health, Population and Public Health (see page 36) to support consistent monitoring of upstream work and the associated outcomes.

Ongoing monitoring is essential for understanding health trends, identifying risks, and guiding interventions that improve outcomes from the start. Quantifying inequities allows for targeted policies and programs that support vulnerable populations.

By prioritizing perinatal, child, and youth health, the conditions for healthier, more resilient children and youth can be better supported. Resilience among young people is foundational to their mental, physical, and social wellbeing as they progress from childhood, through adolescence, and into their early adult years. Resilient youth can better face challenges, make constructive decisions, find purpose and meaning in life, and work towards the future with optimism.

# Population Health Status Report

## Perinatal Health

Perinatal health focuses on the wellbeing of both the birthing parent and baby from conception through pregnancy, birth and the first year of life [36].

### Decreasing live birth rate since 2018

In 2023, Island Health's live birth rate was **below the provincial average** and has declined since 2018 [6].



### Births to parents aged 35+ increasing; births to parents aged <20 years decreasing

For both younger (<20 years) and older (>35 years) birthing parents, age can be associated with suboptimal pregnancy outcomes, parental experience and child development [37].

- The birth rate among birthing persons **over the age of 35** has been increasing over the past decade [6].
- In the **Greater Victoria Local Health Area**, **39.3% of live births** between 2019 and 2023 were to birthing parents **over the age of 35**, compared to approximately 30% in both Island Health and British Columbia overall [6].
- The birth rate among birthing persons **less than 20 years of age** has been decreasing over the past decade [6].
- Between 2019 and 2023, the live birth rate for parents **under 20** was **higher** in **Central Island** (22.8 per 1,000 live births) and North Island (21.1) than South Island HSDA (14.9) [6].

### Infant mortality rate remains above provincial average

Infant mortality is a key indicator of child health and, more broadly, societal wellbeing. Higher infant mortality rates are often linked to socioeconomic status and material deprivation [38, 39].

Between 2019 and 2023, Island Health's **infant mortality rate** was 3.85 deaths per 1,000 live births, **higher** than the **provincial rate** of 3.5 deaths per 1,000 live births, **exceeding** both the Island Health **target** of 3.32 and the provincial target of 2.6 [40].

For more information, refer to [Infant Mortality Report: 2018-2020](#).

Between 2020 and 2022 [40]



~50% of infant deaths had a cause of death related to prematurity.



11.5% of infant deaths had a sleep-related risk factor.



28% of infant deaths occurred in the post-neonatal period (28 to 364 days).

# Population Health Status Report

## Breastfeeding or chestfeeding initiation is high, then declines with time

Human milk protects against short- and long-term illnesses, reducing the risk of infections and chronic conditions. When supplemented with vitamin D, human milk provides all the nutrition a baby needs in the first six months of life. It is recommended until age two and beyond [41].



### Global Targets [43]:

Increase exclusive human milk feeding for the first 6 months to

**50%**  
by 2025



**70%**  
by 2030

Within Island Health in 2018, **nearly all** birthing parents (93.8%) **initiated** breastfeeding or chestfeeding at birth but **exclusive** breast/chest feeding **declined with time** [42].

- 4 to 8 weeks postpartum: 80.6% (75.7% British Columbia).
- 6 months or more: 44.8% (46.9% British Columbia).

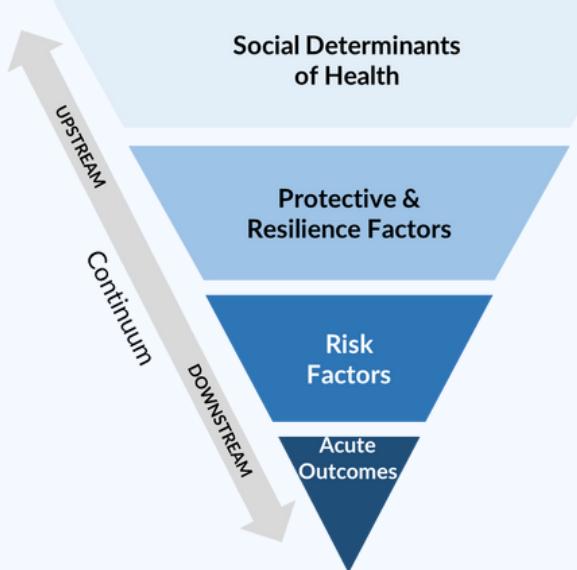
For birthing parents who did **not initiate** breastfeeding or chestfeeding, the two primary reasons cited were that breastfeeding was **unappealing** or that a **medical condition** prevented initiation [42].



# Population Health Status Report

## Youth Mental Health and Resilience Framework

### Continuum of Wellbeing Model



The goal of this approach is to recognize and address upstream opportunities to enhance quality of life and promote mental wellbeing among youth.

The framework groups 24 indicators into four categories along a continuum from "upstream" to "downstream".

"Upstream" indicators reflect conditions and opportunities that shape youths' daily lives, such as family support, community connections, and financial stability.

"Downstream" indicators reflect experiences, conditions, and behaviors linked to, or result from, poorer mental health outcomes.

Throughout the remainder of this section (Best Start in Life) many of the 24 indicators selected for the framework are presented, offering insights into current trends. Each indicator is visually identified by a triangle graphic (▼), showing where it falls along the upstream-to-downstream continuum.

Social Determinants of Health

"Upstream" determinants of health such as housing and income status provide a general picture of the population. These indicators could be used to advocate for healthy public policy.

Risk Factors

"Midstream" warning indicators such as behaviors and environmental stressors that increase risk for poor outcomes. These indicators could be used to identify emerging issues and areas where programs and services could be adapted in response.

Protective & Resilience Factors

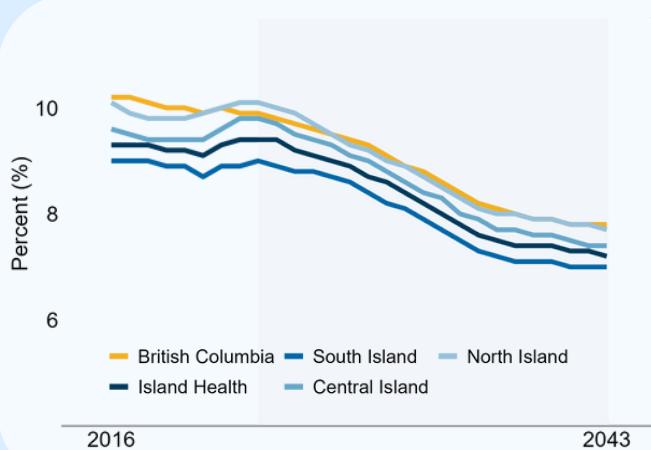
Positive and strengths-based indicators such as conditions and experiences that support mental wellbeing and resilience. These indicators could be used to help identify areas for investment in "upstream" initiatives.

Acute Outcomes

"Downstream" measures of youth mental health and wellbeing, typically outcomes such as emergency department visits, can be used to monitor effectiveness of programs and services, and to identify areas for "upstream" investment within programs and services.

# Population Health Status Report

## Child and Youth Health



### >Youth population projected to decrease

- In 2023, children and youth ages 9-18 years represented **9.4%** of the **Island Health** population, similar to British Columbia overall (9.9%) [1].
- This proportion is **expected to decrease** to 7.2% in 2043 in Island Health and 7.8% in British Columbia [1].

**Figure 10:** Population Distribution of Youth (Age 9-18) for British Columbia, Island Health and Health Service Delivery Areas (2016-2043). Data Source: B.C. Population Estimates and Projections.

### Improvements in children and youth living in low-income households

Socioeconomic status is strongly associated with physical and mental health. Low socioeconomic status is associated with negative life events and an increased exposure to stressful life situations [48].

- **11.3%** of Island Health children and youth (age 0 to 17) were living in private households with low income in **2021** (a decrease from 19.2% in 2016) [4].
- Prevalence of Island Health children and youth (age 0 to 17) were living in private households with low income **decreased** for the majority of Local Health Areas between 2016 and 2021 [4].



### Renters have less to spend on non-housing expenses than owners

The shelter-cost-to-income ratio is used as a measure of financial hardship and housing affordability. It may indicate that a family could struggle to afford basic non-housing expenses like food after covering shelter costs. These conditions may affect childhood mental health [49].



- In 2021, families with children or youth (age 0 to 17) who **rented** their home were more likely to spend greater than **30% of their household income** on housing than those who owned their home [4].

# Population Health Status Report

## Food Insecurity affects overall health and stress for Island Health youth



Felt hungry because there was not enough food to eat (2024/25) [50].



10% of youth went to bed hungry (because there was not enough money for food at home) at least sometimes in 2023 [51].

Food security means that everyone has equitable access to food that is affordable, culturally preferable, nutritious and safe, that everyone has the agency to participate in and influence food systems, and that food systems are resilient, ecologically sustainable, socially just and honour Indigenous food sovereignty [14].

- In 2023, youth who **went to bed hungry** at least sometimes were **less likely** to report good or **excellent overall health**, and **more likely** to experience extreme **stress** compared with youth who never went to bed hungry [51].

## Fresh food consumption decreased; fast food and energy drinks increased

Eating well during adolescence is crucial for supporting growth, development, and overall wellbeing. Proper nutrition helps build strong bones, muscles, and brain function, boosting energy levels and improving concentration. Barriers such as food insecurity can disrupt healthy eating habits [52, 53].

Among youth in 2023 [51]:



- 31% of youth **didn't eat breakfast** on school days.
- 33% of youth **worried they lost control** of how much they **ate** in the past 30 days.

Among youth in 2023 [51]:

- 87% reported eating **fruit, vegetables or salad**, a **decrease** from 94% in 2013.
- 44% reported consuming **fast food**, an **increase** from 38% in 2013.
- 16% reported **energy drink** consumption the day prior - nearly **triple** the 2013 figure (6%).



## School Food Programs

Since 2023, the BC Ministry of Education has provided funding, based on number of students, to every school district to create or expand school food programs. Funds are used to hire school food coordinators and purchase local food to provide to the most food insecure students. A partnership between the Pacific Rim School District Healthy Schools Manager, Island Health community Dietitian and Healthy Schools Lead, and Indigenous and community partners has been successful in developing a flourishing school food program including the creation of a newly centralized kitchen. In the Cowichan region community dietitians are working with the local food hub to decrease barriers and stigma around school food programs by setting up online, anonymous payment for student caregivers accessing the programs, engaging caregivers in menu planning, and providing a community meal to sample the foods served at school.

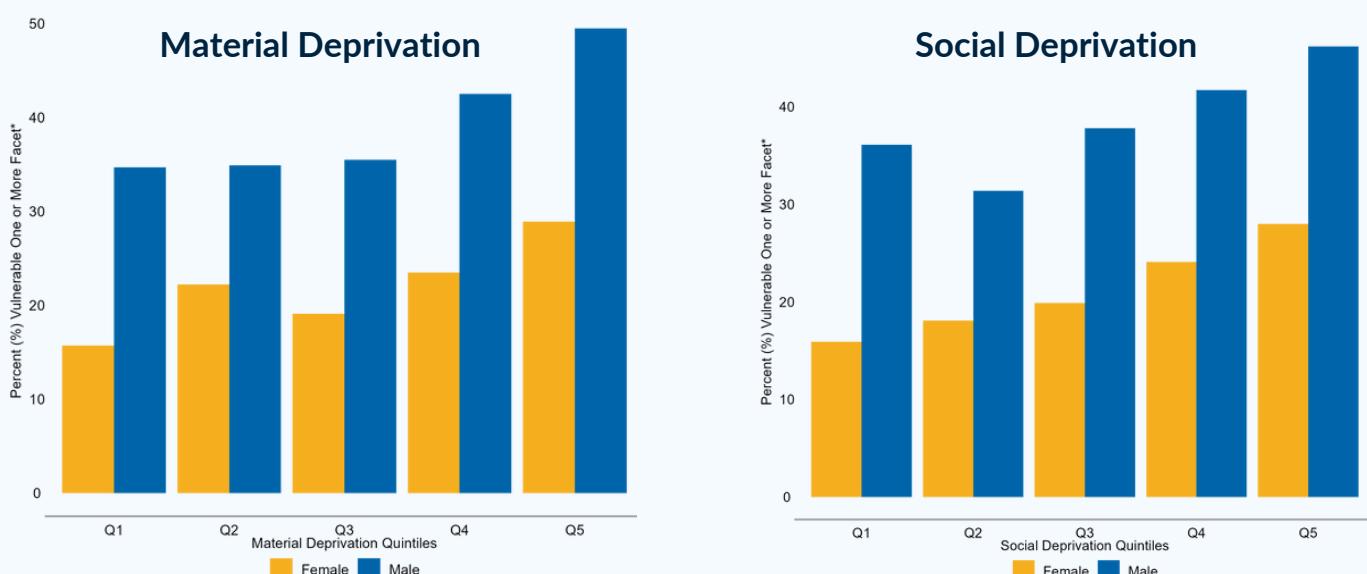
# Population Health Status Report



## Deprivation in early childhood associated with developmental vulnerability

The Early Development Instrument is a questionnaire completed by kindergarten teachers to assess children's development in five areas: physical, emotional, social, communication, and cognitive skills. It helps track trends in early childhood development [54].

Material deprivation reflects low income, education, and employment, often resulting in limited access to basic necessities. Social deprivation, refers to a lack of social connections, support networks, and community engagement, often resulting from factors such as living alone, marital separation, widowhood, or single parenthood and can lead to reduced access to social, emotional, and economic resources. To quantify deprivation, five levels (quintiles) are used—1 being the least deprived and 5 the most deprived [55, 56].



**Figure 11:** The proportion of youth identified as vulnerable on one or more EDI facets, excluding communication, stratified by deprivation quintiles and sex, EDI Wave 8 (2019 to 2022), Island health. **Data Sources:** Early Development Instrument (Human Early Learning Partnership), Social and Material Deprivation quintiles – BC Provincial (Institut national de santé publique du Québec).

In the Wave 8 survey (2019-2022) [54, 56]:

- **Males** were identified as **more vulnerable** than females **independent of** material and social deprivation.
- The **effect** of material and social **deprivation** on vulnerability is **greater for females** than for males.
- **Material** deprivation appears to have a more **direct effect** on **vulnerability** than social deprivation.

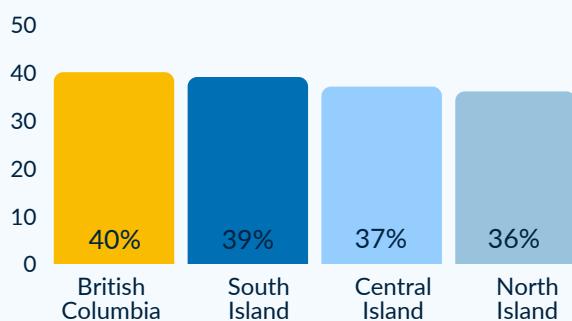
For more information, refer to the  
[Early Development Instrument Dashboard](#)

# Population Health Status Report



## Community connection may be decreasing

A sense of community connectedness plays a crucial role in fostering physical and mental wellbeing. Feelings of connectedness contribute positively to self-esteem, academic performance, and emotional health [57, 58].



**Figure 12:** Percentage of Youth Who Felt “Quite a Bit” or “Very Much” Connected to Their community, British Columbia and Island Health Health Service Delivery Areas, 2023. **Data Source:** BC Adolescent Health Survey (McCreary Centre Society).

- Youth in British Columbia have reported a **decline** in feeling “quite a bit” or “very much” **connected to community** from 42% in 2018 to 40% in 2023 [51].
- In Island Health, 38% of youth felt “quite a bit” or “very much” connected to their community, a decrease from 42% in 2018 but comparable to 2013 [51].
- There was a decrease in feeling “quite a bit” or “very much” connected in North Island (from 45% in 2018 to 36% in 2023). Connectedness in Central and South Island did not significantly change [51].



## More safe adults post-pandemic

Positive, strong relationships with adults are linked to more favorable social outcomes for youth, such as reduction in risk-taking behaviours [59, 60].



Youth reported a **rebound** in connection to a **caring adult** between 2018 and 2023, after a decrease from 2013 to 2018 [51].

- In 2023, a **higher proportion** of youth reported that they had a **caring adult within their family** (75%) to talk to about a problem than an adult outside of their family (36%) [51].



## Extracurricular activities increasing

Participation in after-school activities is beneficial for fostering positive social relationships, enhancing school connectedness, boosting self-worth, promoting physical health, and improving academic achievement [57, 61].

- **Males and females** within Island Health have similarly **increased participation** post-COVID. Patterns in participation varied by grade across the Island Health School districts but showed overall similar patterns [50].



Participation has increased year over year post-COVID [50].

# Population Health Status Report



## More youth feel good about themselves compared to previous years

Positive self-esteem reduces rates of depression, suicidality, and behavioural adjustment issues during adolescence [57].



A higher proportion of youth are feeling good about themselves in recent years [50]

- In 2024/2025, a **higher** proportion of youth across all grades reported **feeling good about themselves** (85.9%) compared to the 2019/2020–2023/2024 school years (78.2% to 84.3%) [50].
- In 2024/2025, the **highest** proportion of youth who felt good about themselves across all school districts was in **grade 4** (75%–92.7%), compared to 60%–90.1% in grades 7–12 [50].



## Most youth recognize their strengths, but fewer than five years ago

Self-efficacy, or a belief in ability to exert control over ones self and their environment, has been shown to have positive impacts on resilience [62, 63].



74% of youth reported self-efficacy in 2023 [51]

- When asked if they "can think of something they are good at", a measure of **self-efficacy, a smaller percentage** youth in BC and across all Island Health Service Delivery Areas responded positively in **2023** compared to 2018 [51].
- In North Island the **proportion** of youth reporting self-efficacy **declined** from 82% to 74%, in Central Island from 78% to 73% and in South Island from 78% to 74% between 2018 and 2023 [51].

## Youth Resilience Grants

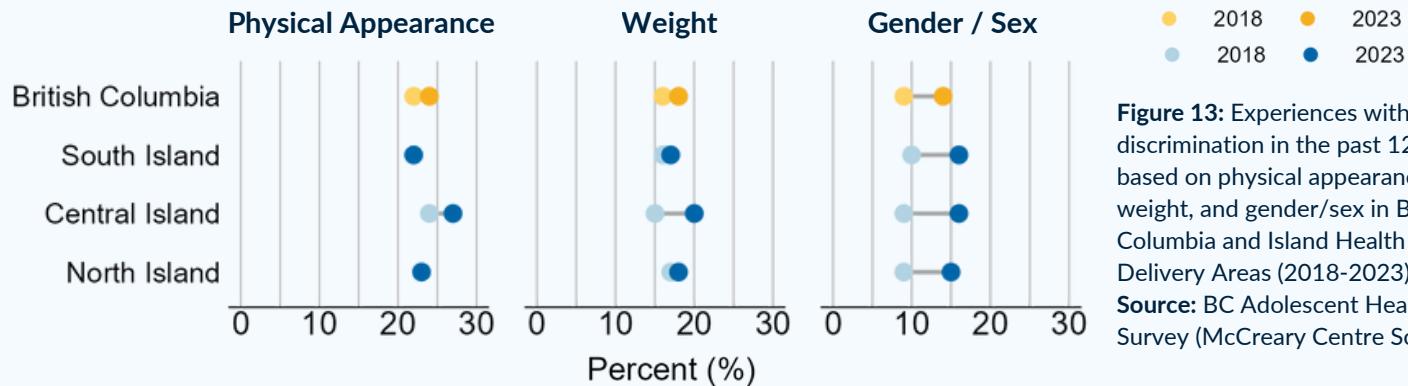
Collaboration and partnership can transform the health of individuals and communities. The Island Health Youth Resilience Grant program, in partnership with Pacific Public Health Foundation, provided one-time funding to not-for-profit organizations, schools and Indigenous-led organizations in communities across the region to support innovative initiatives aimed at promoting youth mental health resilience. Projects focused on promoting one or more evidence-informed protective factors, including social-emotional learning and skills, fostering connection with supportive adults, promoting a sense of belonging to family, school or community, encouraging cultural connections, and developing a sense of autonomy and purpose. Through these community-led initiatives, Island Health has invested in local knowledge and expertise to support a whole-of-community approach to population wellness.

# Population Health Status Report



## Youth experience discrimination, 1 in 4 experience it based on appearance

Research indicates that youth who experienced discrimination are more likely to report feeling sad, discouraged, or hopeless, and express dissatisfaction with school, and to have seriously considered suicide in the past 12 months [61].



**Figure 13:** Experiences with discrimination in the past 12 months based on physical appearance, weight, and gender/sex in British Columbia and Island Health Service Delivery Areas (2018-2023). **Data Source:** BC Adolescent Health Survey (McCreary Centre Society).

- Between 2018 and 2023, **gender and/or sex based discrimination** saw the largest increase among youth. Increasing within Island Health from 10% in 2018 to 16% in 2023 [51].
- Though it remained stable between 2018 and 2023, discrimination based on **physical appearance** remained **most common** affecting one in four youth (24%). Weight-based discrimination followed, with nearly one in five youth experiencing it (18%) [51].
- 9% of youth in Island Health reported discrimination on the basis of sexual orientation, 7% on personal or family income and 5% on the basis of disability, health condition, or religion [51].



## Most youth in Island Health will graduate high school

High school completion rates are strongly associated with youth mental health and wellbeing. The completion of high school serves as a protective factor against future adverse health and social outcomes [57].

81%  88%  
2014/15 2023/24

Island Health graduation rates have increased over the past 10 years [64].

- In 2023/2024, **high school 6-year completion** rates varied across school districts (66% to 100%). The overall completion rate was 87.9% in Island Health, compared with 91.42% in British Columbia [64].
- High school completion rates were **similar for males** (Island Health 87.5%, school district range 61.7% to 100%) and **females** (Island Health 88.5%, school district range 70.9% to 100%) within each school district [64].

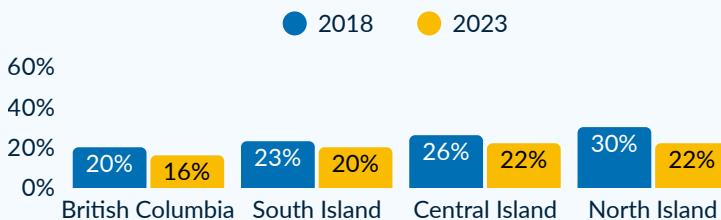
# Population Health Status Report



## Fewer youths are taking risks

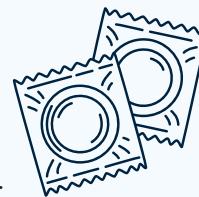
Declining mental health is correlated with increased substance use and sexual risk-taking [57, 65].

The proportion of youth reporting having **ever** engaged in **sexual intercourse**, having ever tried **alcohol, tobacco or cannabis** has **decreased** over the **past 5 years** (2018 to 2023) provincially and across Island Health. However, all indicators remain higher in Island Health than in British Columbia [51].



**Figure 14:** Youth who reported having ever engaged in sexual intercourse.  
Data Source: BC Adolescent Health Survey (McCreary Centre Society).

Among youth in Island in 2023 [51]:



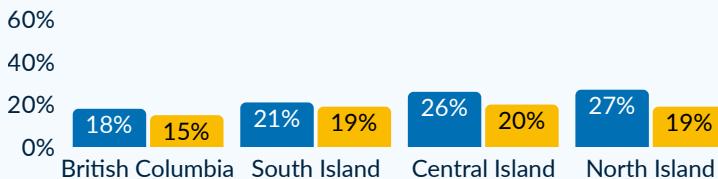
**21%** reported **ever** engaging in **sexual intercourse**; of those who had engaged, **59%** reported using a **barrier method** the last time they had penetrative intercourse.



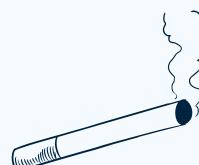
**Figure 15:** Youth who reported having ever tried alcohol. Data Source: BC Adolescent Health Survey (McCreary Centre Society).



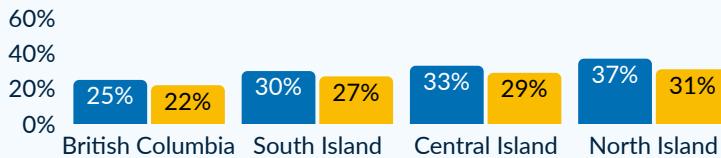
**45%** reported **ever** trying **alcohol**; of those who had tried alcohol, 33% reported having at least **5 drinks within a couple of hours** on at least one day in the past month, similar to the provincial rate of 34%.



**Figure 16:** Youth who reported having ever smoked tobacco. Data Source: BC Adolescent Health Survey (McCreary Centre Society).



**20%** had **ever** smoked **tobacco** and **30%** reported having ever **vaped**, compared with 26% provincially.



**Figure 17:** Youth who reported having ever tried cannabis Data Source: BC Adolescent Health Survey (McCreary Centre Society).



**28%** had **ever** tried **cannabis**, of those who had tried it, **61%** reported using it in the **past 30 days**, which was the same as provincially.

# Population Health Status Report

## Illicit drug toxicity is the leading cause of death outside the perinatal period

In 2023, 16% of youth reported having ever tried 'other substances', similar to the provincial proportion of 14% [51].

- Illicit drug toxicity was the **leading cause of death** among those **less than 19 years** in Island Health and British Columbia in 2023 (outside of the perinatal period) [5].
- Mushrooms and prescription medication** (not taken as prescribed) were the **most common** other substances youth reported using in Island Health in 2023 [51].
- In 2023, of youth who reported using substances (including alcohol), 63% reported using substances because they '**wanted to have fun**', similar to the provincial figure of 61% [51].

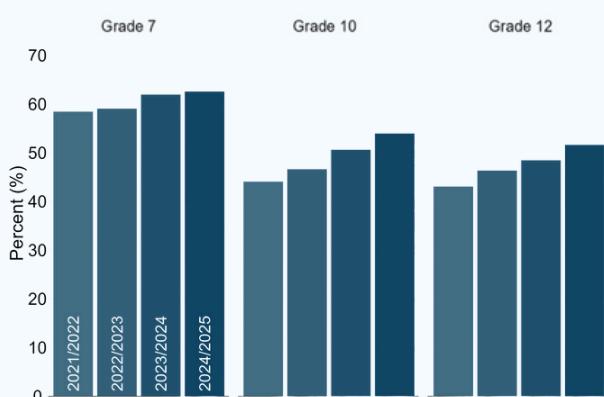
Approximately 1 in 5



youth reported using substances (including alcohol) due to stress (21%) or feeling sad (19%) across Island Health HSDAs in 2023 [51]

## Youth mental health is improving post-pandemic but has not fully recovered

Positive self-rated mental health correlates with increased satisfaction with oneself, family, friends, and school environment, as well as higher overall life satisfaction [57, 58].



**Figure 18: Self-rated Mental Health, 2021/2022 to 2024/2025 by grade, Island Health. Data Source: Student Learning Survey.**

- In British Columbia and in Island Health, the proportion of youth reporting **good to excellent mental health** has **increased year to year** for the past three school years [50].
- In 2024/2025, the proportion of youth in Island Health reporting **positive mental health** was **highest in grade 7** (62.5%), decreasing in grade 10 (53.9%) and grade 12 (51.6%). A similar trend was observed provincially with proportions decreasing from 65.2% to 55% to 51.7% from grade 7 to 12 [50].

Across all school districts, **fewer than 55%** of youth report **good to excellent mental health** in grade 10 and 12.

# Population Health Status Report



## Increasing proportion of youth report challenges accessing mental healthcare

Delays in accessing appropriate care can exacerbate suffering and contribute to increased familial burden [69].



- An increasing proportion of youth report **needing** mental health support but being **unable to access** it, rising from 11% in 2013 to 18% in 2023 in British Columbia [51].
- In Island Health, the proportion **increased** from 11% in 2013 to 19% in 2023. Percentages were similar in 2018 and 2023 [51].



## 1 in 10 youth have been diagnosed with a mood and anxiety disorder

Mood and anxiety disorders, including depression, are the leading chronic conditions across all ages in Island Health [23]. These conditions are associated with long-term chronic disease, risk-taking behavior and impact social relationships, level of education and employment [68].

- In the past decade, among children and youth (age 1 to 19), crude prevalence of **mood and anxiety disorders increased** in Island Health from 5.6% to 10.8%. Rates also increased in British Columbia from 4.8% to 8.4% [23].
- In the past decade, crude prevalence of **depression increased** in Island Health from 3.8% to 6% and in British Columbia from 3.1% to 4.7% [23].



In 2023, mood and anxiety disorders affected **13.1%** of female youth and **8.5%** of male youth.

The crude prevalence of **depression is twice as high** in female youth as in males [23].

# Population Health Status Report



## Mental health and substance use emergency department visits show decreasing trend

Emergency department visits for mental health and substance use (MHSU) related complaints are indicative of the need for increased mental health services outside of urgent care and hospitals. Studies suggest that mental health and substance use related encounters, particularly repeated ones, are reflective of an elevated risk of self-harm and subsequent death by suicide [66, 67].

The proportion of youth emergency department visits attributed to MHSU has decreased since 2021/2022 [70].



- In 2023/2024, youth (age 9 to 18) mental health and substance use **emergency department** visits varied across Local Health Areas. Generally, visits appear lower in 2023/2024 compared with proportions in 2021/2022 [70].
- In 2023/2024, the proportion of youth MHSU emergency department visits that resulted in hospital admission varied across Local Health Areas [70].

## Comprehensive School Health

Island Health's Healthy Schools team uses the Comprehensive School Health framework "to support improvement in students' educational outcomes while addressing school health in a planned, integrated and holistic way". This framework looks at the entire school environment, including at the community level, to address health in a multifaceted way, allowing for health supporting behaviours and choices to be the best options. When young people are healthy, they can learn better and carry healthy behaviours into their adult lives.





# Environmental Health and Climate Change

# Population Health Status Report

## Environmental Health and Climate Change

Climate change refers to long-term shifts in temperature, weather patterns, and environmental conditions, increasingly driven by human activities such as fossil fuel use, deforestation, and industrial pollution .

The health impacts of climate change are wide-ranging and complex, influencing the spread of infectious diseases, contributing to injuries, increasing the prevalence non-communicable diseases, and exacerbating existing chronic conditions [71].

Children have an elevated risk of climate-related health effects due to increased outdoor exposure, immature physiological responses, and reliance on adults for risk assessment and safety. Both direct and indirect impacts of climate change affect children's psychological well-being. Climate-related anxiety is rising among young people, affecting their daily lives and future outlook [73].

Beyond direct health effects, climate change also disrupts social and economic determinants of health. Water shortages, increased food insecurity, forced migration, and threats to economic stability all contribute to increased vulnerability, particularly among marginalized populations who face the greatest barriers to adaptation.

Climate change impacts the physical, mental, and spiritual health of Indigenous communities, as their deep cultural connections to land, water, and air increase vulnerability to environmental changes. However, Indigenous communities are also leaders in climate resilience, building adaptation and mitigation strategies [74].

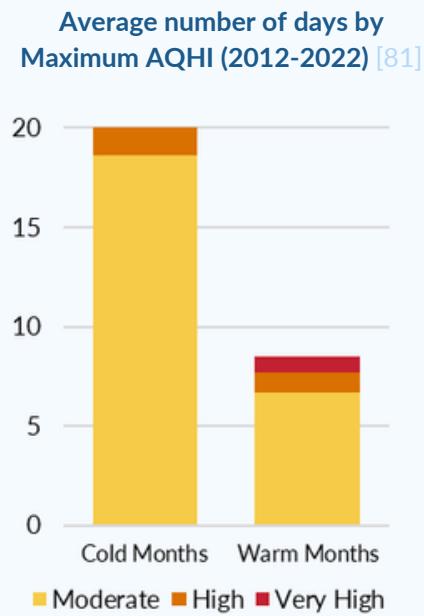
Monitoring climate-related events is essential for public health planning and response. Surveillance helps identify at-risk populations, track emerging threats, and inform evidence-based interventions. Timely data collection allows policymakers to allocate resources effectively, strengthen infrastructure, and develop adaptive strategies that mitigate health risks, ensuring communities are better prepared for future climate challenges.

For more information refer to the  
Island Health Climate Change and Planetary Health Strategy

# Population Health Status Report

## Wildfires and woodstoves contribute to year-round smoke exposure

Poor air quality can worsen chronic conditions, affect perinatal health, and reduce overall wellbeing [75]. While many pollutants can impact air quality, the main contributor to poor air quality in Island Health is fine particulate matter (e.g. PM<sub>2.5</sub>) from combustion [72].



- The Air Quality Health Index (AQHI) is a color-coded scale that reflects changes in outdoor air quality and associated health risks, which is rated as Low, Moderate, High, or Very High.
- Island Health sees more **Moderate** and **High** AQHI days during the colder months (October to March), when activities like open burning and woodstove use increase PM<sub>2.5</sub> emissions [72].
- More **Very High** AQHI days are experienced during the warmer months (April to September), which is driven by wildfires. It is expected that future wildfire activity will worsen overall PM<sub>2.5</sub> exposure [75].

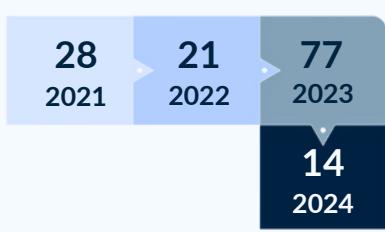
 *For consideration:* air quality data is only available from five monitoring stations located in the most populated parts of Vancouver Island.

## More frequent and severe droughts are expected

Drought and resulting water shortages affect health and wellbeing [75]. Island Health communities are susceptible to drought impacts due to finite freshwater resources and reliance on local ecosystems.

Number of days with Level 5\* drought

\* most severe rating on the provincial drought scale.



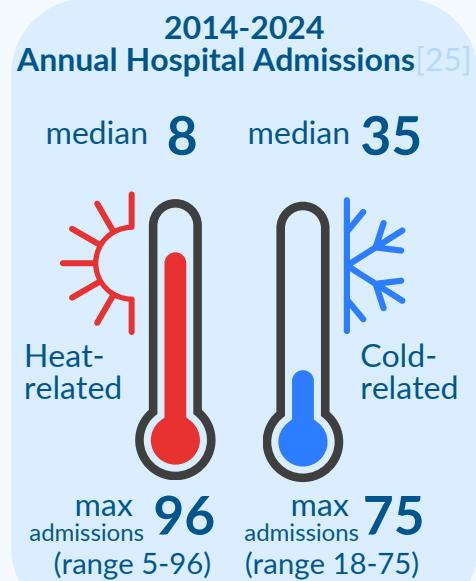
- In 2023, Island Health saw unprecedented drought levels [76].
- Island Health communities are expected to see more winter precipitation and warmer temperatures, which will likely reduce snowpack. Additionally, summer precipitation is expected to decline. Together, these changes **increase the risk** of more **frequent** and **severe droughts** [79].

# Population Health Status Report

## Extreme temperature events will increasingly affect Island Health residents

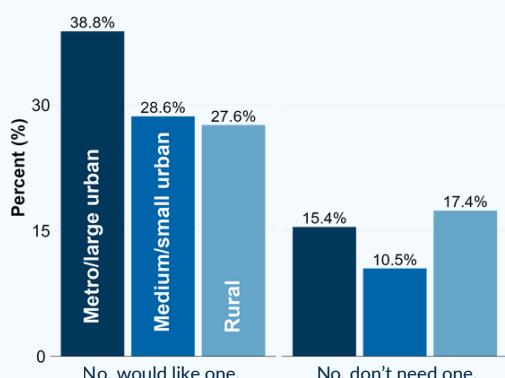
A 4-5°C rise in maximum annual temperature is predicted by 2100 under a high emissions scenario, with more days and nights exceeding heat warning thresholds [79]. Periods of extreme low temperatures may also occur in southern Canada due to shifting Arctic conditions [82].

- Since 2021 increasing numbers of heat-related **emergency department** visits have been observed during the summer months [83].
- The maximum number of annual hospital admissions in 2014-2024 was 11 with the exception of the 2021 heat dome which saw a jump to 96 admissions [25].
- Per year, **more** hospital admissions are related to cold temperatures than hot, but larger increases are experienced during heat events [25].



 **For consideration:** heat and cold-related health outcomes may be under-reported, as medical billing codes may not capture contributing factors, and individuals may seek care outside hospitals or not at all.

## Residents in large urban areas are less likely to have air conditioning or heat pumps



Air conditioning and heat pumps are one tool for mitigating the effects of climate change.

- **South Vancouver Island** has a **lower** proportion of homes with air conditioning or heat pumps (41.5%) compared to British Columbia (54.8%) and Island Health overall (51.1%), partially due to the **lower prevalence** of heat pumps in **Greater Victoria** (34.7%) [9].
- Heat response focuses on urban centres, where temperatures are highest, but rural residents may have limited access to air-conditioned spaces [85].

**Figure 19.** Proportion of Residents Whose Home is not Equipped with an Air Conditioner or Heat Pump. Data Source: SPEAK III<sup>i</sup>.



# Communicable Disease Prevention and Response

## Communicable Disease Prevention and Response

Communicable diseases, including sexually transmitted and bloodborne infections, remain a significant public health challenge. Proactive public health measures—such as immunization, early detection, timely treatment, and harm reduction—can greatly reduce communicable disease burden and prevent long-term complications [86].

Many communicable diseases, including those highlighted in this report, are provincially and nationally reportable under the [Public Health Act](#). This report highlights communicable diseases with significant public health implications in Island Health due to re-emergence, changing epidemiology, or disproportionate impact on marginalized communities.

An equity-based approach to communicable disease prevention and control requires improving immunization access and addressing vaccine hesitancy, reducing barriers to testing and treatment, expanding culturally safe and community-based care, and addressing root causes of health inequities [89, 90].

## Direct Contact & Respiratory

### Invasive group A streptococcal disease is increasing

Invasive group A *Streptococcus*\* (a bacterial illness) can lead to severe outcomes such as necrotizing fasciitis, toxic shock syndrome, organ failure, and sepsis. Nationally, rates have nearly doubled since 2000 [93]. Provincial rates increased from 3.6 to 10.9 cases per 100,000 between 2014 and 2023 [94].

- In Island Health, the crude rate was **17.8** cases per 100,000 in **2024**, compared with **6.3** in **2019**. Between 2019 and 2024 rates increased from 7.6 to 15.4 in South Island, 6.1 to 21.7 in Central Island and 3.0 to 16.6 in North Island [92].
- The rate of invasive group A streptococcal disease cases was **higher among males** (22.4 per 100,000) compared with females (13.4) [92].
- In 2024, approximately **30%** of individuals diagnosed in South Island reported risk factors associated with **housing insecurity** [92].

+180%  
In Island Health  
2019 vs 2024

\* Lab-confirmed cases

For more information, refer to  
[BCCDC Communicable Disease Dashboard](#)

### Influenza and RSV show seasonal patterns, COVID-19 does not

- Wastewater testing for pathogens is a novel surveillance method to track community trends [98].
- **Influenza vaccination has declined** by about 4% from the 2023/2024 to the 2024/2025 respiratory season. A decreasing trend was observed for all age groups [99].

For more information, refer to  
[BCCDC Respiratory Virus Data Dashboards](#)

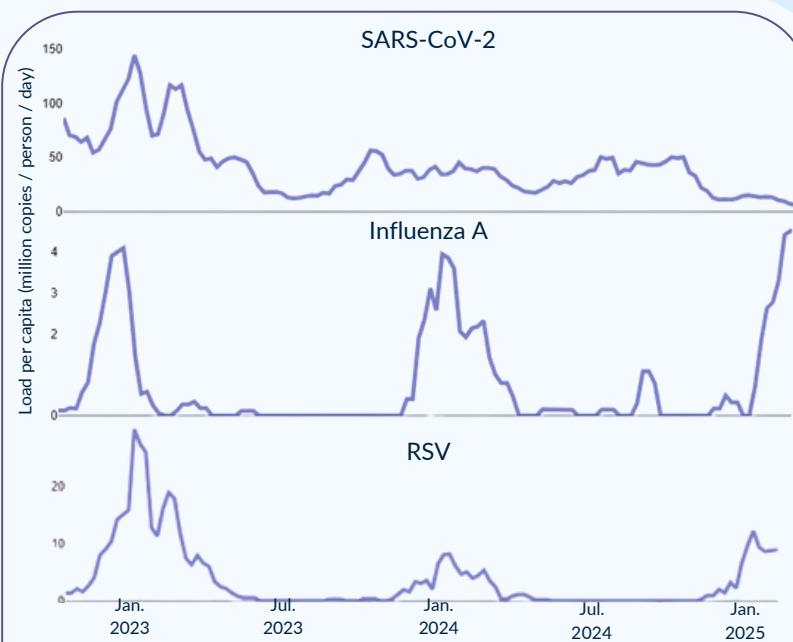
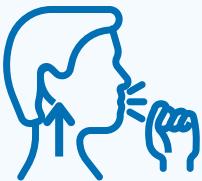


Figure 21: Wastewater viral load summary (smoothed viral signal) by pathogen, Victoria Wastewater Treatment Facility (Jan 2022 - Jan 2025). Data Source: BCCDC Wastewater Surveillance Dashboard.

# Population Health Status Report

## Local transmission of tuberculosis has increased over the past decade

Tuberculosis\* is a bacterial infection that primarily affects the lungs and disproportionately impacts people living in inadequate housing conditions [91]. Local transmission has increased over the past decade [92].



Cases of Active TB  
2024: 25  
2019-23: 24.4 (avg.)

2014-18: 14.2 (avg.)



Cases of Latent TB  
2024: 127  
2019-23: 106.8 (avg.)

\*data prior to 2017 unavailable [92]

- In 2024, **South Island** had the **highest rate of active** (4.1 per 100,000) and **latent** (18.9 per 100,000) **tuberculosis** case reports in Island Health (active: 2.7, latent: 13.8). This is partly driven by a cluster centered in the Greater Victoria Local Health Area, impacting people experiencing housing insecurity [92].
- In 2023, **66%** of individuals diagnosed with **latent tuberculosis** **successfully completed treatment**, the highest completion rate recorded since 2017 [92].
- In 2024, **60%** of **active** tuberculosis cases and **76.6%** of **latent** tuberculosis cases were reported among individuals **born outside of Canada**, suggesting they may have acquired the infection elsewhere [92].

### 2011 - 2024 Cluster

The largest cluster of genetically similar cases in the past 10 years.

- 34 active cases
- 41 latent cases
- Median age 46 years
- 76% males
- 87% South Island residents
- 77% completed treatment or have treatment in progress
- 29% had a hospital admission

[92]

\* Lab-confirmed and clinical cases

## Invasive pneumococcal disease cases are increasing

Invasive pneumococcal disease\* is a vaccine preventable bacterial infection that can cause pneumonia, meningitis and blood infections. Pneumococcal disease is most common in adults, especially older adults and those with chronic health conditions [100].

- In Island Health, invasive pneumococcal infections **increased 185%** between 2014 and 2024; from 6.0 to 15.9 cases per 100,000. In 2023, the incidence rate was 11.6 cases per 100,000 provincially [92, 94].
- In 2024, **66%** of cases were among **males** [92].
- In 2024, there were **43 infections** in adults **65 and older**, 36 (84%) of which were caused by **strains** covered by **vaccine** [92].

### Adult Vaccination



Adults Age 65+, those living in long-term care, or those with certain medical conditions are eligible to receive a publicly funded Pneumococcal polysaccharide vaccine, providing protection against infection from 20 strains of pneumococcal bacteria [78].

\* Lab-confirmed cases

# Population Health Status Report

## Enteric, Food & Waterborne

### Increase in Shigella in 2024, similar to other urban areas

Shigellosis is a contagious diarrheal disease spread through contaminated food, water, or direct contact. In British Columbia shigellosis crude incidence rates\* increased from 4.3 per 100,000 in 2021 to 5.9 in 2023, the rate difference between 2021 and 2023 translates to approximately 100 additional individuals affected [94].

In Island Health (2024)\*\*:

- Rates increased **2.8-fold** (from 4.6 cases per 100,000 in 2023 to 13.1 in 2024) [92].
- Rates were **highest in Central Island** (22.6 per 100,000) vs. 13.9 in North Island and 6.2 in South [92].
- Males had a **higher incidence rate** (14.5 cases per 100,000) than females (11.7) [92].

#### 2024 Cluster [92]

- **46** cases genetically or epi-linked
- **52% male**
- **46 years** median age
- **72% Central Island** residents
- **6 hospital** admissions

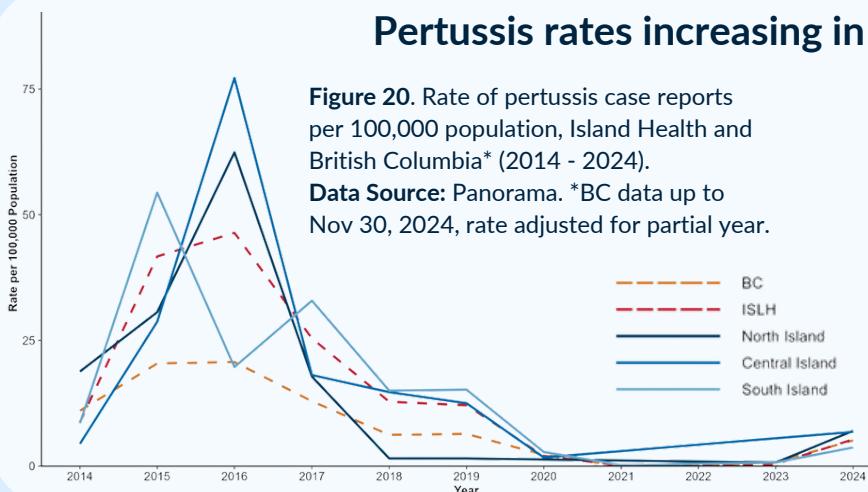
In 2024, a shigellosis cluster emerged primarily affecting people who were **experiencing housing insecurity**, with many cases diagnosed in hospital. Recently, similar clusters were observed in British Columbia, Canada and the United States [101, 102].

\* Lab-confirmed cases

\*\* Lab-confirmed and probable cases

## Vaccine Preventable

### Pertussis rates increasing in Island Health



Pertussis\* (whooping cough) is a vaccine preventable disease with a cyclical pattern; outbreaks typically occur every two to five years [95].

- Crude incidence rate was 5.3 cases per 100,000 in Island Health in 2024 and 4.7 provincially (partial year, Jan. to Nov. 2024) [96].

# Population Health Status Report

- The age-specific incidence rate was **highest** among those **<1 year** of age (50.0 cases per 100,000 vs. 25.2 cases for 1-19 years and 2.3 cases for 20+ years) in 2024 [92].

Island Health 2024 [92]:

- 60 cases reported
- 5% were **<1 year** of age
- 33% were **unimmunized**
- 17% household **contact** to a case
- 2 hospital **admissions**, none **<1 yr**



## 12-month pertussis vaccination coverage

- Island Health had one of the **highest** proportions (83.6%) of infants up-to-date for pertussis **immunization** at 12 months (regional health authority range 79.0% to 87.9%) in 2024. Island Health coverage at 12 months declined from 85.7% in 2018 to 83.6% in 2024 [97].
- The proportion of children up-to-date declined to 75.4% at age 2 and 73.8% at age 7 in 2024, but remains above provincial figures of 72.0% and 68.1%, respectively [103, 104].

 For consideration: milder symptom presentation in older children and adults may contribute to undiagnosed cases and unrecognized community transmission. \* Lab-confirmed and epidemiologically-linked cases

## Immunizations

### Childhood Immunization coverage higher in Island Health than British Columbia

Immunization coverage for chickenpox, diphtheria, haemophilus influenzae type B, hepatitis B, measles, meningococcal disease (serogroup C), mumps, pertussis, pneumococcal disease, polio, rubella, and tetanus are regularly assessed at ages 2 and 7 years.

#### 2-year-olds, 2024 [103]:

- 73.8% of children had received all the recommended vaccines for their age (HSDA range 66.3% to 80.1%), **above** the **provincial** figure of 69.5%.
- 2.1% of records indicated a refusal to all vaccines.
- In the past decade, vaccination coverage rates peaked at 75.2% in 2019.

#### 7-year-olds, 2024 [104]:

- 69.6% of children had received all the recommended vaccines for their age (HSDA range 67.9% to 71.9%), **above** the **provincial** figure of 63.8%.
- 1.4% of records indicated a refusal to all vaccines.
- In the past decade, vaccination coverage rates peaked at 74.2% in 2021.

# Population Health Status Report

**Human papillomavirus (HPV):** The HPV vaccine prevents cancers caused by the HPV virus and genital warts. The vaccine works best when provided at a younger age and before becoming sexually active. It is offered and publicly funded for everyone aged 9-26 in BC [105]. In June 2024, 84.4% of grade 11 and 12 students in Island Health had received at least one dose of HPV vaccine, with a target of greater than or equal to 85% by the end of the fiscal year (March 2025) [88].

## Sexually Transmitted and Bloodborne

### Infectious syphilis cases increasing among females

**10.3%  
to  
48.3%**

diagnoses among females  
2019 vs. 2024 [106].



**43.7%**

of syphilis diagnoses were  
among females 15-49 years  
of age in 2024 [106].



congenital syphilis  
cases in 2024 [106].

Untreated syphilis can cause severe damage to the brain, heart, and other organs in the body. During pregnancy, syphilis can result in miscarriage. In infants, syphilis can lead to significant damage to the brain, eyes, hearing, and joints, potentially causing lifelong health issues, underscoring the importance of prenatal care [110].

In Canada, **gay, bisexual, and men who have sex with men remain disproportionately affected** by infectious syphilis. However, since 2017, outbreaks have also increased among heterosexual populations. Since 2019, rates of syphilis among **females of reproductive age** (15-49 years) and cases of **congenital syphilis** have risen [111, 112].

- In Island Health rates of infectious syphilis began increasing in 2022, in contrast to a stable provincial trend. However, the rate in Island Health remains lower than British Columbia (30.7 per 100,000 vs. BC 34.8) [106].
- A regional cluster in **Central Island HSDA**, where the rate has increased three-fold since 2022 (an increase from 56 diagnoses in 2022 to 169 in 2024), has driven the rate increase in Island Health [106].
- A chart review of female cases (2018 to 2023) identified reported experiences with unregulated substance use (44.8%) and housing instability (37.7%) [80, 106].
- Lack of prenatal care increases risk of congenital syphilis [109].

# Population Health Status Report

## Chlamydia cases may be decreasing

- The incidence rate of genital chlamydia cases **decreased** between 2019 and 2024 [106].
- This trend may reflect a real decrease in chlamydia (and gonorrhea) rates but may also represent a decline in people getting tested.
- Chlamydia infections often have no symptoms, regular **screening is important** to find and treat cases [107].

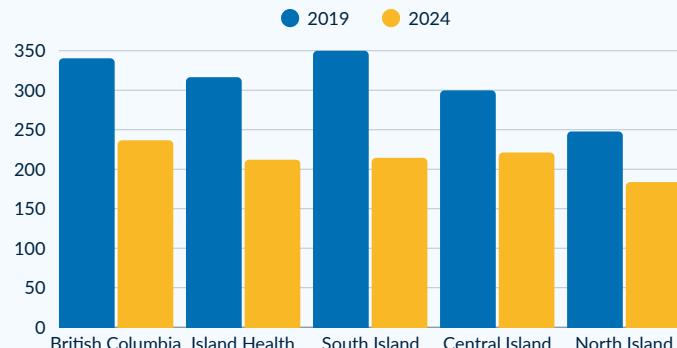


Figure 22: Rate per 100,000 of genital chlamydia case reports by geography (BC data up to September 2024). Data Source: Profile EMR.



Figure 23: Rate per 100,000 of genital gonorrhea case reports by geography (BC data up to September 2024). Data Source: Profile EMR.

## Gonorrhea varies by geography

- Incidence rate of genital **gonorrhea decreased** between 2019 and 2024 within Island Health and the province, with the exception of North Island HSDA [106].
- Between 2019 and 2024, the rate of genital gonorrhea in **North Island increased 1.6x** - increasing from 43 per 100,000 to 60 [106].

## New HIV diagnoses in Island Health stable

- In the past 5 years, the number of new HIV diagnoses in Island Health was **stable** and remains **below the provincial rate** [106].
- The majority of **new diagnoses** continue to be among **males**; however, the proportion of **female** cases is **increasing**, with males accounting for 91.7% of cases in 2019 and 85.0% in 2024 [106].
- Although **men who have sex with men** remain at higher risk for a new diagnosis, the proportion has **decreased** from 71% in 2019 to 45% in 2024 [106].



# Non-Communicable Disease and Injuries

# Population Health Status Report

## Non-Communicable Disease and Injury Prevention

Non-communicable diseases and preventable injuries are common, making them a significant public health concern. In British Columbia, one in three people lives with a chronic condition and preventable injuries occur daily [23, 113]. While some individuals recover fully from illness or injury, others face long-term disability. In Island Health, non-communicable diseases and preventable injuries account for a substantial proportion of deaths and potential years of life lost [5].

Common non-communicable diseases include cancer, hypertension, asthma and diabetes, while preventable injuries include falls among seniors, fatal drownings, and those related to motor vehicle crashes. These conditions not only affect individuals but also families, caregivers, the healthcare system, and the broader economy. Their far-reaching consequences highlight the need for targeted interventions, supportive policies, and community engagement to address modifiable risk factors and reduce overall incidence [114].

While non-communicable diseases are a broad range of health conditions with varying underlying causes, many of them are influenced by social and environmental determinants of health. This linkage to the determinants also plays a role in the inequitable occurrence of these conditions within communities. Efforts to address the determinants through health promotion and healthy public policies will reduce the impact of these diseases.

The ongoing effects of systemic racism and colonialism have resulted in Indigenous People disproportionately experiencing certain chronic conditions and preventable injuries. These inequities are not explored within this report but there is work being done within British Columbia. Further effort is needed to ensure that services and programs are designed by or with Indigenous Peoples, and consider First Nations perspectives, cultures or approaches to wellness.

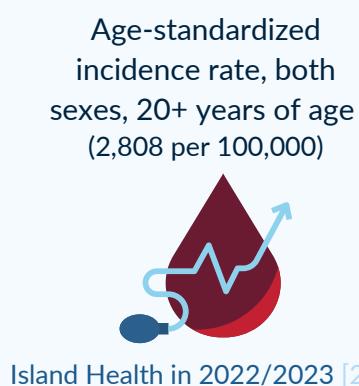
Investment in prevention and upstream health promotion can reduce the burden of disease and injury. Comprehensive surveillance is critical for identifying affected populations, detecting shifting or emerging health trends, and informing evidence-based policies. A data-driven approach allows public health to allocate resources effectively and implement targeted interventions to improve health equity and overall population wellbeing.

# Population Health Status Report

## Non-Communicable Diseases

### Hypertension affects 20-25% of the population globally

Hypertension, or high blood pressure, affects 1 in 4 males and 1 in 5 females worldwide. It is associated with heart, brain and kidney disease as well as premature death [117].



In 2022/2023:

- **Males** had a higher age-standardized prevalence of hypertension (21.4–25.9 per 100) than females (14.8–23.8) across all Local Health Areas, a trend also seen provincially [23].
- In Island Health, crude prevalence was **86.2%** among those aged **80+**, compared to 87.7% provincially, prevalence decreases with each younger age group [23].

### Diabetes increasingly affects older adults

Diabetes occurs when the body doesn't produce enough insulin or can't use insulin efficiently. Insulin helps to break down sugars for energy. The World Health Organization identified diabetes as a major public health challenge of this century [118].

In 2022/2023:

- In **Island Health**, the age-standardized prevalence was **7.3%**, **lower** than the **8.7%** in **British Columbia** [23].
- Age-standardized prevalence ranged from 5.7% to 10% across the Local Health Areas for males and 3.7% to 8.9% for females [23].
- Over the **past five years**, the age-standardized incidence in Island Health increased from 570.8 to 606.6 per 100,000, mirroring a rise in British Columbia (685.6 to 757.2) [23].
- Crude prevalence was **highest** among those aged **80+** (30%), who also experienced the steepest increase from 2001 to 2023 compared to other age groups [23].



Crude Prevalence  
2022/2023 [23]

# Population Health Status Report

BC Lifetime  
Estimated Risk [115]



## Cancer affects up to 50% of the population

In British Columbia, cancer remains the leading cause of death, despite a nearly 30% decline in mortality rates over the past two decades. Between 2022 and 2035, cancer diagnoses are projected to increase by 40%, with most (89%) of increase attributed to population growth and aging [115].

## Overall cancer diagnoses remain stable, but some specific rates are increasing

- Overall cancer incidence rates remained **stable** between 2015 and 2022 (excluding 2020) [115].
- In 2022, incidence rates for **males** (581.5 per 100,000) and **females** (500.3) in Island Health were **above provincial rates** (M: 523.1, F: 459.3). Rates were similar across Local Health Areas [115].
- Cancer **mortality** rates were **higher** for males (206.1 per 100,000) than females (153.6), both sexes were above provincial rates (197.8 for males, 146.1 for females) in 2022. [6]

## Colorectal cancer is diagnosed more in males than females

- Between 2015 and 2022, colorectal cancer **incidence** rates **fluctuated** [115].
- Male incidence rates ranged from 0 per 100,000 to 138.4 across the Local Health Areas, with an overall Island Health rate of 63 in 2022 [115].
- Female incidence rates ranged from 7.6 per 100,000 to 168.5, with an overall Island Health rate of 49.9 in 2022 [115].

## Breast cancer diagnoses are increasing

- Breast cancer **incidence** rates have **increased** since 2015 (excluding 2020) [115]. In Canada and British Columbia, incidence is increasing among females less than 40 years of age [116].
- Island Health incidence rate, 149.4 per 100,000 was **above the provincial rate** of 139.8 (2022) [115].
- Incidence rates ranged from 126.3 per 100,000 to 176.6 across Local Health Areas in 2022 [115].

## Cervical cancer diagnoses are increasing

- Cervical cancer **incidence** rates **increased** between 2015 and 2022 [115].
- The Island Health incidence rate, 10.4 per 100,000 was **above the provincial rate** of 9.3 in 2022 [115].
- Incidence rates ranged from 0 per 100,000 to 17.1 across Local Health Areas in 2022 [115].

For more information, refer to  
[BC Cancer Dashboard](#)

[ All rates are age-standardized ]

# Population Health Status Report

## Asthma incidence is highest among those 1-19 years

Asthma is a chronic respiratory condition characterized by coughing, shortness of breath, chest tightness and wheezing. Asthma attacks (episodes of more severe symptoms) can be caused by physical exertion, allergens, respiratory infections and environmental irritants [119].



In 2022/2023:

- In **Island Health**, the age-standardized prevalence was 13.8%, higher than the 12.7% in British Columbia, with both rates remaining stable over the past five years [23].
- Crude incidence is **highest** among those age **1-19** and similar for those 20 to 80+ [23].
- Crude prevalence was **higher** for **males** compared with females. Ranging from 10.6% to 16.7% in males and 7.9% to 13.1% in females across the Local Health Areas [23].

For more information, refer to  
[BCCDC Chronic Disease Dashboard](#)

## Injuries

### 32% of all drowning fatalities in the province happened in Island Health (2023)

Drownings can cause long-term health effects or death. For every fatal drowning, nearly four non-fatal cases require emergency care. Drownings are preventable [123].

Only 70% of Island Health students reported that they were **confident swimmers** and 4% said they could **not swim at all** [51].



- In 2023, **32 people died** of drowning in Island Health; representing **32%** of all drowning fatalities in the **province**, the highest proportion for Island Health in the past ten years. [124].
- Individuals aged **50+** accounted for **55%** of Island Health drowning **deaths**, compared to 46% of provincial fatal drownings between 2013 and 2023 [124].
- In 2022, **34%** of **fatal** drownings in British Columbia involved **alcohol** and/or **drugs** as a contributing factor [124].

# Population Health Status Report

## The population is aging, increasing the risk of injuries related to falls

Falls among older adults are the leading cause of injury-related hospital admissions. Falls can have devastating consequences, including loss of mobility and independence, social isolation, reduced quality of life, or even death [120].

- Nearly **5,000 hospital admissions** occurred among older adults (65+) following a fall in Island Health (2023) [25].
- **1.5x more females** (65+) had hospital admissions in Island Health for a fall than males (2023) [25].
- **1 in 10 seniors over the age of 90** had a hospital admission for a fall in Island Health in 2023 [1, 25].

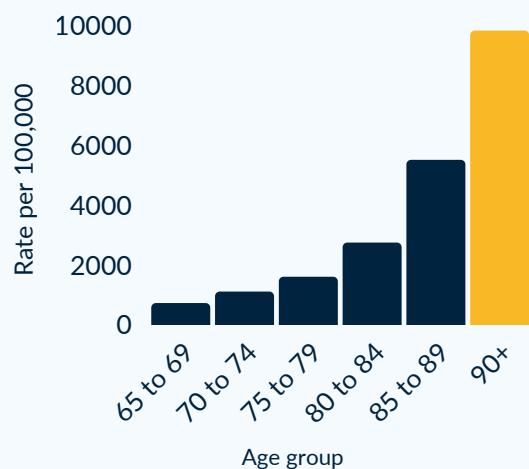


Figure 24: Rate per 100,000 of hospital admissions for falls, by age group, Island Health (2023). Data Source: Enterprise Data Warehouse.

## Vulnerable road user hospital admissions are increasing

Each day, approximately **100 traffic collisions** occur in Island Health, resulting in approximately **38 deaths** per year. Vulnerable road users such as pedestrians and cyclists, who do not have the same protection as vehicle occupants, have an increased risk of serious injury, disability, or death [121, 122].



- Motor vehicle-related hospital admissions **increased 1.3x** between **2019** and **2023** (505 and 678, respectively) while the total number of crashes remained similar between years [25].
- Between 2014 and 2023 the proportion of hospital admissions has **increased** for **motorcyclists** (20.8% to 28.9%), **pedestrians** (13.9% to 14.9%) and **pedal cyclists** (6.5% to 7.2%), while decreasing for vehicle occupants (58.8% to 49%) [25].
- The crude rate of hospital admissions for motor vehicle related incidents among **males** was **2.7x higher** than females between 2014 to 2023 [1, 25].

For more information, refer to  
[ICBC Reported Crashes](#)



# Population Health Status Report

## Glossary

BC	British Columbia
HSDA	Health Service Delivery Area
LHA	Local Health Area
MHSU	Mental Health and Substance Use
YMHR	Youth Mental Health and Resilience

## Indicator Definitions

<b>Low Income Measure – After Tax (LIM-AT)</b> <a href="#"><u>more information</u></a>	“Low income households” are defined by the low-income measure, after tax, threshold is set by the number of people within the household. It is defined as half the Canadian median of adjusted household after-tax income, multiplied by the square root of household size.
<b>Shelter-cost-to-income ratio</b> <a href="#"><u>more information</u></a>	Percentage of households spending 30% or more on shelter costs as defined by the 'shelter-cost-to-income ratio' which refers to the proportion of average total income of household which is spent on shelter costs. The shelter-cost-to-income ratio is calculated by dividing the average monthly shelter costs by the average monthly total household income and multiplying the result by 100.
<b>Material deprivation index</b> <a href="#"><u>more information and methodology</u></a>	Reflects the deprivation of goods and conveniences. This index includes the following indicators: average household income; unemployment rate; and high school education rate
<b>Social deprivation index</b> <a href="#"><u>more information and methodology</u></a>	Reflects the deprivation of relationships among individuals in the family, the workplace, and the community. This index includes the following indicators: proportion of the population separated, divorced, or widowed; proportion of the population that lives alone; and proportion of the population that has moved in the past five years.

# Population Health Status Report

<b>6-year graduation rate</b>  <a href="#"><u>more information</u></a>	A student is counted as successful if they graduate within six years of entering Grade 8 (however, most students complete within five years). Successful students are those who entered Grade 8 for the first time in 2018/2019 (or in an accordingly higher grade in subsequent years), and then graduated by the end of the 2023/2024 school year. The Dogwood Completion Rate is adjusted for outmigration – namely, those students who leave British Columbia.
<b>Air quality health index (AQHI)</b>  <a href="#"><u>more information</u></a>	The Air Quality Health Index provides an hourly rating of air quality based on the health risk from a mixture of three air pollutants: fine particulate matter ( $PM_{2.5}$ ), ground-level ozone ( $O_3$ ) and nitrogen dioxide ( $NO_2$ ). The rating is based on the combination of the health risks from each of the pollutants in the index.
<b>Drought scale</b>  <a href="#"><u>more information</u></a>	The Province of BC uses a six-level classification (0-5) to rate the severity of drought conditions. Drought level classification uses core (seven-day average stream flow and 30-day precipitation) and supplemental (air temperature, aquifer levels and soil moisture deficits) drought indicators. Drought classification levels state the likelihood of negative socioeconomic and ecosystem impacts. They also provide guidance on anticipated response measures, although regulatory actions can be taken at any drought level.
<b>Extreme weather warnings</b>  <a href="#"><u>more information</u></a>	<b>Wind</b> <ul style="list-style-type: none"><li>80 km/h or more sustained wind and/or gusts to 100 km/h or more.</li></ul> <b>Snowfall</b> <ul style="list-style-type: none"><li>15 cm or more of snowfall within 12 hours or less, or when 10 cm or more of snow falls within 12 hours or less, or when five cm or more of snow falls within six hours or less.</li></ul> <b>Cold</b> <ul style="list-style-type: none"><li>Temperatures between -4C and 2C, though cold thresholds are based on the community's own cold response plan. Communities can set their own threshold based on the needs of the population and the capacity to respond.</li></ul> <b>Heavy rain/rainfall</b> <ul style="list-style-type: none"><li><i>Short duration:</i> when 25 mm or more rain is expected within one hour. <i>Long duration:</i> summer - when 100 mm or more rain is expected within 24 hours or winter - when 100 mm or more rain is expected within 24 hours.</li></ul>

# Population Health Status Report

## Urban-Rural Classification

BC Ministry of Health Urban-Rural Classification v2022 [126]

To better understand the differences between urban, rural, and remote communities, the BC Ministry of Health has developed an urban-rural classification that uses [2](#) tools developed by Statistics Canada:



## 1. Population Centre and Rural Area Classification

This classification helps identify whether an area is urban or rural based on population size and density.

**Urban Areas** (also called population centres) have a population of at least 1,000 and a population density of 400 persons or more per square kilometre. Population centres are further grouped by the size of their population: All areas outside population centres are classified as **Rural Areas**.



## 2. Index of Remoteness

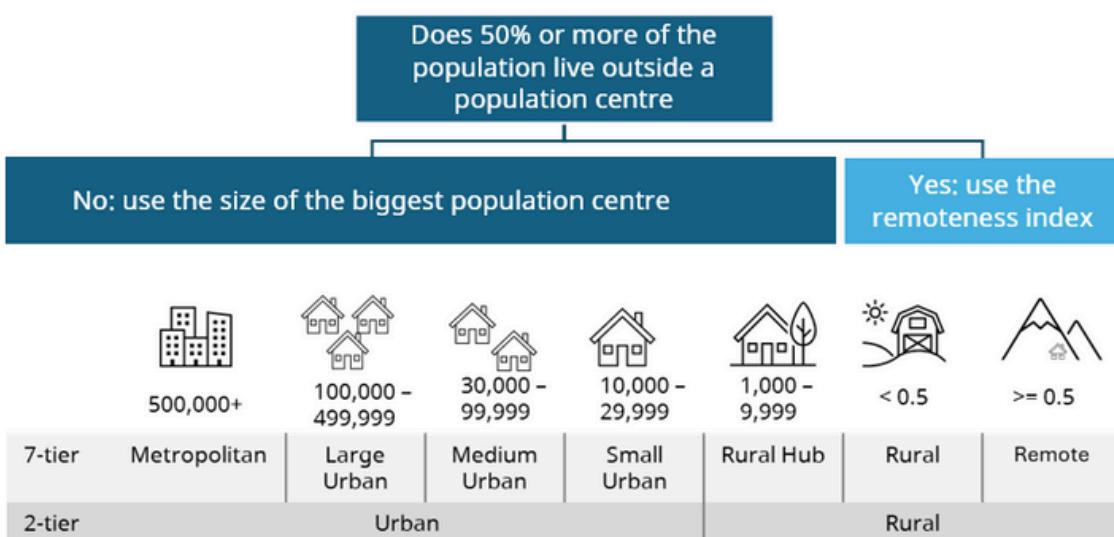
This index measures how remote a community is by looking at:

- How close it is to other population centres (places people can travel to daily), and
- The size of those nearby centres (as a stand-in for access to services).

The more distant and isolated a community is, the higher its index of remoteness.

## How the CHSA Urban-Rural Classification Works

The classification uses a decision tree approach that is applied to Community Health Service Areas (CHSA), the most detailed of the Ministry's health boundaries, to allow for an accurate assessment of the health of the population and quality of health services across the range of urban and rural settings in British Columbia.



# Population Health Status Report

## Appendix: Data Notes

Data Source	Definition	Limitations and Additional Information	Suppression	Available Geographies	Public Data
BC Stats: Population Estimates & Projections for British Columbia  1976 to 2046	BC Stats provides estimates and projections for the population of British Columbia. The data is periodically updated to incorporate census data and correct for under-enumeration.	Data from MSP clients is used to inform estimates for small geographies, which in turn are used to build the estimates for larger geographies such as Health Service Delivery Area. Population projections and estimates may be less precise between periods of census data integration. The affects of the COVID-19 pandemic, the overdose crisis, migration and changing climate conditions may not be reflected in this data.		British Columbia, Health Authority, Health Service Delivery Area, Local Health Area, Community Health Service Area	Yes
Statistics Canada: Census of the Population  <u>2021 methodology</u>	The Census of the Population is a nationwide survey used to collect socioeconomic data on specific sub-populations, it is mandated by law and completed every five years.	Questions asked on the long-form census are asked to 1 in 4 households; sampling methodology allows for reliable estimates at small geographies. Imputation is used to weight the responses to the entire population.	Statistics Canada used primary suppression (cell specific) and secondary suppression (data across sources or series) to ensure that no data is released which could identify a person.	British Columbia, Health Authority, Health Service Delivery Area, Local Health Area	No
Canadian Community Household Survey (CCHS)  <u>2020 methodology</u>	CCHS is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the population age 12 and older.	The sample size was changed to 65,000 respondents each year starting in 2007, it is designed to gather data at the sub-provincial levels of geography (health region or combined health regions).	Confidentiality analysis is done using the Statistics Canada Generalized Disclosure Control System for primary suppression (cell specific) and secondary suppression (data across sources or series).	British Columbia, Health Authority, Health Service Delivery Area	No

# Population Health Status Report

Data Source	Definition	Limitations and Additional Information	Suppression	Available Geographies	Public Data
SPEAK, Round 3 2023 <u>methodology</u>	The British Columbia Survey on Population Experiences, Action, and Knowledge (SPEAK) is population health survey designed to capture experience, knowledge, and actions at different phases of the COVID-19 pandemic, among those 18 years of age and older.	Data was collected from April 24 and July 31, 2023 with about 90,000 British Columbia residents participating. Responses were weighted by known population socio-demographic characteristics obtained from the 2021 Census which reduce some of the self-selection and coverage bias but inferences about the general population should be made with caution.	Unreliable estimates with high sampling variability due to small sample size were suppressed and for standard health geographies where 25% or more of the population consists of First Nations peoples based on the 2021 Census.	British Columbia, Health Authority, Health Service Delivery Area, Local Health Area, Community Health Service Area	<u>Yes</u>
British Columbia Vital Statistics 2023	Vital Statistics is responsible for the administration of data including birth, deaths and marriages that occur within the province.	Due to a delay in data transfer, the Vital Statistics data specific to Island Health may be lagged.	Counts less than 5 are suppressed.	British Columbia, Island Health, Health Service Delivery Area, Local Health Area.	No
BCCDC Mortality Context App 2016 to 2024	An interactive application that provides context to provincial mortality statistics.	Data is updated monthly, and previously unavailable data are updated retrospectively. Data may change over time as corrections are made.		British Columbia, Island Health	<u>Yes</u>
BCCDC: Chronic Disease Registry 2001 to 2023	The British Columbia Chronic Disease Registry (BCCDR) has been released annually since the 1990s to monitor trends in non-communicable diseases within the province.	To inform the BCCDR, administrative health data is gathered from the client roster, medical service plan, PharmaNet and the discharge abstract Database. Chronic disease counts and rates may be an underrepresentation due to the sensitivity/specificity of case finding algorithms and the inability to detect cases who do not interact with the healthcare system.		British Columbia, Island Health, Health Service Delivery Area, Local Health Area.	<u>Yes</u>

# Population Health Status Report

Data Source	Definition	Limitations and Additional Information	Suppression	Available Geographies	Public Data
CernerPM and FirstNet  2013 to 2025	Data that is electronically collected at emergency departments (ED) attached to acute inpatient hospitals and urgent care centres (UCC) are accessible through the Enterprise Data Warehouse.	Emergency Department presenting complaints is only available for a subset of EDs and UCCs which use FirstNet. Data from 8 FirstNet ED's and one UCC was included. The patient's home Local Health Area was used to assign geography. Date was determined by the fiscal year of discharge. Only admissions made through the ED were captured. Data from this source is not publicly available.	Counts less than 5 are suppressed.	British Columbia, Island Health, Health Service Delivery Area, Local Health Area.	No
BC Ministry of Education: Student Learning Survey  2016 to 2025  <u>methodology</u>	The Student Learning Survey (SLS) is an annual census of students in grades 4, 7, 10 and 12 that has been ongoing since 2001.	For the indicators used in this report, students outside of the public school system were excluded, this may affect the representativeness of the results.	In accordance with the Ministry's Protection of Personal Information when Reporting on Small Populations policy, counts less than 10 are suppressed.	British Columbia, Island Health, School District.	<u>Yes</u>
McCreary Centre Society: BC Adolescent Health Survey  2013 to 2023  <u>methodology</u>	The Adolescent Health Survey (AHS) is a province-wide survey of youth in grades 7 to 12 that has been ongoing every 5 years since 1992.	The AHS using a sampling framework that is designed to produce statistically reliable estimates at the Health Service Delivery Area level of geography. This means that comparisons between school districts are not statistically appropriate. The survey excludes students enrolled in private schools, alternative education programs, custody centres, provincial resource centres, distance education, continuing education, electronic delivery schools, and those being home schooled, which could impact the representativeness of the results.	Data is suppressed when the standard error is above an accepted threshold due to sampling variability. Data is also suppressed when there is a risk that deductive disclosure could jeopardize the anonymity of the respondent.	British Columbia, Health Authority, Health Service Delivery Area, School District.	<u>Yes</u>

# Population Health Status Report

Data Source	Definition	Limitations and Additional Information	Suppression	Available Geographies	Public Data
UBC Human Early Learning Partnership: The Early Development Instrument  2004 to 2022	The Early Development Instrument (EDI) is a voluntary survey that is administered by kindergarten teachers. The EDI asks questions across five domains that are considered to predict future health, education and social outcomes	Participation in the survey is voluntary, this may impact the representativeness of the results to the whole population.	Data is publicly suppressed when there are fewer than 35 children within an administrative boundary.	British Columbia, Health Authority, Health Service Delivery Area, Local Health Area.	<u>Yes</u>
British Columbia Ministry of Education and Child Care, Education Analytics Office  <u>methodology</u>	To estimate the percentage of students who graduate, the six-year completion rate was developed.	Students who receive a British Columbia School Completion Certificate (an "Evergreen") are excluded from this data. The school district where the student graduates is the geography used for the completion rate. The estimation attempts to account for students who move to BC during their 6-year cohort or move away before graduation. School district rates only include public schools.	When there are fewer than 10 students in a cohort the data is suppressed.	British Columbia, Health Authority, Health Service Delivery Area, School District.	<u>Yes</u>
Panorama  2013 to 2025	Panorama is an eHealth system that allows authorized public health care providers to document and securely store all encounters with public health services and care programs.	Administrative data extracted from Panorama relies on the address at the time of encounter to classify most responsible Health Authority.	Counts less than 5 are suppressed.	Island Health, Health Service Delivery Area, Local Health Area.	No
Profile Electronic Medical Record  2013 to 2023	Sexually transmitted infection (STI) data is entered into Profile Electronic Medical Record (EMR).	The BC Centre for Disease Control (BCCDC) extracts data from Profile EMR and provides region-specific line level data to regional health authorities.	Counts less than 5 are suppressed.	Island Health, Health Service Delivery Area, Local Health Area.	No

# Population Health Status Report

Data Source	Definition	Limitations and Additional Information	Suppression	Available Geographies	Public Data
BC Cancer 1970 to 2022	BC Cancer Statistics Online Dashboard can be used to examine the current landscape of cancer in British Columbia, estimate disease burden, follow trends over time, and make comparisons across different cancer types, demographic groups, and geographic areas.	Data are updated annually, the 2024 update included data up to the of 2022. Data provided by BC Cancer that is not publicly available was used to produce Local Health Area level figures.		British Columbia, Health Authority	<u>Yes</u>
Discharge Abstract Database <u>2013 to 2023 methodology</u>	Captures administrative, clinical and demographic information on hospital discharges (including deaths, sign-outs and transfers) and day surgery data.	Data is received directly from acute care facilities or from their respective health/regional authority or ministry/department of health.	Counts less than 5 are suppressed.	Island Health, Health Service Delivery Area, Local Health Area.	No

# Population Health Status Report

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