

Health Service Delivery Area Profile

OKANAGAN

2014

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Information Management

This profile provides an overview of the Okanagan (OK) HSDA population in the areas of:

Population Health | Health & Social Status | Health System Performance | Home & Community Care | Healthy Behaviours

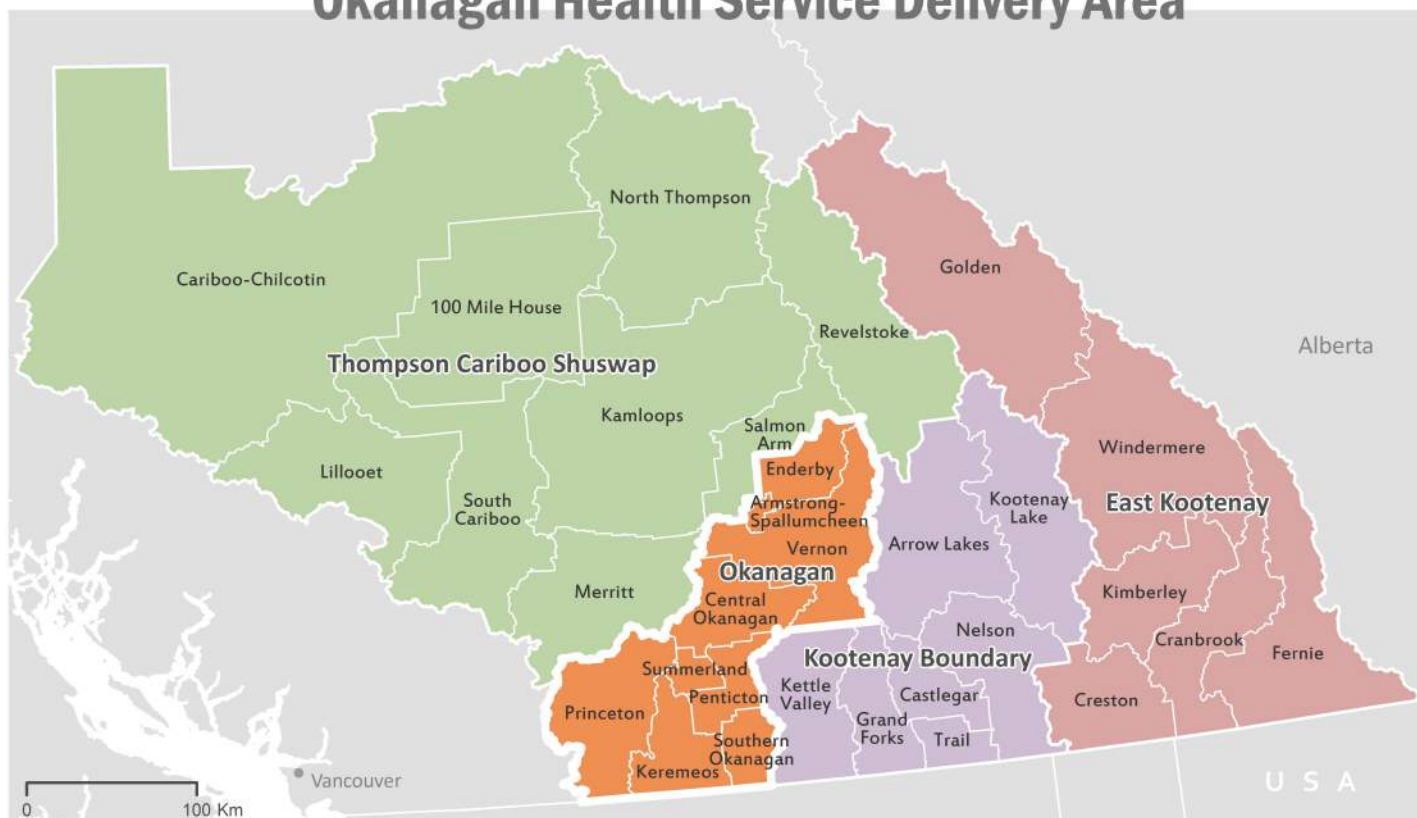
The health indicators provided within this document are based on a conceptual framework developed by the Canadian Institute for Health Information (CIHI). This framework reflects the principle that health is not determined solely by medical care, but by a range of individual and population, social and economic factors.

The Interior Health Information Management department produces a number of utilization and service reports. In addition to this Health Service Delivery Area (HSDA) Population Profile, Local Health Area (LHA), Interior Health Authority and Facility Profiles can be found on the Interior Health website at:

<http://www.interiorhealth.ca/AboutUs/QuickFacts/PopulationLocalAreaProfiles/Pages/default.aspx>

More information is available upon request from Interior Health's Information Management Department. Inquiries and comments should be addressed to: Glenn Kissmann, Director, Information Management glenn.kissmann@interiorhealth.ca or (250) 870-4649

Interior Health Authority Okanagan Health Service Delivery Area



Population Health statistics provide information about past, present and future demographics, broken down by age, sex and geographic region. These indicators include population counts, growth rates and densities, as well as vital statistics relating to births and deaths.

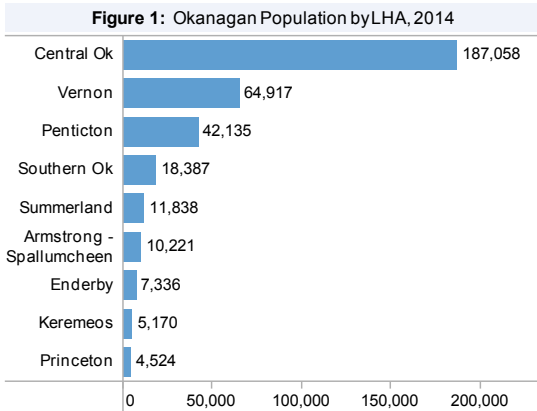


Figure 1: This graph compares Local Health Area population sizes contained within the Okanagan Health Service Delivery Area.
Source: PEOPLE 2014, BC Stats

Population	351,586
Area Sq. Km	21,419
Pop'n Density per Sq. Km	17

Table 1: Population density represents the number of people living within one square kilometre. Lower densities indicate more rural areas which typically have lower access to health services, while those living urbanized areas with higher population densities typically have greater access to health services. The Interior Health population density is 3.4 people per Sq. Km, lower than the BC density of 5 people per Sq. Km.
Source: Summary Statistics, PEOPLE 2014, BC Stats

All Ages	6.6%
Age 65+	15.6%
Age 75+	16.3%
Age 85+	24.2%

Table 2: Population growth rates project the change in size of each age group over the next five years. These projections are developed by BC Stats and reflect a forecasting model that accounts for trends in migration, employment and past population change.
Source: PEOPLE 2014, BC Stats

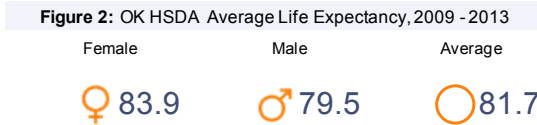


Figure 2: Life expectancy is a summary measure used to gauge the overall health of a population. It varies between sexes, as women tend to live longer than men. It measures the average lifespan of persons residing in a particular health region from birth.
Source: Prepared by BC Stats, Ministry of Labour, Citizens' Services and Open Government Deaths - Vital Statistics, Ministry of Health | Population - BC Stats, Ministry of Technology, Innovation and Citizens' Services, 2014

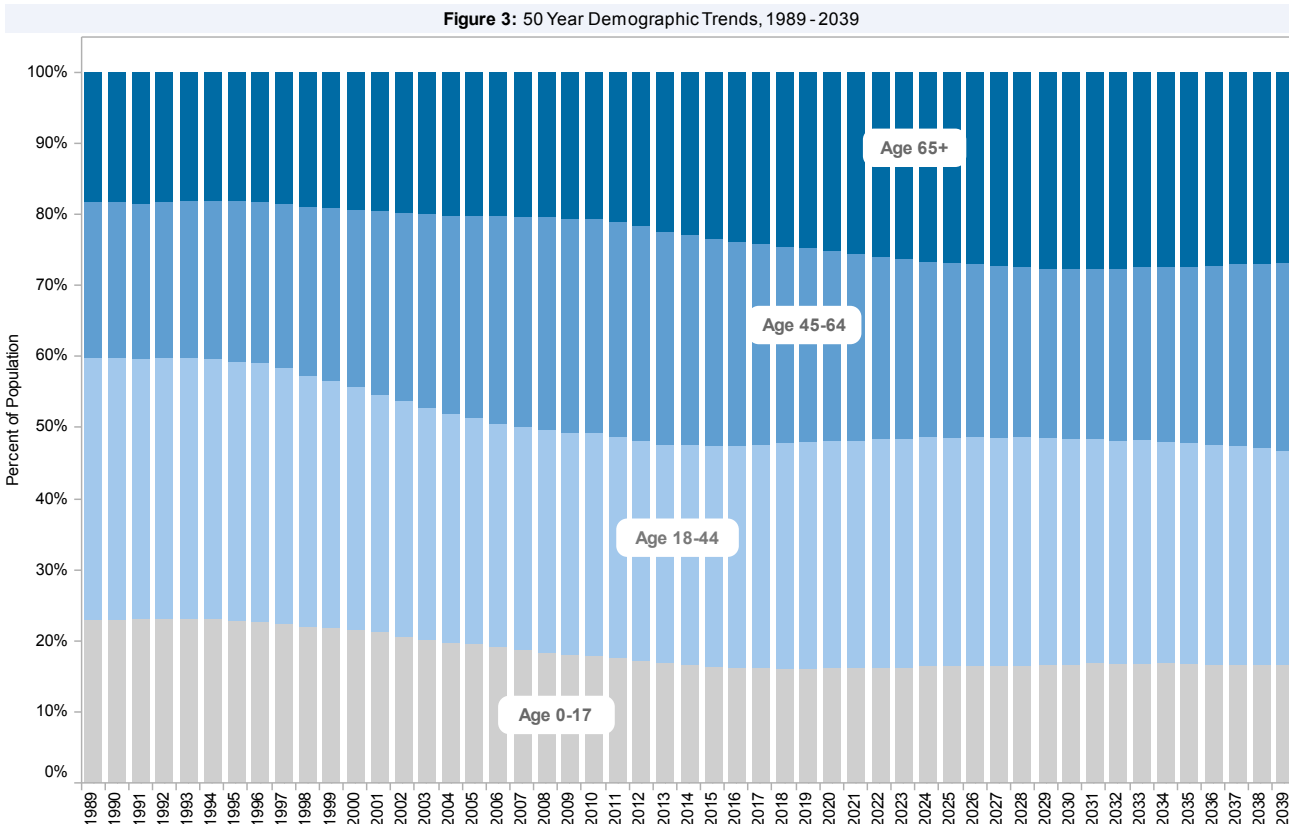


Figure 3: Demographic trends for 50 years show the growth and decline of various age groups within a population. Overall trends across Interior Health indicate a growth in the population age 65 + and a decline in the population under age 45 between 1989 and 2039.
Source: PEOPLE 2014, BC Stats

Population Health information comes from PEOPLE, or Population Extrapolation for Organizational Planning with Less Error, provided by BC Stats. This dataset includes estimates of past populations (1976-2013) and projections for future populations (2014-2041) based on migration, employment and growth trends. This population projection model has undergone significant revisions in methodology from 2013 to 2014, and should not be directly compared to previous releases.

Figure 4: Okanagan Health Service Delivery Area Population Pyramid, 2014

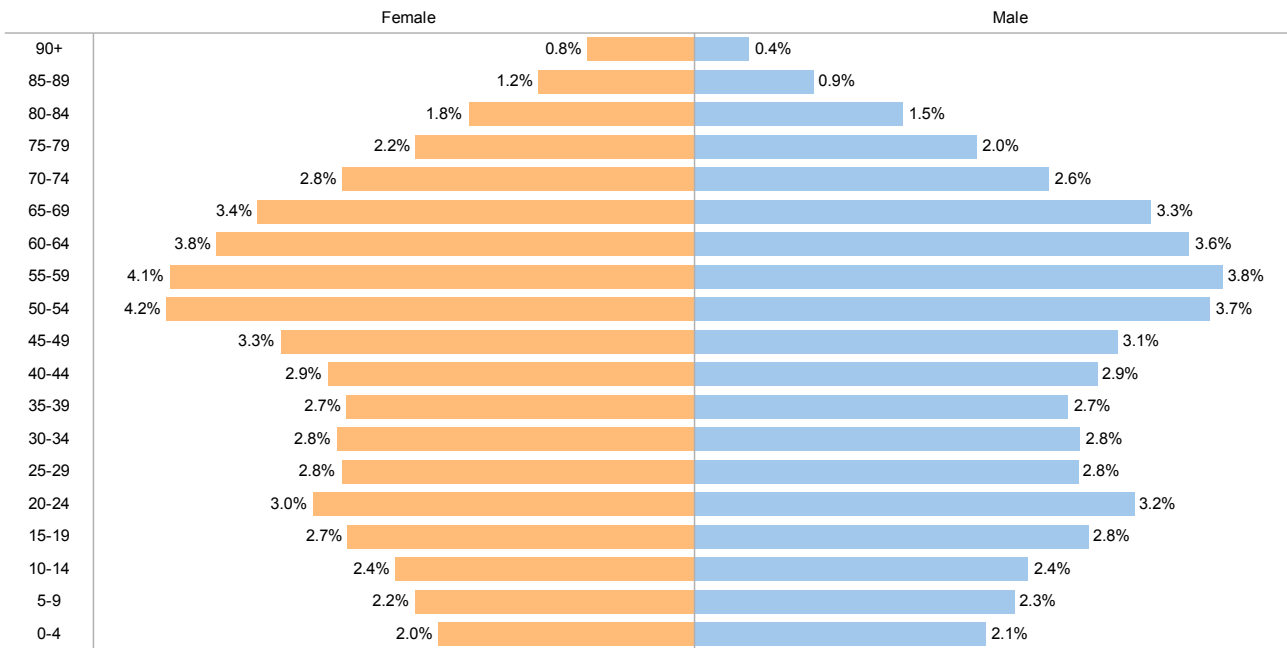


Figure 4: Population pyramids are commonly used by demographers to identify the age and gender make-up of a population. A pyramid with a wide base indicates a younger population, while a top heavy pyramid indicates an aging population with a longer life expectancy. The latter is becoming more and more common in developed nations with highly educated populations.

Source: PEOPLE 2014, BC Stats

Figure 5: OK HSDA Birth to Death Ratio, 2014

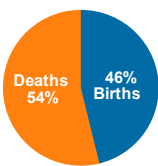


Figure 5: A birth to death ratio with a greater proportion of births typically indicates a younger population while a greater proportion of deaths indicates an aging population.

Source: Summary Statistics, PEOPLE 2014, BC Stats

Figure 6: Median Age & Median Age at Death, 2014

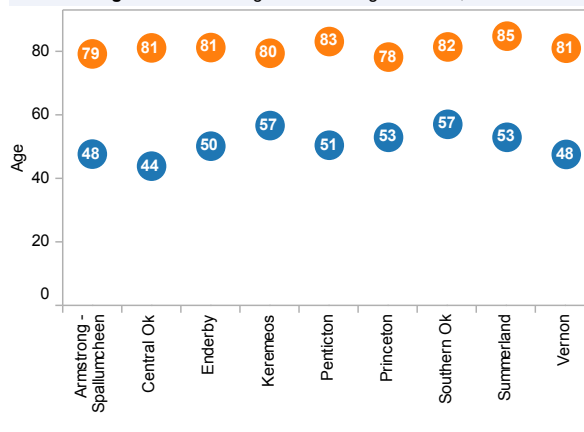


Figure 6: Median age and median age at death indicate the average age of a population compared to life expectancy in Local Health Areas across the Okanagan region. Differences in median age can be heavily influenced by migration patterns. Median age at death varies by up to 10 years depending on place of residence. This could be due to disparities in health, social, and economic conditions.

Source: Summary Statistics, PEOPLE 2014, BC Stats

Table 3: Okanagan Standardized Mortality Ratio, 2007 - 2011

Chronic Lung Disease	2.14
Motor Vehicle Accidents	1.38
Drug-Induced Deaths	1.14
Arteries, Arterioles, Capillaries	1.10
Alcohol-Related Deaths	1.09
Lung Cancer	1.09
Suicide	1.07
Diabetes	1.06
Accidental Falls	1.06
Endocrine, Nutritional, Metabolic	1.05
Digestive System	1.05
All Cancer Sites	1.04
Smoking-Attributable Deaths	1.04
All Causes of Death	1.03
Circulatory System	1.01
Respiratory System	0.98
Cerebrovascular Disease/Stroke	0.98
Ischaemic Heart Disease	0.98
Medically Treatable Disease	0.97
Pneumonia and Influenza	0.90

Table 3: Standardized Mortality Ratio (SMR) compares the number of deaths occurring to residents in a geographic region to the expected number of deaths in that region, based on provincial age specific mortality rates. An SMR of less than one indicates fewer deaths occurred than expected. An SMR greater than one indicates there were more deaths than expected.

Source: Mortality in British Columbia by Health Service Delivery Area, Tables B, D & F, 2011 Annual Report, BC Vital Stats

Health & Social Status provides a snapshot of health and environmental conditions experienced by people across Interior Health. Some key determinants of health include Low Birth Weight, as well as social and economic indicators. Chronic Disease prevalence represents a growing, economic and health care concern.

Figure 7: LBW per 1,000 Live Births, 2009/10 - 2013/14

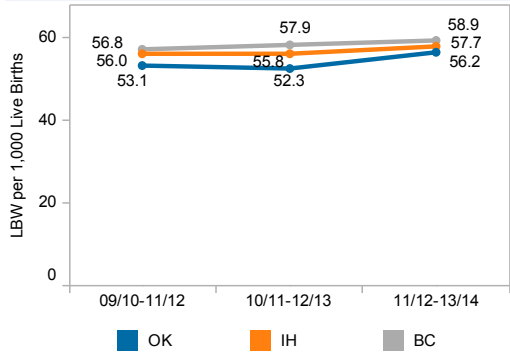


Figure 7: Low Birth Weight (LBW) (<2,500 grams) is a major determinant of mortality, morbidity and disability in infancy and childhood. It is proven to have a long-term impact on health outcomes in adult life. LBW rate per 1,000 Live Births is calculated over a three year period for hospitals located in the Okanagan (OK) Health Service Delivery Area. Home births are excluded.

Source: Discharge Abstract Database (DAD), Ministry of Health, 2009/10- 2013/14

Figure 8: Chronic Disease Crude Prevalence Rates, 2012/13

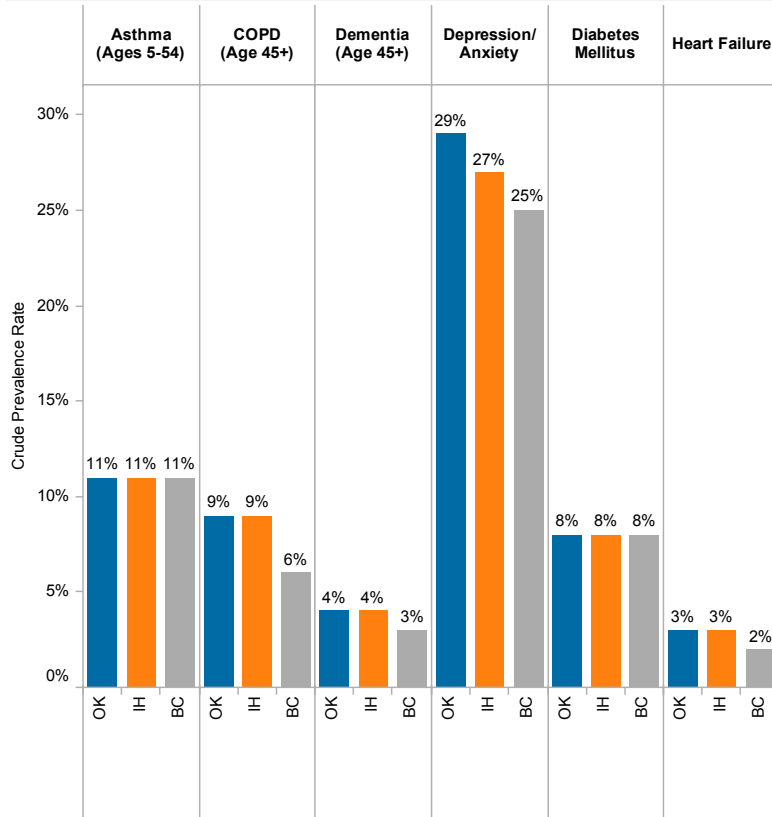


Figure 8: These chronic diseases represent health conditions affecting many Interior Health residents. As the IH population ages, the prevalence of these diseases is expected to grow. The World Health Report, 2010 identifies primary risk factors including: Tobacco use, harmful use of alcohol, raised blood pressure, physical inactivity, raised cholesterol, obesity, unhealthy diet and raised blood glucose levels.

Source: Chronic Disease Registry, Ministry of Health, 2012/13 | PEOPLE 2014, BC Stats

Figure 9: Socio-Economic Index

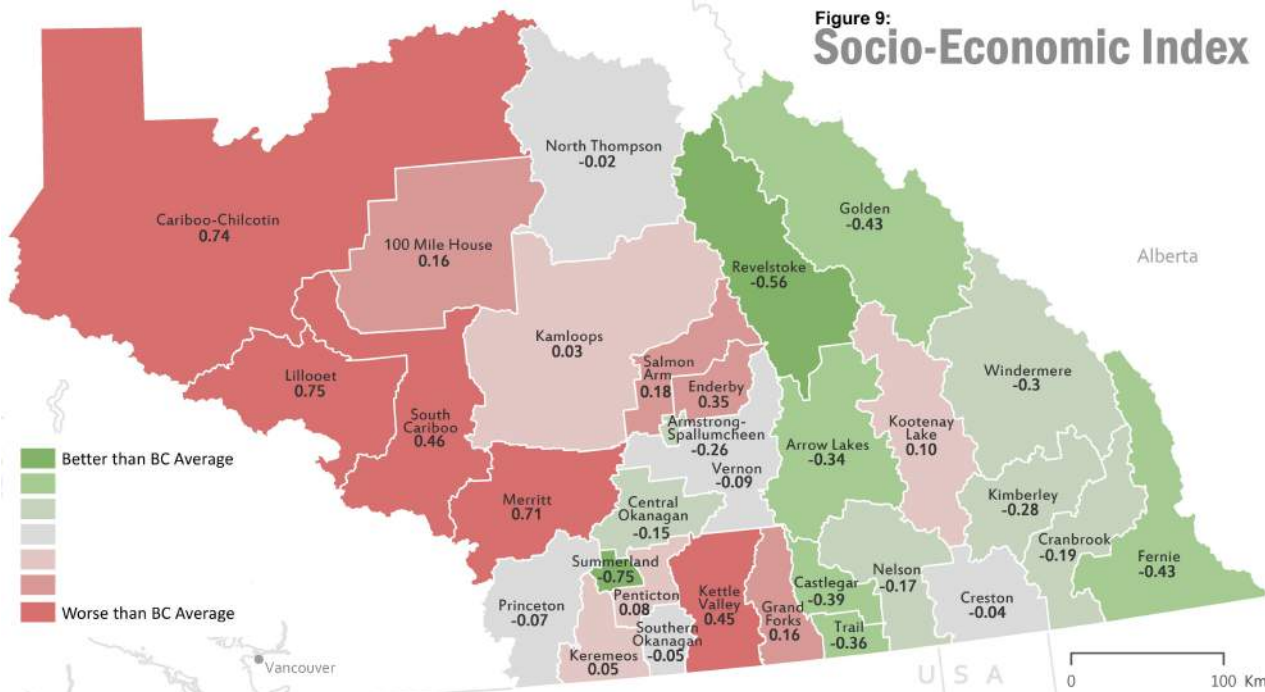


Figure 9: The Socio-Economic Index summarizes six composite indices using a weighted average. These indices include: Economic Hardship, Crime, Health Problems, Education Concerns, Children at Risk and Youth at Risk. A better socio-economic status is indicated by a lower value (ex. Summerland at -0.75) while a higher value indicates poorer socio-economic conditions (ex. Lillooet 0.75). This index identifies the relative socio-economic status of a Local Health Area compared to others across the province at a point in time, and is not designed for temporal analysis.

Source: LHA Indices Reports, Overall Regional Socio-Economic Index, BC Stats, 2012

Health System Performance indicators measure the quality of health care, with regard to health service access, efficiency and utilization. These indicators are often expressed as age standardized rates per 1,000 population. This standardization method facilitates comparisons of health care service use across a variety of geographic regions, and accounts for differences in age distribution between populations.

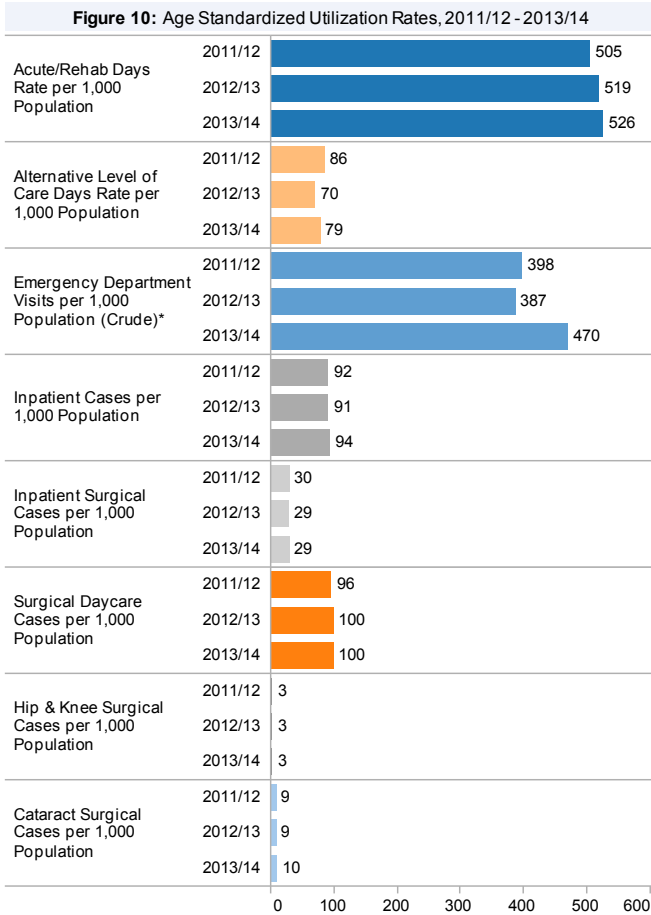


Figure 10: Age standardized utilization rates are hypothetical rates used to compare health care service use across geographic regions with varying demographic profiles. These rates adjust for differences in the age breakdowns of each region (excluding newborns). They represent rates that would be observed if the region's population experienced the same age specific utilization rates as the entire province. *Note that the ED Visit rate is not age standardized and includes unscheduled visits to all Emergency Departments within a given HSDA. **Sources:** Health Ideas Summary Reports, Ministry of Health, 2011/12-2013/14 Admissions Universe, 2011/12-2013/14 | PEOPLE 2014, BC Stats

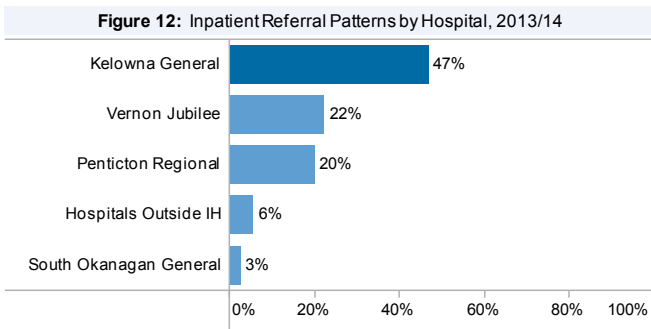


Figure 12: Inpatient referral patterns identify which hospitals Okanagan residents (excluding newborns) visit most frequently. The length and colour of the horizontal bar shows the proportion of inpatients who travel from Okanagan to each facility or region. Note that totals may exceed 100 percent due to rounding. **Source:** Discharge Abstracts Database (DAD), Ministry of Health, 2012/13

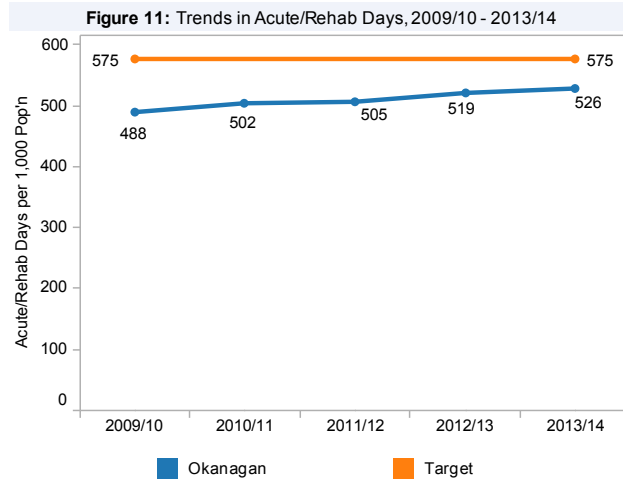


Figure 11: The age standardized Acute/Rehab days rate per 1,000 population, and the target rate defined in the Interior Health Acute Care Roles Review 2004, indicates whether a Health Service Delivery Area is performing as expected. Rates above the target tell us that residents of a given HSDA used inpatient resources at a higher rate than is sustainable.

Sources: Age Standardized Utilization Rates - Health Ideas Summary Reports, Ministry of Health, 2009/10-2013/14 | PEOPLE 2014, BC Stats | Interior Health, Acute Care Roles Review, 2004

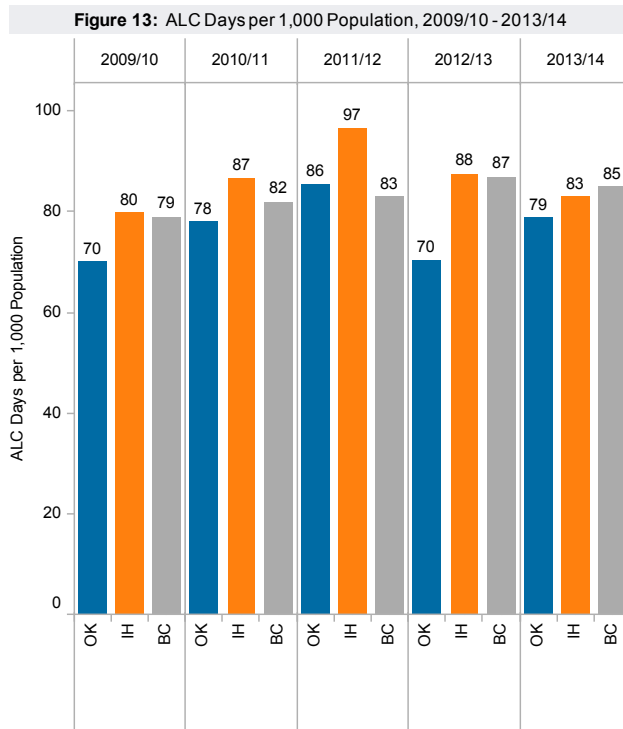


Figure 12: Alternative Level of Care (ALC) refers to the time that a patient spends in hospital after their acute care needs have been met. These patients remain in hospital due to a lack of alternate care options. ALC Days are an important measure of the appropriate use of acute care resources. This figure facilitates comparison between Health Service Delivery Area, Interior Health and Provincial ALC day rates per 1,000 population.

Sources: Health Ideas Summary Reports, Ministry of Health, 2009/10-2013/14 PEOPLE 2014, BC Stats

Home & Community Care indicators represent Residential Services and a portion of the Community Integrated Health Services provided by Interior Health. Home and Community Care offers a variety of at-home and community services to people with acute, chronic, palliative or rehabilitative health care needs. IH supports a philosophy that home, with appropriate supports, is the best place to recover from illness and injury, manage chronic conditions and live out final days.

Figure 14: Assisted Living, Residential & Short Stay Rates, 2011/12 - 2013/14

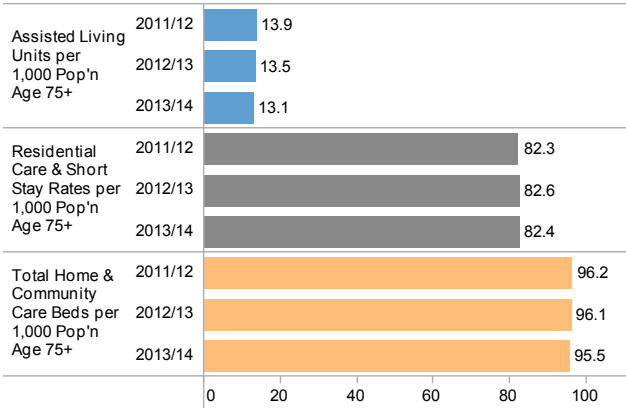


Figure 14: Assisted living units, residential care and short stay beds, and all home and community care beds rates reflect the population age 75 plus. Family care and group home beds are excluded from the residential care and short stay beds rate.

Source: Health Service Administrators 2011/12-2013/14 | PEOPLE 2014, BC Stats

Table 4: Home & Community Care Quick Stats, 2012/13 - 2014/15

		2012/13	2013/14	2014/15
per 1,000 Pop'n	Case Managed Visits	55	93	129
	Case Management Clients	14	18	21
	Community Rehab Clients	18	18	18
	Community Rehab Visits	108	116	120
	Home Care Nursing Clients	20	19	20
	Home Care Nursing Visits	270	261	266
per 1,000 Pop'n Age 75+	Adult Day Service Clients	25	23	23
	Adult Day Service Days	827	778	808
	Assisted Living Clients	13	13	13
	Assisted Living Day	4,675	4,846	4,833
	Home Support Clients	83	85	88
	Home Support Hours	11,329	12,783	13,416
	Residential Care Days	25,465	24,745	24,869

Table 4: Home and community care measures are based on the number of clients, visits and days utilized per 1,000 population. Residential care days include convalescent, respite, end of life and complex care. Home support rates include long term, short term, and end of life care.

Source: HCC Universe, 2012-2014 | PEOPLE 2014, BC Stats

Healthy Behaviours

Health Behaviour indicators are derived from the Canadian Community Health Survey (CCHS), a cross-sectional survey about health status, health care utilization and determinants of health. CCHS indicators are self-reported by survey respondents. In some cases, data quality is compromised by small sample sizes. This information is only available by Health Service Delivery Area (HSDA), and is not available at the smaller Local Health Area (LHA) geography.

Figure 15: Health & Wellness Indicators, 2013

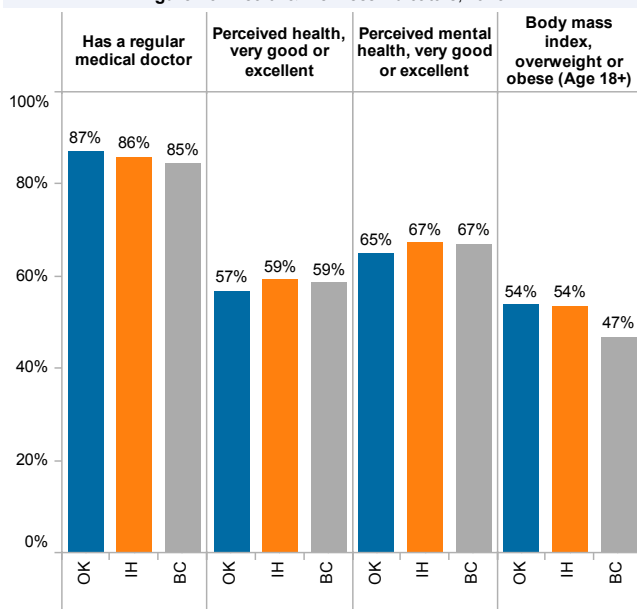


Figure 15: Health and wellness indicators provide a window into the self-reported health of individuals.

Source: Canadian Community Health Survey 2013, Statistics Canada

Figure 16: Health Behaviour Indicators, 2013

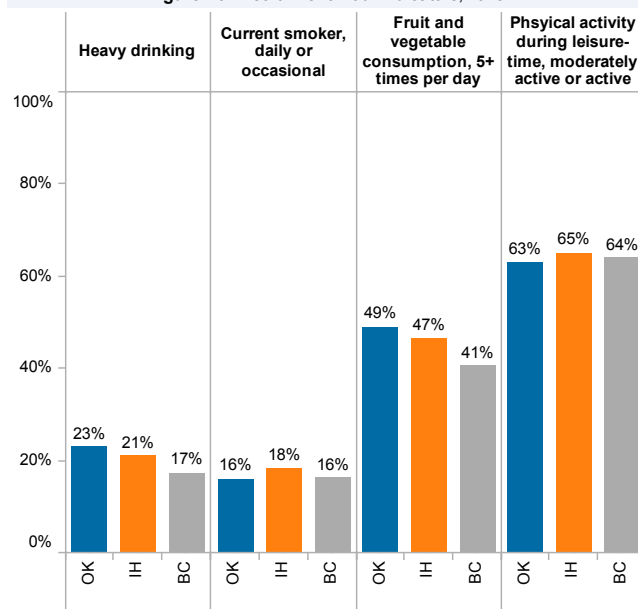


Figure 16: Health behaviour statistics provide information about healthy eating, physical activity, smoking, and alcohol consumption.

Source: Canadian Community Health Survey 2013, Statistics Canada