

Local Health Area Profile

SUMMERLAND

2014

Prepared by Emily Watt
Information Management

This profile provides an overview of the Summerland Local Health Area (LHA) population in the areas of:

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

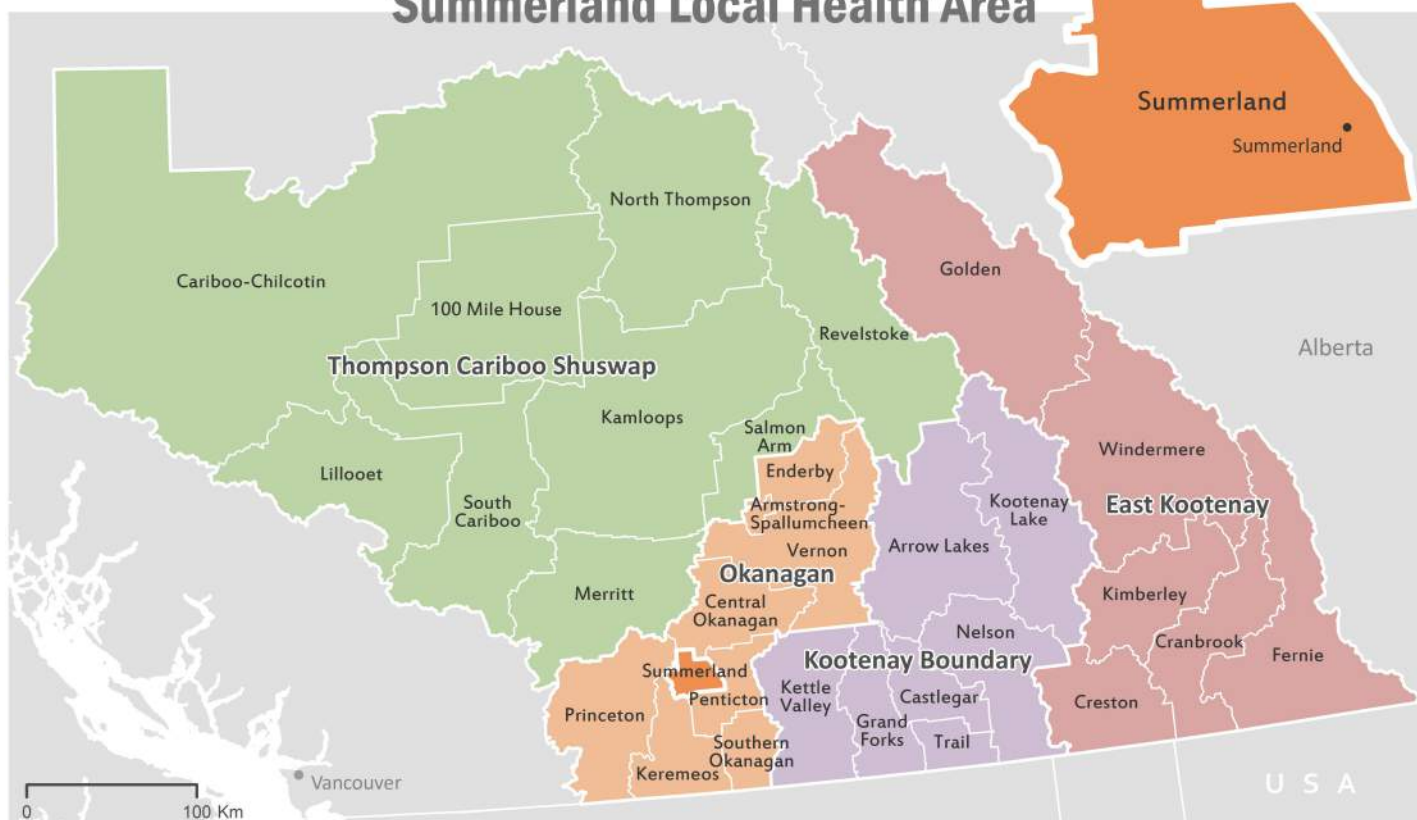
The health indicators provided within this document are based on a conceptual framework developed by the Canadian Institute for Health Information (CIHI). This framework reflects the principle that health is not determined solely by medical care, but by a range of individual and population, social and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

The Interior Health Information Management department produces a number of utilization and service reports. In addition to this Local Health Area Population Profile, Health Service Delivery Area (HSDA), 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 Summerland Local Health 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.

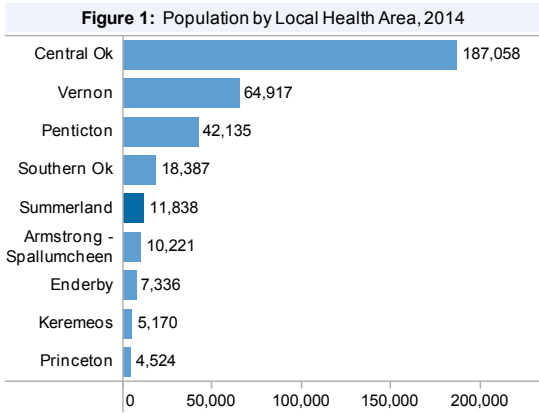


Figure 1: This graph compares Local Health Area population sizes contained within the Okanagan Health Service Delivery Area.
Source: PEOPLE 2014, BC Stats

Table 1: Population Density, 2014

Population	11,838
Area Sq. Km	615
Pop'n Density per Sq. Km	20

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

Table 2: Population Growth, 2014 - 2019

All Ages	2.3%
Age 65+	14.2%
Age 75+	8.8%
Age 85+	3.9%

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

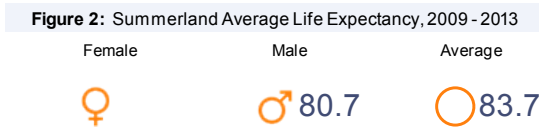


Figure 2: Life expectancy is a summary measure used to gauge the overall health of a population. It varies between sexes, as women tend to live longer than men. It measures the average lifespan of persons residing in a particular health region from birth. For some LHAs, blank values indicate limited data availability due to small populations.
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

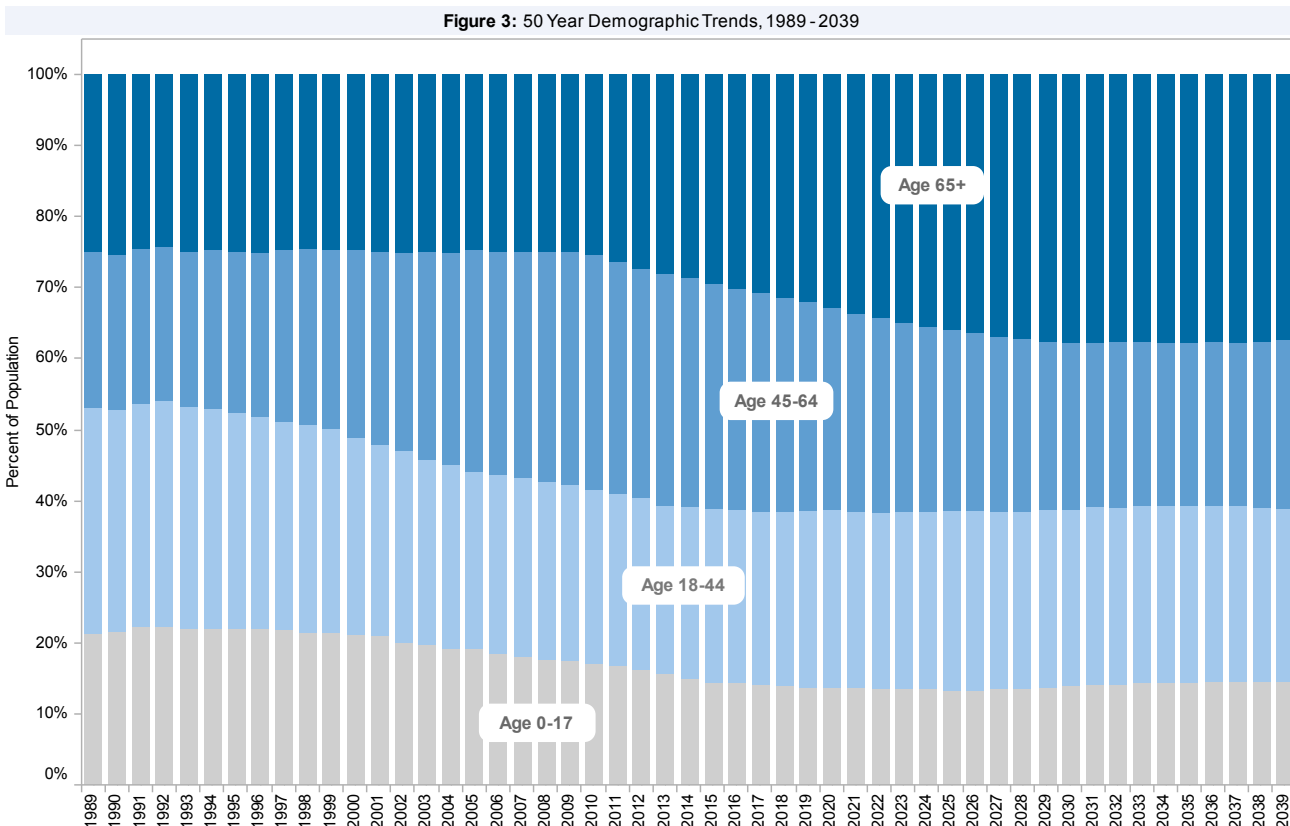


Figure 3: Demographic trends for 50 years show the growth and decline of various age groups within a population. Overall trends across Interior Health indicate a growth in the population age 65 + and a decline in the population under age 45 between 1989 and 2039.
Source: PEOPLE 2014, BC Stats

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: Summerland Local Health Area Population Pyramid, 2014

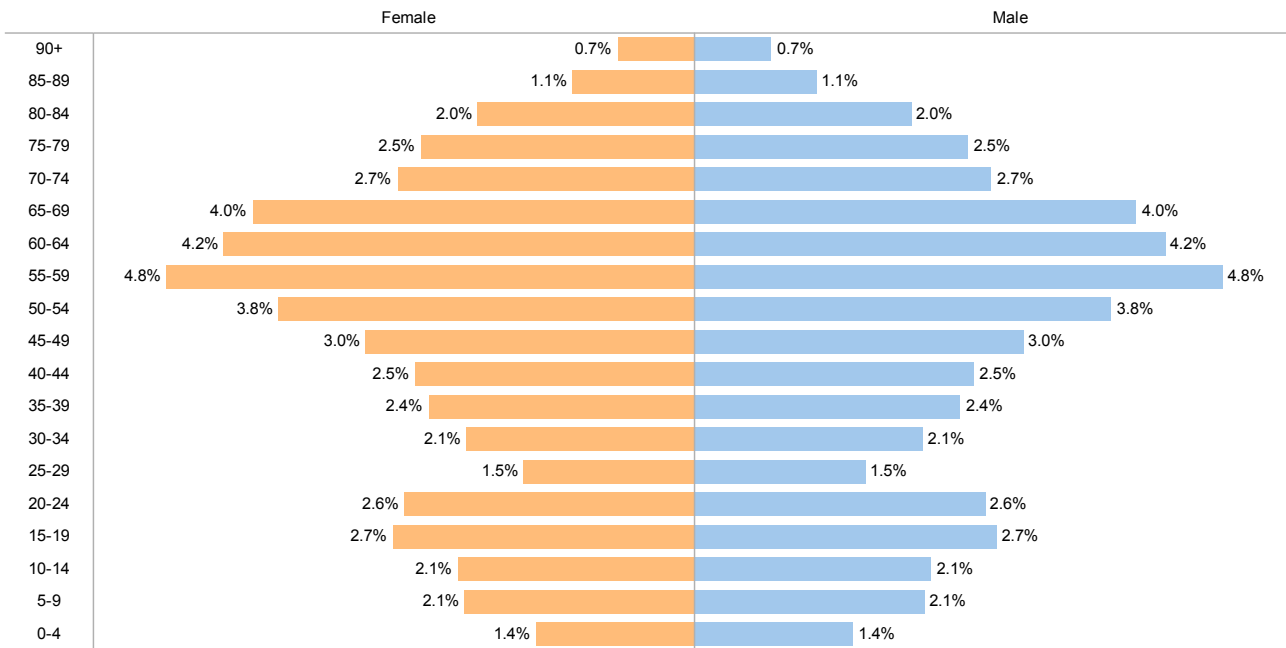


Figure 4: Population pyramids are commonly used by demographers to identify the age and gender make-up of a population. A pyramid with a wide base indicates a younger population, while a top heavy pyramid indicates an aging population with a longer life expectancy. The latter is becoming more and more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

Source: PEOPLE 2014, BC Stats

Figure 5: LHA Birth to Death Ratio, 2014

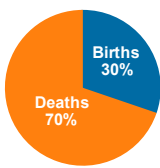


Figure 5: An LHA birth to death ratio with a greater proportion of births typically indicates a younger population while a greater proportion of deaths indicates an aging population.

Source: Summary Statistics, PEOPLE 2014, BC Stats

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

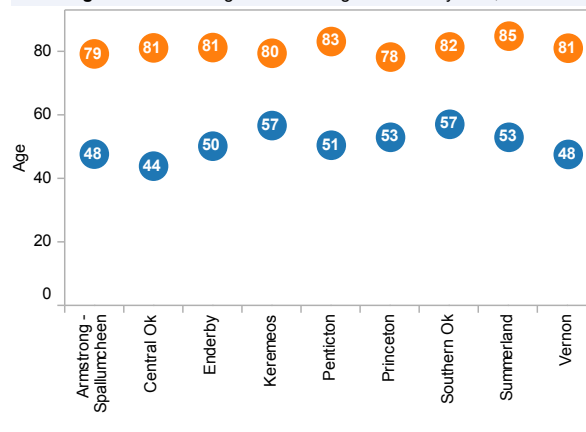


Figure 6: Median age and median age at death indicate the average age of a population compared to life expectancy in Local Health Areas across the Okanagan region. Differences in median age can be heavily influenced by migration patterns. Median age at death varies by up to 10 years depending on place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

Source: Summary Statistics, PEOPLE 2014, BC Stats

■ Median Age
 ■ Median Age at Death

Table 3: Summerland Standardized Mortality Ratio, 2007 - 2011

Chronic Lung Disease	1.87
Arteries, Arterioles, Capillaries	1.65
Suicide	1.45
Motor Vehicle Accidents	1.10
Lung Cancer	1.08
All Cancer Sites	1.05
Accidental Falls	1.04
All Causes of Death	0.99
Smoking-Attributable Deaths	0.98
Circulatory System	0.96
Endocrine, Nutritional, Metabolic	0.94
Ischaemic Heart Disease	0.94
Alcohol-Related Deaths	0.93
Digestive System	0.90
Cerebrovascular Disease/Stroke	0.89
Diabetes	0.85
Respiratory System	0.77
Pneumonia and Influenza	0.58
Drug-Induced Deaths	0.38

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 Local Health 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

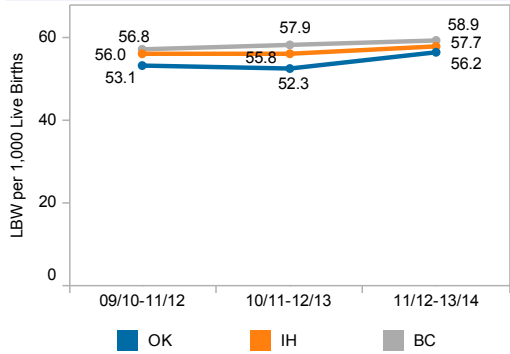


Figure 7: Low Birth Weight (LBW) (<2,500 grams) is a major determinant of mortality, morbidity and disability in infancy and childhood. It is proven to have a long-term impact on health outcomes in adult life. LBW rate per 1,000 Live Births is calculated over a three year period for hospitals located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

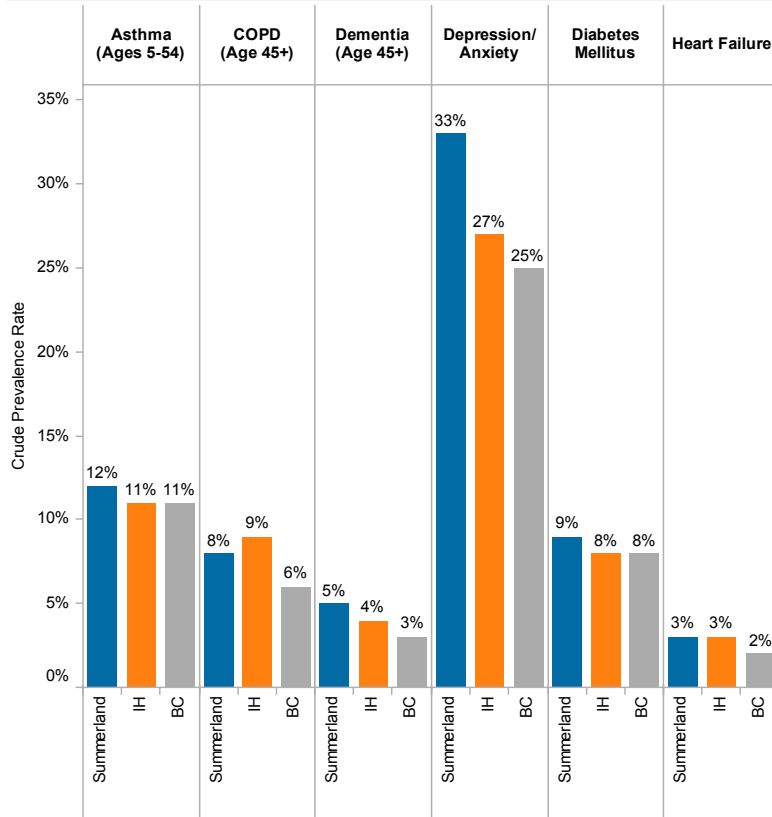


Figure 8: These chronic diseases represent health conditions affecting many Interior Health residents. As the IH population ages, the prevalence of these diseases is expected to grow. The World Health Report, 2010 identifies primary risk factors including: Tobacco use, harmful use of alcohol, raised 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

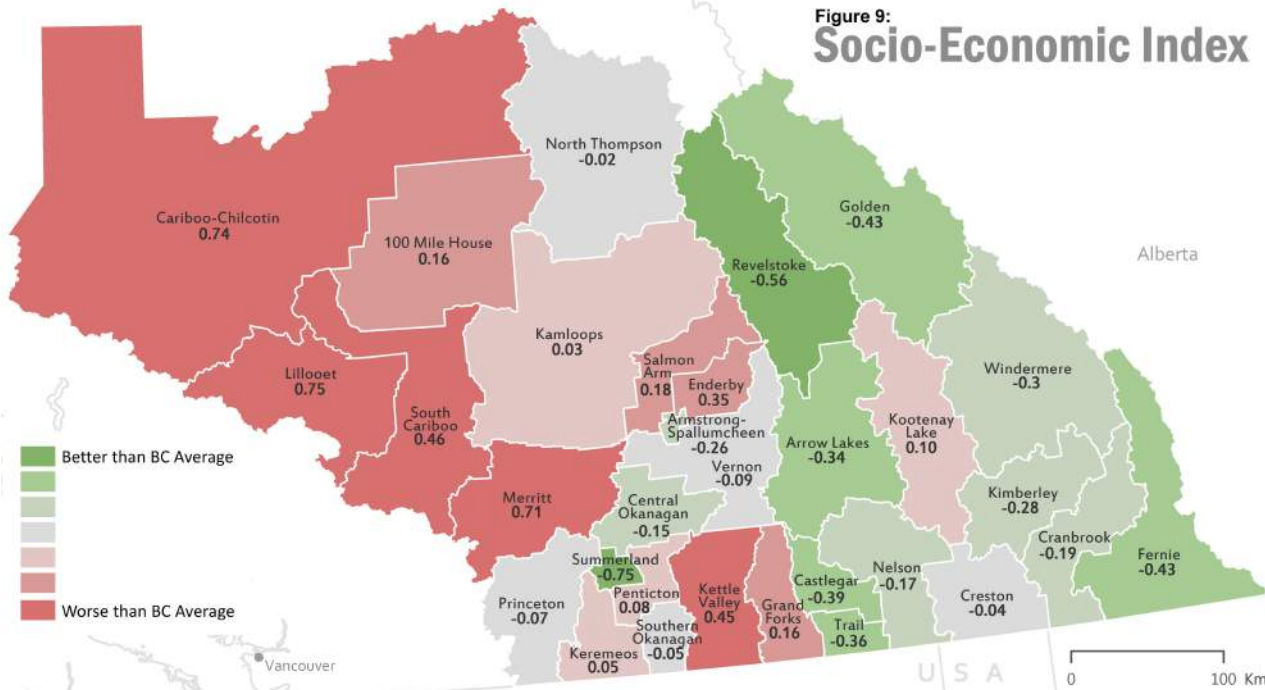


Figure 9: The Socio-Economic Index summarizes six composite indices using a weighted average. These indices include: Economic Hardship, Crime, Health Problems, Education Concerns, Children at Risk and Youth at Risk. A better socio-economic status is indicated by a lower value (ex. Summerland at -0.75) 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.

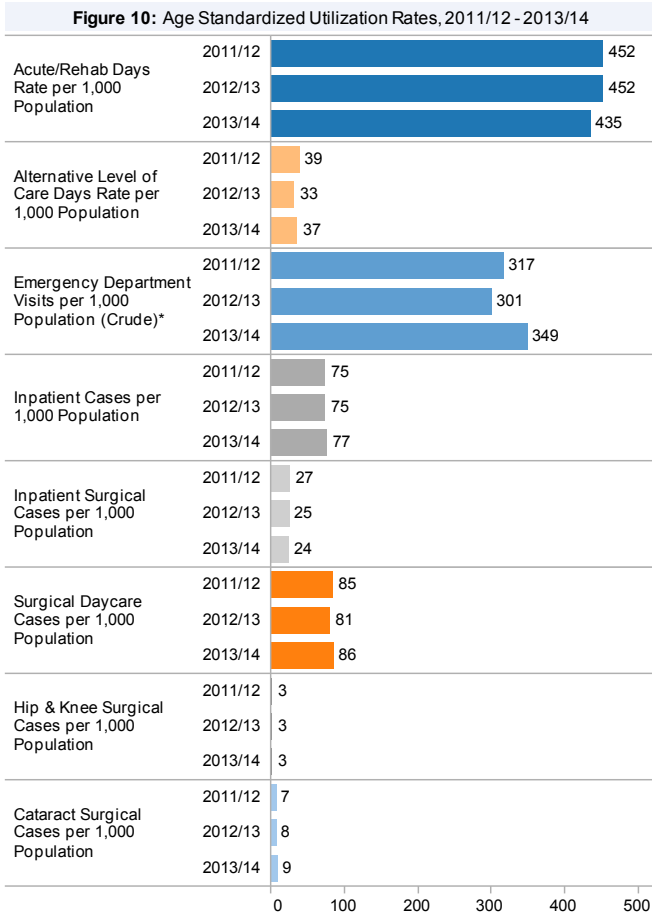


Figure 10: Age standardized utilization rates are hypothetical rates used to compare health care service use across geographic regions with varying demographic profiles. These rates adjust for differences in the age breakdowns of each region (excluding newborns). They represent rates that would be observed 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 LHA. **Sources:** Health Ideas Summary Reports, Ministry of Health, 2011/12-2013/14 Admissions Universe, 2011/12-2013/14 | PEOPLE 2014, BC Stats

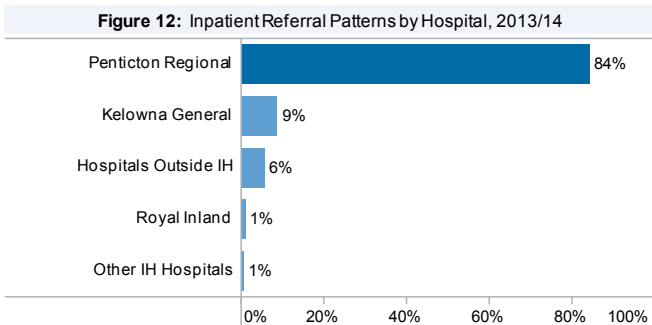


Figure 12: Inpatient referral patterns identify which hospitals Summerland residents (excluding newborns) visit most frequently. The length and colour of the horizontal bar shows the proportion of inpatients who travel from Summerland to each facility or region. Note that totals may exceed 100 percent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

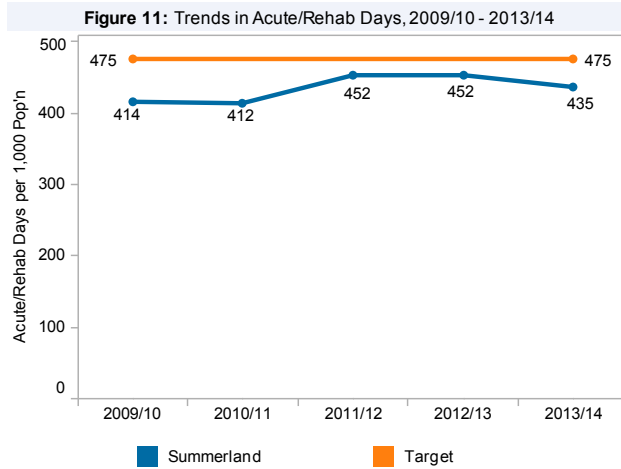


Figure 11: The age standardized Acute/Rehab days rate per 1,000 population, and the target rate defined in the Interior Health Acute Care Roles Review 2004, indicates whether an LHA is performing as expected. LHA rates above the target tell us that residents of a given LHA used inpatient resources at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

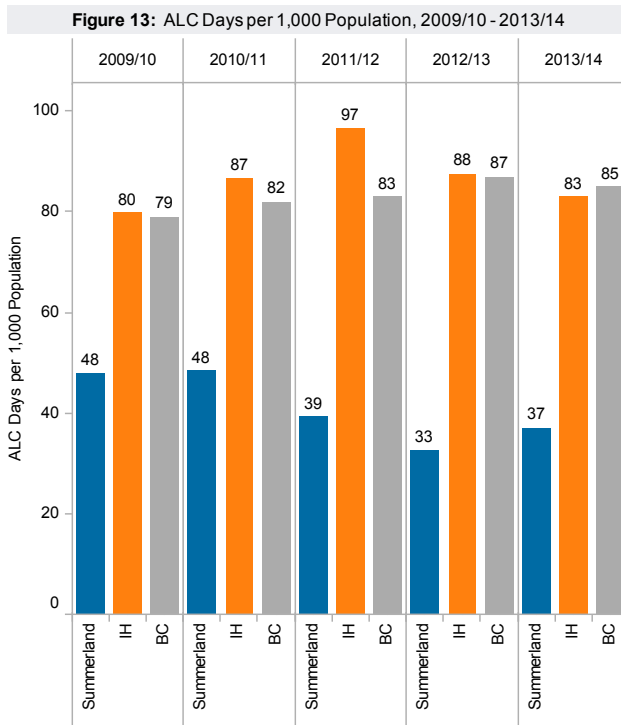


Figure 13: Alternative Level of Care (ALC) refers to the time that a patient spends in hospital after their acute care needs have been met. These patients remain in hospital due to a lack of alternate care options. ALC Days are an important measure of the appropriate use of acute care resources. This figure facilitates comparison between Local Health 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

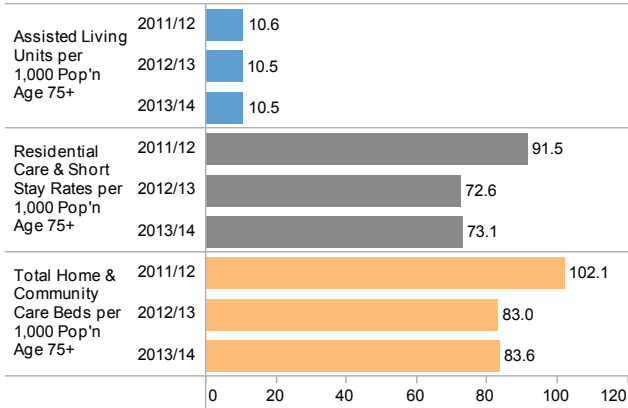


Figure 14: Assisted living units, residential care and short stay beds, and all home and community care beds rates reflect the population age 75 plus. Family care and group home beds are excluded from the residential care and short stay beds rate.

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	12	58	69
	Case Management Clients	7	14	16
	Community Rehab Clients	21	21	20
	Community Rehab Visits	160	180	162
	Home Care Nursing Clients	19	18	18
	Home Care Nursing Visits	339	350	312
per 1,000 Pop'n Age 75+	Adult Day Service Clients	18	13	18
	Adult Day Service Days	412	409	460
	Assisted Living Clients	13	11	11
	Assisted Living Day	6,769	7,294	6,785
	Home Support Clients	86	93	93
	Home Support Hours	15,202	22,713	21,147
	Residential Care Days	32,345	28,529	25,024

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

OKANAGAN
HEALTH SERVICE DELIVERY AREA

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. Summerland LHA is located within the Okanagan HSDA.

Figure 15: Health & Wellness Indicators, 2013

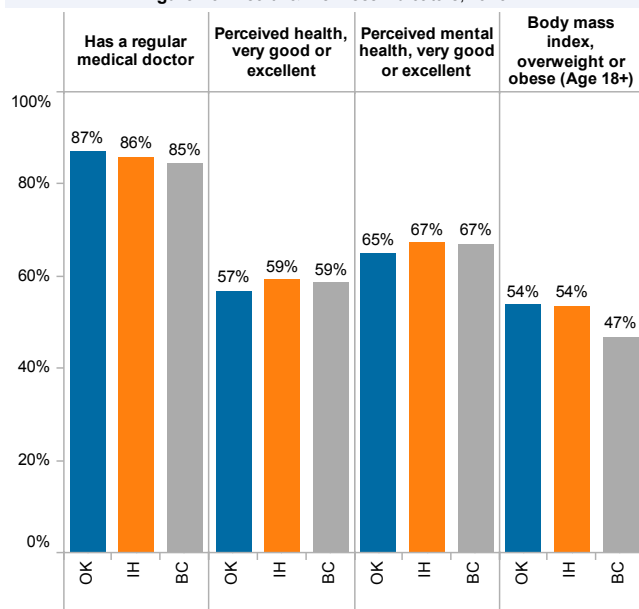


Figure 15: Health and wellness indicators provide a window into the self-reported health of individuals.

Source: Canadian Community Health Survey 2013, Statistics Canada

Figure 16: Health Behaviour Indicators, 2013

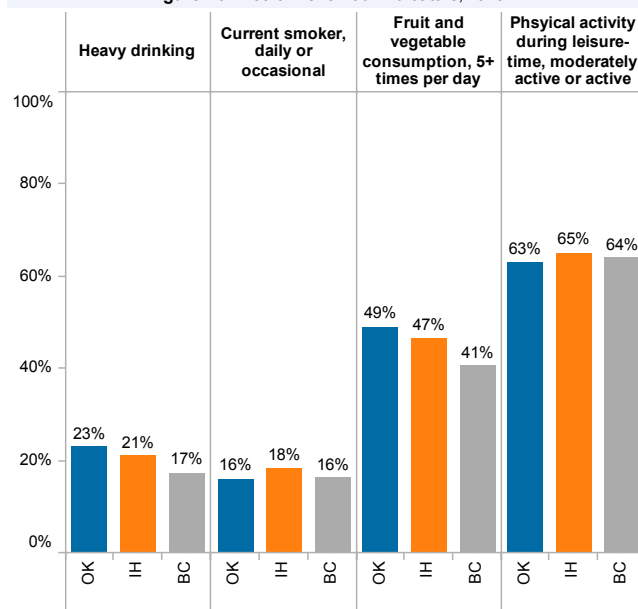


Figure 16: Health behaviour statistics provide information about healthy eating, physical activity, smoking, and alcohol consumption.

Source: Canadian Community Health Survey 2013, Statistics Canada