



Hospital District Board of Directors Meeting

Wednesday, December 10, 2025

Zoom/Board Room (Hybrid) – 3008 Fifth Avenue, Port Alberni, BC
Immediately following the Board of Directors Meeting

Regular Agenda

Watch the meeting live at <https://www.acrd.bc.ca/events/10-12-2025/>

Register to participate via Zoom Webinar at: https://acrd-bc-ca.zoom.us/webinar/register/WN_YB2WbOAaQsm8W_9E0VmaiA#/registration

PAGE #

1. CALL TO ORDER

(immediately following the ACRD Board Meeting)

Recognition of Territories.

Notice to attendees and delegates that this meeting is being recorded and livestreamed to YouTube on the Regional District Website.

2. APPROVAL OF AGENDA

(motion to approve, including late items requires 2/3 majority vote)

3. DECLARATIONS

(conflict of interest)

4. ADOPTION OF MINUTES

a. **Board of Directors Meeting – November 19, 2025**

4-8

THAT the minutes of the Alberni-Clayoquot Regional Hospital District Board of Directors held on November 19, 2025 be adopted.

5. PETITIONS, DELEGATIONS & PRESENTATIONS (10-minute maximum)

6. CORRESPONDENCE FOR ACTION

7. CORRESPONDENCE FOR INFORMATION

a. **ISLAND HEALTH**

9-54

Local Health Area Profile – Alberni-Clayoquot – February 2025

- b. **CORCAN MEADOWOOD RESIDENTS ASSOCIATION (a member of the Regional District of Nanaimo Taxpayers Alliance)** **55-58**
Copy of letter to the Honourable Josie Osborne, Minister of Health requesting that the Provincial Government expand the health system review to include Regional Hospital Districts.

THAT correspondence a-b be received for information.

8. REQUEST FOR DECISIONS & BYLAWS

- a. **Request for Decision** **59-62**
2026-2030 Provisional Budget

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give first reading to the bylaw cited as "Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140".

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give second reading to the bylaw cited as "Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140".

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give third reading to the bylaw cited as "Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140".

THAT the Alberni Clayoquot Regional Hospital District Board of Directors adopt the bylaw cited as "Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140".

9. REPORTS

- a. Bamfield Health Centre – B. Beckett
- b. Alberni-Clayoquot Continuing Care Society – V. Siga
- c. West Coast Native Health Care Society – P. Cote
- d. Tofino General Hospital – West Coast Directors
- e. Alberni-Clayoquot Health Network – P. Cote/V Siga
- f. West Coast General Hospital – Alberni Valley Directors
- g. Other Reports

THAT the Regional Hospital Board of Directors receives reports a-g.

10. **UNFINISHED BUSINESS**

11. **LATE BUSINESS**

12. **QUESTION PERIOD**

Questions/Comments from the public:

- Participating in Person in the Board Room
- Participating in the Zoom meeting
- Emailed to the ACRD at responses@acrd.bc.ca

13. **ADJOURN**



Alberni-Clayoquot Regional Hospital District

MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON WEDNESDAY, NOVEMBER 19, 2025, 1:30 PM

Hybrid - Zoom/Board Room, 3008 Fifth Avenue, Port Alberni, BC

DIRECTORS

Debbie Haggard, Chair, Councillor, City of Port Alberni

PRESENT:

Bob Beckett, Director, Electoral Area "A" (Bamfield)

Fred Boyko, Director, Electoral Area "B" (Beaufort)

Vaida Siga, Director, Electoral Area "C" (Long Beach)

Penny Cote, Director, Electoral Area "D" (Sproat Lake)

Susan Roth, Director, Electoral Area "E" (Beaver Creek)

Mike Sparrow, Director, Electoral Area "F" (Cherry Creek)

Tom Stere, Councillor, District of Tofino

Moriah Cootes, Councillor, Uchucklesaht Tribe Government

Kirsten Johnsen, Councillor, Toquaht Nation

REGRETS:

Marilyn McEwen, Mayor, District of Ucluelet

Levana Mastrangelo, Executive Legislator, Yuułu?if?ath Government

Sharie Minions, Mayor, City of Port Alberni

John Jack, Vice-Chairperson, Chief Councillor, Huu-ay-aht First Nations

STAFF PRESENT:

Daniel Sailland, Chief Administrative Officer

Teri Fong, Chief Financial Officer

Cynthia Dick, General Manager of Administrative Services

Janice Hill, Executive Assistant

The meeting can be viewed on the Alberni-Clayoquot Regional District website at:

<https://www.acrd.bc.ca/events/19-11-2025/>

1. CALL TO ORDER

The Chairperson called the meeting to order at 1:30 pm.

The Chairperson recognized this meeting is being held throughout the Nuuchahnulth territories.

The Chairperson reported this meeting is being recorded and livestreamed to YouTube on the Regional District website.

2. APPROVAL OF AGENDA

MOVED: Director Sparrow

SECONDED: Director Roth

THAT the agenda be approved as amended.

CARRIED

3. DECLARATIONS

4. ADOPTION OF MINUTES

a. Board of Directors Meeting – October 22, 2025

MOVED: Director Roth

SECONDED: Director Sparrow

THAT the minutes of the Alberni-Clayoquot Regional Hospital District Board of Directors held on October 22, 2025 be adopted.

CARRIED

5. PETITIONS, DELEGATIONS & PRESENTATIONS

Jesse Tarbotton, Director, Capital Planning, Real Estate and Leasing, Island Health regarding Tofino General Hospital and new role of the Ministry of Infrastructure.

Director Johnsen joined the meeting at 1:50 pm.

MOVED: Director Stere

SECONDED: Director Roth

THAT the Alberni-Clayoquot Regional Hospital District Board of Directors send a letter to Honourable Josie Osborne, Minister of Health and MLA for Mid-Island Pacific Rim to express the Hospital District's disappointment with the decision to not approve the Tofino General Hospital Concept Plan and request that immediate action be taken from the Ministry of Infrastructure to respond with the comprehensive technical information that is required to inform a revised Concept Plan in order to advance the project to the Business Development phase.

CARRIED

MOVED: Director Stere

SECONDED: Director Roth

THAT the Alberni-Clayoquot Regional Hospital District Board of Directors send a letter to the Ministry of Infrastructure with an invitation to attend a future Regional Hospital District Board meeting to discuss their decision to not approve the Tofino General Hospital Concept Plan.

CARRIED

6. CORRESPONDENCE FOR ACTION

7. CORRESPONDENCE FOR INFORMATION

- a. **Island Health**
News Release – New Report highlights health gains and inequities in the Island Health region.

MOVED: Director Roth

SECONDED: Director Boyko

THAT this correspondence be received for information.

CARRIED

8. REQUEST FOR DECISIONS & BYLAWS

9. REPORTS

- a. **Bamfield Health Centre – B. Beckett-** No report.
- b. **Alberni-Clayoquot Continuing Care Society – V. Siga-** the Society is experiencing financial difficulties due to aging infrastructure putting a strain on the capital budget and the operating budget is constrained by slow funding transfers from Island Health for mandated staff wage increase. This is impacting services as it results in decreased staffing and cutbacks on programing.
- c. **West Coast Native Health Care Society – P. Cote-** No report, next meeting November 20, 2025.
- d. **Tofino General Hospital – West Coast Directors-** met with new Site Director for TGH. Acknowledged Island Health for the opening of the Ucluelet Health Centre as it will benefit all the communities in the west coast region. Noted that aging infrastructure continues to be of concern, as sea cans are being used for appointments. Regarding the announcement of emergency room closures throughout the island, Tofino General Hospital is not at risk for a closure. Attended Health Forward Summit hosted by Nanaimo Regional District.
- e. **Alberni-Clayoquot Health Network – P. Cote/ V. Siga-** ACHN is in the process of recruiting for membership as well as gathering information through a Vital Signs Survey.
- f. **West Coast General Hospital – Alberni Valley Directors-** Island Health has announced a temporary closure of the WCGH Intensive Care Unit (ICU). Emergency room services will continue, and patients will be treated and stabilized at WCGH, however, clients requiring prolonged admittance into ICU

will be transferred to another Hospital. Temporary change of service is due to lack of local specialized staffing, and Island Health is working to fill current vacancies. Chairperson and CAO are meeting with the Minister of Health on November 21, 2025, to discuss this announcement. Directors are encouraged to direct questions and correspondence to Island Health or their MLA.

- g. Other Reports- Health Forward Summit- P. Cote/ T. Stere-** Regional District of Nanaimo hosted the Health Forward Summit on November 13, 2025. Director Cote attended on behalf of the Hospital District. Director Stere attended as a representative from the District of Tofino. There were sessions facilitated on AI, Preventative Healthcare, Investment in Healthcare Infrastructure and a Shared Path to Wellness with Indigenous Healing Practices. The Summit was well attended by representatives from Island Health, physicians, local and First Nations governments, and provincial officials. A report will be provided on the Summit and shared with Directors once it is available. There was a facilitated problem-solving session in the afternoon and in the report key takeaways will be provided. This included discussions regarding the challenges with recruiting health practitioners to the area including housing and other opportunities.

MOVED: Director Roth

SECONDED: Director Stere

THAT the Regional Hospital Board of Directors receives reports a-g.

CARRIED

10. UNFINISHED BUSINESS

11. LATE BUSINESS

12. QUESTION PERIOD

Questions/Comments from the public. The General Manager of Administrative Services advised there were no questions or comments respecting an agenda topic from public:

- Participating in Person in the ACRD Board Room
- Participating in the Zoom webinar
- Submissions received by email at responses@acrd.bc.ca.

13. ADJOURN

MOVED: Director Sparrow

SECONDED: Director Roth

THAT this meeting be adjourned at 2:53 pm.

CARRIED

Certified Correct:

Debbie Haggard,
Chairperson

Cynthia Dick,
General Manager of Administrative Services



Local Health Area Profile

Alberni-Clayoquot - 426

February 2025

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

The **Interpretation Guide** should be read with the profiles.

These profiles are not intended to be used for detailed planning or analysis. As they are updated on an annual basis, there may be more current data available. If you are intending to use these profiles for health planning purposes, if you have detailed questions, or notice a discrepancy, please contact the Population Health Assessment, Surveillance and Epidemiology (PHASE) team at pophealthsurvepi@islandhealth.ca



Acknowledgements

Before Canada and BC were formed, Indigenous peoples lived in balance and interconnectedness with the land and water in which the necessities of life are provided. Health disparities persist, which are due to the impacts of colonization and Indigenous-specific racism. Island Health acknowledges and recognizes these homelands and the stewardship of Indigenous peoples of this land; it is with humility we continue to work toward building our relationship.

Additionally, this report has been built through the work of several members of the Population and Public Health Unit at Island Health, in collaboration with multiple external data resources. Island Health would like to extend its gratitude to its contributors and those who have provided feedback and direction on the contents of this report.

This report serves as a contribution to delivering our vision of providing excellent health and care for everyone, everywhere, every time.

For more information, please contact ISLH's PHASE Team:

Email:
pophealthsurvey@islandhealth.ca

Website:
www.islandhealth.ca/about-us



Alberni-Clayoquot Local Health Area (LHA)

Profile Contents

LHA Overview	5
Geography	6
Population and Demographics	7
Indicators & Data Reporting	9
Determinants of Health	10
Income and Employment	10
Education	12
Housing	13
Early Childhood Development	14
Healthy Behaviours and Built Environment	16
Health Status	17
Birth Statistics	17
Mortality Statistics	19
Chronic Disease	21
Mental Health & Substance Use	22
Health Service Use	24
Physician Attachment and Home-Care Visits	24
Acute Care Inpatient Cases	25
Ambulatory Care Sensitive Conditions	26
Emergency and Urgent Care Centre Visits	26
Additional Indicators and Data	27
Population and Demographics, Data Sources	42
Population and Population Projection	42
Age Demographics & Marital Status	42

Migration and Immigrants	42
Determinants of Health, Data Sources	42
Education & Employment	42
Health Behaviours.....	42
Household	43
Income & Income Inequality.....	43
Morbidity.....	43
Transportation	43
Child Health	43
Early Development	43
Protecting Children and Youth	43
Health Status, Data Sources	44
Life Expectancy.....	44
Deaths.....	44
Health Matrix	44
Births	44
Morbidity.....	44
Complex Continuing Care.....	45
Emergency.....	45
Hospital Day Care.....	45
Primary Care.....	45
Potential Years of Life Lost	45
Hospital Inpatient Care.....	46

LHA Overview

Geography

- ▶ LHA Geographic Overview
- ▶ Community Health Service Areas (CHSAs) within LHA

Population and Demographics

- ▶ Average Age
- ▶ Population Estimates

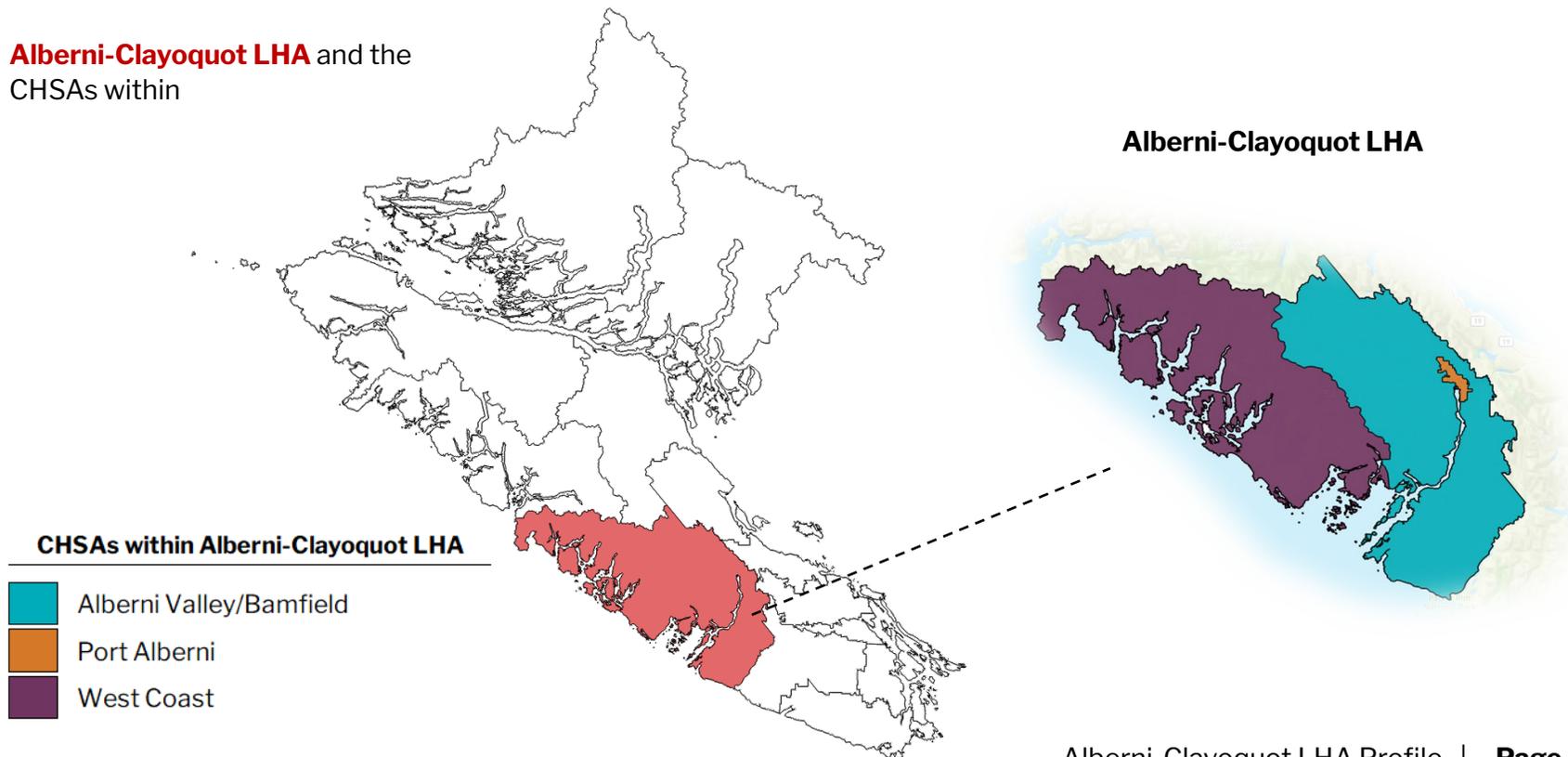
“To provide superior health care through innovation, teaching and research and a commitment to quality and safety—creating healthier, stronger communities and a better quality of life for those we touch.”

- **Island Health Purpose**

Geography

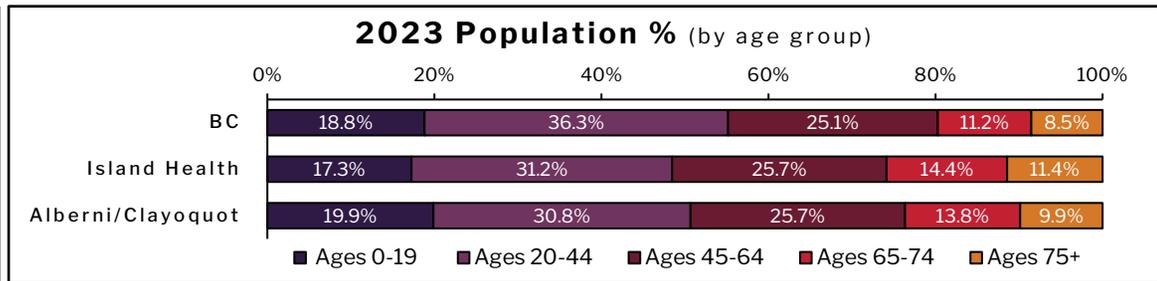
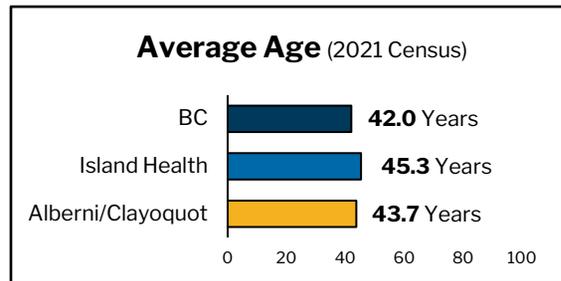
Alberni-Clayoquot Local Health Area (LHA) is one of 14 LHAs in Island Health and is located in Island Health’s Central Island Health Service Delivery Area (HSDA). Alberni-Clayoquot is at the northwest corner of the Central HSDA. It covers 6,904 square kilometers, and includes the communities of Port Alberni, Tofino, and Ucluelet. The Alberni-Clayoquot LHA is located on the traditional lands of several First Nations: Huuʔiiʔath, Yuutuʔitʔath, Tukʷaaʔath, Huučuqʷisʔath, ʷaʔuukʷiʔath, Huupačasʔath, Cišaaʔath, ʷaahuusʔath, and Hiškʷiiʔath. Alberni-Clayoquot LHA is also home to the Alberni-Clayoquot Métis Society, a Chartered Métis Community. It borders on six other LHAs: Vancouver Island West, Greater Campbell River, Comox Valley, Oceanside, Greater Nanaimo, and Cowichan Valley West. Alberni-Clayoquot is situated along Highway 4. Tofino is approximately two hours west of Port Alberni, which is an hour drive west from Nanaimo. There are more than five bus routes in the city of Port Alberni. There is also a daily bus service between Tofino, Ucluelet, Port Alberni, and the major Island hubs. The Alberni-Clayoquot LHA contains 3 unique Community Health Service Areas (CHSAs) within it. The areas can be viewed on the **map below**:

Alberni-Clayoquot LHA and the CHSAs within

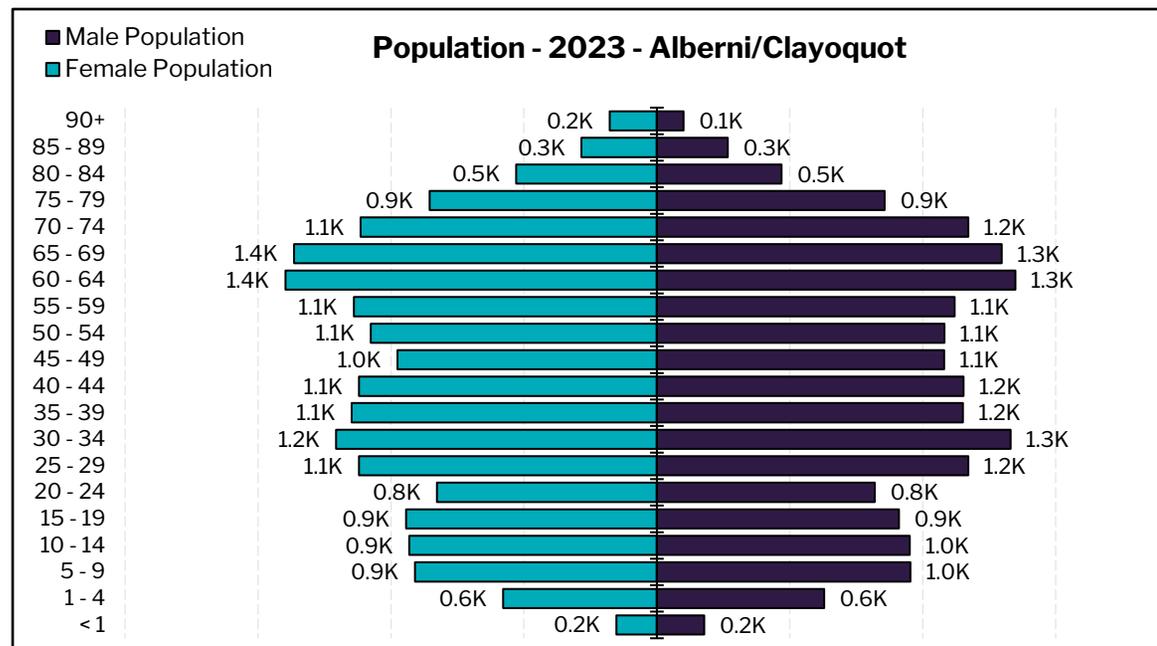


Population and Demographics

As of 2023, the Alberni-Clayoquot LHA is estimated to represent 3.95% (35,885 people) of Island Health’s total population of 908,627. According to the 2021 Census, 19.6% of people living in the Alberni-Clayoquot LHA identified themselves as Indigenous, considerably higher than the 7.8% across Island Health and 5.9% in BC. Additionally, 4.9% of people living in Alberni/Clayoquot area identified themselves as a visible minority, compared to 11.6% across Island Health and 34.4% in BC.

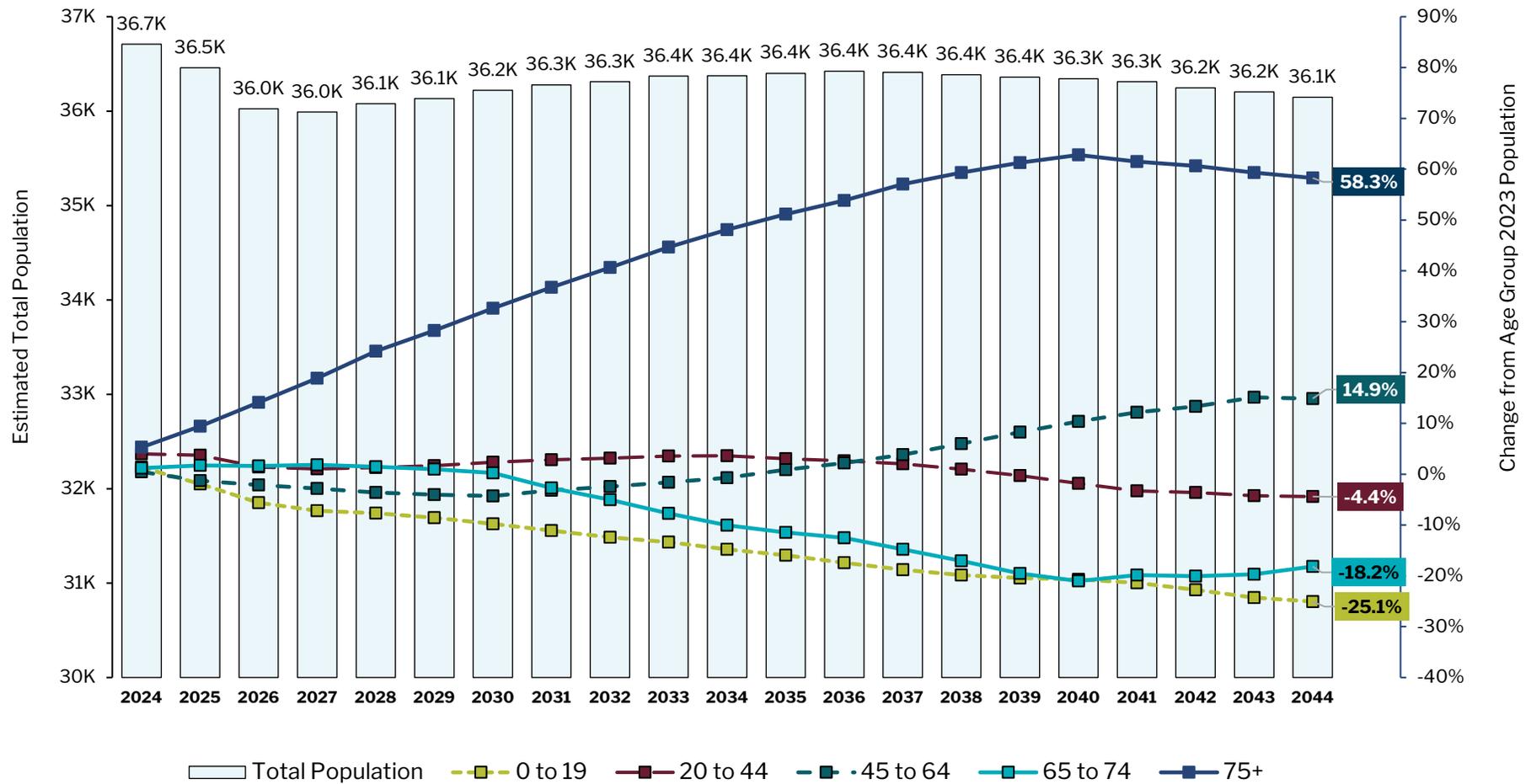


The average age in Alberni-Clayoquot is 43.7 years; this is younger than Island Health overall, but older than BC. The 20-44 age group makes up the largest proportion of the population at 30.8%, which is less than both BC (36.3%) and Island Health (31.2%). The Alberni-Clayoquot population is estimated to increase by 1.2% by the year 2032; this is lower than both BC (9.6% increase) and Island Health (6.2% increase). By the year 2044 the Alberni-Clayoquot population is estimated to grow to a total of 36.1 thousand people. There are expected increases in the population proportion of 75+ years (+58.3%) and



45-64 years (+14.9%) age groups by 2044. All other age groups will see declines by 2044, with the largest decline being seen among those 0-19 years (-25.1%). See the Population and Demographics summary on pages 28-29 for more information.

Alberni - Clayoquot Population Projections (2024 - 2044)



Indicators & Data Reporting

Determinants of Health

- ▶ Income and Employment
- ▶ Education
- ▶ Housing
- ▶ Early Childhood Development
- ▶ Healthy Behaviours and Built Environment

Health Status

- ▶ Birth Statistics
- ▶ Mortality Statistics
- ▶ Chronic Disease
- ▶ Mental Health & Substance Use

Health Service Use

- ▶ Physician Attachment and Home-Care Visits
- ▶ Acute Care Inpatient Cases
- ▶ Emergency and Urgent Care Centre Visits
- ▶ Ambulatory Care Sensitive Conditions

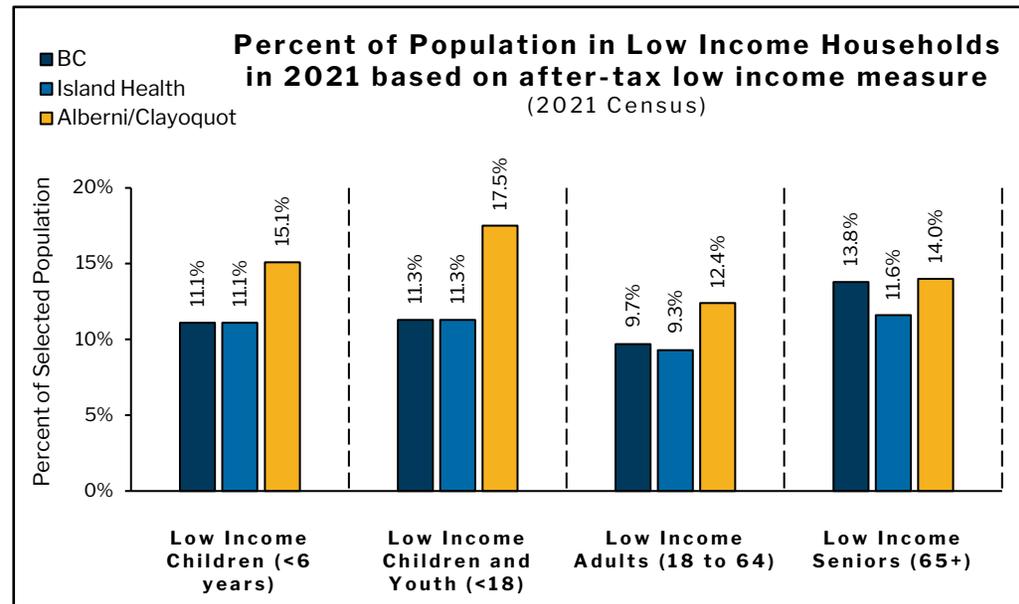
Determinants of Health

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

Income and Employment

The median household income for Alberni-Clayoquot was \$68,500 in 2021, considerably lower than the BC median household income of \$85,000 and Island Health of \$80,000.

The after-tax Low Income Measure (LIM-AT) is defined as the number of persons in households for which their adjusted¹ household income is 50% or less of the median income in Canada. in Alberni-Clayoquot, slightly less than one in five children under 18 live in low-income households, and 15.1% of children aged six and younger live in low-income households. These proportions are notably higher than figures for both Island Health overall and BC. Additionally, 12.4% of working-age adults and 14.0% of seniors in Alberni-Clayoquot live in low-income households. Within the LHA, the West Coast CHSA has the highest proportion of children in low-income households, while the Port Alberni CHSA



¹ "Adjusted" income is calculated using a formula that takes into account the number of persons in the home, in order to account for the needs of the household and its members when assessing low income.

has the highest proportion of adults in low-income households. Alberni Valley / Bamfield has the lowest proportion of low-income households across all age groups.

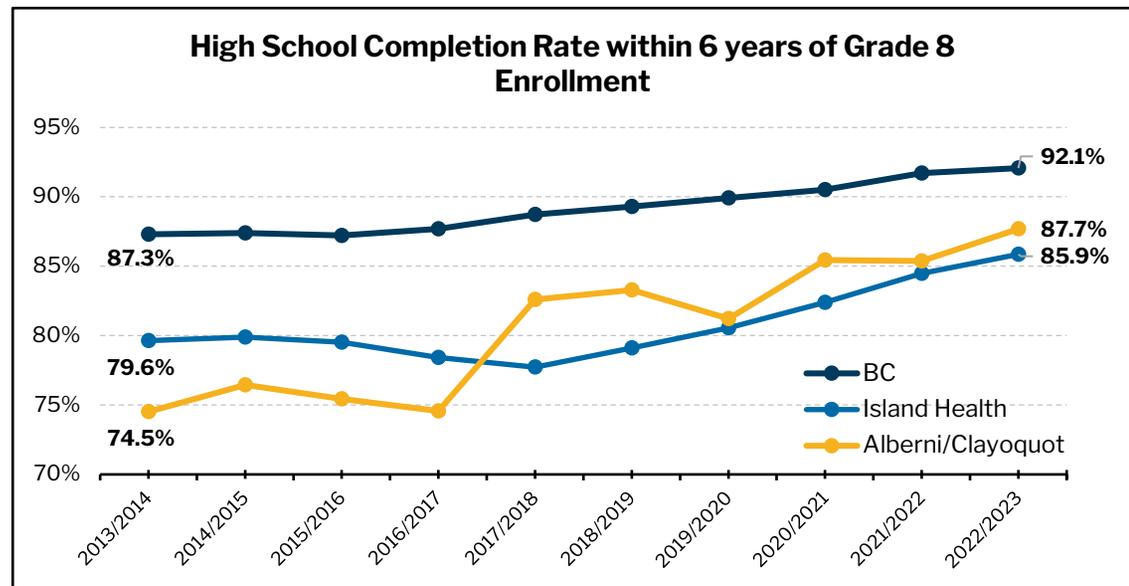
The unemployment rate in Alberni-Clayoquot is higher than both BC and Island Health (see page 30).

Percent of Population in Low Income Households in 2021 based on after-tax low income measure (2021 Census)

	Low Income Children (<6 years)	Low Income Children and Youth (<18)	Low Income Adults (18 to 64)	Low Income Seniors (65+)
BC	11.1%	11.3%	9.7%	13.8%
Island Health	11.1%	11.3%	9.3%	11.6%
Alberni - Clayoquot	15.1%	17.5%	12.4%	14.0%
CHSAs				
Port Alberni	15.6%	16.9%	12.9%	15.4%
Alberni Valley/Bamfield	10.0%	13.2%	9.8%	10.2%
West Coast	16.5%	20.8%	12.5%	11.0%

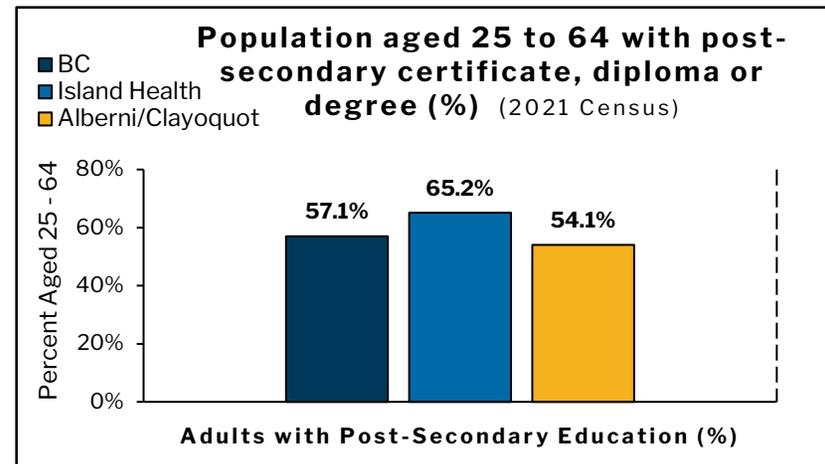
Education

High school completion rates for Alberni-Clayoquot have been increasing over the last 10 years, from 74.5% in 2013/14 to the current rate of 87.7%. In 2022/23, the graduation rate is higher than the rate for Island Health by 1.8% and lower than BC by 4.4%. Also, according to the 2021 Census, a lower proportion of the Alberni-Clayoquot adult population have completed post-secondary education, compared to Island Health as a whole, and BC.



Population aged 25 to 64 with post-secondary certificate, diploma, or degree (%) (2021 Census)

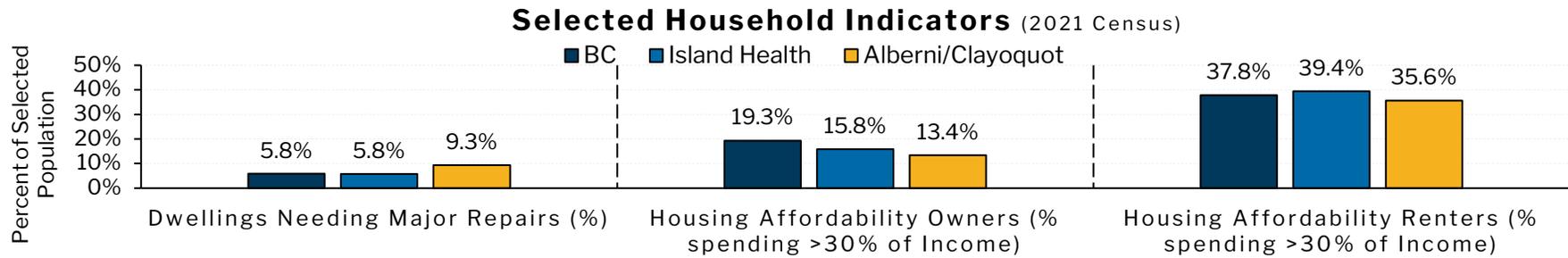
BC	57.1%
Island Health	65.2%
Alberni - Clayoquot	54.1%
CHSAs	
Port Alberni	52.6%
Alberni Valley/Bamfield	52.7%
West Coast	59.1%



Housing

One way to measure the affordability of housing is to look at how much of a household's income is spent on shelter, the shelter-to-income ratio (STIR). Statistics Canada considers households with STIRs above 30% to be experiencing housing unaffordability. In Alberni-Clayoquot, 13.4% of owner households and 35.6% of renter households were experiencing housing unaffordability in 2021. These figures are lower than Island Health and BC figures overall.

Another measure of housing suitability is households living in homes in need of major repairs, which include repairs to defective plumbing or electrical wiring, or structural repairs to walls, floors or ceilings. In Alberni-Clayoquot, nearly one in ten (9.3%) households live in homes needing major repairs. This is considerably higher than the average for Island Health and BC (both 5.8%). Households living in the West Coast CHSA are most likely to be living in homes in need of major repairs.



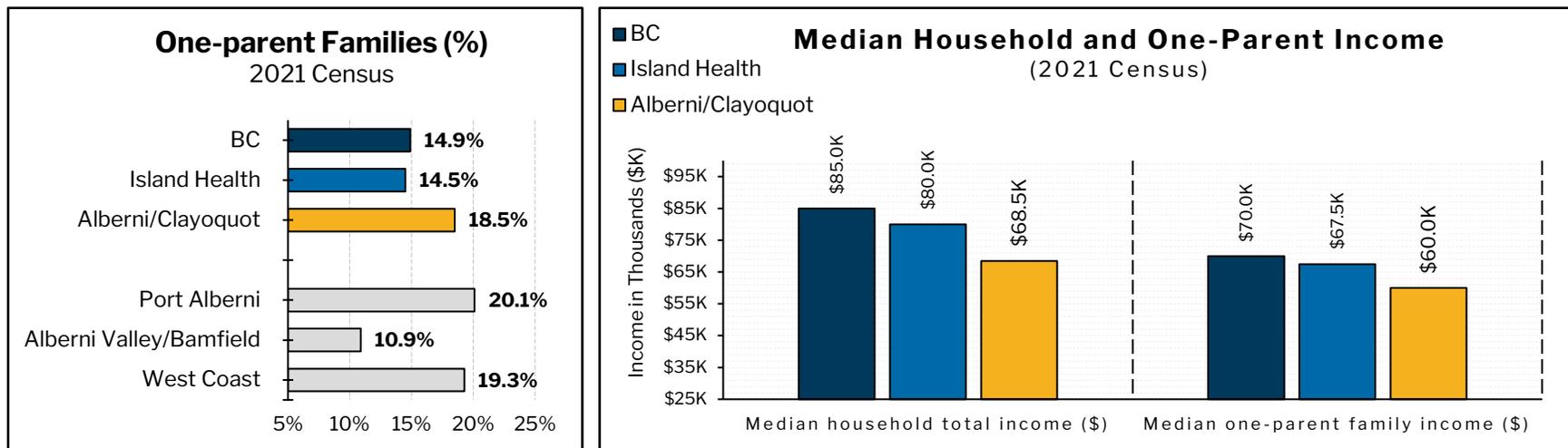
Selected Household Indicators (2021 Census)

	Dwellings Needing Major Repairs (%)	Housing Affordability Owners (% spending >30% of Income)	Housing Affordability Renters (% spending >30% of Income)
BC	5.8%	19.3%	37.8%
Island Health	5.8%	15.8%	39.4%
Alberni - Clayoquot	9.3%	13.4%	35.6%
CHSAs			
Port Alberni	8.4%	12.0%	40.7%
Alberni Valley/Bamfield	8.2%	11.5%	28.6%
West Coast	13.8%	23.6%	21.8%

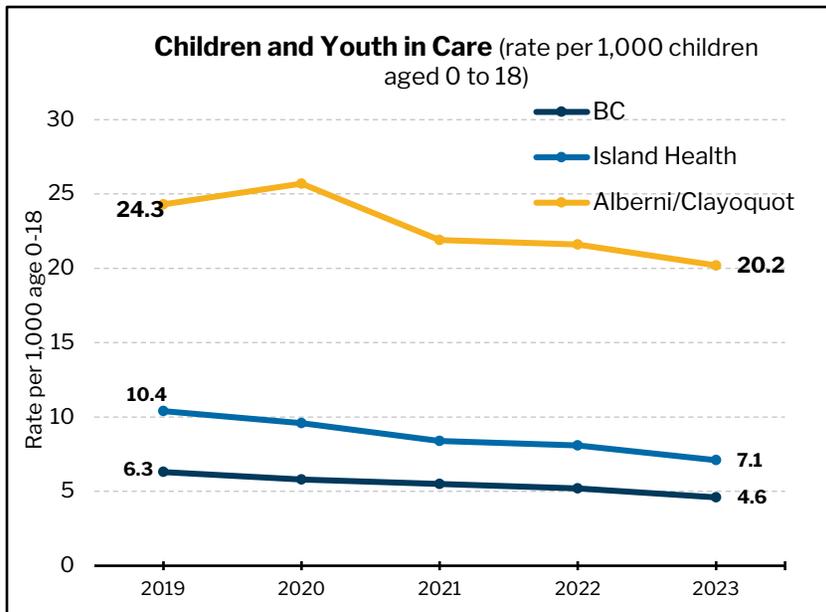
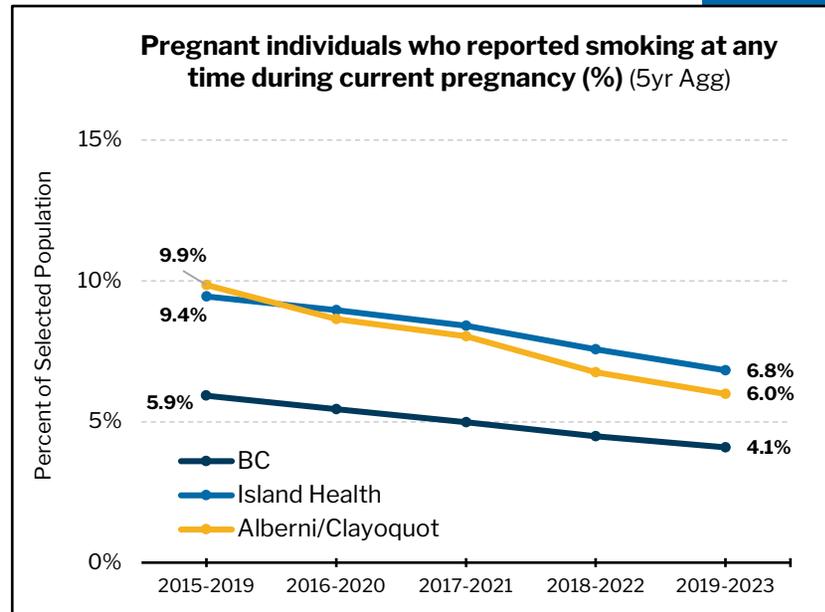
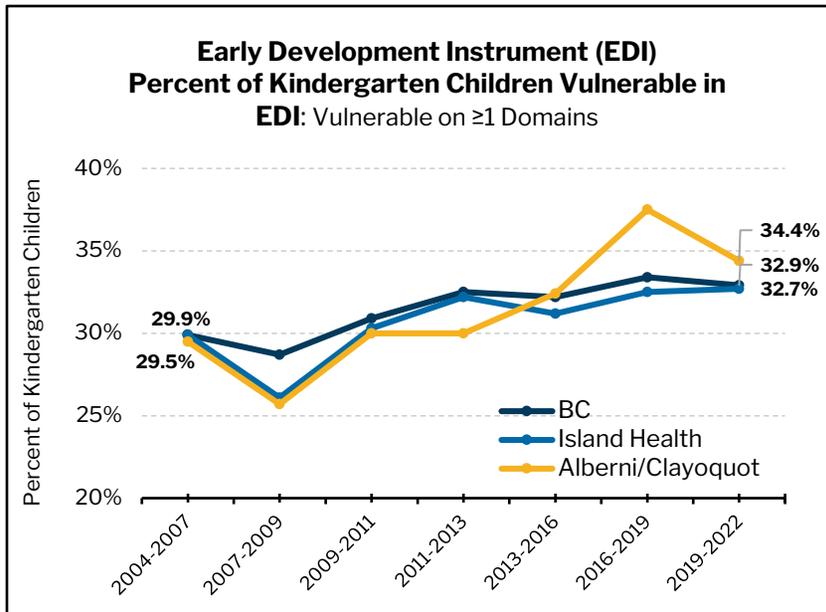
Early Childhood Development

Creating supportive and healthy environments where all children and youth can grow and thrive is critical to the health of the population. This includes supporting birthing persons during the pre- and post-natal period, supporting families during early development years, supporting children and youth to grow, learn, and transition into adulthood. Socioeconomic factors, such as household income, also play important roles in supporting optimal childhood and youth development.

In Alberni-Clayoquot, slightly less than one in five Census families (18.5%) are one-parent families, higher than the proportions for Island Health and BC. Median household income in Alberni-Clayoquot is \$68,500, and the median household income for one-parent families is \$60,000. Both of these figures are lower than the figures for both Island Health and BC.



The Early Development Instrument (EDI) is used to measure vulnerability among kindergarten children across five domains (social, physical, emotional, language, and communication). Increases in the EDI rate is a negative indicator of child health and decreases are a positive indicator. In Alberni-Clayoquot, vulnerability has increased over time and, as of the most recent data collection period, more than one in three children (34.4%) are identified as vulnerable. This figure is slightly higher than both Island Health and BC (32.7% and 32.9%, respectively).

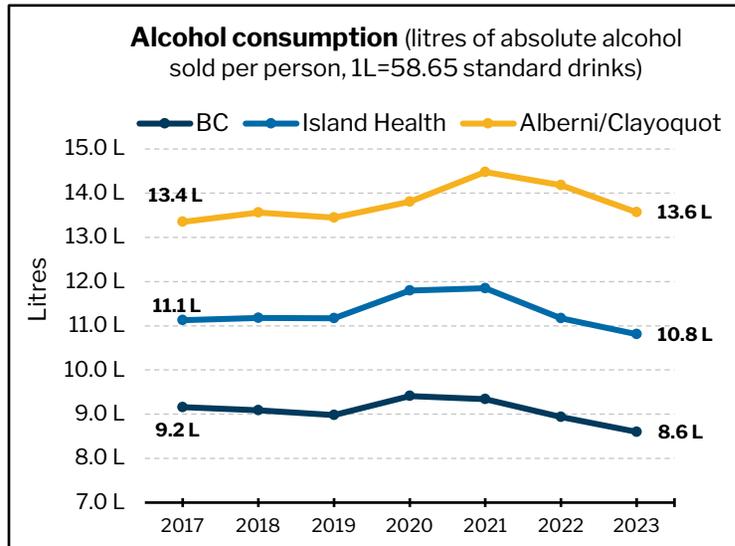


Smoking during pregnancy has demonstrated negative effects for both the pregnant individual and baby. Across all geographies, rates have been decreasing since 2015. In Alberni-Clayoquot specifically, the rate of smoking during pregnancy was 6.0% as of 2019-2023, lower than the Island Health rate (6.8%) but higher than the provincial rate (4.1%).

The rate of children and youth in care (per 1,000 children aged 0 to 18) has been declining in Alberni-Clayoquot, and at other geographies, since 2019. In 2023 in Alberni-Clayoquot, the rate was 20.2; this is nearly three times the Island Health average (7.1) and more than four times the provincial rate (4.6).

See the Determinants of Health summary on pages 30- 33 for more information.

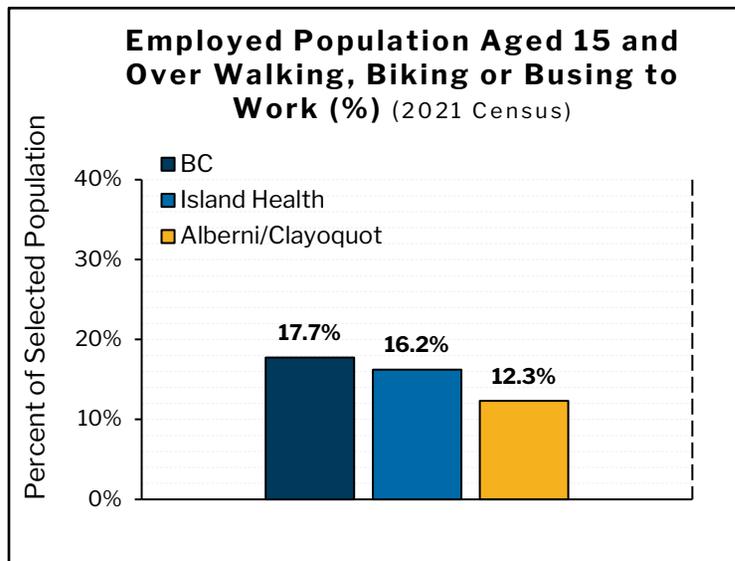
Healthy Behaviours and Built Environment



Supporting healthy behaviours such as healthy eating, exercise, not smoking, reducing alcohol consumption, and maintaining social connections contributes to population health. Many healthy behaviour indicators are available through the Canadian Community Health Survey (CCHS) but not all the data are available at the LHA level, however some are reported here.

Average annual per capita alcohol sales, an indicator of overall alcohol consumption, in Alberni-Clayoquot is 13.6 L of absolute alcohol; this is notably higher than both the Island Health rate (10.8 L) and the British Columbia rate (8.6 L).

Among those who are employed, 12.3% took sustainable forms of transportation (walking, biking, or busing) to work. This is lower than the proportion for both Island Health (16.2%) and BC overall (17.7%). Rates of taking sustainable transportation to work within Alberni-Clayoquot were highest on the West Coast (28.4%) and lowest in Alberni Valley / Bamfield (4.9%).



Employed Population Aged 15 and Over Walking, Biking or Busing to Work (%) (2021 Census)

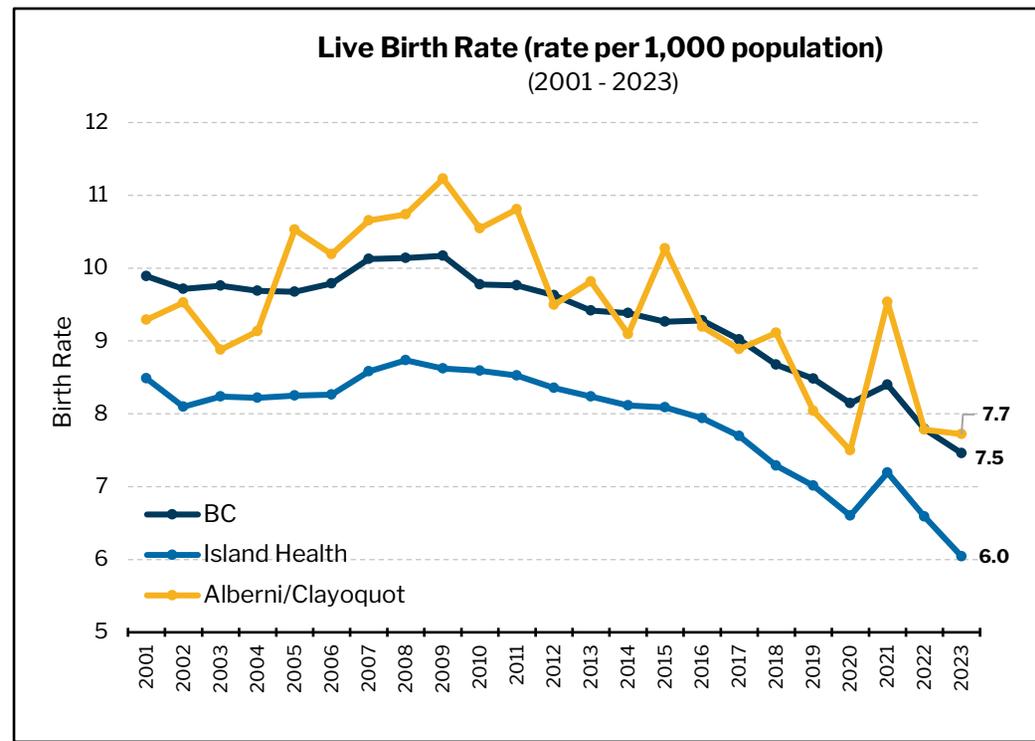
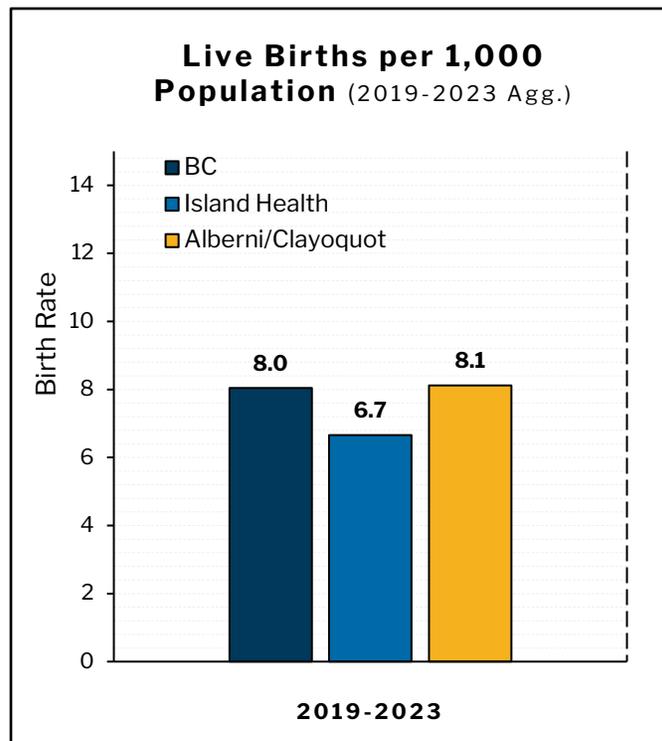
BC	17.7%
Island Health	16.2%
Alberni - Clayoquot	12.3%
CHSAs	
Port Alberni	8.2%
Alberni Valley/Bamfield	4.9%
West Coast	28.4%

Health Status

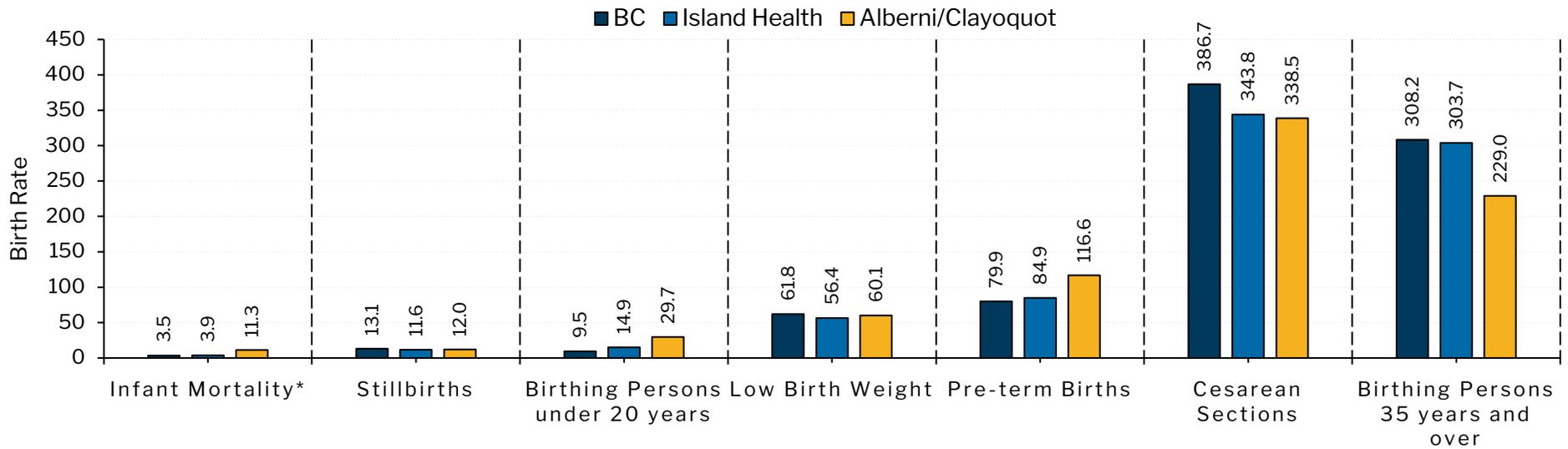
The health status of the population is measured with several indicators such as life expectancy, infant mortality, prevalence of chronic disease, mortality, and premature mortality.

Birth Statistics

The overall birth rate for Alberni-Clayoquot is 8.1 live births per 1,000 population; this is higher than Island Health, but comparable to BC overall. Alberni-Clayoquot experiences higher rates of infant mortality, pre-term births, and birthing persons under 20 years old compared to Island Health and BC. Alberni-Clayoquot has a far lower rate of birthing persons aged 35 or older compared to both Island Health and BC.



Birth Statistics, Per 1,000 Live Births (2019-2023 Agg.)



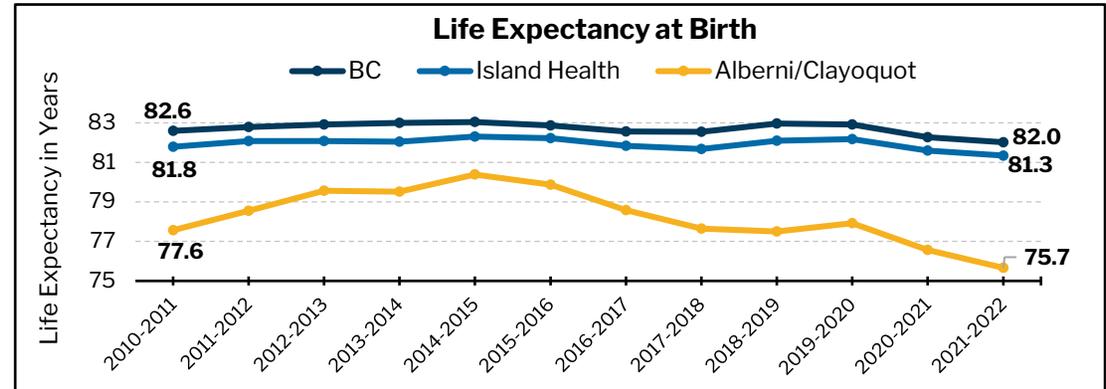
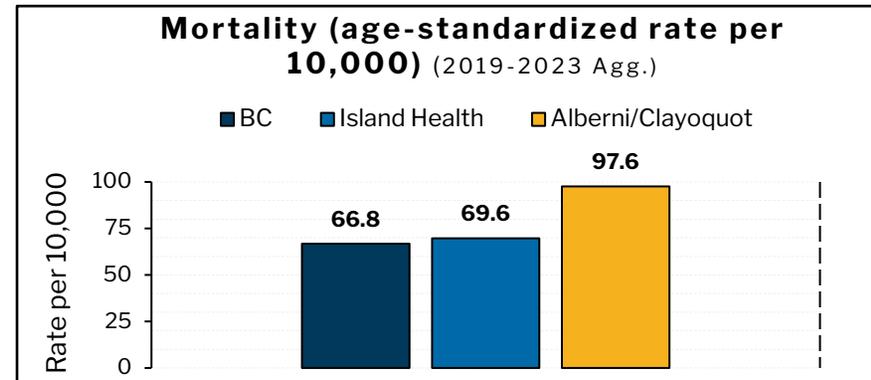
** It is important to note that caution should be exercised when dealing with a small number of cases as an increase or decrease may indicate random variation rather than a notable change in rates.*

Mortality Statistics

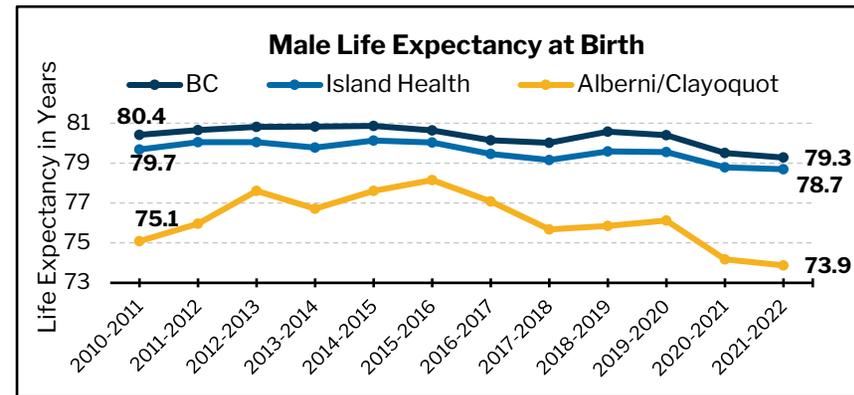
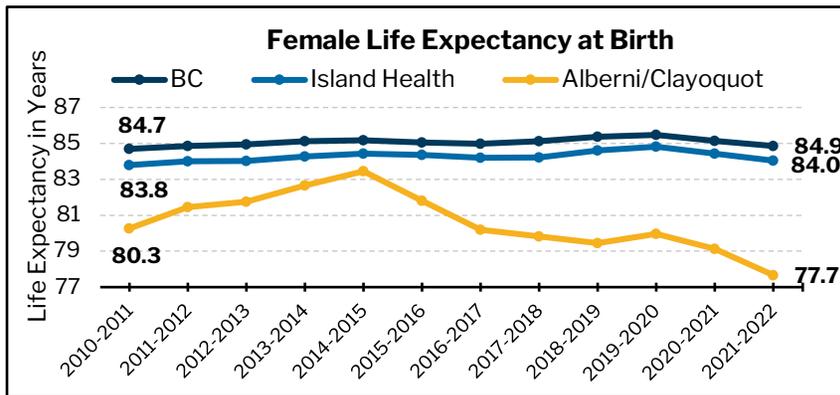
Mortality rates have seen a large increase in Alberni-Clayoquot from 78.1 per 10,000 population in 2013-2017 to 97.6 per 10,000 population in years 2019-2023. Currently, the age standardized all-cause mortality rate per 10,000 population in Alberni-Clayoquot is 97.6, considerably higher than BC (66.8) and Island Health (69.6).

Potential years of life lost (PYLL) is a measure of premature mortality (an estimate of the average years a person would have lived if they had not died before the established life expectancy of 75 years). The age standardized all-cause PYLL rate in Alberni-Clayoquot is 103.0, years lost per 1,000 population nearly 100% higher than Island Health (58.3) and BC (52.3). A complete list of PYLL by cause can be found on page 39. The PYLL for all individual causes of death in Alberni-Clayoquot are higher than, or comparable to, provincial and Island Health rates.

Life expectancy at birth in Alberni-Clayoquot has seen declines as well, falling from a peak of 80.4 years in 2014/15 to 75.7 years in 2021/22. While BC and Island Health have also seen declines in life expectancy at birth, the drop in Alberni-Clayoquot has been much steeper over this time period.



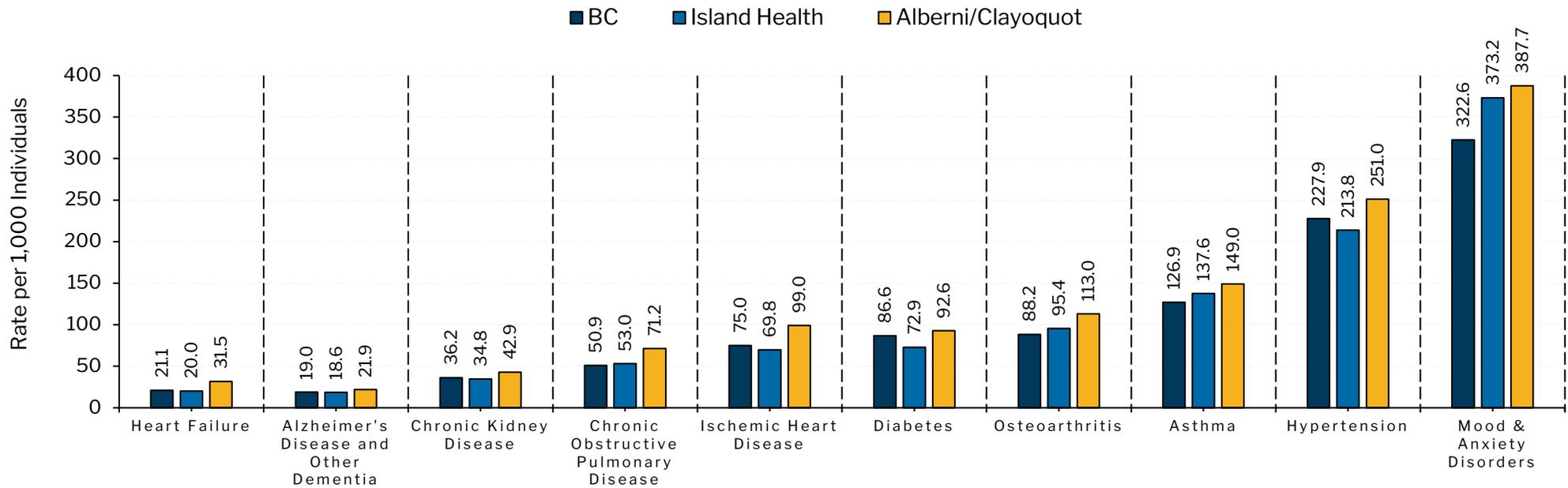
The life expectancy in 2021-2022 for females in Alberni-Clayoquot was 3.8 years greater (77.7 years for females and 73.9 years for males). Both the male and female life expectancy in Alberni-Clayoquot is lower than that of BC and Island Health. The life expectancy through time has followed a similar trend for both females and males.



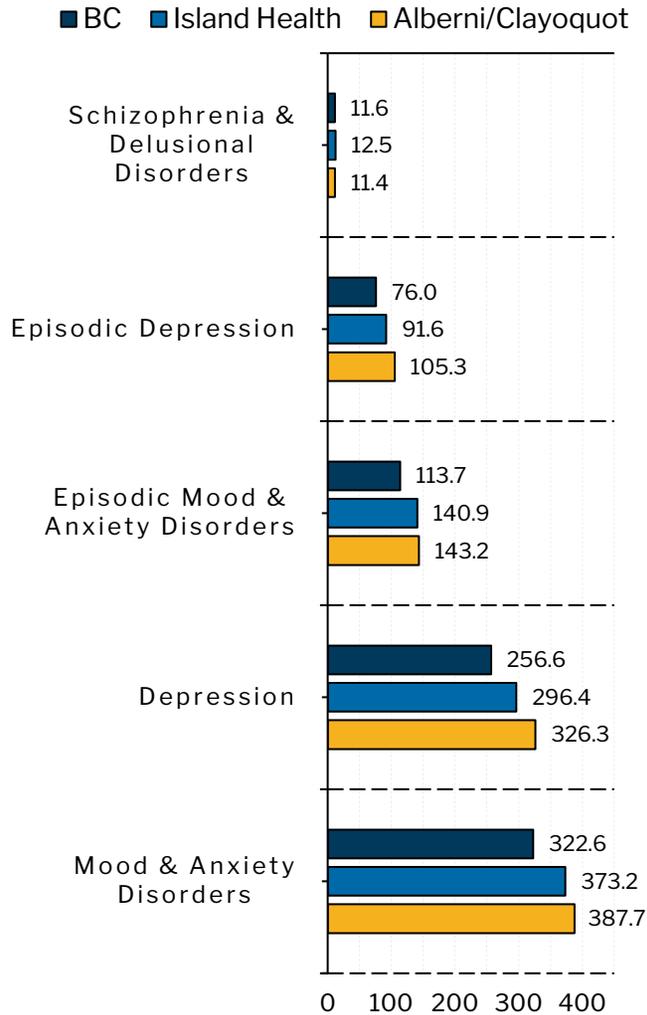
Chronic Disease

Chronic disease prevalence rates tend to be higher for Alberni-Clayoquot in comparison to Island Health and BC. For the tracked chronic diseases shown below, all prevalence rates are higher for Alberni-Clayoquot than both BC and Island Health. See the Health Status summary on pages 34 - 37 for more information.

Chronic Disease Age Standardized Prevalence in 2022/23 Per 1,000 Individuals



Mental Health Disorders Age Standardized Prevalence per 1,000 Individuals 2022/23

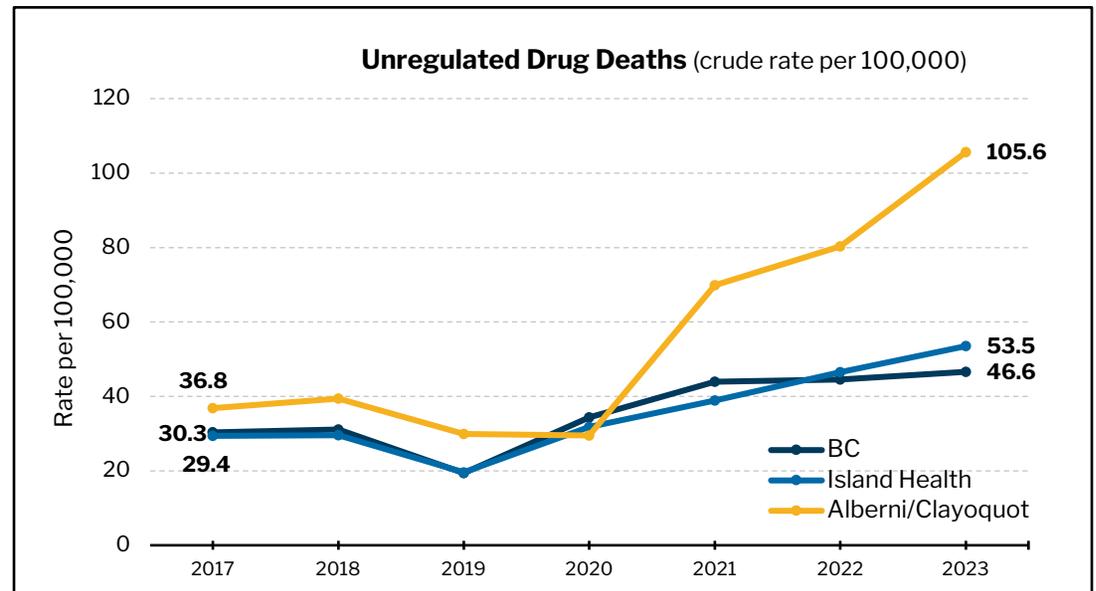


Mental Health & Substance Use

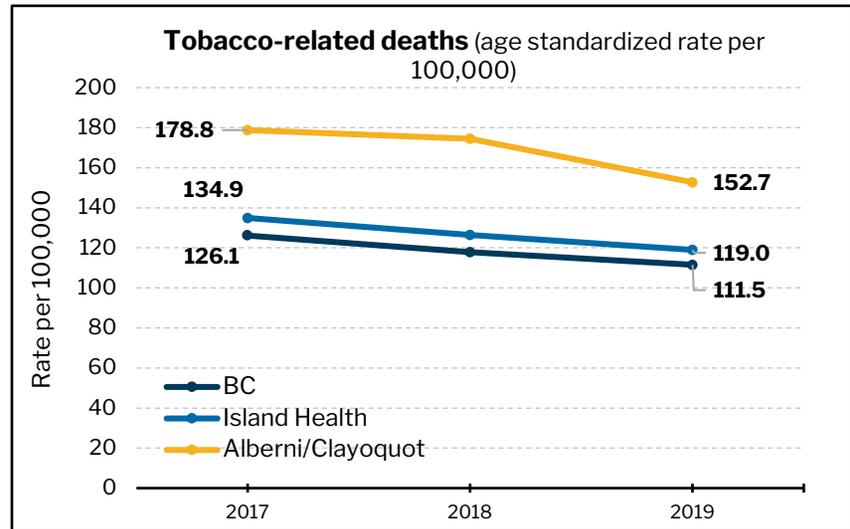
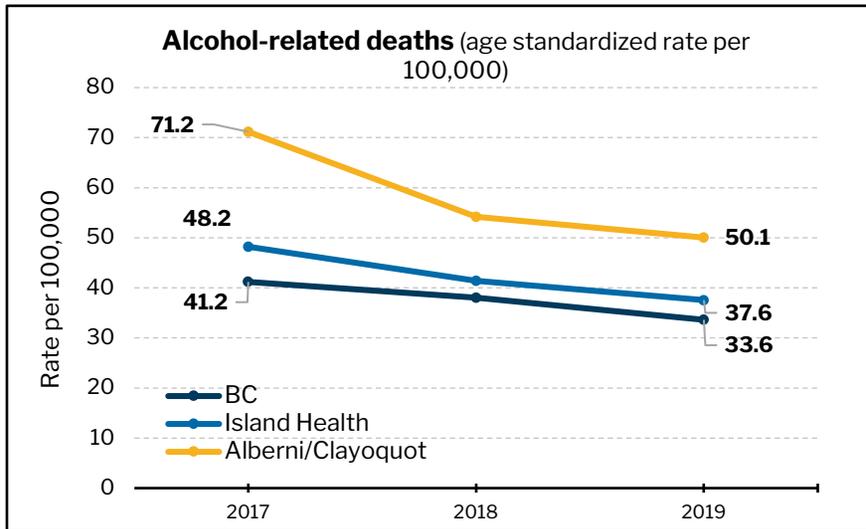
The most prevalent mental health disorder in Alberni-Clayoquot is mood and anxiety disorders, while the least common is schizophrenia and delusional disorders. Alberni-Clayoquot has higher rates of nearly all mental health disorders, with the exception of schizophrenia and delusional disorders, compared to Island Health and BC.

Alberni-Clayoquot has seen a disproportionate increase in unregulated drug deaths since 2020, compared to Island Health and BC. As of 2023, the rate of unregulated drug deaths (crude rate per 100,000) was 105.6, approximately double that of Island Health and BC.

For the most up to date data on Unregulated Drug Deaths, visit: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>.



Tobacco and alcohol-related deaths in Alberni-Clayoquot decreased between 2017-2019, but remained higher than either Island Health or BC. As of 2019, the age standardized the alcohol-related death rate in Alberni-Clayoquot was 51.1 per 100,000 population, and the age standardized tobacco-related death rate was 152.7 per 100,000 population. The indicators listed for unregulated drugs, alcohol, and tobacco report deaths that are partially or entirely attributed to the substance being measured; for more details visit <http://aodtool.cfar.uvic.ca/aod/about.php>. Also, see hospitalization rates on page 41.

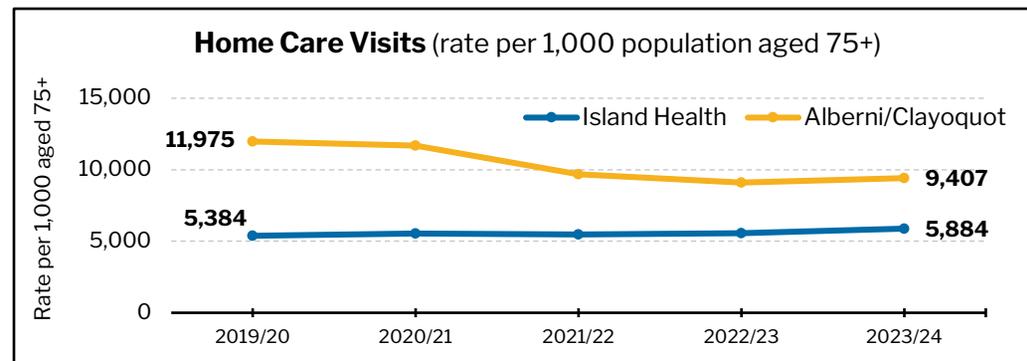
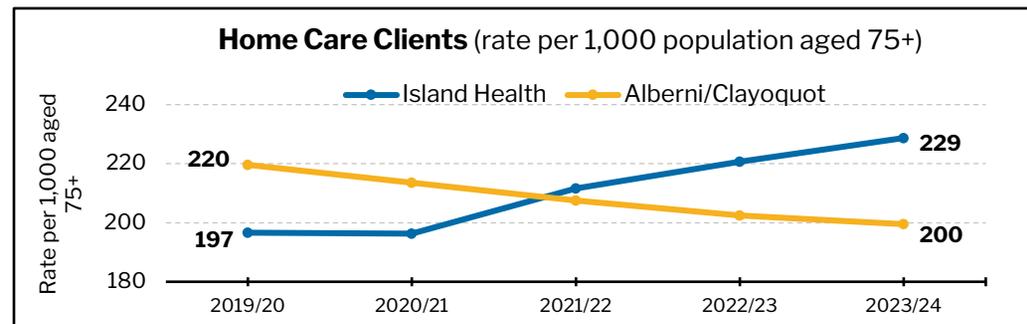
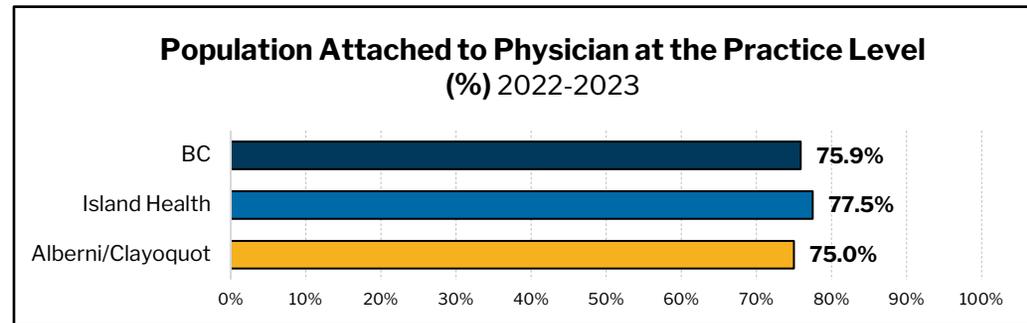


Health Service Use

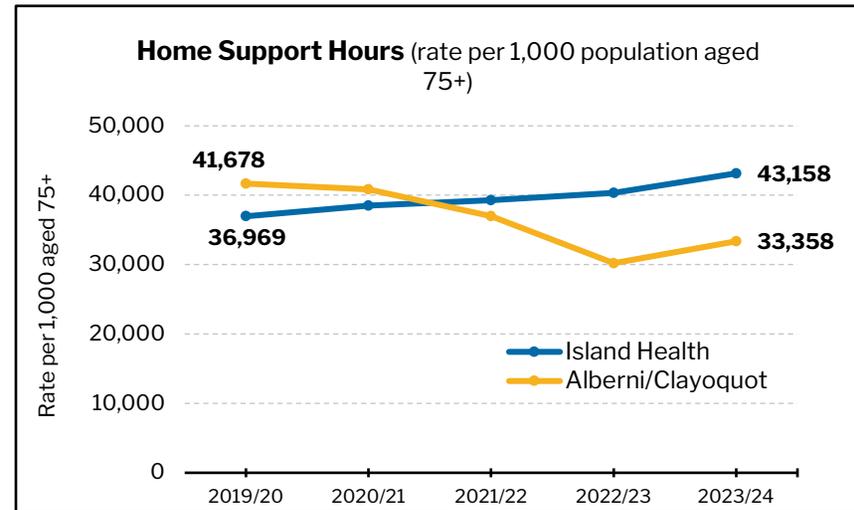
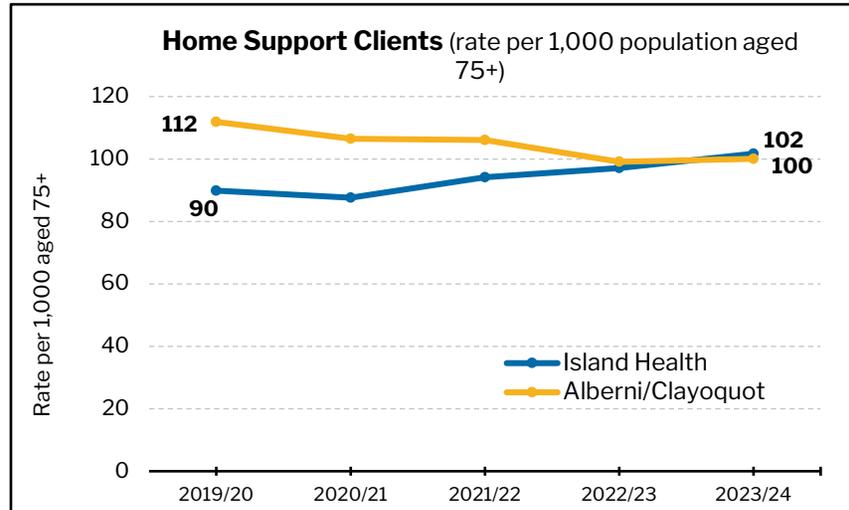
Physician Attachment and Home-Care Visits

Access to primary care services plays an important role in decreasing the use of emergency department and inpatient services. The population attached to physicians at the practice level is calculated by the Ministry of Health and indicates the percentage of the population who have a regular physician or regular physician practice. Three-quarters of the population in Alberni-Clayoquot are attached to a physician at the practice level, which is lower than the rate for Island Health (77.5%), but comparable to the BC rate (75.9%).

The rate of home care clients (measured as the number of clients per 1,000 population aged 75+) in Alberni-Clayoquot has been decreasing over the past several years, from 220 in 2019/20 to 200 in 2023/24. This trend is contrary to that of Island Health, where the rate increased from 197 to 229 over the same time period. The number of home care visits in Alberni-Clayoquot also declined by more than 20% over this time period, while they increased by more than 20% for Island Health overall. See Health Service Use summary on pages 40 - 41 more information on these topics.

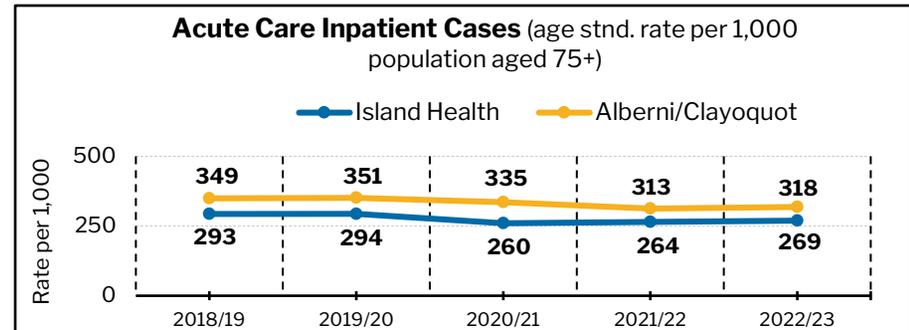
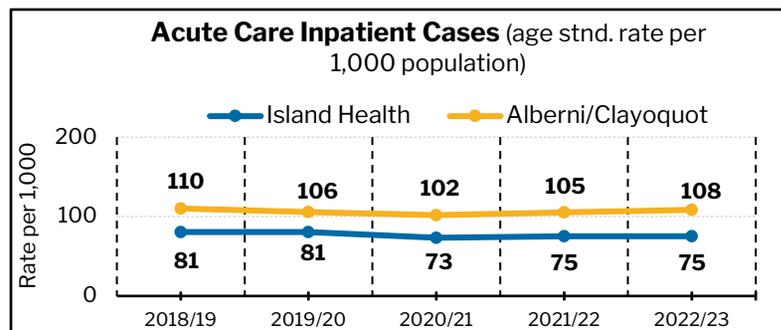


In a similar trend, the rate of home support clients, and number of hours dedicated to home support, have decreased in Alberni-Clayoquot since 2019/20. As of 2023/24 there were 100 home support clients per 1,000 population aged 75+, and 33,358 hours per 1,000 population aged 75+ spent on home support services. Island Health overall has experienced the opposite trend, with the rate of home support clients and number of home support hours increasing over the same time period.



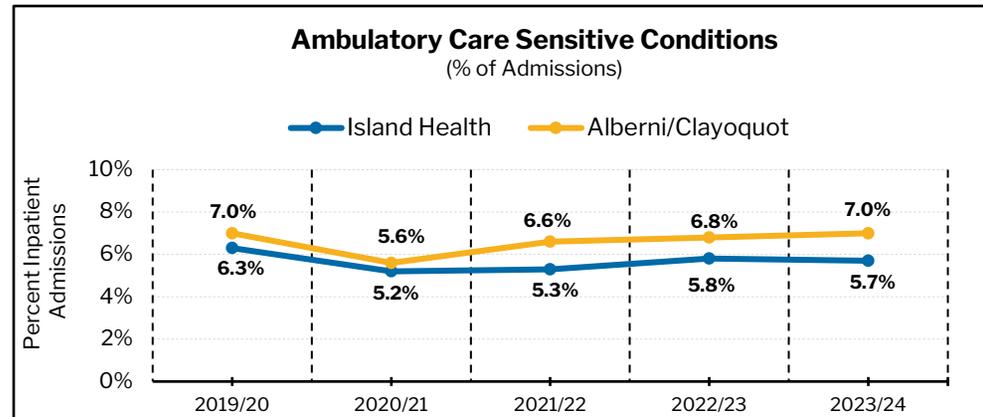
Acute Care Inpatient Cases

The age standardized hospitalization rate (inpatient admissions) in Alberni-Clayoquot is 108 per 1,000 population overall, and 318 per 1,000 population aged 75+. These figures are higher than Island Health, with the gap particularly pronounced in the general population.



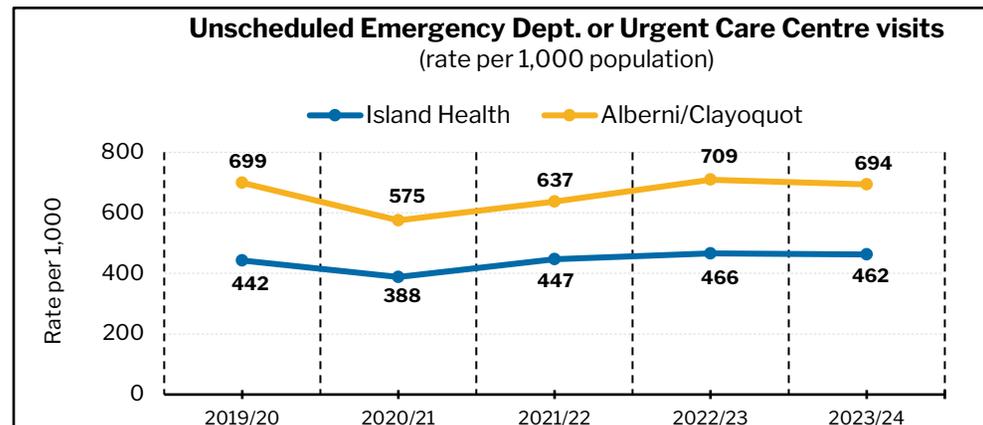
Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) are conditions that can be treated in the community if services are available and would not necessarily require hospitalization. Tracking the percentage of hospital admissions due to ACSCs can provide an indicator of access to primary or other non-urgent care. In Alberni-Clayoquot, this indicator has been increasing since 2020/21, reaching 7.0% in 2023/24. This figure is higher than Island Health's rate of 5.7%.



Emergency and Urgent Care Centre Visits

Unscheduled emergency department and urgent care centre visits for Alberni-Clayoquot were 694 per 1,000 population in 2023/24. Throughout the tracking period, this rate has consistently remained higher than the Island Health rate, on average by about 50%.



Health service usage is based on where the user resides, rather than where the service is provided. See the Health Service Use summary on pages 37-38 for more information on these topics.

Additional Indicators and Data

The tables below compare various indicators for this Local Health Area (LHA) with those of Island Health, British Columbia, and other LHAs within Island Health.

LHAs referenced in the below data tables include 411: Greater Victoria, 412: Western Communities, 413: Saanich Peninsula, 414: Southern Gulf Islands, 421: Cowichan Valley South, 422: Cowichan Valley West, 423: Cowichan Valley North, 424: Greater Nanaimo, 425: Oceanside, **426: Alberni - Clayoquot**, 431: Comox Valley, 432: Greater Campbell River, 433: Vancouver Island West, and 434: Vancouver Island North. These will be referred to numerically in the tables.

The LHA profile covered by this report is highlighted in yellow in the tables.

Population and Demographics Summary

				LHAs													
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Population and Population Projection																	
10-year population growth (%)	2023 - 2032	9.6	6.2	1.4	26.7	-0.4	6.2	3.4	2.2	4.3	7.9	6.2	1.2	6.6	4.3	-8.0	-11.0
Population aged 0-19 (%)	2023	18.8	17.3	15.1	21.0	16.0	13.8	20.0	16.4	17.0	18.3	12.5	19.9	18.3	18.5	18.7	19.1
Population aged 20-44 (%)	2023	36.3	31.2	38.0	36.7	25.0	21.4	27.4	24.0	24.0	31.3	18.8	30.8	27.2	28.2	23.9	25.7
Population aged 45-64 (%)	2023	25.1	25.7	24.3	25.6	25.8	28.3	27.2	31.7	26.5	25.4	26.8	25.7	26.3	26.2	29.3	28.2
Population aged 65-74 (%)	2023	11.2	14.4	12.2	10.3	16.9	21.9	14.7	18.4	18.3	13.9	22.5	13.8	15.5	16.2	18.2	17.7
Population aged 75 and over (%)	2023	8.5	11.4	10.5	6.4	16.2	14.7	10.8	9.5	14.2	11.0	19.4	9.9	12.7	10.9	9.9	9.2
Percent growth of the 0-19 age group population in next 10 years	2023 - 2032	-3.4	-6.0	-9.7	10.0	-5.6	-4.1	-10.2	-6.7	-2.5	-6.6	-8.0	-12.4	-2.8	-13.8	-33.7	-35.6
Percent growth of the 20-44 age group population in next 10 years	2023 - 2032	9.3	4.1	-5.5	28.1	0.0	21.8	4.6	2.5	9.2	3.3	4.1	3.2	6.1	5.3	2.5	-19.5
Percent growth of the 45-64 age group population in next 10 years	2023 - 2032	6.7	4.0	6.4	25.1	-6.9	3.0	-6.3	-7.7	-8.5	9.5	-5.2	-2.5	2.9	-0.8	-38.7	-28.2
Percent growth of the 65-74 age group population in next 10 years	2023 - 2032	10.4	-0.5	-5.3	30.7	12.7	-14.5	3.9	-5.3	-6.7	4.1	-1.9	-5.1	-1.5	-6.7	15.7	3.9
Percent growth of the 75+ age group population in next 10 years	2023 - 2032	47.6	43.7	38.8	73.4	27.2	30.1	49.9	64.7	42.2	46.1	42.6	40.7	38.7	61.2	63.3	87.1
Average age (years)	2023	42.0	45.3	43.9	40.4	49.1	51.5	45.0	47.5	48.6	44.6	53.9	43.7	46.4	45.6	46.6	45.7

Population and Demographics Summary Cont'd

				LHAs													
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Age and Demographics																	
Median age of population (years)	2021	42.8	48.0	43.6	41.2	55.2	58.4	48.8	53.6	55.2	46.4	60.8	46.4	50.8	49.2	52.4	45.2
Population where language spoken most often at home is not English or French (%)	2021	10.2	2.3	4.2	2.0	2.3	0.8	1.0	0.3	0.6	2.4	0.7	1.1	1.1	1.0	0.0	0.7
Visible minority population (%)	2021	34.4	11.6	20.1	11.8	11.6	5.1	6.4	3.1	4.1	11.9	4.1	4.9	5.7	5.1	2.5	4.6
Population in private households with Indigenous Identity (%)	2021	5.9	7.8	4.5	6.1	5.3	3.7	12.5	11.8	13.0	8.5	4.5	19.6	7.3	12.1	27.6	29.8
Marital Status																	
Population aged 15 and over who are married (%)	2021	47.5	45.5	39.3	47.9	54.9	47.1	48.3	46.8	50.1	44.1	54.8	41.1	48.3	46.8	39.4	38.3
Population aged 15 and over who are common-law (%)	2021	10.0	12.4	12.3	13.5	9.1	14.4	12.0	14.2	12.5	12.4	11.2	14.4	12.7	13.3	18.0	17.1
Population aged 15 and over who are single, never married (%)	2021	28.1	25.3	31.8	24.5	19.9	19.4	23.1	22.0	19.4	25.9	15.9	26.7	21.7	22.7	23.7	27.5
Population aged 15 and over who are widowed (%)	2021	5.5	6.3	5.5	4.5	7.6	6.9	6.3	6.3	7.7	6.5	8.2	6.8	6.8	6.5	6.5	6.2
Population aged 15 and over who are separated or divorced (%)	2021	11.6	14.3	13.9	13.5	12.2	17.6	14.4	16.3	15.0	14.9	14.9	14.8	15.0	15.5	18.3	15.7
Migration and Immigrants																	
Immigrant population (%)	2021	29.0	16.0	20.6	14.2	19.5	21.6	12.3	7.6	12.4	15.5	16.5	9.1	12.7	11.0	8.4	9.1
Population migrating to area in the last 5 years (%)	2021	43.8	44.2	45.6	50.3	36.5	42.8	40.2	43.2	38.6	46.5	42.1	44.0	44.3	42.7	43.1	41.5

Determinants of Health Summary

				LHAs													
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Education																	
Population aged 25 to 64 with post-secondary certificate, diploma or degree (%)	2021	57.1	65.2	72.6	62.6	71.3	68.7	58.9	52.0	60.1	63.2	62.2	54.1	62.8	58.3	38.0	48.2
Grade 12 completion among students entering Grade 12 for the first time (%)	2022 / 2023	83.0	78.3	83.0	84.0	69.0	90.0	74.0	N/A	N/A	82.0	80.0	75.0	71.0	77.0	88.0	67.0
Students completing high school within six years of enrollment in Grade 8 (%)	2022 / 2023	92.1	85.9	91.2	89.9	90.0	100.0	84.6	N/A	N/A	88.1	90.5	87.7	83.3	86.5	70.6	67.9
Employment																	
Population aged 15 and over who are unemployed (%)	2021	8.4	7.5	7.5	6.1	5.5	5.9	6.9	9.1	8.3	8.3	8.7	9.6	8.0	9.0	11.9	9.2
Health Behaviours																	
Alcohol consumption per year (litres of absolute alcohol sold per person, 1L=58.64 standard drinks)	2023	8.6	10.8	8.9	9.6	10.1	12.6	11.5	17.9	7.8	10.6	11.0	13.6	10.3	13.2	12.6	14.6
Household																	
One-parent family households (% of census families with children)	2021	14.9	14.5	14.8	14.4	11.1	11.5	15.7	14.0	12.8	16.7	10.4	18.5	13.9	15.4	17.5	19.3
Private households with multiple families (%)	2021	1.0	0.8	0.7	1.2	1.2	1.0	1.0	0.8	0.8	0.8	0.6	0.8	0.7	0.6	N/A	0.5
Private households with 5 or more persons (%)	2021	6.4	4.9	4.3	5.4	4.5	3.6	6.2	4.3	5.1	5.4	3.1	6.0	4.9	5.3	5.8	6.6
Dwellings rated as needing major repairs by renter or owner (%)	2021	5.8	5.8	5.9	4.0	3.9	8.8	6.6	6.8	6.5	5.7	4.2	9.3	5.7	6.0	14.1	13.6
Private households that are owner-occupied (%)	2021	66.8	69.0	53.6	71.7	81.4	83.0	77.4	84.1	81.0	69.5	81.6	71.1	77.3	74.1	76.6	71.2

Determinants of Health Summary Cont'd

LHAs																	
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Morbidity																	
Alcohol-related hospital admissions (age stnd. rate per 100,000)	2019	352.0	468.7	450.0	345.5	428.9	384.8	606.0	575.6	517.7	481.4	431.7	766.4	412.7	534.2	749.1	813.3
Cannabis-related hospital admissions (age stnd rate per 100,000)	2019	25.0	33.3	25.1	20.4	17.7	27.5	50.7	88.9	46.2	54.1	49.4	33.1	32.7	33.0	29.9	40.9
Opioid-related hospital admissions (age stnd rate per 100,000)	2019	40.3	51.9	41.6	23.7	25.8	24.2	90.0	207.7	68.1	71.3	68.3	61.3	58.5	50.0	63.7	128.0
Tobacco-related hospital admissions (age stnd rate per 100,000)	2019	429.5	426.1	378.3	441.8	294.1	303.0	567.9	592.3	405.8	454.6	334.5	617.1	474.0	540.7	528.7	740.0
Transportation																	
Employed population aged 15 and over walking, biking or busing to work (%)	2021	17.7	16.2	31.1	11.2	11.6	14.1	7.1	10.3	7.8	10.1	8.3	12.3	10.7	8.7	26.4	13.8
Child Health																	
Child mental diseases & disorders hospital admissions (rate per 1,000 aged 0-14)	2022/23	1.8	2.0	2.4	2.3	1.0	2.7	2.6	5.9	5.0	2.3	2.0	1.0	0.5	1.2	0.0	0.0
Youth mental diseases & disorders hospital admissions (rate per 1,000 aged 15-24)	2022/23	11.0	13.6	9.2	12.5	9.4	13.8	19.5	24.6	11.8	18.7	13.5	24.0	9.0	13.9	0.0	19.0
Child/youth mental diseases & disorders hospital admissions (rate per 1,000 aged 0 to 24)	2022/23	6.0	7.1	5.9	6.4	4.8	6.5	9.6	13.4	7.7	9.4	6.7	10.2	3.8	6.3	0.0	8.1
Child hospitalization admissions - injury/poisoning (rate per 1,000 aged 0 to 14)	2022/23	1.9	2.2	2.5	1.6	1.8	2.7	3.0	0.0	6.1	2.1	0.0	2.5	2.3	2.0	0.0	3.0
Child hospitalizations - respiratory diseases & disorders (rate per 1,000 aged 0 to 14)	2022/23	6.2	7.2	6.9	6.9	7.3	7.0	7.3	11.8	8.7	7.9	4.0	12.1	4.7	6.8	17.8	16.2
Pregnant persons who reported smoking at any time during current pregnancy (%) (5yr Agg)	2018 - 2022	4.5	7.6	5.8	8.6	4.6	7.0	10.2	16.4	7.1	7.7	7.9	6.8	6.2	11.0	29.0	16.4

Determinants of Health Summary Cont'd

				LHAs													
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Early Development																	
EDI: Kindergarten children rated as vulnerable for physical development (%)	2019 - 2022	14.7	15.6	11.1	17.4	14.2	16.2	20.1	5.8	14.9	15.7	14.1	19.1	16.9	15.7	28.6	13.2
EDI: Kindergarten children rated as vulnerable for social development (%)	2019 - 2022	16.3	15.9	14.8	18.7	14.2	15.5	16.7	5.8	12.1	17.2	12.6	15.1	17.1	16.6	37.1	13.7
EDI: Kindergarten children rated as vulnerable for emotional development (%)	2019 - 2022	17.5	19.0	18.9	19.5	18.4	19.0	20.1	15.4	15.6	19.8	16.7	17.3	21.4	19.3	37.1	17.7
EDI: Kindergarten children rated as vulnerable for language development (%)	2019 - 2022	10.5	11.0	7.2	10.7	7.7	4.2	11.9	5.8	12.1	13.9	8.8	14.5	12.4	11.6	33.3	17.6
EDI: Kindergarten children rated as vulnerable for communication development (%)	2019 - 2022	14.3	11.8	9.2	12.7	10.3	11.3	15.2	1.9	9.2	12.3	8.1	15.1	12.1	12.8	22.9	12.3
EDI: Kindergarten children rated as vulnerable on one or more domains (%)	2019 - 2022	32.9	32.7	29.1	33.3	28.3	34.5	36.3	23.1	31.9	34.7	28.4	34.4	37.0	33.7	54.3	34.8
Income																	
Median one-parent family income (\$)	2021	70K	68K	71K	74K	79K	59K	66K	58K	71K	65K	61K	60K	66K	61K	48K	58K
Median household total income (\$, in thousands)	2021	85K	80K	78K	95K	99K	72K	82K	70K	78K	77K	74K	69K	78K	76K	56K	68K

Determinants of Health Summary Cont'd

LHAs																	
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Income Inequality																	
Difference in median income comparing males and females aged 15 and over	2021	3200	1600	800	4400	4000	-1600	4400	1600	7600	2000	0	400	4400	3600	-4400	7600
Low income based on after-tax low income measure (%)	2021	10.8	10.2	10.4	6.8	6.5	14.5	10.3	13.2	11.0	11.0	11.2	13.7	10.2	11.0	22.5	17.3
Low income based on after-tax low-income measure, ages less than 18 years (%)	2021	11.3	11.3	10.6	7.2	6.5	19.1	13.6	20.4	12.1	11.5	13.9	17.5	10.6	13.0	34.5	21.5
Low income based on after-tax low-income measure, ages less than 6 years (%)	2021	11.1	11.1	10.7	6.4	5.5	19.2	13.4	16.5	10.6	12.1	14.7	15.1	11.8	11.7	36.0	22.0
Low income based on after-tax low-income measure, ages 18 to 64 years (%)	2021	9.7	9.3	9.7	5.9	6.1	15.3	9.2	11.6	9.9	9.6	11.1	12.4	9.3	9.5	20.2	15.0
Low income based on after-tax low-income measure, ages 65 years and over (%)	2021	13.8	11.6	12.1	9.7	7.2	11.7	10.3	12.6	12.1	14.0	10.4	14.0	11.9	12.8	18.8	19.7
Households (owned) spending more than 30% of income on housing (%)	2021	19.3	15.8	18.5	17.5	14.2	17.9	14.7	16.2	12.7	15.7	13.6	13.4	14.7	14.5	9.7	10.1
Households (rented) spending more than 30% of income on housing (%)	2021	37.8	39.4	40.9	37.2	36.9	39.9	36.2	33.3	37.0	40.0	43.6	35.6	38.3	37.6	28.0	25.0
Protecting Child and Youth																	
Children and youth in care (rate per 1,000 children aged 0-18)	2023	4.6	7.1	3.8	5.9	N/A	N/A	11.8	19.4	12.0	7.4	5.2	20.2	5.1	9.3	N/A	N/A
Children and youth in need of protection (rate per 1,000 children aged 0-18)	2022	22.6	31.0	21.8	28.1	24.6	18.8	45.0	28.9	49.2	42.5	22.8	58.9	30.2	35.4	129.9	44.8

Health Status Summary

				LHAs													
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Births																	
Live birth rate (rate per 1,000 population)	2019 - 2023	8.0	6.7	6.2	9.0	5.3	4.7	7.2	8.1	6.9	7.0	4.1	8.1	6.5	7.0	6.6	9.0
Stillbirths (rate per 1,000 births)	2019 - 2023	13.1	11.6	12.5	9.8	6.4	21.2	10.9	10.5	9.5	12.9	11.3	12.0	13.2	10.2	42.3	11.5
Infant mortality - deaths of infants under 1 year of age (rate per 1,000 live births)	2019 - 2023	3.5	3.9	4.3	3.6	2.7	0.0	3.0	3.5	5.4	3.0	0.0	11.3	3.3	4.8	14.1	1.9
Low weight births - less than 2,500 grams (rate per 1,000 live births)	2019 - 2023	61.8	56.4	58.4	57.4	65.4	30.6	56.9	52.6	69.4	53.9	42.4	60.1	46.4	57.1	98.6	59.4
Cesarean sections (rate per 1,000 live births)	2019 - 2023	386.7	343.8	339.9	352.4	325.9	280.0	316.1	333.3	337.4	366.1	335.2	338.5	364.6	342.9	169.0	298.9
Pre-term births - gestational age less than 37 weeks (rate per 1,000 live births)	2019 - 2023	79.9	84.9	80.3	81.3	86.1	58.8	97.3	63.2	100.7	78.5	87.6	116.6	73.2	86.5	211.3	113.0
Birthing persons - live births to persons under 20 years of age (rate per 1,000 live births)	2019 - 2023	9.5	14.9	6.5	7.4	11.2	2.4	30.8	3.5	38.1	18.6	8.5	29.7	8.2	18.6	98.6	78.5
Birthing persons - live births to persons aged 35 and over (rate per 1,000 live births)	2019 - 2023	308.2	303.7	393.0	291.2	328.5	383.5	222.3	242.1	219.0	262.3	287.2	229.0	299.2	251.7	70.4	201.1

Health Status Summary

				LHAs													
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Morbidity																	
Alzheimer's disease and other dementia - prevalence (age-standardized rate per 1,000)	2022/23	19.0	18.6	20.5	17.1	16.1	15.1	17.7	15.1	19.9	20.7	17.1	21.9	17.7	17.9	8.1	16.7
Asthma - prevalence (age-standardized rate per 1,000)	2022/23	126.9	137.6	127.2	139.4	134.5	117.0	150.7	151.2	165.1	141.2	138.2	149.0	133.1	156.7	160.4	177.4
Chronic kidney disease - prevalence (age-standardized rate per 1,000)	2022/23	36.2	34.8	34.3	39.5	33.7	25.4	34.3	41.6	33.5	36.6	32.8	42.9	32.5	36.0	35.8	35.5
Chronic obstructive pulmonary disease - prevalence (age-standardized rate per 1,000)	2022/23	50.9	53.0	40.6	52.2	33.1	44.0	88.3	102.6	65.2	55.2	47.8	71.2	50.7	73.9	65.3	90.0
Mood and anxiety disorders - prevalence (age-standardized rate per 1,000)	2022/23	322.6	373.2	371.7	373.9	357.0	358.0	399.5	401.6	382.8	367.5	362.6	387.7	374.6	395.7	333.4	385.6
Depression - prevalence (age-standardized rate per 1,000)	2022/23	256.6	296.4	297.8	302.0	286.0	258.8	309.6	310.0	313.8	285.1	287.1	326.3	298.8	306.8	261.0	309.3
Diabetes - prevalence (age-standardized rate per 1,000)	2022/23	86.6	72.9	70.1	84.2	65.4	46.7	74.5	79.6	74.7	76.8	65.6	92.6	63.5	83.0	84.9	93.1
Heart failure - prevalence (age-standardized rate per 1,000)	2022/23	21.1	20.0	17.7	20.5	16.0	15.3	19.4	19.2	20.1	21.1	19.7	31.5	20.5	26.7	22.5	32.4

Health Status Summary Cont'd

LHAs																	
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Morbidity Con't																	
Hypertension - prevalence (age-standardized rate per 1,000)	2022/23	227.9	213.8	200.5	232.0	208.7	171.2	226.6	232.4	223.7	211.2	208.6	251.0	208.8	229.3	235.4	245.3
Ischemic heart disease - prevalence (age-standardized rate per 1,000)	2022/23	75.0	69.8	57.5	68.1	60.5	53.1	63.0	68.9	70.3	80.8	79.0	99.0	78.7	83.5	83.6	78.4
Osteoarthritis - prevalence (age-standardized rate per 1,000)	2022/23	88.2	95.4	86.4	94.3	93.6	93.7	106.2	106.5	105.4	92.1	95.8	113.0	92.3	116.1	104.7	103.3
Episodic asthma - prevalence (age-standardized rate per 1,000)	2022/23	51.2	56.1	53.6	58.8	53.9	42.6	63.9	64.9	69.7	55.6	53.1	60.2	52.3	61.2	58.0	64.1
Episodic depression - prevalence (age-standardized rate per 1,000)	2022/23	76.0	91.6	94.7	95.8	92.5	69.3	85.9	87.1	100.7	90.3	84.5	105.3	86.7	91.4	73.2	79.9
Episodic mood & anxiety disorders - Prevalence (age-standardized rate per 1,000)	2022/23	113.7	140.9	145.1	150.2	138.4	117.8	146.7	149.5	145.0	131.9	125.1	143.2	141.9	142.9	123.9	129.6
Schizophrenia & delusional disorders - Prevalence (age-standardized rate per 1,000)	2022/23	11.6	12.5	17.3	9.2	9.8	12.8	11.9	13.3	7.3	12.8	11.1	11.4	9.9	10.5	6.9	13.4
Deaths																	
Mortality (age std. rate per 10,000)	2019 - 2023	66.8	69.6	67.1	64.0	57.6	56.7	75.5	89.4	73.1	73.6	66.9	97.6	71.4	79.1	75.3	87.1
Mortality- unintentional injury (age std. rate per 10,000)	2019 - 2023	4.9	4.7	4.6	2.8	2.6	3.9	5.4	6.4	4.5	5.7	4.9	7.4	5.0	5.9	14.5	6.6
Alcohol-related deaths (age std rate per 100,000)	2019	33.6	37.6	42.2	27.2	41.1	27.0	37.9	31.3	32.1	37.1	29.0	50.1	35.8	45.3	81.5	73.3
Unregulated drug deaths (crude rate per 100,000)	2023	46.6	53.6	58.1	15.8	11.1	26.4	59.5	54.6	13.6	91.7	27.9	105.9	47.6	93.3	N/A	51.5
Tobacco-related deaths (age std rate per 100,000)	2019	111.5	119.0	121.9	110.0	82.3	84.8	124.9	128.6	120.2	131.2	103.0	152.7	120.6	149.1	178.4	200.0

Health Status Summary Cont'd

LHAs																	
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Life Expectancy																	
Life expectancy (years)	2021 - 2022	82.0	81.3	82.0	82.7	84.2	83.6	79.8	80.5	80.2	80.6	83.1	75.7	80.7	79.4	N/A	75.3
Female life expectancy (years)	2021 - 2022	84.9	84.0	84.3	84.9	86.6	85.4	83.8	83.1	83.4	83.3	86.5	77.7	83.5	81.8	N/A	80.2
Male life expectancy (years)	2021 - 2022	79.3	78.7	79.6	80.4	81.9	81.9	76.1	78.6	77.1	78.0	79.8	73.9	78.0	77.3	N/A	71.2

Health Status Summary Cont'd

				LHAs													
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Health Matrix*																	
Health matrix: non-users (%)	2022 - 2023	18.1	15.8	13.2	16.5	14.4	14.4	14.4	12.4	15.7	11.7	14.9	13.8	14.1	13.0	16.2	15.0
Health matrix: healthy (%)	2022 - 2023	33.0	29.1	27.7	28.0	28.1	28.7	25.0	25.9	29.8	24.7	28.3	28.9	29.8	28.1	25.0	27.7
Health matrix: adult (18+) major conditions (%)	2022 - 2023	2.5	2.7	2.9	2.7	2.8	2.5	2.6	2.7	2.9	2.9	2.5	2.8	3.0	2.6	2.0	2.3
Health matrix: child and youth (<18) major conditions(%)	2022 - 2023	0.5	0.6	0.5	0.3	0.7	0.8	0.7	0.7	0.7	0.4	0.8	0.7	0.6	0.7	1.2	1.0
Health matrix: low chronic conditions (%)	2022 - 2023	24.6	27.0	28.4	26.6	27.0	27.0	28.1	28.9	26.1	28.3	26.8	27.3	26.8	27.8	27.1	28.6
Health matrix: medium chronic conditions (%)	2022 - 2023	9.0	11.0	13.4	12.7	12.2	12.6	14.9	14.2	10.4	15.3	10.9	11.7	11.6	11.9	13.3	10.7
Health matrix: severe mental health & substance use (%)	2022 - 2023	1.8	2.2	1.2	2.0	2.5	2.4	2.7	1.9	2.8	1.8	2.9	2.2	1.9	2.5	3.2	2.9
Health matrix: maternity & healthy newborns (%)	2022 - 2023	1.9	1.6	1.2	1.1	1.7	1.8	1.5	1.5	1.8	1.0	2.0	1.6	1.5	1.6	1.9	2.0
Health matrix: frail in community (%)	2022 - 2023	0.5	0.6	0.6	0.5	0.6	0.6	0.5	0.5	0.7	0.7	0.5	0.6	0.6	0.5	0.4	0.6
Health matrix: high chronic w/o frailty (%)	2022 - 2023	4.5	5.0	5.6	5.0	5.8	5.4	6.1	6.4	5.1	7.3	6.6	5.6	5.0	6.3	6.6	6.2
Health matrix: high chronic w/ frailty (%)	2022 - 2023	0.6	0.7	0.7	0.7	0.8	0.7	0.5	1.0	0.7	0.8	0.8	0.8	0.8	0.7	0.6	0.8
Health matrix: cancer (%)	2022 - 2023	1.8	2.0	2.5	2.6	1.8	1.6	2.2	2.0	1.6	2.5	1.5	2.5	2.5	2.6	1.8	1.3
Health matrix: frail in residential care(%)	2022 - 2023	0.7	0.9	1.1	0.6	0.9	0.8	0.0	1.0	0.8	1.3	0.7	0.7	0.8	0.7	0.1	0.3
Health matrix: end of life (%)	2022 - 2023	0.6	0.8	1.0	0.9	0.9	0.8	0.8	1.0	0.9	1.3	0.8	0.8	0.8	0.8	0.9	0.6

Potential Years of Life Lost (PYLL) from life expectancy of 75 years

				LHAs													
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Potential Years of Life Lost																	
All cause PYLL rate (age stnd. per 1,000)	2019 - 2023	52.3	58.3	54.4	44.2	40.6	47.8	71.0	68.8	62.6	62.8	52.5	103.0	58.8	76.1	87.8	109.2
Cerebrovascular diseases - PYLL rate (age stnd. per 1,000)	2019 - 2023	1.0	1.0	0.9	0.4	0.6	1.0	1.8	0.9	0.7	1.2	0.9	2.1	1.2	1.9	0.0	0.7
Chronic lower respiratory diseases - PYLL rate (age stnd. per 1,000)	2019 - 2023	0.7	0.9	0.9	0.5	0.6	0.7	1.2	3.5	0.3	0.9	0.4	1.8	0.8	1.3	1.3	1.3
Diabetes - PYLL rate (age stnd. per 1,000)	2019 - 2023	1.2	1.2	1.2	1.3	0.9	0.1	1.4	1.9	0.5	1.4	0.8	3.1	1.1	1.3	0.5	2.2
Arteries, arterioles and capillaries - PYLL rate (age stnd. per 1,000)	2019 - 2023	0.3	0.2	0.2	0.2	0.1	0.3	0.1	0.1	0.1	0.4	0.3	0.2	0.4	0.2	0.0	0.8
Accidental falls - PYLL rate (age stnd. per 1,000)	2019 - 2023	0.3	0.2	0.2	0.1	0.2	0.0	0.1	0.2	0.0	0.4	0.1	0.2	0.3	0.1	0.0	0.2
Influenza and pneumonia - PYLL rate (age stnd. per 1,000)	2019 - 2023	0.5	0.6	0.7	0.3	0.4	0.0	0.9	3.2	0.1	0.7	0.1	0.9	0.5	1.0	0.8	2.0
Suicide - PYLL rate (age stnd. per 1,000)	2019 - 2023	2.2	2.9	2.9	3.2	1.6	2.6	3.4	1.9	2.7	2.5	2.4	2.6	3.3	3.1	1.4	9.0
Ischemic heart diseases - PYLL rate (age stnd. per 1,000)	2019 - 2023	2.5	2.6	2.3	2.6	1.8	3.4	3.2	3.0	3.1	2.8	3.0	4.7	2.5	2.4	1.7	4.6
Endocrine, nutritional and metabolic diseases - PYLL rate (age stnd. per 1,000)	2019 - 2023	1.7	1.9	1.8	1.7	1.3	0.3	2.3	2.2	1.3	2.1	1.0	4.7	1.4	2.7	3.1	4.1
Circulatory system - PYLL rate (age stnd. per 1,000)	2019 - 2023	5.5	6.0	5.7	4.9	3.5	6.2	8.3	8.8	5.7	6.6	5.2	10.1	5.6	6.9	4.2	11.8
Lung/tracheal cancer - PYLL rate (age stnd. per 1,000)	2019 - 2023	1.8	1.9	2.0	2.0	1.1	0.9	2.1	1.8	2.1	2.1	1.4	3.1	2.1	1.8	0.8	2.7
Malignant neoplasms - PYLL rate (age stnd. per 1,000)	2019 - 2023	10.8	11.7	11.1	11.7	10.2	9.1	13.9	12.2	13.3	12.0	11.6	13.7	11.6	12.5	8.4	14.5
Motor vehicle accidents - PYLL rate (age stnd. per 1,000)	2019 - 2023	1.0	0.8	0.3	0.8	0.4	0.0	1.3	4.4	0.5	1.3	2.0	1.3	0.5	0.7	0.0	3.9
Diseases of the respiratory system - PYLL rate (age stnd. per 1,000)	2019 - 2023	1.5	1.8	1.8	1.0	1.4	0.8	2.5	7.2	1.9	1.9	0.6	3.5	1.5	3.0	2.1	3.5
Diseases of the digestive system - PYLL rate (age stnd. per 1,000)	2019 - 2023	2.8	3.8	3.5	3.0	3.7	1.5	4.2	2.3	6.2	3.4	2.4	7.5	3.8	4.3	13.6	10.1

Health Service Use Summary

LHAs

				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Complex Continuing Care																	
Home care visits (rate per 1,000 population aged 75+)	2023 - 2024	N/D	5884.0	5027.0	4380.0	3458.0	2534.0	5514.0	5705.0	5337.0	4908.0	3266.0	9407.0	5156.0	6370.0	1712.0	5586.0
Long term care beds (rate per 1,000 population aged 75+)	2023 - 2024	N/D	55.0	75.0	26.0	45.0	28.0	60.0	0.0	51.0	52.0	52.0	57.0	55.0	51.0	0.0	31.0
Home care clients (rate per 1,000 population aged 75+)	2023 - 2024	N/D	187.5	192.6	170.3	181.3	144.1	185.9	179.9	226.5	203.6	156.8	199.5	195.8	206.2	93.0	158.1
Home support clients (rate per 1,000 population aged 75+)	2023 - 2024	N/D	83.4	88.5	75.5	61.5	54.3	88.1	76.3	90.9	94.9	80.4	100.1	85.7	84.7	27.9	81.9
Home support hours (rate per 1,000 population aged 75+)	2023 - 2024	N/D	22.0	27.0	21.0	18.0	7.0	26.0	30.0	25.0	24.0	20.0	21.0	16.0	18.0	3.0	10.0
Emergency																	
Unscheduled emergency dept. or urgent care centre visits (rate per 1,000 pop.)	2023 - 2024	N/D	462.0	322.0	287.0	371.0	487.0	493.0	637.0	776.0	529.0	784.0	694.0	448.0	592.0	1462.0	1189.0
Unscheduled emergency dept. or urgent care centre visits (rate per 1,000 75+ pop.)	2023 - 2024	N/D	719.0	517.0	527.0	630.0	728.0	700.0	958.0	1075.0	743.0	1125.0	891.0	698.0	838.0	2633.0	1223.0
Primary Care																	
Population attached to physician (%)	2022 - 2023	75.9	77.5	72.7	74.8	80.9	80.2	80.2	77.9	79.5	79.3	83.3	75.0	80.9	82.6	81.3	70.7

Health Service Use Summary Cont'd

				LHAs													
				South Island HSDA				Central Island HSDA					North Island HSDA				
Indicator Description	Time Period	BC	Island Health	411	412	413	414	421	422	423	424	425	426	431	432	433	434
Hospital Inpatient Care																	
Acute care inpatient cases (age std. rate per 1,000 population)	2022 - 2023	69.6	75.1	65.3	73.6	65.6	64.3	87.9	112.5	86.4	85.6	70.2	108.4	72.3	88.2	79.4	109.8
Acute care inpatient cases (age std. rate per 1,000 population aged 75+)	2022 - 2023	270.9	269.2	252.5	329.0	270.0	233.9	283.9	391.7	274.8	273.3	240.0	317.8	272.0	286.0	186.6	254.3
Alternative level of care cases (age std. rate per 1,000 population)	2022-2023	3.5	1.8	2.2	1.9	1.1	0.9	1.8	0.6	1.1	1.4	1.1	4.4	1.4	1.5	0.0	0.9
Alternative level of care cases (age std. rate per 1,000 population 75+)	2022-2023	34.1	17.1	20.2	20.3	11.4	11.5	19.7	8.9	15.8	12.8	12.3	39.2	17.4	17.0	0.0	5.7
Acute care day cases (age std. rate per 1000 population)	2022-2023	87.3	103.7	76.1	85.0	84.0	65.3	81.3	125.6	90.8	85.8	82.2	89.0	90.8	96.3	92.2	79.9
Acute care day cases (age std. rate per 1000 population aged 75+)	2022-2023	235.9	207.3	183.8	203.3	224.2	186.5	207.1	306.2	224.7	211.6	227.8	205.4	215.0	199.1	128.7	130.4
Alternative level of care days (rate per 1,000 population)	2023-2024	N/D	126.0	158.0	59.0	140.0	94.0	94.0	47.0	100.0	87.0	109.0	124.0	156.0	221.0	173.0	176.0
Alternative level of care days (rate per 1,000 population 75+)	2023-2024	N/D	744.0	976.0	517.0	606.0	371.0	523.0	260.0	514.0	445.0	458.0	854.0	967.0	1568.0	1679.0	1380.0
Ambulatory care sensitive conditions (%)	2023 - 2024	N/D	5.70	6.10	5.90	5.30	4.30	5.60	6.90	7.00	5.10	4.40	7.00	5.80	6.10	7.60	4.90
Maternity acute care utilization (case rate per 1,000 population)	2022 - 2023	8.8	7.2	6.5	9.1	5.8	4.6	8.0	9.6	7.9	8.0	4.8	9.5	6.9	7.5	7.4	10.2
Psychiatry (dementia excluded) acute care utilization (case rate per 1,000 population)	2022 - 2023	8.2	8.8	8.8	6.8	6.0	6.7	9.3	13.0	7.3	10.7	7.9	14.3	7.2	10.6	9.8	12.1
MRI utilization - outpatient MRI exams (per 1000 population)	2023 - 2024	N/D	57.7	54.3	54.8	70.6	50.0	51.9	74.4	59.4	67.3	69.0	51.3	52.4	49.1	51.1	41.6

Population and Demographics, Data Sources

Population and Population Projection

Average Age: BC Statistics – P.E.O.P.L.E. 2024 | Population Pyramid: BC Statistics - P.E.O.P.L.E. 2024 | Estimated Total Population - 2039: BC Statistics - P.E.O.P.L.E. 2024 | Estimated Population Change - 2039: BC Statistics - P.E.O.P.L.E. 2024 | 10 Year Population Growth (%): BC Statistics - P.E.O.P.L.E. 2024 | Population aged 0-19 (%) - BC Statistics - P.E.O.P.L.E. 2024 | Population aged 20-44 (%) – BC Statistics - P.E.O.P.L.E. 2024 | Population aged 45-64 (%) - BC Statistics - P.E.O.P.L.E. 2024 | Population aged 65-74(%) - BC Statistics - P.E.O.P.L.E.2024 | Population aged 75 and over (%) - BC Statistics - P.E.O.P.L.E. 2024 | Percent growth of the 0-19 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2024 | Percent growth of the 20-44 age group population in next 10 years – BC Statistics - P.E.O.P.L.E. 2024 | Percent growth of the 45-64 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2024 | Percent growth of the 65-74 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2024 | Percent growth of the 75+ age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2024

Age Demographics & Marital Status

Median Age of Population - Census, 2021 | Population where language spoken most often at home is not English or French (%) - Census, 2021 | Visible minority population (%) - Census, 2021 | Population in private households with Indigenous Identity (%) - Census, 2021 | Population aged 15 and over who are married (%) - Census, 2021 | Population aged 15 and over who are common-law (%) - Census, 2021 | Population aged 15 and over who are single, never married (%) - Census, 2021 | Population aged 15 and over who are widowed (%) - Census, 2021 | Population aged 15 and over who are separated or divorced (%) - Census, 2021

Migration and Immigrants

Immigrant population (%): Census, 2021 | Population migrating to area in the last 5 years (%): Census, 2021

Determinants of Health, Data Sources

Education & Employment

Population aged 25 to 64 with post-secondary certificate, diploma or degree (%) - Census, 2021 | Grade 12 completion among students entering Grade 12 for the first time (%) (2yr Agg) - Ministry of Education, 2022-2023 | Students completing high school within six years of enrollment in Grade 8 (%) (2yr Agg) - Ministry of Education, 2022-2023 | Population aged 15 and over who are unemployed (%): Census, 2021

Health Behaviours

Alcohol consumption (litres of absolute alcohol sold per person, 1L=58 standard drinks)- AOD: CISUR, 2023

Household

Dwellings rated as needing major repairs by renter or owner (%) - Census, 2021 | One-parent family households (% of census families with children) - Census, 2021 | Private households that are owner-occupied (%) - Census, 2021 | Private households with 5 or more persons (%) - Census, 2021 | Private households with multiple families (%) - Census, 2021 | Households (owned) spending more than 30% of income on housing (%) - Census, 2021 | Households (rented) spending more than 30% of income on housing (%) - Census, 2021

Income & Income Inequality

Median household total income (\$) - Census, 2021 | Median one-parent family income (\$) - Census, 2021 | Difference in median income comparing males and females aged 15 and over - Census, 2021 | Households (owned) spending more than 30% of income on housing (%) - Census, 2021 | Households (rented) spending more than 30% of income on housing (%) - Census, 2021 | Low income based on after-tax low income measure (%) - Census, 2021 | Low income based on after-tax low-income measure, ages 18 to 64 years (%) - Census, 2021 | Low income based on after-tax low-income measure, ages 65 years and over (%) - Census, 2021 | Low income based on after-tax low-income measure, ages less than 6 years (%) - Census, 2021 | Low income based on after-tax low-income measure, ages less than 18 years (%) - Census, 2021

Morbidity

Alcohol-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2019 | Cannabis-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2019 | Opioid-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2019 | Tobacco-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2019

Transportation

Employed population aged 15 and over walking, biking or busing to work (%) - Census, 2021

Child Health

Child Hospitalizations - Injury/Poisoning (rate per 1,000 aged 0 to 14): Ministry of Health Ideas, 2022/2023 | Child hospitalizations - Respiratory Dis. (rate per 1,000 aged 0 to 14) Ministry of Health Ideas, 2022/2023 | Child Mental Diseases & Disorders Hospitalizations (rate per 1,000 aged 0-14) Ministry of Health Ideas, 2022/2023 | Youth Mental Diseases & Disorders Hospitalizations (rate per 1,000 aged 15-24): Ministry of Health Ideas, 2022/2023

Early Development

EDI: Kindergarten children rated as vulnerable for social development (%) - Early Development Instrument, 2019-2022 | EDI: Kindergarten children rated as vulnerable for communication development (%) - Early Development Instrument, 2019-2022 | EDI: Kindergarten children rated as vulnerable for emotional development (%) - Early Development Instrument, 2019-2022 | EDI: Kindergarten children rated as vulnerable for language development (%) - Early Development Instrument, 2019-2022 | EDI: Kindergarten children rated as vulnerable for physical development (%) - Early Development Instrument, 2019-2022 | EDI: Kindergarten children rated as vulnerable on one or more domains (%) - Early Development Instrument, 2019-2022 |

Protecting Children and Youth

Children and Youth in Care (rate per 1,000 children aged 0 to 18) - Ministry of Children and Family Development, 2023 | Children and Youth in Need of Protection (rate per 1,000 children aged 0 to 18) - Ministry of Children and Family Development, 2022

Health Status, Data Sources

Life Expectancy

Female Life Expectancy - Ministry of Health, 2021-2022 | Male Life Expectancy - Ministry of Health, 2021-2022 | Life Expectancy - Ministry of Health, 2021-2022

Deaths

Mortality (age-standardized rate per 10,000) - Vital Statistics, 2024 | Mortality due to unintentional injuries (age-standardized rate per 10,000) - Vital Statistics, 2024 | Alcohol-related deaths (age standardized rate per 100,000) - CISUR, 2019 | Tobacco-related deaths (age-standardized rate per 100,000) - CISUR, 2019 | Unregulated Drug Deaths (crude rate per 100,000) - BC Coroner's Service, 2023

Health Matrix

Health System Matrix v.14: Healthy (%) - HSM v.14, 2024 | Health System Matrix: Adult (18+) Major Conditions (%) - HSM v.14, 2024 | Health System Matrix: Child and Youth (<18) Major Conditions (%) - HSM v.14, 2024 | Health System Matrix: Low Chronic Conditions (%) - HSM v.14, 2024 | Health System Matrix: Medium Chronic Conditions (%) - HSM v.14, 2024 | Health System Matrix: Severe Mental Health & Substance Use (%) - HSM v.14, 2024 | Health System Matrix: Maternity & Healthy Newborns (%) - HSM v.14, 2024 | Health System Matrix: Frail in Community (%) - HSM v.14, 2024 | Health System Matrix: High Chronic w/o Frailty (%) - HSM v.14, 2024 | Health System Matrix: High Chronic w/ Frailty (%) - HSM v.14, 2024 | Health System Matrix: Cancer (%) - HSM v.14, 2024 | Health System Matrix: Frail in Residential Care(%) - HSM v.14, 2024 | Health System Matrix: End of Life (%) - HSM v.14, 2024 |

Births

Live Birth Rate (rate per 1,000 population) - Vital Statistics/Ministry of Health, 2019-2023 | Stillbirths (rate per 1,000 births) - Vital Statistics/Ministry of Health, 2019-2023 | Infant Mortality - deaths of infants under 1 year of age (rate per 1,000 live births) - Vital Statistics/Ministry of Health, 2019-2023 | Low Weight Births - less than 2,500 grams (rate per 1,000 live births) - Vital Statistics/Ministry of Health, 2019-2023 | Caesarean Sections (rate per 1,000 live births) - Vital Statistics/Ministry of Health, 2019-2023 | Pre-term Births - gestational age less than 37 weeks (rate per 1,000 live births) - Vital Statistics/Ministry of Health, 2019-2023 | Mothers under 20 - live births to mothers under 20 years of age (rate per 1,000 live births) - Vital Statistics/Ministry of Health, 2019-2023 | Mothers 35 and over - live births to mothers aged 35 and over (rate per 1,000 live births) - Vital Statistics/Ministry of Health, 2019-2023

Morbidity

Alzheimer's Disease and Other Dementia - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Asthma - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Chronic Kidney Disease - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Chronic Obstructive Pulmonary Disease - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Mood and Anxiety Disorders - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Depression - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Diabetes - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Heart Failure - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Hypertension - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Ischemic Heart Disease - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Osteoarthritis - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Episodic Asthma - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Episodic Depression - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Episodic Mood & Anxiety Disorders - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023 | Schizophrenia & Delusional Disorders - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2022-2023

Complex Continuing Care

Home Care Visits (rate per 1,000 population) - Island Health - Ideas, 2023/2024 | Home Care Visits (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2023/2024 | Long-Term Care Beds (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2023/2024 | Home Care Clients (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2023/2024 | Home Support Clients (rate per 1,000 population) - Island Health - Ideas, 2023/2024 | Home Support Clients (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2023/2024 | Home Support Hours (rate per 1,000 population) - Island Health - Ideas, 2023/2024 | Home Support Hours (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2023/2024

Emergency

Unscheduled Emergency Department or Urgent Care Centre visits (rate per 1,000 population) - Island Health - Ideas, 2023/2024 | Unscheduled Emergency Department or Urgent Care Centre visits for 75+ (rate per 1,000 75+ population) - Island Health - Ideas, 2023/2024

Hospital Day Care

Acute Care Day Cases (age-standardized rate per 1,000 population) - Ministry of Health Ideas, 2022/2023 | Acute Care Day Cases (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Ideas, 2022/2023

Primary Care

Population attached to physician at the practice level (%) - Ministry of Health, 2022-2023

Potential Years of Life Lost

Accidental Falls - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | All Cause Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Arteries, arterioles and capillaries - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Cerebrovascular diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Chronic lower respiratory diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Circulatory system - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Diabetes - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Diseases of the digestive system - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Diseases of the respiratory system - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Endocrine, nutritional and metabolic diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Influenza and pneumonia - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Ischemic heart diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Lung/tracheal Cancer - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Malignant neoplasms - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Motor vehicle accidents - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023 | Suicide - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2019-2023

Hospital Inpatient Care

Acute Care Inpatient Cases (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Ideas, 2022/2023 | Alternative Level of Care Cases (age-standardized rate per 1,000 population) – Ministry of Health Ideas, 2022/2023 | Alternative Level of Care Cases (age-standardized rate per 1,000 population aged 75 and over) – Ministry of Health Ideas, 2022/2023 | Acute care day cases (age-standardized rate per 1,000 population) – Ministry of Health Ideas, 2022/2023 | Acute care day cases (age-standardized rate per 1,000 population aged 75+) – Ministry of Health Ideas, 2022/2023 | Alternative Level of Care Days (age-standardized rate per 1,000 population) - Ministry of Health Ideas, 2022/2023 | Alternative Level of Care Days (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Ideas, 2022/2023 | Ambulatory Care Sensitive conditions (%) - Island Health - Ideas, 2023/2024 | Maternity Acute Care Utilization (case rate per 1,000 population) - Ministry of Health Ideas, 2022/2023 | Psychiatry (Dementia excluded) Acute Care Utilization (case rate per 1,000 population) - Ministry of Health Ideas, 2022/2023 | MRI Utilization – Outpatient MRI Exams (rate per 1,000 population) - Island Health, 2023/2024



October 6, 2025

Honourable Josie Osborne
Minister of Health
Victoria, BC V8V 1X4

Via Email: HLTH.Minister@gov.bc.ca

Dear Minister Osborne:

Thank you for having Rob Byers, Assistant Deputy Minister, Corporate Service Division respond to our letter of May 1, 2025.

We were also pleased to see the announcement of June 10, 2025, the “Government is expanding its health authority review to include regional health authorities as it focuses on minimizing unnecessary administrative spending and ensuring resources support front-line patient care.” We hope the review identifies efficiencies within the entire healthcare system.

We again request that the Minister include the Regional Hospital Districts (RHDs) and the enabling legislation, Hospital District Act [RSBC 1996] Chapter 202, in the review announced on March 31, 2025, being led by Dr. Penny Ballem, interim president and CEO, PHSA and the June 10, 2025 announcement that Health Authorities will be included in the review and will be led by Cynthia Johansen, Deputy Minister of Health. It is our belief that examining and considering the four main areas as listed in the June 10, 2025, announcement is directly applicable to RHDs. As a reminder the announcement included these four main areas:

- consolidating administrative and corporate functions through a shared service model.
- optimizing existing shared services, such as procurement and IT services.
- reducing duplicative processes identified through the review; and
- improving and streamlining governance structures.

We are aware of the partnerships that occur between Health Authority's and RHDs and how RHDs receive their funding. We also recognize that the RHDs have filled an important role vacated by the Provincial Government 60 years ago resulting in RHDs (via property owner taxation) directly funding important medical equipment and infrastructure because the Provincial Government is unwilling or unable to provide adequate funding.

Unfortunately, little information is received by the public on how the Hospital portion of their property taxes go to fund the RHDs except when the government fails to fulfill an election promise. (i.e., "In fall 2024, Premier Eby promised to build a new patient tower and cardiac catheterization lab at Nanaimo Regional General Hospital (NRGH)." Or, when provincial funding fails to materialize.

We examined RHDs 2024 Financial Statements to support our request to include RHDs and the funding formula in the review. The review identified over \$2.5 million dollars spent on administration alone by the RHDs. We are unsure about the accuracy of financial statements as there is little detail on the specifics of revenue and expenses. It is our understanding that the RHDs must follow the Public Sector Accounting Standards (PSAS), but we were unable to find a policy statement referencing this requirement.

Mr. Byers stated in his letter "*With respect to the health authority review, the province is looking at ways to ensure that the health system is functioning as efficiently and effectively as possible in order to optimize how services are supported and delivered to those who reside in British Columbia.*"

I would suggest that the current funding model to support an unwritten policy decision where the province provides 60% (revenue from Federal & Provincial income tax) and the local property owners provide the remaining 40% does not come close to optimizing healthcare services and in fact conflicts with the concept of universality as required by the Canada Health Act.

Requiring RHDs to collect the 40% of infrastructure costs results in:

- Unequal access due to unequal regional wealth,
- The province offloading responsibility onto unelected hospital districts,
- Property owners bearing a disproportional cost of healthcare funding, (property owners are taxed three times: at the local level, provincial and federally)
- Delays in crucial health investments.

Ultimately, increases in the Hospital Tax will continue to make homeownership unattainable to the young and will force lower income and retirees to sell their homes, defer taxes, or choose other alternatives.

It is our understanding that the Union of BC Urban Municipalities has been involved in review of the health system and/or requested changes to the funding formula since 2003. More recently “The chairs of six northern regional hospital districts, including the chair from Fraser-Fort George, sent a letter to BC’s infrastructure minister back in May asking to discuss legislative reform that would ease the tax burden on their residents.” Prince George Citizen July 25, 2025.

The present government must review the enabling legislation passed by the then Social Credit government some 60 years ago during the time universal healthcare was being implemented across Canada. The Hospital District Act was to remove the financial burden on the province by taxing property owners and this is no longer sustainable. The Federal Government and the Government of British Columbia and the preceding governments had 60 years to address the issues of an aging population, increased life spans and increased immigration, and you have failed. Without including the RHDs in the review of the health system and a review and consideration for legislative change, you will continue to fail the citizens of British Columbia.

Taxing citizens of British Columbia three times (Federal, Provincial & Local) to maintain a healthcare system and collecting property taxes to place in reserve accounts in the off chance of having a new capital project approved is an exercise in futility at best. Over-collecting taxes to build accumulated surpluses is taxation without a guaranteed project delivery. We are aware that all the RHDs conduct their financial planning in a similar manner. Actuals vary widely from budgets and Annual Surpluses continue to increase. Again, a review of the Financial Statements demonstrated an annual accumulated surplus ending December 31, 2024, of approximately \$422,000,000. Money that would be best suited to improve delivery of healthcare services to British Columbians.

The current model of accumulating large reserves while projects are delayed or unapproved result in public frustration over seeing taxes collected but no visible improvements in local healthcare delivery. It also demonstrates that the RHDs and Regional Districts and the local electorate have a total lack of control over when or if projects proceed because the Ministry of Health and Health Authorities have final say, whether politically or financially.

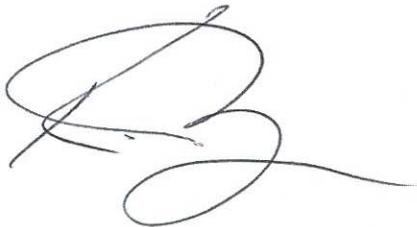
I would like to conclude that taxing property owners to build large reserves may not be illegal but is surely unethical considering no other province in Canada applies a Hospital Tax on property owners. The Hospital District Act fails to fulfill the universal health care system under the Canada Health Act, by creating a lack of accountability for universality, accessibility, and equity. As stated earlier, the inability to collect funding in

lower income areas leads to regional disparities and violates the concept that all Canadians have equal access to health care, regardless of where they live. In short:

- Local funding undermines universal access and adds administration costs,
- Regional disparities produce uneven infrastructure and quality of care,
- Property tax funding burdens lower income communities and places additional burden on taxpayers,
- Delay in building infrastructure reduces patient accessibility and patient outcomes.

In closing, we the members of the Regional District of Nanaimo Tax Payers Alliance request the Government to expanding the health system review to include Regional Hospital Districts

Sincerely,



Kevin Pilger

Director, Corcan Meadowood Residents Association

info@meadowoodresidents.com

A Member of the Regional District of Nanaimo (RDN) Taxpayers Alliance

cc. Premier David Eby david.eby.MLA@leg.bc.ca
Honourable Josie Osborne, HLTH.Minister@gov.bc.ca
MLA Sheila Malcolmson SDPR.Minister@gov.bc.ca
Regional Hospital Districts



To: Regional Hospital District Board of Directors
From: Teri Fong, CPA, CGA, Chief Financial Officer
Meeting Date: December 10, 2025
Subject: 2026-2030 Provisional Budget

Recommendation:

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give first reading to the bylaw cited as “Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140”.

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give second reading to the bylaw cited as “Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140”.

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give third reading to the bylaw cited as “Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140”.

THAT the Alberni Clayoquot Regional Hospital District Board of Directors adopt the bylaw cited as “Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140”.

Desired Outcome:

To adopt a provisional budget for the Alberni-Clayoquot Regional Hospital District to comply with the *Hospital District Act*.

Summary:

Regional Hospital District’s provide the local share of 40% for funding of capital costs associated with the construction, acquisition and maintenance of hospital facilities and major equipment within the boundaries. The ACRHD does not operate any facilities, it only provides capital funding. Island Health, with funding from the Province, pays the other 60% of the capital funding requirements and operates the facilities within the ACRHD’s boundaries.

The Hospital District Act requires that the ACRHD adopt a Provisional Budget for the following year by December 31st. A separate Annual Budget, in the same 5-year format, will be presented to the Board in February 2026 and requires adoption prior to March 31st.

The Regional Hospital District paid for 40% of the West Coast General Hospital (WCGH) construction

using long term debt secured through the Municipal Finance Authority of BC (MFA). The WCGH debt was fully retired in 2025.

The 2026 to 2030 Provisional Budget continues to build a reserve for the Tofino General Hospital (TGH) project. The TGH is beyond its useful life and will require replacement in the coming years. Island Health has confirmed that the project is on their priority list and the building of a reserve fund for the construction will reduce the amount of borrowing required when the project is completed.

A flat tax requisition of \$1.836 million over the next five years has been drafted with excess funds being allocated into the TGH reserve fund. Staff recommend that the Provisional Budget be adopted with a 0% tax requisition increase and that any increases or reductions in the requisition be considered during the development of the Annual Budget in February and March as the Regional District Financial Plan will also be under development and the two plans can be considered together.

In addition, the provisional budget also includes an equipment and minor capital grant of \$550,000 for Island Health to purchase equipment and complete projects for the hospitals in the region. Island Health will provide a letter in January 2026 explaining their plan in the region. This letter will be presented as part of the Annual Budget process.

Time Requirements – Staff & Elected Officials:

Approximately 20-30 staff hours are required to develop the provisional budget, annual budget and discuss current as well as upcoming projects with Island Health. This time requirement fluctuates from year to year depending on the nature and number of projects occurring in the ACRD region by Island Health.

Financial:

The Provisional Budget has been developed with a tax requisition of \$1.836 million which is the same as the prior year. The tax rate and estimated residential tax impact by area will be presented during the Annual Budget process when the 2026 assessed values are available.

Policy or Legislation:

The ACRHD is required by Section 23 of the Hospital District Act to adopt a provisional budget by December 31st for the following year. Hospital District Act Section 20(4) provides the ACRHD the ability to maintain a reserve account for specified purposes.

Submitted by: Teri Fong
Teri Fong, CPA, CGA, Chief Financial Officer

Reviewed by: Cynthia Dick
Cynthia Dick, General Manager of Administrative Services

Approved by: Daniel Sailland
Daniel Sailland, MBA, Chief Administrative Officer



ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT
 2026 TO 2030 PROVISIONAL BUDGET
 SCHEDULE A - BYLAW NO. 140

ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT	2025 Budget	2026 Budget	2027 Budget	2028 Budget	2029 Budget	2030 Budget
REVENUE						
Surplus (deficit) from prior years	141,493	-	-	-	-	-
Tax requisition	1,836,000	1,836,000	1,836,000	1,836,000	1,836,000	1,836,000
Grants in lieu of taxes	7,000	7,000	7,000	7,000	7,000	7,000
Investment income & refunds	100,000	100,000	100,000	100,000	100,000	100,000
TOTAL REVENUE	\$ 2,084,493	\$ 1,943,000	\$ 1,943,000	\$ 1,943,000	\$ 1,943,000	1,943,000
EXPENDITURES						
Administration costs	\$ 45,000	\$ 46,350	\$ 47,300	\$ 48,300	\$ 49,300	\$ 50,300
Debenture - interest	1,000	-	-	-	-	-
Debenture - principal	6,000	-	-	-	-	-
Annual equipment grant	550,000	550,000	550,000	550,000	550,000	550,000
Major capital project contributions	-	-	-	-	-	-
Reserve fund contribution	1,482,493	1,346,650	1,345,700	1,344,700	1,343,700	1,342,700
TOTAL EXPENDITURES	\$ 2,084,493	\$ 1,943,000	\$ 1,943,000	\$ 1,943,000	\$ 1,943,000	1,943,000

TOFINO GENERAL HOSPITAL RESERVE	2025 Budget	2026 Budget	2027 Budget	2028 Budget	2029 Budget	2030 Budget
Balance, beginning of year	\$ 3,403,847	\$ 5,010,740	\$ 6,527,890	\$ 8,089,590	\$ 9,697,190	11,351,990
Contribution from operating fund	1,482,493	1,346,650	1,345,700	1,344,700	1,343,700	1,342,700
Grants and other contributions	-	-	-	-	-	-
Interest earnings	124,400	170,500	216,000	262,900	311,100	360,700
<i>Less - capital expenditures</i>						
Tofino General Hospital	-	-	-	-	-	-
Total capital expenditures	-	-	-	-	-	-
BALANCE, END OF YEAR	\$ 5,010,740	\$ 6,527,890	\$ 8,089,590	\$ 9,697,190	\$ 11,351,990	13,055,390