



Interior Health



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# Castlegar - 09

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A graphic consisting of two concentric grey circles. Inside the inner circle is a stylized grey human figure. The text "Local Health Area Profile" is centered over the graphic.

## Local Health Area Profile

March 2010

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Prepared on: March 3, 2010

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# 1. EXECUTIVE SUMMARY

## HEALTH STATUS:

<p><i>Low Birth Weight (2003-07):</i></p> <ul style="list-style-type: none"> <li>Low Birth Weight Rate of 39.56 per 1,000 Live Births (↓)</li> </ul>	<p><i>Life Expectancy (2005-09):</i></p> <ul style="list-style-type: none"> <li>Increased over the past 20 years (↑)</li> <li>Lower than IH, KBHSA and BC</li> </ul>
<p><i>Standardized Mortality Ratio (SMR) (2003-07):</i></p> <ul style="list-style-type: none"> <li>More Deaths than expected - SMR of 1.18* (↓)</li> <li>More Deaths due to Diabetes than expected*</li> </ul>	<p><i>Chronic Disease (2008/09):</i></p> <ul style="list-style-type: none"> <li>Depression/Anxiety prevalence rate of 25.7% which is higher than KB, IH and BC</li> <li>42% of residents with Congestive Heart Failure also have Ischemic Heart Disease</li> </ul>
<p><i>Leading Causes of Death (2003-07):</i></p> <ul style="list-style-type: none"> <li>35% of all deaths caused by Diseases of the Circulatory System</li> </ul>	<p><i>Socio Economic (2008):</i></p> <ul style="list-style-type: none"> <li>'Low' on the socio-economic stress index when comparing against BC LHAs.</li> </ul>

In comparison to other Interior Health Local Health Areas, Castlegar residents rank favourably on the Low Birth Weight key health status measures and on the social determinants of health (Socio Economic) risk factor. Residents rank moderately on Life Expectancy and poorly on SMR health status measures.

## HEALTH SYSTEM PERFORMANCE:

<p><i>Acute Care (2008/09):</i></p> <ul style="list-style-type: none"> <li>810.9 ED visits per 1,000 pop'n (↓)</li> </ul> <p><i>Age Standardized Rates:</i></p> <ul style="list-style-type: none"> <li>495.6 A/R days per 1,000 pop'n (↓)</li> <li>70.8 ALC days per 1,000 pop'n (↑)</li> <li>95.1 SDC cases per 1,000 pop'n (↑)</li> <li>30.0 IP Surgical cases per 1,000 pop'n (↓)</li> </ul>	<p><i>Home and Community Care:</i></p> <ul style="list-style-type: none"> <li>103.2 Residential Care &amp; Short Stay beds per 1,000 75+ pop'n for 2009/10 (↓)</li> <li>14.7 Assisted Living Units per 1,000 75+ pop'n for 2009/10 (↓)</li> <li>12,427 Home Support hours per 1,000 65+ pop'n for 2008/09 (↓)</li> </ul> <p><i>Acute Inpatient Referrals (2008/09):</i></p> <ul style="list-style-type: none"> <li>Over two-thirds of Castlegar resident inpatient acute cases were treated at Kootenay Boundary Regional Hospital (Trail)</li> </ul>
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In 2009/10 Castlegar residents met or exceeded established IH target for Residential Care & Short Stay and Assisted Living crude bed rates. The age standardized Acute/Rehab Days rate is under the Interior Health Rural target of 525 for 2008/09 and has decreased over each of the past 3 years.

## HEALTH SERVICES:

<p><i>Services (2009):</i></p> <ul style="list-style-type: none"> <li>Health Centre (Castlegar &amp; District Health Centre)</li> <li>A variety of public health, mental health, primary health care and home and community care services</li> </ul>
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\*Indicates statistical significance

(↑) Increased since previous year or aggregation of years

(↓) Decreased since previous year or aggregation of years

## 2. INTRODUCTION

This profile provides an overview of residents in the Castlegar Local Health Area and highlights key characteristics in the following areas:

- Health status
- Health system performance
- Health services

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

The Information Support Department produces a number of utilization and service reports. In addition to this LHA Profile, the following reports, relevant to the Castlegar LHA, are also available on the Interior Health website: 2009 Castlegar LHA Population Profile; 2009 Kootenay Boundary Health Service Area Profile; and 2009 Facility Profiles.

Additional information is available upon request from Interior Health's Information Support Department. Inquiries and comments should be addressed to:

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# 3. HEALTH STATUS

Health Status indicators focus on a range of measures such as health conditions, human function, well-being, and mortality. Please note much of the data in this section are aggregated over five year periods.

**TABLE 1 Health Status Quick Stats**  
Castlegar LHA, 2001 to 2005, 2002 to 2006, 2003 to 2007

Indicator / Measure	2001-2005	2002-2006	2003-2007
Low Birth Weight Live Birth Rate (per 1,000 live births)	54.35	49.89	39.56
Standardized Mortality Ratio (All Causes of Death)	1.11	1.20	1.18*

Source: BC Vital Statistics Agency, Annual Report 2007



\*Indicates SMR with statistical significance

The statistically significant SMR (all causes of death) for Castlegar is 1.18, which means there were more deaths than expected, given provincial rates.






Low birth weight infants (< 2,500 grams) have increased risks of morbidity and premature death. The Castlegar rate of low birth weight infants is 39.56 per 1,000 live births, which is lower than the KBHSA (49.06), IH (53.35), and BC (55.64) rates.






## Standardized Mortality Ratios

The Standardized Mortality Ratio (SMR) is the ratio of the number of deaths occurring to residents of a geographic area (e.g. Castlegar LHA) to the expected number of deaths in that area based on provincial age-specific mortality rates. An SMR less than 1 indicates fewer observed deaths than expected while an SMR greater than 1 indicates more deaths than expected.

Table 2 shows up to the five highest and five lowest **statistically significant** Standardized Mortality Ratios (SMR) for the Castlegar LHA. For those Local Health Areas with fewer than five, cells have been left blank.  indicates more deaths than expected given provincial rates, while  indicates less deaths than expected given provincial rates. Colour scale indicates variance from the expected number of deaths; darkest colours represent the greatest variance.

**TABLE 2 Statistically Significant Standardized Mortality Ratios**  
Castlegar LHA, 2003 to 2007

More deaths than expected	
Diabetes	
Digestive System	
Endocrine Diseases	
Alcohol-Related Deaths	
Circulatory System	

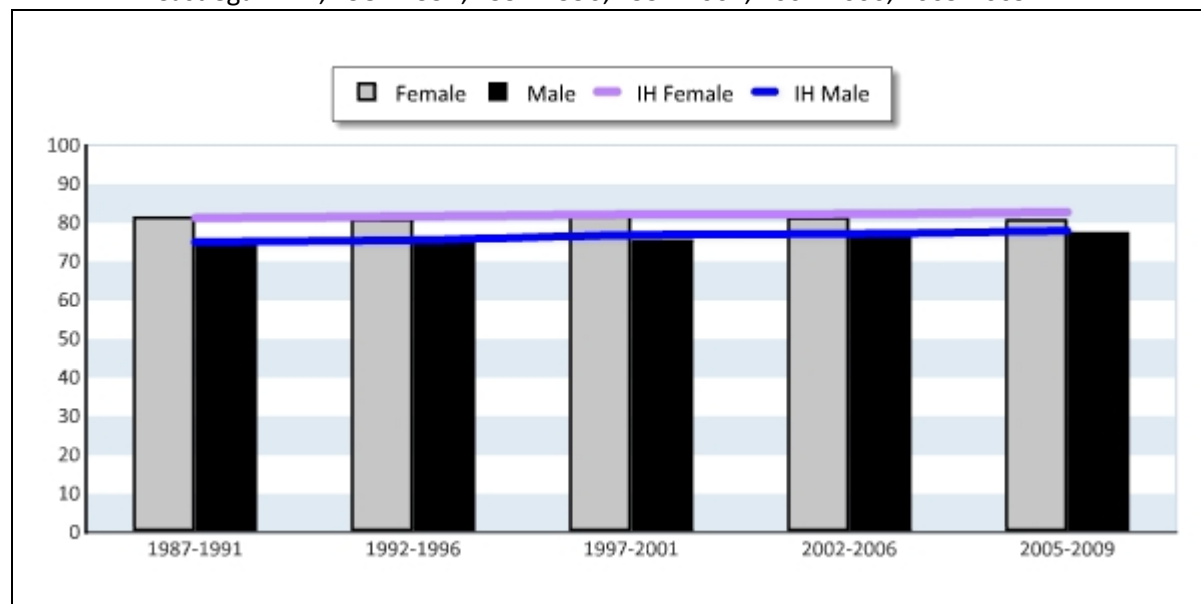
Less deaths than expected	
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Source: BC Vital Statistics Agency, Annual Report 2007

## Life Expectancy

Figure 1 shows that females have a higher life expectancy than males in the Castlegar LHA. Total life expectancy has increased from 78 in 1987-1991 to 79 in 2005-2009.

**FIGURE 1** Life Expectancy Trends by 5 year aggregations  
Castlegar LHA, 1987-1991, 1992-1996, 1997-2001, 2002-2006, 2005-2009



Source: BC STATS, Ministry of Labour and Citizens' Services

For 2005-2009, Castlegar's life expectancy at birth of 79 years is lower than that for IH (80), KBHSA (80) and BC (81).

## Leading Causes Of Death

The five leading causes of death in the Castlegar LHA over the period from 2003 to 2007 are presented in Table 3.

**TABLE 3** Top 5 Cause of Death Categories  
Castlegar LHA, 2003 to 2007

Cause of Death Category	Number of Deaths	% of Total Deaths	% of Category Deaths < 75 Years of Age
Diseases of Circulatory System	217	35.17%	26.27%
Malignant Neoplasms (all sites)	152	24.64%	53.29%
Diseases of Respiratory System	59	9.56%	32.20%
Endocrine Diseases	34	5.51%	11.76%
Diseases of Digestive System	33	5.35%	39.39%
Sub Total	495	80.23%	35.15%
All Causes of Death	617	100.00%	39.06%

Source: BC Vital Statistics Agency, Annual Report 2007

Diseases of the Circulatory System were the leading cause of death in the Castlegar LHA and accounted for 35.17% of the total deaths in the Castlegar LHA. Of the 217 deaths caused by Diseases of the Circulatory System, 26.27% were under 75 years of age.

## Chronic Disease

Chronic health conditions affect many residents of the Interior Health Authority and the numbers of people affected are expected to increase as our population ages. These conditions impact health and well-being and represent a significant, and growing, healthcare and economic burden.<sup>1</sup>

**TABLE 4 Chronic Disease Prevalence Rates**  
Castlegar LHA, 2008/09

Chronic Disease Category	Castlegar LHA	KBHSA	IHA	BC
Depression/ Anxiety	25.7%	23.5%	24.5%	22.6%
Asthma	9.2%	9.7%	10.9%	11.1%
Cardiovascular Disease	6.8%	6.5%	6.2%	5.0%
Diabetes Mellitus	6.4%	6.1%	6.6%	6.9%
COPD	6.4%	6.5%	6.8%	5.3%
Ischemic Heart Disease	4.3%	3.9%	3.7%	3.2%
Congestive Heart Failure	2.9%	2.8%	2.6%	2.0%

Sources: Primary Health Care registry (DAD); Discharge Abstract Database (DAD), Medical Services Plan (MSP), 2008/09.

Of the conditions reported here, Depression/Anxiety is the most prevalent chronic disease among residents of the Castlegar LHA, with a rate of 25.7%. This is higher than the rate of Depression/Anxiety for KBHSA, IHA and BC.

It is common for patients with a chronic condition, to suffer from multiple conditions or co-morbidities. For example, Table 5 shows that 17% of Castlegar residents with Asthma also have Depression, Anxiety or Neuroses and that 3% of residents with Depression, Anxiety or Neuroses also have Asthma

**TABLE 5 Percentage of Residents with Combinations of Co-morbidities**  
Castlegar LHA, 2008/09

Chronic Disease Category	Total Cases	Depression, Anxiety, Neuroses	Asthma	Ischemic Heart Disease	Congestive Heart Failure	Diabetes Mellitus (Type 1 or 2)	COPD, Emphysema, Chronic Bronchitis
Depression, Anxiety, Neuroses	3,644		3%	5%	4%	8%	3%
Asthma	614	17%		7%	4%	8%	13%
Ischemic Heart Disease	866	20%	5%		27%	27%	14%
Congestive Heart Failure	548	23%	4%	42%		30%	32%
Diabetes Mellitus (Type 1 or 2)	1,536	18%	3%	15%	11%		7%
COPD, Emphysema, Chronic Bronchitis	534	22%	15%	22%	33%	21%	

Sources: Primary Health Care registry (DAD); Discharge Abstract Database (DAD), Medical Services Plan (MSP), 2008/09.

<sup>1</sup> Broemeling, A.M., Watson, D.E., Prebtani, F. Population Patterns of Chronic Health Conditions, Co-Morbidity & Healthcare Use in Canada: Implications for Policy and Practice. Healthcare Quarterly, 2008; 11(3): 70-76.

## Health Behavior Statistics

**TABLE 7** Health Behavior Indicators  
KBHSA, 2008

Indicator / Measure	KBHSA	IHA	BC	Canada
Leisure Time Physical Activity (proportion of 12+ population active or moderately active)	70.8%	63.4%	58.7%	50.6%
Healthy Eating (proportion of 12+ population eating 5+ servings of fruit and vegetables per day )	39.4%	38.7%	42.4%	43.7%
Overweight / Obesity (proportion of 18+ population)	50.2%	49.1%	45.1%	51.1%
Tobacco Use (proportion of 15+ population who are daily or occasional smokers)	25.0%	23.4%	18.6%	21.4%

Note: Data not available at the LHA level; Source: Canadian Community Health Survey, Statistics Canada, 2008.

Kootenay Boundary HSA residents have a higher percentage of population who reported being active or moderately active and conversely have higher tobacco use in comparison to the Interior Health, provincial and national rates. Fewer Kootenay Boundary residents reported being overweight or obese compared to the national figure, but are higher than the provincial and Interior Health rates.

**Leisure-Time Physical Activity** - Regular physical activity reduces the risk of developing chronic diseases, helps to control weight and promotes psychological well-being.

**Healthy Eating** - 30% of cancer and diabetes cases and 20% of cardiovascular disease can be attributed to poor nutrition<sup>2</sup>.

**Overweight/Obesity** - Obesity is a major risk factor for many chronic illnesses, including cardiovascular diseases, type 2 diabetes and some types of cancer.

**Tobacco Use** - Cigarette smoking is the primary risk factor for the top three causes of death in Canada: diseases of the circulatory system, cancers and respiratory diseases.

To access many other Canadian Community Health Survey indicators, please visit this link:

[http://cansim2.statcan.gc.ca/cgi-win/cnsmcgl.exe?Lang=E&RootDir=CII/&Detail=1&ResultTemplate=CII/CII\\_&TblDetail=1&C2SUB=HEALTH&Array\\_Pick=1&ArrayId=105-0501](http://cansim2.statcan.gc.ca/cgi-win/cnsmcgl.exe?Lang=E&RootDir=CII/&Detail=1&ResultTemplate=CII/CII_&TblDetail=1&C2SUB=HEALTH&Array_Pick=1&ArrayId=105-0501)

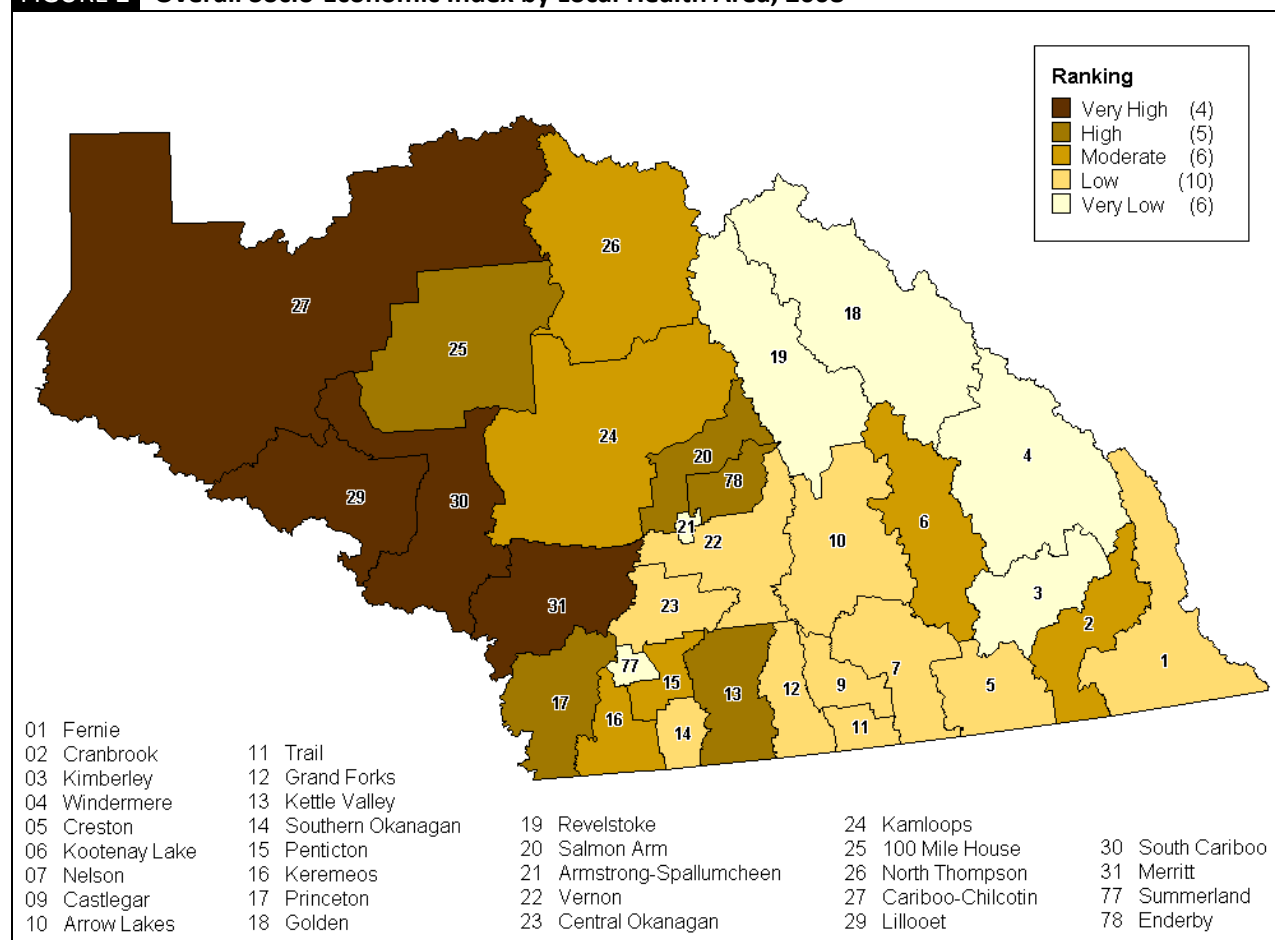
<sup>2</sup> [http://www.health.gov.bc.ca/prevent/healthy\\_eating.html](http://www.health.gov.bc.ca/prevent/healthy_eating.html)

## Overall Regional Socio-Economic Index

The purpose of the Overall Regional Socio-Economic Index is to summarize the results of the six composite indices by providing an overall weighted average of Economic Hardship, Crime, Health Problems, Education Concerns, Children at Risk, and Youth at Risk.

The design of the various indices is intended to provide cross-sectional analysis at *a point in time*. The developed indices are not designed for temporal analysis. For example, a drop in an index value for a particular region from 0.50 to 0.30 does not necessarily mean an improvement in conditions within the region. The change may be due to other areas becoming relatively worse off. The higher the Socio-Economic Index value, the greater the socio-economic stress within that region. It should be noted that although only the Interior Health region is shown, these rankings are based on Index values for *all Local Health Areas within British Columbia*.

**FIGURE 2 Overall Socio-Economic Index by Local Health Area, 2008**



Source: BC Stats, Socio-Economic Indices, 2008

The following four IH LHAs ranked 'Very High' (worst off) on this measure relative to other British Columbia LHAs: Cariboo-Chilcotin, Merritt, South Cariboo and Lillooet. Conversely, the following six IH LHAs ranked 'Very Low' (best off) on this measure relative to other BC LHAs: Summerland, Revelstoke, Armstrong, Windermere, Kimberley and Golden. The Castlegar LHA ranked 'Low,' indicating a low level of socio-economic stress relative to other BC LHAs.

For individual values for all of the Socio-Economic Indices and methods for index development, please visit the BC Stats website at: [http://www.bcstats.gov.bc.ca/data/sep/i\\_lha/lha\\_main.asp](http://www.bcstats.gov.bc.ca/data/sep/i_lha/lha_main.asp)

## 4. HEALTH SYSTEM PERFORMANCE

Health indicators that fall under the Health System Performance category measure various aspects of the quality of health care, such as access, efficiency and utilization.

Age Standardized Utilization Rates are hypothetical rates that are calculated to allow comparisons of health care service use across geographic areas, by adjusting for differences in the age mixes of regions. They are the rates that would be expected in a region if the region's population experienced the same age specific utilization rates as the province as a whole. Tables 8 and 10 report age standardized utilization rates for Acute/Rehab days, ALC days, Inpatient Surgery cases and Surgical Day Care cases.

**TABLE 8 Health System Quick Stats**  
Castlegar LHA, 2008/09

Indicator / Measure	Castlegar LHA	KBHSA	IH	BC
Age Standardized - Acute/Rehab Days (per 1,000 Population) †	495.6	549.5	528.5	570.3
Age Standardized - Alternate Level of Care (ALC) Days (per 1,000 Population) †	70.8	96.7	73.3	72.7
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) †	30.0	30.5	31.8	27.6
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) †	95.1	91.5	86.6	81.7
Emergency Department Visits (per 1,000 Population)*	810.9	568.4	472.0	--
Home Support Clients/1,000 Pop'n. 65+ Ω	78	70	55	--
Adult Day Service Clients/1,000 Pop'n 65+ Ω	14	21	18	--
Home Support Hours/1,000 Pop'n. 65+ Ω	12,427	12,515	10,697	--
Adult Day Services Days/1,000 Pop'n. 65+ Ω	293	688	542	--
Residential Care Days/1,000 Pop'n 75+ ϵ	39,076	30,293	30,371	--
Assisted Living Days/1,000 Pop'n 75+ ϵ	5,496	5,403	5,199	--

Sources: † Healthideas Summary Reports, Ministry of Health; \*Admissions Universe, 2008/09, Interior Health; Ω HCC Universe Business Objects, 2008/09; ϵ MIS/General Ledger.

Notes: Age Standardized Rates are age-standardized per 1,000 population using the indirect method and have been calculated using PEOPLE 34 population data (no newborns); Rates for ED visits and HCC indicators are crude rates per 1,000 population and have been calculated using PEOPLE34 data. Total for ED visits does not include scheduled visits; Home Support includes LT, ST, EOL & CISL for 65+.

Castlegar residents have a lower age standardized Inpatient Surgical case rate than KBHSA and Interior Health, but higher than the provincial rate. Castlegar residents have a higher age standardized Surgical Day Care case rate than KBHSA, Interior Health, and B.C. residents.

Castlegar residents had a higher crude rate of Home Support clients than KBHSA and IH and Home Support hours there was a similar rate to the KBHSA but higher than IH. Adult Day Services rates for Castlegar are lower than the HSA and IH rates. The Castlegar Residential Care Days rate is higher than the rates for KBHSA (30,293) and IH (30,371). The Castlegar Assisted Living Days rate is similar to the rates for KBHSA (5,403) and slightly higher than the IH rate (5,199).

Details on age standardized Acute/Rehab and Alternate Level of Care days are provided in figures 3 and 4.

Interior Health has a Residential Care & Short Stay bed target of 79 beds per 1,000 75+ population and an Assisted Living bed target of 14 beds per 1,000 75+ population. The Castlegar LHA meets or exceeds these Home and Community Care bed rate targets and has a higher Residential Care & Short Stay bed rate than the KBHSA and IH. The Assisted Living bed rate is lower than KBHSA and the same as IH.

**TABLE 9 Bed Rates**

Castlegar LHA, 2009/10

Indicator / Measure	Castlegar LHA	KBHSA	IH
Residential Care & Short Stay beds/1,000 Pop'n 75+ <sup>o</sup>	103.2	82.2	81.8
Assisted Living Units/1,000 Pop'n 75+ <sup>o</sup>	14.7	15.4	14.7

Sources: <sup>o</sup> HCC Resl & AL beds September 2008, Interior Health

Notes: Values reported for RC beds and AL units are funded beds and/or units as at September, 2009

**TABLE 10 Health System Quick Stats Trends**

Castlegar LHA, 2006/07, 2007/08, 2008/09

Indicator / Measure	2006/07	2007/08	2008/09
Age Standardized – Acute/Rehab Days (per 1,000 Population) τ	579.8	567.0	495.6
Age Standardized – Alternate Level of Care (ALC) Days (per 1,000 Population) τ	81.4	56.1	70.8
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) τ	35.0	31.5	30.0
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) τ	101.1	91.7	95.1
Emergency Department Visits (per 1,000 Population)*	924.1	895.7	810.9
Home Support Clients/1,000 Pop'n. 65+ Ω	104	80	78
Adult Day Service Clients/ 1,000 Pop'n 65+ Ω	17	18	14
Home Support Hours/1,000 Pop'n. 65+ Ω	18,907	13,588	12,427
Adult Day Services Days/1,000 Pop'n. 65+ Ω	371	254	293
Residential Care Days/1,000 Pop'n 75+ ℓ	42,619	42,463	39,076
Assisted Living Days/1,000 Pop'n 75+ ℓ	5,462	5,539	5,496

See notes from Table 8

The age standardized Inpatient Surgical case rate decreased over each of the past 3 years. The Surgical Day Care case rate increased from 2007/08 for Castlegar residents. The ED crude rate per 1,000 population has decreased over each of the past 3 years.

The rate of Home Support clients and hours in Castlegar decreased since 2006/07. Adult Day Service clients have decreased from 2007/08 to 2008/09 but the days have increased in that same time.

The Castlegar Assisted Living days rate and the Residential Care days rate have both decreased from 2007/08 to 2008/09.

Trending details on age standardized Acute/Rehab and Alternate Level of Care days are provided in figures 3 and 4.

**TABLE 11 Bed Rate Trends**  
 Castlegar LHA, 2006/07, 2007/08, 2008/09, 2009/10

Indicator / Measure	2006/07	2007/08	2008/09	2009/10
Residential Care & Short Stay beds/1,000 Pop'n 75+ <sup>o</sup>	119.9	118.5	105.7	103.2
Assisted Living Units/1,000 Pop'n 75+ <sup>o</sup>	15.4	15.2	15.1	14.7

Sources: <sup>o</sup> HCC Resl & AL beds September 2008, Interior Health

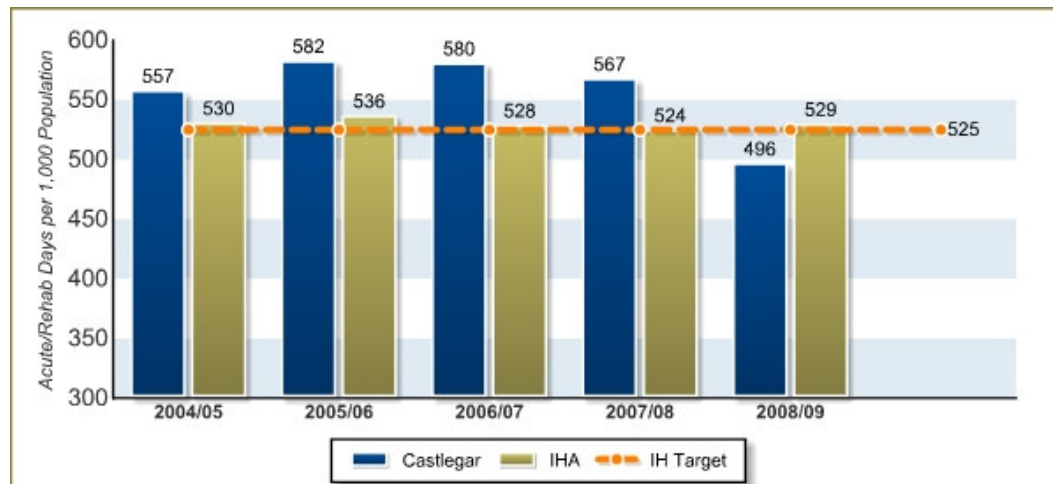
Notes: Values reported for RC beds and AL units are funded beds and/or units as at October 2006, September 2007, September 2008, September 2009

The Residential Care & Short Stay and Assisted Living bed rates have been decreasing since 2006/07. The number of beds has not changed, but as the Castlegar 75+ population increases the bed rate will decrease.

## Age Standardized Days Rates

Figure 3 provides the age-standardized acute/rehab days per 1,000 population for residents of the Castlegar LHA compared to Interior Health overall for the period from 2004/05 to 2008/09. The Castlegar LHA days rate dropped below the Rural target of 525 days per 1,000 population in 2008/09. This tells us that Castlegar residents used inpatient resources at a lower rate per 1,000 population than targeted in 2008/09.

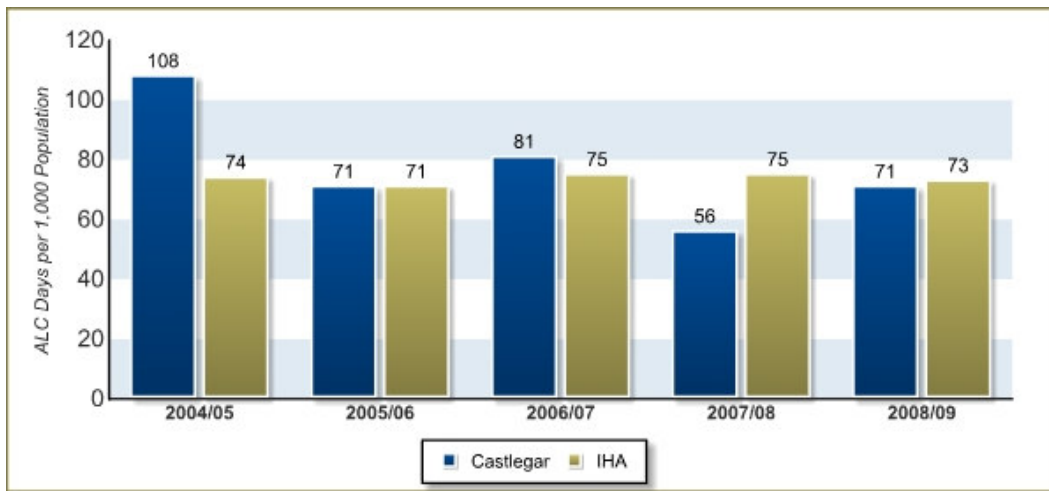
**FIGURE 3 Trends in the Acute/Rehab Days Rate**  
 Castlegar LHA, 2004/05 – 2008/09



Source: Healthideas Summary Reports, Ministry of Health. The IH Target was established in the Acute Care Roles Review.

An important indicator of appropriateness of acute care resources is the number of alternate level of care (ALC) days. ALC days are the days that a patient spends in hospital after their acute care needs have been met, due to the unavailability of alternate care options such as placement in an appropriate setting. Figure 4 provides the standardized ALC days per 1,000 population for residents of the Castlegar LHA over the period from 2004/05 to 2008/09. The ALC days rate for the Castlegar LHA increased in 2008/09.

**FIGURE 4 Trends in the ALC Days Rate**  
Castlegar LHA, 2004/05 – 2008/09

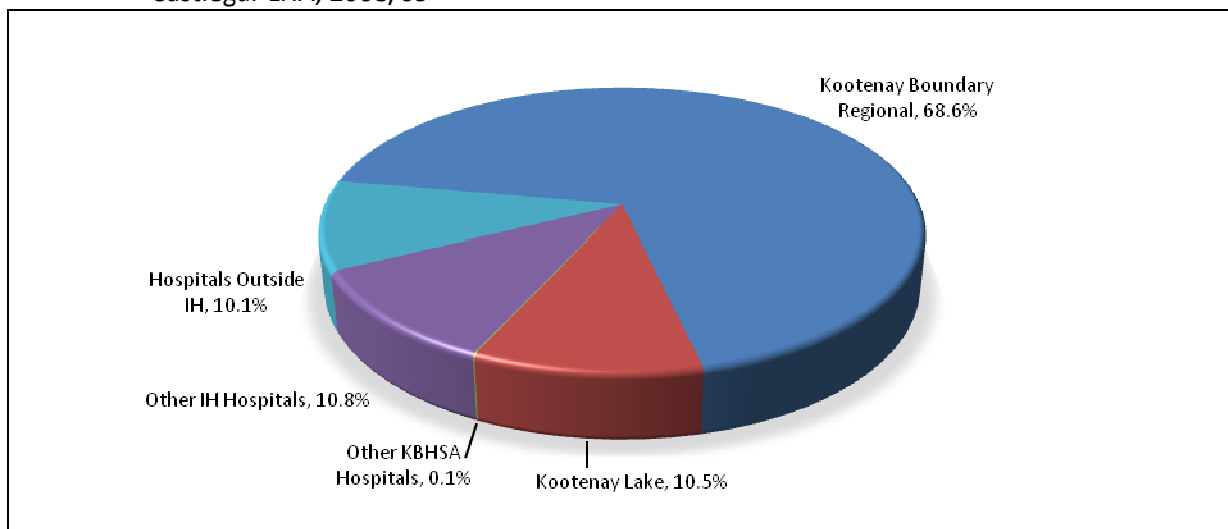


Source: Healthideas Summary Reports, Ministry of Health.

## Inpatient Referral Patterns

As shown in Figure 5, over two-thirds (68.6%) of Castlegar inpatients received treatment at Kootenay Boundary Regional Hospital and another 10.5% received treatment at Kootenay Lake Hospital. Overall, over 79% of Castlegar LHA inpatient cases were treated at hospitals within the Kootenay Boundary Health Service Area (KBHSA).

**FIGURE 5 Inpatient Referral Patterns**  
Castlegar LHA, 2008/09



Source: Discharge Abstract Database (DAD), 2008/09, Ministry of Health

# 5. HEALTH SERVICES

This section provides a high level snap shot of the types of services available within the Castlegar Local Health Area.

**TABLE 12 Health Services**  
Castlegar LHA, 2009

Public Health/ Prevention Services	
Type of Service	Available
Public Health Programs	Y
Health Protection Services	Y

Primary Health Care	
Type of Service	Available
Nursing Outpost	N
Primary Health Care Centre / Community Health Centre	N
Integrated Health Network	Castlegar
Family/General Practitioner Services	Y*

Home and Community Care	
Type of Service	Available
Home Support	Y
Home Nursing Care	Y
Community Rehab	Y
Assisted Living	Castlegar
Residential Care	Castlegar
Short Stay	Castlegar
Adult Day Services	Castlegar

Acute Care	
Type of Service	Available
Community Health Centre with Urgent Care	Castlegar
Hospital	--
Community Level 1	N
Community Level 2	N
Service Area	N
Tertiary	N

Mental Health & Addictions Services	
Type of Service	Available
Mental Health Centre	Castlegar
Addictions Programs & Services	Castlegar
Supported Housing	Castlegar
Residential Care	N

Tertiary Mental Health	
Type of Service	Available
Acute Adult/Youth	N
Residential/Rehab	N

*\* GP services data are reported at the LHA level, therefore we are unable to report on specific communities*

*Y - indicates services are offered in all communities*

## 6. GLOSSARY

### Glossary of Terms

**Acute/Rehab (A/R)**

Inpatient cases and days designated as Acute Care indicating the patient is acutely or seriously ill, requiring professional care and daily medical attention or special diagnostic and treatment procedures in an acute care hospital.

**Alternate Level of Care (ALC)**

Inpatient cases and days where a patient has finished the acute care phase of his/her treatment but remains in an acute care bed.

**Age Standardized Utilization Rate**

Hypothetical rates that are calculated to allow comparisons of health care service use across geographic areas, by adjusting for differences in the age mixes of regions.

**Canadian Institute for Health Information (CIHI)**

A not-for-profit federally chartered organization to which hospitals are required to submit predefined information on each inpatient and selected day patients at the time of their discharge

**Case (Inpatient)**

A discharge from hospital (not an individual). Hence, a patient may be represented more than once.

**Case (Surgical Day Care)**

A case where a patient is not admitted to an inpatient bed, and on whom is performed an elective surgical or endoscopic procedure, and who is released on the same day.

**Discharge Abstract Database (DAD)**

A database maintained by CIHI which contains demographic, administrative and clinical data for hospital discharges and surgical day care cases across Canada. Data is based on the patient's discharge date and reflects the entire stay in hospital.

**Health Service Area (HSA)**

Geographic units of analysis. HSA boundaries were redefined in December 2001 to accord with the newly created Health Authorities. Interior Health is made up of 4 HSAs.

**Local Health Area (LHA)**

Geographic units of analysis. LHA boundaries were redefined in December 2001 to accord with the newly created Health Authorities. Interior Health is made up of 31 LHAs which roll up into 4 Health Service Areas.

**P.E.O.P.L.E.**

Population Extrapolation for Organizational Planning with Less Error. Methodology employed by the BC Statistics Agency incorporating fertility, mortality and migration assumptions to estimate and project populations at various geographies for BC.

**Standardized Mortality Ratio**

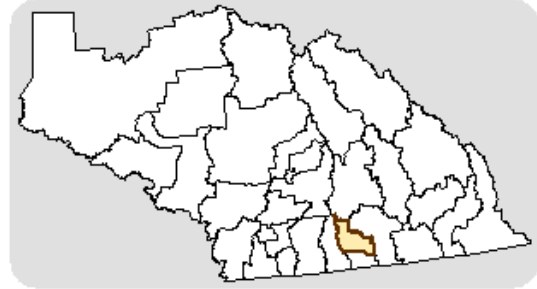
The ratio of the number of deaths occurring to residents of a geographic area (e.g., LHA) to the expected number of deaths in that area based on provincial age-specific mortality rates. The SMR is a good measure for comparing mortality data that are based on a small number of cases or for readily comparing mortality data by geographical area. SMR is an internationally recognized health status indicator.

**Unscheduled Emergency Department Visits**

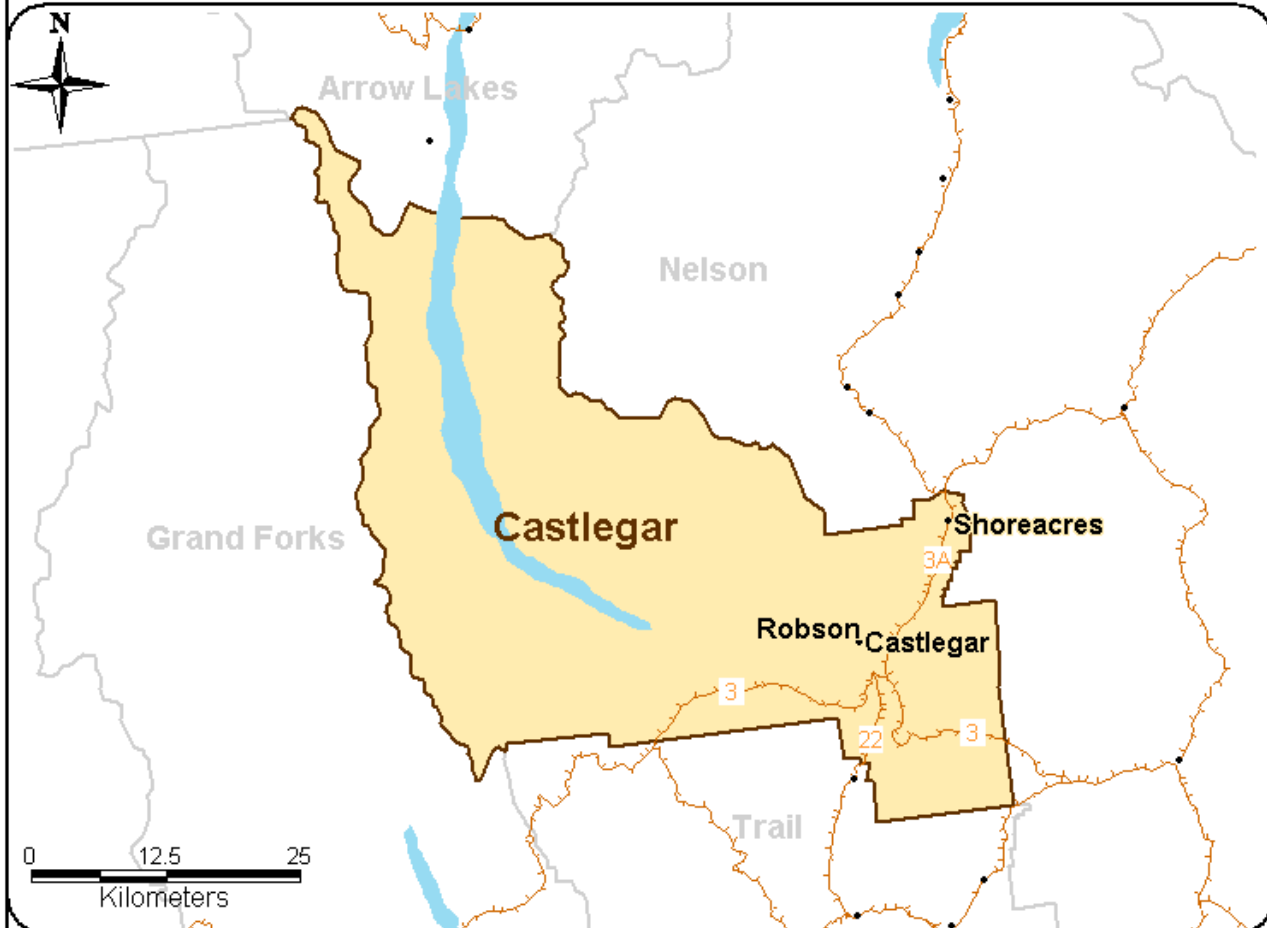
An unscheduled direct personal exchange between a patient and a health professional for the purpose of seeking care and receiving personal health services.

# Castlegar Local Health Area 9

- Locality
- Highway
- Lake
- Local Health Area Boundary



\*Note: Localities displayed on map have given populations as defined by BC Stats



Source: BC Stats, DMTI Spatial

Scale 1: 600,000

### Localities

Blueberry Creek	New Settlement	Tarrys
Brilliant	Ootischenia	Thrums
Castlegar	Pass Creek	Westley
Coykendahl	Raspberry	
Deer Park	Renata	
Gibson Creek	Robson	
Glade	Robson West	
Kinnaird	Shoreacres	



Produced by Interior Health Authority July 7, 2005  
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inconsistencies in the data nor liability for any damages of  
any type arising from errors or omissions.

# Kootenay Boundary Health Service Area

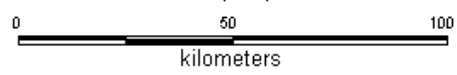


- Place \*
- Highway
- Lake
- ▭ Local Health Area Boundary
- ▭ Health Service Area Boundary



Sources: BC Stats  
DMTI Spatial

Produced by Strategic Information July 11, 2006  
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any type arising from errors or omissions.



\* Includes place type: District Municipality, City, Town, & Village as defined by BC Stats