



Interior Health



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# Arrow Lakes - 10

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A graphic consisting of two concentric circles. The outer circle is light gray, and the inner circle is white. Inside the inner circle is a stylized human figure in gray. The text "Local Health Area Profile" is centered over the graphic.

## Local Health Area Profile

March 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 47.34 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>Higher than IH and KBHSA; same as BC</li> </ul>
<p><i>Standardized Mortality Ratio (SMR) (2003-07):</i></p> <ul style="list-style-type: none"> <li>More Alcohol-Related Deaths than expected*</li> </ul>	<p><i>Chronic Disease (2008/09):</i></p> <ul style="list-style-type: none"> <li>Depression/Anxiety prevalence rate of 20.7%, which is lower than KB, IH and BC</li> <li>38% 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>33% of all deaths caused by Malignant Neoplasms (all sites)</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, Arrow Lakes residents rank moderately on key health status measures (Low Birth Weight, Life Expectancy) and favourably on the social determinants of health (Socio Economic) risk factor.

## HEALTH SYSTEM PERFORMANCE:

<p><i>Acute Care (2008/09):</i></p> <ul style="list-style-type: none"> <li>806.2 ED visits per 1,000 pop'n (↓)</li> </ul> <p><i>Age Standardized Rates:</i></p> <ul style="list-style-type: none"> <li>597.3 A/R days per 1,000 pop'n (↑)</li> <li>40.0 ALC days per 1,000 pop'n (↑)</li> <li>79.5 SDC cases per 1,000 pop'n (↑)</li> <li>33.1 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>103.0 Residential Care &amp; Short Stay beds per 1,000 75+ pop'n for 2009/10 (↑)</li> <li>23.4 Assisted Living Units per 1,000 75+ pop'n for 2009/10 (↓)</li> <li>18,357 Home Support hours for 2008/09 (↓)</li> </ul>
	<p><i>Acute Inpatient Referrals (2008/09):</i></p> <ul style="list-style-type: none"> <li>Less than half (41.5%) of Arrow Lakes resident inpatient acute cases were treated at Arrow Lakes Hospital (Nakusp)</li> </ul>

In 2009/10 Arrow Lakes exceeded established IH targets for Residential Care & Short Stay and Assisted Living crude bed rates. The age standardized Acute/Rehab Days rate is over the Rural/Remote Interior Health target of 575 for 2008/09 but has been under this target for the previous 4 years.

## HEALTH SERVICES:

<p><i>Services (2009):</i></p> <ul style="list-style-type: none"> <li>Community Level 1 Hospital (Arrow Lakes Hospital, Nakusp) and 3 Health Centres (New Denver, Edgewood, Nakusp)</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 Arrow Lakes 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 Arrow Lakes LHA, are also available on the Interior Health website: 2009 Arrow Lakes 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**

Arrow Lakes 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)	80.46	56.25	47.34
Standardized Mortality Ratio (All Causes of Death)	1.00	1.02	1.07

Source: BC Vital Statistics Agency, Annual Report 2007

\*Indicates SMR with statistical significance

Low birth weight infants (< 2,500 grams) have increased risks of morbidity and premature death. The Arrow Lakes rate of low birth weight infants is 47.34 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. Arrow Lakes 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. The SMR (all causes of death) for Arrow Lakes is 1.07, which means there were slightly more, but not statistically significant, deaths than expected, given provincial rates.

Table 2 shows up to the five highest and five lowest **statistically significant** Standardized Mortality Ratios (SMR) for the Arrow Lakes 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**

Arrow Lakes LHA, 2003 to 2007

More deaths than expected	
Alcohol-Related Deaths	⬆
--	⬆
--	⬆
--	⬆
--	⬆

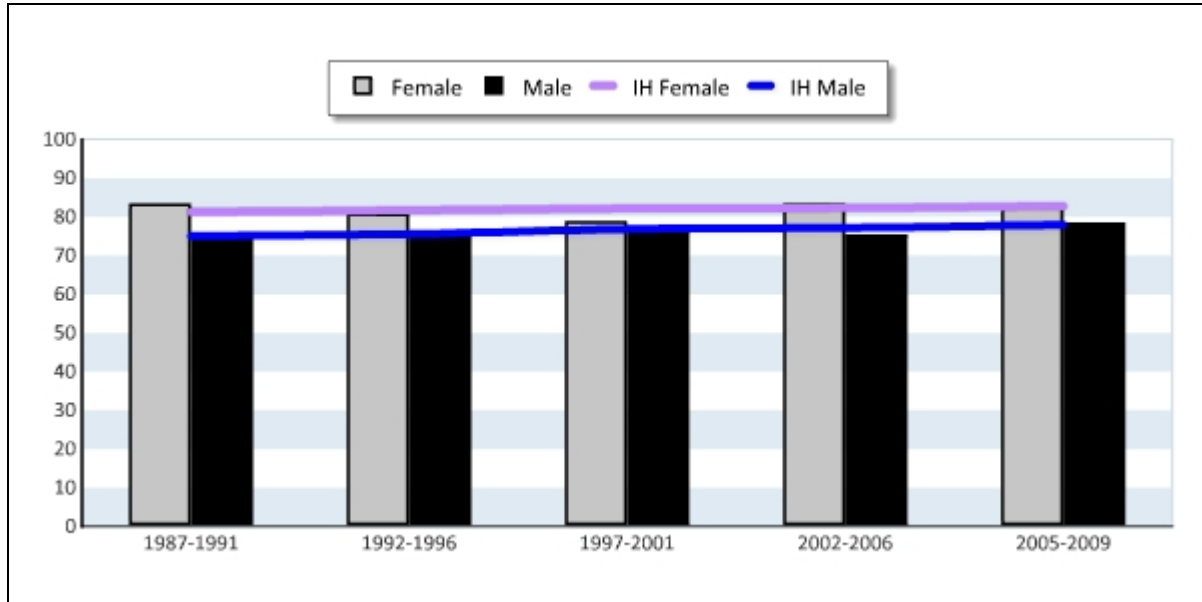
Less deaths than expected	
--	⬇
--	⬇
--	⬇
--	⬇
--	⬇

Source: BC Vital Statistics Agency, Annual Report 2007

## Life Expectancy

Figure 1 shows that females have a higher life expectancy than males in the Arrow Lakes LHA. Total life expectancy has increased from 78 in 1987-1991 to 81 in 2005-2009.

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



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

For 2005-2009, Arrow Lakes' life expectancy at birth of 81 years is higher than that for IH (80) and KBHSA (80) and the same as BC (81).

## Leading Causes Of Death

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

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

Cause of Death Category	Number of Deaths	% of Total Deaths	% of Category Deaths < 75 Years of Age
Malignant Neoplasms (all sites)	80	33.33%	56.25%
Diseases of Circulatory System	65	27.08%	23.08%
Diseases of Respiratory System	20	8.33%	10.00%
Endocrine Diseases	11	4.58%	18.18%
Diseases of Digestive System	9	3.75%	33.33%
Sub Total	185	77.08%	36.22%
All Causes of Death	240	100.00%	40.00%

Source: BC Vital Statistics Agency, Annual Report 2007

Malignant Neoplasms (all sites) were the leading cause of death in the Arrow Lakes LHA and accounted for 33.33% of the total deaths in the Arrow Lakes LHA. Of the 80 deaths caused by Malignant Neoplasms, 56.25% 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**

Arrow Lakes LHA, 2008/09

Chronic Disease Category	Arrow Lakes LHA	KBHSA	IHA	BC
Depression/ Anxiety	20.7%	23.5%	24.5%	22.6%
COPD	9.4%	6.5%	6.8%	5.3%
Asthma	9.2%	9.7%	10.9%	11.1%
Cardiovascular Disease	8.5%	6.5%	6.2%	5.0%
Diabetes Mellitus	7.5%	6.1%	6.6%	6.9%
Ischemic Heart Disease	4.3%	3.9%	3.7%	3.2%
Congestive Heart Failure	3.0%	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 Arrow Lakes LHA, with a rate of 20.7%. This is lower 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 21% of Arrow Lakes residents with Asthma also have Depression, Anxiety or Neuroses and that 5% of residents with Depression, Anxiety or Neuroses also have Asthma

**TABLE 5 Percentage of Residents with Combinations of Co-morbidities**

Arrow Lakes 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	1,120		5%	8%	5%	10%	8%
Asthma	252	21%		10%	9%	13%	19%
Ischemic Heart Disease	480	18%	5%		17%	23%	25%
Congestive Heart Failure	218	25%	10%	38%		35%	43%
Diabetes Mellitus (Type 1 or 2)	682	16%	5%	16%	11%		12%
COPD, Emphysema, Chronic Bronchitis	424	20%	11%	28%	22%	19%	

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)

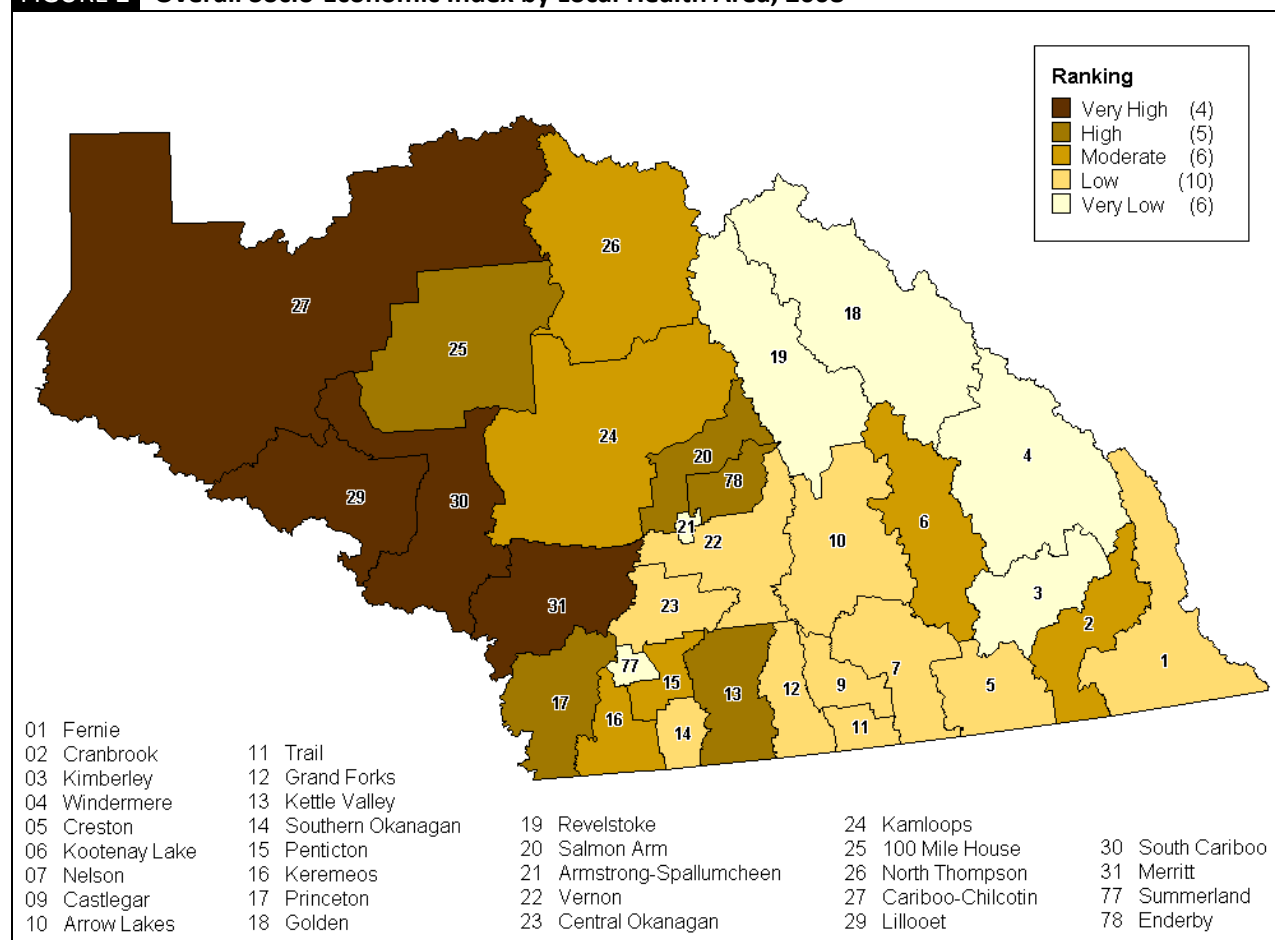
<sup>2</sup> [http://www.health.gov.bc.ca/prevent/healthy\\_eating.html](http://www.health.gov.bc.ca/prevent/healthy_eating.html)

## 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 Arrow Lakes 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**  
Arrow Lakes LHA, 2008/09

Indicator / Measure	Arrow Lakes LHA	KBHSA	IH	BC
Age Standardized - Acute/Rehab Days (per 1,000 Population) †	597.3	549.5	528.5	570.3
Age Standardized - Alternate Level of Care (ALC) Days (per 1,000 Population) †	40.0	96.7	73.3	72.7
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) †	33.1	30.5	31.8	27.6
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) †	79.5	91.5	86.6	81.7
Emergency Department Visits (per 1,000 Population)*	806.2	568.4	472.0	--
Home Support Clients/1,000 Pop'n. 65+ Ω	50	70	55	--
Adult Day Service Clients/1,000 Pop'n 65+ Ω	2	21	18	--
Home Support Hours/1,000 Pop'n. 65+ Ω	18,357	12,515	10,697	--
Adult Day Services Days/1,000 Pop'n. 65+ Ω	24	688	542	--
Residential Care Days/1,000 Pop'n 75+ ℘	32,286	30,293	30,371	--
Assisted Living Days/1,000 Pop'n 75+ ℘	8,010	5,403	5,199	--

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

Arrow Lakes residents have a higher age standardized Inpatient Surgical case rate than KBHSA, Interior Health, and the province, but an age standardized Surgical Day Care case rate, which is lower than each of those rates.

Arrow Lakes residents had a lower crude rate of Home Support clients per 1,000 65+ population than KBHSA and IH and a higher rate of Home Support Hours than both KBHSA and IH. Adult Day Services rates for Arrow Lakes are one of the lowest rates of all Interior Health Local Health Areas. The Arrow Lakes Residential Care Days rate is higher than rates for KBHSA (30,293) and IH (30,371). The Arrow Lakes Assisted Living Days rate is higher than rates for KBHSA (5,403) and IH (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 Arrow Lakes LHA exceeds these Home and Community Care bed rate targets and has a higher Residential Care & Short Stay and Assisted Living bed rate than the KBHSA and IH.

**TABLE 9 Bed Rates**

Arrow Lakes LHA, 2009/10

Indicator / Measure	Arrow Lakes LHA	KBHSA	IH
Residential Care & Short Stay beds/1,000 Pop'n 75+ <sup>o</sup>	103.0	82.2	81.8
Assisted Living Units/1,000 Pop'n 75+ <sup>o</sup>	23.4	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**

Arrow Lakes 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	535.8	475.9	597.3
Age Standardized – Alternate Level of Care (ALC) Days (per 1,000 Population) τ	29.1	8.4	40.0
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) τ	31.1	27.5	33.1
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) τ	61.1	61.3	79.5
Emergency Department Visits (per 1,000 Population)*	863.8	820.7	806.2
Home Support Clients/1,000 Pop'n. 65+ Ω	68	55	50
Adult Day Service Clients/ 1,000 Pop'n 65+ Ω	2	5	2
Home Support Hours/1,000 Pop'n. 65+ Ω	20,550	19,155	18,357
Adult Day Services Days/1,000 Pop'n. 65+ Ω	49	29	24
Residential Care Days/1,000 Pop'n 75+ ℓ	37,943	32,236	32,286
Assisted Living Days/1,000 Pop'n 75+ ℓ	442	8,496	8,010

See notes from Table 8

Since 2007/08, the age standardized Inpatient Surgical case rate and Surgical Day Care case rate have both increased for Arrow Lakes 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 Arrow Lakes has decreased since 2006/07. Adult Day Service clients and days rates have both decreased from 2007/08 to 2008/09.

The Arrow Lakes Assisted Living days rate has decreased from 2007/08 to 2008/09, while the Residential Care days has remained consistent 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**

Arrow Lakes 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>	106.7	92.5	91.3	103.0
Assisted Living Units/1,000 Pop'n 75+ <sup>o</sup>	0.0	24.3	24.0	23.4

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

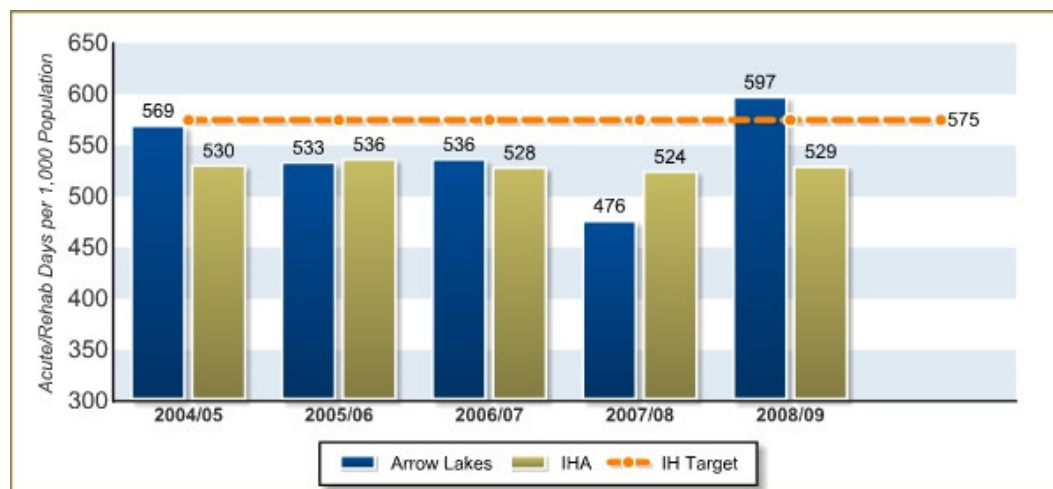
The Residential Care & Short Stay bed rate has fluctuated, over the past four years, due to changes in the number of beds. In 2009/10, the rate increased to 103 Residential Care & Short Stay beds per 1,000 population. The Arrow Lakes Assisted Living unit rate has been decreasing since 2007/08. The number of beds has not changed, but as the Arrow Lakes 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 Arrow Lakes LHA compared to Interior Health overall for the period from 2004/05 to 2008/09. The Arrow Lakes LHA days rate increased above the Rural/Remote 575 days per 1,000 population in 2008/09. This tells us that Arrow Lakes residents used inpatient resources at a higher rate per 1,000 population than targeted.

**FIGURE 3 Trends in the Acute/Rehab Days Rate**

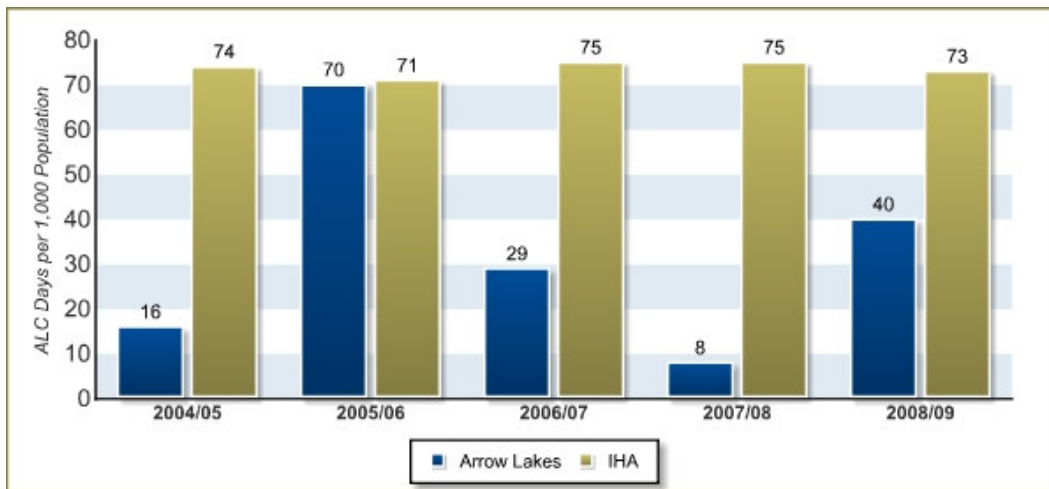
Arrow Lakes LHA, 2004/05 – 2008/09



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 Arrow Lakes LHA over the period from 2004/05 to 2008/09. The ALC days rate for the Arrow Lakes LHA increased substantially in 2008/09.

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

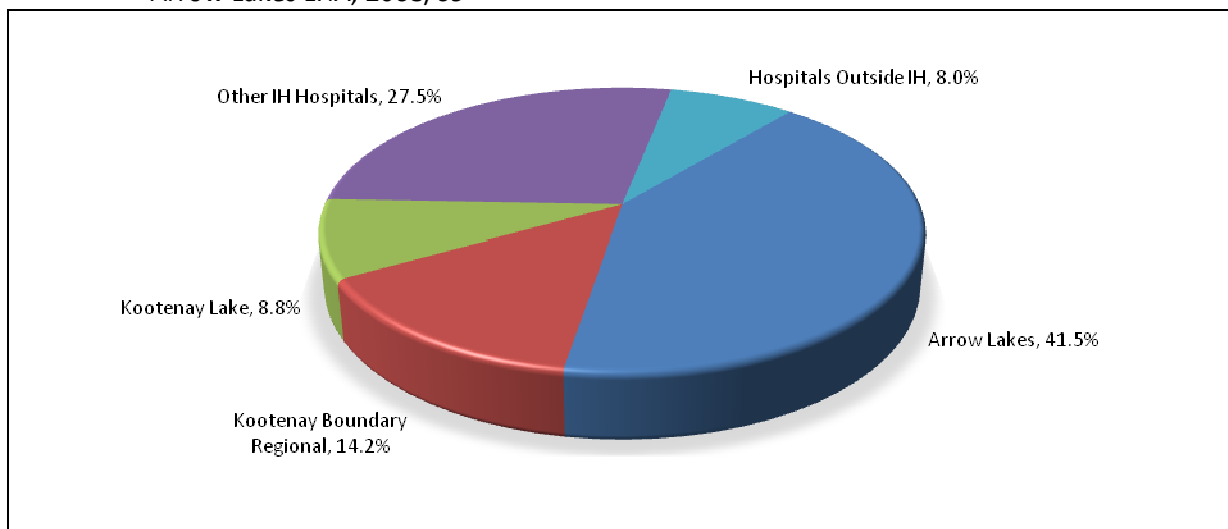


Source: Healthideas Summary Reports, Ministry of Health.

## Inpatient Referral Patterns

As shown in Figure 5, 41.5% of Arrow Lakes inpatients received treatment at Arrow Lakes Hospital and another 14.2% received treatment at Kootenay Boundary Regional Hospital (KBRH). Overall, over 64% of Arrow Lakes LHA inpatient cases were treated at hospitals within the Kootenay Boundary Health Service Area (KBHSA).

**FIGURE 5 Inpatient Referral Patterns**  
Arrow Lakes 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 Arrow Lakes Local Health Area.

**TABLE 12 Health Services**  
Arrow Lakes 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	Edgewood
Primary Health Care Centre / Community Health Centre	Edgewood, Nakusp, New Denver
Integrated Health Network	N
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	Nakusp
Residential Care	Nakusp, New Denver
Short Stay	Nakusp, New Denver
Adult Day Services	Nakusp

\* 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

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

Mental Health & Addictions Services	
Type of Service	Available
Mental Health Centre	Nakusp, New Denver
Addictions Programs & Services	Nakusp, New Denver
Supported Housing	Nakusp
Residential Care	N

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

## 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**

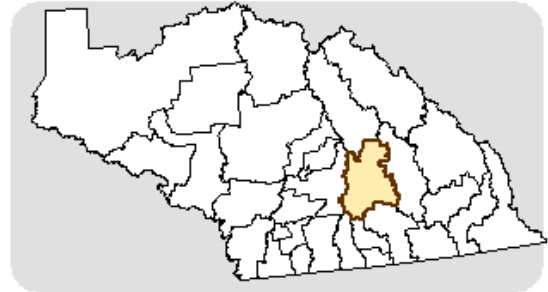
The ratio of the number of deaths occurring to residents of a geographic area (e.g., LHA) to the expected number of deaths in that area based on provincial age-specific mortality rates. The SMR is a good measure for comparing mortality data that are based on a small number of cases or for readily comparing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

# Arrow Lakes Local Health Area 10

- Place
- 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: 950,000

### Localities

Alamo	Camborne	Fosthall	Needles	Trout Lake
Applegrove	Carrolls Landing	Galena	New Denver	Zincton
Arrow Park	Cody	Galena Bay	Rosebery	
Beaton	East Arrow Park	Gerrard	Sandon	
Bellevue	Edgewood	Glenbank	Shoreholme	
Box Lake	Fauquier	Hills	Silverton	
Brouse	Ferguson	Makinson	Summit Lake	
Burton	Five Mile	Nakusp	Three Forks	



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discrepancies in the data nor liability for any damages of  
any type arising from errors or omissions.

# Kootenay Boundary Health Service Area

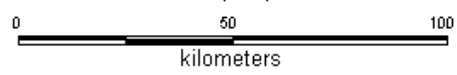


- Place \*
- Highway
- Lake
- ▭ Local Health Area Boundary
- ▭ Health Service Area Boundary



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