



Vernon – 22

A graphic consisting of two concentric circles. The inner circle is light gray and contains a stylized human figure. The outer circle is a darker gray. The text "Local Health Area Profile" is centered within the inner circle.

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"> Low Birth Weight Rate of 61.97 per 1,000 Live Births (↓) 	<p><i>Life Expectancy (2005-09):</i></p> <ul style="list-style-type: none"> Increased over the past 20 years (↑) Same as IH; lower than OHSA and BC
<p><i>Standardized Mortality Ratio (SMR) (2003-07):</i></p> <ul style="list-style-type: none"> More Deaths than expected - SMR of 1.09* (↑) More Drug-Induced Deaths than expected* 	<p><i>Chronic Disease (2008/09):</i></p> <ul style="list-style-type: none"> Depression/Anxiety prevalence rate of 26.2%, which is higher than IH and BC 46% of residents with Congestive Heart Failure also have Ischemic Heart Disease
<p><i>Leading Causes of Death (2003-07):</i></p> <ul style="list-style-type: none"> 33% of all deaths caused by Diseases of the Circulatory System 	<p><i>Socio Economic (2008):</i></p> <ul style="list-style-type: none"> 'Low' on the socio-economic stress index when comparing against BC LHAs.

In comparison to other Interior Health Local Health Areas, Vernon residents rank moderately (SMR, Life Expectancy) and poorly (Low Birth Weight) on key health status measures. Vernon ranks 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"> 369.1 ED visits per 1,000 pop'n (↓) <p><i>Age Standardized Rates:</i></p> <ul style="list-style-type: none"> 546.1 A/R days per 1,000 pop'n (↑) 66.5 ALC days per 1,000 pop'n (↑) 61.6 SDC cases per 1,000 pop'n (↑) 34.1 IP Surgical cases per 1,000 pop'n (↑) 	<p><i>Home and Community Care:</i></p> <ul style="list-style-type: none"> 82.5 Residential Care & Short Stay beds per 1,000 75+ pop'n for 2009/10 (↑) 14.2 Assisted Living Units per 1,000 75+ pop'n for 2009/10 (↓) 10,594 Home Support hours per 1,000 65+ pop'n for 2008/09 (↓) <p><i>Acute Inpatient Referrals (2008/09):</i></p> <ul style="list-style-type: none"> 84% Vernon resident inpatient acute cases were treated at Vernon Jubilee Hospital

In 2009/10 Vernon met established IH targets for Residential Care & Short Stay and Assisted Living crude bed rates. The age standardized Acute/Rehab Days rate is over the Interior Health Urban target of 475 for 2008/09 and has been for each of the past 5 years.

HEALTH SERVICES:
<p><i>Services (2009):</i></p> <ul style="list-style-type: none"> Service Area Level Hospital (Vernon Jubilee Hospital) and a Health Centre (Vernon) A variety of public health, mental health, primary health care and home and community care services

*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 Vernon 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 Vernon LHA, are also available on the Interior Health website: 2009 Vernon LHA Population Profile; 2009 Okanagan 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
Vernon 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)	62.55	63.11	61.97
Standardized Mortality Ratio (All Causes of Death)	1.07	1.07	1.09*

Source: BC Vital Statistics Agency, Annual Report 2007

*Indicates SMR with statistical significance

The statistically significant SMR (all causes of death) for Vernon is 1.09, which means there were slightly more deaths than expected, given provincial rates.

Low birth weight infants (< 2,500 grams) have increased risks of morbidity and premature death. The Vernon rate of low birth weight infants is 61.97 per 1,000 live births, which is higher than the OHSA (53.08), 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. Vernon 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 Vernon 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
Vernon LHA, 2003 to 2007

More deaths than expected	
Drug-Induced Deaths	
Suicide	
Chronic Lung Disease	
Diabetes	
Lung Cancer	

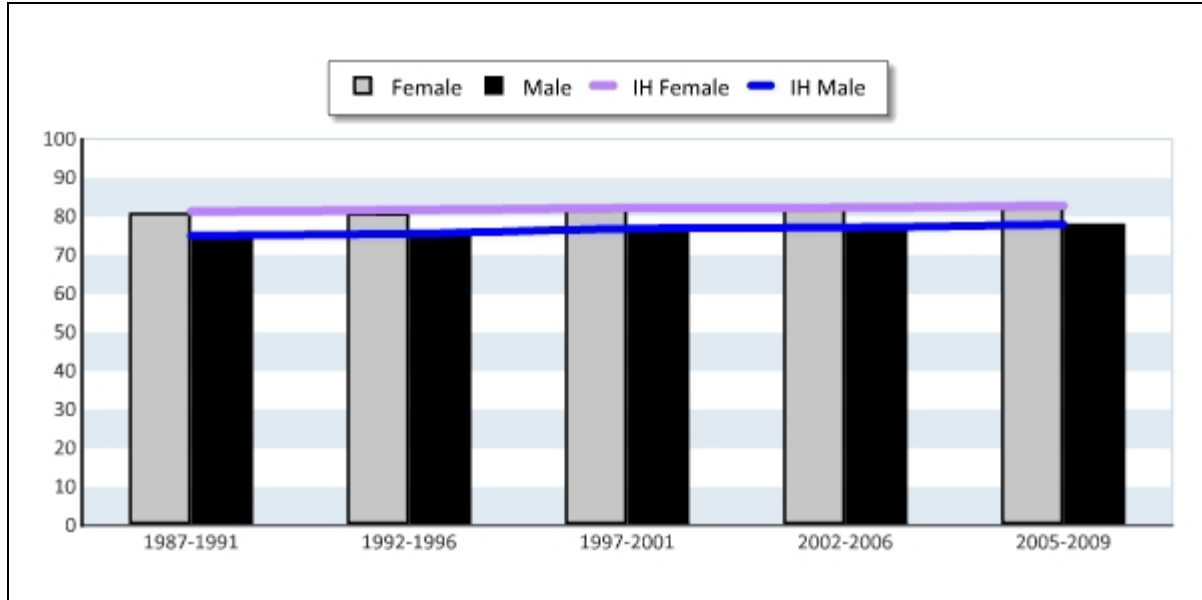
Less deaths than expected	
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Source: BC Vital Statistics Agency, Annual Report 2007

Life Expectancy

Figure 1 shows that females have a higher life expectancy than males in the Vernon LHA. Total life expectancy has increased from 78 in 1987-1991 to 80 in 2005-2009.

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



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

For 2005-2009, Vernon's life expectancy at birth of 80 years is the same as that for IH (80), but lower than OHSa (81) and BC (81).

Leading Causes Of Death

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

TABLE 3 Top 5 Cause of Death Categories
 Vernon 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	987	32.53%	24.42%
Malignant Neoplasms (all sites)	854	28.15%	49.77%
Diseases of Respiratory System	326	10.74%	19.63%
Endocrine Diseases etc	138	4.55%	32.61%
Diseases of Digestive System	91	3.00%	39.56%
Sub Total	2,396	78.97%	33.85%
All Causes of Death	3,034	100.00%	36.29%

Source: BC Vital Statistics Agency, Annual Report 2007

Diseases of the Circulatory System were the leading cause of death in the Vernon LHA and accounted for 32.53% of the total deaths in the Vernon LHA. Of the 987 deaths caused by Diseases of the Circulatory System, 24.42% 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.¹

TABLE 4 Chronic Disease Prevalence Rates
Vernon LHA, 2008/09

Chronic Disease Category	Vernon LHA	OHSA	IHA	BC
Depression/ Anxiety	26.2%	26.3%	24.5%	22.6%
Asthma	11.4%	11.0%	10.9%	11.1%
COPD	7.6%	7.1%	6.8%	5.3%
Diabetes Mellitus	7.0%	6.7%	6.6%	6.9%
Cardiovascular Disease	6.9%	6.8%	6.2%	5.0%
Ischemic Heart Disease	4.2%	4.0%	3.7%	3.2%
Congestive Heart Failure	3.1%	2.6%	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 Vernon LHA, with a rate of 26.2%. This is slightly lower than the rate of Depression/Anxiety for OHSA, and higher than 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 26% of Vernon residents with Asthma also have Depression, Anxiety or Neuroses and that 6% of residents with Depression, Anxiety or Neuroses also have Asthma.

TABLE 5 Percentage of Residents with Combinations of Co-morbidities
Vernon 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	23,378		6%	7%	3%	9%	5%
Asthma	5,646	26%		9%	5%	13%	18%
Ischemic Heart Disease	5,914	27%	9%		24%	31%	18%
Congestive Heart Failure	3,034	27%	10%	46%		30%	27%
Diabetes Mellitus (Type 1 or 2)	8,570	24%	8%	21%	11%		10%
COPD, Emphysema, Chronic Bronchitis	4,166	29%	24%	26%	20%	21%	

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

¹ 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
OHSA, 2008

Indicator / Measure	OKHSA	IHA	BC	Canada
Leisure Time Physical Activity (proportion of 12+ population active or moderately active)	64.0%	63.4%	58.7%	50.6%
Healthy Eating (proportion of 12+ population eating 5+ servings of fruit and vegetables per day)	38.7%	38.7%	42.4%	43.7%
Overweight / Obesity (proportion of 18+ population)	41.2%	49.1%	45.1%	51.1%
Tobacco Use (proportion of 15+ population who are daily or occasional smokers)	23.7%	23.4%	18.6%	21.4%

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

Okanagan HSA residents have a higher percentage of population who are physically active in their leisure time, and a lower percentage of people who are overweight or obese when compared to the Interior Health, BC provincial and national rates. Okanagan residents report higher rates of tobacco use than British Columbians and Canadians.

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 nutrition².

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__&TbIDetail=1&C2SUB=HEALTH&Array_Pick=1&Arrayid=105-0501

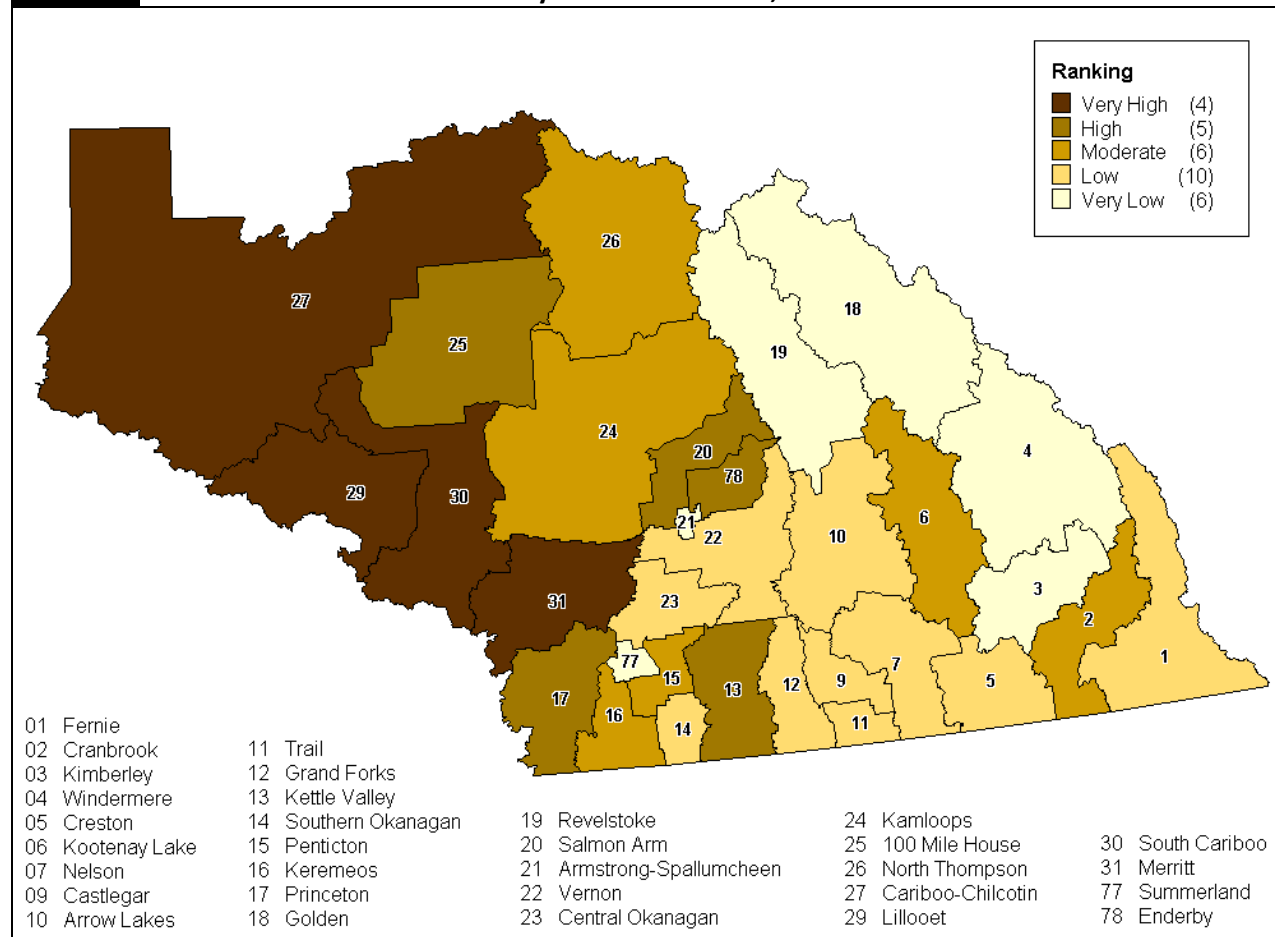
² http://www.health.gov.bc.ca/prevent/healthy_eating.html

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 Vernon 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

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
Vernon LHA, 2008/09

Indicator / Measure	Vernon LHA	OHSA	IH	BC
Age Standardized - Acute/Rehab Days (per 1,000 Population) †	546.1	509.5	528.5	570.3
Age Standardized - Alternate Level of Care (ALC) Days (per 1,000 Population) †	66.5	60.3	73.3	72.7
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) †	34.1	30.5	31.8	27.6
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) †	61.6	74.8	86.6	81.7
Emergency Department Visits (per 1,000 Population)*	369.1	372.3	472.0	--
Home Support Clients/1,000 Pop'n. 65+ Ω	60	52	55	--
Adult Day Service Clients/1,000 Pop'n 65+ Ω	30	20	18	--
Home Support Hours/1,000 Pop'n. 65+ Ω	10,594	9,619	10,697	--
Adult Day Services Days/1,000 Pop'n. 65+ Ω	591	526	542	--
Residential Care Days/1,000 Pop'n 75+ ℘	31,238	29,680	30,371	--
Assisted Living Days/1,000 Pop'n 75+ ℘	4,875	4,982	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+.

Vernon residents have a higher age standardized Inpatient Surgical case rate than OHSA, Interior Health, and the provincial rate. The Vernon age standardized Surgical Day Care case rate is low. However, this is due to a variance in coding practice, as endoscopies and cystoscopies were not coded as Surgical Day Care cases at Vernon Jubilee Hospital.

Vernon residents have a higher crude rate of Home Support clients per 1,000 65+ population compared to OHSA and IH and a higher rate of Home Support hours than OHSA and slightly lower than IH. Adult Day Services rates for Vernon are higher than the OHSA and IH rates. The Vernon Residential Care Days rate is higher than rates for OHSA (29,680) and IH (30,371). The Vernon Assisted Living Days rate is lower than rates for OHSA (4,982) 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 unit target of 14 beds per 1,000 75+ population. The Vernon LHA meets these Home and Community Care bed rate targets in 2009/10.

TABLE 9 Bed Rates

Vernon LHA, 2009/10

Indicator / Measure	Vernon LHA	OHSA	IH
Residential Care & Short Stay beds/1,000 Pop'n 75+ ^o	82.5	82.1	81.8
Assisted Living Units/1,000 Pop'n 75+ ^o	14.2	14.2	14.7

Sources: ^o 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

Vernon 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	519.0	531.1	546.1
Age Standardized – Alternate Level of Care (ALC) Days (per 1,000 Population) τ	62.7	42.0	66.5
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) τ	33.2	33.6	34.1
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) τ	55.8	59.2	61.6
Emergency Department Visits (per 1,000 Population)*	362.7	376.0	369.1
Home Support Clients/1,000 Pop'n. 65+ Ω	59	59	60
Adult Day Service Clients/ 1,000 Pop'n 65+ Ω	31	26	30
Home Support Hours/1,000 Pop'n. 65+ Ω	10,834	10,585	10,594
Adult Day Services Days/1,000 Pop'n. 65+ Ω	1,250	596	591
Residential Care Days/1,000 Pop'n 75+ ℓ	26,165	30,714	31,238
Assisted Living Days/1,000 Pop'n 75+ ℓ	1,853	3,936	4,875

See notes from Table 8

The age standardized Inpatient Surgical case rate and Surgical Day Care case rate have increased over each of the past 3 years in Vernon. The ED crude rate per 1,000 population decreased slightly from 2007/08 to 2008/09.

The rate of Home Support clients in Vernon remained relatively the same since 2006/07. During the same time period the rate of Home Support hours has decreased since 2006/07. Adult Day Service clients and days rates have both decreased slightly from 2007/08 to 2008/09.

The Vernon Assisted Living days rate has increased each year since 2006/07, while the Residential Care days has increased from since 2006/07.

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

Vernon 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+ ^o	63.8	77.1	80.3	82.5
Assisted Living Units/1,000 Pop'n 75+ ^o	4.0	10.5	14.5	14.2

Sources: ^o 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

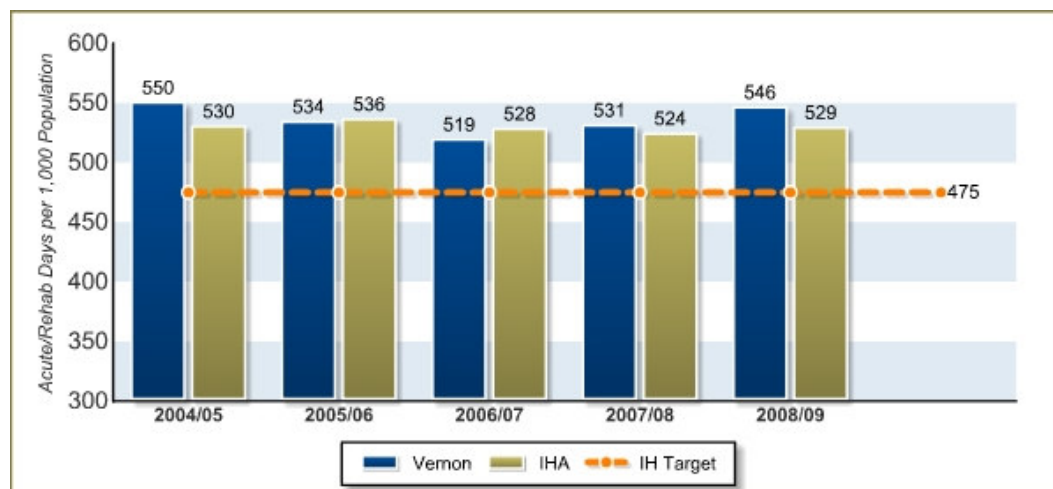
The Residential Care & Short Stay bed rate has increased over each of the past 4 years. The Assisted Living unit rate has increased each year from 2006/07 to 2008/09 and then dropped over the last year.

Age Standardized Days Rates

Figure 3 provides the age-standardized acute/rehab days per 1,000 population for residents of the Vernon LHA compared to Interior Health overall for the period from 2004/05 to 2008/09. The Vernon LHA days rate has been above the Urban target of 475 days per 1,000 population in each of the last five fiscal years. This tells us that Vernon residents used inpatient resources at a higher rate per 1,000 population than targeted.

FIGURE 3 Trends in the Acute/Rehab Days Rate

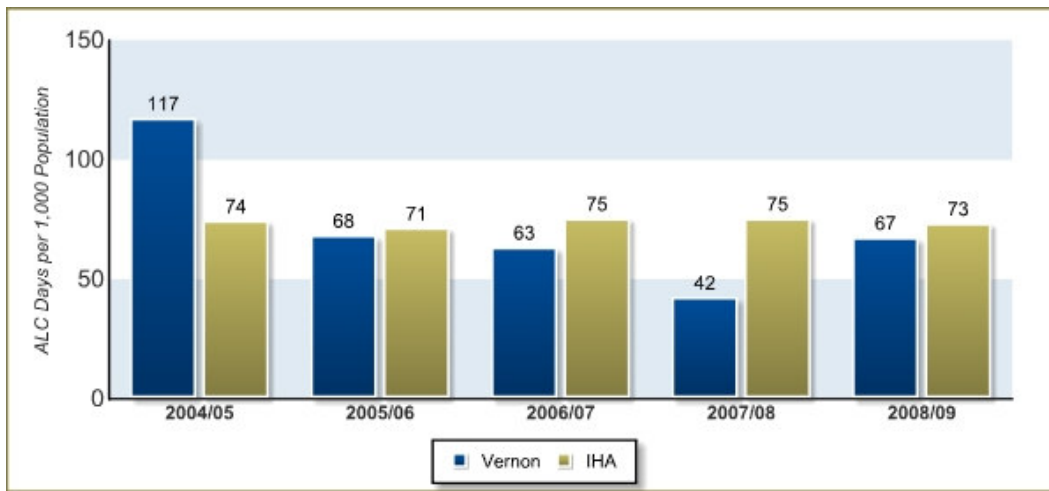
Vernon LHA, 2004/05 – 2008/09



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

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

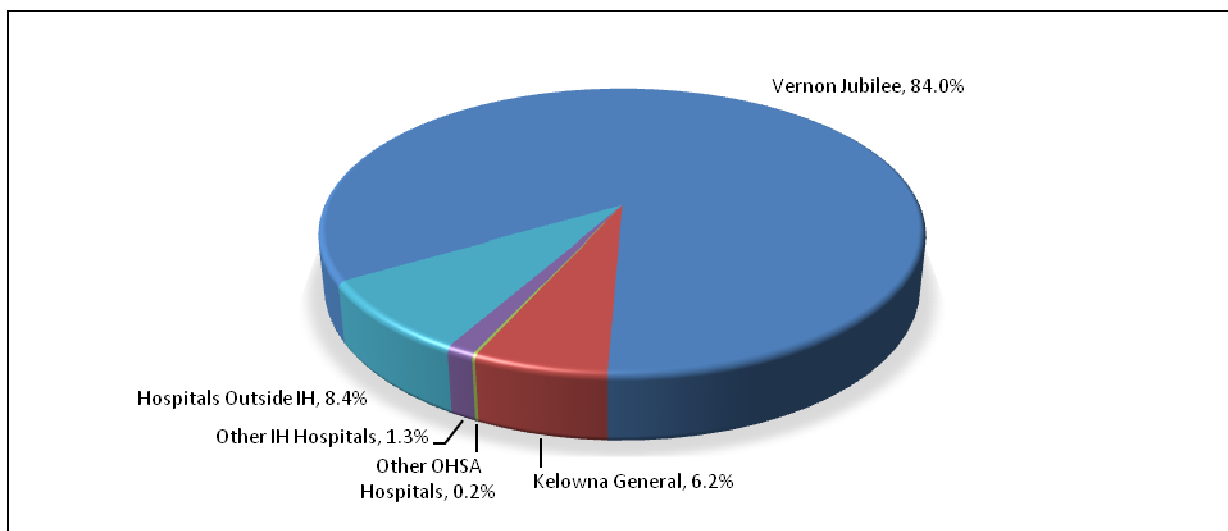


Source: Healthideas Summary Reports, Ministry of Health.

Inpatient Referral Patterns

As shown in Figure 5, 84% of Vernon inpatients received treatment at Vernon Jubilee Hospital and another 6.2% received treatment at Kelowna General Hospital. Overall, over 90% of Vernon LHA inpatient cases were treated at hospitals within the Okanagan Health Service Area (OHSA).

FIGURE 5 Inpatient Referral Patterns
Vernon 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 Vernon Local Health Area.

TABLE 12 Health Services
Vernon 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	Lumby, Vernon
Integrated Health Network	Vernon
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	Vernon
Residential Care	Vernon
Short Stay	Vernon
Adult Day Services	Vernon

** 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	N
Hospital	--
Community Level 1	N
Community Level 2	N
Service Area	Vernon
Tertiary	N

Mental Health & Addictions Services	
Type of Service	Available
Mental Health Centre	Lumby, Vernon
Addictions Programs & Services	Vernon
Supported Housing	Vernon
Residential Care	Vernon

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

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.

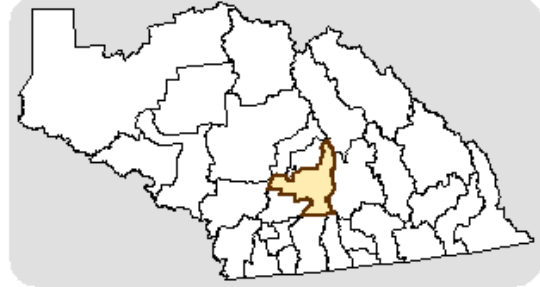
Unscheduled Emergency Department Visits

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

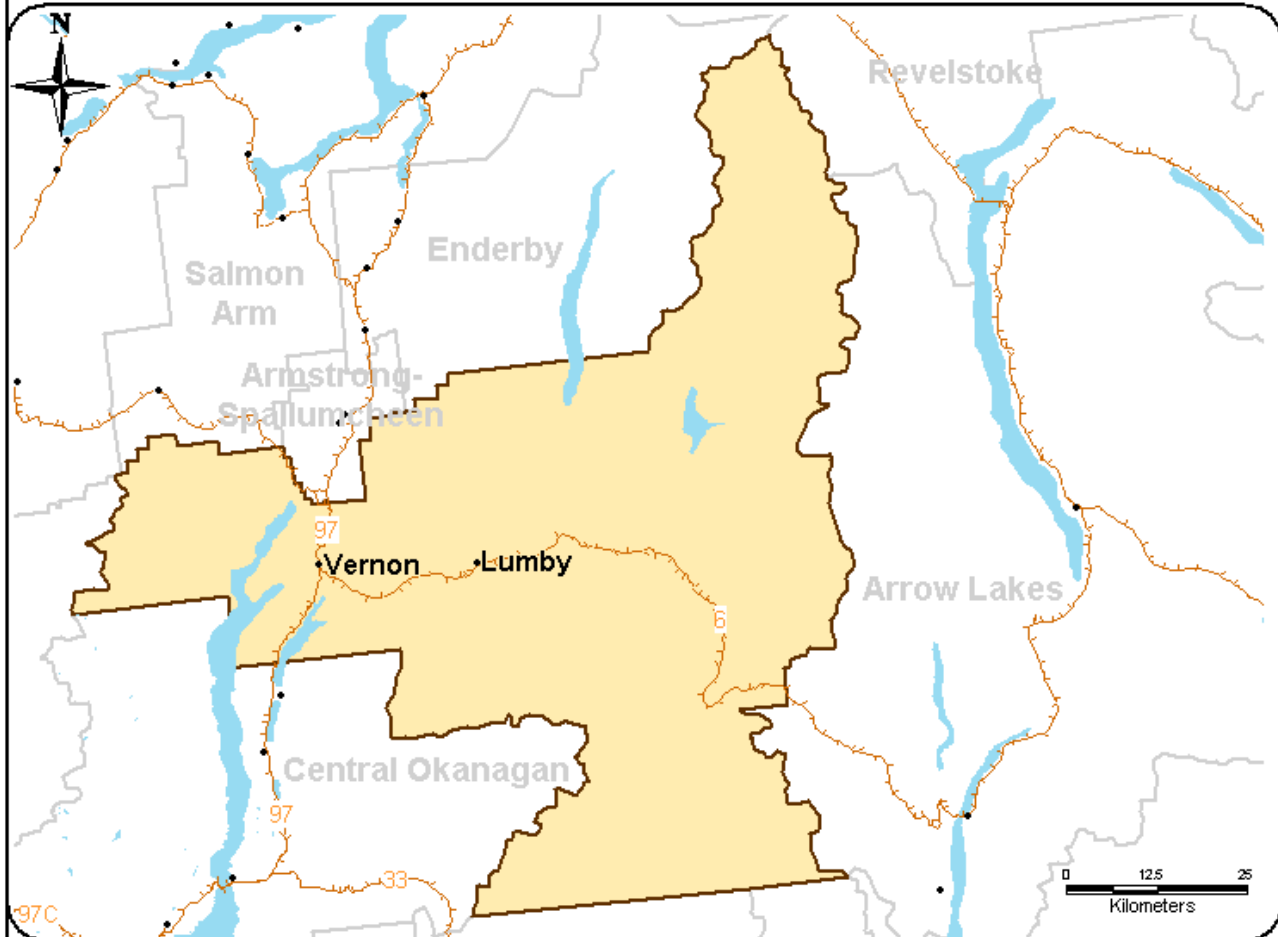
Vernon

Local Health Area 22

- 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: 900,000

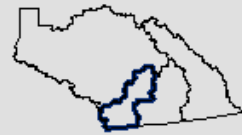
Localities

Beachcomber Bay	Lumby
Blue Springs	Lumby Junction
Cherryville	Mabel Lake
Coldstream	Okanagan Landing
Creighton Valley	O'Keefe
Kalamalka	Shuswap Falls
Kedleston	Trinity Valley
Lavington	Vernon

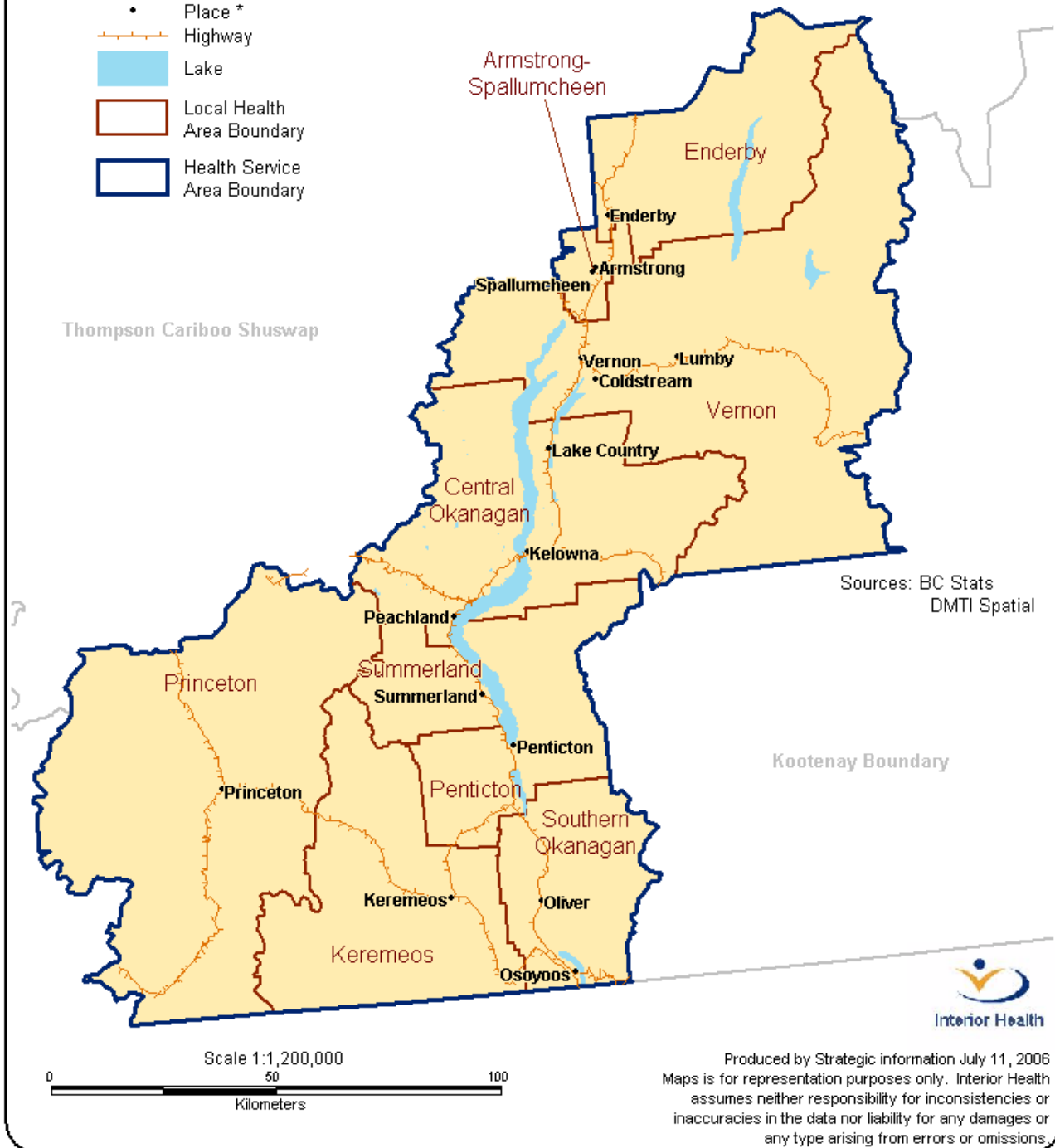


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 any type arising from errors or omissions.

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