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# **Cariboo-Chilcotin - 27**

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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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# 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 55.67 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, TCSHSA 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 1.25 (↑)*</li> <li>More Deaths due to Motor Vehicle Accidents than expected*</li> </ul>	<p><i>Chronic Disease (2008/09):</i></p> <ul style="list-style-type: none"> <li>Depression/Anxiety prevalence rate of 21.4%, which is lower than TCS, IH and BC</li> <li>35% 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>29% 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>'Very High' on the socio-economic stress index when comparing against BC LHAs.</li> </ul>

In comparison to other Interior Health Local Health Areas, Cariboo Chilcotin residents rank poorly on key health status measures (Low Birth Weight, SMR, Life Expectancy) and 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>733.5 ED visits per 1,000 pop'n (↓)</li> </ul> <p><i>Age Standardized Rates:</i></p> <ul style="list-style-type: none"> <li>508.6 A/R days per 1,000 pop'n (↓)</li> <li>77.3 ALC days per 1,000 pop'n (↓)</li> <li>116.8 SDC cases per 1,000 pop'n (↑)</li> <li>36.5 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>85.3 Residential Care &amp; Short Stay beds per 1,000 75+ pop'n for 2009/10 (↓)</li> <li>15.6 Assisted Living Units per 1,000 75+ pop'n for 2009/10 (↓)</li> <li>14,003 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>Almost two-thirds of Cariboo-Chilcotin resident inpatient acute cases were treated at Cariboo Memorial Hospital (Williams Lake)</li> </ul>

In 2009/10 Cariboo-Chilcotin met established IH targets 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.

## HEALTH SERVICES:

<p><i>Services (2009):</i></p> <ul style="list-style-type: none"> <li>Community Level 2 Hospital (Cariboo Memorial Hospital, Williams Lake) and 2 Health Centers (Alexis Creek, Tatla Lake)</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 Cariboo-Chilcotin 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 Cariboo-Chilcotin LHA, are also available on the Interior Health website: 2009 Cariboo-Chilcotin LHA Population Profile; 2009 Thompson Cariboo Shuswap 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**

Cariboo-Chilcotin 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)	64.74	57.75	55.67
Standardized Mortality Ratio (All Causes of Death)	1.19	1.23	1.25*

Source: BC Vital Statistics Agency, Annual Report 2007



\*Indicates SMR with statistical significance

The statistically significant SMR (all causes of death) for Cariboo-Chilcotin is 1.25, 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 Cariboo-Chilcotin rate of low birth weight infants is 55.67 per 1,000 live births, which is lower than the TCSHSA (57.23), and higher than 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. Cariboo-Chilcotin 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 Cariboo-Chilcotin 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**

Cariboo-Chilcotin LHA, 2003 to 2007

More deaths than expected	
Motor Vehicle Accidents	
Diabetes	
Endocrine Diseases	
Alcohol-Related Deaths	
Arteries/Arterioles/Capillaries	

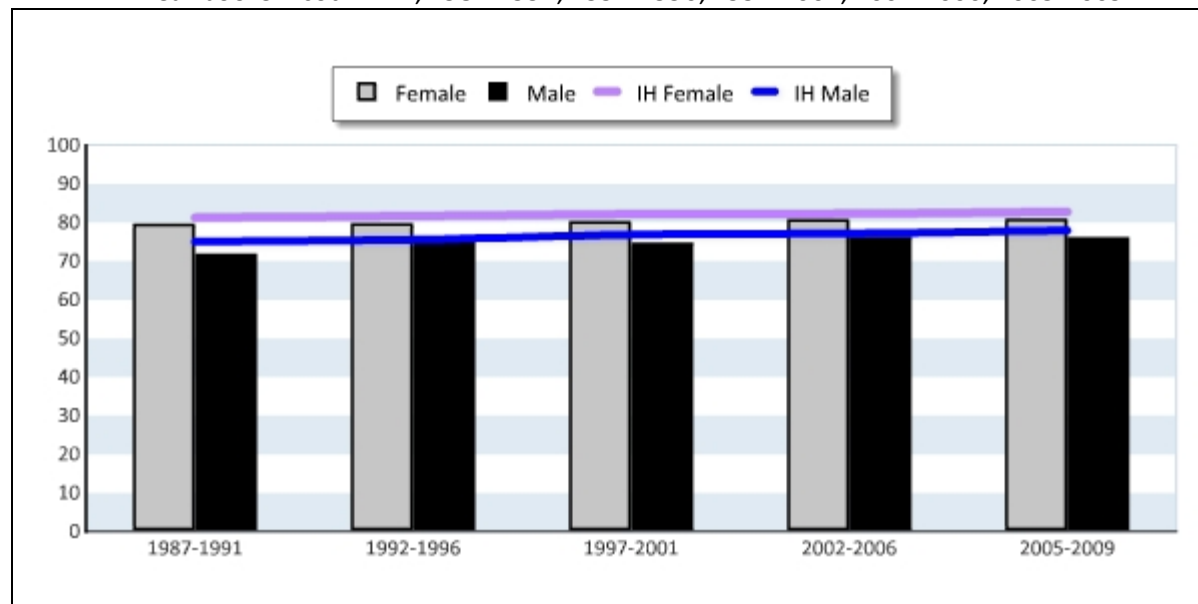
Less deaths than expected	
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Source: BC Vital Statistics Agency, Annual Report 2007

## Life Expectancy

Figure 1 shows that females have a higher life expectancy than males in the Cariboo-Chilcotin LHA. Total life expectancy has increased from 75 in 1987-1991 to 78 in 2005-2009.

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



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

For 2005-2009, Cariboo-Chilcotin's life expectancy at birth of 78 years is lower than that for IH (80) and TCSHSA (80) and BC (81).

## Leading Causes Of Death

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

**TABLE 3** Top 5 Cause of Death Categories  
Cariboo-Chilcotin 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	250	29.21%	34.40%
Malignant Neoplasms (all sites)	212	24.77%	65.57%
Diseases of Respiratory System	70	8.18%	45.71%
Endocrine Diseases etc	59	6.89%	25.42%
Diseases of Digestive System	46	5.37%	58.70%
Sub Total	637	74.42%	46.94%
All Causes of Death	856	100.00%	53.97%

Source: BC Vital Statistics Agency, Annual Report 2007

Diseases of the Circulatory System were the leading cause of death in the Cariboo-Chilcotin LHA and accounted for 29.21% of the total deaths in the Cariboo-Chilcotin LHA. Of the 250 deaths caused by Disease of the Circulatory System, 34.40% were under the age of 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**  
Cariboo Chilcotin LHA, 2008/09

Chronic Disease Category	Cariboo Chilcotin LHA	TCSHSA	IHA	BC
Depression/ Anxiety	21.4%	24.6%	24.5%	22.6%
Asthma	11.0%	11.9%	10.9%	11.1%
Diabetes Mellitus	6.6%	6.7%	6.6%	6.9%
COPD	5.4%	6.6%	6.8%	5.3%
Cardiovascular Disease	5.1%	5.6%	6.2%	5.0%
Ischemic Heart Disease	3.4%	3.4%	3.7%	3.2%
Congestive Heart Failure	1.9%	2.5%	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 Cariboo Chilcotin LHA, with a rate of 21.4%. This is lower than the rate of Depression/Anxiety for TCSHSA, 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 12% of Cariboo Chilcotin residents with Asthma also have Depression, Anxiety or Neuroses and that 4% of residents with Depression, Anxiety or Neuroses also have Asthma

**TABLE 5 Percentage of Residents with Combinations of Co-morbidities**  
Cariboo Chilcotin 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	5,314		4%	3%	2%	7%	2%
Asthma	1,722	12%		5%	4%	9%	10%
Ischemic Heart Disease	1,344	13%	7%		18%	28%	14%
Congestive Heart Failure	696	13%	9%	35%		37%	28%
Diabetes Mellitus (Type 1 or 2)	3,028	12%	5%	12%	8%		6%
COPD, Emphysema, Chronic Bronchitis	956	13%	17%	20%	20%	20%	

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  
TCSHSA, 2008

Indicator / Measure	TCSHSA	IHA	BC	Canada
Leisure Time Physical Activity (proportion of 12+ population active or moderately active)	61.2%	63.4%	58.7%	50.6%
Healthy Eating (proportion of 12+ population eating 5+ servings of fruit and vegetables per day )	37.1%	38.7%	42.4%	43.7%
Overweight / Obesity (proportion of 18+ population)	58.5%	49.1%	45.1%	51.1%
Tobacco Use (proportion of 15+ population who are daily or occasional smokers)	22.7%	23.4%	18.6%	21.4%

Note: Health Behavior statistics are not available at the LHA level.

Sources: Canadian Community Health Survey, Statistics Canada, 2008.

Thompson Cariboo Shuswap HSA residents have a higher percentage of population who are physically active in their leisure time than provincial and national rates, yet a lower rate of fruit and vegetable consumption. Overweight/obesity rates and tobacco use is higher in the Thompson Cariboo Shuswap than the provincial and Canadian 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\\_&TbIDetail=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_&TbIDetail=1&C2SUB=HEALTH&Array_Pick=1&ArrayId=105-0501)

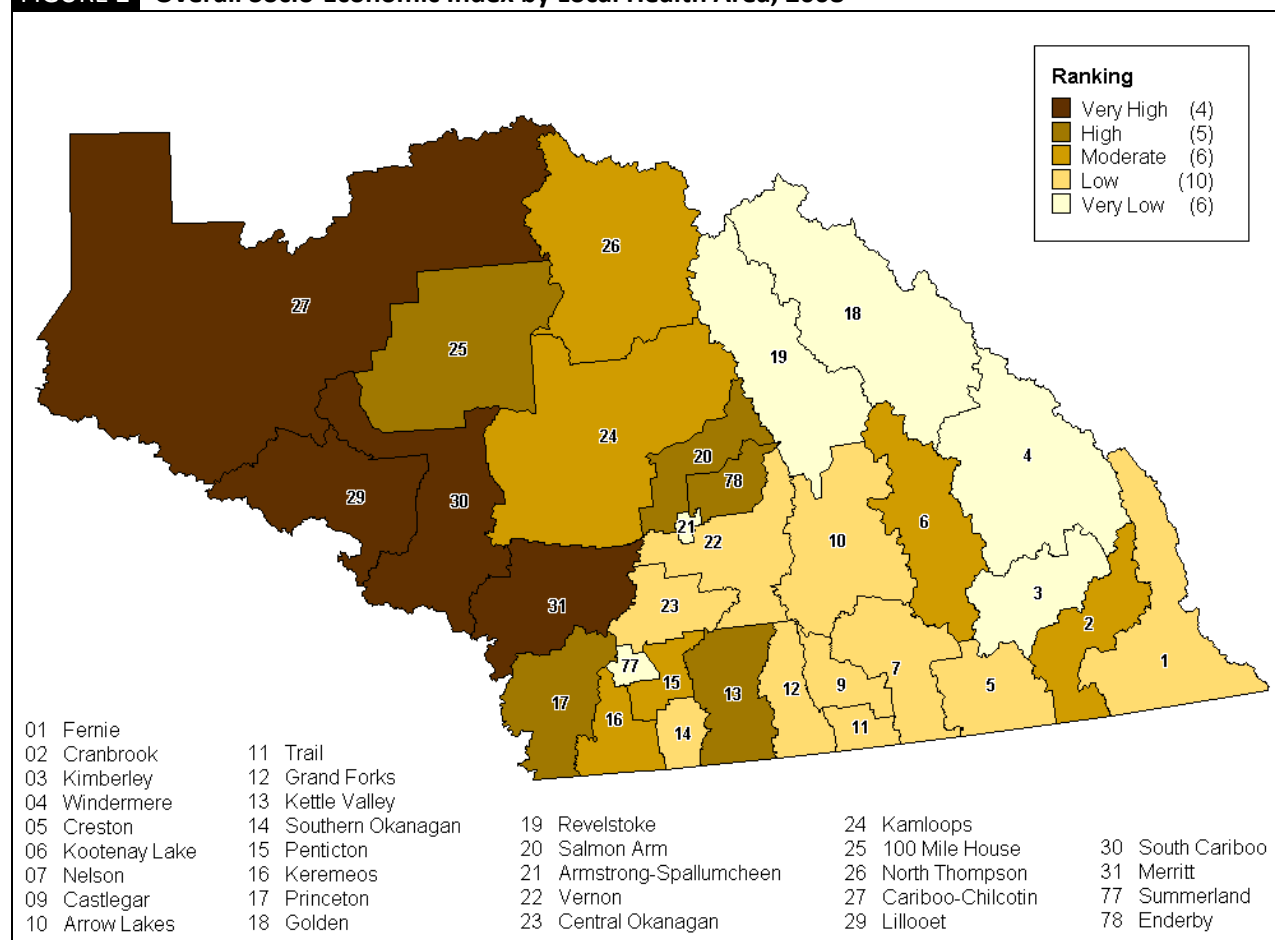
<sup>2</sup> [http://www.health.gov.bc.ca/prevent/healthy\\_eating.html](http://www.health.gov.bc.ca/prevent/healthy_eating.html)

## 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 Cariboo-Chilcotin LHA ranked 'Very High,' indicating a very high 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**  
Cariboo-Chilcotin LHA, 2008/09

Indicator / Measure	Cariboo Chilcotin LHA	TCSHSA	IH	BC
Age Standardized - Acute/Rehab Days (per 1,000 Population) †	508.6	529.5	528.5	570.3
Age Standardized - Alternate Level of Care (ALC) Days (per 1,000 Population) †	77.3	99.8	73.3	72.7
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) †	36.5	33.2	31.8	27.6
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) †	116.8	103.0	86.6	81.7
Emergency Department Visits (per 1,000 Population)*	733.5	529.9	472.0	--
Home Support Clients/1,000 Pop'n. 65+ Ω	64	52	55	--
Adult Day Service Clients/1,000 Pop'n 65+ Ω	29	17	18	--
Home Support Hours/1,000 Pop'n. 65+ Ω	14,003	11,004	10,697	--
Adult Day Services Days/1,000 Pop'n. 65+ Ω	698	496	542	--
Residential Care Days/1,000 Pop'n 75+ ℘	34,551	31,676	30,371	--
Assisted Living Days/1,000 Pop'n 75+ ℘	5,135	5,199	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+.

Cariboo-Chilcotin residents have a higher age standardized Inpatient Surgical case rate than TCSHSA, Interior Health, and the provincial rate. This same pattern is reported for age standardized Surgical Day Care case rates with Cariboo-Chilcotin having the highest Surgical Day Care rate within Interior Health.

Cariboo-Chilcotin residents have a higher crude rate of Home Support clients and hours per 1,000 65+ population than TCSHSA and IH. Adult Day Services rates for Cariboo-Chilcotin are higher than the TCSHSA and IH rates. The Cariboo-Chilcotin Residential Care Days rate is higher than rates for TCSHSA (31,676) and IH (30,371). The Cariboo-Chilcotin Assisted Living Days rate is slightly lower than rates for TCSHSA (5,199) 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 Cariboo-Chilcotin LHA exceeds the Home and Community Care bed rate targets and has a higher Residential Care & Short Stay and Assisted Living bed rates than the TCSHSA and IH.

**TABLE 9 Bed Rates**

Cariboo-Chilcotin LHA, 2009/10

Indicator / Measure	Cariboo Chilcotin LHA	TCSHSA	IH
Residential Care & Short Stay beds/1,000 Pop'n 75+ <sup>o</sup>	85.3	80.8	81.8
Assisted Living Units/1,000 Pop'n 75+ <sup>o</sup>	15.6	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 September, 2009

**TABLE 10 Health System Quick Stats Trends**

Cariboo-Chilcotin 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	554.2	564.7	508.6
Age Standardized – Alternate Level of Care (ALC) Days (per 1,000 Population) τ	145.0	81.4	77.3
Age Standardized – Inpatient Surgical (IP) Cases (per 1,000 Population) τ	40.4	38.7	36.5
Age Standardized – Surgical Day Care (SDC) Cases (per 1,000 Population) τ	117.6	108.5	116.8
Emergency Department Visits (per 1,000 Population)*	735.6	792.3	733.5
Home Support Clients/1,000 Pop'n. 65+ Ω	76	75	64
Adult Day Service Clients/ 1,000 Pop'n 65+ Ω	24	26	29
Home Support Hours/1,000 Pop'n. 65+ Ω	12,530	11,570	14,003
Adult Day Services Days/1,000 Pop'n. 65+ Ω	730	609	698
Residential Care Days/1,000 Pop'n 75+ ℓ	31,130	35,619	34,551
Assisted Living Days/1,000 Pop'n 75+ ℓ	4,555	4,494	5,135

See notes from Table 8

Since 2007/08, the age standardized Inpatient Surgical case rate has decreased and the Surgical Day Care case rate has increased for Cariboo-Chilcotin residents. The ED crude rate per 1,000 population has decreased from 2007/08 to 2008/09.

The rate of Home Support clients in Cariboo-Chilcotin decreased since 2006/07. The rate of Home Support hours has increased from 2007/08 to 2008/09. Adult Day Service clients have increased in each year since 2006/07. The Adult Day Service days rate have increased from 2007/08 to 2008/09.

The Cariboo-Chilcotin Assisted Living days rate has increased from 2007/08 to 2008/09, while the Residential Care days has slightly decreased from 2007/08 to 2008/09.

**TABLE 11 Bed Rate Trends**

Cariboo-Chilcotin 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>	89.7	93.4	88.1	85.3
Assisted Living Units/1,000 Pop'n 75+ <sup>o</sup>	18.1	17.1	16.1	15.6

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

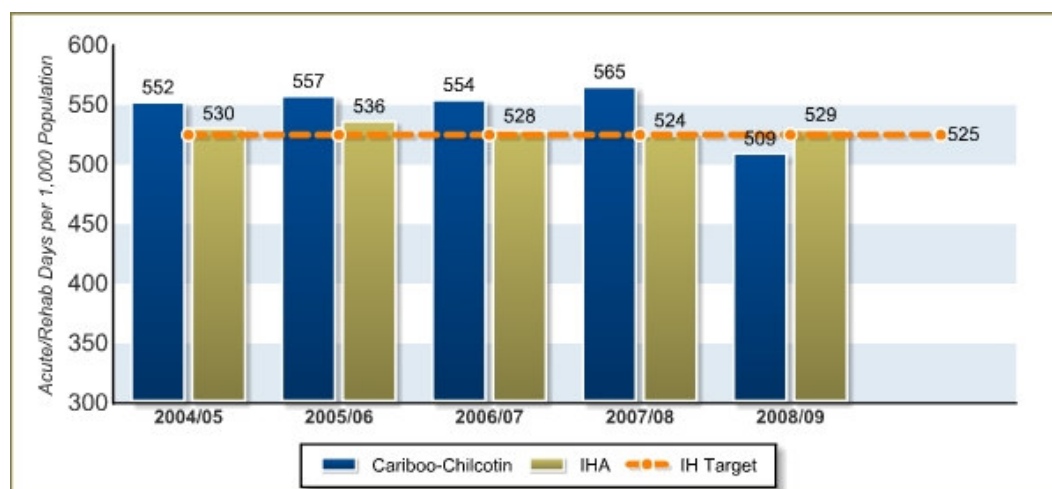
The Residential Care & Short Stay bed rate increased from 2006/07 to 2007/08 and has dropped each year since then. The number of Residential Care & Short Stay beds (115) found in the Cariboo-Chilcotin since 2007/08 has not changed, but as the 75+ population increases, the bed rate decreases. The Cariboo-Chilcotin Assisted Living unit rate has decreased slightly each year since 2006/07.

## Age Standardized Days Rates

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

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

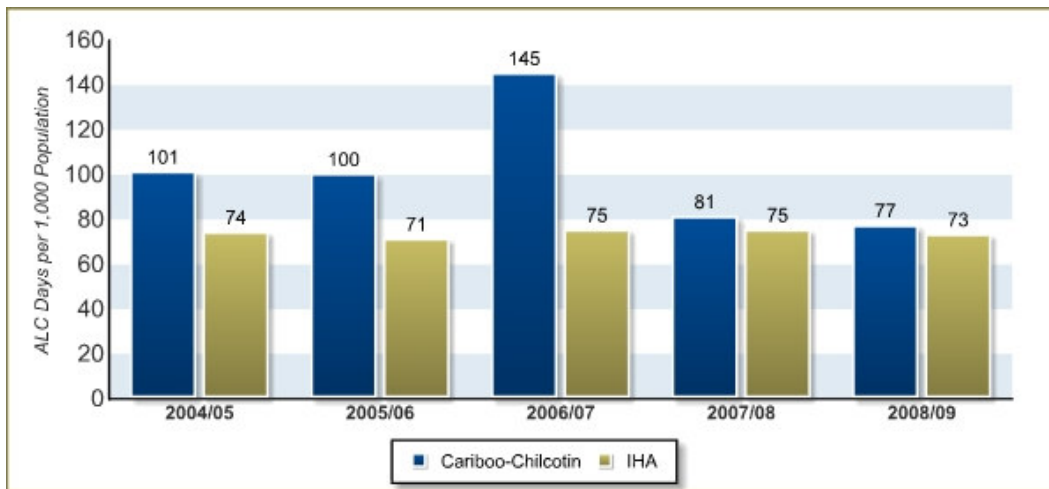
Cariboo-Chilcotin LHA, 2004/05 – 2008/09



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 Cariboo-Chilcotin LHA over the period from 2004/05 to 2008/09. The ALC days rate for the Cariboo-Chilcotin LHA has been decreasing since 2006/07.

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

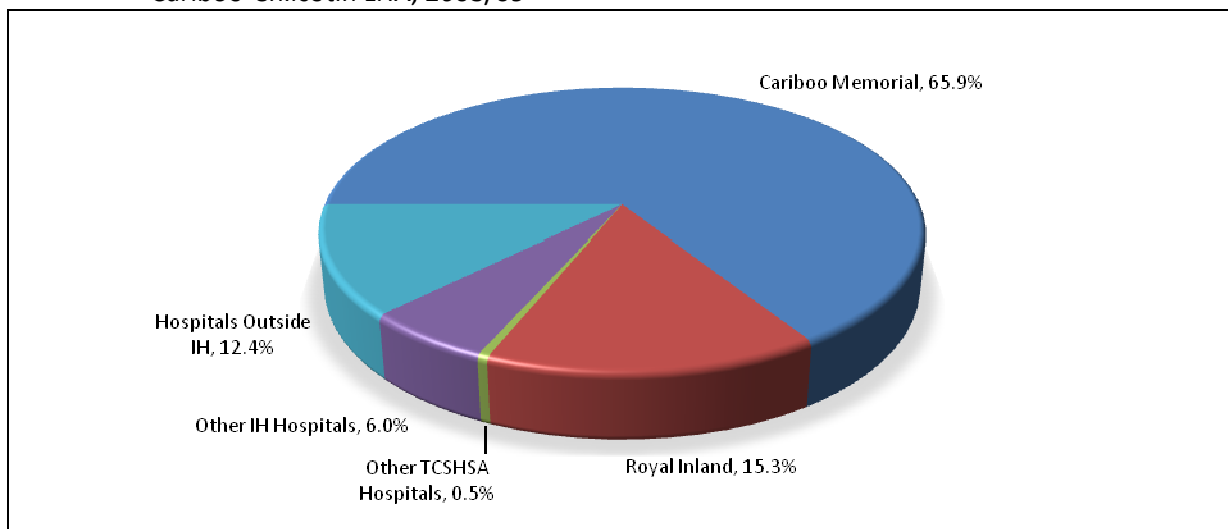


Source: Healthideas Summary Reports, Ministry of Health.

## Inpatient Referral Patterns

As shown in Figure 5, almost two-thirds (65.9%) of Cariboo-Chilcotin inpatients received treatment at Cariboo Memorial Hospital and another 15.3% received treatment at Royal Inland Hospital. Overall, almost 82% of Cariboo-Chilcotin LHA inpatient cases were treated at hospitals within the Thompson Cariboo Shuswap Health Service Area (TCSHSA).

**FIGURE 5 Inpatient Referral Patterns**  
Cariboo-Chilcotin 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 Cariboo-Chilcotin Local Health Area. Anahim Lake falls outside of Interior Health borders, but is serviced by some IH programs. A clinic run by First Nations & Inuit Health is located there.

**TABLE 12 Health Services**  
Cariboo-Chilcotin 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	Alexis Creek
Primary Health Care Centre / Community Health Centre	Alexis Creek, Tatla Lake
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	Williams Lake
Residential Care	Williams Lake
Short Stay	Williams Lake
Adult Day Services	Williams Lake

\* 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	Williams Lake
Service Area	N
Tertiary	N

Mental Health & Addictions Services	
Type of Service	Available
Mental Health Centre	Alexis Creek, Anahim Lake, Tatla Lake, Williams Lake
Addictions Programs & Services	Alexis Creek, Anahim Lake, Tatla Lake, Williams Lake
Supported Housing	Williams Lake
Residential Care	Williams Lake

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**

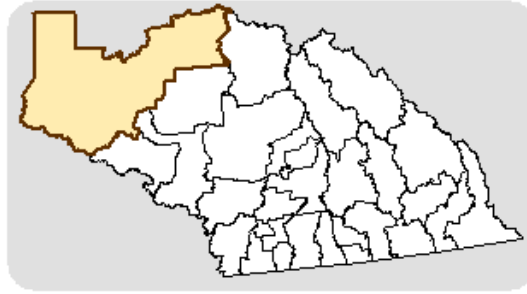
The ratio of the number of deaths occurring to residents of a geographic area (e.g., LHA) to the expected number of deaths in that area based on provincial age-specific mortality rates. The SMR is a good measure for comparing mortality data that are based on a small number of cases or for readily comparing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

# Cariboo - Chilcotin Local Health Area 27

- 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

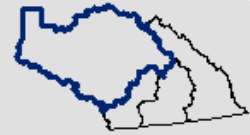
Scale 1: 1,800,000

### Localities

141 Mile House	Chezacut	Esler	Johnson	Meldrum	Redstone	Tatla Lake
150 Mile House	Chilanko Forks	Gang Ranch	Keithley Creek	Meldrum Creek	Riske Creek	Tatlayoko Lake
Alexis Creek	Chilcotin Forest	Gibraltar	Kleena Kleene	Miocene	Soda Creek	Williams Lake
Alkali Creek	Comer	Glendale	Lees Corner	Nemaiah Valley	South Lakeside	
Becher House	Commodore Heights	Hanceville	Likely	Norlake	Springfield Ranch	
Big Creek	Dog Creek	Hawks	Macalister	Onward	Springhouse	
Big Lake Ranch	Dugan Lake	Horsefly	Mackin	Pine Valley	St. Joseph Mission	
Black Creek	Enterprise	Hydraulic	McLeese Lake	Quesnel Forks	Sugarcane	



# Thompson Cariboo Shuswap Health Service Area



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



Scale 1:2,100,000



Interior Health

Produced by Strategic Information July 12, 2006  
 Map is for representation purposes only. Interior Health assumes neither responsibility for inconsistencies or inaccuracies in the data nor liability for any damages of any type arising from errors or omissions.

Sources: BC Stats  
 DMTI Spatial

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