Local Health Area Profile

ARMSTRONG-SPALLUMCHEEN

2016

This profile provides an overview of the Armstrong-Spallumcheen Local Health Area population in the areas of:

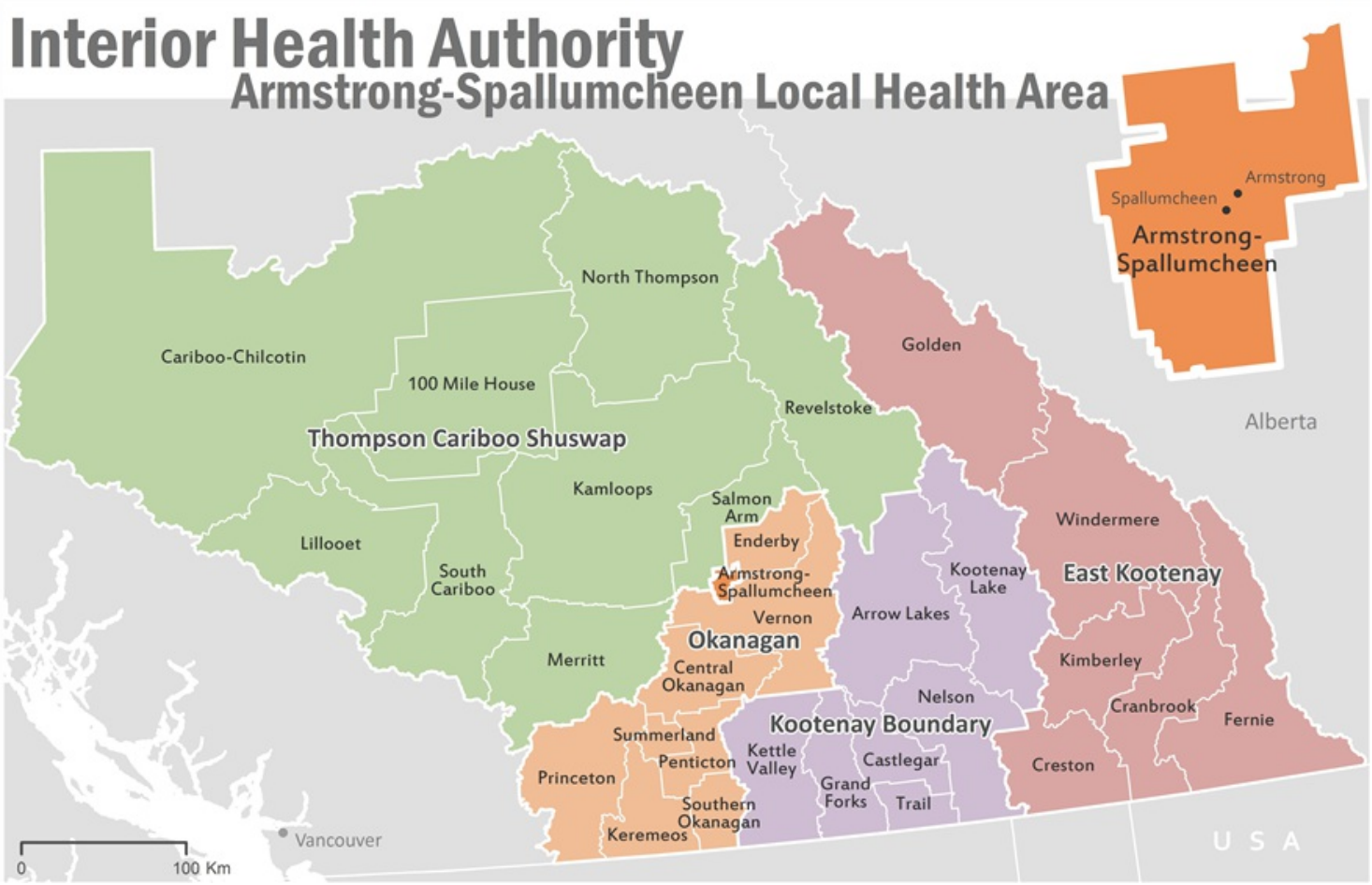
Population Health | **Health & Social Status** | **Health System Performance** | **Home & Community Care** | **Healthy Behaviours**

The health indicators provided within this document are based on a conceptual 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, social and economic factors.

The Interior Health Strategic Information department produces a number of utilization and service reports. In addition to this Local Health Area Population Profile, Health Service Delivery Area (HSDA), Interior Health Authority and Facility Profiles can be found on the Interior Health website at:

https://www.interiorhealth.ca/AboutUs/QuickFacts/PopulationLocalAreaProfiles/Pages/default.aspx

More information is available upon request from Interior Health's Information Management Department. Inquiries and comments should be addressed to: **Glenn Kissmann, Corporate Director, Strategic Information glenn.kissmann@interiorhealth.ca or 1-250-469-7070 Ext. 12659**



Population Health statistics provide information about past, present and future demographics, broken down by age, sex and geographic region. These indicators include population counts, growth rates and densities, as well as vital statistics relating to births and deaths.

Figure 1: Population by Local Health Area, 2016

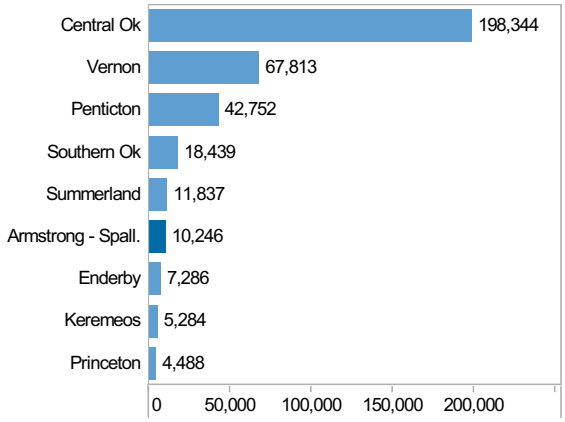


Figure 1: This graph compares Local Health Area populations within the Okanagan Health Service Delivery Area.
Source: PEOPLE 2016, BC Stats

Table 1: Population Density, 2016

Population	10,246
Area (Sq. Km)	264
Pop'n Density per Sq. Km	39

Table 1: Population density represents the number of people living within one square kilometre. Lower densities indicate more rural areas which typically have lower access to health services, while those living in urbanized areas with higher population densities typically have greater access to health services. The Interior Health population density is 3.5 people per Sq. Km, lower than the BC density of 5.1 people per Sq. Km.
Source: Summary Statistics, PEOPLE 2016, BC Stats

Table 2: Population Growth, 2016 - 2021

All Ages	4.7%
Ages 65+	16.0%
Ages 75+	20.9%
Ages 85+	20.3%

Table 2: Population growth rates project the change in size of each age group over the next five years. These projections are developed by BC Stats and reflect a forecasting model that accounts for trends in migration, employment and past population change.
Source: PEOPLE 2016, BC Stats

Figure 2: Armstrong-Spall. Average Life Expectancy, 2011 - 2015

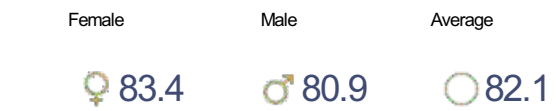


Figure 2: Life expectancy is a summary measure used to gauge the overall health of a population. It varies between sexes, as women tend to live longer than men. It measures the average lifespan of persons residing in a particular health region from birth. For some LHAs, blank values indicate limited data availablity due to small populations.
Source: Prepared by BC Stats, Ministry of Labour, Citizens' Services and Open Government Deaths - Vital Statistics, Ministry of Health | Population - BC Stats, Ministry of Technology, Innovation and Citizens' Services, 2015

Figure 3: Armstrong-Spallumcheen Local Health Area Demographic Trends, 1991 - 2041

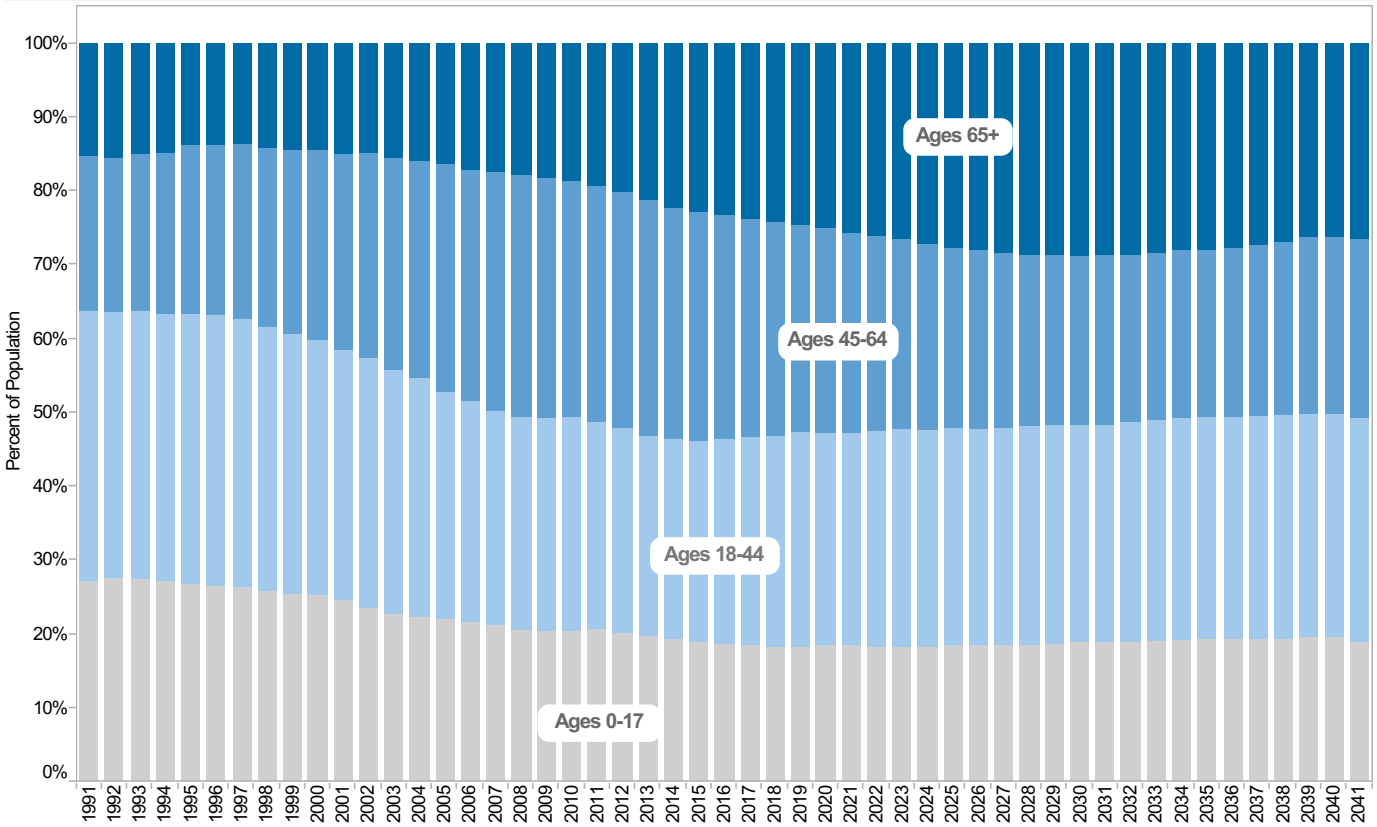


Figure 3: Demographic trends for 50 years show the growth and decline of various age groups within a population. Overall trends across Interior Health indicate a growth in the population ages 65+ and a decline in the population under age 45 between 1991 and 2041.
Source: PEOPLE 2016, BC Stats

Population Health information comes from PEOPLE, or Population Extrapolation for Organizational Planning with Less Error, provided by BC Stats. This dataset includes estimates of past populations (1976-2015) and projections for future populations (2016-2041) based on migration, employment and growth trends.

Figure 4: Armstrong-Spallumcheen Local Health Area Population Pyramid, 2016

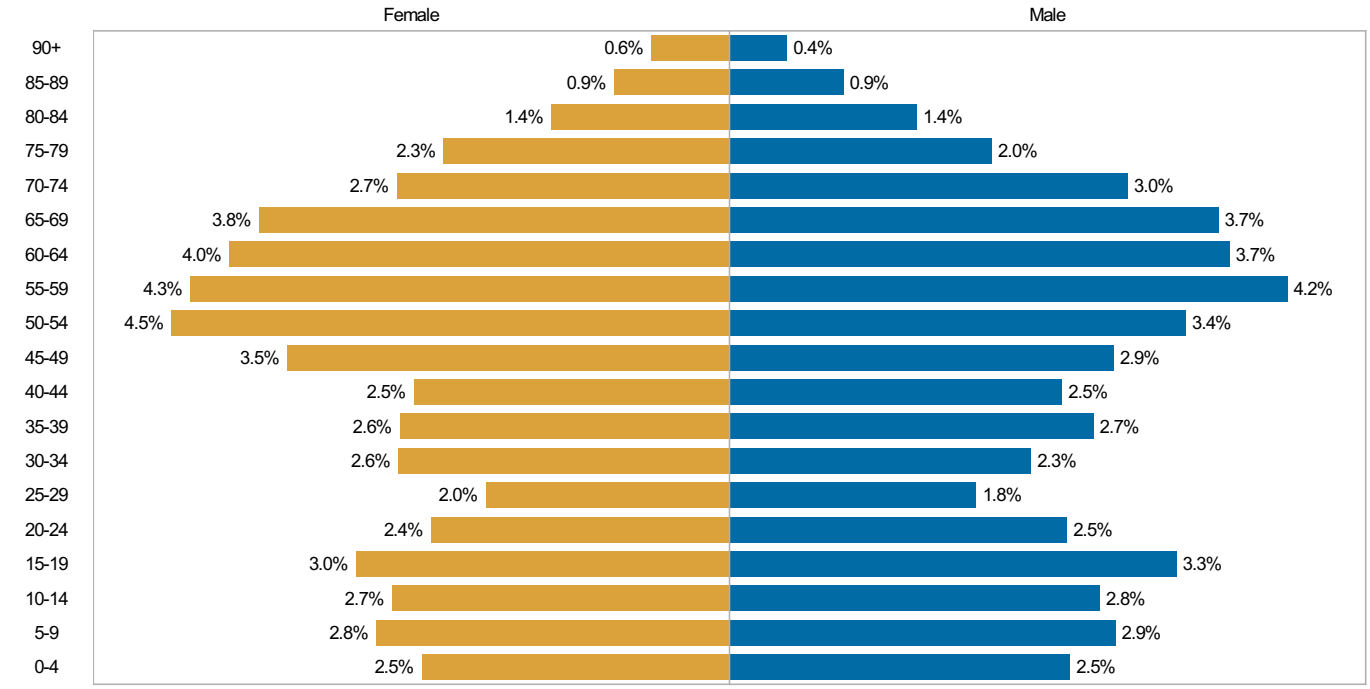


Figure 4: Population pyramids are commonly used by demographers to identify the age and gender make-up of a population. A pyramid with a wide base indicates a younger population, while a top heavy pyramid indicates an aging population with a longer life expectancy. The latter is becoming more and more common in developed nations with highly educated populations.
Source: PEOPLE 2016, BC Stats

Figure 5: Up-to-date Immunizations at 2 Yrs, 2016

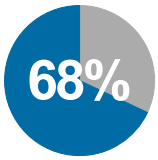


Figure 5: Measures the proportion of children with up-to-date immunizations at 2 years of age. The current IH target for this measure is 72 percent. For more information visit: http://www.health.gov.bc.ca/library/publications/year/2016/child-health-passport-eng-2016.pdf
Source: Panorama, BC Centre for Disease Control

Figure 6: Median Age & Median Age at Death by LHA, 2016

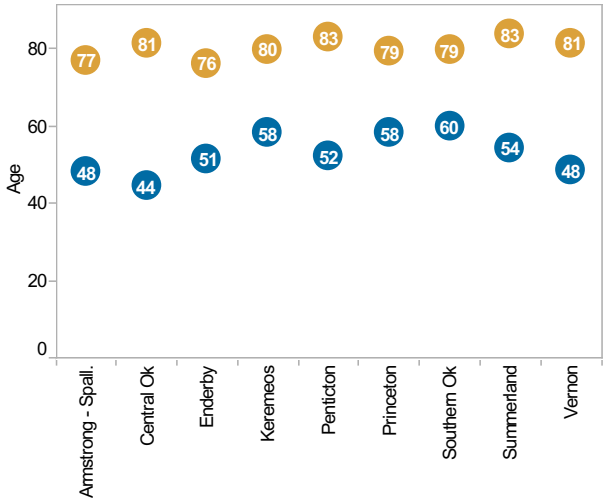


Figure 6: Median age and median age at death indicate the average age of a population compared to life expectancy in Local Health Areas across the Okanagan region. Differences in median age can be heavily influenced by migration patterns. Median age at death varies by over 10 years depending on place of residence. This could be due to disparities in health, social, and economic conditions.
Source: Summary Statistics, PEOPLE 2016, BC Stats

Figure 7: Okanagan Local Health Area Standardized Mortality Ratios, 2011-2015

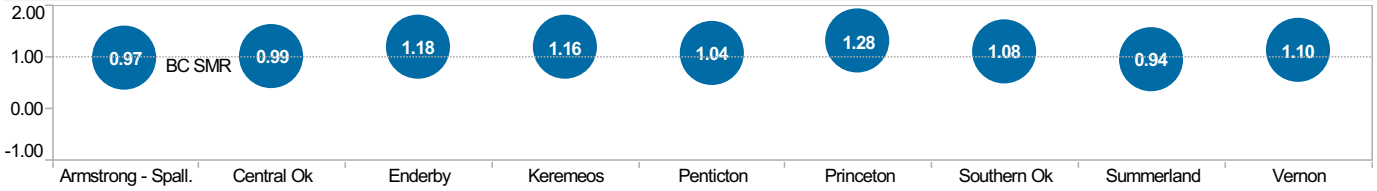


Figure 7: Standardized Mortality Ratio (SMR) compares the number of deaths occurring to residents in a geographic region to the expected number of deaths in that region, based on provincial age specific mortality rates. An SMR of less than one indicates fewer deaths occurred than expected. An SMR greater than one indicates there were more deaths than expected.
Source: BC Ministry of Health, Vital Events, Death Reports, 2011-2015

Health & Social Status provides a snapshot of health and environmental conditions experienced by people across Interior Health. Some key indicators measure early childhood vulnerabilities, socio-economic status, and chronic disease prevalence which represents a growing economic and health care concern.

Figure 8: Vulnerable Kindergarten Aged Children 2009/10-2015/16

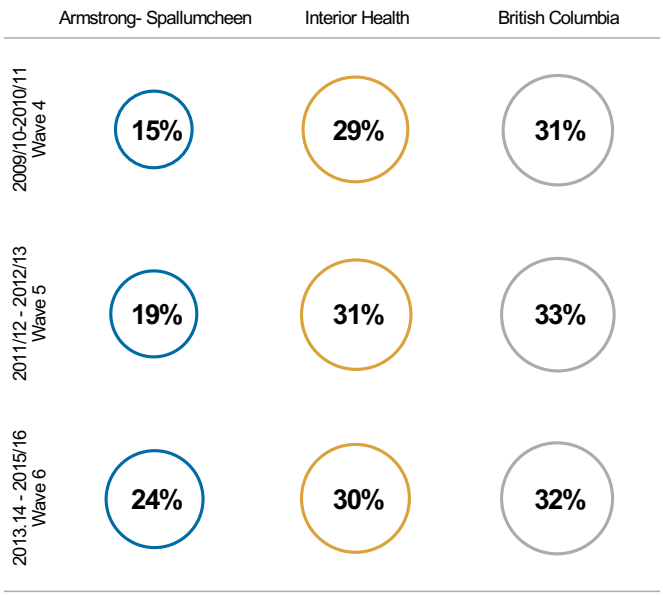


Figure 8: The Early Development Instrument (EDI) is a questionnaire that measures the vulnerability of kindergarten aged children across five domains including: Physical Health & Well Being, Social Competence, Emotional Maturity, Language & Cognitive Ability, Communication Skills & General Knowledge. 'Vulnerable kindergarten aged children' refers to the proportion of children who are identified as vulnerable in one or more domain(s). Data is reported in multi-year waves between 2004/05 and 2015/16.
Source: Early Development Instrument, Human Early Learning Partnership, University of British Columbia, Waves 4-6, 2009/10-2015/16

Figure 9: Low Birth Weight per 1,000 Live Births, 2009-2015

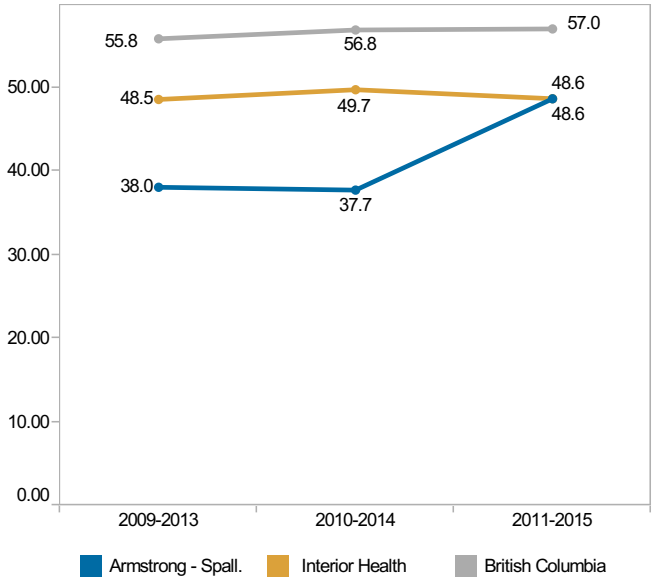


Figure 9: Low birth weight (LBW) per 1,000 live births measures newborns weighing less than 2500 grams over a five year period. Low birth weight is an important indicator of mortality, morbidity and disability in infancy and childhood. Risk factors associated with low birth weight include: socio-economic disadvantage, poor health and nutrition of women during pregnancy, smoking while pregnant, consumption of drugs and alcohol while pregnant, and experiencing abuse while pregnant.
Source: BC Ministry of Health, Vital Events, Birth Reports, 2009-2015

Figure 10: Armstrong-Spallumcheen LHA Chronic Disease Crude Prevalence Rates, 2014/15

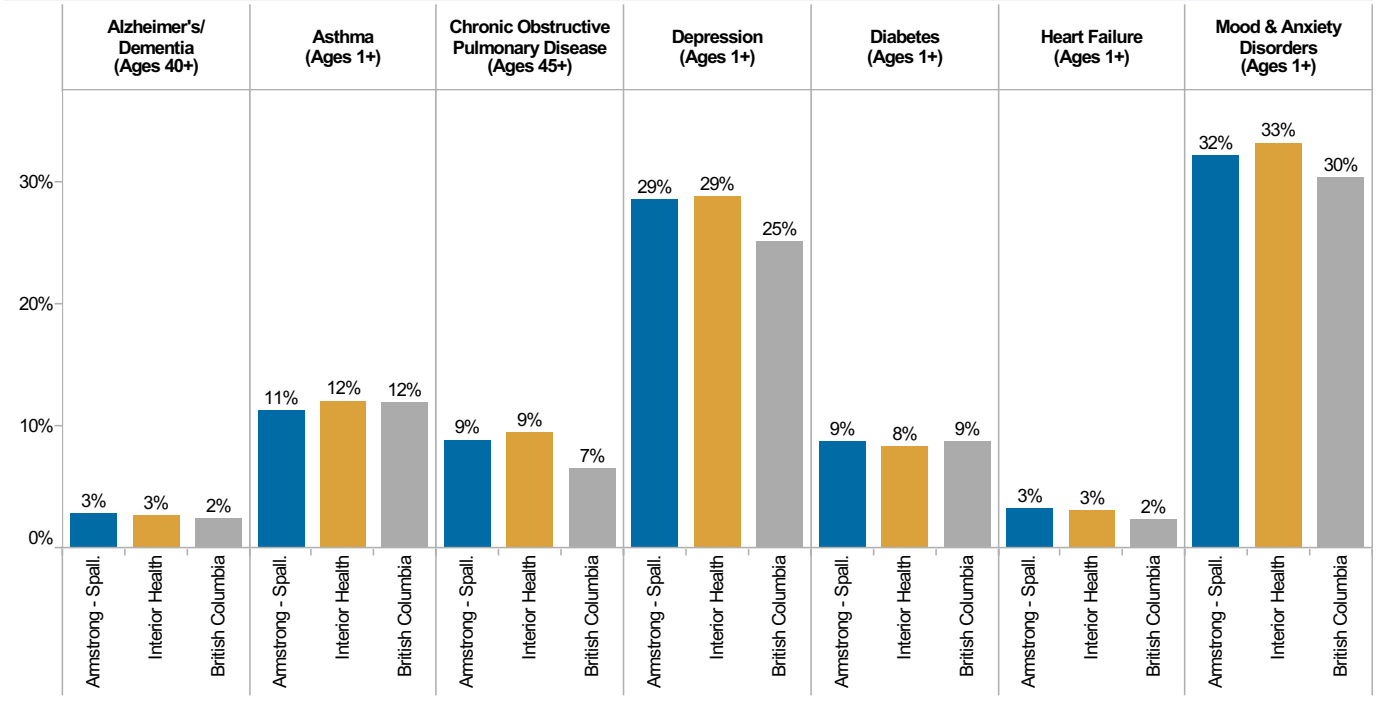


Figure 10: Chronic diseases are long-term conditions that usually progress slowly over time. The chronic diseases displayed above represent health conditions affecting many Interior Health residents. As the IH population ages, the prevalence of these diseases is expected to grow. The 2010 WHO Global status report on noncommunicable diseases identifies primary risk factors including: tobacco use, harmful use of alcohol, raised blood pressure, physical inactivity, raised cholesterol, obesity, unhealthy diet and raised blood glucose levels.
Source: Chronic Disease Registry, Ministry of Health, 2014/15 | PEOPLE 2016, BC Stats

Health System Performance indicators measure the quality of health care, with regard to health service access, efficiency and utilization. These indicators are often expressed as age standardized rates per 1,000 population. This standardization method facilitates comparisons of health care service use across a variety of geographic regions, and accounts for differences in age distribution between populations.

Figure 11: Age Standardized Utilization Rates, 2013/14 - 2015/16

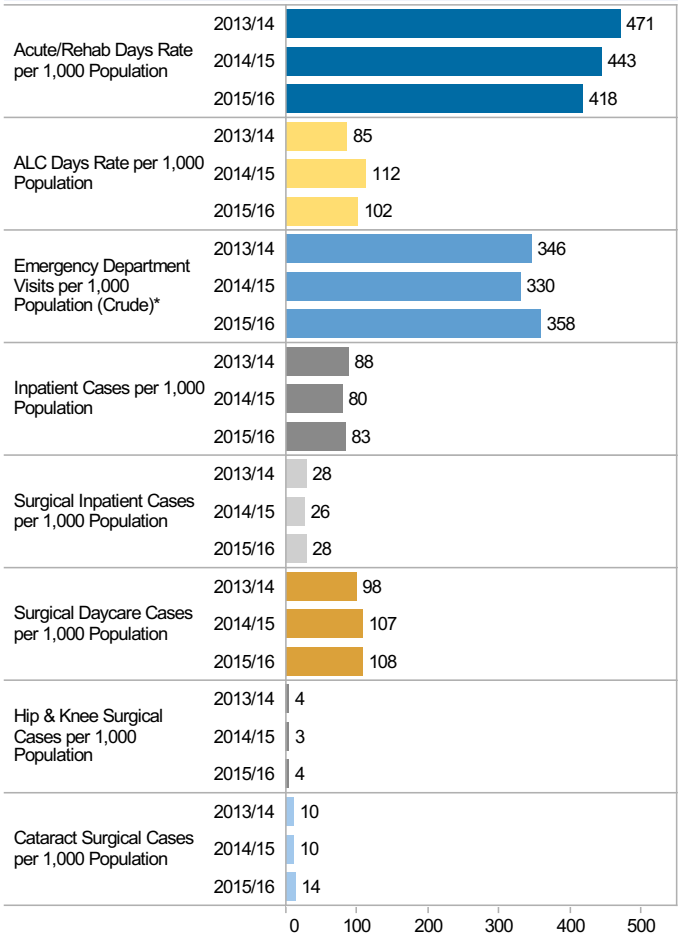


Figure 11: Age standardized utilization rates are used to compare health care service use across geographic regions with varying demographic profiles. These rates adjust for differences in the age breakdowns of each region (excluding newborns). They represent rates that would be observed if the region's population experienced the same age specific utilization rates as the entire province. *Note that the ED Visit rate is not age standardized and includes unscheduled visits to all Emergency Departments within a given LHA.
Sources: Health Ideas Summary Reports, Ministry of Health, 2013/14-2015/16 Admissions Universe, 2013/14-2015/16 | PEOPLE 2016, BC Stats

Figure 13: Inpatient Referral Patterns by Hospital, 2015/16

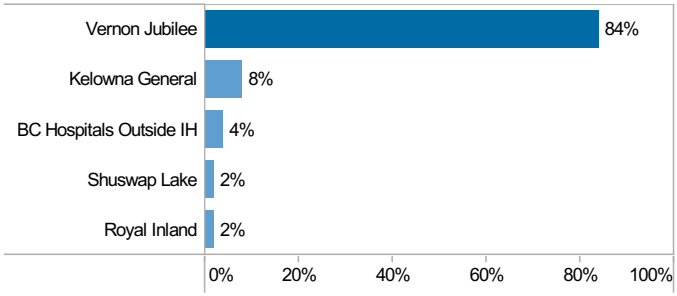


Figure 13: Inpatient referral patterns identify which hospitals Armstrong-Spallumcheen residents (excluding newborns) visit most frequently. The length and colour of the horizontal bar shows the proportion of inpatients who travel from Armstrong-Spallumcheen to each facility or region. Note that totals may not add up to 100 per cent as only the most common hospitals are shown.
Source: Discharge Abstracts Database (DAD), Ministry of Health, 2015/16

Figure 12: Trends in Acute/Rehab Days, 2011/12 - 2015/16

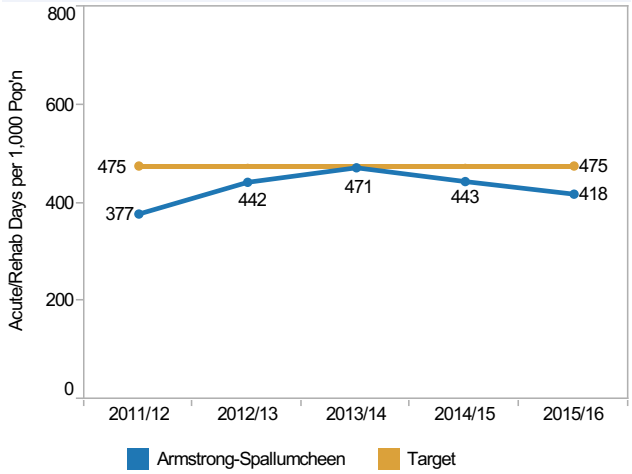


Figure 12: The age standardized Acute/Rehab days rate per 1,000 population, and the target rate defined in the Interior Health Acute Care Roles Review 2004, indicates whether an LHA is performing as expected. LHA rates above the target tell us that residents of a given LHA used inpatient resources at a higher rate than is sustainable.
Sources: Age Standardized Utilization Rates - Health Ideas Summary Reports, Ministry of Health, 2011/12-2015/16 | PEOPLE 2016, BC Stats | Interior Health, Acute Care Roles Review, 2004

Figure 14: ALC Days per 1,000 Population, 2011/12 - 2015/16

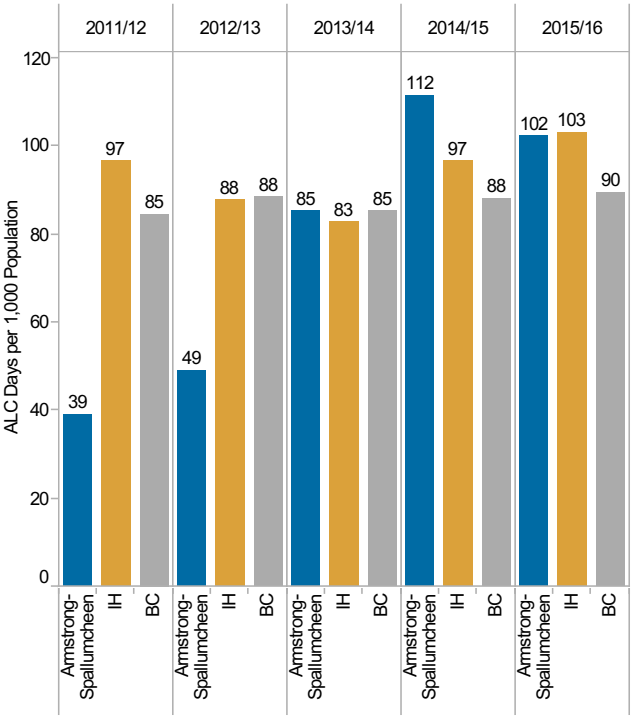


Figure 14: Alternative Level of Care (ALC) refers to the time that a patient spends in hospital after their acute care needs have been met. These patients remain in hospital due to a lack of alternate care options. ALC days are an important measure of the appropriate use of acute care resources. This figure facilitates comparison between Local Health Area, Interior Health and Provincial ALC day rates per 1,000 population.
Sources: Health Ideas Summary Reports, Ministry of Health, 2011/12-2015/16 PEOPLE 2016, BC Stats

Home & Community Care indicators represent Residential and Home Health services provided by Interior Health. Home and Community Care offers a variety of at-home and community services to people with acute, chronic, palliative or rehabilitative health care needs. IH supports a philosophy that home, with appropriate supports, is the best place to recover from illness and injury, manage chronic conditions and live out final days.

Figure 15: Assisted Living, Residential & Short Stay Beds, 2013/14 - 2015/16

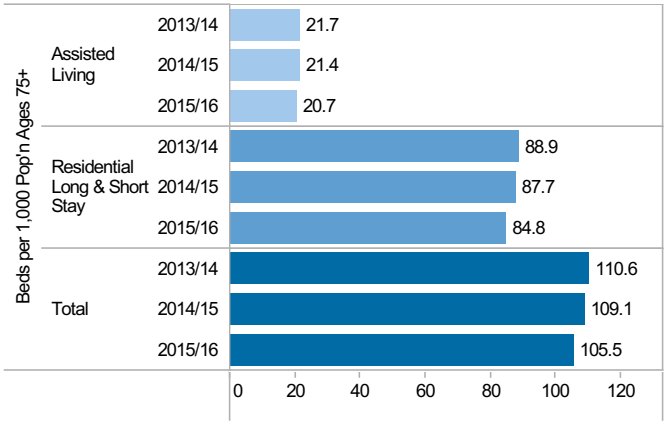


Figure 15: All bed rates include permanent and temporary beds, and reflect the population ages 75+. Residential long and short stay beds exclude family care and group home beds. Residential short stay beds include convalescent, respite, end of life and flex beds.
Source: Health Service Administrators 2013/14-2015/16 | PEOPLE 2016, BC Stats

Table 3: Home & Community Care Quick Stats, 2013/14 - 2015/16

		2013/14	2014/15	2015/16
per 1,000 Pop'n	Case Managed Clients	17	13	15
	Case Managed Visits	50	28	54
	Community Rehab Clients	21	19	17
	Community Rehab Visits	109	115	80
	Home Care Nursing Clients	30	25	27
	Home Care Nursing Visits	371	310	318
per 1,000 Pop'n Ages 75+	Adult Day Service Clients	74	58	59
	Adult Day Service Days	1,466	1,564	1,669
	Assisted Living Clients	29	27	22
	Assisted Living Days	7,508	7,327	6,899
	Home Support Clients	148	138	134
	Home Support Hours	17,712	13,774	14,967
	Residential Care Days	32,913	33,065	31,749

Table 3: Home and community care measures are based on the number of clients, visits and days utilized per 1,000 population. Residential care days include convalescent, respite, end of life and complex care. Home support rates include long term, short term and end of life care.
Source: HCC Universe, 2013/14-2015/16 | PEOPLE 2016, BC Stats

Healthy Behaviours

OKANAGAN
HEALTH SERVICE DELIVERY AREA

Health Behaviour indicators are derived from the Canadian Community Health Survey (CCHS), a cross-sectional survey about health status, health care utilization and determinants of health. CCHS indicators are self-reported by survey respondents. In some cases, data quality is compromised by small sample sizes. This information is only available by Health Service Delivery Area (HSDA), and is not available at the smaller Local Health Area (LHA) geography. Armstrong-Spallumcheen LHA is located within the Okanagan HSDA.

Figure 16: Health & Wellness Indicators, 2015

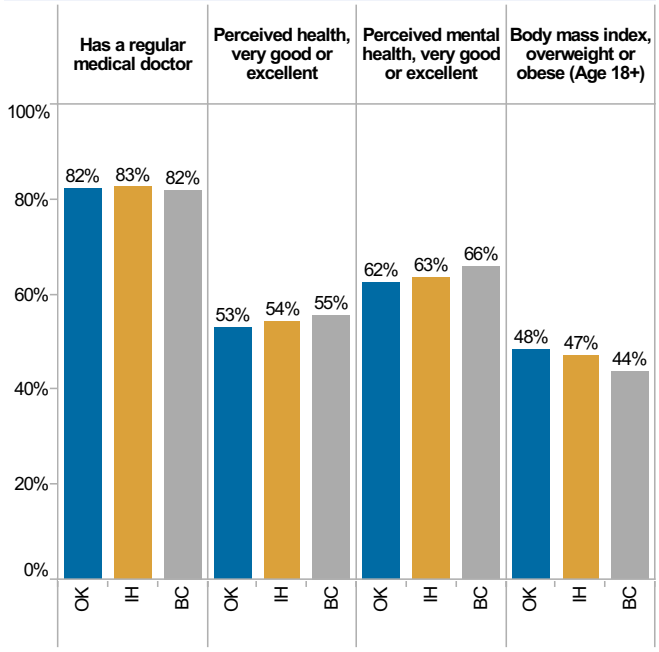


Figure 16: Health and wellness indicators provide a window into the self-reported health of individuals.
Source: Canadian Community Health Survey 2015, Statistics Canada

Figure 17: Health Behaviour Indicators, 2015

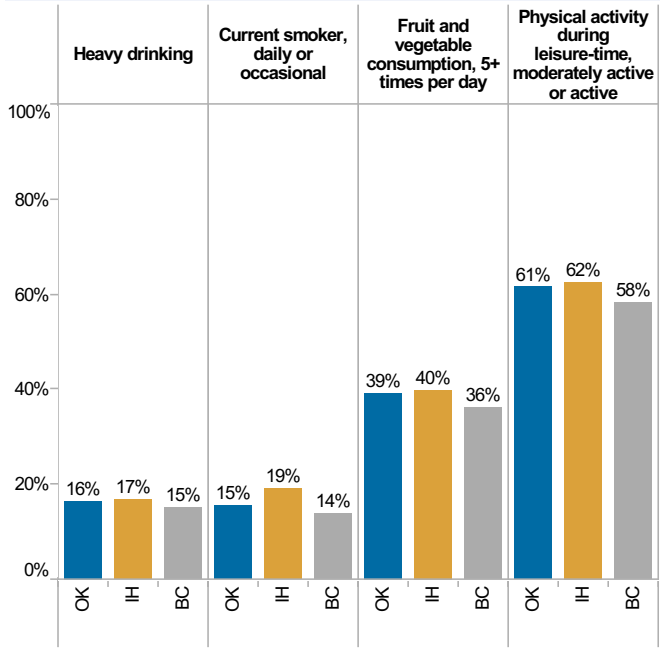


Figure 17: Health behaviour statistics provide information about self-reported healthy eating, physical activity, smoking and alcohol consumption.
Source: Canadian Community Health Survey 2015, Statistics Canada