



Local Health Area Profile Revelstoke

2020

This profile provides an overview of the Revelstoke Local Health Area population in the areas of:

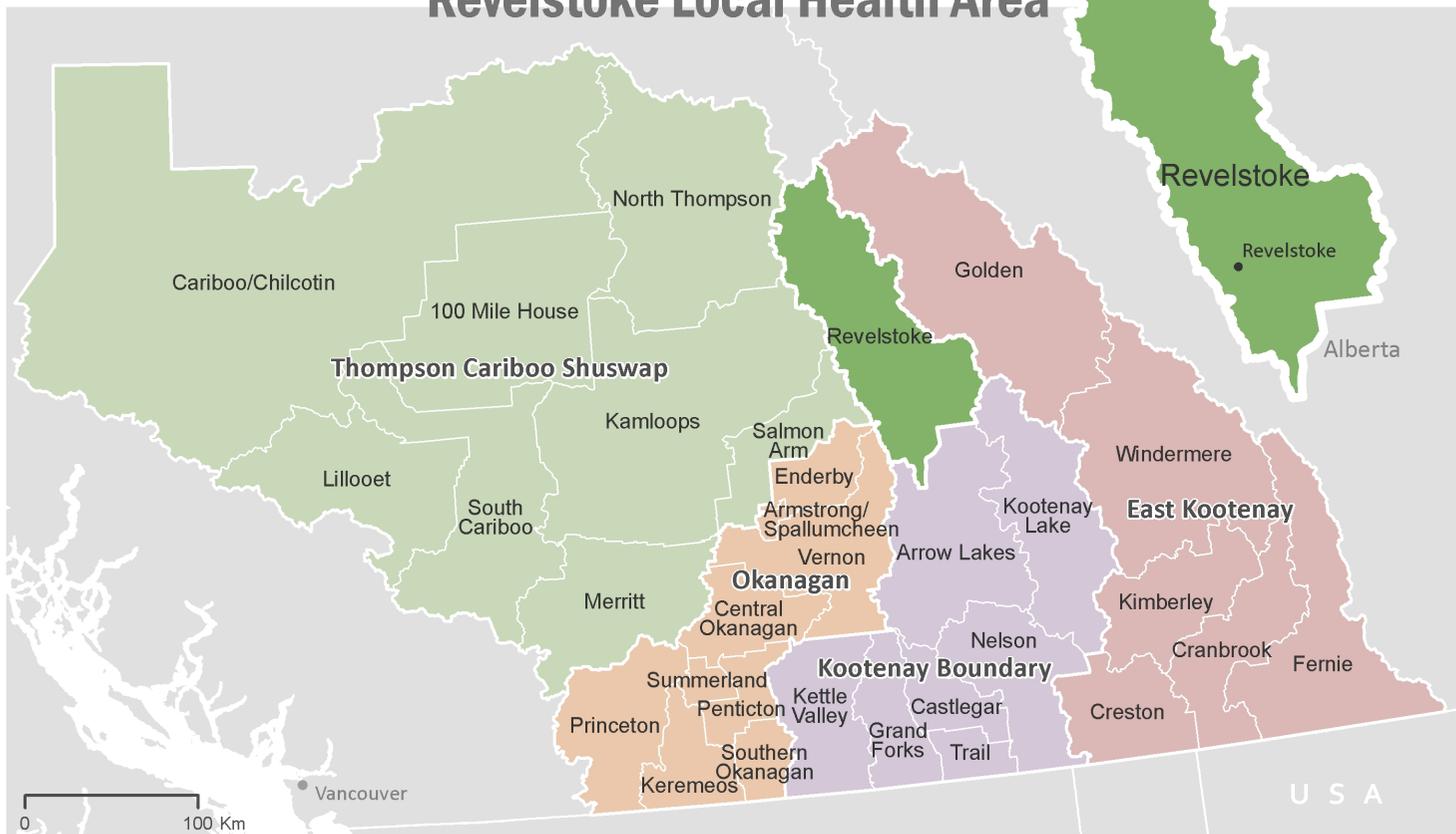
**Population Health | Health & Social Status | Acute Care
| Home & Community Care | Health Characteristics**

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.

Unless otherwise stated, all data, figures, and tables, are presented at the Local Health Area (LHA) level.

The Interior Health Strategic Information Department produces a number of utilization and service reports. In addition to this Local Health Area Profile, 1) Health Service Delivery Area (HSDA), 2) Interior Health Authority, and 3) Facility profiles can be found on the [Interior Health website](#).

Interior Health Authority Revelstoke Local Health Area



More information is available upon request from Interior Health's Strategic Information Department.

Inquiries and comments can be addressed by calling 1-778-943-0034 Ext. 56363

Population Health

Population Health statistics provide information about past, present, and future demographics, with breakdowns 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. Population Health information comes from Population Extrapolation for Organizational Planning with Less Error (PEOPLE), provided by BC Stats. This information includes estimates of past populations (1976 - 2020) and projections for the future populations (2021 - 2041) based on migration, employment, and growth trends.

Figure 1: Population by Local Health Area in the Thompson Cariboo Shuswap HSDA, 2020

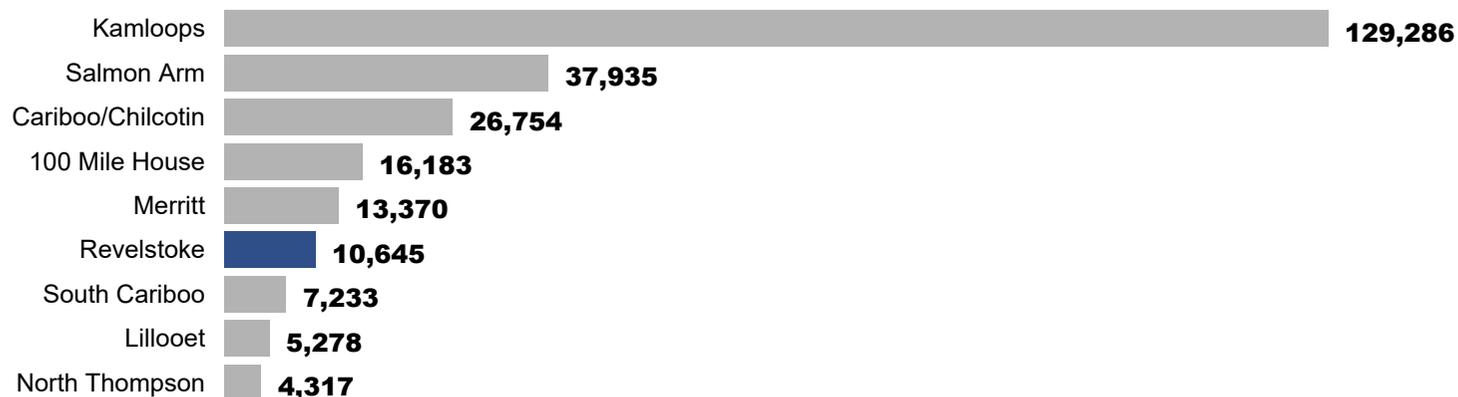


Figure 1: This graph compares Local Health Area Populations within the Thompson Cariboo Shuswap Health Service Delivery Area.

Source: PEOPLE 2020, BC Stats

Table 1: Population Density, 2020

Population	10,645
Area (Sq. Km)	9,320
Pop. Density per Sq. Km	1

Table 1: Population density represents the number of people living within one square kilometre. Lower densities indicate more rural areas which typically have lesser 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 4 people per Sq. Km.

Source: Summary Statistics, PEOPLE 2020, BC Stats

Table 2: Projected Population Growth, 2020 - 2025

All Ages	3.6%
65+	19%
75+	28%
85+	39%

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

Source: PEOPLE 2020, BC Stats

Table 3: Life Expectancy, 2015 - 2019

	Female	Male	Average
Revelstoke	N/A	83	83
British Columbia	85	80	83

Table 3: Life expectancy can be viewed as a gauge of population health. It measures average lifespan from birth, of persons currently residing in a particular health region. In some cases, N/A values indicate limited data availability due to small populations.

Source: Demography and Population Statistics, BC Stats, March 2020

Figure 2: Age Demographic Trends, 1991 - 2041

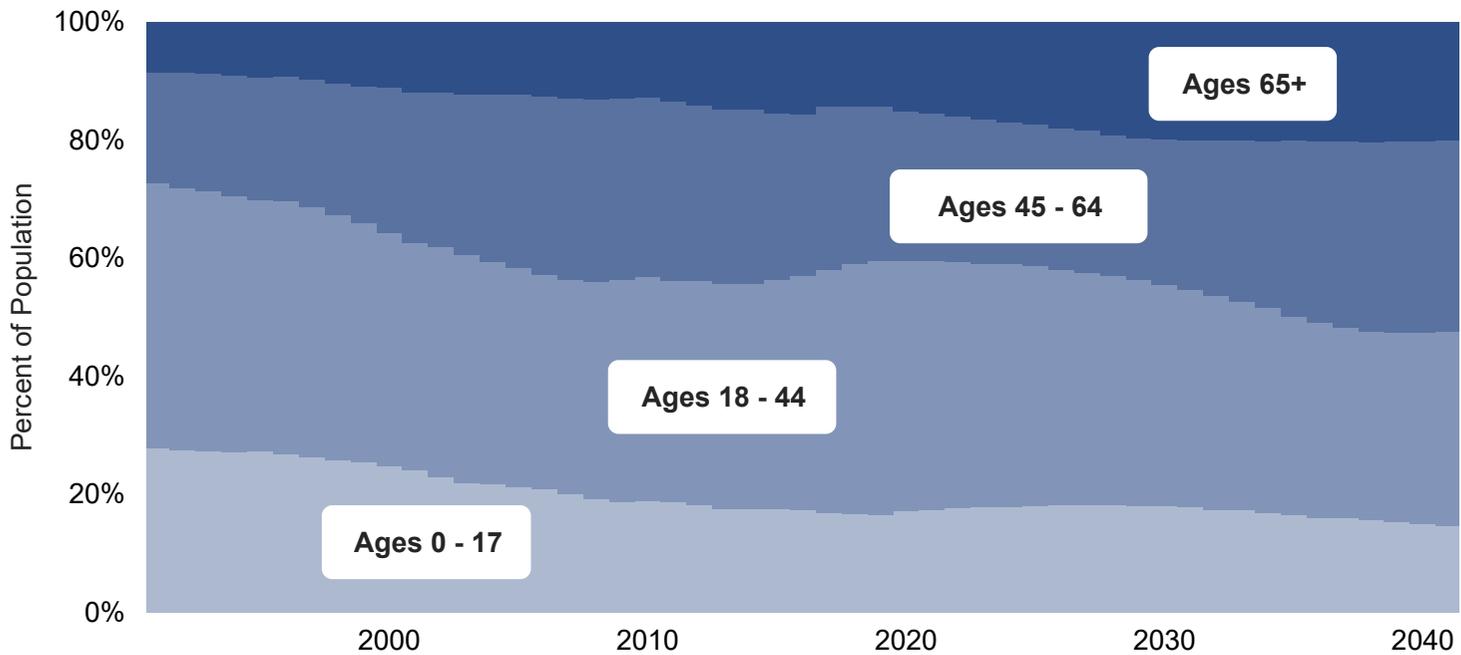


Figure 2: Demographic trends over 50 years estimate (1991-2020) and project (2021-2041) the fluctuation of age groups within a population. Overall trends across Interior Health indicate a growth in the population ages 65+ and a decline in the population under age 45 between 1991 and 2041. **Source:** PEOPLE 2020, BC Stats

Figure 3: Population Pyramid, 2020

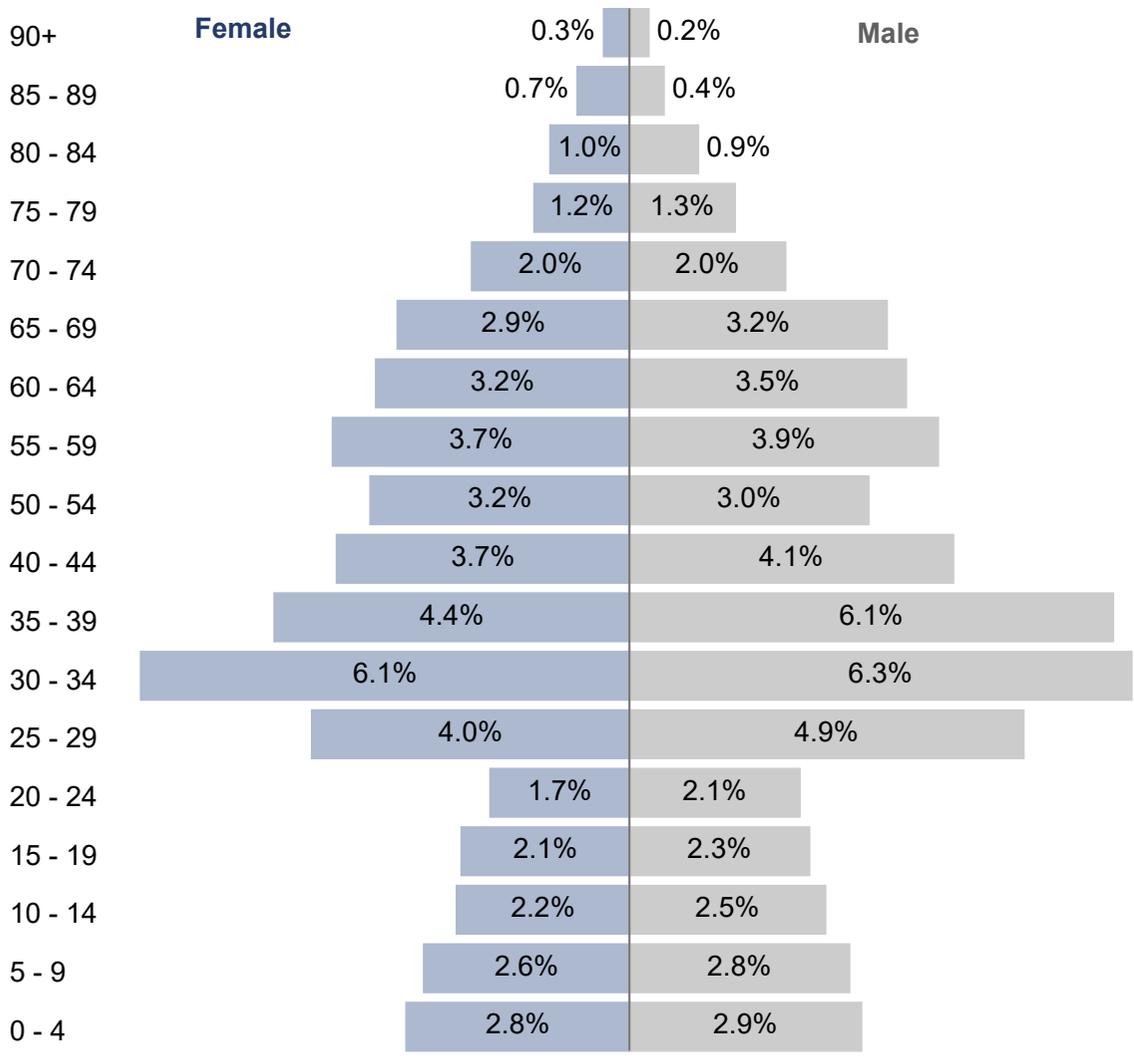


Figure 3: Population pyramids are commonly used by demographers to identify the age and gender make-up of a population. A pyramid with a wide base indicates a younger population, while a top heavy pyramid indicates an aging population with a longer life expectancy. The latter is becoming more common in developed nations with highly educated populations. **Source:** PEOPLE 2020, BC Stats

Figure 4: Median Age and Median Age at Death, 2018

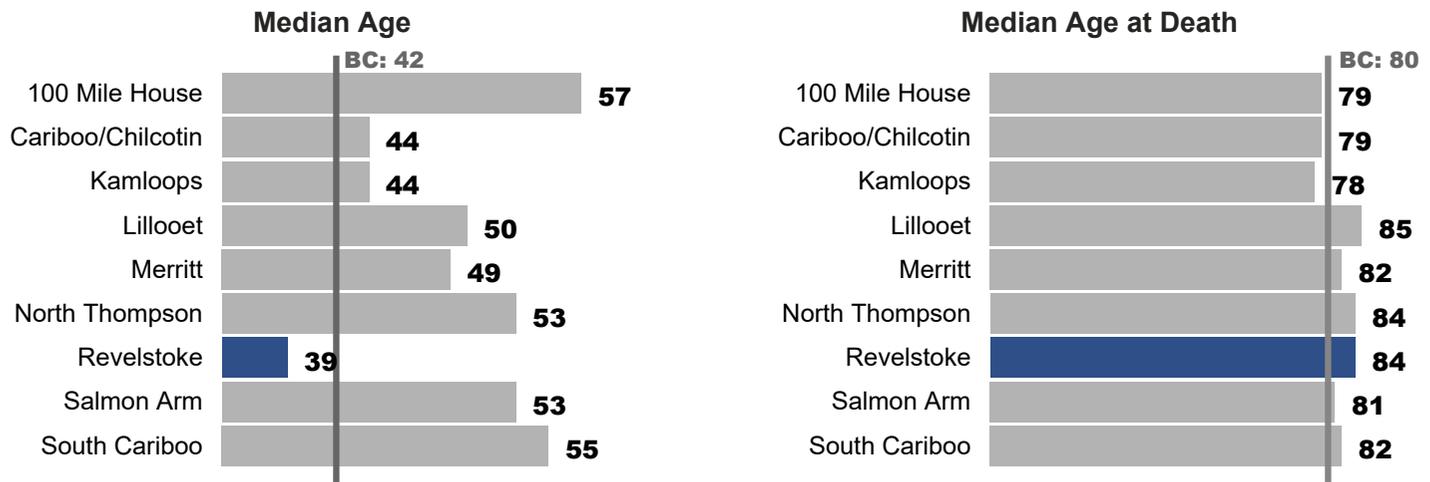
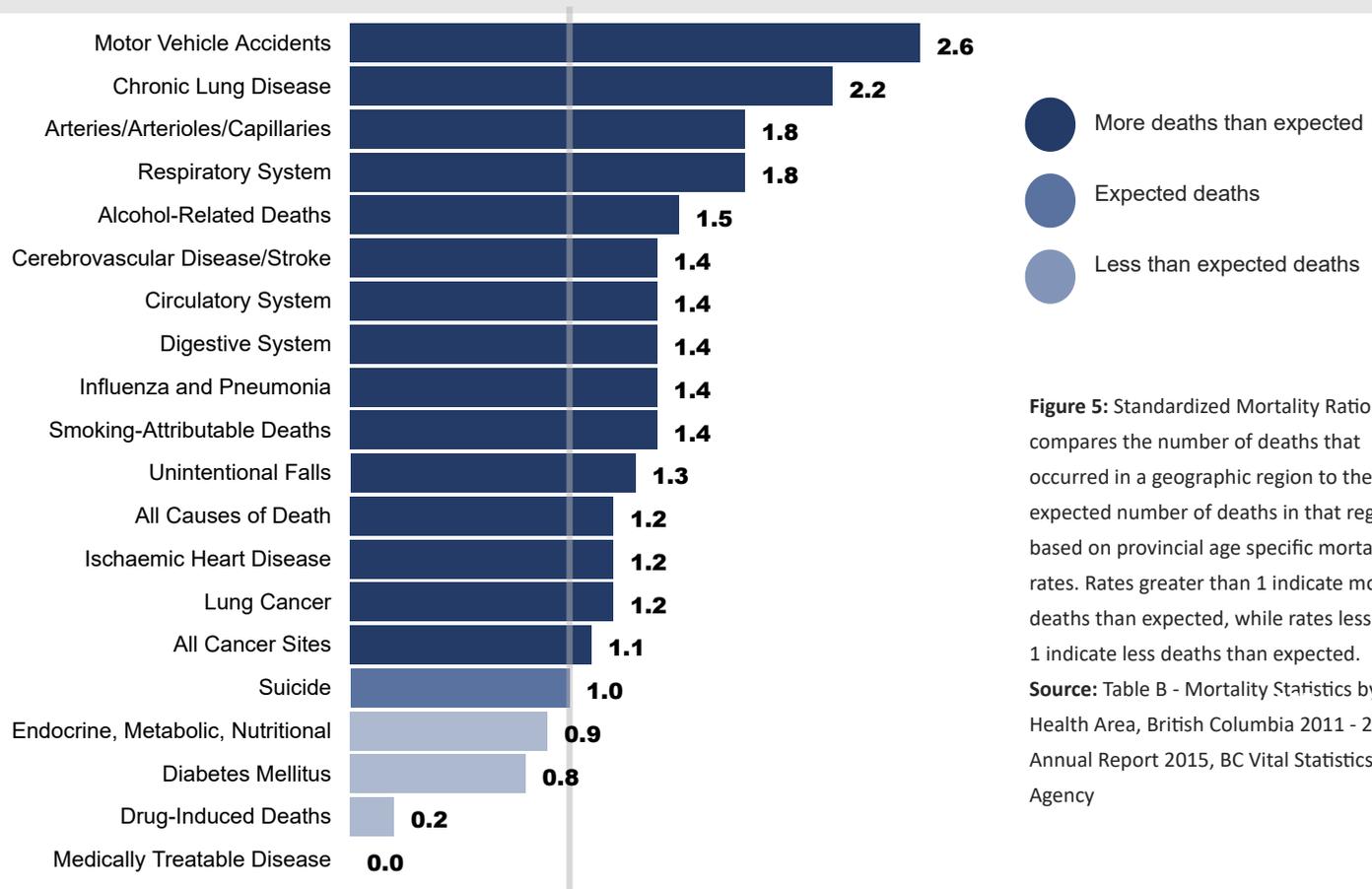


Figure 4: Median age (MA) and median age at death (MAD) indicate the age of a population compared to life expectancy in Local Health Areas. For BC in 2018, the MA was 42 and the MAD was 80. Median age at death varies by up to seven years depending on place of residence.

Source: PEOPLE 2018, BC Stats

Figure 5: SMR by Cause of Death, 2011 - 2015



- More deaths than expected
- Expected deaths
- Less than expected deaths

Figure 5: Standardized Mortality Ratio (SMR) compares the number of deaths that occurred in a geographic region to the expected number of deaths in that region, based on provincial age specific mortality rates. Rates greater than 1 indicate more deaths than expected, while rates less than 1 indicate less deaths than expected.

Source: Table B - Mortality Statistics by Local Health Area, British Columbia 2011 - 2015, Annual Report 2015, BC Vital Statistics Agency

Figure 6: Up-to-date Immunizations at 2 Years, 2020

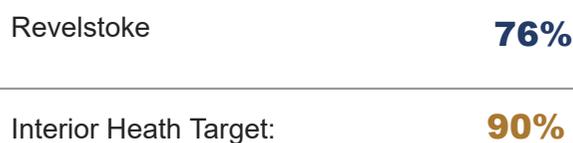


Figure 6: The proportion of children with up-to-date immunizations at 2 years of age. For details visits [Childhood Immunization Coverage Dashboard](#).

Source: Panorama, BC Centre for Disease Control

Health & Social Status

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

Table 4: Vulnerable Kindergarten Aged Children, 2011 - 2019

	Wave 5, 2011 - 2013	Wave 6, 2013 - 2016	Wave 7, 2016 - 2019
Revelstoke	11%	9%	13%
Interior Health	30%	30%	32%
British Columbia	33%	32%	33%

Table 4: The Early Development Instrument (EDI) is a questionnaire that measures the vulnerability of kindergarten aged children across five domains: Physical Health & Well Being, Social Competence, Emotional Maturity, Language & Cognitive Ability, and Communication Skills & General Knowledge. Vulnerable kindergarten aged children refers to the proportion of children who are identified as vulnerable in one or more domains.

Source: Early Development Instrument, Human Early Learning Partnership, University of British Columbia, Waves 5 - 7, 2011 - 2019

Figure 7: Low Birth Weight per 1,000 Live Births, 2009 - 2015

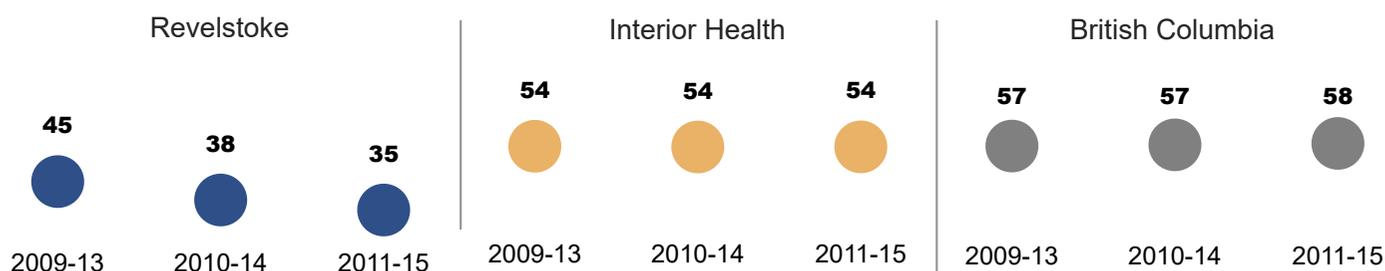


Figure 7: Measures newborns weighing less than 2,500 grams over a five year period. Low birth weight is an important indicator of mortality, morbidity, and disability in infancy and childhood. Risk factors associated with low birth weight include: socio-economic disadvantage, poor health and nutrition of women during pregnancy, smoking while pregnant, consumption of drugs and alcohol while pregnant, and experiencing abuse while pregnant. **Source:** Table A - Summary Statistics by LHA, British Columbia, Annual Report 2013, 2014 & 2015, BC Vital Statistics Agency

Figure 8: Chronic Disease Crude Prevalence Rates, 2018/19

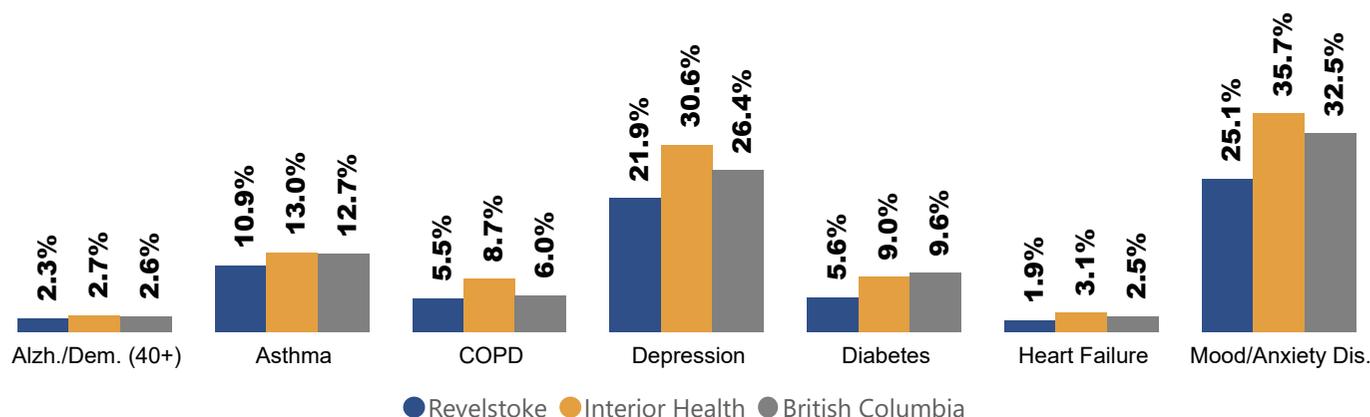


Figure 8: The chronic diseases displayed above represent health conditions affecting many Interior Health residents. As the Interior Health population ages, the prevalence of these diseases is expected to grow. The 2020 World Health Organization (WHO) report on noncommunicable disease identifies primary modifiable behavioural and metabolic risk factors including: tobacco use, unhealthy diet, lack of physical activity, harmful use of alcohol, obesity, raised blood pressure, and raised cholesterol. **Alzh./Dem. (40+):** Alzheimer's/Dementia (40+). **Mood/Anxiety Dis:** Mood/Anxiety Disorder.

Source: Chronic Disease Registry, Ministry of Health, 2017/18; Population aged one year and older.

Acute Care

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

Figure 9: Age Standardized Utilization Rates per 1,000 Population, 2017/18 - 2019/20

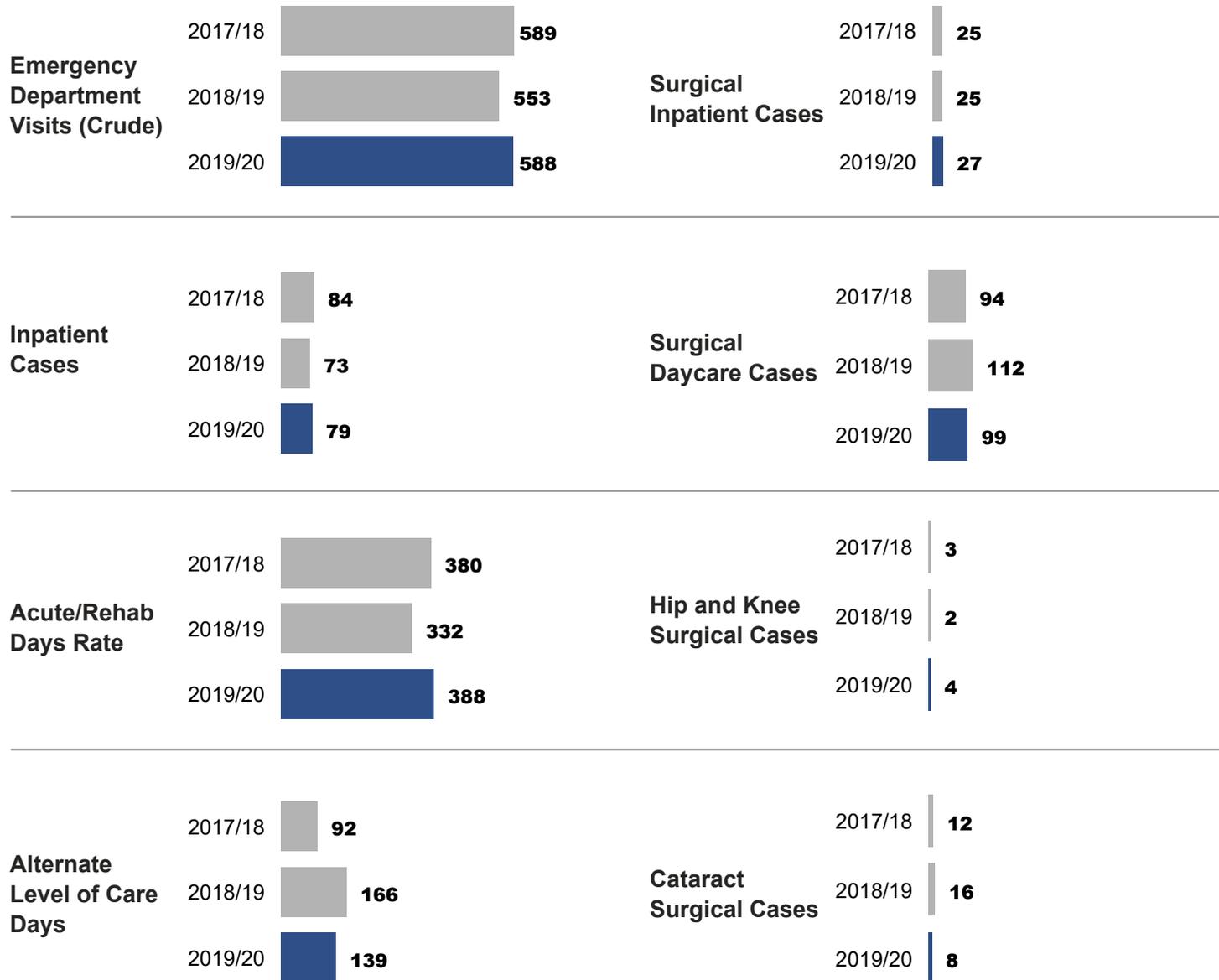


Figure 9: Age standardized utilization rates are used to compare health care service use across geographic regions with varying demographic profiles. These rates adjust for differences in age breakdowns of each (newborns excluded). They represent rates that would be observed if the region's population experienced the same age specific utilization rates as the entire province. Note that the ED visits rate is not age standardized and includes unscheduled visits to all ED's within a given LHA.

Source: Health Ideas Summary Reports, Ministry of Health | Admissions Universe | PEOPLE 2020, BC Stats

Figure 10: Inpatient Referral Patterns by Hospital, 2019/20

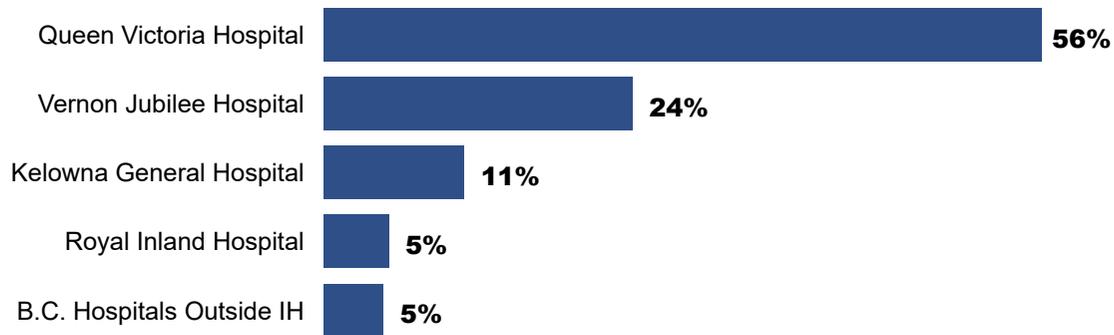


Figure 10: Inpatient referral patterns identify which hospitals residents from a LHA visit most frequently (newborns excluded). The length of the horizontal bars show the proportion of inpatients who travel from a given LHA to each facility or region. Note that totals may not add up to 100 percent as only the most common hospitals are shown.

Source: Discharge Abstracts Database (DAD), Ministry of Health, 2019/20

Figure 11: Acute/Rehab Days per 1,000 Population, 2015/16 - 2019/20

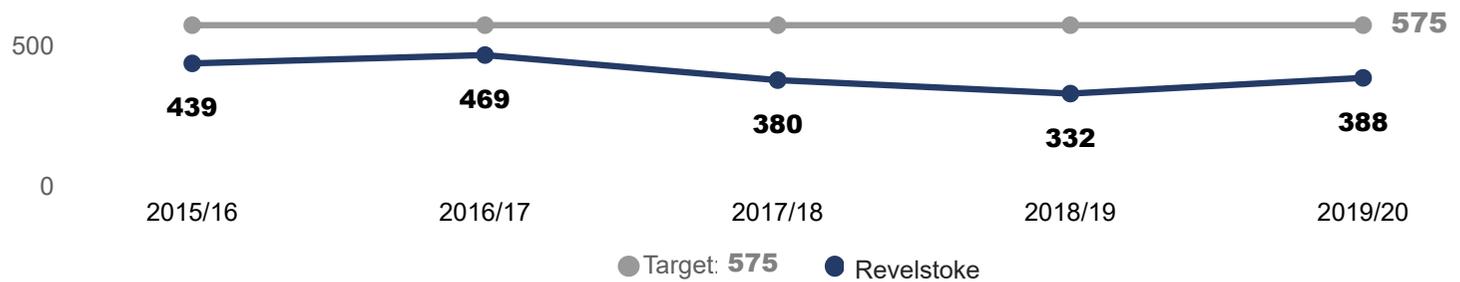


Figure 11: The age standardized Acute/Rehab days rate per 1,000 population and target rates indicate whether a LHA is performing as expected. Rates above the target tell us that residents of a given LHA used inpatients days at a higher rate than targeted.

Source: Health Ideas Summary Reports, Ministry of Health | PEOPLE 2020, BC Stats

Figure 12: ALC Days per 1,000 Population, 2015/16 - 2019/20

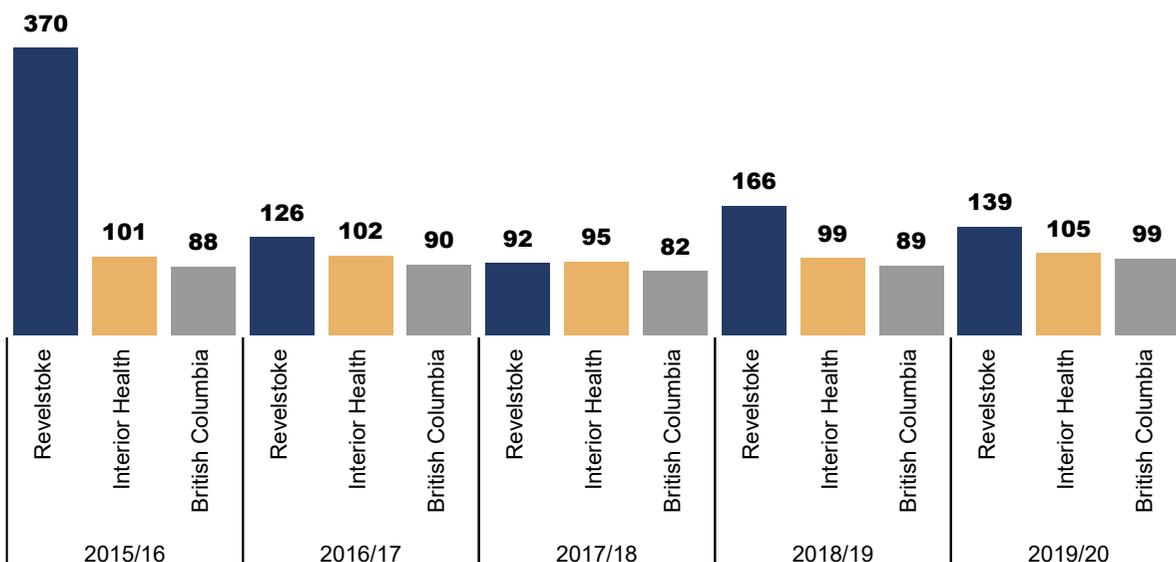


Figure 12: Alternate Level of Care (ALC) refers to the time that a patient spends in hospital after their acute care needs have been met. These patients remain in hospital due to lack of other care options. ALC days are an important measure of the appropriate use of acute care resources.

Source: Health Ideas Summary Reports, Ministry of Health | PEOPLE 2020, BC Stats

Home & Community Care

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

Table 5: Home & Community Care Quick Stats, 2017/18 - 2019/20

Per 1,000 Population				Per 1,000 Population Ages 75+			
	2017/18	2018/19	2019/20		2017/18	2018/19	2019/20
Case Managed Clients	11	10	9	Adult Day Service Clients	28	32	28
Case Managed Visits	50	51	31	Adult Day Service Days	1,062	1,538	1,402
Community Rehab Clients	13	10	11	Assisted Living Clients	23	25	23
Community Rehab Visits	91	88	103	Assisted Living Days	6,468	6,372	5,726
Home Care Nursing Clients	17	13	14	Home Support Clients	132	108	131
Home Care Nursing Visits	170	168	161	Home Support Hours	26,317	21,347	22,204
				Long-term Care Days	25,540	25,658	25,098

Table 5: Home & Community Care measures are based on the number of clients, visits, and days utilized per 1,000 population. Long-term 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 | PEOPLE 2020, BC Stats

Figure 13: Assisted Living, Long-Term Care, and Short Stay Beds per 1,000 Population Ages 75+, 2017/18 - 2019/20

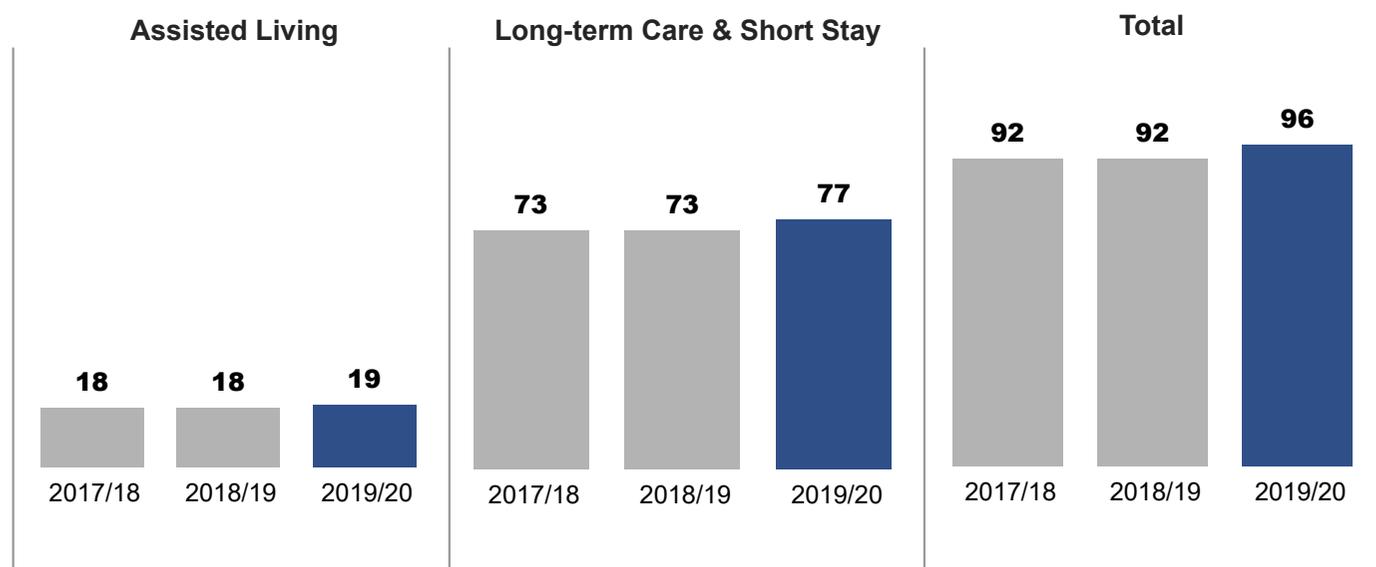


Figure 13: All bed counts include permanent and temporary beds and reflect the population ages 75+. Long-term care and short stay beds exclude family care and group home beds. Long-term care and short stay beds include convalescent, respite, end of life, and flex beds.

* Kettle Valley & Grand Forks LHAs have been grouped together; Nelson & Kootenay Lake LHAs have been grouped together due to small values.

Source: Long-Term Care Bed Inventory | PEOPLE 2020, BC Stats

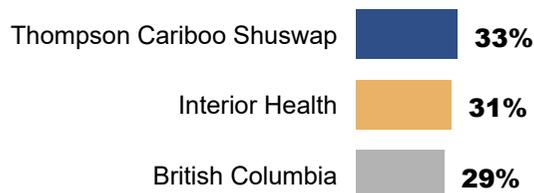
Health Characteristics

Health Characteristic 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 the Health Service Delivery Area.

Revelstoke is in the Thompson Cariboo Shuswap Health Service Delivery Area.

Figure 14: Health Characteristic Indicators, 2017 - 2018

Body Mass Index Overweight/Obese (Ages 18+)



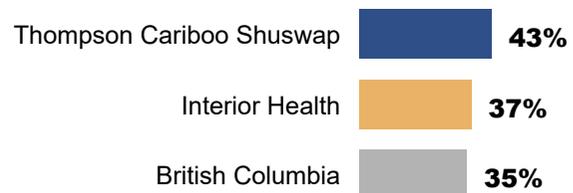
Mental Health, Very Good or Excellent



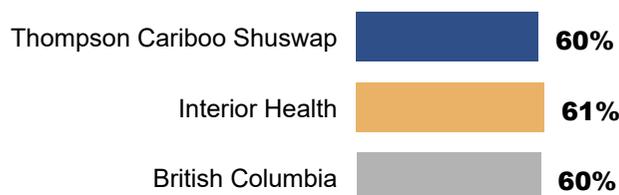
Has Regular Healthcare Provider



Physical Activity, Less Than 150 Mins/Week (Ages 18+)



Health, Very Good or Excellent



Smoking, Daily or Occasional



Heavy Drinking

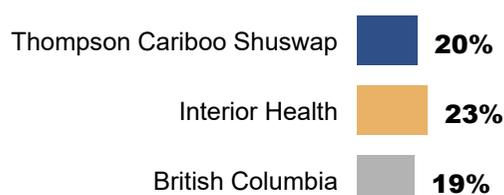


Figure 14: Health Characteristic Indicators provide self-reported information about the health of the individuals aged 12+, unless stated otherwise. The 'Fruit and Vegetable Consumption, less than 5 servings' indicator is unavailable for 2017 - 2018.

Source: Canadian Community Health Survey 2017 - 2018, Table 13-10-0113-01 (formerly CANSIM 105-0509).