

# ALBERNI-CLAYOQUOT - 426

## Local Health Area Profile



Alberni-Clayoquot Local Health Area (LHA) is one of 14 LHAs in Island Health and is located in Island Health's Central Island Health Service Delivery Area (HSDA). Alberni-Clayoquot is at the northwest corner of the Central HSDA. It covers 6,904 square kilometers, and includes the communities of Port Alberni, Tofino, and Ucluelet. It borders on six other LHAs: Vancouver Island West, Greater Campbell River, Comox Valley, Oceanside, Greater Nanaimo, and Cowichan Valley West. Alberni-Clayoquot is situated along Highway 4. Tofino is approximately two hours west of Port Alberni, which is an hour drive west from Nanaimo. There are more than five bus routes in the city of Port Alberni. There is also a daily bus service between Tofino, Ucluelet, Port Alberni, and the major Island hubs.



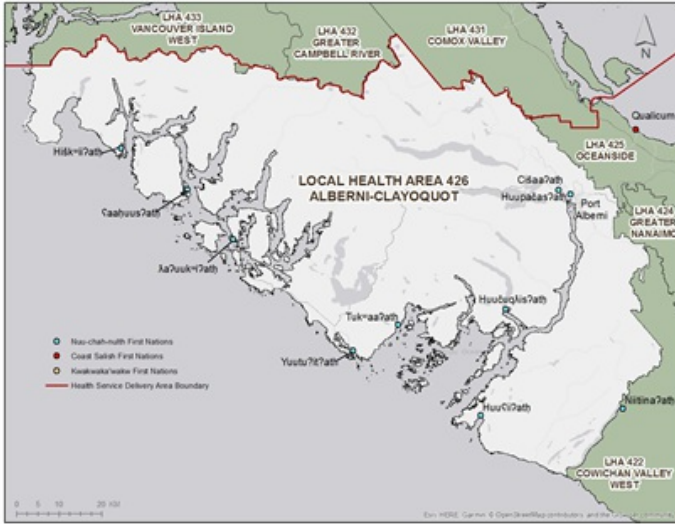
An accompanying Interpretation Guide has been created to assist with the interpretation of indicators.

**The Interpretation Guide should be read with the profiles.**

These profiles are not intended to be used for detailed planning or analysis. As they are updated on an annual basis, there may be more current data available. If you are intending to use these profiles for health planning purposes, if you have detailed questions, or notice a discrepancy, please contact Maritia Gully (Maritia.Gully@viha.ca).



# Population and Demographics



As of 2019, the Alberni-Clayoquot LHA represents 3.95% (33,334 people) of Island Health’s total population of 843,376. According to the 2016 Census, 19.9% of people living in the Alberni-Clayoquot identified themselves as Indigenous, compared to 7.6% across Island Health and 5.9% in BC. Additionally, 4.9% of people living in the Alberni-Clayoquot area identified themselves as a visible minority, compared to 9.6% across Island Health and 30.3% in BC.

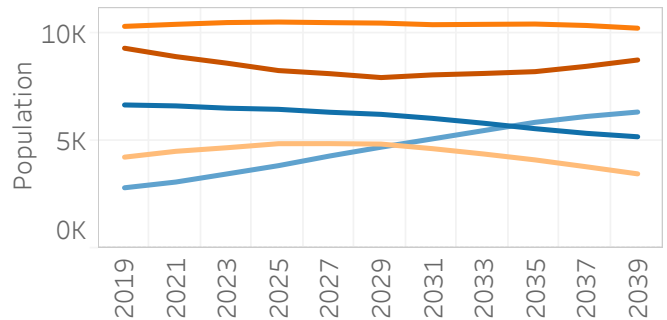
The population of Alberni-Clayoquot is younger than Island Health’s, but older than BC, with an average age of 43.4 years. The 75+ age group makes up 8.45% of the population, which is lower than Island Health (10.1%) and higher than BC (7.86%) proportions. Currently, the largest population group is between the ages 20 and 44 years.

The Alberni-Clayoquot population is expected to increase by 2.43% to 34,143 by the year 2028; this is lower than the growth expected for Island Health (8.63%) and BC (11.4%). The greatest growth is expected in the 75+ age group, where the population is expected to more than double (from 2,817 to 6,239) over the next 20 years. The 65-74 year age group is expected to increase and then decline. Similarly over this time period, the younger age groups are expected to decrease slightly. See the Population and Demographics summary on page 11 for more information.

## Average Age (2018)



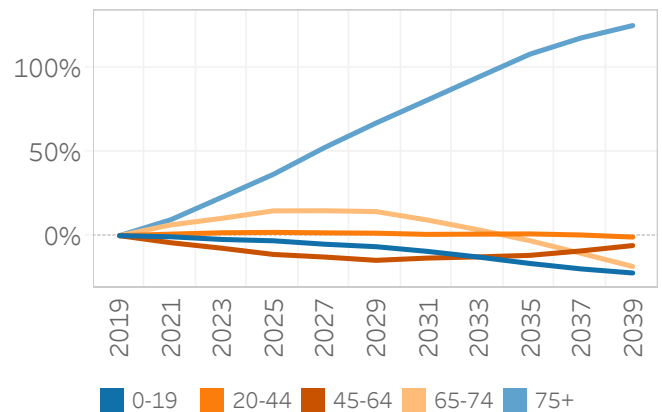
## Estimated Total Population - Alberni-Clayoquot



## Population Pyramid - 2019 - Alberni-Clayoquot



## Estimated Population Change - Alberni-Clayoquot





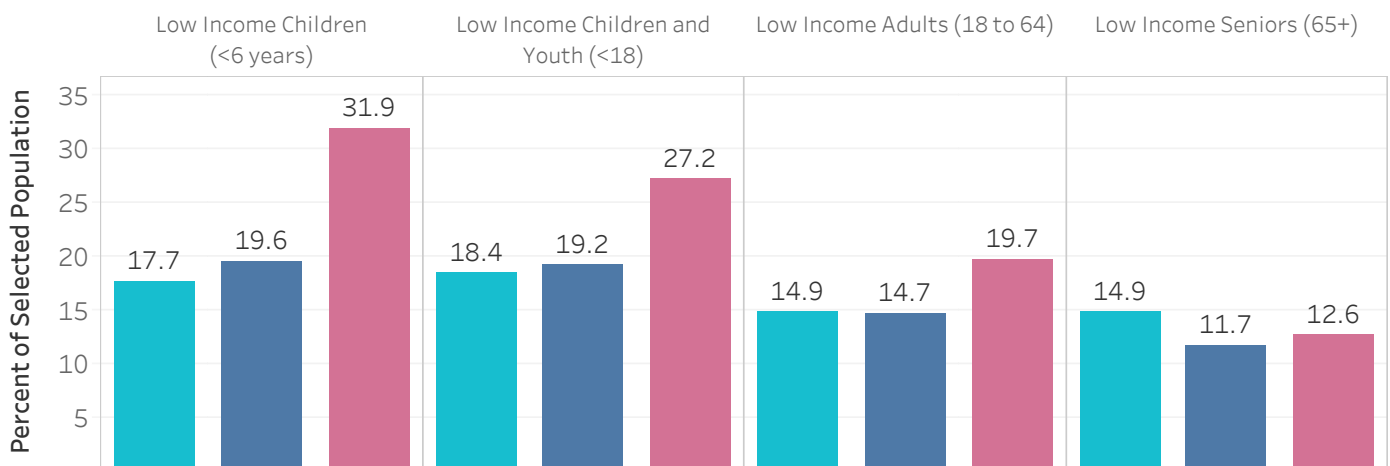
# Determinants of Health

Access to adequate income, affordable housing, healthy food, education, healthy environments, and recreational opportunities influence our health and wellbeing. People who are less well-off generally have poorer health and shorter life expectancies than those who are well-off. By working upstream to improve the conditions in which all people live, work, and play, we can decrease these gaps and improve the health and wellbeing of our population.

## Income and Employment

The median household income for Alberni-Clayoquot was \$55,443 in 2016 lower than the BC median household income of \$69,979 and Island Health's \$65,735 (median income in this report is a before-tax measure unless specified otherwise). The proportion of persons who are members of a low income household is higher among children, youth, and adults compared to Island Health and BC. The proportion of low income seniors is higher than Island Health, but lower than BC overall. The unemployment rate in Alberni-Clayoquot is higher than Island Health and BC overall (see page 12).

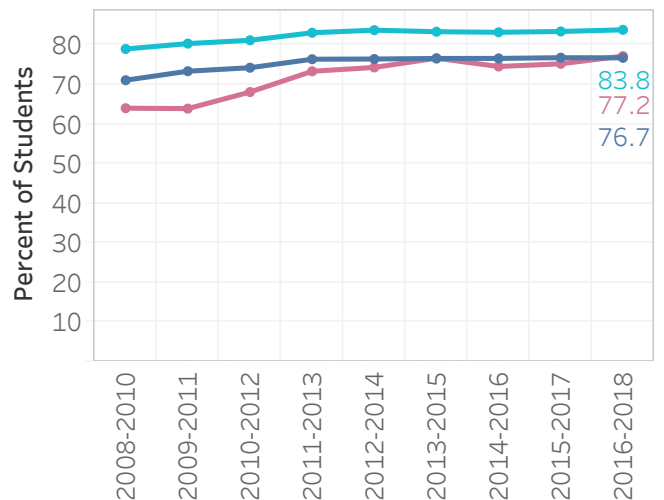
**Percent of Population with Low Income in 2015 based on after-tax low-income measure (2016 Census)**



## Education

High school completion rates in Alberni-Clayoquot are similar to the rates for Island Health and below the BC rates. However, according to the 2016 Census, a lower proportion of the Alberni-Clayoquot adult population have completed post-secondary education.

**High School Completion Rate within 6 years of Grade 8 Enrollment (2 yr aggregate)**



**Population Aged 25 to 64 with Post-Secondary Certificate, Diploma or Degree (%)**





# Determinants of Health

## Housing

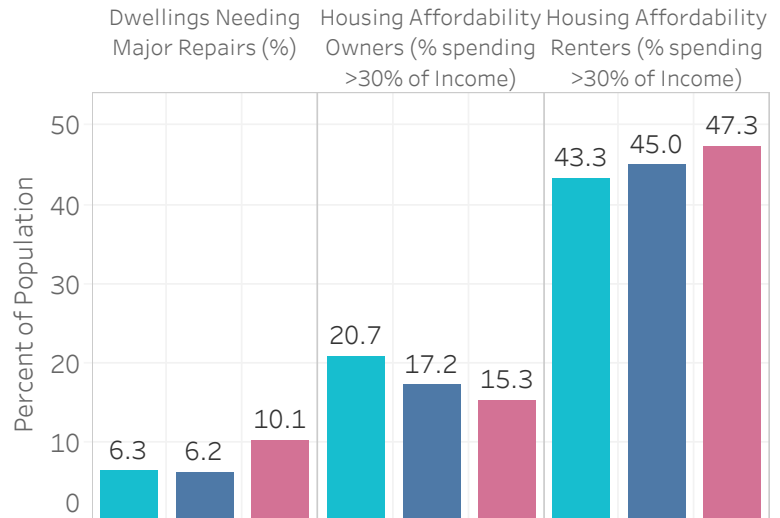
One way to measure affordability of housing is to look at how much of a household's income is spent on shelter. The proportion of home owners spending more than 30% of their income on shelter is lower in Alberni-Clayoquot, compared to BC and Island Health, while there is a higher proportion of renters spending greater than 30%. There is a similar percentage of crowded family households and a higher percentage of households in need of major repairs (e.g. defective electrical wiring) in Alberni-Clayoquot, compared to Island Health and BC (see page 12).

## Early Childhood Development and Determinants of Child and Youth Health

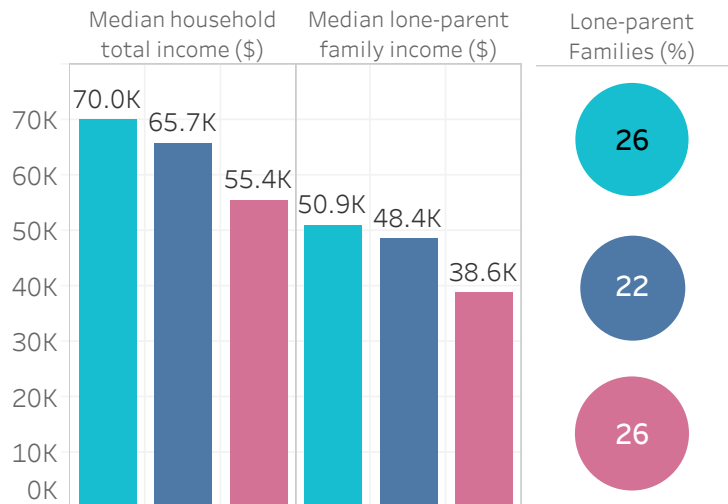
Creating supportive and healthy environments in an equitable way so that all children and youth can grow and thrive is critical to the health of the population. This includes supporting mothers during the pre- and post-natal period, supporting families during early development years, supporting children and youth to grow, learn, and transition into adulthood.

Alberni-Clayoquot has a similar percentage of lone-parent families as BC and a higher percentage than Island Health. Both median household income overall and lone-parent family income for Alberni-Clayoquot is lower compared to Island Health and BC.

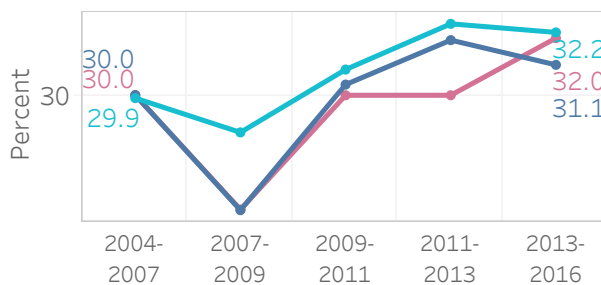
### Selected Household Indicators



### Median Household and Lone-Parent Income, and Percentage of Lone-Parent Families (2016 Census)



### Early Development Instrument (EDI) Percent of Preschool Children Vulnerable in EDI: Vulnerable on ≥1 Domains



The Early Development Instrument (EDI) is used to measure vulnerability in "waves" of kindergarten children across five domains (social, physical, emotional, language, and communication). Increases in the EDI rate are a negative indicator of child health and decreases are a positive indicator. For Island Health overall, vulnerability had increased between 2007/2009 and 2011/2013, but decreased in the most recent wave. Alberni-Clayoquot had lower levels of vulnerability for preschool children, but have now risen above the Island Health level on an upward trend.

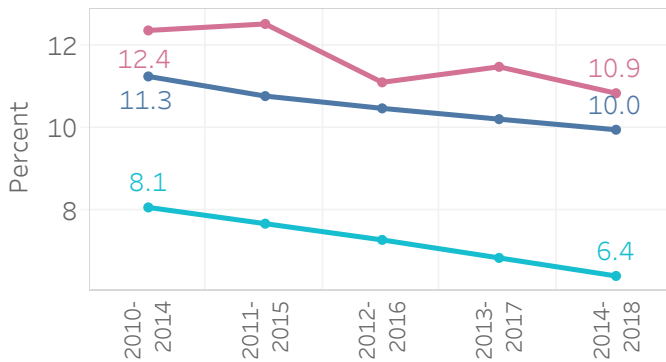


# Determinants of Health

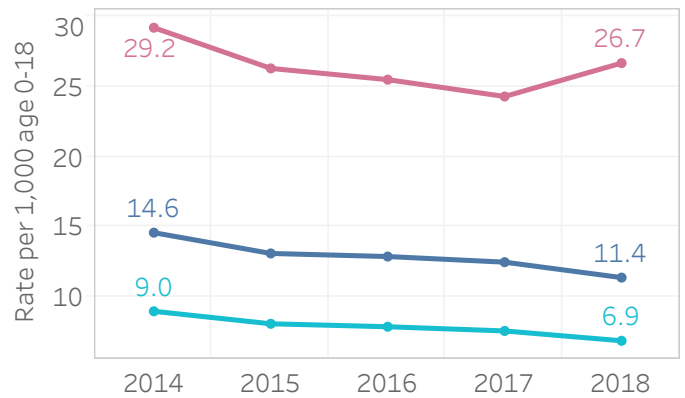
Mothers' smoking during pregnancy has demonstrated negative effects for both mother and baby. Overall, rates of smoking during pregnancy have been decreasing over the past eight years; across Island Health overall rates have been much higher than for BC. Rates for Alberni-Clayoquot are higher than Island Health and BC Levels

Rates of children and youth in care have decreased over the past five years. However, across Island Health overall, rates have been much higher than for BC. Rates for Alberni-Clayoquot are higher and have proportionally increased compared to Island Health and BC values. See the Determinants of Health summary on page 13 for more information.

**Percent of Pregnant Women who Reported Smoking at Any Time During Current Pregnancy (5 yr aggregate)**

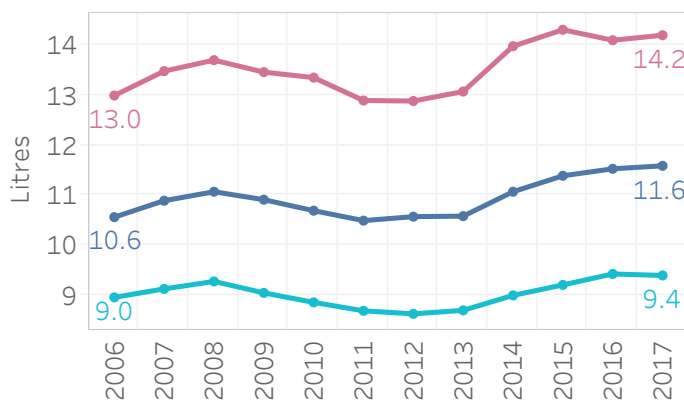


**Children and Youth in Care per 1,000 Children and Youth**



## Healthy Behaviours and Built Environment

**Alcohol Consumption (litres of absolute alcohol sold per person, 1L=58 standard drinks)**



Preference for healthy behaviours such as healthy eating, exercise, not smoking, reducing alcohol consumption, and maintaining social connections contribute to a healthier life. Many healthy behaviour indicators are available through the Canadian Community Health Survey (CCHS) but the data is not available at the LHA level. Among LHA-level available data, substance use in Alberni-Clayoquot, particularly alcohol consumption per capita, sits above the Island Health and BC level of consumption.

Among those who are employed, a lower percentage of the population in Alberni-Clayoquot reports using active modes of transportation (walking, cycling, and public transit) to get to work. See the Determinants of Health summary on pages 12 and 13 for more information.

**Employed Population Aged 15 and Over Walking, Biking or Busing to Work (%)**





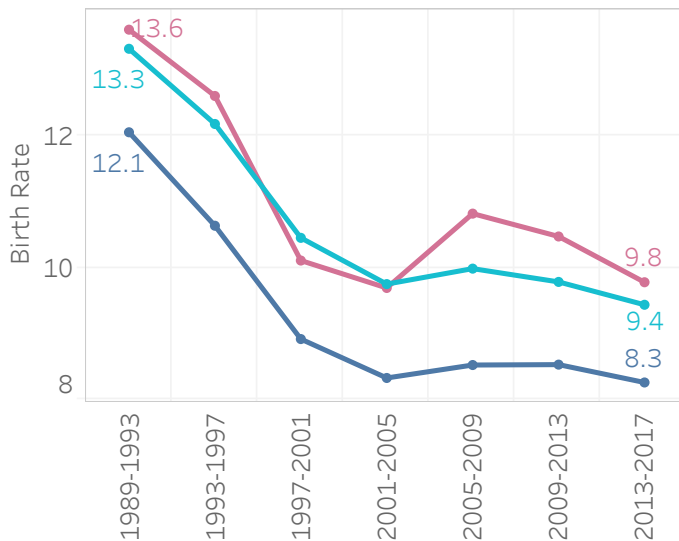
# Health Status

The health status of the population is measured with several indicators such as life expectancy, infant mortality, prevalence of chronic disease, mortality, and premature mortality.

## Birth Statistics

The overall birth rate for Alberni-Clayoquot is higher than BC and Island Health. Compared to Island Health, there are fewer births to older mothers (35 years and over) and a greater number of births to mothers under the age of 20 years (this is one of the highest rates in the Island Health region, but has seen significant improvements over recent years). The rate of pre-term births (those born at less than 37 weeks) and stillbirths are higher than Island Health and BC rates. The rate of cesarean sections and low birth-weight births sits below or between the Island Health and BC rates.

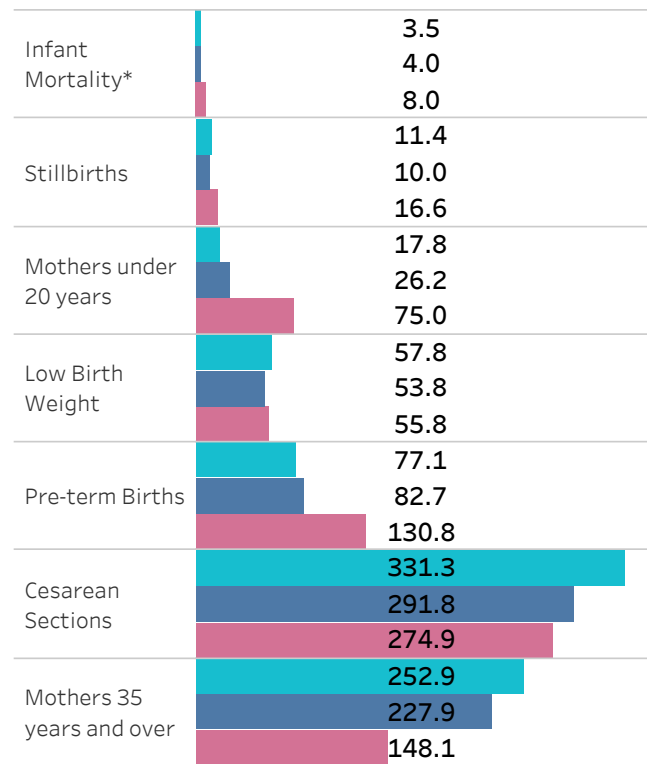
**Birth Statistics**  
Live Births per 1,000 Population  
(1989-1993 to 2013-2017)



## Mortality Statistics

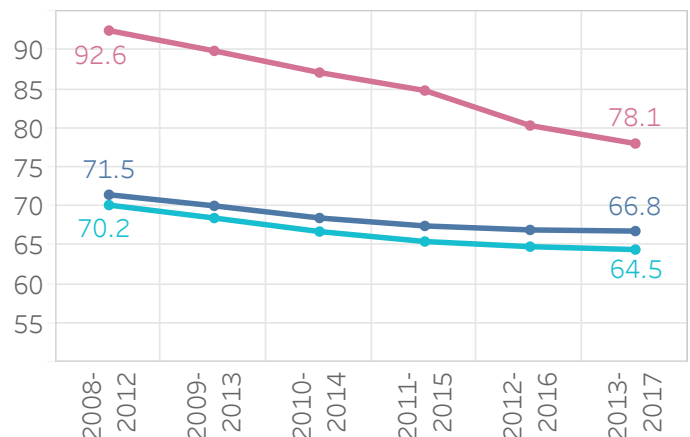
Mortality rates have decreased steadily over the last decade for all areas. The age-standardized all-cause mortality rate for Alberni-Clayoquot is higher than Island Health and BC rates.

**Birth Statistics**  
Per 1,000 Live Births (2013-2017)



\*It is important to note that caution should be exercised when dealing with a small number of cases as an increase or decrease may indicate random variation rather than a significant change in rates.

**Mortality (Age Standardized Rate per 10,000)**





# Health Status

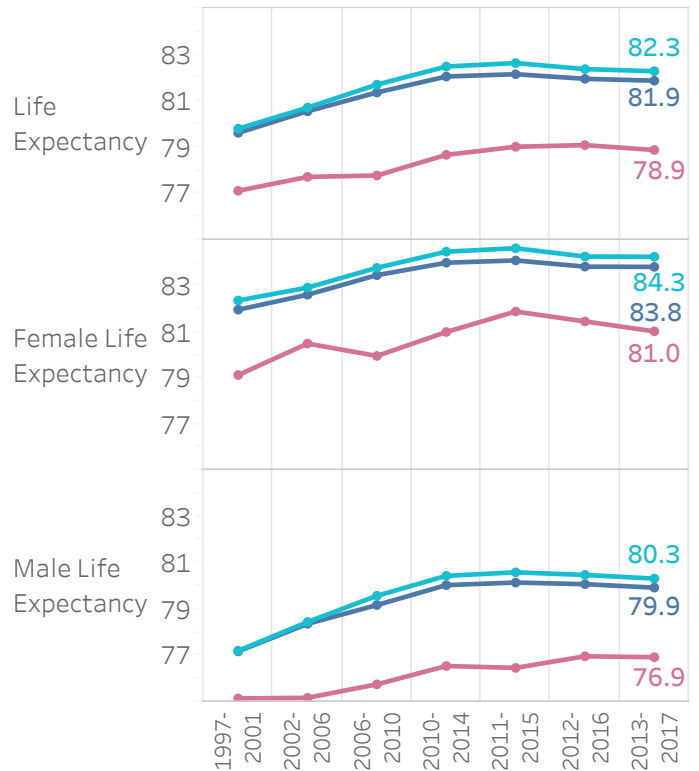
Potential years of life lost (PYLL) is a measure of premature mortality (an estimate of the average years a person would have lived if they had not died before the established life expectancy of 75 years). The PYLL for all causes in Alberni-Clayoquot, with the exception of accidental falls and motor vehicle accidents, are higher than BC and Island Health rates. A complete list of PYLL by cause can be found on page 16.

Life expectancy has been increasing over the last few decades, but has decreased in the last few years due to overdose deaths at younger ages. Alberni-Clayoquot's population has a lower life expectancy for both males and females compared to Island Health and BC overall.

## Chronic Disease

Chronic disease prevalence rates tend to be higher for Alberni-Clayoquot in comparison to Island Health and BC, with the exception of ischemic heart disease being lower than the BC rate (still higher than Island Health overall). See the Health Status summary on page 15 for more information.

Life Expectancy



Chronic Disease Age Standardized Prevalence in 2018 Per 1,000 Individuals

	BC	Island Health	Alberni - Clayoquot
Heart Failure	19.4	17.7	25.1
Alzheimer's Disease and Other Dementia	20.3	21.3	21.8
Chronic Kidney Disease	23.2	22.2	25.7
Chronic Obstructive Pulmonary Disease	51.1	52.5	63.6
Episodic Asthma	49.9	52.9	55.6
Ischemic Heart Disease	69.4	60.5	67.2
Diabetes	80.3	69.5	88.8
Osteoarthritis	84.9	91.1	104.7
Asthma	123.1	130.7	139.3
Hypertension	224.7	212.1	234.3



# Health Status

## Mental Health and Substance Use

Over recent years, many of the LHAs across Island Health have been working to address the ongoing opioid public health emergency and to discuss how to improve mental health and wellbeing. In light of this ongoing health emergency, this page highlights several measures that are directly or indirectly related to the crisis at hand.

### Mental Health Conditions

Although many chronic diseases have a higher prevalence in Alberni-Clayoquot in comparison to Island Health and BC, conditions related to mental health vary when compared to BC and Island Health rates. The notable conditions are schizophrenia and delusional disorders, where Alberni-Clayoquot prevalence is lower than BC and Island Health overall. Alberni-Clayoquot prevalence in episodic mood & anxiety disorders sits between the BC (lower) and Island Health (higher) rates, with the remaining conditions having higher rates in comparison to BC and Island Health.

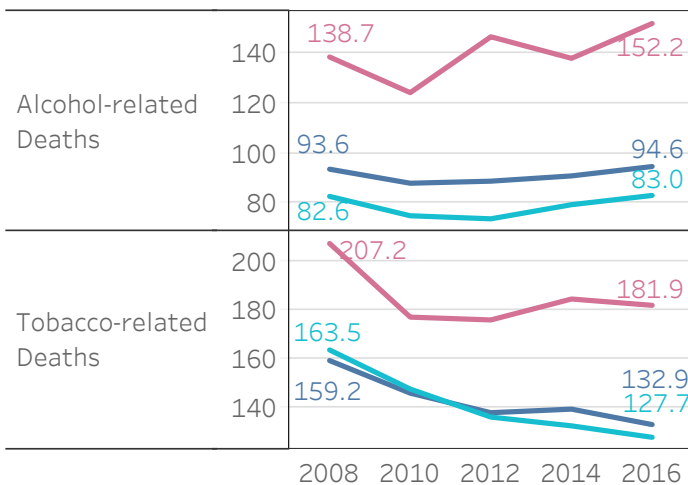
### Substance Use

Alberni-Clayoquot substance-related death rates are higher than Island Health and BC. Alcohol-related death rates have increased and tobacco-related death rates have been decreasing overall. The rate of illicit drug toxicity deaths has increased over the most recent years. The indicators directly below have combined deaths that are partially or entirely attributed to the substance being measured; for more details visit <http://aodtool.cfar.uvic.ca/aod/about.php>. Also, see hospitalization rates on page 15.

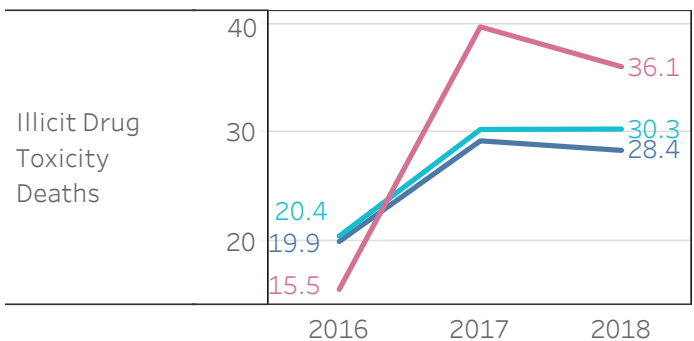
**Chronic Disease Age Standardized Prevalence Per 1,000 Individuals**

Depression	300	● 303.3
	280	● 278.3
	260	● 246.0
Episodic Depression	100	● 98.4
	90	● 85.8
	80	
	70	● 72.2
Mood & Anxiety Disorders	340	● 352.6
	320	● 342.7
	300	● 301.9
Episodic Mood & Anxiety Disorders	120	● 122.1
		● 119.7
	110	
	100	● 101.6
Schizophrenia & Delusional Disorders	11.5	● 11.6
	11.0	● 11.0
	10.5	
		● 10.2

**Substance-Related Deaths (Age Standardized Rate per 100,000)**



**Illicit Drug Toxicity Deaths (Crude Rate per 100,000)**



For the most up to date data on Illicit Drug Toxicity Deaths, visit: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>



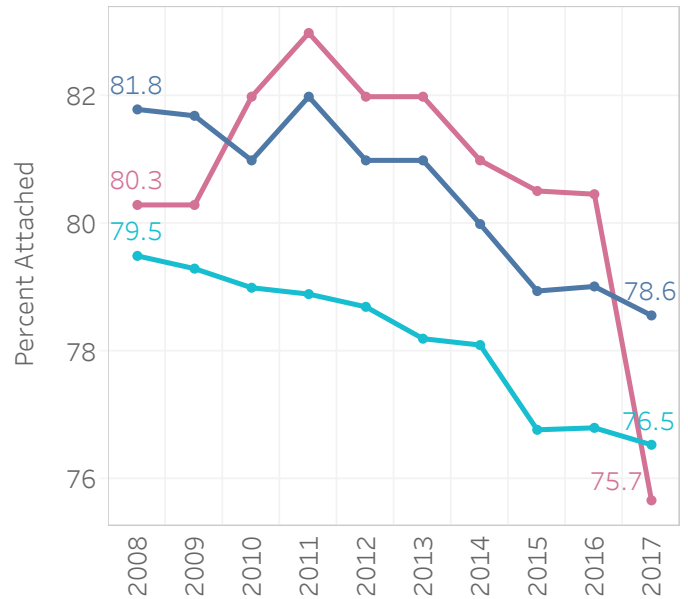


# Health Service Use

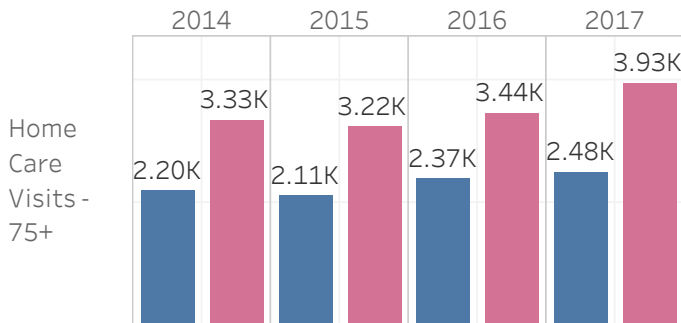
Access to primary care services plays an important role in the use of emergency department and inpatient services. The population attached to physicians at the practice level is calculated by the Ministry of Health and indicates the percentage of the population who have a regular physician or regular physician practice. Compared to Island Health overall, a lower percentage of the Alberni-Clayoquot population has a physician at the practice level.

There is a higher rate of home care and home support clients for the 75+ age group in Alberni-Clayoquot compared to Island Health. The Alberni-Clayoquot rates of home care visits are higher than Island Health's rate for the 75+ population, while the home support hours are slightly lower. See Health Service Use summary on page 17 for more information on these topics.

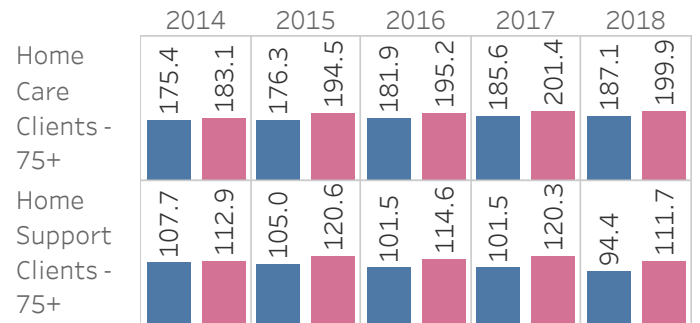
Population Attached to Physician at the Practice Level (%)



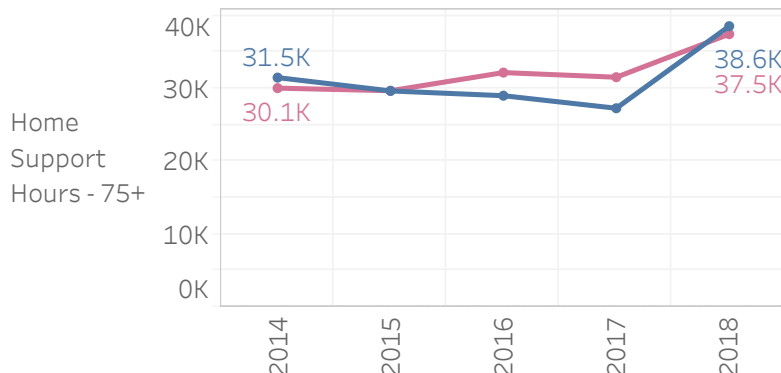
Home Care Visits  
Rate per 1,000 Population



Home Care and Home Support Clients  
Rate per 1,000 Population



Home Support Hours  
Rate per 1,000 Population





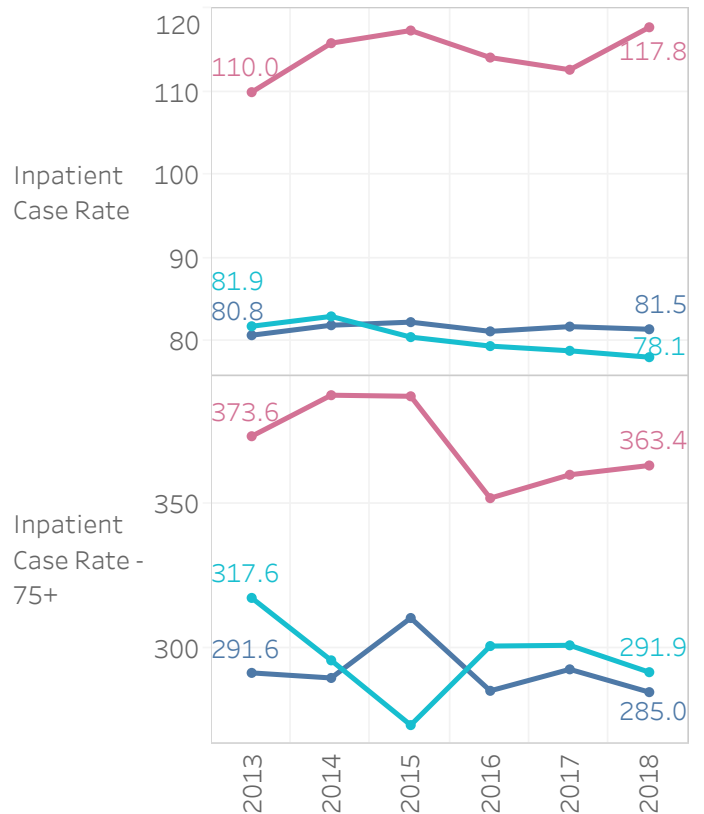
# Health Service Use

The age standardized hospitalization rate (inpatient admissions) for the Alberni-Clayoquot population is much higher than Island Health and BC, both overall and for the population aged 75 and over.

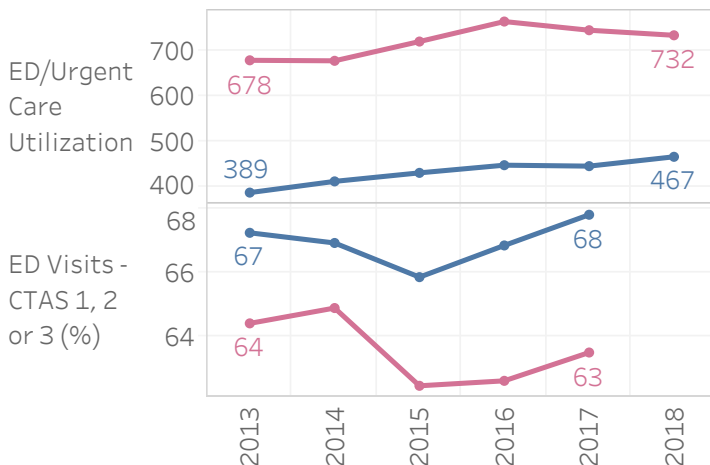
The hospital admission rate for Ambulatory Care Sensitive Conditions (ACSC) – conditions that can be treated in the community if services are available and would not necessarily require hospitalization – is similar in Alberni-Clayoquot to Island Health, while the rate have been decreasing over the last four years.

Emergency/urgent care visit rates are higher for Alberni-Clayoquot compared to Island Health and BC. However, the percentage of emergency/urgent care visits that are triaged as highly urgent is lower in Alberni-Clayoquot, compared to Island Health. Health service usage is based on where the user resides, rather than where the service is provided. See the Health Service Use summary on page 16 for more information on these topics.

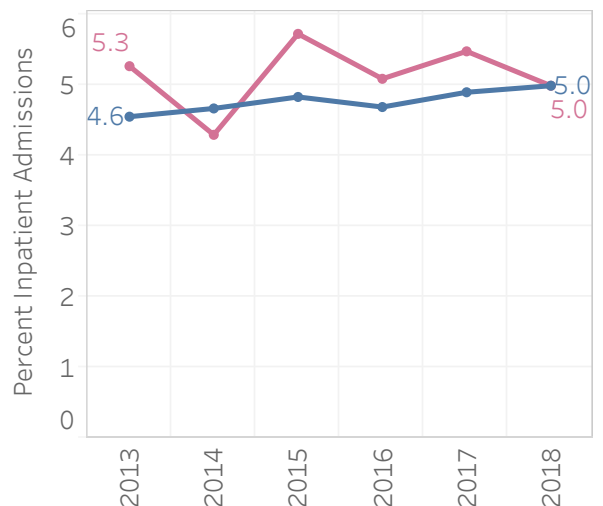
**Acute Care Inpatient Cases**  
(Age Standardized Rate per 1,000)



**Unscheduled Emergency and Urgent Care Centre Visits Rate per 1,000 Population and Percent of Higher Urgency**  
(Canadian Triage and Acuity Scale (CTAS) 1, 2 or 3)



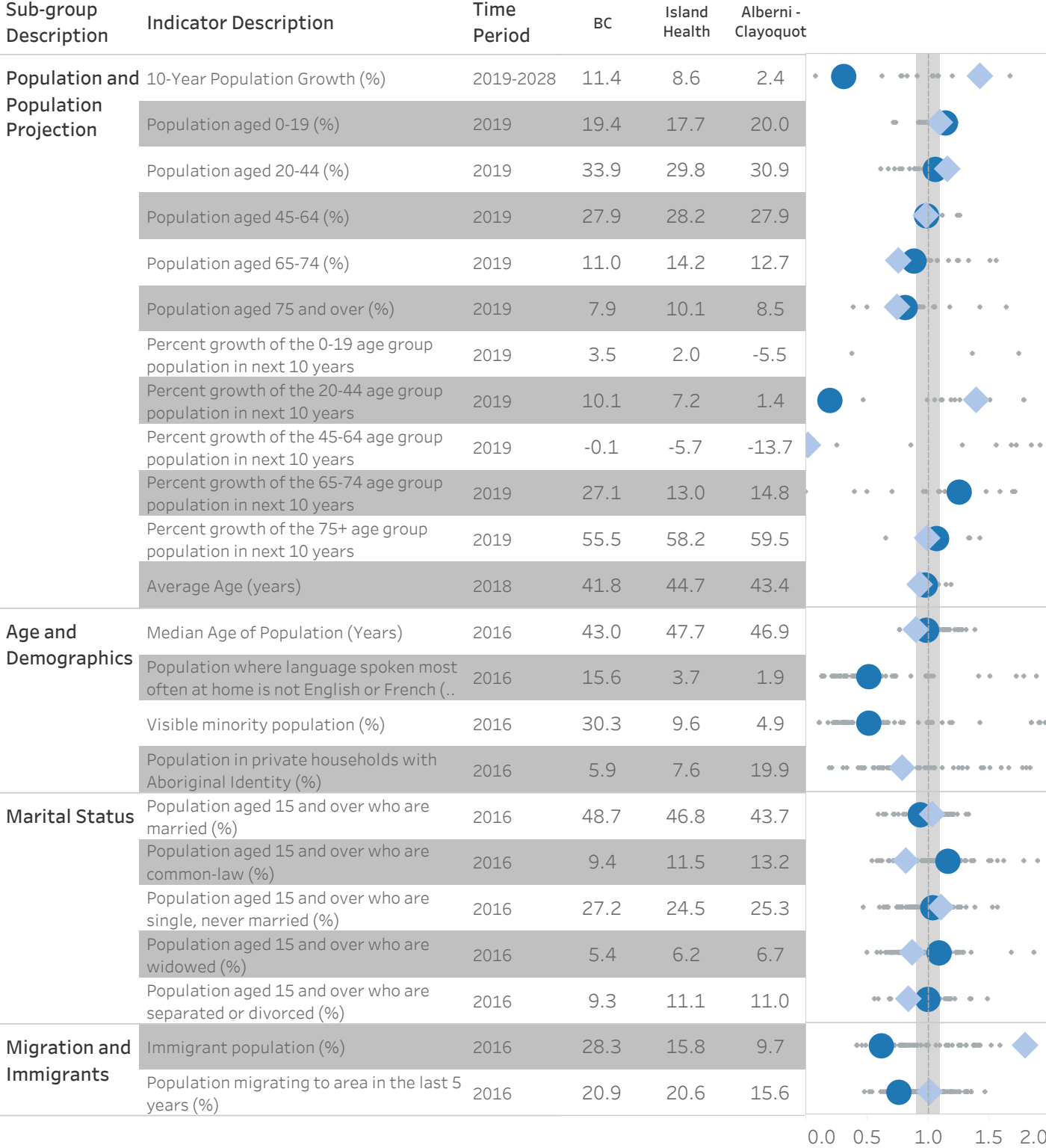
**Ambulatory Care Sensitive Conditions**  
(% of Admissions)



● LHA 
 ● LHA Better than Island Health 
 ● LHA Worse than Island Health 
 ◆ BC Rate, when available 
  Range 
 ● Other LHAs 
  Island Health Value with ±10%

The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompasses small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value. This is meant to show the relative magnitude of the LHA compared to Island Health, and in some cases extends beyond the chart display.

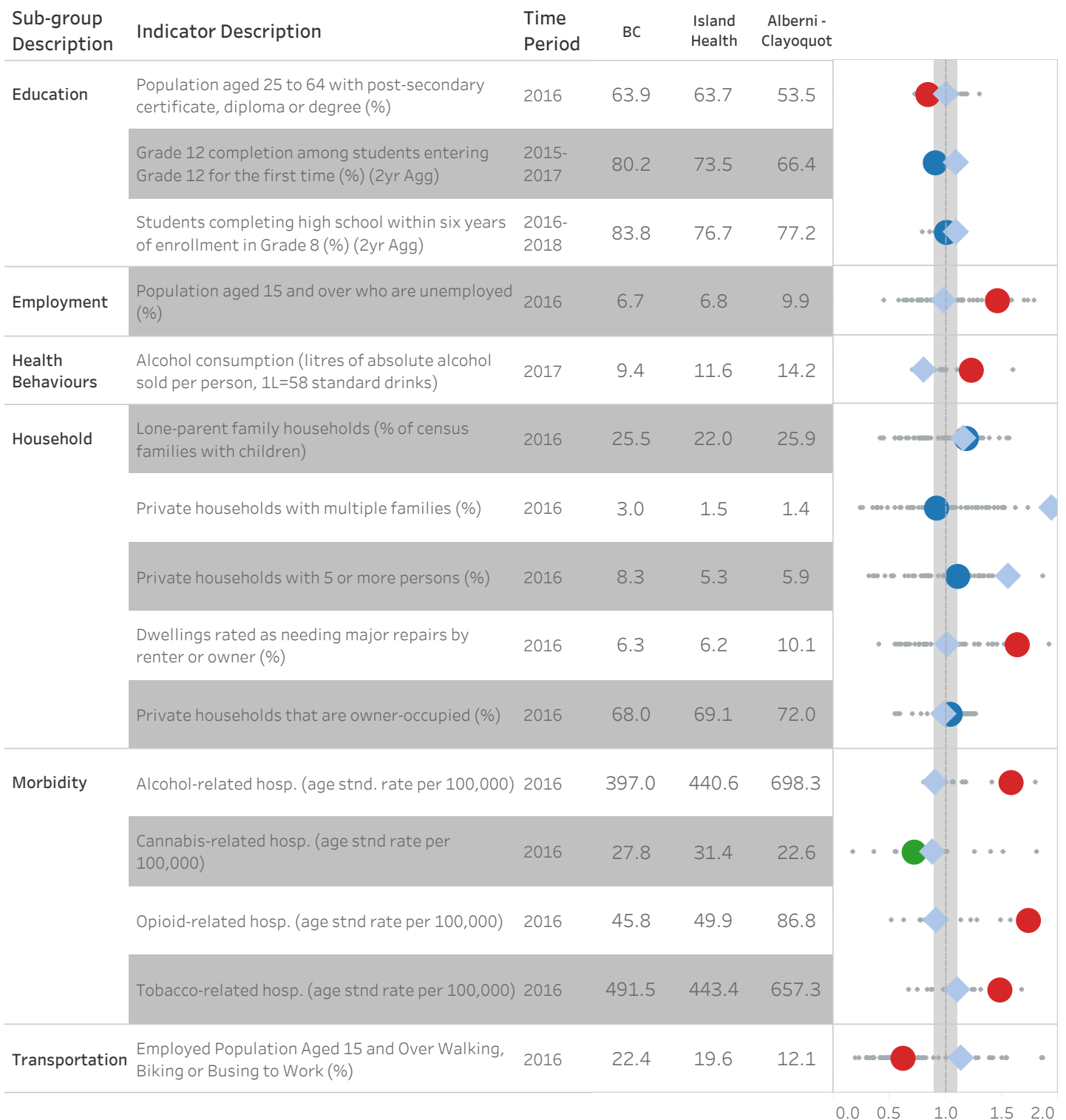
## Population and Demographics Summary



● LHA 
 ● LHA Better than Island Health 
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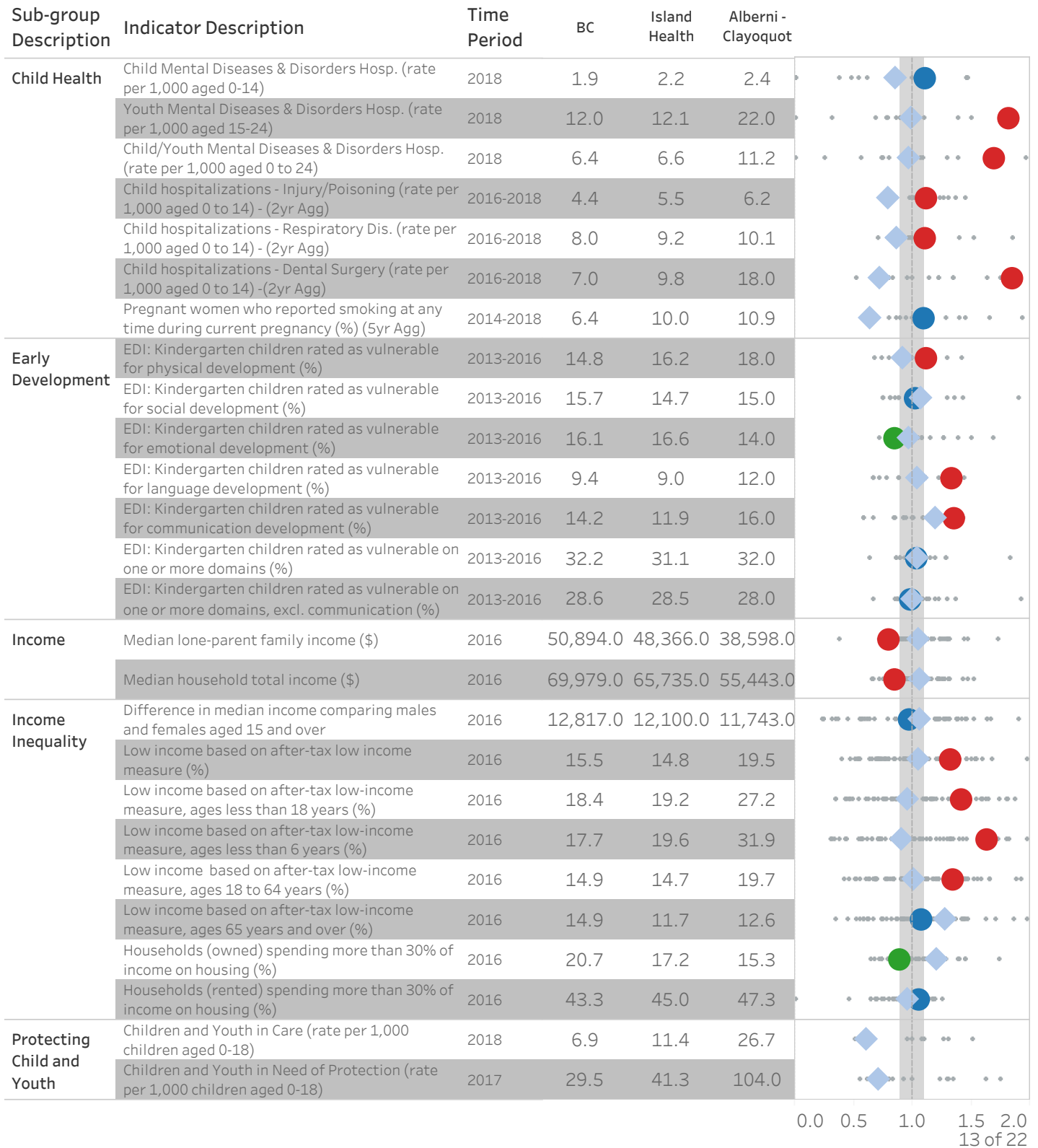
## \$ Determinants of Health Summary



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## \$ Determinants of Health Summary (Continued)



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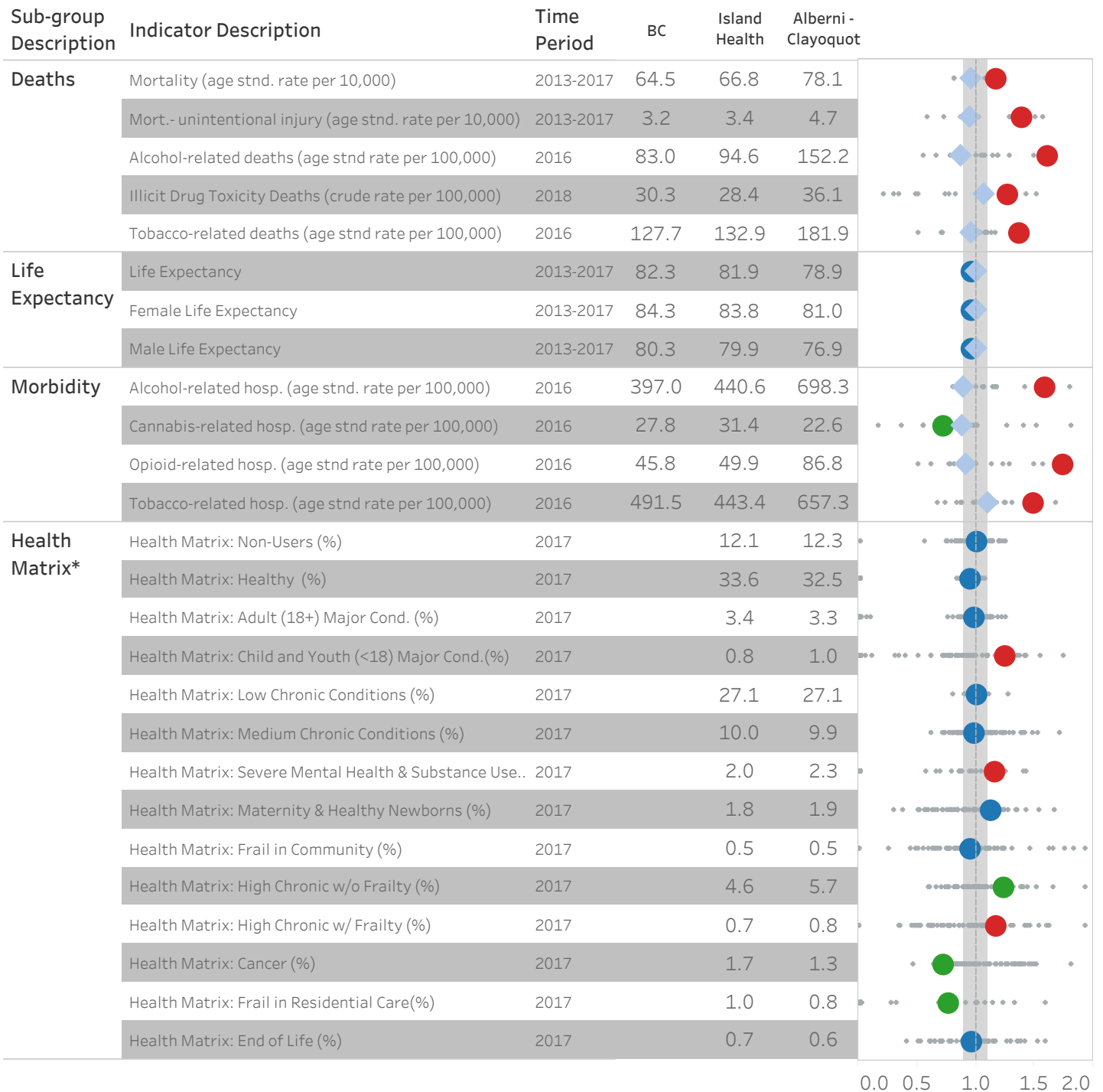
## Health Status Summary

Sub-group Description	Indicator Description	Time Period	BC	Island Health	Alberni - Clayoquot
Births	Live Birth Rate (rate per 1,000 population)	2013-2017	9.4	8.3	9.8
	Stillbirths (rate per 1,000 births)	2013-2017	11.4	10.0	16.6
	Infant Mortality - deaths of infants under 1 year of age (rate per 1,000 live births)	2013-2017	3.5	4.0	8.0
	Low Weight Births - less than 2,500 grams (rate per 1,000 live births)	2013-2017	57.8	53.8	55.8
	Cesarean Sections (rate per 1,000 live births)	2013-2017	331.3	291.8	274.9
	Pre-term Births - gestational age less than 37 weeks (rate per 1,000 live births)	2013-2017	77.1	82.7	130.8
	Mothers under 20 - live births to mothers under 20 years of age (rate per 1,000 live births)	2013-2017	17.8	26.2	75.0
	Mothers 35 and over - live births to mothers aged 35 and over (rate per 1,000 live births)	2013-2017	252.9	227.9	148.1
Morbidity	Alzheimer's Disease and Other Dementia - Prevalence (age-standardized rate per 1,000)	2018	20.3	21.3	21.8
	Asthma - Prevalence (age-standardized rate per 1,000)	2018	123.1	130.7	139.3
	Chronic Kidney Disease - Prevalence (age-standardized rate per 1,000)	2018	23.2	22.2	25.7
	Chronic Obstructive Pulmonary Disease - Prevalence (age-standardized rate per 1,000)	2018	51.1	52.5	63.6
	Mood and Anxiety Disorders - Prevalence (age-standardized rate per 1,000)	2018	301.9	342.7	352.6
	Depression - Prevalence (age-standardized rate per 1,000)	2018	246.0	278.3	303.3
	Diabetes - Prevalence (age-standardized rate per 1,000)	2018	80.3	69.5	88.8
	Heart Failure - Prevalence (age-standardized rate per 1,000)	2018	19.4	17.7	25.1
	Hypertension - Prevalence (age-standardized rate per 1,000)	2018	224.7	212.1	234.3
	Ischemic Heart Disease - Prevalence (age-standardized rate per 1,000)	2018	69.4	60.5	67.2
	Osteoarthritis - Prevalence (age-standardized rate per 1,000)	2018	84.9	91.1	104.7
	Episodic Asthma - Prevalence (age-standardized rate per 1,000)	2018	49.9	52.9	55.6
	Episodic Depression - Prevalence (age-standardized rate per 1,000)	2018	72.2	85.8	98.4
	Episodic Mood & Anxiety Disorders - Prevalence (age-standardized rate per 1,000)	2018	101.6	122.1	119.7
	Schizophrenia & Delusional Disorders - Prevalence (age-standardized rate per 1,000)	2018	11.0	11.6	10.2

● LHA 
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The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompassing small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value. This is meant to show the relative magnitude of the LHA compared to Island Health, and in some cases extends beyond the chart display. This is mea..

## Health Status Summary (Continued)



\*The Health Matrix is a way of categorizing the population into different groups based on their health service utilization patterns. These categories are mutually exclusive and add up to 100% - in other words, everyone is placed into one of the categories, going from low or no utilization to high utilization at end of life; people who may meet the criteria for more than one category would be placed into the higher utilization category - for example, someone with medium complex chronic conditions who was also living in residential care would be counted in the Frail, Living in Residential Care category. For more information on the Health Matrix, see <https://www2.gov.bc.ca/assets/gov/health/forms/5511datadictionary.pdf>

● LHA 
 ● LHA Better than Island Health 
 ● LHA Worse than Island Health 
 ◆ BC Rate, when available 
  Range 
 ● Other LHAs 
  Island Health Value with ±10%

The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompasses small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value. This is meant to show the relative magnitude of the LHA compared to Island Health, and in some cases extends beyond the chart display.

## ⦿ Potential Years of Life Lost (PYLL) from life expectancy of 75 years





● LHA 
 ● LHA Better than Island Health 
 ● LHA Worse than Island Health 
 ◆ BC Rate, when available 
  Range 
 ● Other LHAs 
  Island Health Value with ±10%

The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompasses small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value. This is meant to show the relative magnitude of the LHA compared to Island Health, and in some cases extends beyond the chart display.

## Health Service Use Summary

Sub-group Description	Indicator Description	Time Period	BC	Island Health	Alberni - Clayoquot	
Complex Continuing Care	Home Care Visits (rate per 1,000 population)	2018		475.6	794.6	
	Home Care Visits (rate per 1,000 population aged 75+)	2017		2,477.7	3,930.6	
	Long-Term Care Beds (rate per 1,000 population aged 75+)	2018		69.0	67.0	
	Home Care Clients (rate per 1,000 population)	2017		30.8	36.9	
	Home Care Clients (rate per 1,000 population aged 75+)	2018		187.1	199.9	
	Home Support Clients (rate per 1,000 population)	2017		13.5	14.7	
	Home Support Clients (rate per 1,000 population aged 75+)	2018		94.4	111.7	
	Home Support Hours (rate per 1,000 population)	2018		3,823.2	3,405.9	
	Home Support Hours (rate per 1,000 population aged 75+)	2018		38,580.8	37,485.5	
Emergency	Unscheduled Emergency Dept. or Urgent Care Centre visits (rate per 1,000 pop.)	2018		466.9	732.2	
	Emergency Visits with CTAS of 1, 2 or 3 (%)	2017		67.8	63.5	
	Unscheduled Emergency Dept. or Urgent Care Centre visits (rate per 1,000 75+ pop.)	2018		785.3	949.7	
	Emergency Visits with CTAS of 1, 2 or 3 (%) for 75+ population	2017		78.3	81.7	
Hospital Day Care	Acute Care Day Cases (age std. rate per 1,000 population)	2018	86.8	83.5	90.5	
	Acute Care Day Cases (age std. rate per 1,000 population aged 75+)	2018	223.2	197.8	186.4	
Primary Care	Population Attached to Physician at Practice Level (%)	2017	76.5	78.6	75.7	

● LHA 
 ● LHA Better than Island Health 
 ● LHA Worse than Island Health 
 ◆ BC Rate, when available 
  Range 
 ● Other LHAs 
  Island Health Value with ±10%

The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompasses small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value. This is meant to show the relative magnitude of the LHA compared to Island Health, and in some cases extends beyond the chart display.

## Health Service Use Summary (Continued)

Sub-group Description	Indicator Description	Time Period	BC	Island Health	Alberni - Clayoquot	
Hospital Day Care	Acute Care Day Cases (age std. rate per 1,000 population)	2018	86.8	83.5	90.5	
	Acute Care Day Cases (age std. rate per 1,000 population aged 75+)	2018	223.2	197.8	186.4	
Hospital Inpatient Care	Acute Care Inpatient Cases (age std. rate per 1,000 population)	2018	78.1	81.5	117.8	
	Acute Care Inpatient Cases (age std. rate per 1,000 population aged 75+)	2018	291.9	285.0	363.4	
	Alternative Level of Care Cases (age std. rate per 1,000 population)	2018	3.7	1.8	2.4	
	Alternative Level of Care Cases (age std. rate per 1,000 population 75+)	2018	33.8	18.8	25.0	
	Alternative Level of Care Days (age std. rate per 1,000 population)	2018	70.7	70.7	95.4	
	Alternative Level of Care Days (age std. rate per 1,000 population 75+)	2018	661.7	738.2	1,094.0	
	Ambulatory Care Sensitive conditions (%)	2018		5.0	5.0	
	Ambulatory Care Sensitive conditions among population aged 75+ (%)	2018		10.2	10.8	
	Medical Acute Care Utilization (case rate per 1,000 population)	2018	38.6	38.6	59.1	
	Surgical Acute Care Utilization (case rate per 1,000 population)	2018	20.6	24.0	29.6	
	Maternity Acute Care Utilization (case rate per 1,000 population)	2018	10.2	9.9	13.2	
	Psychiatry (Dementia excluded) Acute Care Utilization (case rate per 1,000 population)	2018	7.6	7.6	13.9	
	MRI Utilization - Island Health facilities only (rate per 1,000 population)	2016		32.1	29.8	

# Data Sources

## Population and Demographics

### Population and Population Projection

Average Age: BC Statistics, 2018 | Population Pyramid: BC Statistics - P.E.O.P.L.E. 2019 | Estimated Total Population - 2039: BC Statistics - P.E.O.P.L.E. 2019 | Estimated Population Change - 2039: BC Statistics - P.E.O.P.L.E. 2019 | 10 Year Population Growth (%): BC Statistics - P.E.O.P.L.E. 2019 | Population aged 0-19 (%) - BC Statistics - P.E.O.P.L.E. 2019 | Population aged 20-44 (%) - BC Statistics - P.E.O.P.L.E. 2019 | Population aged 45-64 (%) - BC Statistics - P.E.O.P.L.E. 2019 | Population aged 65-74(%) - BC Statistics - P.E.O.P.L.E. 2019 | Population aged 75 and over (%) - BC Statistics - P.E.O.P.L.E. 2019 | Percent growth of the 0-19 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2019 | Percent growth of the 20-44 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2019 | Percent growth of the 45-64 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2019 | Percent growth of the 65-74 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2019 | Percent growth of the 75+ age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2019

### Age Demographics & Marital Status

Median Age of Population - Census, 2016 | Population where language spoken most often at home is not English or French (%) - Census, 2016 | Visible minority population (%) - Census, 2016 | Population in private households with Aboriginal Identity (%) - Census, 2016 | Population aged 15 and over who are married (%) - Census, 2016 | Population aged 15 and over who are common-law (%) - Census, 2016 | Population aged 15 and over who are single, never married (%) - Census, 2016 | Population aged 15 and over who are widowed (%) - Census, 2016 | Population aged 15 and over who are separated or divorced (%) - Census, 2016

### Migration and Immigrants

Immigrant population (%): Census, 2016 | Population migrating to area in the last 5 years (%): Census, 2016

## Determinants of Health

### Education & Employment

Population aged 25 to 64 with post-secondary certificate, diploma or degree (%) - Census, 2016 | Grade 12 completion among students entering Grade 12 for the first time (%) (2yr Agg) - Ministry of Education, 2017 | Students completing high school within six years of enrollment in Grade 8 (%) (2yr Agg) - Ministry of Education, 2018 | Population aged 15 and over who are unemployed (%): Census, 2016

### Health Behaviours

Alcohol consumption (litres of absolute alcohol sold per person, 1L=58 standard drinks)- AOD: CISUR, 2017

### Household

Dwellings rated as needing major repairs by renter or owner (%) - Census, 2016 | Lone-parent family households (% of census families with children) - Census, 2016 | Private households that are owner-occupied (%) - Census, 2016 | Private households with 5 or more persons (%) - Census, 2016 | Private households with multiple families (%) - Census, 2016 | Households (owned) spending more than 30% of income on housing (%) - Census, 2016 | Households (rented) spending more than 30% of income on housing (%) - Census, 2016

### Income & Income Inequality

Median household total income (\$) - Census, 2016 | Median lone-parent family income (\$) - Census, 2016 | Difference in median income comparing males and females aged 15 and over - Census, 2016 | Households (owned) spending more than 30% of income on housing (%) - Census, 2016 | Households (rented) spending more than 30% of income on housing (%) - Census, 2016 | Low income based on after-tax low income measure (%) - Census, 2016 | Low income based on after-tax low-income measure, ages 18 to 64 years (%) - Census, 2016 | Low income based on after-tax low-income measure, ages 65 years and over (%) - Census, 2016 | Low income based on after-tax low-income measure, ages less than 6 years (%) - Census, 2016 | Low income based on after-tax low-income measure, ages less than 18 years (%) - Census, 2016

# Data Sources

## Determinants of Health

### Morbidity

Alcohol-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2016 | Cannabis-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2016 | Opioid-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2016 | Tobacco-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2016

### Transportation

Employed population aged 15 and over walking, biking or using to work (%) - Census, 2016

### Child Health

Child hospitalizations - Dental Surgery (rate per 1,000 aged 0 to 14) -(2yr Agg): Ministry of Health Health Ideas, 2016-2018 | Child Hospitalizations - Injury/Poisoning (rate per 1,000 aged 0 to 14) - (2yr Agg): Ministry of Health Health Ideas, 2016-2018 | Child hospitalizations - Respiratory Dis. (rate per 1,000 aged 0 to 14) - (2yr Agg): Ministry of Health Health Ideas, 2016-2018 | Child Mental Diseases & Disorders Hospitalizations (Indirect Age Standardized rate per 1,000 aged 0-14): Ministry of Health Health Ideas, 2018 | Child/Youth Mental Diseases & Disorders Hospitalizations (Indirect Age Standardized rate per 1,000 aged 15-24): Ministry of Health Health Ideas, 2018

### Early Development

EDI: Kindergarten children rated as vulnerable for social development (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable for communication development (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable for emotional development (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable for language development (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable for physical development (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable on one or more domains (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable on one or more domains, excluding communication (%) - Early Development Instrument, 2016

### Protecting Children and Youth

Children and Youth in Care (rate per 1,000 children aged 0 to 18) - Ministry of Children and Family Development, 2018 | Children and Youth in Need of Protection (rate per 1,000 children aged 0 to 18) - Ministry of Children and Family Development, 2017

## Health Status

### Life Expectancy

Female Life Expectancy - BC Statistics, 2017 | Male Life Expectancy - BC Statistics, 2017 | Life Expectancy - BC Statistics, 2017

### Deaths

Mortality (age-standardized rate per 10,000) - Vital Statistics, 2017 | Mortality due to unintentional injuries (age-standardized rate per 10,000) - Vital Statistics, 2017 | Alcohol-related deaths (age-standardized rate per 100,000) - CISUR, 2016 | Tobacco-related deaths (age-standardized rate per 100,000) - CISUR, 2016 | Illicit Drug Toxicity Deaths (crude rate per 100,000) - BC Coroner's Service, 2018

### Health Matrix

Health Matrix: Healthy (%) - Blue Matrix and People, 2017 | Health Matrix: Adult (18+) Major Conditions (%) - Blue Matrix and People, 2017 | Health Matrix: Child and Youth (<18) Major Conditions (%) - Blue Matrix and People, 2017 | Health Matrix: Low Chronic Conditions (%) - Blue Matrix and People, 2017 | Health Matrix: Medium Chronic Conditions (%) - Blue Matrix and People, 2017 | Health Matrix: Severe Mental Health & Substance Use (%) - Blue Matrix and People, 2017 | Health Matrix: Maternity & Healthy Newborns (%) - Blue Matrix and People, 2017 | Health Matrix: Frail in Community (%) - Blue Matrix and People, 2017 | Health Matrix: High Chronic w/o Frailty (%) - Blue Matrix and People, 2017 | Health Matrix: High Chronic w/ Frailty (%) - Blue Matrix and People, 2017 | Health Matrix: Cancer (%) - Blue Matrix and People, 2017 | Health Matrix: Frail in Residential Care (%) - Blue Matrix and People, 2017 | Health Matrix: End of Life (%) - Blue Matrix and People, 2017

# Data Sources

## Health Status

### Births

Live Birth Rate (rate per 1,000 population) - Vital Statistics, 2017 | Stillbirths (rate per 1,000 births) - Vital Statistics, 2017 | Infant Mortality - deaths of infants under 1 year of age (rate per 1,000 live births) - Vital Statistics, 2017 | Low Weight Births - less than 2,500 grams (rate per 1,000 live births) - Vital Statistics, 2017 | Cesarean Sections (rate per 1,000 live births) - Vital Statistics, 2017 | Pre-term Births - gestational age less than 37 weeks (rate per 1,000 live births) - Vital Statistics, 2017 | Mothers under 20 - live births to mothers under 20 years of age (rate per 1,000 live births) - Vital Statistics, 2017 | Mothers 35 and over - live births to mothers aged 35 and over (rate per 1,000 live births) - Vital Statistics, 2017

### Morbidity

Alzheimer's Disease and Other Dementia - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Asthma - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Chronic Kidney Disease - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Chronic Obstructive Pulmonary Disease - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Mood and Anxiety Disorders - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Depression - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Diabetes - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Heart Failure - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Hypertension - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Ischemic Heart Disease - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Osteoarthritis - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Episodic Asthma - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Episodic Depression - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Episodic Mood & Anxiety Disorders - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Schizophrenia & Delusional Disorders - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018

### Complex Continuing Care

Home Care Visits (rate per 1,000 population) - Island Health - Ideas, 2018 | Home Care Visits (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2017 | Long-Term Care Beds (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2018 | Home Care Clients (rate per 1,000 population) - Island Health - Ideas, 2017 | Home Care Clients (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2018 | Home Support Clients (rate per 1,000 population) - Island Health - Ideas, 2017 | Home Support Clients (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2018 | Home Support Hours (rate per 1,000 population) - Island Health - Ideas, 2018 | Home Support Hours (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2018

### Emergency

Unscheduled Emergency Department or Urgent Care Centre visits (rate per 1,000 population) - Island Health - Ideas, 2018 | Emergency Visits with CTAS of 1, 2 or 3 (%) - Island Health - Ideas, 2017 | Unscheduled Emergency Department or Urgent Care Centre visits for 75+ (rate per 1,000 75+ population) - Island Health - Ideas, 2018 | Emergency Visits with CTAS of 1, 2 or 3 (%) for 75+ population - Island Health - Ideas, 2017

### Hospital Day Care

Acute Care Day Cases (age-standardized rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Acute Care Day Cases (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Health Ideas, 2018

### Primary Care

Population attached to physician at the practice level (%) - Ministry of Health, 2017

# Data Sources

## Health Status

### Potential Years of Life Lost

Accidental Falls - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | All Cause Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Arteries, arterioles and capillaries - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Cerebrovascular diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Chronic lower respiratory diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Circulatory system - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Diabetes - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Diseases of the digestive system - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Diseases of the respiratory system - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Endocrine, nutritional and metabolic diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Influenza and pneumonia - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Ischemic heart diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Lung/tracheal Cancer - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Malignant neoplasms - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Motor vehicle accidents - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Suicide - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017

### Hospital Inpatient Care

Acute Care Inpatient Cases (age-standardized rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Acute Care Inpatient Cases (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Health Ideas, 2018 | Alternative Level of Care Cases (age-standardized rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Alternative Level of Care Cases (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Health Ideas, 2018 | Alternative Level of Care Days (age-standardized rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Alternative Level of Care Days (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Health Ideas, 2018 | Ambulatory Care Sensitive conditions (%) - Island Health - Ideas, 2018 | Ambulatory Care Sensitive conditions among population aged 75+ (%) - Island Health - Ideas, 2018 | Medical Acute Care Utilization (case rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Surgical Acute Care Utilization (case rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Maternity Acute Care Utilization (case rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Psychiatry (Dementia excluded) Acute Care Utilization (case rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | MRI Utilization - Island Health facilities only (rate per 1,000 population) - Island Health, 2016