

# Healthy Northern Communities 2011

*Upper Skeena  
Local Health Area  
(LHA 053)*

Revised  
August 6, 2011



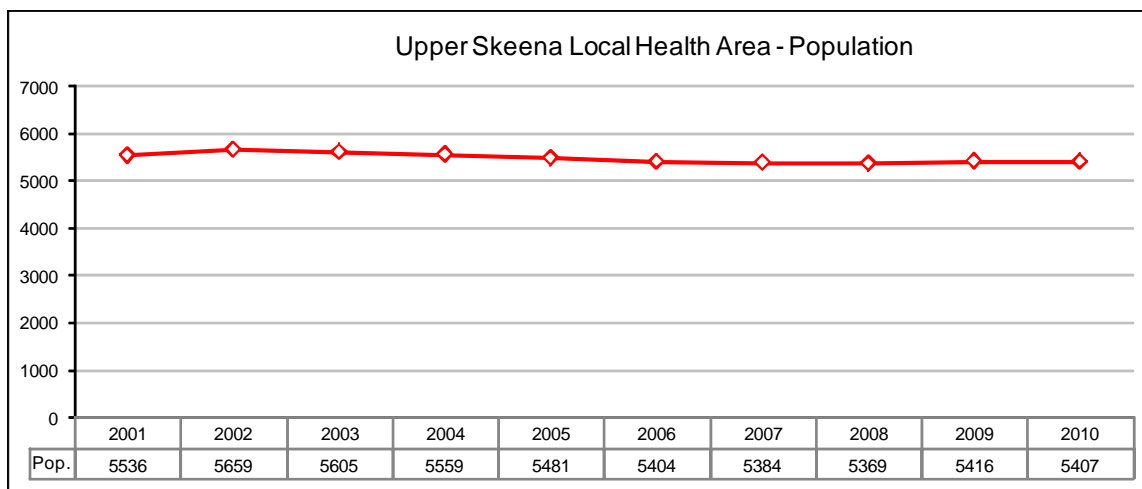
**northern health**  
*the northern way of caring*

## Upper Skeena Local Health Area

The Upper Skeena Local Health Area (LHA 053) is located in Northwest BC. It covers just over 4,800 square kilometers and is home to approximately 5,407 people.<sup>1, 2</sup>

The Upper Skeena LHA is situated within the Kitimat-Stikine Regional District, and also within the Northwest Health Service Delivery Area of Northern Health. This area is also served by School District No. 54 (Smithers).

Located in the Upper Skeena are the Village of Hazelton and the District Municipality of New Hazelton. Consequently, the Upper Skeena LHA is often referred to generally, but somewhat incorrectly, as the Hazeltons. There are several First Nations in the Upper Skeena. Gitxsan communities include Sik-e-Dakh / Glen Vowel, Anspayawx / Kispiox, Git'segukla and Git'anmaax. The predominantly Wet'suwet'en communities include the community of Tse-kya / Hagwilget and the communities of Moricetown / Ky'ah Wiget.<sup>3, 4</sup>



During the 2009 calendar year, there were 78 births, 23 deaths and 15 marriages attributed to Upper Skeena residents. The average life expectancy for these residents was 80.2 years. This was slightly less than the BC life expectancy of 81.4 years.<sup>5</sup>

### Community Information

Village of Hazelton <http://www.village.hazelton.bc.ca/>

District of New Hazelton <http://www.newhazelton.ca/>

Gitanmaax <http://www.gitanmaax.com/>

Sik-e-Dakh <http://www.sik-e-dakh.com/>

Gitxsan Chiefs Office <http://www.gitxsan.com/>

Moricetown <http://www.moricetown.ca/index.html>

Hagwilget Village Council <http://www.hagwilget.com/>

Kitimat Stikine Regional District: <http://www.rdks.bc.ca/>

BC Stats Fact Sheets: <http://www.bcstats.gov.bc.ca/data/dd/facsheet/facsheet.asp>

Northern BC, Community Health Information Portal <http://chip.northernhealth.ca>

## What Determines Health?

A good strong start in life, early and enriching experiences, educational opportunities and achievement, a sufficient and equitable distribution of employment and income, housing, food, interactions with the natural and human built environments, our choices towards certain risk factors and lifestyles, as well as access to high quality health services, are just a few of the many determinants of health and wellbeing. <sup>6, 7</sup>

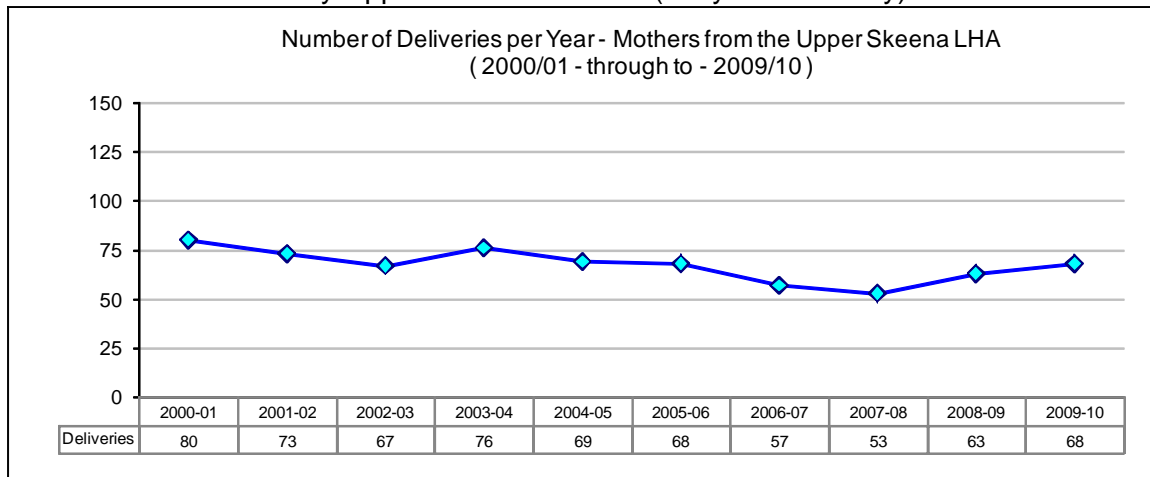
Selected Determinants of Health		
Demographics	LHA <sup>8</sup>	BC <sup>9</sup>
Percent of population who are 0 – 19 yrs old	30.4	23.2
Percent of population who are ages 65+	10.1	15.0
Percent of population who are Visible Minorities	1.0	24.5
Percent of population who are Aboriginal Identity	69.2	4.8
Income		
Percent of families earning < \$20,000 per year	27.8	8.0
Percent of families earning from \$20,000 - \$80,000 per year	59.2	53.8
Percent of families earning > \$80,000 per year	13.0	38.1
* Percent of population receiving Income Assistance > 1 yr.	3.4	1.0
Early Development and Educational Achievement		
Percent of kindergarten children vulnerable:1 or more EDI scales <sup>10</sup>	41.7	28.6
† Percent of Grade 4 & 7 students below standard on FSA - Reading	50.2	20.7
† Percent of Grade 4 & 7 students below standard on FSA - Writing	36.2	17.9
† Percent of Grade 4 & 7 students below standard on FSA - Math	54.1	23.4
† Grade 10 Provincial-exam non-completion rate - English	48.9	15.9
† Percent of 18 yr olds who did not graduate	70.3	29.0
Percent of persons ages 25 to 54: without high school completion	34.9	11.1
Percent of persons ages 25 to 64: with university degree or above	7.8	24.1
Housing		
Percent of households that are renting	28.1	30.4
Percent of tenants paying 30 % or more of income towards housing	40.4	43.4
Percent of owners paying 30 % or more of income towards housing	22.6	22.7
Children and Youth at Risk		
* Children (ages <15) receiving Income Assistance > 1 year	7.5	1.7
* Youth (ages 15 - 24) receiving Income Assistance > 1 yr	3.2	0.9
Children in care rate per 1,000 population, ages 0 – 18	19.0	9.2
Teen pregnancies per 1,000 women ages 15 – 19 (2007-2009)	70.5	26.3
Other Indicators		
Alcohol sales per capita in 2010 (Dollars Spent)	660	790
Alcohol sales per capita in 2010 (Litres Consumed)	126	107
nca = means this level of data detail or data aggregation is “not currently available.”		
EDI = the Early Development Index is an early child development assessment tool. <a href="http://www.earlylearning.ubc.ca">http://www.earlylearning.ubc.ca</a>		
LHA = Local Health Area. In this table we are referring to the Upper Skeena Local Health Area (LHA - 053).		
* Income Assistance figures may be understated as they do not include Aboriginal people who are living on reserve.		
† education measures shown are an average for the period 2007/08 - 2009/10. The LHA and BC figures were obtained from <a href="http://www.bcstats.gov.bc.ca">BC Stats Socio-economic profiles</a> . Please also see BC Ministry of Education <a href="http://www.bced.gov.bc.ca/reporting/">http://www.bced.gov.bc.ca/reporting/</a>		

## Promoting Health and Delivering High Quality Services

**A good strong start in life** is more likely if infants, children and family members are healthy. Towards this, we consider community characteristics (Determinants of Health), the number of mothers delivering infants and where these infants are being delivered.

This type of information informs services such as prenatal education, parenting skills programs, post delivery follow-ups for moms, immunizations, as well as the screening services intended to detect and address vision, hearing and dental health concerns.

### Number of deliveries by Upper Skeena mothers (ten year summary).<sup>11</sup>



### Delivery locations for Upper Skeena mothers (five year summary).<sup>12</sup>

Mother's community or Regional District area	Mother's Delivery Location: 2005/06 – 2009/10				
	Hazelton	Smithers	Terrace	Other BC Location	Total Deliveries
* Hazelton	138	68	33	13	252
Kitimat-Stikine (B)	24	6	25	2	57
<b>Total Deliveries</b>	<b>162</b>	<b>74</b>	<b>58</b>	<b>15</b>	<b>309</b>

\* Hazelton is an aggregate of New Hazelton DM, Hazelton Village and South Hazelton.

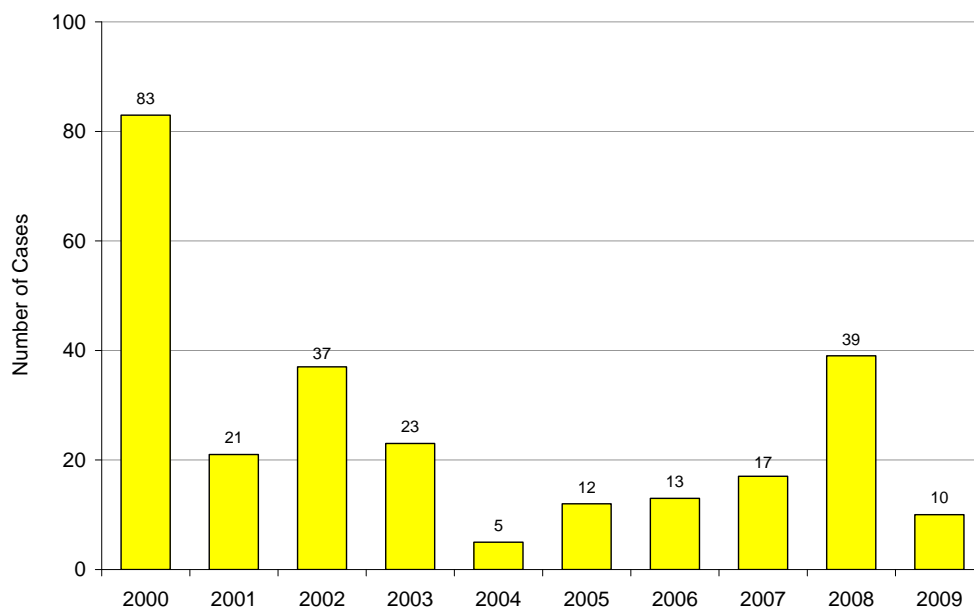
## Promoting Health and Delivering High Quality Services

**Immunizations** are some of the best health investments that we can make. Along with better sanitation and clean drinking water, immunizations have been responsible for the huge increases in life expectancy that we have seen around the world.<sup>13, 14</sup>

Because they are such a good investment and the protection they provide to individuals and communities as a whole is so important, we actively monitor whether certain target populations are fully immunized. For example, we know that the percent of 2 year old children in the Upper Skeena LHA, who are fully immunized, is 82.6 %.<sup>15</sup>

**Vaccine Preventable Diseases** are illnesses that may have been avoided if individuals and communities were sufficiently immunized. These cases are summarized below.

Vaccine Preventable Diseases (cases) in Northwest BC: 2000 - 2009



Vaccine Preventable Diseases (cases) in Northwest BC: 2000 - 2009 <sup>16</sup>											
Community	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
Dease Lake	1	0	0	1	0	0	0	1	0	0	3
Hazelton	1	0	1	8	0	0	1	3	2	1	17
Houston	3	4	14	1	2	0	0	0	2	0	26
Kitimat	4	2	1	2	1	0	0	0	0	2	12
Masset	5	3	1	1	0	0	0	1	1	0	12
Prince Rupert	17	9	8	4	0	7	5	4	2	2	58
Q. C. City	12	1	0	0	1	0	0	2	2	0	18
Smithers	4	0	9	1	1	2	4	4	25	2	52
Stewart	17	0	0	0	0	0	0	0	1	0	18
Terrace	19	2	3	5	0	3	3	2	4	3	44
<b>Total</b>	<b>83</b>	<b>21</b>	<b>37</b>	<b>23</b>	<b>5</b>	<b>12</b>	<b>13</b>	<b>17</b>	<b>39</b>	<b>10</b>	<b>260</b>

## Promoting Health and Delivering High Quality Services

**Healthy and independent** northerners is what we want to see when we look around northern BC communities. Indeed, that is a large part of what we do see. However, we know that our population is aging very quickly and that with increasing age there often comes an accumulation of chronic health conditions that inhibit independence.

Long-term home support and other services provided by northern health intend to keep people healthy and independent. During 2011, there were 530 residents of northwest BC receiving home-support services. Here is a clinical profile of these residents.<sup>17</sup>

<b>Male</b>	36 %	<b>Married</b>	25 %	<b>Aged 75+</b>	67 %
<b>Female</b>	64 %	<b>Widowed</b>	44 %	<b>Aboriginal</b>	22 %
<b>Frequently Noted Health Conditions</b>					
Hypertension	60 %	Depression	46 %	Chronic Arterial	25 %
Arthritis	60 %	Diabetes	28 %	Osteoporosis	24 %
<b>Clients with Multiple Health Conditions</b>					
≤ 3 Conditions	28 %	3 - 5 Conditions	37 %	≥5 Conditions	34 %
<b>Clients with Cognitive Impairment (Cognitive Performance Score)</b>					
No impairment	43 %	Borderline /mild	48 %	Mod- Very Severe	12 %
<b>Clients with independence difficulty in 1- 3 daily activities (IADL Difficulty Scale)</b>					
No difficulty	38 %	Some difficulty	24 %	Great difficulty	38 %

## How do we compare to the rest of Canada?

The most frequently reported chronic conditions affecting Canadian seniors overall are:

- Hypertension (47%)
- Arthritis (27%)
- Hypertension and arthritis (14%)
- Hypertension and heart disease (12%)
- Hypertension and diabetes (11%)

The amount of health care that Canadian seniors need as they age is largely driven by the number of chronic conditions that they have, not their age.<sup>18</sup>

These are just a few of the many findings contained in the report: *Seniors and the Health Care System: What is the Impact of Multiple Chronic Conditions?*

January 2011

**Seniors and the Health Care System: What is the Impact of Multiple Chronic Conditions?**

Analysis in Brief

**Introduction**

Concern about chronic condition care is growing as the prevalence of chronic conditions such as diabetes and high blood pressure increases in Canada. For many chronic conditions, prevalence increases with age, causing a disproportionate health burden on seniors—Canadians age 65 and older. Patients with chronic conditions—in particular multiple chronic conditions, also called comorbidity—typically have poorer quality of life and require considerable health care resources. Effective prevention and management of chronic conditions is required, especially in the face of Canada's large boomer generation entering the senior age category.

This study examined the reported experiences of seniors in Canada being treated for chronic conditions in primary health care (PHC) settings. The results of the study can be used to enhance our understanding of patients' use of health care services and health status, the quality of patient-provider communication, patient self-management and medication management. This report is focused on seniors because they are more likely than younger people to have chronic conditions, especially comorbidities that can be complex and difficult to manage.

**Key Findings**

Healthy seniors need less health care. The amount of health care services seniors will use is largely driven by the number of chronic conditions they have, not their age.

- In each of the age groups 65 to 74, 75 to 84, and 85 and older, seniors with three or more reported chronic conditions had nearly three times the number of health care visits than seniors with no reported chronic conditions.

**Who We Are**

Seniors and the Health Care System: What is the Impact of Multiple Chronic Conditions? is a report produced by Northern Health, a division of the Government of British Columbia. It was prepared for the Health Services Board, a joint provincial and territorial government initiative.

**Our Vision**

To have a healthy, vibrant, and active population of seniors, we need to ensure that all seniors have access to the health care services they need to live well.

**Federal Identity Program**

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## Promoting Health and Delivering High Quality Services

We employ the best available information related to community characteristics and the determinants of health, population trends, disease occurrences, health needs and health services utilization when assessing services and when planning for the future.

These tables provide a glimpse into some of the inpatient and facility activity.

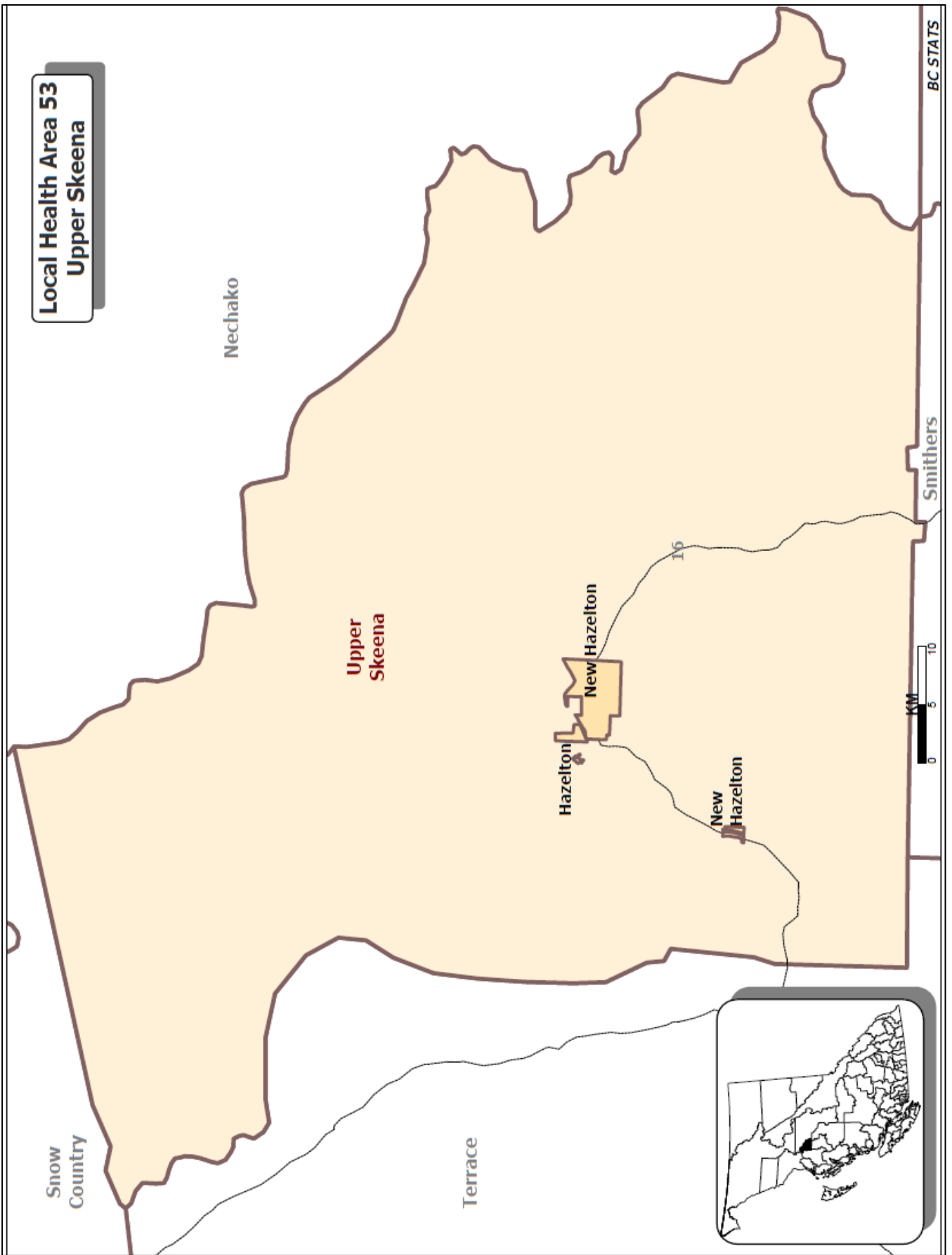
### Location: where inpatient hospital services were received.<sup>19</sup>

For Upper Skeena residents during the five year period: 2005/06 - 2009/10.							
Number of Cases and Days	Location of Care						
	Hazelton	Terrace	Smithers	Other NH	Other BC	OOP	Total
Cases	4,119	465	262	467	427	16	5,756
Days	12,091	1,757	633	3,605	4,245	87	22,418

- Cases These are inpatient cases - client was admitted to the facility.
- Days These are inpatient days - does not include days attributable to ALC.
- Other NH Care was received at a Northern Health facility other than those shown.
- Other BC Care was received at a non Northern Health facility in BC.
- OOP Care was received Out of Province – in most cases this means Alberta.
- ALC Alternate Level of Care. Clients who no longer need acute services and who are waiting to be discharged to a setting more appropriate to their needs.<sup>20</sup>

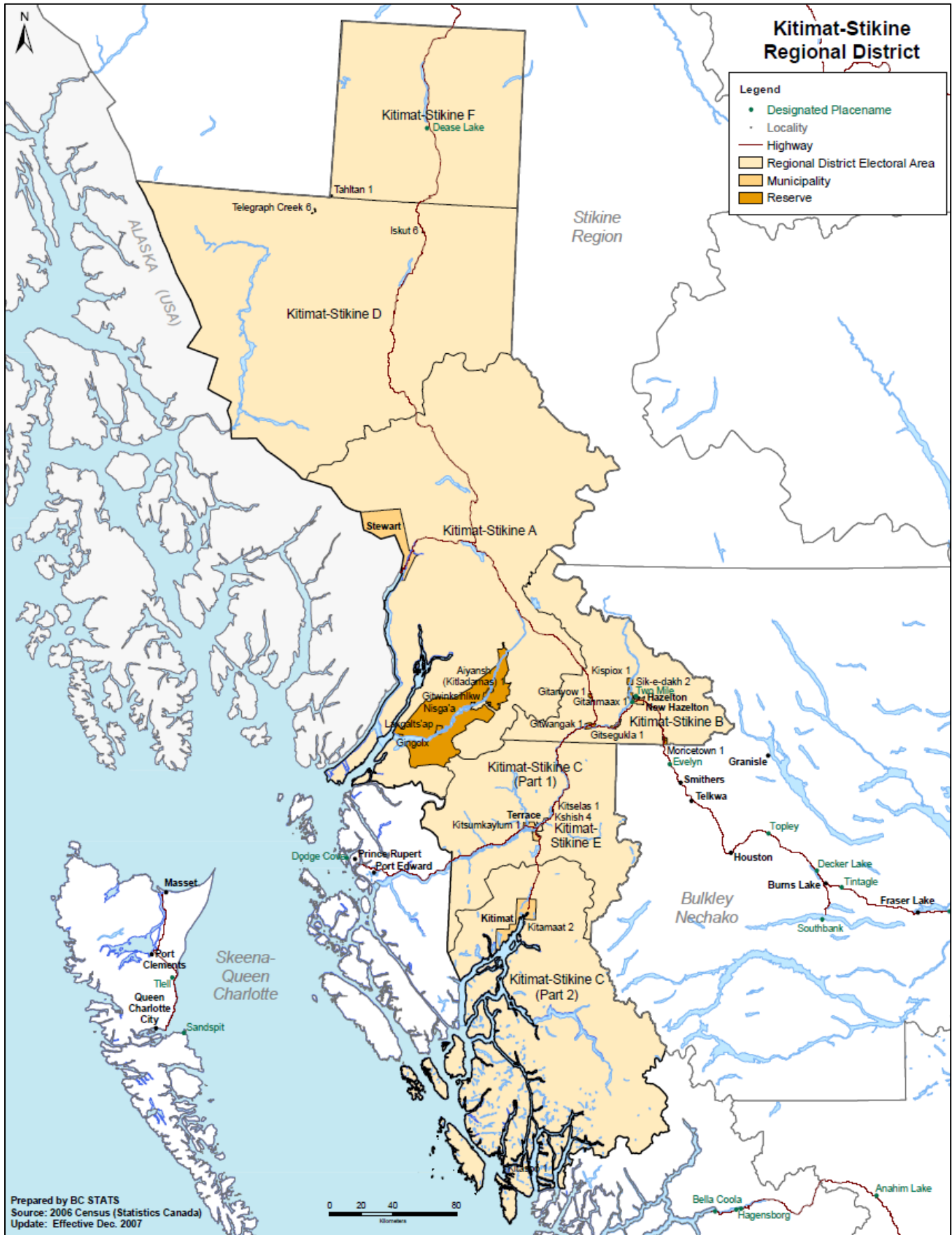
### Facility and Patient Activity (selected measures).<sup>21</sup>

No. 901 - Wrinch Memorial Hospital (Hazelton)					
Selected Measures	2006/07	2007/08	2008/09	2009/10	2010/11
Acute discharges/deaths total	1,113	1,523	768	746	696
Acute in-patient admissions total	1,100	1,513	764	729	714
Acute in-patient days (excl. ALC)	3,175	3,804	2,825	2,256	2,440
ALC days total	1,675	1,539	532	783	513
Ambulatory visits (excl. E/R).	169	252	294	332	145
Emergency visits (excl. Ambul)	4,704	7,394	8,266	7,900	7,150
In-patient surgical cases total	47	37	22	32	28
Surgical day care cases total	316	332	285	339	336
Psychiatry/addiction admissions	n/a	n/a	n/a	n/a	n/a
Psychiatry/addiction I/P days	n/a	n/a	n/a	n/a	n/a
Medical Imaging Tests	4,259	4,361	4,137	3,850	4,060
Lab Tests (excludes respiratory)	319,861	307,374	334,605	350,138	404,039



**Local Health Area 53  
Upper Skeena**





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- <sup>4</sup> BC Ministry of Aboriginal Relations & Reconciliation: First Nations by Region. <http://www.gov.bc.ca/arr/treaty/regional.html>
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