

Healthy Northern Communities 2013

Queen Charlotte
Local Health Area 050
(Haida Gwaii)

Revised March 2014



northern health
the northern way of caring

What Determines Health?

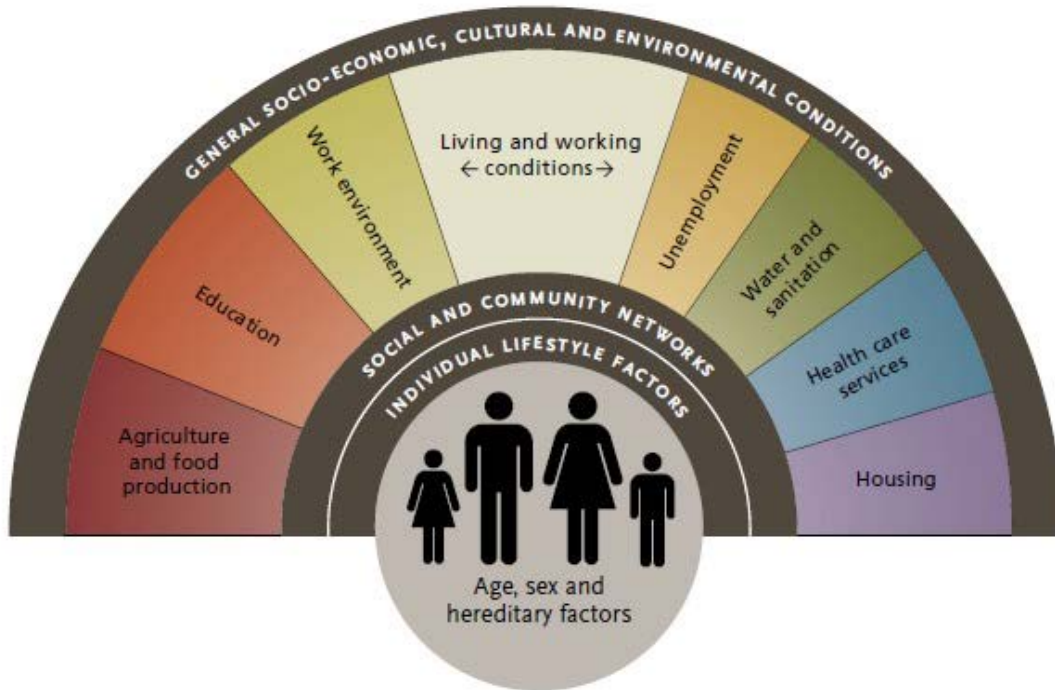


Figure: Health Council of Canada; Stepping it up to a Healthier Canada: 2010.

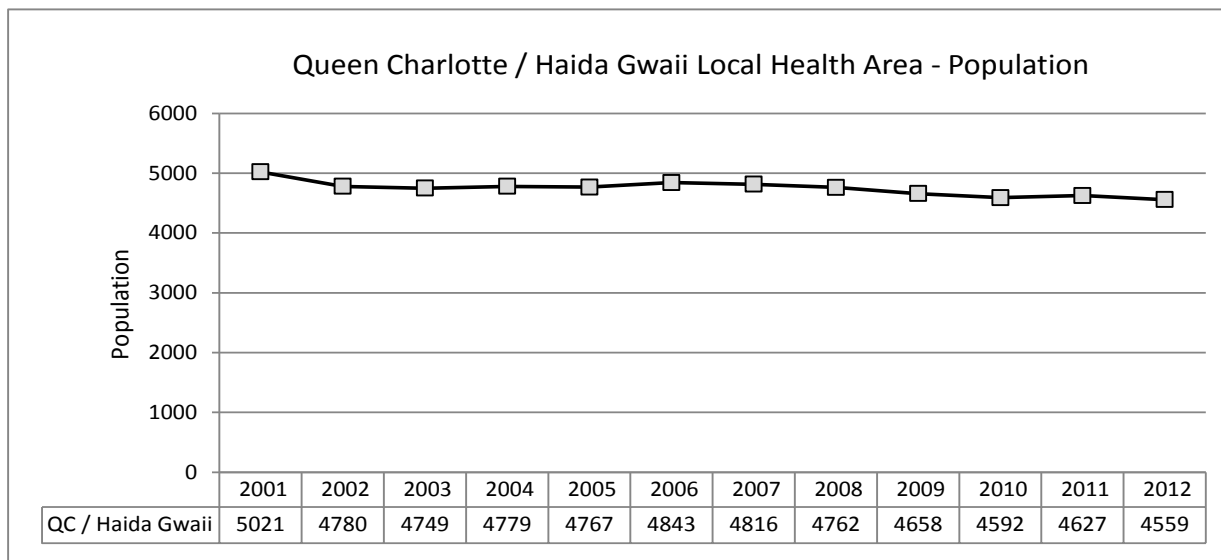
Broadly speaking: a good strong start in life; early and enriching experiences; educational opportunities; a sufficient and equitable distribution of employment, income, housing and food; water and sanitation; our interactions with the environment; our choices towards certain lifestyles and risks; our age and sex; genetics; as well as access to appropriate high quality health services are just some of the many factors that are known to influence our health.

Additional Information (the text below is hyperlinked)

- World Health Organization: Social Determinants of Health
- Public Health Agency of Canada: Best Practices Portal
- Canadian Institute for Health Information: Factors Affecting Health
- Canadian Institute for Health Information: Health System Performance
- Health Council of Canada: Stepping it Up to a Healthier Canada.
- National Collaborating Centre for Aboriginal Health: Social Determinants of Health
- Northern Health: Community Health Information Portal

The Queen Charlotte Local Health Area (LHA 050), also known as Haida Gwaii, is a series of islands located on the north coast of British Columbia. This LHA, served by School District No. 50, covers just over 10, 418 square kilometers and is home to approximately 4,559 people. ^{1, 2}

These islands are the traditional territories of the Haida peoples and were recently and formally renamed to Haida Gwaii to honor this heritage. Today, the Haida people comprise about 35 % of the total population. In fact, the Haida communities of Old Massett and Skidegate are collectively, home to over 1600 people. ^{3, 4, 5}



As shown above, the population of the Queen Charlotte LHA has been slowly decreasing over the past decade. It is projected that the population will remain stable at around 4600 persons through to 2030. During this period there will be decreases in the relative contributions of all age groups to the total population, except for the seniors (65+), who are expected to double in their numbers to approximately 1,400 persons by 2030. ⁶

Additional Information

Village of Masset <http://www.massetbc.com/>

Village of Port Clements <http://www.portclements.ca/>

Village of Queen Charlotte <http://www.queencharlotte.ca/>

Council of the Haida Nation <http://www.haidanation.ca>

Skeena Queen Charlotte Regional District: <http://www.sqcrd.bc.ca/>

Queen Charlotte Visitor Information Centre <http://www.qcinfo.ca/>

Haida Gwaii Community Futures <http://www.haidagwaiifutures.ca/>

BC Stats Community Fact Sheets <http://www.bcstats.gov.bc.ca/>

Selected Community Indicators

Demographics	LHA ⁷	BC
Percent of population who are 0 – 19 yrs old	24.8	23.2
Percent of population who are ages 65+	11.5	15.0
Percent of population who are Visible Minorities	1.9	24.8
Percent of population who are Aboriginal Identity	39.2	4.8
Income		
Percent of families earning < \$20,000 per year	10.8	8.0
Percent of families earning from \$20,000 - \$80,000 per year	65.6	53.8
Percent of families earning > \$80,000 per year	22.4	38.1
* Percent of population receiving Income Assistance > 1 yr.	1.1	1.0
Early Development and Educational Achievement		
Percent of kindergarten children vulnerable: 1 or more EDI scales ⁸	27.3	28.6
† Percent of Grade 4 & 7 students below standard on FSA - Reading	30.7	20.7
† Percent of Grade 4 & 7 students below standard on FSA - Writing	31.6	17.9
† Percent of Grade 4 & 7 students below standard on FSA - Math	39.1	23.4
† Grade 10 Provincial-exam non-completion rate - English	32.0	15.9
† Percent of 18 yr olds who did not graduate	52.7	29.0
Percent of persons ages 25 to 54: without high school completion	27.3	11.1
Percent of persons ages 25 to 64: with university degree or above	15.0	24.1
Housing		
Percent of households that are renting	33.6	30.4
Percent of tenants paying 30 % or more of income towards housing	24.0	43.4
Percent of owners paying 30 % or more of income towards housing	12.1	22.7
Children and Youth at Risk		
* Children (ages <15) receiving Income Assistance > 1 year	1.2	1.7
* Youth (ages 15 - 24) receiving Income Assistance > 1 yr	n/a	0.9
Children in care rate per 1,000 population, ages 0 – 18	4.6	9.2
Teen pregnancies per 1,000 women ages 15 – 19 (2007-2009)	37.6	26.3
Other Indicators		
Alcohol sales per capita in 2010 (Dollars Spent)	1,335	790
Alcohol sales per capita in 2010 (Litres Consumed)	196	107
nca = means this level of data detail or data aggregation is "not currently available."		
* Income Assistance figures may be understated as they do not include Aboriginal people who are living on reserve.		

Sources of the above information:

BC Stats Socio-economic Profiles

<http://www.bcstats.gov.bc.ca/StatisticsBySubject/SocialStatistics/SocioEconomicProfilesIndices.aspx>

Census 2011: Statistics Canada

<http://www12.statcan.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>

BC Ministry of Education K -12 Reporting

<http://www.bced.gov.bc.ca/reporting/province.php>

Human Early Learning Partnership: Early Development Instrument

<http://earlylearning.ubc.ca/edi/>

Population Forecasts (with a focus on Seniors)

Although the percentage of seniors in northern BC is the smallest of all the health regions, this group is expected to grow quickly over the next 15 years. From 2015 to 2030, the 65+, 75+ and 85+ populations in northern BC are expected to grow by 78 %, 111 % and 106 % respectively: the highest overall seniors' growth rates in BC's health authorities.⁹

Below is a forecast of what we might expect at the local health service delivery levels.

Queen Charlotte Local Health Area: Population Projection						Population Change 2015 - 2030	
Broad Age Groups	2010	2015	2020	2025	2030	number	%
<20	1,024	939	908	874	858	-81	-8.6
20-44	1,354	1,333	1,280	1,260	1,197	-136	-10.2
45-64	1,659	1,608	1,470	1,258	1,050	-558	-34.7
65+	551	728	1,006	1,253	1,474	746	102.5
Total Population	4,588	4,608	4,664	4,645	4,579	-29	-0.6
Focus on Seniors	2010	2015	2020	2025	2030	number	%
65+	551	728	1,006	1,253	1,474	746	102.5
75+	204	244	364	502	699	455	186.5
85+	53	92	107	116	189	97	105.4
90+	21	30	53	51	56	26	86.7

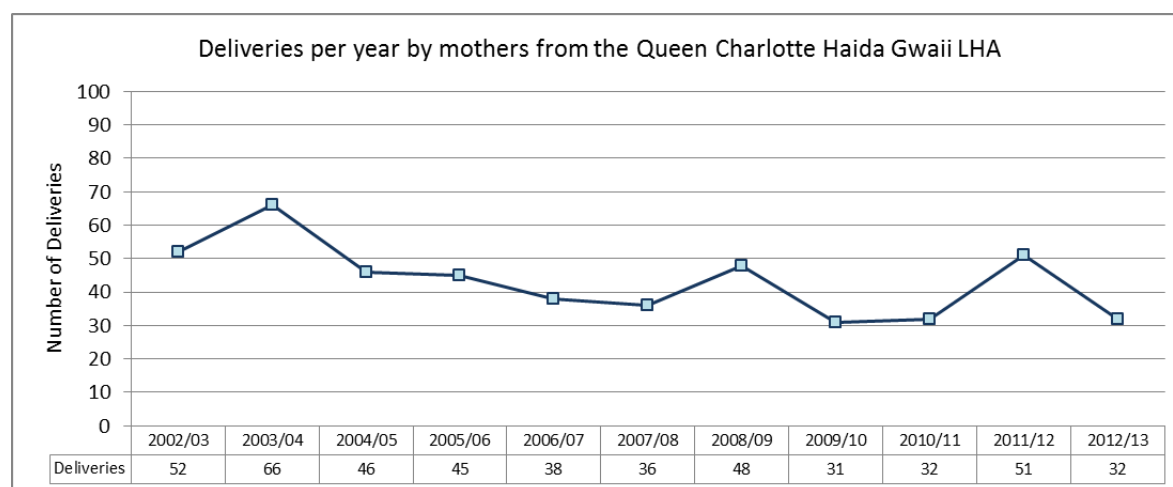
Northwest Health Service Delivery Area: Population Projection						Population Change 2015 - 2030	
Broad Age Groups	2010	2015	2020	2025	2030	number	%
<20	20,042	18,491	17,763	17,227	16,745	-1,746	-9.4
20-44	23,639	23,426	23,271	23,475	23,786	360	1.5
45-64	23,018	23,064	22,078	20,082	18,432	-4,632	-20.1
65+	8,798	11,205	14,285	17,477	19,898	8,693	77.6
Total Population	75,497	76,186	77,397	78,261	78,861	2,675	3.5
Focus on Seniors	2010	2015	2020	2025	2030	number	%
65+	8,798	11,205	14,285	17,477	19,898	8,693	77.6
75+	3,405	4,110	5,397	7,068	8,940	4,830	117.5
85+	837	1,207	1,548	1,821	2,384	1,177	97.5
90+	307	435	706	820	939	504	115.9

About these Population Forecasts: These projections incorporate the known trends in terms of births, deaths, migration, fertility, age-group (cohort) survival etc. The extra populations that "might" result from the many anticipated projects in the north are not yet explicitly considered. At best, these projections reflect a base-case of what our future population might look like if currently known trends continue into the future. For methodological reasons, these forecasts are not produced at the community level.

A Good Strong Start in Life is more likely if infants, children and all family members are as healthy as possible. In thinking about this we consider many factors including trends in the number of mothers delivering babies and the locations where the infants are delivered.

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

Deliveries per year by Queen Charlotte / Haida Gwaii Mothers ¹⁰



Delivery locations for Queen Charlotte / Haida Gwaii mothers ¹¹

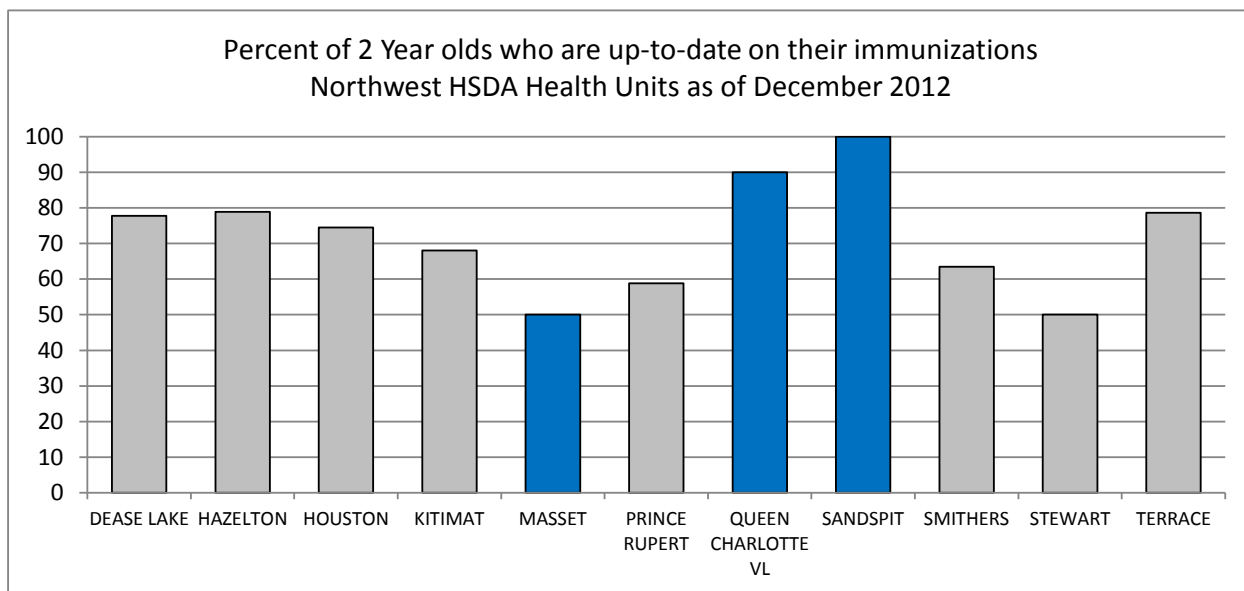
Mom's Home Community	Delivery Locations 2002/03 – 2012 /13					
	Prince Rupert	Queen Charlotte	Masset	Other NH Location	Other BC Location	Total
Masset VL	107	25	2	27	36	197
Port Clements VL	16	11	0	8	6	41
SQC-RD (D)	3	5	0	1	7	16
SQC-RD (E)	5	8	0	2	21	36
Queen Charlotte VL	30	35	0	11	27	103
Skidegate IR	50	35	0	6	16	107
Total Deliveries	211	119	2	55	113	500

Notes:

- DM = District Municipality IR = Indian Reserve T = Town VL = Village
- SQC-RD (D) refers to Skeena Queen Charlotte Regional District, Area D.
- SQC-RD (E) refers to Skeena Queen Charlotte Regional District, Area E.
- Figures shown for Masset VL include people residing on Massett No.1 IR.

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.^{12, 13}

Because immunizations 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. The graph below shows the immunization status of two year old children served by health units in the Queen Charlotte Local Health Area.¹⁴



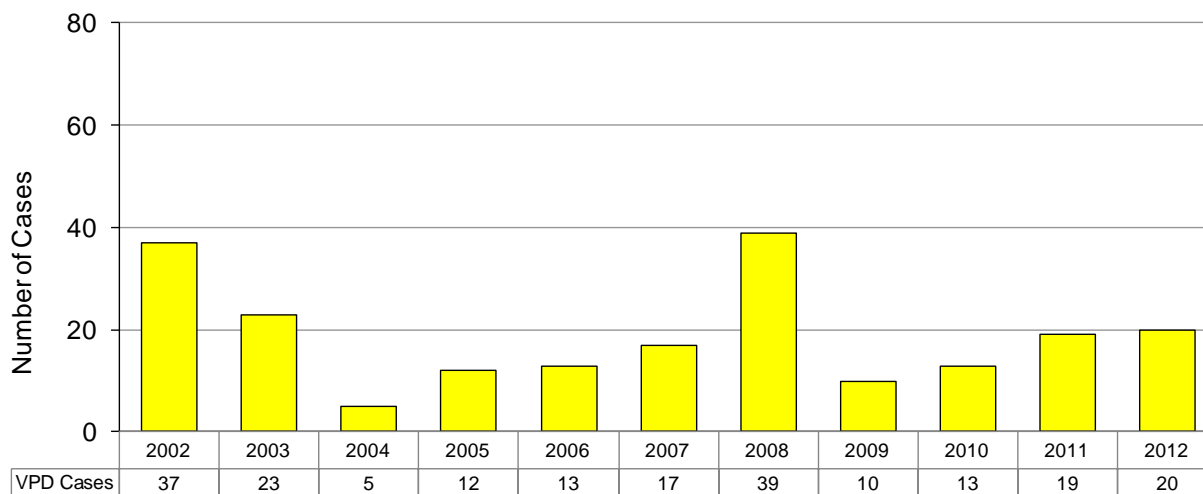
The above graph represents children who were born during the year 2010 and who were two years of age as of Dec 31st, 2012. To be considered as up-to-date for their age, two year old children must have completed the following immunizations by their second birthday:

- 4 doses of DTP vaccine
 - 3 doses of Polio vaccine
 - 3 doses of Hepatitis B vaccine
 - 1 dose each of Measles, Mumps and Rubella vaccines
 - at least 2 doses of Pneumococcal conjugate vaccine
 - at least 1 dose of Meningococcal conjugate vaccine
 - at least 1 dose of Haemophilus Influenza B vaccine after month 15
 - 1 dose of Varicella (chicken-pox) vaccine or past disease by the 2nd birthday
-
- Note: DTP = Diphtheria, Tetanus and Pertussis (whooping cough).
 - Note: Small numbers of children in some areas can greatly influence % coverage rates.

Vaccine Preventable Diseases (VPD), are illnesses that may have been avoided if individuals and communities were sufficiently immunized. Many of these diseases have lifelong impacts.

This page presents a summary of the most frequently reported Vaccine Preventable Diseases for the Northwest Health Service Delivery Area and the Queen Charlotte LHA.

Vaccine Preventable Disease Cases in Northwest BC: 2002 - 2012



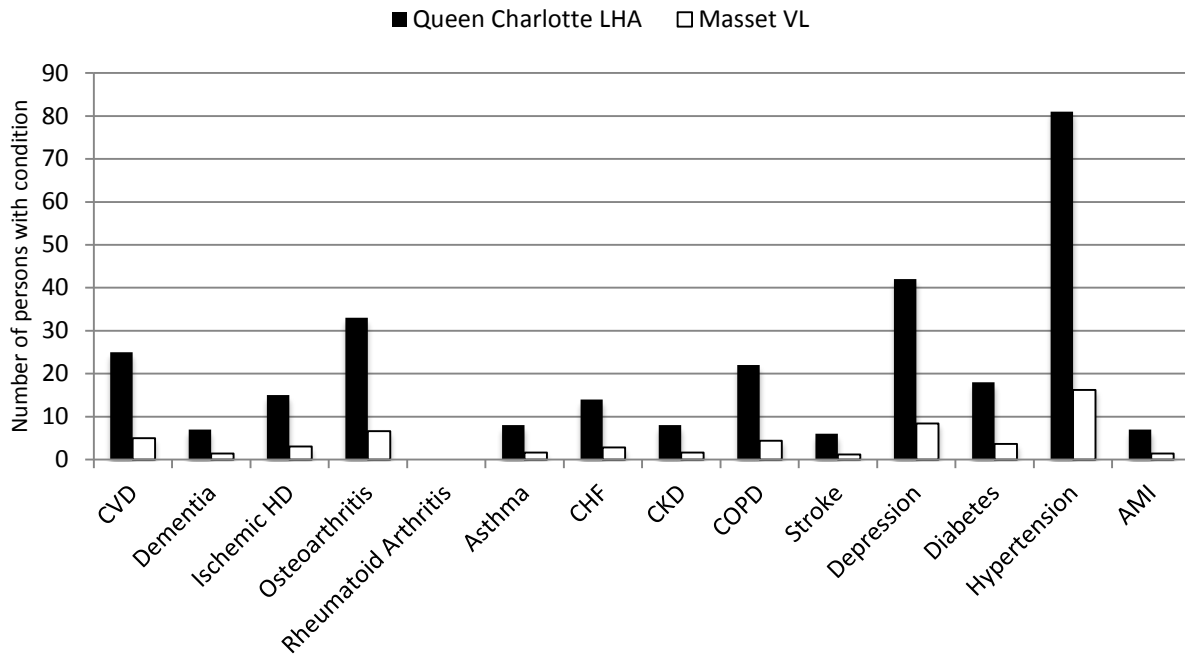
VPD in Northwest BC: Cases by Community 2002 - 2012 ¹⁵												
Community	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Total
Dease Lake	0	1	0	0	0	1	0	0	0	0	0	2
Hazelton	1	8	0	0	1	3	2	1	2	0	0	18
Houston	14	1	2	0	0	0	2	0	0	0	0	19
Kitimat	1	2	1	0	0	0	0	2	0	2	1	9
Masset	1	1	0	0	0	1	1	0	0	2	3	9
Prince Rupert	8	4	0	7	5	4	2	2	8	9	5	54
QC Village	0	0	1	0	0	2	2	0	0	0	0	5
Smithers	9	1	1	2	4	4	25	2	1	3	4	56
Stewart	0	0	0	0	0	0	1	0	0	0	0	1
Terrace	3	5	0	3	3	2	4	3	2	3	7	35
Total	37	23	5	12	13	17	39	10	13	19	20	208

From 2002 to 2012, the most frequently reported VPDs in the Northwest HSDA were:

- Hepatitis B - 75 cases
- Pertussis (whooping cough) - 68 cases
- Invasive Pneumococcal Disease - 47 cases
- Invasive Meningococcal disease – 8 cases
- Haemophilus Influenza B – 7 cases.

Chronic Diseases tend to accumulate with age and limit our independence. Our personal choices towards a handful of well-known risk factors: tobacco use; physical inactivity; poor dietary choices; obesity; inappropriate alcohol and drug use; certain sexual activities; and, excessive sun exposure can greatly determine how we age and whether we remain free from certain types of cancers and chronic illnesses. ^{16, 17, 18, 19}

Estimated numbers of new cases of selected chronic conditions Queen Charlotte LHA and Massett VL residents: 2010-2011

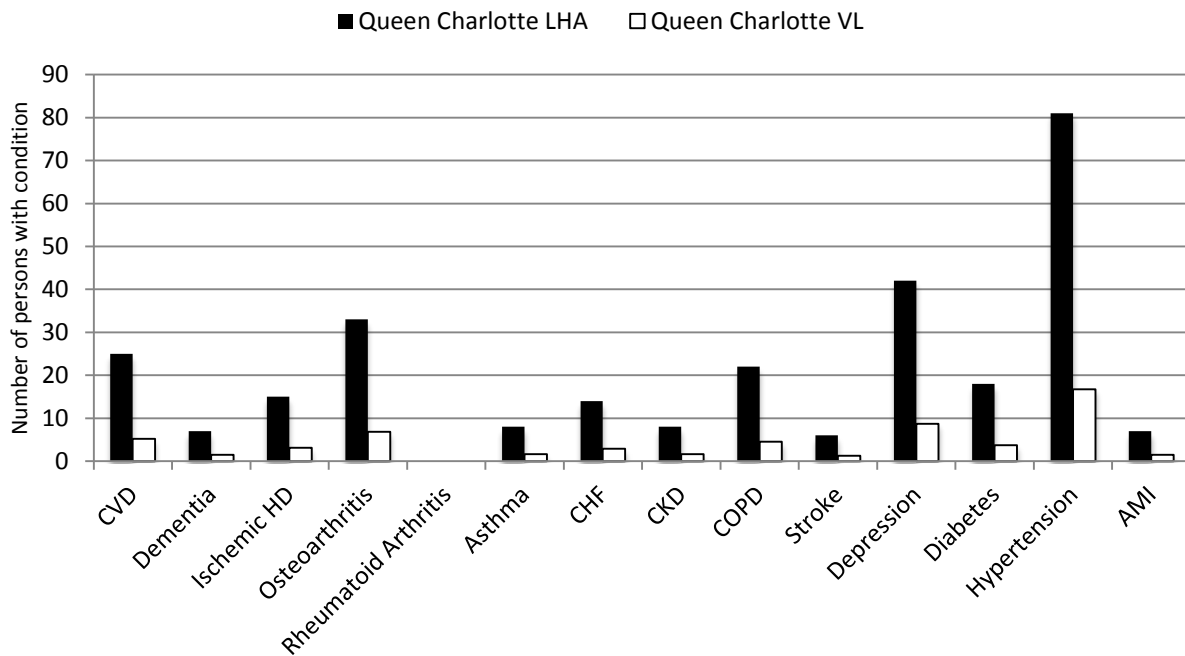


Chronic Disease Estimates for Queen Charlotte LHA and Massett VL: 2010 - 11					
Chronic Conditions	Existing or treated cases		New cases / yr		Cost per patient / year
	Massett VL	LHA	Massett VL	LHA	
Cardiovascular Disease (CVD)	47	237	5	25	\$9,525
Dementia	6	30	1	7	\$6,647
Ischemic Heart Diseases (IHD)	37	185	3	15	\$9,701
Osteoarthritis	63	313	7	33	\$5,271
Rheumatoid Arthritis	11	55	0	0	\$6,430
Asthma	42	209	2	8	\$1,171
Congestive Heart Failure (CHF)	20	101	3	14	\$12,239
Chronic Kidney Disease (CKD)	12	58	2	8	\$14,585
COPD	23	115	4	22	\$14,414
Stroke	8	39	1	6	\$8,294
Depression	136	679	8	42	\$2,599
Diabetes	74	370	4	18	\$6,534
Hypertension	134	672	16	81	\$5,098
AMI	14	70	1	7	\$13,022

Community level estimates are based upon each community's relative share of the total Local Health Area (LHA) population and reflect what "might be expected" at the community level.

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Estimated numbers of new cases of selected chronic conditions Queen Charlotte LHA and Queen Charlotte VL residents: 2010-2011



Chronic Disease Estimates for Queen Charlotte LHA and Queen Charlotte VL: 2010 - 11					
Chronic Conditions	Existing or treated cases		New cases / yr		Cost per patient / year
	Queen Charlotte VL	LHA	Queen Charlotte VL	LHA	
Cardiovascular Disease (CVD)	49	237	5	25	\$9,525
Dementia	6	30	1	7	\$6,647
Ischemic Heart Diseases (IHD)	38	185	3	15	\$9,701
Osteoarthritis	64	313	7	33	\$5,271
Rheumatoid Arthritis	11	55	0	0	\$6,430
Asthma	43	209	2	8	\$1,171
Congestive Heart Failure (CHF)	21	101	3	14	\$12,239
Chronic Kidney Disease (CKD)	12	58	2	8	\$14,585
COPD	24	115	5	22	\$14,414
Stroke	8	39	1	6	\$8,294
Depression	140	679	9	42	\$2,599
Diabetes	76	370	4	18	\$6,534
Hypertension	138	672	17	81	\$5,098
AMI	14	70	1	7	\$13,022

Community level estimates are based upon each community's relative share of the total Local Health Area (LHA) population and reflect what "might be expected" at the community level.

Healthy and independent seniors are what we want to see when we look around the communities in northern BC. The population however, is aging and with that often comes an accumulation of chronic health conditions that inhibit our independence.

Home support and other services provided by Northern Health intend to keep people healthy and independent. As of March 2013, there were 449 northwest BC residents receiving long-term home-support services. Here is an abbreviated profile of these residents.²⁰

Male	36 %	Married	23 %	Aged 75+	67 %
Female	64 %	Widowed	46 %	Aboriginal	23 %
Frequently Noted Health Conditions					
Hypertension	61 %	Diabetes	26 %	Any Psychiatric Diagnosis	24%
Arthritis	51 %	Chronic Arterial	24 %	Osteoporosis / Cataract	22%
Clients with Multiple Health Conditions					
≤ 3 Conditions	25 %	3 - 5 Conditions	35 %	≥5 Conditions	40 %
Clients with Cognitive Impairment (Cognitive Performance Score)					
No impairment	48 %	Borderline /mild	42 %	Moderate	6 %
Clients with independence difficulty in 1- 3 daily activities (IADL Difficulty Scale)					
No difficulty	33 %	Some difficulty	50 %	Great difficulty	17 %

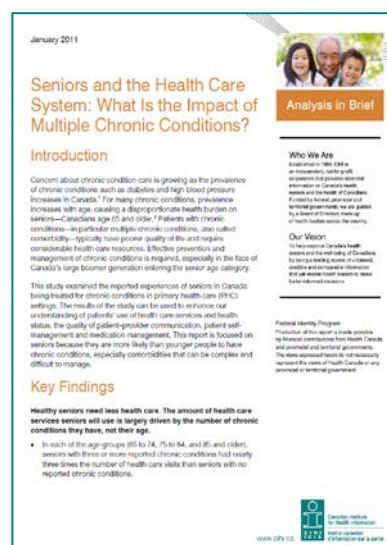
How do we compare to the rest of Canada?

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.²¹

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?*



This publication is available from the Canadian Institute for Health Information: https://secure.cihi.ca/free_products/air-chronic_disease_aib_en.pdf

Acute care (hospital) services are an important part of the health care services continuum. This page provides a 5 year snap-shot of where Queen Charlotte Island residents received hospital based care.

Location: where inpatient hospital services were received.²²

For all residents of Haida Gwaii during the five year period: 2005/06 - 2009/10.							
Number of Cases and Days	Location of Care						
	QCI Hospital	Masset Hospital	Prince Rupert	Other NH	Other BC	OOP	Total
Cases	1,236	1,037	425	251	813	8	3,770
Days	6,003	3,451	1,283	1,796	6,941	548	20,112

- 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.²³

Acute care (hospital) services are an important part of the health care services continuum. This page provides a 5 year snap-shot of the service volumes and activities at the two acute care hospitals located on the islands.

Facility Activity Summaries: ²⁴

No. 918 - Northern Haida Gwaii Hospital and Health Centre (Masset)					
Selected Measures	2008/09	2009/10	2010/11	2011/12	2012/13
Acute discharges/deaths total	1,984	1,948	2,121	213	189
Acute in-patient admissions total	2,003	1,938	2,125	211	189
Acute in-patient days (excl. ALC)	7,753	7,468	7,551	643	521
ALC days total	1,609	930	1,177	196	372
Psychiatry/addiction admissions	n/a	n/a	n/a	n/a	n/a
Ambulatory visits (excl. E/R).	11,780	8,041	10,583	892	476
Emergency visits (excl. Ambul)	24,905	27,492	23,606	2,201	2,290
In-patient surgical cases total	612	461	543	n/a	n/a
Surgical day care cases total	1,932	1,662	1,880	n/a	n/a
Lab Tests (excludes respiratory)	36,948	35,173	33,084	38,115	39,841
Medical Imaging Tests	1,703	1,475	1,717	1,567	1,610

No. 907 – Queen Charlotte Island Hospital (Queen Charlotte Village)					
Selected Measures	2008/09	2009/10	2010/11	2011/12	2012/13
Acute discharges/deaths total	282	249	263	279	239
Acute in-patient admissions total	286	249	259	281	237
Acute in-patient days (excl. ALC)	1,499	1,327	1,029	1,331	1,168
ALC days total	371	379	553	278	293
Psychiatry/addiction admissions	n/a	n/a	n/a	n/a	n/a
Ambulatory visits (excl. E/R).	1,147	1,257	1,025	954	962
Emergency visits (excl. Ambul)	3,184	3,039	2,958	2,686	2,964
In-patient surgical cases total	n/a	n/a	n/a	n/a	n/a
Surgical day care cases total	n/a	n/a	n/a	n/a	n/a
Lab Tests (excludes respiratory)	34,045	58,608	56,254	55,413	65,132
Medical Imaging Tests	1,804	1,476	1,698	1,739	2,094

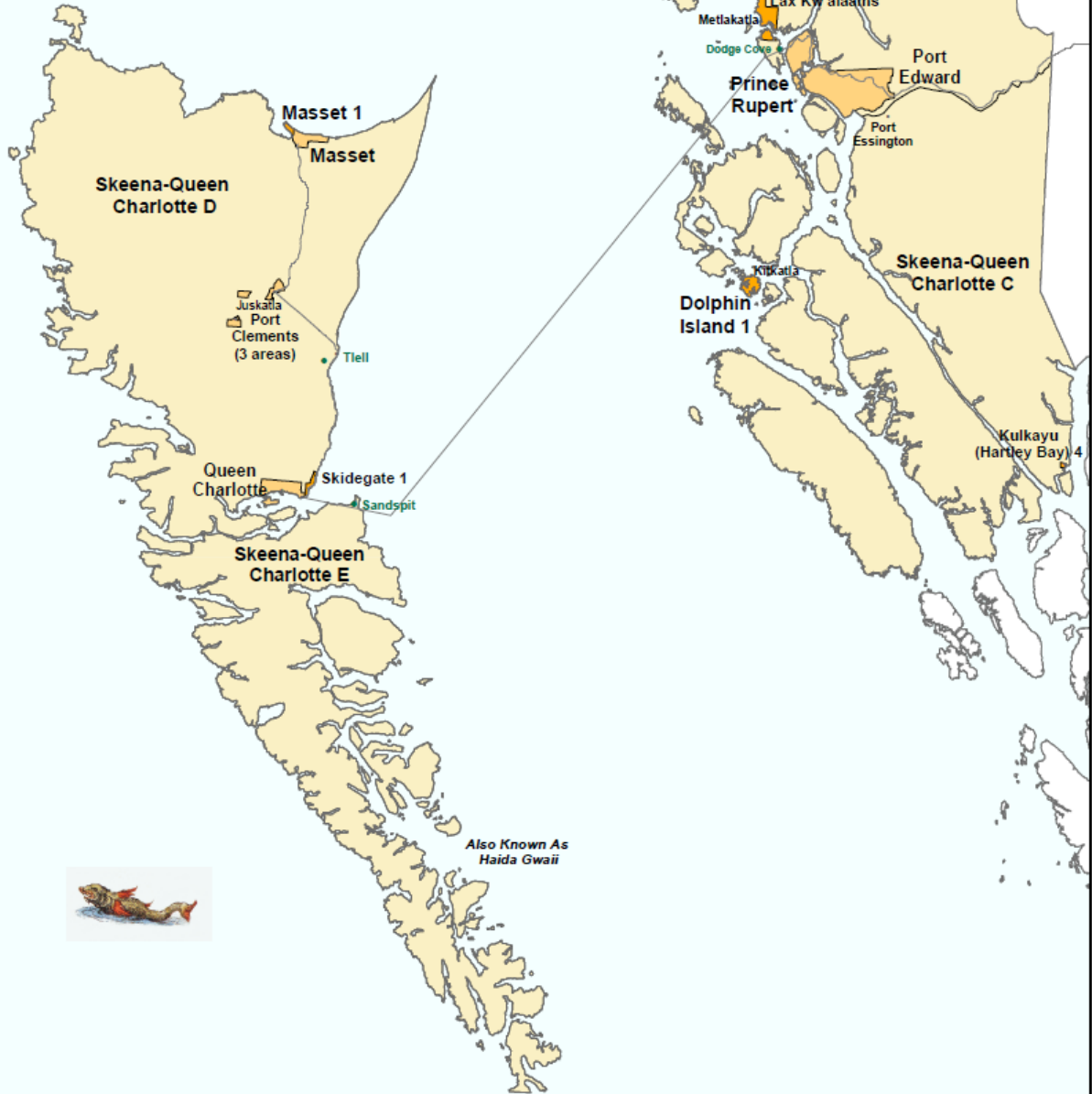
- ALC Alternate Level of Care. Clients who no longer need acute services and who are waiting to be discharged to a setting more appropriate to their needs.²⁵



Skeena-Queen Charlotte Regional District

Legend

- Designated Placename
- Locality
- Highway
- Reserve
- Municipality
- Regional District Electoral Area



Prepared by BC Stats
 Source: 2006 Census
 Statistics Canada

0 5 10 20
 Kilometers

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- ⁴ BC Ministry of Aboriginal Relations & Reconciliation: First Nations by Region. <http://www.gov.bc.ca/arr/treaty/regional.html>
- ⁵ First Nations Profiles: Registered members on own reserve. INAC, 2009. <http://pse5-esd5.ainc-inac.gc.ca/fnp/>
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- ⁹ BC Stats: Population Projections: PEOPLE 2013: Published August 2013.
- ¹⁰ Northern Health Resident Mothers that Delivered a Baby in British Columbia, by Resident Municipality: Prepared for Northern Health by Perinatal Services BC. Request 211051: April 24, 2013.
- ¹¹ Northern Health Resident Mothers that Delivered a Baby in British Columbia, by Resident Municipality: Prepared for Northern Health by Perinatal Services BC. Request 211051: April 24, 2013.
- ¹² Immunization: A Report on the Health and Wellbeing of British Columbian. BC Provincial Health Officer, 1998. <http://www.health.gov.bc.ca/pho/pdf/phoannual1998.pdf>
- ¹³ Small Area Populations Projections (P.E.O.P.L.E.): Technical Paper. BC Stats, July 2009.(mortality: page 10) <http://www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/TechnicalPapers.aspx>
- ¹⁴ 2010 Cohort (2 year olds) Date of Birth Jan 01, 2010 to Dec 30, 2010. Up-to-date for age: (2010 definition). Data extracted Jan 15, 2013: Prepared by CM for JMH / MMP: Northern Health Public Health: August 2013.
- ¹⁵ Vaccine Preventable Disease: Northern Health-Public Health Internal Files: August 2013..
- ¹⁶ Population Patterns of Chronic Health Conditions in Canada: Health Council of Canada. <http://healthcouncilcanada.ca>
- ¹⁷ The Cost of Chronic Disease in Canada: GPI Atlantic. 2004. <http://gpiatlantic.org/pdf/health/chroniccanada.pdf>
- ¹⁸ Prevention: British Columbia Cancer Agency. 2009. <http://www.bccancer.bc.ca/PPI/Prevention/default.htm>
- ¹⁹ Hospitalizations: Counts and Rates Attributable to Alcohol, Tobacco, and Illicit Drugs for BC Health Authorities. BC Centre for Addictions Research: AOD project. March 2010. <http://carbc.ca/AODMonitoring/tabid/541/Default.aspx>
- ²⁰ Inter-RAI Client Assessment Summary: Northern Health. Summary as of March 31, 2013. Data extracted July, 2013. Northern Health: Home and Community Care Services.
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- ²² Hospitalizations by patient's home community 2003/ 04 to 2012/ 13: Special Analysis by the BC Ministry of Health for Northern Health. Project No. 2010_0289. Revised and Updated: August 2013.
- ²³ Alternate Level of Care in Canada:CIHI. <https://secure.cihi.ca/estore/productSeries.htm?pc=PCC456>
- ²⁴ Northern Facility Activity Summaries from Northern Health Finance: Executive Summary Reports (ESR). Figures are P13 for previous year. Lab and Medical Imaging prepared separately: Updated September 4, 2013.
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