Capital Regional District

625 Fisgard St.,
Victoria, BC V8W 1R7

Notice of Meeting and Meeting Agenda
Hospitals and Housing Committee

Wednesday, April 26, 2017 | **1:30 PM** | **6th Floor Boardroom, 625 Fisgard St. Victoria, BC V8W 1R7**

D. Howe (Chair), M. Tait (Vice Chair), M. Alto, D. Blackwell, J. Brownoff, B. Desjardins, L. Helps, W. McIntyre, D. Screech, R. Windsor

1. Approval of Agenda

2. Adoption of Minutes

2.1. 17-342 Minutes of the March 29, 2017 Hospitals and Housing Committee Meeting

Recommendation: That the minutes of the March 29, 2017 Hospitals and Housing Committee meeting be adopted as circulated.

Attachments: Minutes

3. Chair's Remarks

4. Presentations/Delegations

4.1. 17-340 Capital Region Housing Corporation Annual Report

Attachments: Presentation: Capital Region Housing Corporation Annual Report

Appendix A: CRHC Annual Report

5. Committee Business

5.1. 17-324 Motion with Notice: Support for Pilot Project: A Regional Health Care Facility in Sooke

Recommendation: Motion with Notice - CRD Hospitals and Housing Committee
Support for Pilot Project: A Regional Health Care Facility in Sooke.

WHEREAS, about $12 billion has been spent on health sector capital projects in British Columbia since 2001; AND
WHEREAS, over the next three years, British Columbians will benefit from investments in new medical equipment and modernized health facilities as part of an approximately $2.7billion health sector capital plan; AND
WHEREAS the Union of British Columbia Municipalities has previously endorsed that the current models of healthcare delivery in the province of BC do not provide equitable local access to health care for residents in rural and small communities and that the health needs of small and rural communities are no less important than those of the larger population centres;
WHEREAS the District of Sooke Official Community Plan indicates that health and quality of life are crucial for the well-being of its residents, and support the development of a medical and health related facility; and improvements to the health services infrastructure; AND
WHEREAS Sooke is invested in continuing to provide premium health care facilities to its residents, as evident through past successes, including the West Coast Family Medical Clinic; Ayre Manor Residential and Assisted Living Care facility; and the Sooke Child, Youth, and Family Centre; AND
WHEREAS the District of Sooke population has increased 49% since 2001 and growth is expected to continue due to Sooke's affordability; AND
WHEREAS the Capital Regional Hospital District Board is the governing body fiscally responsible for the region's health care facilities and hospital equipment to which the District of Sooke contributes; AND
WHEREAS BC Health has indicated a priority to focus improve patient-centred care, including providing timely access to quality diagnostics; AND
WHEREAS quality medical diagnostics services are located outside of the District of Sooke and often require its residents to travel long distances to receive these services; AND
WHEREAS Island Health has announced the relocation of certain health care services, including diagnostic services, further away from the District of Sooke to the Royal Jubilee Hospital;
NOW THEREFORE, the District of Sooke and the Sooke Region Primary Health Care Services Working Group calls on the Capital Regional District, the Province of British Columbia, Island Health, and all levels of government to support a pilot program for a regional health care facility in Sooke.

Attachments: Motion with Notice-Support-Pilot Proj Sooke Hlth Care Fac

Supporting Documentation

5.2. 17-55 Capital Regional District Housing Action Team Membership 2017

Recommendation: That the slate of candidates for the 2017 Housing Action Team as presented in Appendix B be approved.

Attachments: Staff Report: CRD Housing Action Team Membership 2017

Appendix A: Housing Action Team Terms of Reference

Appendix B: Reg'l HousingAT-2017 Proposed Membership List

6. New Business

7. Adjournment

Next Meeting: May 24, 2017

To ensure quorum, please advise Pat Perna (pperna@crd.bc.ca) if you or your alternate CANNOT attend.

Capital Regional District

625 Fisgard St.,
Victoria, BC V8W 1R7

Meeting Minutes

Hospitals and Housing Committee

Wednesday, March 29, 2017 **9:30 AM** **6th Floor Boardroom**
625 Fisgard St.
Victoria, BC V8W 1R7

PRESENT:
Directors: D. Howe (Chair), M. Tait (Vice Chair), M. Alto, D. Blackwell, J Brownoff, L. Helps, W. McIntyre, D. Screech, R. Windsor
Staff: N. Chan, Chief Financial Officer; K. Lorette, General Manager, Planning and Protective Services; C. Culham, Senior Manager, Regional Housing; M. Barnes, Manager, Health and Capital Planning Strategies; E. Gorman, Deputy Corporate Officer; P. Perna, Committee Clerk (Recorder)

The meeting was called to order at 9:32 am.

1. Approval of Agenda

MOVED by Director Windsor, SECONDED by Director Helps
That the agenda for the March 29, 2017 Hospitals and Housing Committee meeting be approved as amended to include Item 5.3. Pilot Project: Sooke Region Health Facility and to add discussion of the minutes regarding an appointment to the advisory committee under Minutes Item 2.1.
CARRIED

2. Adoption of Minutes

2.1. 17-204 Minutes of February 22, 2017, Hospitals and Housing Committee

Staff provided clarification and the status on the motion related to the Housing Action Team membership.

MOVED by Director Helps, SECONDED by Director Windsor,
That the minutes of the February 22, 2017, Hospitals and Housing Committee be adopted as circulated.
CARRIED

3. Chair's Remarks

The Chair remarked on the following:
- the opportunity to provide a platform for social innovation in alternative financing structures and strategic partnerships to meet housing development goals for the region.
- goals of this committee as follows:
1. Identify where the greatest impacts can be made in each of our communities and act as a catalyst for innovative housing ideas and models
2. Serve as a centre of expertise on alternative financing, innovative partnerships, social enterprise, and impact investing
3. Draw on market knowledge through the industry-based advisory board

4. Presentations/Delegations

4.1. 17-266 Hospitals and Housing Committee Orientation 2017 (Revised)

M. Barnes spoke to a presentation, which outlined the scope, projects and plans, strategies, and financial position of the Capital Regional Hospital District.

Discussion ensued on designating a property as a hospital.

C. Culham spoke to the Regional Housing Division of the presentation and N. Chan spoke to the financial aspects of Hospitals and Housing.

5. Committee Business

5.1. 17-249 Motion with Notice: Structure to Create Affordable Home Ownership (Directors Helps and Howe)

L. Helps provided an overview of the Motion with Notice.

MOVED by Director Helps, SECONDED by Director Screech,
To pursue setting up a financially viable and sustainable structure to create affordable home ownership in the region. Possibly exploring a separate corporate entity through partnership equity contributions (vs wholly owned subsidiary - as per CRHC).

MOVED by Director Helps, SECONDED by Director Windsor
That the motion be amended to request that staff report back on the implications of setting up a financially viable and sustainable structure to create affordable home ownership in the region and possibly exploring a separate corporate entity through partnership equity contributions (vs wholly owned subsidiary - as per CRHC).
CARRIED

The motion as amended was called to question.

MOVED by Director Helps, SECONDED by Director Screech,
That staff report back on the implications of setting up a financially viable and sustainable structure to create affordable home ownership in the region and possibly exploring a separate corporate entity through partnership equity contributions (vs wholly owned subsidiary - as per CRHC).
CARRIED

5.2. 17-250 Motion with Notice: Affordable Home Ownership Pilot Project (Directors Helps and Howe)

Discussion ensued on the following:
- inventory of pilot projects and pilot projects
- the mandate to see what is available with the existing lands
- defining affordable housing and where the budget would come from to perform evaluations

MOVED by Director Helps, SECONDED by Director Tait,
That staff report back on the implications of exploring the possibility of an affordable home ownership pilot project.

MOVED by Director Helps, SECONDED by Director Tait,
That the main motion be amended to be included as part of the motion passed in 5.1.

The motion as amended was called to question.

MOVED by Director Helps, SECONDED by Director Tait,
That staff report back on the implications of setting up a financially viable and sustainable structure to create affordable home ownership in the region and possibly exploring a separate corporate entity through partnership equity contributions (vs wholly owned subsidiary - as per CRHC), and implications of exploring the possibility of an affordable home ownership pilot project.
CARRIED

5.3. Pilot Project: Sooke Region Health Facility

Director Tait provided information and rationale for a Sooke regional health facility.

It was clarified that this be brought forward to the next Hospitals and Housing Committee meeting as a Motion with Notice.

6. New Business - None.

7. Motion to Close the Meeting

7.1. 17-256 Motion to Close the Meeting

MOVED by Director Screech, SECONDED by Director Windsor,
That the meeting be closed in accordance with the Community Charter Part 4, Division 3, 90 (1) (e) the acquisition, disposition or expropriation of land or improvements, if the board considers that disclosure could reasonably be expected to harm the interests of the regional district.
CARRIED

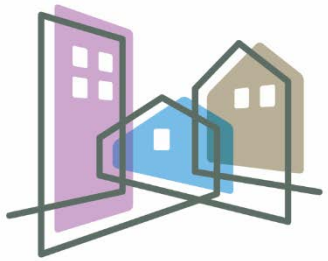
The Committee moved to the closed session at 10:52 am.
The Committee rose from the closed session at 11:05 am without report.

8. Adjournment

MOVED by Director Helps, SECONDED by Director Blackwell,
That the March 29, 2017 Hospitals and Housing Committee meeting be adjourned at 11:05 am.
CARRIED

_____
Chair

_____
Recorder



CRHC

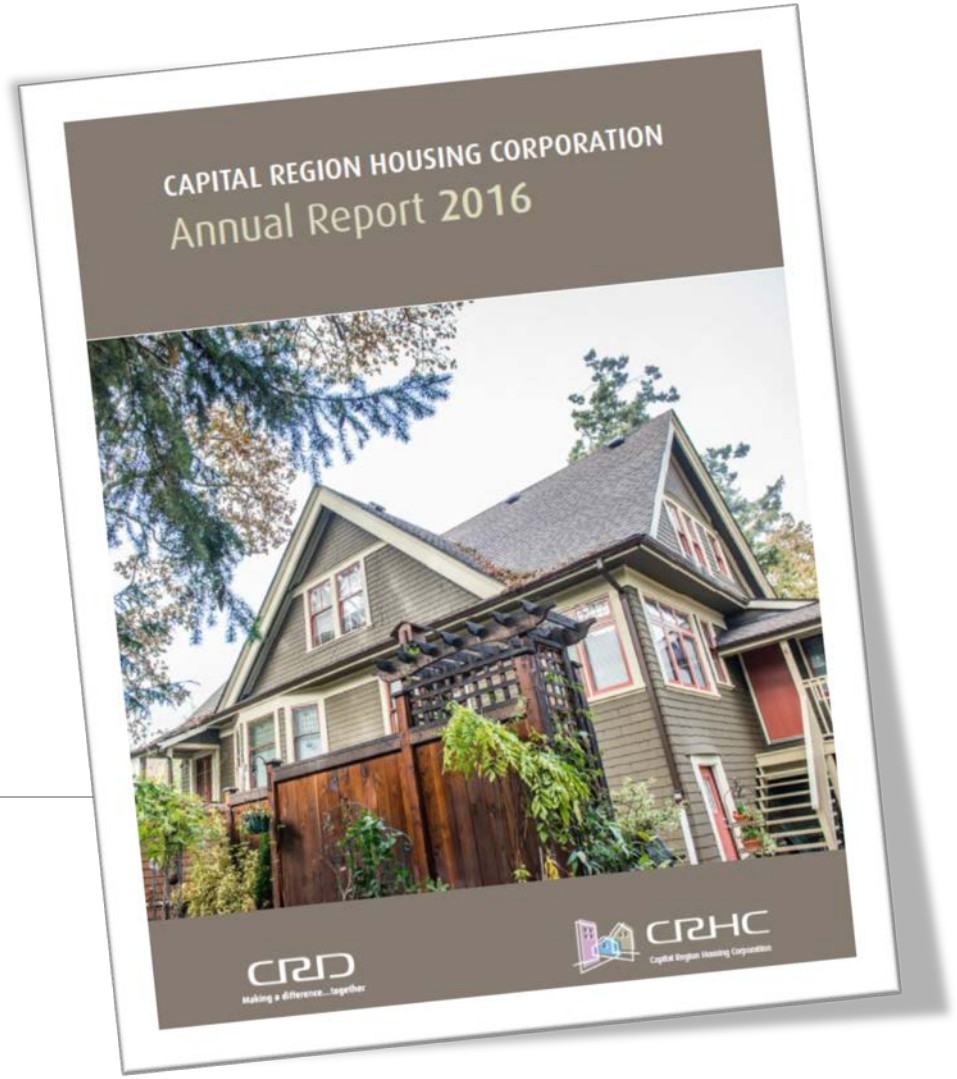
The Capital Region's Housing Corporation

CRHC ANNUAL REPORT
HOSPITALS AND HOUSING COMMITTEE

April 26, 2017

CRHC

The Capital Region's Housing Corporation



2016 Annual Report: Priorities

Priority #1	**Increase CRHC housing stock to benefit households in core housing need.**
Priority #2	**Be a good and responsible landlord to those who rent accommodation with the CRHC.**

Priority #1

Increase CRHC housing stock to benefit households in core housing need

Develop strategy to increase development capacity

- *Outcome: Long Term Financial Plan and Asset Management Strategy*

Develop priorities to address housing needs

- *Outcome: Renewal, Redevelopment and Development Strategy*

Implement strategy to increase housing for households in core housing need

- *Outcome: Increased internal staff capacity, 3816 Carey Rd. Development Project*

Priority #2

Be a good and responsible landlord to those who rent accommodation with the CRHC

Ensure the CRHC is operating efficiently and effectively

- *Outcome: Board survey, Performance management, IT Business Review, Field Services Review*

Maintain Financial Sustainability of the CRHC

- *Outcome: Increased tenant rent revenue by 4.39%, Sustained vacancy turnover at an average of 27 days*

Ensure the CRHC Housing stock is adequately maintained

- *Outcome: Capital improvements – The Heathers BER, Parry Place Kitchen, Routine Replacement*

Maximize subsidized units

- *Outcome: Maintained portfolio at 70% RGI units/30% low-end market*

Ensure Tenant satisfaction

- *Outcome: Overall Tenant Satisfaction -90% of tenants are satisfied or very satisfied, Tenant Engagement Task Force, Connections*

Questions?

CAPITAL REGION HOUSING CORPORATION

Annual Report 2016

CRD
Making a difference...together

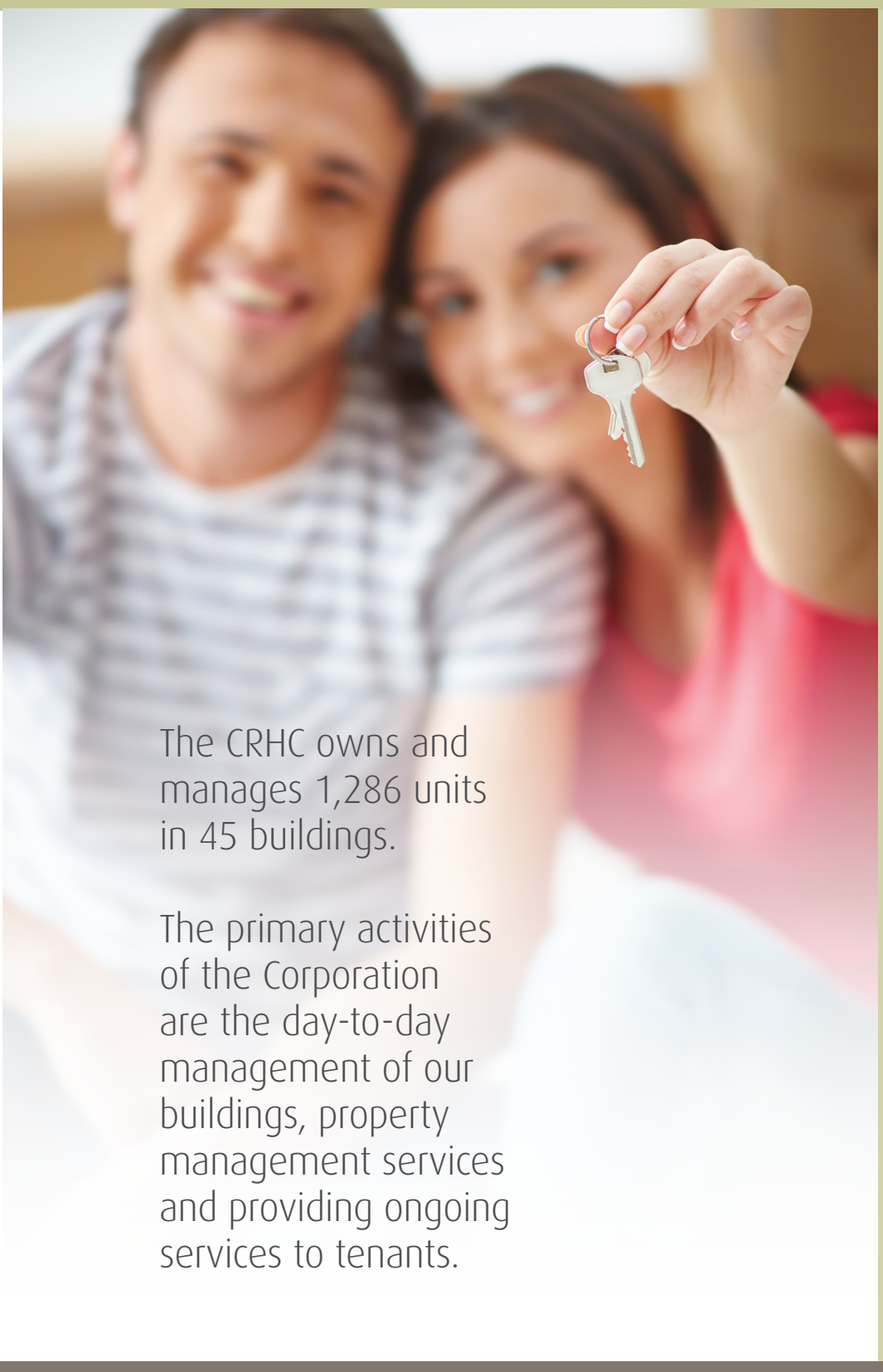
CRHC
Capital Region Housing Corporation

ANNUAL REPORT 2016

CRHC

The Capital Region's Housing Corporation

Cover photo: Firgrove



The CRHC owns and manages 1,286 units in 45 buildings.

The primary activities of the Corporation are the day-to-day management of our buildings, property management services and providing ongoing services to tenants.

MISSION STATEMENT

The CRHC's mission is to develop and manage affordable housing within the capital region for low income households.

MESSAGE FROM THE BOARD CHAIR

DAVID SCREECH
BOARD CHAIR
CAPITAL REGION HOUSING CORPORATION

The Capital Region Housing Corporation (CRHC) is a wholly-owned subsidiary of the Capital Regional District (CRD). Our mandate is to develop and manage affordable housing to meet the needs of people living within the capital region.

The CRHC Board of Directors developed the 2016–2019 Strategic Priorities to ensure that the CRHC is proactive and responsive to current and future regional affordable housing needs and expectations.

The Board has established two main goals:

1. Increase CRHC housing stock to benefit households in core housing need.
2. Be a good and responsible landlord to those who rent accommodation with the CRHC.

As the direction-setting document for the CRHC, the 2016–2019 Strategic Priorities provides a clear mandate for staff to advance action in priority areas that flows into the operating, business and financial plans, ensuring accountability for successful plan implementation.

In 2016, the Board approved a Long Term Financial and Asset Management Plan and the Portfolio Renewal, Redevelopment and Development Strategy as planning guides to support the implementation of CRHC strategic priorities.

The CRHC is looking forward to a new development at 3816 Carey Road as part of the Mount View Heights Campus of Care.

BOARD OF DIRECTORS

David Howe
Vice-President,
CRD Director, Southern Gulf Islands

Johnny Carline
Secretary-Treasurer,
Community Member

Rick Cooper
Community Member

Lisa Helps
CRD Director, City of Victoria

B. Braude
Tenant Representative,
Community Member

Colin Plant
CRD Director, District of Saanich

MESSAGE FROM THE CAO

In 2016, the CRHC staff focused on positioning the Corporation to increase housing options for individuals and families in the capital region and to increase engagement with CRHC residents.

CRHC staff undertook the Connections program funded through the UBCM Age-Friendly Community Planning and Project Grant. Staff worked to decrease barriers to CRHC seniors in accessing healthy living programs.

Building on the success of the Connections program, the Board identified tenant engagement as a continued priority for 2017.

The CRHC was successful in receiving Investment in Housing Innovation (IHI) funding through the BC Provincial Government to develop a 73-unit affordable housing building on the Mount View Heights Community of Care site. The CRD is leasing the land to the CRHC to maximize affordability.

I would like to thank the staff and Board Directors of the CRHC for their efforts in supporting the 3500 residents living in CRHC housing and for the promotion of new affordable housing for the region.

ROBERT LAPHAM
CHIEF ADMINISTRATIVE OFFICER
CAPITAL REGIONAL DISTRICT

KEVIN LORETTE
GENERAL MANAGER
PLANNING & PROTECTIVE SERVICES

CHRISTINE CULHAM
SENIOR MANAGER
CAPITAL REGION HOUSING CORPORATION

RENEWAL, REDEVELOPMENT & DEVELOPMENT STRATEGY

In 2016, the CRHC adopted both the Long Term Financial Plan and Asset Management Strategy and the CRHC Portfolio Renewal, Redevelopment and Development Strategy as planning guides to support the implementation of CRHC strategic priorities.

Long Term Financial Plan and Asset Management Strategy

The Long Term Financial Plan and Asset Management Strategy will help the CRHC Board understand its capacity to meet the needs of the capital region as identified in the 2016-2019 Strategic Plan priorities: maintain the current levels of subsidized housing, renew the aging housing stock and develop new affordable housing.

CRHC Portfolio Renewal, Redevelopment and Development Strategy

The 2016-2019 CRHC Strategic Plan identified the need for the CRHC to increase affordable housing opportunities for households in core housing need. Currently, CRHC staff have identified four potential project locations.

The CRHC Board also directed staff to complete at least one additional Building Envelope Remediation (BER) between 2016-2019.

PLANNING

STRATEGIC PRIORITY 1

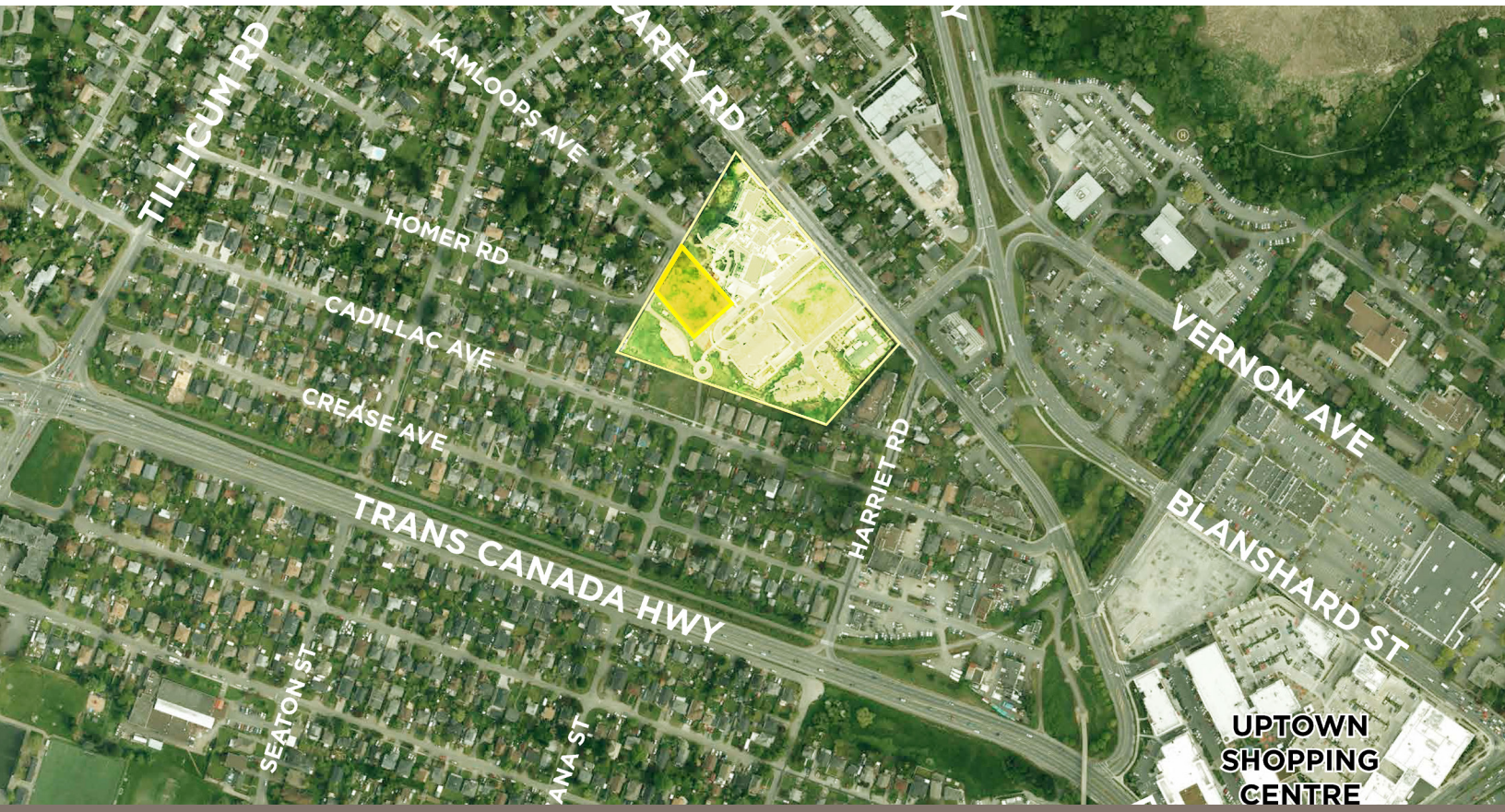
Increase CRHC housing stock to benefit households in core housing need.

3816 Carey Road Development

In 2016, the CRHC received preliminary approval from BC Housing for a grant through Investment in Housing Innovation (IHI) to support the development of a 73-unit mixed-use building in Saanich at 3816 Carey Road. The Capital Regional District is leasing the land to the CRHC to maximize affordability.

The CRHC is partnering with the Independent Living Society of Greater Victoria to provide five units of inclusive housing to assist adults with diverse abilities to live independently in the community.

CRHC anticipates ground breaking in 2017 and building occupancy in early 2019.



Tenant Engagement Task Force

In January 2016, the CRHC Board struck the Tenant Engagement Task Force to identify ideas to promote tenant engagement within CRHC operations and decision making processes. The Task Force was comprised of two Board Directors, two tenants and one staff member.

The assumption underlying the initiative was that "a more engaged tenant is likely to be a 'better' and more satisfied tenant".

The Task Force gathered information through community meetings in six CRHC communities and from the Tenant Satisfaction Survey results. From this information, the Task Force concluded that the CRHC would benefit from improvements in two main areas: increased tenant engagement and improved landscaping services.

The Board recommended that staff initiate a Tenant Engagement Pilot Project in 2017 that would increase:

- activities that foster a more informed tenant population
- consultation and collaboration in decision-making
- support to tenants to maintain their tenancies
- a sense of belonging and connectedness in CRHC communities.

MANAGEMENT

STRATEGIC PRIORITY 2

Be a good and responsible landlord to those who rent accommodation with the CRHC.

FOCUS ON TENANTS

"I am profoundly grateful for the space we have been given to grow our family. Your building gave us a safe space in our darkest of hours. We will never be able to say thank you enough.

I have been very happy overall with my tenancy with CRHC over the last 3+ years, and in many ways, I am sad to be leaving. I will always be grateful for the opportunity and support given to me by CRHC and BC Housing, and hope to be able to pay it forward in some way in the future. Thank you!!"

Tenant Satisfaction Survey

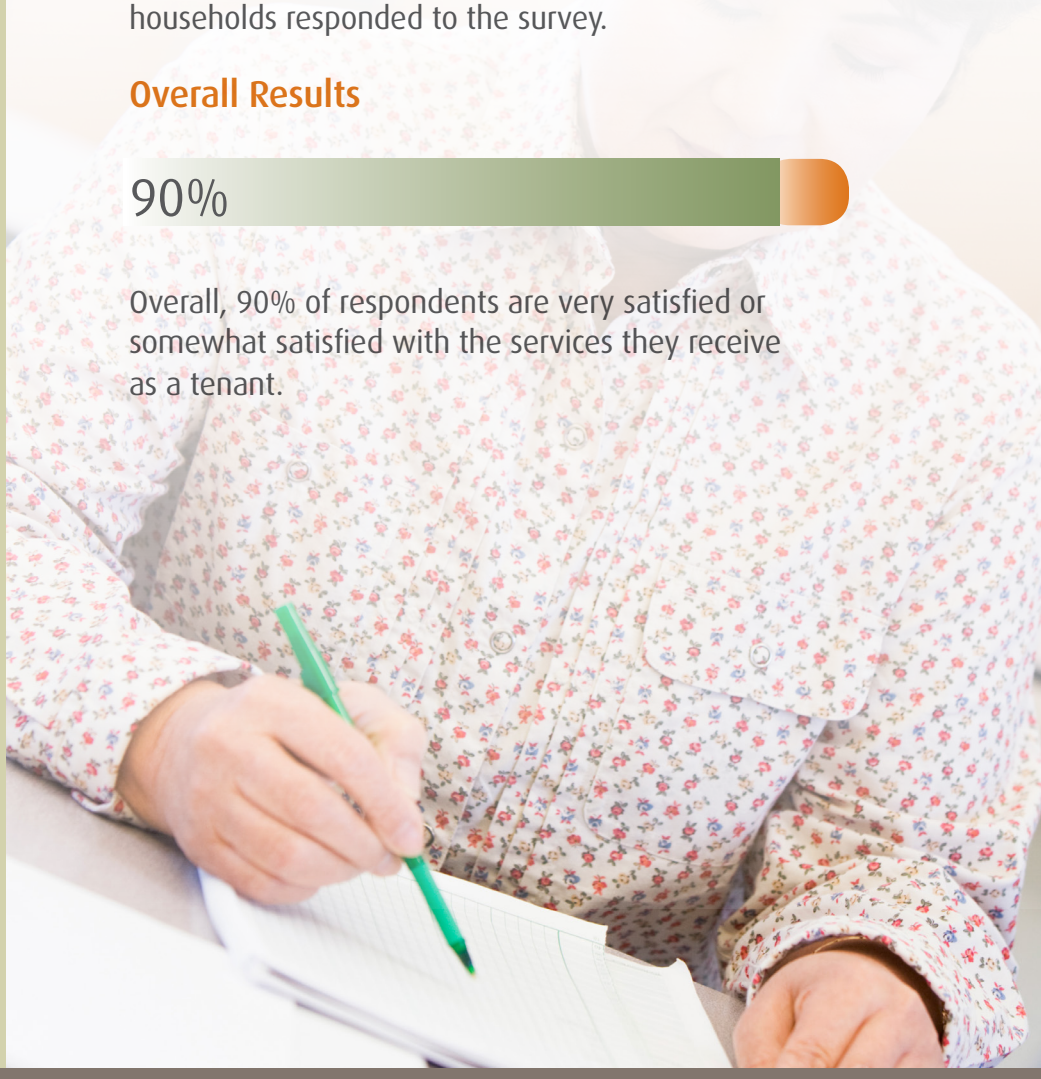
In the 2016-2019 Strategic Plan, the Board introduced a Tenant Satisfaction Survey as a key indicator of the CRHC's success in serving their residents.

In May 2016, staff developed and distributed the survey to all residents of CRHC, with an added option to complete the survey online. 487 or 37% of all households responded to the survey.

Overall Results

90%

Overall, 90% of respondents are very satisfied or somewhat satisfied with the services they receive as a tenant.



Customer Service Experience

Felt that staff provide a high to very high level of service 75%

Felt that staff resolve their issues and concerns 75%

Felt satisfied or very satisfied with the written communications and notifications from the CRHC 80%

Maintenance

Cleanliness

- Unit 87%
- Indoor Common Areas 76%
- Outdoor Common Areas 79%

Condition and Repair

- Unit 80%
- Indoor Common Areas 77%
- Outdoor Common Areas 73%

Safety

Felt satisfied or very satisfied with the safety of their communities. 82%

Linking seniors with healthy living services and activities and promoting the benefits for health and quality of life.

Connections Community Program

In order to improve CRHC senior residents' health outcomes and quality of life, the CRHC initiated the Connections program. The program was funded through the Union of BC Municipalities 2016 Age-friendly Community Planning and Project grant.

The goal was to better understand if there were barriers to CRHC seniors participating in social and recreational activities in the broader community. 331 surveys were distributed with a 20% response rate. 65 individuals participated in focus groups held in March 2016.

Viewmont Garden
25th Anniversary

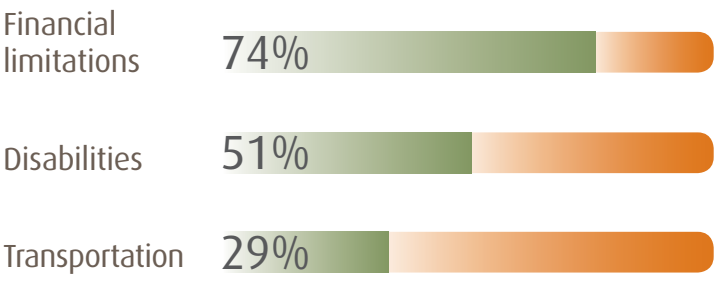
Survey Results

Staff identified financial limitations, disabilities and access to transportation as the main barriers to participation. Once these barriers were identified, CRHC staff worked with the residents and partners to try to remove these barriers.

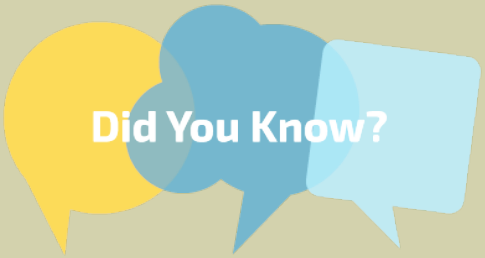
The CRHC lowered barriers by developing partnerships with community organizations who would provide programming within CRHC communities, run low-barrier (no/low cost, accessible) programs nearby and provide information and referrals to residents.

CRHC partners in the Connections program are: Food Share Network, Mustard Seed, Seniors Serving Seniors, Seniors' Entitlement Service, Community Travel Training-BC Transit, Older Adults Strategy-Saanich Parks And Recreation, and Silver Threads.

Barriers to Participation



"....Since the Connections Program began, some members of our small community reach out more often to each other (e.g. by checking on someone who is unwell; one resident calling another saying... I'm in the lounge waiting for my laundry to finish, bring your coffee & join me...) and the number of people grows as they see the unplanned gathering; at other times when someone is in the lounge, others walking by will stop in and have a conversation...."



The CRHC worked in partnership with the Victoria Intercultural Association (ICA) to create affordable housing opportunities for Syrian refugees.

CRHC also participated on the Vancouver Island Refugee Response Team as the Housing lead agency, in partnership with the Victoria Immigrant and Refugee Centre Society (VIRCS), to identify emerging issues and ensure the ongoing success in the settlement of these individuals and families.

Supports in Social Housing

The housing and homelessness sector in the capital region has been evaluating existing services in order to improve the current system to end chronic homelessness.

Some clients are living in residences with intensive supports who would be better suited to independent living but economic factors have prevented them from transitioning through the housing and homelessness spectrum.

In December 2016, the CRHC signed a Supports in Social Housing Agreement with Island Health with the aim to support Island Health - Mental Health and Substance Use (IH-MHSU) clients who could live in independent housing with the help of this partnership. The CRHC delivers economic support to the tenant by providing a subsidized housing unit, and IH-MHSU provides appropriate community-based support services to assist individuals in maintaining successful tenancies.

island health

CRHC
The Capital Region's Housing Corporation

The Heathers Building Envelope Remediation (BER)

One of the CHRC priorities is to ensure ongoing maintenance of our current housing stock. The Heathers was built in 1992 and has 26 units. In May 2014, British Columbia Housing Management Commission (BCHMC) identified The Heathers as a provincial priority for remediation. The CRHC received a grant for up to $2million to complete the BER. Work began in 2015 and the majority of the work was completed by the end of 2016.

Parry Place Kitchen

The new kitchen has enabled on-site preparation of fresh and healthy meals, at a cost savings to the food portion of the budget.

Parry Place is a 21-unit assisted living facility completed in June 2008 under the Independent Living BC (ILBC) program. ILBC, a housing-for-health partnership that meets the needs of lower-income seniors and people with disabilities, provides a middle option between home support and residential care.

When Parry Place was first built, a warming kitchen was included in the design, as the original service

model included planned delivery of food through contracted services. However, CRHC soon realized it could improve services to tenants by having a commercial kitchen onsite to provide in-house food services.

In 2014, BCHMC and CRHC jointly identified money that could be put towards the development of a commercial kitchen. Renovations began in December 2015 and were completed in 2016.

> *"I have been very touched by the number of staff who have gone out of their way to show compassion."*

Capital Investments

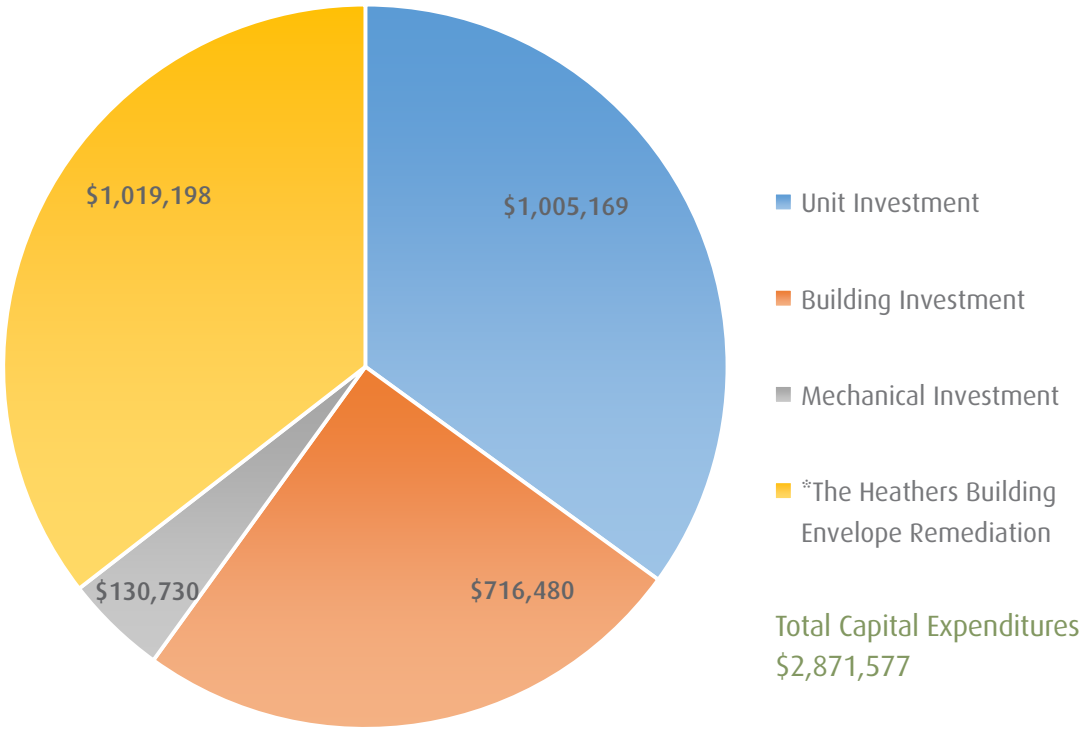
The CRHC entered into an Umbrella Operating Agreement (UOA) with BC Housing Management Commission (BCHMC) for a five-year term (2015-2019).

As a provision of the UOA, the CRHC implemented a 5-year Capital Plan. The $11 million plan supports routine replacement and common area upgrades.

The Capital Plan does not include major work such as building envelope remediation.

The Building Envelope Remediation completed in 2016 at The Heathers was funded through a funding agreement with BCHMC.

Total 2016 Capital Investments



Total Capital Expenditures
$2,871,577

Parry Place

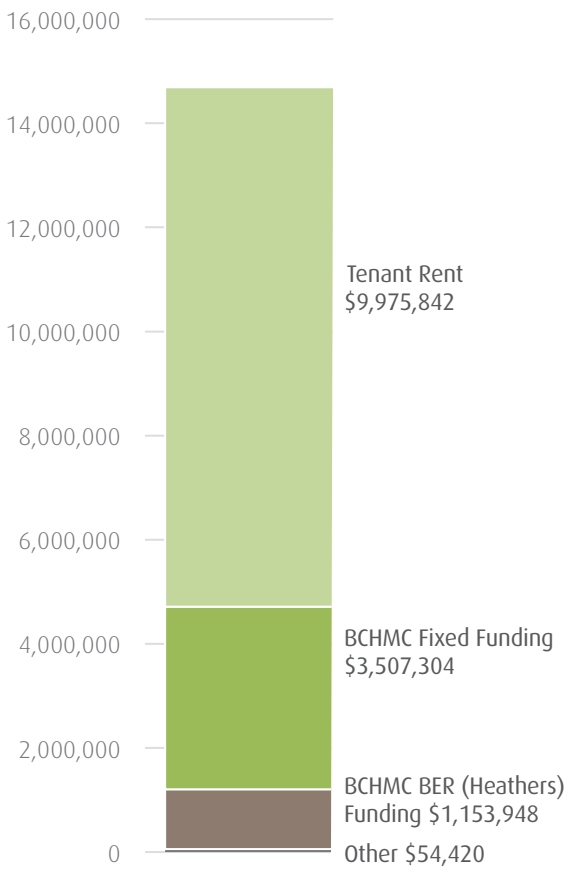
The UOA consolidated 42 of the existing operating agreements for our CMHC, BC Housing and Homes BC properties into one agreement to reduce administrative burden or costs for the parties and to allow the CRHC greater latitude in managing the tenants, rents, subsidies and capital funds across the portfolio.

This decision better positioned the CRHC to prepare for the expiring of federal and provincial operating agreements.

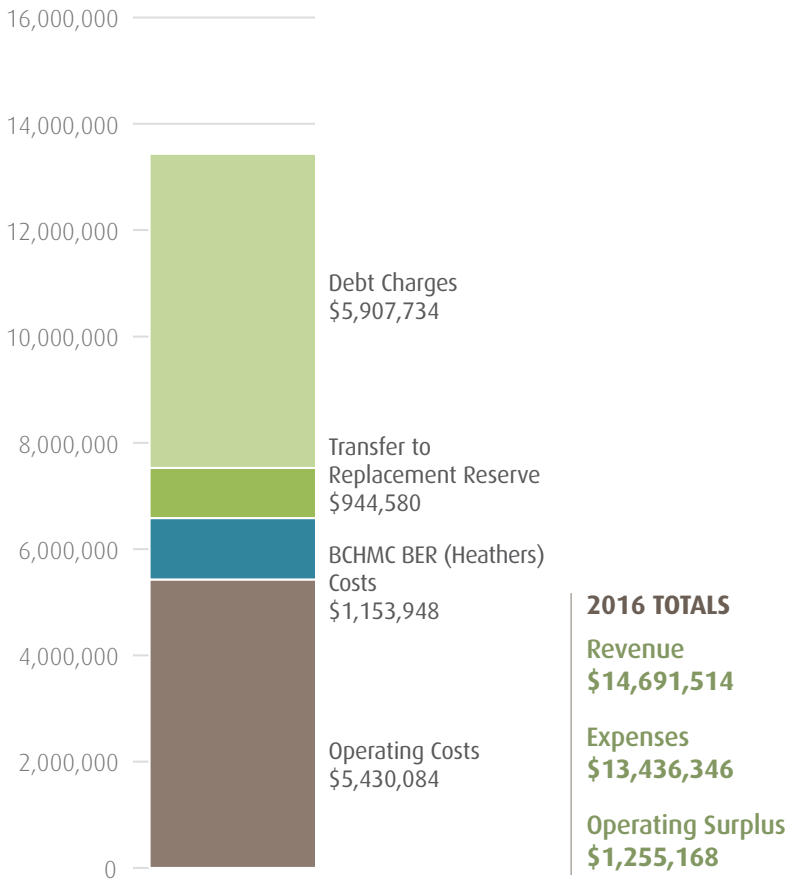
The main drivers for the 2016 budget surpluses are increased tenant rent revenue and decreased property taxes. The CRHC will utilize these surpluses to maintain the current levels of subsidized housing, renew the aging housing stock and develop new affordable housing.

UMBRELLA OPERATING AGREEMENT – PORTFOLIO

Revenues by Source

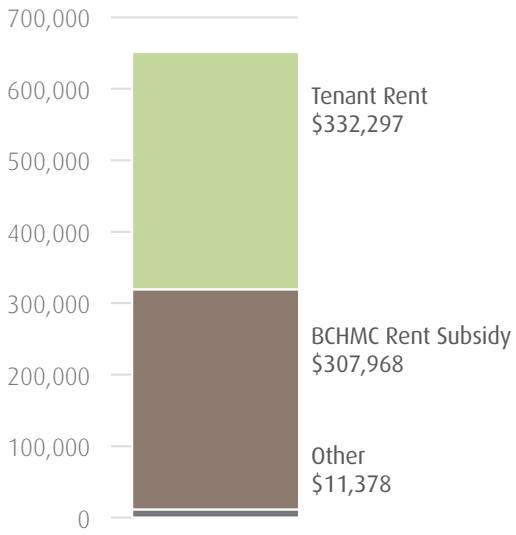


Expenses by Type

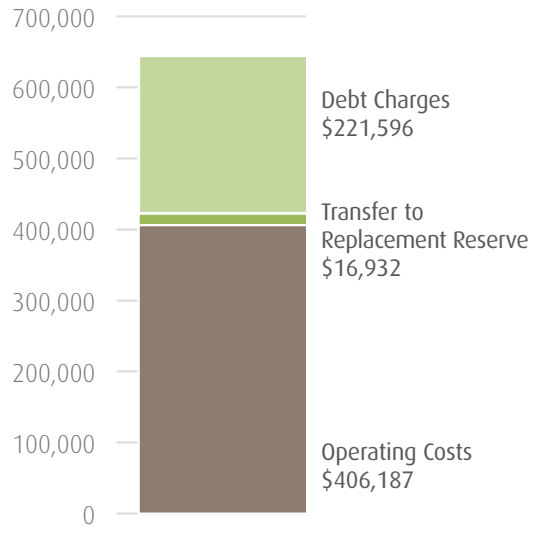


INDEPENDENT LIVING BC – PARRY PLACE

Revenues by Source



Expenses by Type



2016 TOTALS

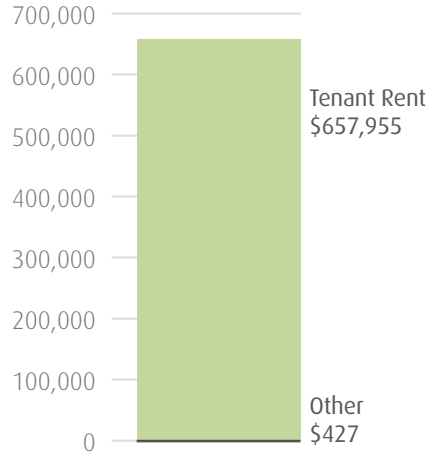
Revenue
$651,643

Expenses
$644,715

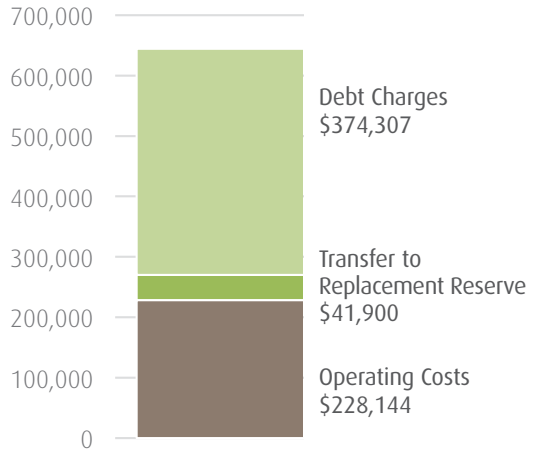
Operating Surplus
$6,928

CRHC – NO OPERATING AGREEMENT

Revenues by Source



Expenses by Type



2016 TOTALS

Revenue
$658,382

Expenses
$644,351

Operating Surplus
$14,031

SCHEDULE OF PROPERTIES

Rental Projects	Operating Agreement Expiry Date	Mortgage Interest Rates	Mortgage Renewal Date *Matures -*	(M)	2016 Outstanding Mortgage	2016 Insured Asset Value
Umbrella Operating Agreement						
Portage Place	2018	3.680%	***August 2018***	**(M)**	$137,693	$3,253,869
Campus View Court	2018	2.110%	***September 2018***	**(M)**	109,518	3,300,325
Royal Oak Square	2019	2.710%	***March 2019***	**(M)**	361,816	8,886,477
Oakwinds	2020	1.390%	***February 2020***	**(M)**	721,610	11,587,383
James Yates Gardens	2019	1.120%	***October 2019***	**(M)**	85,896	1,516,323
Pinehurst	2020	1.390%	***March 2020***	**(M)**	290,993	4,514,219
The Brambles	2020	1.040%	***June2020***	**(M)**	277,996	4,945,624
The Terraces	2020	1.040%	***May 2020***	**(M)**	296,673	5,451,837
Michigan Square	2020	2.260%	***September 2020***	**(M)**	892,644	12,942,986
Olympic View	2021	2.930%	***April 2021***	**(M)**	1,086,308	14,055,195
Swanlea	2020	3.430%	***December 2020***	**(M)**	239,280	3,667,745
Firgrove	2021	3.150%	***February 2021***	**(M)**	560,345	8,431,378
Beechwood Park	2021	3.150%	***February 2021***	**(M)**	802,681	11,885,828
Grey Oak Square	2021	3.150%	***March 2021***	**(M)**	432,137	5,832,380
Willowdene	2022	3.680%	December 2018		278,543	3,651,205
Rosewood	2023	3.680%	December 2018		763,653	6,008,959
Gladstone	2023	3.680%	December 2018		412,423	3,239,509
Camosun Place	2024	2.710%	April 2019		215,350	1,859,684
Parkview	2024	3.440%	September 2019		814,170	6,368,668
Carey Lane	2024	3.440%	September 2019		694,655	5,699,642
Colquitz Green	2024	3.510%	February 2020		691,970	4,473,062
Springtide	2025	3.130%	October 2020		1,239,426	8,609,157
Greenlea	2025	3.430%	June 2020		811,884	4,423,539
Arbutus View	2025	3.130%	October 2020		857,610	4,889,954
Amberlea	2025	3.130%	October 2020		1,324,055	8,412,846
Cloverhurst	2025	3.130%	October 2020		369,889	2,028,369
Hamlet	2025	3.430%	February 2021		434,324	2,071,564
Viewmont	2026	2.490%	October 2021		1,306,643	5,258,327
Creekside	2027	3.650%	June 2018		1,329,881	5,092,811
The Birches	2027	3.540%	September 2018		2,127,001	8,163,455
Caledonia	2028	3.650%	June 2018		954,280	4,006,341
The Heathers	2028	3.650%	June 2018		1,221,621	4,091,405
Heron Cove	2028	3.680%	December 2018		1,323,425	5,375,742
Castanea Place	2030	3.430%	June 2020		3,637,092	11,048,133
Leblond Place	2031	2.490%	October 2021		2,755,633	12,745,047
Leblond Place -2nd mortgage	2045	2.150%	March 2025		2,827,126	
Rotary House	2028	4.370%	March 2018		1,943,658	8,388,868
Cairns Park	2056	4.759%	December 2021		419,141	983,291
Kings Place (subleased)	2057	N/A	N/A		-	9,610,170
Carillon Place	2058	3.220%	June 2024		1,201,848	4,289,931
Brock Place	2058	5.260%	January 2020		3,251,891	6,966,934
Harbour Lane	2061	4.653%	October 2026		3,193,202	6,795,155
Tillicum Station	2062	3.265%	July 2024		4,047,258	8,900,931
ILBC2 Agreement						
Parry Place	2043	3.480%	May 2024		3,843,039	3,523,606
CRHC No Operating Agreement						
Village on the Green	N/A	3.500%	October 2021		2,118,015	6,501,954
Vergo	N/A	3.450%	August 2022		4,098,374	4,035,833
					$ 56,802,670	**$ 277,785,661**

We would like to thank our partners:

CRD

BC Non Profit Housing Association

BC Housing

Beacon Community Services

Burnside Gorge Community Association

Canadian Mortgage and Housing Corporation

Community Travel Training – BC Transit

Food Share Network

Greater Victoria Housing Society

Greater Victoria Women's Shelter Society

Integra Services

Independent Living Housing Society

Intercultural Association of Greater Victoria

Island Health

James Bay Neighbourhood Association

LifeCycles

M'akola Housing Society

Older Adults Strategy

Pacifica Housing

Ready to Rent

Saanich Parks and Recreation

Saanich Police

Seniors Serving Seniors

Silver Threads

The Cridge Centre for the Family

The Mustard Seed

Threshold housing Society

Vectis Support Services

Victoria Immigrant & Refugee Centre Society

Victoria Masonic Building Society

Victoria Police

Victoria Women's Transition House Society

Printed on FSC certified paper

CRHC

The Capital Region's Housing Corporation

Capital Region Housing Corporation
631 Fisgard Street
Victoria, BC V8W 1R7
T 250.388.6422
F 250.361.4970

www.crd.bc.ca/crhc

CRD

Making a difference...together

District of Sooke
April 12, 2017

Motion with Notice – CRD Hospitals and Housing Committee

Support for Pilot Project: A Regional Health Care Facility in Sooke.

WHEREAS, about $12 billion has been spent on health sector capital projects in British Columbia since 2001; AND

WHEREAS, over the next three years, British Columbians will benefit from investments in new medical equipment and modernized health facilities as part of an approximately $2.7billion health sector capital plan; AND

WHEREAS the Union of British Columbia Municipalities has previously endorsed that the current models of healthcare delivery in the province of BC do not provide equitable local access to health care for residents in rural and small communities and that the health needs of small and rural communities are no less important than those of the larger population centres;

WHEREAS the District of Sooke Official Community Plan indicates that health and quality of life are crucial for the well-being of its residents, and support the development of a medical and health related facility; and improvements to the health services infrastructure; AND

WHEREAS Sooke is invested in continuing to provide premium health care facilities to its residents, as evident through past successes, including the West Coast Family Medical Clinic; Ayre Manor Residential and Assisted Living Care facility; and the Sooke Child, Youth, and Family Centre; AND

WHEREAS the District of Sooke population has increased 49% since 2001 and growth is expected to continue due to Sooke's affordability; AND

WHEREAS the Capital Regional Hospital District Board is the governing body fiscally responsible for the region's health care facilities and hospital equipment to which the District of Sooke contributes; AND

WHEREAS BC Health has indicated a priority to focus improve patient-centred care, including providing timely access to quality diagnostics; AND

WHEREAS quality medical diagnostics services are located outside of the District of Sooke and often require its residents to travel long distances to receive these services; AND

WHEREAS Island Health has announced the relocation of certain health care services, including diagnostic services, further away from the District of Sooke to the Royal Jubilee Hospital;

NOW THEREFORE, the District of Sooke and the Sooke Region Primary Health Care Services Working Group calls on the Capital Regional District, the Province of British Columbia, Island Health, and all levels of government to support a pilot program for a regional health care facility in Sooke.

Notice of Motion

Support for Pilot Project:
A Regional Health Care Facility in Sooke

Supporting Documentation: **Page #**

1. South Island Division of Family Practice – Sooke Region Highlights 1
2. 2016 Sooke Region Health Summit – Final Report (Draft) 3
3. Sooke Fire Rescue Department – Emergency Call Statistics 13
4. Correspondence regarding Health Care Services in Sooke 15
5. Island Health – 2014 Local Health Area Profile 37
6. Sooke Pocket News Survey – Medical Services in Sooke, April 2017 61

Sooke Region Highlights

July 2014

Population and Services

- Population of 16,000, including 716 First Nations members.
- From East Sooke to Port Renfrew: 91 km along the West Coast, transportation is a challenge.
- 5.8% of families are low income, and 10.2% of the population has less than a high school education, both lower than the provincial averages.
- The West Coast Family Medical Clinic, located in the District of Sooke, has 7 physicians. Hours of operation: 8-5, M-F, Urgent Access Clinic: 2.5 hours per day, 7 days a week. It houses an IHN and includes RNs, a dietician, and a social worker.
- Active Community Health Initiative and Primary Health Care working group

What's working?

- ✓ West Coast Family Medical Clinic provides excellent service to its patients.
- ✓ IHN is a key service in the community.
- ✓ Respondents with a Sooke physician find it easier to access care than those with no physician or those with a physician outside of the Sooke Region.
- ✓ Residents of the Sooke Region rate their health as Good to Very Good.
- ✓ Respondents with a physician in Sooke are able to access urgent care more quickly than those with a doctor outside the region.
- ✓ A physician recruited last year to the clinic attached approximately 1,600 patients.

What's not working?

- × Estimated **4,360** unattached patients
- × Of those who have a FP, 53% must travel outside the Sooke Region to access this care (~6,250).
- × People with a doctor in Sooke have difficulty seeing their doctor because of clinic hours and difficulty getting appointments.
- × Sooke Residents without a family doctor suffer from more chronic diseases and access health care more frequently than attached residents.
- × Walk in clinics are being accessed by patients with a family doctor because they can't access care from their own physician in a timely enough way.

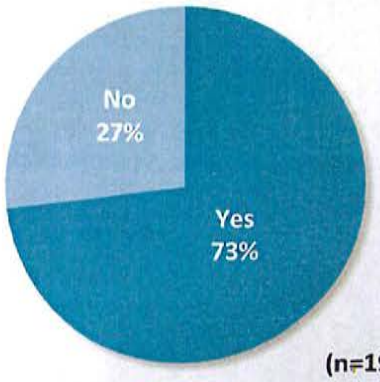
What opportunities exist?

- ☆ ***Unattached residents are motivated to have a local family doctor***, as are Sooke Region residents with a physician outside the area.
- ☆ Sooke residents are open to alternate ways of accessing primary health care, e.g. seeing more than one physician, seeing a resident or allied health professional.
- ☆ Primary Health Care working group meets regularly.
- ☆ Community and Municipality are committed to supporting the A GP for Me Initiative.
- ☆ Integrated Primary Care and Community (IPCC) planning is beginning in the South Island region.

What threats or challenges exist?

- Sooke's population is predicted to grow by 15% or 2,400 by 2019.
- Two physicians in Sooke plan on retiring within 4 years.
- Funding for the IHN ends March 31, 2015. VIHA is exploring ways to extend this service.

Do you have a regular family physician?



(n=196)

South Island Division of Family Practice
A GPSC initiative

DRAFT

2016 Sooke Region Health Summit – Final Report

On May 28, 2016 – the Primary Health Care Services Working Group (PHCSWG), chaired by Mayor Maja Tait, hosted a "Health Summit" to allow Sooke residents to come together to discuss issues of mutual concern related to the health of our community. The theme of the event was, "Let's Get Healthy Together: Community Conversations on our Assets, Actions and Advocacy."

The Health Summit was well-attended, with many fruitful discussions and ideas for improvement. A "visual scribe" was on-hand to create a graphic recording of the event, which has been attached to this report for reference as Appendix B.

Dr. Richard Stanwick, Chief Medical Health Officer for Island Health, delivered a powerful keynote speech, which set the tone for small group discussions, held at tables throughout the room.

The event was structured to facilitate discussion around 4 key topics that the Primary Health Care Services Working Group determined in advance. Attendees were challenged to identify issues, a vision for the future, and potential partners in achieving that vision in 4 areas, all of which help to shape a healthy community:

- Healthy Food Accessibility
- Special Populations
- Medical Services and Infrastructure
- Social and Physical Activities

The results of these discussions are attached to this report in point form, as Appendix A.

Moving forward, the Primary Health Care Services Working Group aims to work on addressing gaps that were identified as affecting the health of our community and working to build upon identified solutions, alongside potential partners. Two examples of initiatives that have sprung from these community discussions are an inter-faith support group planned under the umbrella of Transition Sooke, and a Healthy Food Affordability workshop taking place in November at the Vancouver Island Regional Library.

The working group will continue to seek solutions and identify new opportunities to improve the health of the community, because, as Millard Fuller stated, "For a community to be whole and healthy, it must be based on people's love and concern for each other".

Appendix A:
Identified Vision, Gems, Gaps, Solutions and Potential Partners
Sooke Region Health Summit
May 28, 2016

Healthy Food Accessibility – VISION:

- Access to Affordable Healthy Food

Healthy Food Accessibility – GEMS:

- Community Gardens
- Farmers' Market
- Informal bartering
- School fruit and veggie program
- Good food box program
- Local businesses providing food boxes
- Lots for gardening for low income families
- Food CHI Gleaner's program
- Sooke Culinary Arts program
- Meals at churches
- Food exchange via Facebook
- Farmers' Market coupon program (in progress)
- Grow a row program

Healthy Food Accessibility – ISSUES:

- Need for more farmers
- Poor communication
- Know local food source
- Increasing number of low income households
- Social income inequality
- Island Health regulations around fresh produce – restricts Ayre Manor
- Smaller lots – less area to grow
- Affordability
- Disconnect from food source
- Food Bank has limited facilities (Sink)
- Larger demand at Food Bank
- Insufficient perma-culture
- Outdoor illiteracy
- Bedroom community
- Stigma around asking for help
- No funding for coordinator for grow a row

Healthy Food Accessibility – SOLUTIONS:

- Move towards sustainable food production
- Central facilitation for food handling and processing
- Community potlucks
- More healthy and affordable businesses, less fast food
- Donations from grocery stores and restaurants
- Incubator farms - term agreements, teaching, CSA link, sales to restaurants etc
- Food bank option to grow food
- Better utilization of farm land
- Contractual community agreements for better installation of farmland in ALR
- Education – new medical understanding
- Food Bank open house
- Tax soft drinks, processed foods – revenues go to communities
- De-stigmatize asking for help
- Education on dietary needs
- Include in OCP – Allocate 5 % of development for community gardens (perma-culture)
- School gardens – to connect with food growth but need solution during summer break
- Gleaners Program
- Garden other people's plot where excess goes to charity or "workers"
- Take sugar our of schools, healthier snacks more available
- Community supported agriculture
- Exchange services for produce
- Improve communication, increase awareness
- Awareness of local food production – VIRL willing to host free talks for healthy eating education
- Neighbourhood garden programs
- Matching garden space at private homes
- Re-skilling education for growing food
- Sustainability at school gardens (during summer)

Healthy Food Accessibility – POTENTIAL PARTNERS:

- Food producers/harvesters
- Community members
- Political authorities
- Food support organizations
- Food sellers
- Community Gardens

Special Populations – VISION:

- Communities adapted to Special needs

Special Populations – GEMS:

- Mobility/access to Seaparc
- Ayre Manor
- Churches and their support
- Integrated Health Network
- Sooke Family Resource Society
- EMCS Society
- Strong Start
- Informal community support
- Quality Child Care (ECEs)/Day Care
- Sooke Crisis Line
- Primary care clinics in schools
- Sooke Hospice
- Seniors cohousing

Special Populations – ISSUES:

- Needs assessments
- Access to special services
- Retaining independence
- Support
- Safety
- Self-advocacy
- Mobility
- Isolation
- Counselling services
- Follow-up possibilities
- Quality onsite after school programs at schools – keep kids active in a healthy environment
- Takes money to volunteer
- Access to information sources, information- lack of knowledge of what's available
- Budget for different expenses without an overview of how they relate
- Lack of funding for special needs such as low vision
- Lack of access to specialized services ("all" in Oak Bay)
- Affordable (seniors) housing
- Seniors mental health provision
- Drug, alcohol treatment
- Mental Health treatment
- Transport
- Volunteering costs money
- Seniors Centre
- More co-caring co-housing - generational or inter-generational, low income to reduce isolation
- Funding for outreach programs from Victoria for ex: brain injury

- Telehealth
- Daycare
- Senior advocate survey results re home care services

Special Populations – SOLUTIONS:

- Community development for co-housing (generational or inter-generational)
- Integrated Health Network for all
- Buttress up strong informal networks
- Advocacy for more funding of education and health
- Use data collected by Seniors Advocate for home support
- Better transit accommodating service hours, working people and youth
- More efficient use of spaces for support in Ayre Manor and CASA
- Physical literacy for all
- Try to get the less athletic into physical activity
- Affordable programs/activities for everyone
- Partnership with schools for after school recreational programs
- Intergenerational activities – possibly keep wellness room in high school open

Special Populations – POTENTIAL PARTNERS:

- Community members
- New parents
- Children
- Youth
- Seniors
- Physically Challenged
- Support Agencies
- Authority Planning departments
- Political authorities
- Island Health
- Prenatal

Medical Services and Infrastructure – VISION:

- Access to Health Services

Medical Services and Infrastructure – GEMS:

- South Island Division of Family Practice
- Sooke Family Resource Society counseling and volunteers
- Doctor& PHN home visits –
- Integrated Health Network- preventive services, chronic disease management, medical social work
- 2 midwives

- Good discharge planning with follow-up services
- Senior co-housing group
- Contact drives
- Ayre Manor
- Dental and optometrists
- Complementary health practitioners
- Sooke Hospice
- Improved relationship between local physicians and health authorities

Medical Services and Infrastructure – ISSUES:

- Needs assessments
- Access to special services
- Retaining independence
- Support
- Safety
- Self-advocacy
- Mobility
- Isolation
- Counselling services
- Follow-up possibilities
- More OTs, PTs, complementary health providers at Ayre Manor
- More residential care beds
- Emergency care services facility
- Support for seniors at home
- School support service cuts
- Ambulance services
- Poor immunization rates
- Length of time for psychiatrist appointment 4-5 months. Need to have GP for referral.
- More OTs, PTs, complementary health providers at Ayre Manor
- More residential care beds
- Emergency care services facility
- Support for seniors at home
- School support service cuts
- Ambulance services
- Poor immunization rates
- Length of time for psychiatrist appointment 4-5 months. Need to have GP for referral.

Medical Services and Infrastructure – SOLUTIONS:

- All health services are together (one stop shop)
- Sooke Foundation to collect funds for community health
- Bring public health service levels to what is was 2 years ago
- Advocate with government for long term care beds

- Service resource
- Seniors' Centre

Medical Services and Infrastructure – POTENTIAL PARTNERS:

- Patients
- Community members
- Alternative medicine
- Private Practices
- Island Health
- Physical Health Practitioners
- Psychological Health Practitioners
- Political Authorities

Social and Physical Activities – VISION:

- Low-Cost and easily accessible activities for body and soul
- Respect and social inclusion

Social and Physical Activities – GEMS:

- Library
- SEAPARC
- Parks and trails
- Ready access to nature
- Sports fields & leagues
- Official Community Plan
- Integrated Health Network
- Volunteer Networks (social networks and large number of organizations)
- Play and Learn Summer Camp + literacy programs in general
- Meals on Wheels
- Public transit
- SEAPARC purchase of golf course
- Volunteer organizations and Volunteer Centre
- Food Bank
- Community Centre Committee
- Unopened roads used as park trails
- Sooke Family Resource Society
- Interconnections between volunteer groups
- Hiking groups
- High level of volunteerism among Sooke elders & youth
- Potholes
- Band programs and Harmony Project

- Camp Barnard

Social and Physical Activities – ISSUES:

- Activities too costly
- Physical illiteracy
- Obesity
- Inactivity
- Social isolation
- Youngest and senior population increasing
- Car dependency reducing access for dependents
- Few activities during the summer
- Winter activities for youth
- Community potlucks
- Funding for community gardens
- International food night
- Children's festival
- Accessibility and affordability of activities
- Pro-D day activities for low-income families
- No youth or seniors Centre
- Volunteers are all the same – new recruits required!
- Better collaboration between organizations
- "All communities" meeting/gathering place
- Seniors Centre
- Youth Centre
- Safe bike lanes from outskirts to town (destination oriented)
- Community oriented festival (in spirit of All Sooke Days)
- More festivals and events in general
- Homeless shelter
- Awareness of events and resources
- Ocean front accessibility in general + especially for mobility challenged
- Sidewalks and street lights
- Trail system that is destination oriented connecting parks, schools and town

Social and Physical Activities – SOLUTIONS:

<u>Already in Process</u>

- New library now confirmed for end of 2018
- New playing fields coming to Throup Rd. + all-season turf field at Fred Milne Park
- SEAPARC expansion plans (fitness & weights room)
- Community Centre Working Group recommendations i.e., Community Hall renovation, seniors Centre (at Ayre Manor or on new library land), youth Centre (SEAPARC?), arts Quonset hut/creative lab at Kaltasin works yard)

- DOS Parks & Trails Committee action plan - John Phillips Memorial Park washrooms, loop trail & picnic area; bike/hike connector bridge from schools to Sunriver; oceanfront access at Brownsey Blvd.
- Summer 2016 creation of Sooke River Park trail, Horseshoe Club and Galloping Goose connector trail @ Sooke River Rd.
- DOS sidewalk building program ($250k per year)
- Multi-use trails to be included in all new road construction (Sooke and BC Ministry of Transportation & Infrastructure).

Action Required

- Expanded urban trail system (bike, wheel chair and walk) + formalizing currently unofficial trails west of Otter Point Rd. and in the developing town Centre
- Re-establish Sooke garden network (Sunriver, CASA garden, EMCS food garden, John Muir Elementary garden + creation of teaching gardens at other schools)
- Whiffin Spit maintenance and upkeep, especially during winter storm season when the trail becomes unmanageable for some walkers.
- Inter-faith collaborative group (Don Brown to organize as a Transition Sooke working group)
- Physical literacy initiatives (ex: VIRL story walks)
- Seek a new home for Sooke Food Bank (possibly at Kaltasin works yard; responsibility of DOS and Community Centre Committee as space is freed up in the Community Hall for other groups)
- Continuing and more coordination/collaboration between local organizations and the District of Sooke
- Continue volunteer recruitment efforts to underline Sooke's status as a Volunteer Capital

Social and Physical Activities – POTENTIAL PARTNERS:

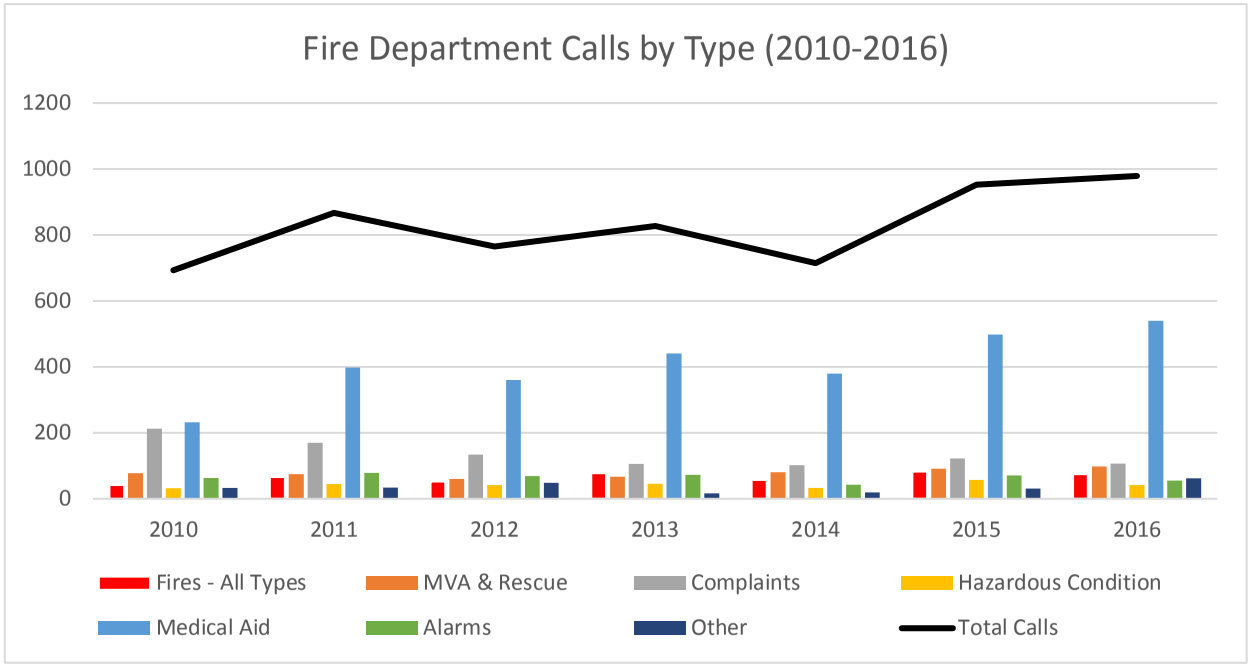
- Community members
- Cultural and historic associations
- Volunteer associations
- Recreational associations
- Arts associations
- Sports association
- Recreational associations
- Arts associations
- Sports association
- Authority Planning authorities
- Political authorities

WELCOME & THANK YOU
SOOKE HEALTH SUMMIT
EDUCATION
AWARENESS
COMMUNICATIONS
HEALTHY FOOD ACCESSIBILITY
MAYOR TAIT
NEW CONNECTIONS
SECURED FUNDING
REGIONAL
RESEARCH • ACCESSIBILITY • ACTION
THE SOLUTION?
ACCESS to AFFORDABLE HEALTHY FOOD
"FROM the MICRO to the REVOLUTIONARY"
5% to GARDENS
COMMUNITY MEALS vs FOOD BANKS
COMMUNITY SUPPORTED AGRICULTURE
SOOKE FOUNDATION
ALL in ONE PLACE
PRESSURE on the GOVERNMENT
MEDICAL SERVICES & INFRASTRUCTURE
"BALANCE to SEEK HEALTH, NOT Just ILLNESS CARE"
DR. RICHARD STANWICK
MODE of TRANSPORTATION
SENSE of COMMUNITY
ACCESS to HEALTH SERVICES
YOU as a COMMUNITY CAN MAKE DECISIONS to IMPACT your HEALTH
WE Need to LEVEL the PLAYING FIELD
COMMUNITIES ADAPTED to SPECIAL NEEDS
STRENGTHEN & SUPPORT INFORMAL NETWORKS
CO-HOUSING
NOT ALL ROADS LEAD to OAK BAY
LACK of ACCESS to SPECIALIZED SERVICES
SPECIAL POPULATIONS
FOR SENIORS, FAMILIES
BETTER TRANSIT OPTIONS & SERVICES
POPULATION SQUEEZE
EMOTIONAL
PHYSICAL
READINESS
72% of MORTALITY is AVOIDABLE (before 75 yrs old)
WE HAVE a STRONG CASE for PREVENTION
OBESITY
HEALTH EQUITY
INCREASED FOOD PORTIONS
LOW COST & EASILY ACCESSIBLE ACTIVITIES for BODY & SOUL, RESPECT, & SOCIAL INCLUSION
EDUCATION
HEALTH
NEW LIBRARY
PHYSICAL LITERACY
"STORY WALKS"
SEAPARC
OCEANSIDE ACCESSIBILITY
VOLUNTEERISM
SOCIAL & PHYSICAL ACTIVITIES
BETTER COORDINATION & COMMUNICATION between EXISTING NETWORKS
MAY 28, 2016 • SOOKE, BRITISH COLUMBIA • COAST SALISH TERRITORIES
visualscribe.ca

2010	2011	2012	2013	2014	2015	2016	Call Type	2010-2016
42	66	52	78	57	82	75	Fires - All types	79%
78	75	60	67	81	91	98	MVA & Rescue	26%
213	170	134	106	102	122	107	Complaints	-50%
32	45	42	46	33	57	42	Hazardous Condition	31%
232	398	360	441	380	498	540	Medical Aid *	133%
63	79	69	73	43	71	55	Alarms	-13%
33	34	48	16	19	31	62	Other	88%
693	867	765	827	715	952	**979**	**Total**	41%

* Out of the 540 'Medical Aid' calls, an accumulated 1,825 minutes (30.5 hours) were spent waiting for BCAS arrival. Wait times for arrival of BCAS up to half an hour.

Those numbers indicated in **GREEN** are the highest numbers recorded for each category.



District of Sooke
Incorporated December 7, 1999

2205 Otter Point Road, Sooke, British Columbia, Canada V9Z 1J2
Phone: 250-642-1634 • Fax: 250-642-0541 • Email:info@sooke.ca • Website: www.sooke.ca

File No. 0400-01

March 15, 2017

Honourable Terry Lake, Minister of Health
PO Box 9639
STN PROV GOVT
Victoria BC V8W9P1

Dear Minister Lake,

RE: Funding for BC Emergency Health Services

The recent funding increases for BC Emergency Health Services was a welcome announcement for the many over-stretched and under-resourced first responders in our province.

As a rural community, the District of Sooke is very reliant on first responders as primary health care providers during emergencies. With only one full-time "echo car", a wide geographic service area, and the closest hospital located nearly 45-minutes from our community, Sooke often finds itself without its primary ambulance. A secondary "kilo" car is staffed only part-time, on a call-out basis.

The unfortunate result of this service model in our community is often increased pressure on our local fire department who also serve as emergency responders, and delayed emergency response times to residents.

In speaking with local emergency services personnel, the first step in improving service to Sooke's residents is increasing the staffing of our echo car, as well as exploring service models that allow for the kilo car to be sent into Greater Victoria before the echo car is required to leave our community. Both of these options require increased funding to our local ambulance service.

I am hopeful that as funds are allocated to enhancing emergency health services to rural communities, Sooke will be considered as a priority area for resource investment.

Sincerely,

Maja Tait
Mayor

CC: John Horgan, MLA

COPY

BRITISH COLUMBIA

District of Sooke
FEB 27 2017
Received

FEB 22 2017

1068398

Original to File No. 0400-20

For Action by:		Copy to:
Mayor	☑	MAJA
Council	☑	COUNCIL
CAO	☑	TERESA
Corporate Services	☐	
Development Services	☐	
Financial Services	☐	
Fire	☐	
Other	☐	

Her Worship Maja Tait
Mayor of the District of Sooke
2205 Otter Point Rd
Sooke BC V9Z 1J2

Dear Mayor Tait:

I appreciated meeting with you and your delegation at the 2016 Union of British Columbia Municipalities Convention in Victoria on September 28, 2016. I am pleased to respond to the issues raised by Sooke and I apologize for the delay.

I acknowledge the concerns that Sooke has regarding not being eligible for some of the rural programs. As we discussed, oversight of rural physician programs in British Columbia rests with the Joint Standing Committee on Rural Issues (JSC), a committee with representatives from Doctors of BC, Ministry of Health and health authorities, as outlined in the Rural Practice Subsidiary Agreement (RSA), a part of the Physician Master Agreement. The goal of the JSC is to enhance the availability and stability of physician services in rural and remote areas of British Columbia by addressing some of the unique and difficult circumstances faced by physicians in these areas.

Programs are available to rural physicians who practice in eligible RSA communities that meet the minimum point requirements under the Medical Isolation Point Assessment system. The JSC must review the isolation points assigned to each community identified in the RSA on an annual basis. The points for each community are assessed based on a number of criteria including the number of General Practitioners within 35 km and the number of designated specialties within 70 km. A community must receive 6.0 points under the point assessment criteria to be eligible for all the rural programs. If a community falls below the 6.0 point minimum, but receives between 0.5 to 5.99 points, the community is classified a "D" community and receives some rural benefits.

Due to Sooke's proximity to Colwood/Langford (within 35 km) and Victoria (within 70 km), Sooke does not presently receive any points under the isolation points criteria. More detailed information may be accessed in the Rural Retention Policy Framework at the following: http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/physician-compensation/rural-practice-programs/rural-retention-program.

...2

Ministry of Health
Office of the Minister
Mailing Address:
PO Box 9050 Stn Prov Govt
Victoria V8W 9E2
Location:
Parliament Buildings
Victoria

I recognize that Sooke is a fast growing community. I would encourage the District to work closely with the physician recruitment team at Island Health, and with its recruitment partner HealthMatch BC, along with the South Island Division of Family Practice (SIDFP), on strategies to help recruit physicians, as well as other primary care providers, such as nurse practitioners, to your community.

I would also encourage the District to connect with the local Collaborative Services Committee (CSC), which includes representation from Island Health Authority, the SIDFP and the General Practice Services Committee (GPSC), to join the discussion and planning occurring locally around an integrated primary and community care system. The GPSC, a collaboration of the Ministry of Health and Doctors of BC, has a strategic focus on establishing interprofessional, full-service family practices that are networked together and linked with health authority primary care services. Using an integrated team approach to primary care service delivery will meet the majority of patients' primary care needs and enable family physicians, nurse practitioners and other providers to increase capacity and patient access to services.

With respect to the discussion regarding X-ray facilities, West Coast Medical Imaging (WCMI) is a privately-owned firm with approval from the Medical Services Commission to provide X-ray services at its Sooke X-ray facility, and to bill the Medical Services Plan for provision of those services. The Vancouver Island Health Authority does not operate any facilities in Sooke. Currently, WCMI only provides services two days a week, for two hours daily. The company has attempted to relocate their Certificate of Approval to perform and bill these services; however, approval to relocate these services has not been granted. WCMI indicates the Sooke X-ray facility is quite old and they are unable to upgrade to digital equipment on the site. WCMI further indicates such an investment is not feasible given the low volume of patients at the site.

The facility approval process is applicant-driven, and there are no current applications to provide services in this area. The Medical Services Commission can approve or deny applications for specific services, however, neither the Medical Services Commission nor the Ministry of Health can direct providers to apply for an approval, or to change their service offerings (e.g., to increase hours of operation or capacity).

In terms of expanding services to include ultrasound, beyond the challenge of identifying a facility operator, there is currently a provincial moratorium in place concerning applications for outpatient ultrasound facilities. This moratorium, scheduled to be lifted in June 2017, is largely due to the significant shortage of ultrasound technicians (sonographers) in the province, however, exceptions to the moratorium may be made for demonstrated urgent health or safety needs.

...3

For more information on the diagnostic facility application process and/or the current temporary moratorium on outpatient ultrasound facilities, please see: www.gov.bc.ca/diagnosticfacilities or e-mail DFAdmin@gov.bc.ca.

Thank you for taking the time to meet, and for the important role the District of Sooke plays in the delivery of health care services to its citizens.

Sincerely,

Terry Lake
Minister

District of Sooke
Incorporated December 7, 1999

2205 Otter Point Road, Sooke, British Columbia, Canada V9Z 1J2
Phone: 250-642-1634 • Fax: 250-642-0541 • Email:info@sooke.ca • Website: www.sooke.ca

File No. 0230-20

February 2, 2017

Westcoast Medical Imaging
Chief Operating Officer
Suite 203-828 Harbourside Drive
North Vancouver, BC
V7P 3R9

RE: Digitization of X-Ray Services in Sooke

I am writing to inquire as to the status of X-Ray services offered by Westcoast Medical Imaging at its Sooke location. As the Chair of the Primary Health Care Services Working Group for the District of Sooke, I am aware that this is an issue of ongoing concern in our community, and one that I have monitored for several years.

It is my understanding that recently, a verbal commitment was made to improve the x-ray services offered in Sooke, and that a timeline for implementation of digital technology was given. I am optimistic that that upgraded technology will provide a much needed service improvement to the residents of Sooke.

I would welcome an opportunity to meet with you to discuss options for service improvement and look forward to hearing from you at your earliest availability.

Sincerely,

Maja Tait
Mayor

District of Sooke
Incorporated December 7, 1999

2205 Otter Point Road, Sooke, British Columbia, Canada V9Z 1J2
Phone: 250-642-1634 • Fax: 250-642-0541 • Email:info@sooke.ca • Website: www.sooke.ca

File No. 0230-20

February 1, 2017

Honourable Terry Lake, Minister of Health
PO Box 9639
STN PROV GOVT
Victoria BC
V8W9P1

Dear Minister Lake,

RE: Rural Designation Status for District of Sooke

I am writing to express my concern as to the changes to Sooke's designation under the *Rural Practice Subsidiary Agreement.*

In 2014, Sooke lost its status as a D-level community under the *Rural Practice Subsidiary Agreement.* The seven family physicians of the West Coast Family Medical Clinic relied on this designation for access to programs which enable them to improve the overall health and well-being of the Sooke region.

The West Coast Family Medical Clinic (WCFMC) is the only primary care facility available to residents of the Sooke Region, which extends from Port Renfrew to East Sooke, and includes the nearly 12,000 residents of the District of Sooke. There are no other primary care services available within a 30-minute drive or a 45-minute bus ride. These distances are even greater for residents in outlying areas of our region. The WCFMC currently has several thousand patients on a waitlist to access primary medical care. These "orphan patients" must rely on urgent care clinics, but are often turned away due to overcapacity and increasing demand for service

This increasing demand for service is reflective of the fact that Sooke is lacking in supportive health care infrastructure. The Sooke Region does not have a local hospital or urgent care treatment facility. Sooke physicians at the WCFMC are responsible for providing urgent care to all residents of the region through daily urgent care clinics. Due to reductions in home-care nursing services, these physicians also provide regular domiciliary care to residents of Ayre Manor, a complex care and assisted living facility. Additionally, Sooke has no mental health centre and extremely limited access to mental health services locally.

The physicians of the WCFMC face many of the unique challenges common to rural practices, including challenges related to recruitment of both new and locum physicians. Access to the educational support and locum programs offered under the RSA is a contributing factor in filling these positions.

It is my belief that the Sooke region should have its rural status designation reinstated under the *Rural Practice Subsidiary Agreement*. Sooke is a rural community and faces geographic challenges to accessing primary health care. Without the programs offered through this agreement, the quality of health care in the region has been threatened.

I would welcome an opportunity to speak with you further regarding this matter.

Sincerely,

Maja Tait
Mayor

CC: Honourable Peter Fassbender, Minister of Community, Sport and Cultural Development
John Horgan, MLA
Rod Frechette, Co-Chair Joint Standing Committee on Rural Issues
Dr. Allan Ruddiman, Co-Chair Joint Standing Committee on Rural Issues

District of Sooke
FEB 06 2017
Received

island health authority

Original to File No. 0400-80	
For Action by:	Copy to:
Mayor ☑	MAJA
Council ☑	COUNCIL
CAO ☑	TERESA
Corporate Services ☐	
Development Services ☐	
Financial Services ☐	
Fire ☐	
Other ☐	

Mayor Maja Tait
District of Sooke
2205 Otter Point Road
Sooke, B.C. V9Z 1J2

January 30, 2017

RE: Speech Language Pathologist Sooke Heath Unit

Dear Mayor Tait,

Thank you for your letter of January 12, 2017, outlining your concerns related to the difficulty in accessing public transit in order to attend a speech appointment at the Westshore Health Unit.

After considerable review of the service and in consideration of service demands and available resources, a decision to move the location of the Speech Pathologist to Westshore was made. During 2016, 123 referrals were made to Westshore Speech and of these, 30 (24%) came from Sooke and this is consistent with previous years. All clients from Sooke have been seen at the Westshore location. In recognition that transportation may be a challenge for some families, public health is able to provide bus passes to support families in accessing our services. Currently at our Westshore location we also have a Speech Assistant. This level of healthcare worker enables the treatment for a client that is planned by the Speech Pathologist.

The mandate of the public health speech program is to work with children early to help prepare them for kindergarten and beyond by focusing on speech and language acquisition. I understand that there have been funding cuts at the School Districts in their speech program this year; however, I further understand that there will be additional dollars available to the School District in the coming months to address speech language needs of students.

I would like to take this opportunity to share with you, some of the changes that Public Health has made to the speech program, most notably in the hiring of Speech Assistants. Speech Assistants work under the direction of the Speech Pathologist to provide treatment to children. As a result, having more trained providers, the speech program has been able to see many more children within a shorter span of time. I am continually seeking ways to improve an already good service, within the resources allocated to us.

I am currently reviewing our staffing parameters for the Victoria area. I will be in touch with you shortly regarding changes in our Speech Language staffing complement for the Sooke Health Unit.

Thank you again for your concern regarding the well- being of children in the Sooke District.

Yours truly,

Connie Haselden RN MN
Manager Child Youth and Family Public Health
Ph. 250-519-5144
Constance.haselden@viha.ca

Cc: Tess Graham The Provincial Office of Early Years
Richard Stanwick Chief Medical Health Officer
Jan Tatlock Director Public Health

File No. 0230-20

January 12, 2017

Ms. Cynthia Powell, Speech Team Lead Sooke and West Shore
Esquimalt Westshore Health Unit
Suite 102 – 940 Goldstream Avenue
Victoria, BC V9B2Y4

Dear Ms. Powell,

RE: Reinstatement of Speech Therapist Position in Sooke

The Sooke Region Communities Health Network advocates for appropriate health services in the Sooke region, which covers Port Renfrew to East Sooke and Beecher Bay. We are writing to you to request the reinstatement of a Speech Therapist in Sooke.

The Sooke prevention services office provides services to clients living between Jordan River and East Sooke. Port Renfrew receives speech services but they are paid for by the Pacheedaht First Nations. With a population growth of 18% CRD estimates the Sooke population to be 12,777. (https://www.crd.bc.ca/docs/default-source/regional-planning-pdf/Population/Population-PDFs/population-estimates-2013-.pdf?sfvrsn=4).

Currently there has been no speech therapy services in Sooke for almost 2 years now. In addition, the couple of years previous to this lack of service, there were voiced concerns from the public, about the lack of effective and efficient Speech Language services due to the waiting list. Previous to that the Speech therapists in Sooke were fully booked for the day a week they were in the community. If the wait list clients were to be provided service, they could have filled a second full day of Speech Language Services.

In the past 2 years, the referral process was changed. The new process required a Public Health Nurse or family physician to refer for SLP services. Prior to this, other professionals or parents could self-refer. This new process created an increased barrier to access for service without any change in the appropriateness of referrals. We understand that this was a local change and did not occur across the island. Although it may have decreased the rate of referrals and thereby shortening the waiting list for treatment, it did not decrease the need. Many clients are not being referred for service due to this barrier as well as the requirement to travel to the Westshore for speech treatment. Our communities are isolated, especially for those without transportation. Public transit only exists in East Sooke and Sooke. Imagine having 2 toddlers and an infant on a public bus, having to make transfers and sometimes being required to wait due to lack of available space on the bus. With the bus only coming every 30 min. in peak times and every hour outside peak times. that could mean a 1-2 hour wait just to get on the bus. The estimated time for the bus from Sooke to Wale Rd with one transfer bus is

1h20min. Public transportation is truly a barrier for many families, especially those with multiple issues in their lives.

Without early treatment for speech and language issues children end up with many other concerns such as emotional instability, social isolation, learning difficulties and potentially long term chronic speech concerns. This increases their risk and vulnerability as they move forward in their lives and will impact their Social Determinants of Health. Dr. Richard Stanwick recently spoke at a Health Forum in Sooke and mentioned that Sooke children have a high incidence of speech language issues on entering Kindergarten. (see attached table provided by Dr. Stanwick). The schools have also cut their speech program so many of these children get no treatment.

When looking at the latest EDI (Early Development Instrument) data (2013) for Sooke, it reflects that upon Kindergarten entry 8-9% of the children were vulnerable in their speech and language development. With a birth rate of 160-180 per year, and allowing that children will get treatment somewhere between the ages of 2 and 5 there would be at 45-50 children currently requiring speech therapy in Sooke.

The Sooke West Shore early years' table is very concerned about this issue and have had long discussions regarding the lack of Speech Language services in Sooke. In a Political Climate where early intervention is a of great importance to the Provincial Office of The Early Years. Without your assistance and support we cannot see how families in our communities can access speech therapy services.

Island Health states that it has a patient and family-centered culture. It publishes it's purpose as "To provide superior health care through innovation, teaching and research and a commitment to quality and safety—creating healthier, stronger communities and a better quality of life for those we touch." We do not see how this is being reflected in a program that has created barrier for access to service within the early and vital years of a child's life.

Attached is an example representative of the challenges families in Sooke face when their children are in need of speech therapy.

We are asking that the Sooke service reinstatement be an operational priority.

Sincerely,

Maja Tait
Mayor

Cc: Connie Haselden, Manager Speech Language Program, Island Health
Tess Graham, The Provincial Office of Early Years
Richard Stanwick, Chief Medical Health Officer, Island Health
Jan Tatlock , Director Public Health, Island Health

Sooke Region Chamber of Commerce

#201 - 2015 Shields Road, Box 18
Sooke, British Columbia
V9Z 0E4

Telephone: (250)642-6112
info@sookeregionchamber.com
www.sookeregionchamber.com
Social media: @sookechamber

May 26th, 2015

Mayor Maja Tait
District of Sooke
2205 Otter Point Road
Sooke BC V9Z 1J2

Dear Mayor Tait:

As you are aware, Sooke's population has grown significantly over the past decade. So significantly that the highway infrastructure in place to serve the community no longer does so effectively. As the second fastest growing community on Vancouver Island, Sooke's population has increased by 50% in the past two decades without much of the additional infrastructure spending that could have been expected. By 2035, it is forecast that Sooke's population will double to over 25,000. As a result, transportation infrastructure is repeatedly identified as the most important issue affecting Sooke and our business community. Over the coming years, the urgent need for highway improvements will only increase.

Our town's main arterial corridor and only crossing of Sooke River, Highway 14, requires immediate upgrades to improve road safety, reduce travel times and increase capacity. These much-needed improvements are in addition to the work expected to commence in the downtown core later this year. It is estimated that as many as 60% of Sooke residents use a portion of the highway each day, many during peak travel hours and as commuters to Langford, Colwood, Esquimalt and Victoria. Commercial and industrial traffic has increased in lock-step with the population and the result is that all of these vehicles travel along one 15 kilometre stretch of single-lane road between Sooke and Langford. In 2008, the provincial government reported that "the traffic demand on the highway is anticipated to surpass the available capacity if no future upgrades are completed resulting in service level F (breakdown flow; demand routinely exceeds capacity)". The same report stated that "difficult roadway geometry, limited access control and increasing traffic volumes contribute to safety performance concerns along the Highway 14 corridor". Unfortunately, few improvements have addressed the serious safety and capacity issues identified in these reports. Seven years later these predictions have been proven accurate.

Provincial and District of Sooke data shows that there is an accident on Highway 14 every 36 hours. Serious accidents often result in the complete closure of the highway with no alternate route. These frequent barriers to travel between Sooke and the surrounding communities have a serious negative impact on the local economy and many Sooke residents.

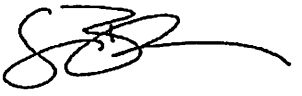
The much-needed Highway 14 improvements include:

- Highway 14 re-alignment (including straightening);
- Improved road lighting along the length of the highway from Langford to Sooke and most importantly at intersections. If the entire 15 kilometres were lit, less than 175 street lamps affixed to existing electrical poles would be needed;
- Transit improvements including facilities such as bus pull-outs, Park'n'Ride facilities, and shared parking facilities. A minimum of three new Park'n'Ride lots are required in well-known locations;
- The development of the local road network and parallel routes to reduce demand on the main road;
- Widened shoulders and bike lanes to separate slow moving and stopped traffic; and
- Pull-outs, lay-bys or passing lanes to allow improved traffic flow and create opportunities to pass slow-moving industrial and commercial traffic such as logging trucks.

The Sooke Region Chamber of Commerce doesn't have all of the answers to our community's transportation issues but we do believe the time has passed for all levels of government to work closely with the community towards resolving the long-standing safety and capacity concerns regarding Highway 14.

If you have any questions or would like additional information, please do not hesitate to contact me at president@sookeregionchamber.com or at the Sooke Region Chamber of Commerce office at 250-642-6112.

Sincerely,



Sean Dyble
President

District of Sooke
Incorporated December 7, 1999

2205 Otter Point Road, Sooke, British Columbia, Canada V9Z 1J2

Phone: 250-642-1634 • Fax: 250-642-0541 • Email:info@sooke.ca • Website: www.sooke.ca

March 21, 2016

Cheryl Damstetter
Executive Director, Portfolio M
Mental Health, Family and Public Health Services
1952 Bay St.
Victoria, BC
V8R 1J8

Dear Ms. Damstetter,

Re: Board of Directors Response to District of Sooke

At the end of November 2014 we had the pleasure of meeting with the Island Health Board of Directors, and had a productive discussion about our mutual interest in addressing the health care needs of our community. Progress has been made, yet a number of challenges which were identified in the attached letter to Don Hubbard on October 29, 2015, remain. In his response Mr. Hubbard suggested that I reach out to you and invite you to discuss these unresolved challenges.

I wish to invite you to meet with our Primary Health Care Services Working Group at a time that is mutually convenient in order that we can provide you with an update on the needs and priorities of Sooke Region. I believe that our discussion will assist us to identify areas that we can work on together.

Please contact me at (250) 642-1634 or mtait@sooke.ca.I look forward to hearing from you.

Sincerely,

Maja Tait
Mayor

cc. Primary Health Care Services Working Group
Leslie Barker, Working Group Member and Manager, Island Health

Excellent health and care, for everyone, everywhere, every time.

District of Sooke
NOV 27 2015
Received

island health

November 24, 2015

COPY

Original Document to File No. 0410-20

For Action by:		CC	Agenda	Other
Mayor/Council	☑			
Council Reader File	☐			
CAO	☐			
Corp Services	☐			
Engineering	☐			
Finance	☐			
Planning	☐			
Fire	☐			
Other	☐			

Ref # 17092

Maia Tait
Mayor, District of Sooke
2205 Otter Point Road
Sooke BC V9Z 1J2

Dear Mayor Tait,

Thank you for your letter of October 29, 2015 outlining the health accomplishments and challenges in Sooke over the past year. I was pleased to read about the number of successful activities in the Sooke region and your ongoing commitment to local health initiatives. I very much appreciate the time you took to provide us with an update.

In your letter, you noted that a number of challenges still remain with regard to addressing Sooke's health priorities. Island Health is committed to providing the best care for Island residents and welcomes connecting to discuss shared priorities.

To expedite the discussion, I would ask that you reach out to Cheryl Damstetter, Executive Director, Mental Health, Seniors Health, Family and Public Health Services. As some of the service priorities you listed are overseen by other portfolios, Cheryl will include others in the conversation to ensure that your concerns are heard. Cheryl can be reached through her assistant at linda.bidese@viha.ca.

Sincerely,

Don Hubbard
Board Chair

cc: Dr. Brendan Carr, President & CEO
Catherine Mackay, Executive Vice President & Chief Operating Officer
Elin Bjarnason, Executive Director, Geography 4
Cheryl Damstetter, Executive Director, Mental Health, Seniors, Family and Public Health Services
John Horgan, MLA, Constituency of Juan de Fuca
West Coast Family Medical Clinic
Ayre Manor Board of Directors
South Island Division of Family Practice
Primary Health Care Services Working Group

Executive Office
Located at: 2101 Richmond Road | Victoria, BC V8R 4R7 Canada
Mailing address: 1952 Bay Street | Victoria, BC V8R 1J8 Canada
Tel: 250-370-8699 | Fax: 250-370-8750
viha.ca

District of Sooke
Incorporated December 7, 1999

2205 Otter Point Road, Sooke, British Columbia, Canada V9Z 1J2

Phone: 250-642-1634 • Fax: 250-642-0541 • Email:info@sooke.ca • Website: www.sooke.ca

October 29, 2015

VIA EMAIL
(Original by mail)

Don Hubbard, Chair
Island Health Board of Directors
1952 Bay Street
Victoria, British Columbia
V8R 1J8

Re: Board of Directors Meetings in Sooke and Status Report

Dear Mr. Hubbard:

It was a pleasure to host your meetings in Sooke at the end of November 2014, and to engage in productive discussions about how we can work together to address community needs. As we approach the one year mark following your visit, we would like to provide you with an update on our accomplishments and the challenges we face.

Recent and current achievements to improve the health of Sooke Region residents include:

- Ongoing, active engagement of Primary Health Care Services Working Group (PHCSWG) members. Membership includes the District of Sooke, local physician representative from the West Coast Family Medical Clinic, the South Island Division of Family Practice (SIDFP), Island Health, the Sooke Region Community Health Initiative, Ayre Manor, and Sooke Family Resource Society. The Municipality is committed to ongoing involvement with the PHCSWG.

- Two physicians have been successfully recruited to the community. While this is not the primary role of the PHCSWG, we have been working with the South Island Division of Family Practice and local physicians to support their efforts. In collaboration with the Chamber of Commerce, we have initiated work on our red carpet strategy.

- Working with our SIDFP partners who supported the work of a management consultant, a review of Sooke Diagnostic Imaging Services was completed. The draft document, *A Business Case for Improved Diagnostic Imaging Services*, has been reviewed by the PHCSWG. A copy of the final report will be forwarded to the Board as soon as it is received.

- The community has active participants on the Sooke Region/West Shore Local Action Team of the Child and Youth Mental Health and Substance Use Collaborative and is supporting the Collaborative to achieve its aim of improving timely access to services.
- The PHCSWG has developed and implemented the Managing at Home study to determine the needs of seniors wishing to stay at home in good health.
- The PHCSWG, through the Mayor, has worked with Island Health to expand services at Ayre Manor.
- The PHCSWG is monitoring the progress of a new senior co-housing project which is near completion. The project has developed innovative co-caring components which are of interest to the Working Group.

As we continue to make progress towards a healthy community, a number of challenges remain. A recent PHCSWG planning session reviewed community health priorities, with the following results:

1. Priority populations are seniors, vulnerable seniors, children and youth with mental health and/or substance use issues, prenatal and postnatal parents, and adults needing accessible and affordable mental health services. The resources available to all these groups remain inadequate.
2. The capacity of our local health care services need to be augmented in the areas of physician recruitment (GP and specialists) and medical imaging improvements. With respect to physician recruitment, one physician recently left her practice which offsets the gains made in the previous year. This physician operated the Youth Clinic, and we are concerned that this important service may be in jeopardy. The community has been unable to replace the Child and Adolescent Psychiatrist who worked with local physicians under a Shared Care initiative.
3. Safe affordable housing for seniors is problematic, as is their ability to remain at home. Can we extend co-caring and co-housing models to improve and increase safe, affordable housing for local seniors? Can we access funding through Island Health or Better at Home to address the needs of vulnerable seniors who wish to remain at home?
4. The community needs increased capacity for long term care of seniors. While the next phase for Ayre Manor Complex Care housing is near "shovel ready", we need Island Health support to increase subsidized beds.
5. Prenatal services are lacking, and current available service is jeopardized. We have one local physician who offers maternity care; he will soon be retiring. Many pregnant parents do not fit the criteria for public Right from the Start service, and we have no local publically funded prenatal education service, or outreach for vulnerable parents.
6. The continuity of the Integrated Health Network services are uncertain. We need increased capacity for our local IHN and would like to see their services extended to all Sooke Region residents.

It is our belief that the November meeting was an important step in developing a stronger relationship with Island Health. We would like to build on our shared priorities, and engage with the Board and Island Health in some concrete planning to address the above issues.

As a community, we are taking a look at these identified needs and planning a Health Summit in March of 2016. Representatives from the PHCSWG would like to meet with the Island Health Board of Directors prior to the Health Summit in order to determine areas for future collaboration. **Please advise as to the Board of Directors' availability for a meeting in February or early March of 2016.**

Thank you for your consideration.

Sincerely,

Maja Tait,
Mayor

cc. John Hogan, MLA
West Coast Family Medical Clinic
Ayre Manor Board of Directors
South Island Division of Family Practice
Primary Health Care Services Working Group

District of Sooke
NOV 0 6 2014
Received

BRITISH COLUMBIA

1017994

NOV 0 3 2014

Her Worship Maja Tait
Acting Mayor of the District of Sooke
2205 Otter Point Rd
Sooke BC V9Z 1J2

Mr. Mike Hicks
Regional Director
Juan de Fuca Electoral Area
Capital Regional District
625 Fisgard St
Victoria BC V8W 1R7

0230-20 Primary Health Care

Original Document to File No. 0400-20			
For Action by:	CC	Agenda	Other
Mayor/Council ☑			
Council Reader File ☐			
CAO ☑			
Corp Services ☐			
Engineering ☐			
Finance ☐			
Planning ☐			
Fire ☐			
Other ☐			

Dear Mayor Tait and Mr. Hicks:

Thank you for letter of August 8, 2014, regarding your needs for better health information for the District of Sooke. I apologize for the delayed response.

The need for better data to support health planning in local communities has been recognized by the Ministry of Health. We are currently reviewing our health data holdings to identify the extent to which they can be used to generate reliable and valid indicators to support health planning in communities such as Sooke. As you note in your letter, we have typically used local health areas as the smallest geographical areas for which data is made available. As we move forward in addressing the needs of rural and remote communities, we recognize that we need to improve our ability to provide data at smaller levels of geography. To address this issue, staff have met with officials at Island Health and we will be collaborating with their planning staff to create a prototype for local community health indicators based on the data which is maintained by the Ministry of Health and Island Health. We will be pleased to include Sooke District, along with Tofino and Ucluelet, in this pilot project.

I can assure you that you will be contacted in the near future about this important initiative.

...2

Ministry of Health
Office of the Minister
Mailing Address:
PO Box 9050 Stn Prov Govt
Victoria BC V8W 9E2
Location:
Parliament Buildings
Victoria

I want to thank you for your commitment to supporting our efforts to create healthier communities through the application of valid and reliable data to the process of community health planning.

Sincerely,

Terry Lake
Minister

pc: Honourable Andrew Wilkinson, Minister of Technology, Innovation and Citizens' Services

D 230 -20 Primary Health Care Committee

District of Sooke

CRD
Making a difference...together

August 8, 2014

Honourable Terry Lake
Minister of Health
PO BOX 9050
STN PROV GOVT
Victoria, BC, V8W 9K4

Honourable Andrew Wilkinson
Minister of Technology, Innovation
and Citizen Services
PO BOX 9680
STN PROV GOVT
Victoria BC, V8W 9E2

Dear Minister Lake and Minister Wilkinson:

RE: Request for Sooke Region health information

We would like to bring your attention to an issue that has been limiting our ability to effectively target the determinants of health, and improve the health and well-being of the residents of Sooke Region. We have tried to address this issue through consultation with Island Health, but believe that successful resolution requires the support of your Ministries.

Sooke Region is situated on the south-west coast of Vancouver Island, extending from Scia'new First Nations and East Sooke in the south to Pacheedaht First Nation and Port Renfrew in the north. Its population of approximately 16,100 residents face unique challenges that arise from the relative isolation of the smaller communities and the limited availability of services. Gathering and analyzing information about the health and well-being of the people of our region and their health service utilization is beyond the scope of our local governments, and we rely on Vital Statistics and BC Statistics in that regard.

The Local Health Area Profile Sooke 62 (LHA Profile 62), prepared by Island Health is our primary source of health information. However, we are unable to rely on this report as a valid source of data for our region because of the way it aggregates unique communities including Langford, Colwood, Metchosin, the District of Highlands, and Sooke Region. Each of these communities varies considerably in population size and diversity. The largely urban community of Langford alone is comprised of 29,000 residents compared to our rural and remote population of 16,100, which is spread out in communities ranging in size from 125 to 12,000 residents. When statistics are calculated, Sooke Region figures are added to those from the other communities creating averages and trends that do not reflect our local population. In terms of health determinants, we know from other sources such as School District 62, which both aggregates and separates its communities, that Sooke Region has a unique profile in terms of childhood vulnerability. Reports from the West Coast Family Medical Clinic also depict Sooke Region residents as having more chronic health problems that the LHA report indicates is the case. Without a valid source of data, we are severely hampered in our ability to improve the health status of our community, and understand the many factors that affect health.

We understand the reasons why Island Health established 14 LHAs and are not suggesting that a separate LHA be created. We would like to request your assistance in separating Sooke Region data from the data from other communities in LHA 62. If this could be done, and this data could be made available to Island Health and the local communities in the Sooke Region, we believe we could collectively effect a significant improvement in the health status of Sooke Region residents.

Yours truly,

Acting Mayor Maja Tait
District of Sooke

Mike Hicks
Regional Director
Juan de Fuca Electoral Area

cc. John Horgan, MLA Juan De Fuca
Dr. Ellen Anderson, Physician, West Coast Family Medical Clinic
Emma Isaac, Board Chair, Sooke Region Community Health Initiative
Grant Hollet, Corporate Director Planning and Community Engagement, Island Health
Andrew Hume, Executive Director, South Island Division of Family Practice
Chair, Alberni-Clayoquot Health Network

DECEMBER 2015

2014
Local Health Area Profile
Sooke (62)

Prepared by Planning Department
Island Health

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, or if you have questions or notice a discrepancy, please contact
Melanie Rusch (Melanie.Rusch@viha.ca)

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1. Keynotes

Demographics

As of 2015, the Sooke Local Health Area represented 10% (77,813 people) of the total population within Island Health (768,131). On average, the population of Sooke is younger (average age of 39.4 years) than that of BC (41.4) and Island Health (44.4). Over the next 20 years, the total population of Sooke is expected to grow by 54%, of which the most significant growth is expected to occur within the 75+ age group (115%). As of 2011, 5.3% of people living in Sooke identified as Aboriginal[1] compared to 6.6% in Island Health and 5.4% in BC.

Social Determinants

Social determinants such as education, income, housing and social support can all have an impact on our health and wellbeing. In general, Sooke households earn higher levels of income, and have a lower percentage of adults and seniors living alone.

The early development instrument measures vulnerabilities in kindergarten children across a number of domains – social, emotional, physical, communication and language. In Sooke, levels of emotional vulnerability are higher as compared to BC. School performance measures indicate nearly a quarter of Grade 4 and 7 students in Sooke scored below average in standardized writing exams – higher than BC (13.6%) or Island Health (18.8%).

In Sooke, there is a lower percentage of older housing (8.7%) and a lower percentage of dwellings needing major repairs (4.5%) compared to BC or Island Health. The average gross rental costs within Sooke ($1,085) are slightly higher than that of BC ($989) and Island Health ($930).

Population Health

Residents of Sooke are relatively young and have a high life expectancy (83 years). While life expectancy within Sooke is similar to that of BC and Island Health, it appears to be increasing at a greater rate. Sooke has the second highest birth rate and the highest rate of births by caesarean section (337.5 per 1,000 live births).

Sooke has a higher age standardized prevalence rate per 1,000 people for asthma, chronic kidney disease, depression/anxiety, and hypertension, compared to BC and Island Health.

Health Care Utilization

In 2013/14, there were 20, 959 hospital admissions for Sooke residents. Of the 38,922 patient days for Sooke residents, 6.6% of patient days were for an alternate level of care, which has been decreasing for Sooke residents and Island Health since 2010/11. Similar to many other LHAs, the majority of patient days were attributed to mental diseases and disorders (6,247 or 16.1%).

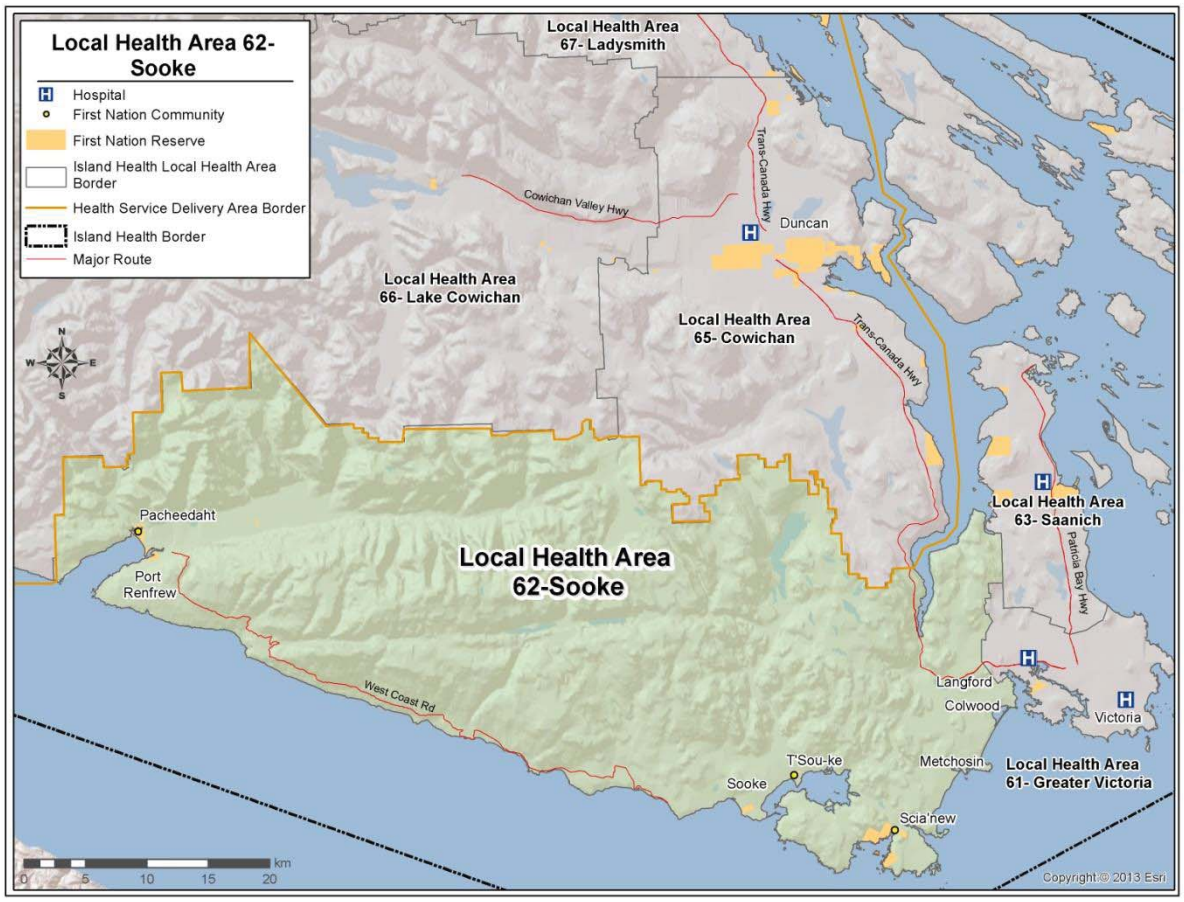
Compared to Island Health as a whole, Sooke residents made fewer visits to the Emergency Department per 1,000 people, both overall and across all age groups. Visits occurred most often on Saturdays and Sundays.

[1] Statistics Canada, National Household Survey, 2011; Aboriginal identity includes persons who reported being an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who reported Registered or Treaty Indian status, that is registered under the *Indian Act* of Canada, and/or those who reported membership in a First Nation or Indian band.

2. Geography

2.1 Location Description

- Sooke LHA is one of 14 LHAs in Island Health and is located in Island Health's South Island Health Service Delivery Area (HSDA).
- Sooke is at the south western tip of the South Island HSDA. It is 1,738 square kilometres, and includes the communities of Langford, Colwood, Sooke, Metchosin, and Highlands. Sooke LHA borders on four other LHAs: Sooke, Saanich, Cowichan and Lake Cowichan.



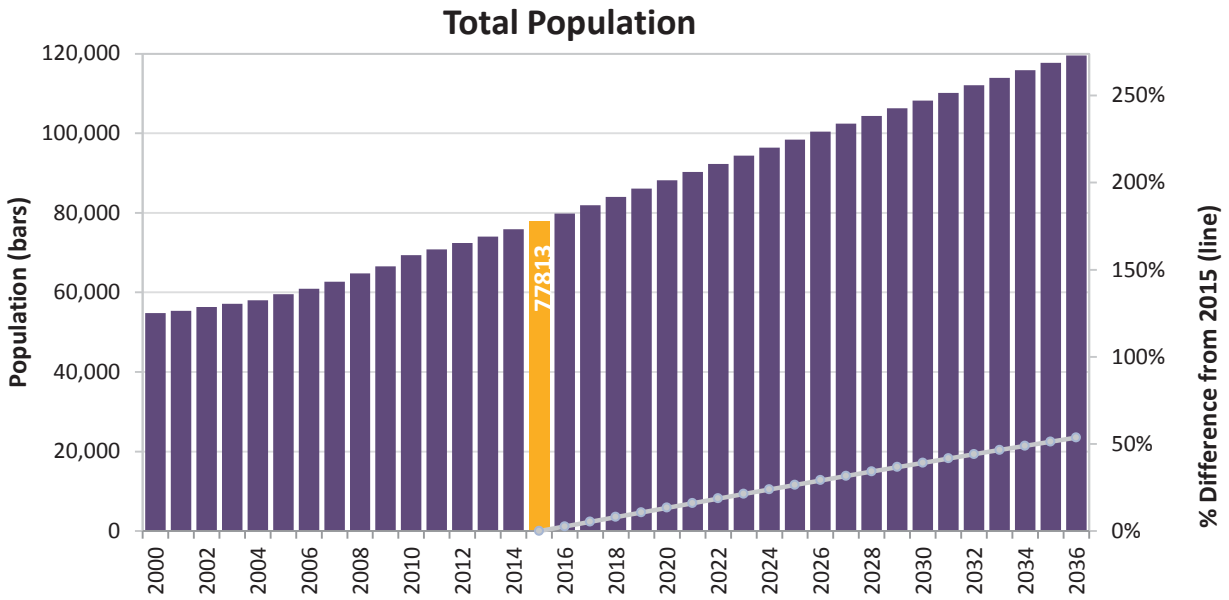
2.2 Transportation

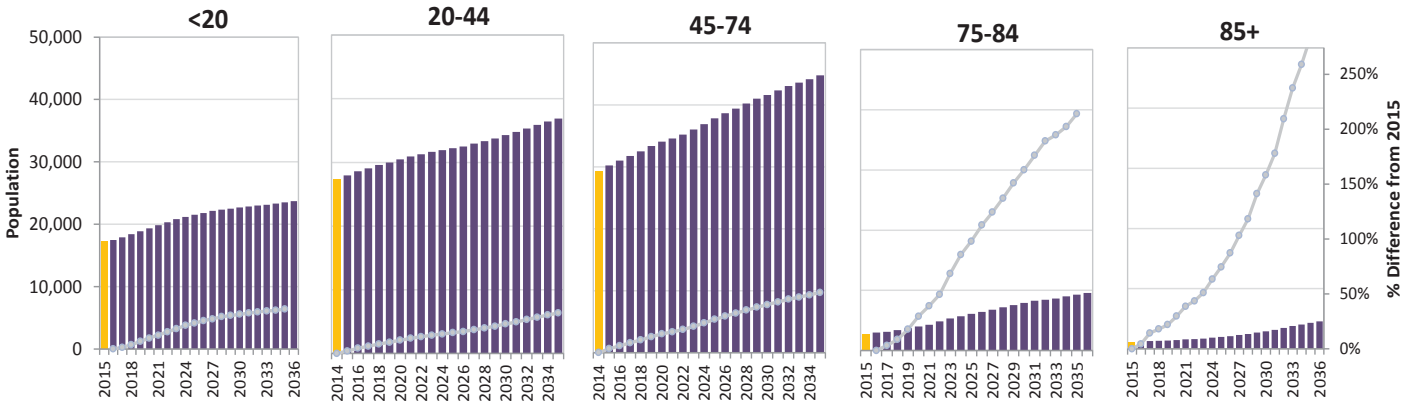
- Sooke can be reached by Highway 1, and is serviced by Highway 14. It is approximately half an hour from Victoria, and 45 minutes from Duncan.
- Sooke is serviced by more than 10 bus routes, and has a handyDART service.

3. Demographics*

Key Notes:

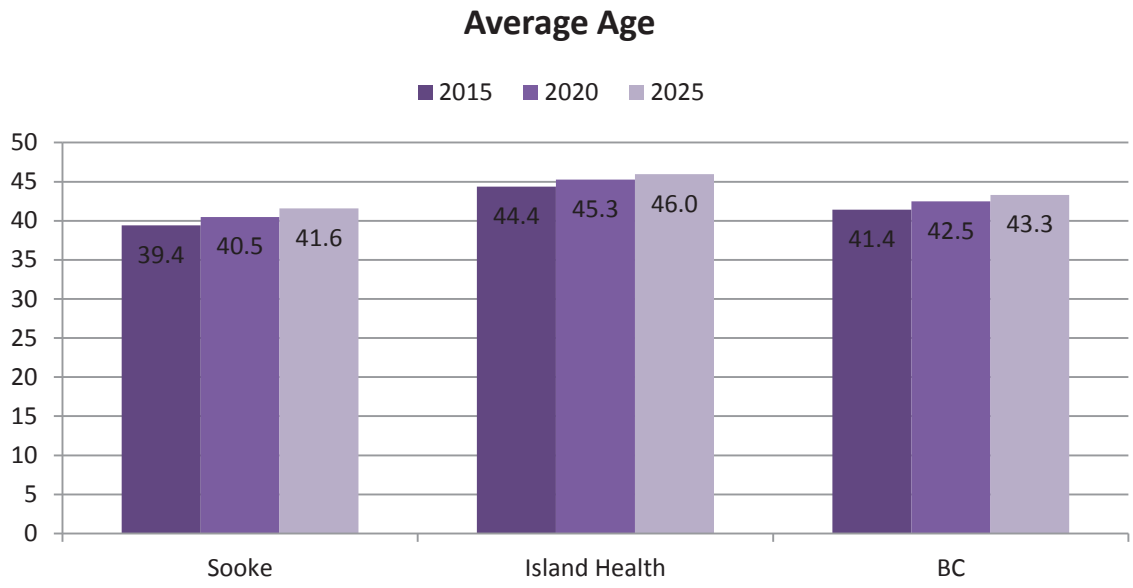
- **Average Age**: On average, the population of Sooke is younger than that of BC and Island Health.
- **Percent Population:** As of 2015, Sooke represented 10% (77,813 people) of the total Island Health population of 768,131.
- **Aboriginal Population:** As of 2011, 5.3% of people living in Sooke identified as Aboriginal† compared to 6.6% in Island Health and 5.4% in BC.
- **Population Increase:** The total LHA population is expected to grow by 54% by 2036, while the population over 75 is expected to grow by 256%.





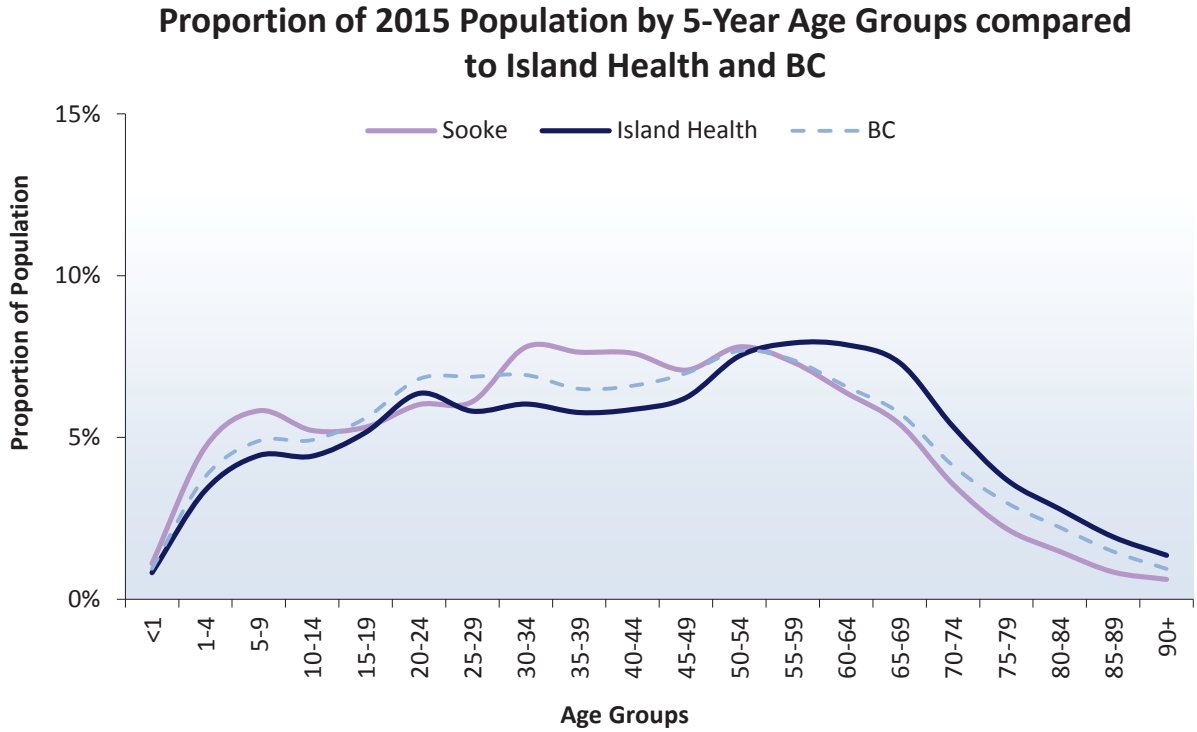
* Source: BC Statistics, PEOPLE 2014, unless otherwise specified.

† Statistics Canada, National Health Survey, 2011; Aboriginal identity includes persons who reported being an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who reported Registered or Treaty Indian status, that is registered under the *Indian Act* of Canada, and/or those who reported membership in a First Nation or Indian band.



Sooke's 2015 population profile is roughly similar to Island Health as a whole and BC; however, it has:

- A higher percentage of people under 15 years of age;
- A higher percentage of people aged 30-44; and
- Compared to Island Health, a lower percentage of people aged 55+.

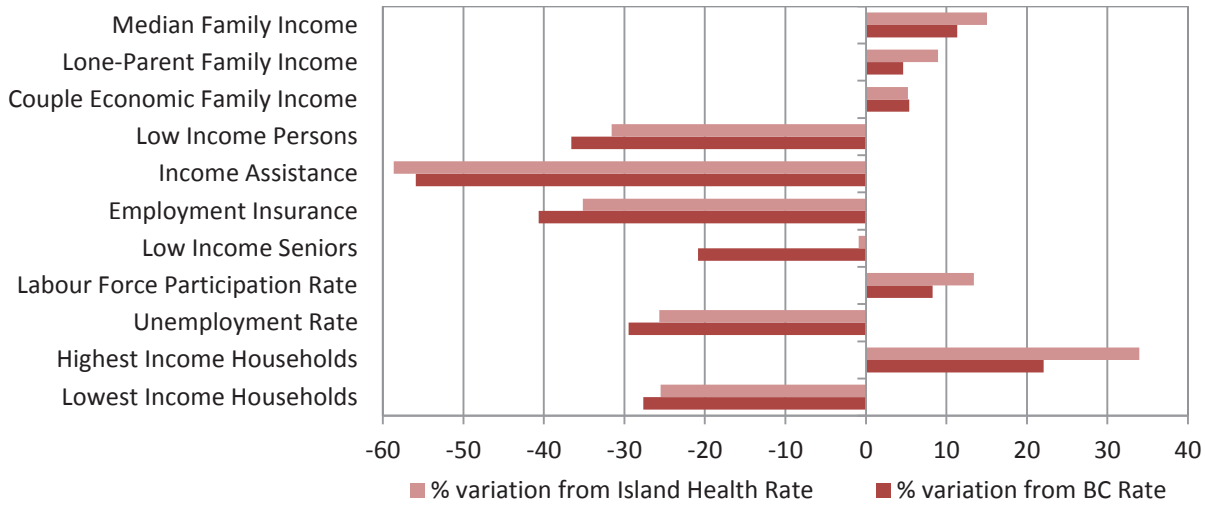


4. Social Determinants of Health and Wellbeing

4.1 Economic Wellbeing

Key Notes:

- **Household Income**: Sooke had a lower percentage of people on income assistance (0.7%) than BC (1.7%) or Island Health (1.8%).
- **Employment Insurance:** Sooke had a lower percentage of people on employment insurance (0.9%) than BC (1.5) or Island Health (1.4%).
- **Unemployment Rate:** There was a lower percentage of low income persons in Sooke (10.4%) than BC (16.4%) or Island Health (15.2%), as well as a lower percentage of households earning <$20,000.



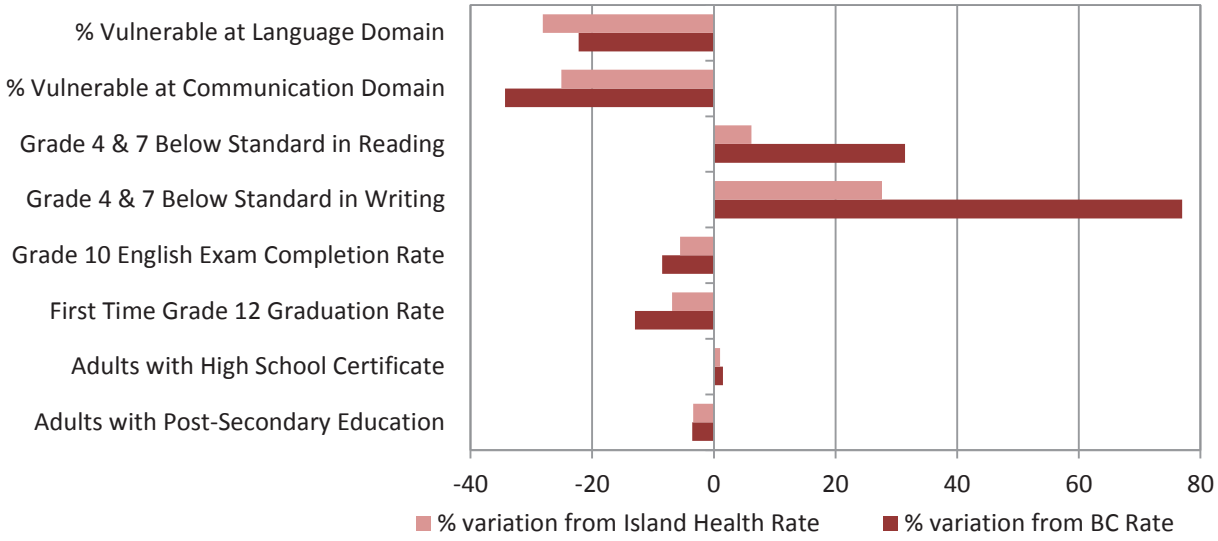
Indicator	Definition	Sooke	BC	Island Health
Median Family Income[1]	Median family income from all sources in 2010	$84,394	$75,797	$73,358
Lone-Parent Family Income[1]	Median family income of lone-parent economic families in 2010	$44,588	$42,610	$40,914
Couple Economic Family Income[1]	Median family income of couple economic families in 2010	$99,724	$94,632	$94,769
Low Income Persons[1]	Prevalence (%) of low income in 2010 based on after-tax low-income measure	10.4	16.4	15.2
Income Assistance (IA)[2]	Percent of population aged 15+ receiving income assistance from provincial program	0.7	1.7	1.8
Employment Insurance[2]	Percent of population 15+ on Employment Insurance	0.9	1.5	1.4
Low Income Seniors[1]	Percent of persons 65 years of age and over that were low income in 2010 based on after-tax low-income measure	11.0	13.9	11.1
Labour Force Participation Rate[1]	Percent of population aged 25 and over that are participating in the labour force	71.0	65.6	62.6
Unemployment Rate[1]	Percent of population aged 25 and over that are unemployed	5.5	7.8	7.4
Highest Income Households[1]	Percent of private households earning >$80,000	44.4	36.3	33.1
Lowest Income Households[1]	Percent of private households earning <$20,000	10.4	14.3	13.9

Source: [1]Statistics Canada (2011 Census); [2]BC Statistics Agency, Employment Insurance Statistics and Statistics Canada (4 Quarter Average Dec 2011-Sep 2012)

4.2 Education

Key Notes:

- **Language Development:** A lower percentage of children in Sooke rated as vulnerable for preschool language development (7.0%) than in BC (9.0%) or Island Health (9.7%).
- **Communication Skills:** A lower percentage of children in Sooke rated as vulnerable for preschool communication skills (9.0%) than in BC (13.7%) or Island Health (12.0%).
- **Writing Skills:** A higher percentage of Sooke children were below standard in writing (24.0%) than in BC (13.6%) or Island Health (18.8%).



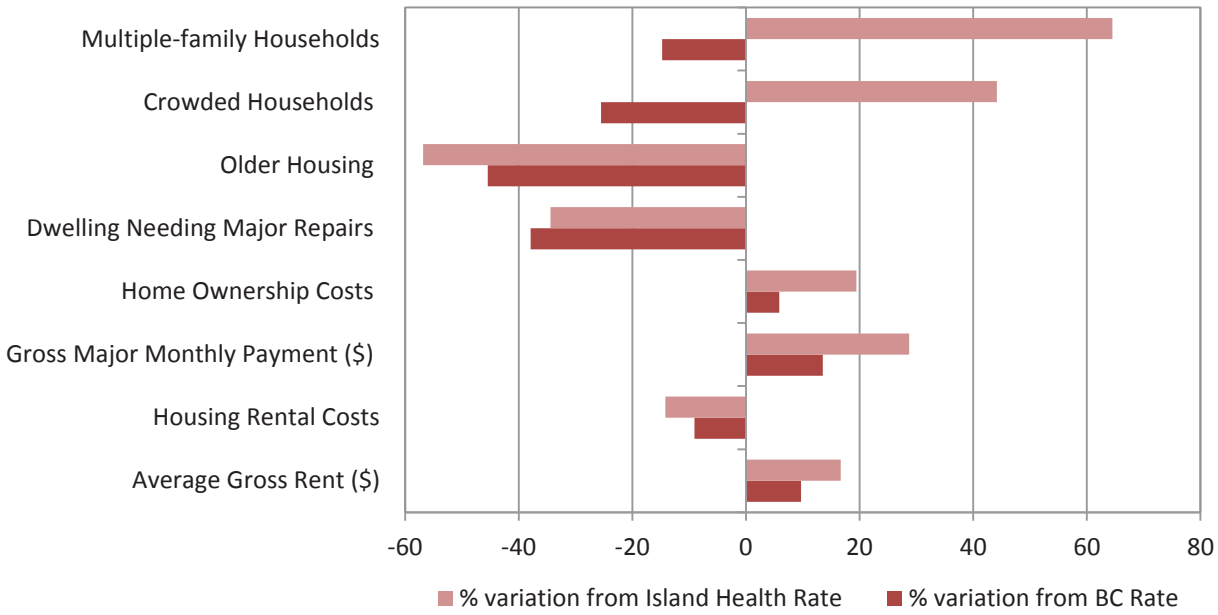
Indicator	Definition	Sooke	BC	Island Health
Preschool Language Development Vulnerability[2]	Percent of kindergarten children rated as vulnerable for language and cognitive development (problems in reading, writing and numeracy)	7.0	9.0	9.7
Preschool Communication Skills Vulnerability[2]	Percent of kindergarten children rated as vulnerable in communication and general knowledge skills	9.0	13.7	12.0
Grade 4 & 7 Below Standard in Reading[3]	Percent of students scoring below standards on standardized test	25.8	19.6	24.3
Grade 4 & 7 Below Standard in Writing[3]	Percent of students scoring below standards on standardized test	24.0	13.6	18.8
Grade 10 English Exam Completion Rate[3]	Percent of students who did write and pass Grade 10 provincial English exam	76.0	83.1	80.5
First Time Grade 12 Graduation Rate[3]	Percent of first time Grade 12 students who graduated	70.8	81.3	76.0
Adults with High School Certificate[1]	Percent of population aged 25 to 64 with high school certificate or equivalent	91.3	89.9	90.3
Adults with Post-Secondary Education[1]	Percent of population aged 25 to 64 with post-secondary education (apprenticeship or trades certificate or diploma, college, CEGEP or other non-university certificate or diploma, or university certificate, diploma or degree	62.5	64.8	64.8

[1]Statistics Canada (2011 Census), [2]Human Early Learning Partnership (2011-2013); [3]BC Statistics Agency and Ministry of Education (2013/2014-2014/2015)

4.3 Housing

Key Notes:

- **Older Dwellings:** Sooke had a lower percentage of older housing (8.7%) than BC (16.0%) or Island Health (20.2%).
- **Multiple Family Households:** There was a higher percentage of multiple-family households in Sooke (2.4%) than in Island Health (1.5%) but a lower percentage than BC (2.9%).
- **Housing Needing Major Repairs:** Sooke had a lower percentage of dwellings needing major repairs (4.5%) than BC (7.2%) or Island Health (6.9%).



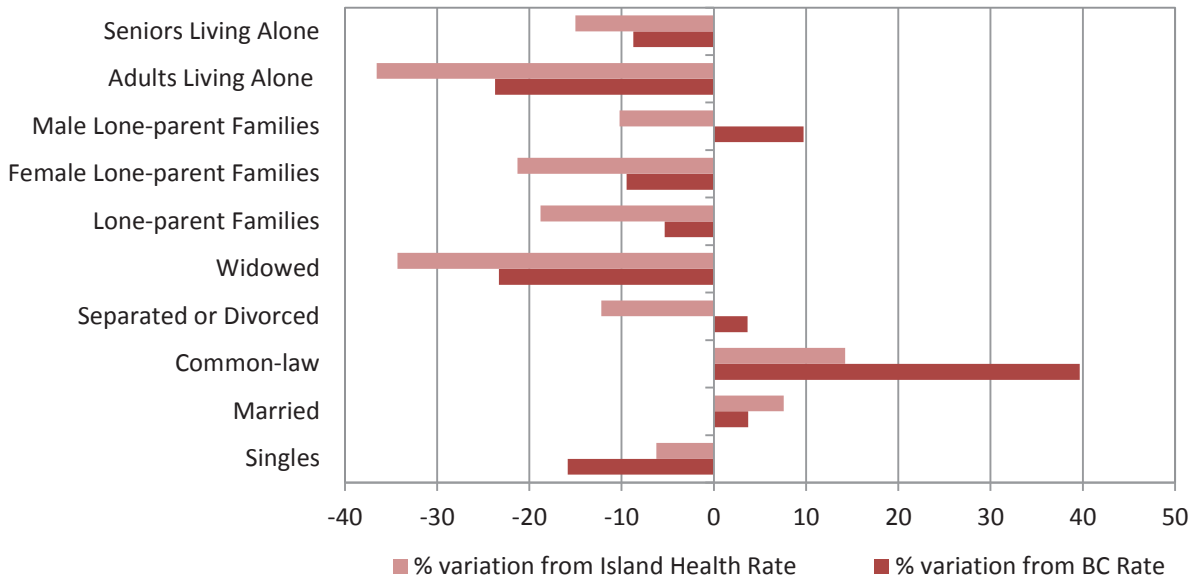
Indicator	Definition	Sooke	BC	Island Health
Multiple-family Households	Percent of private households with multiple families	2.4	2.9	1.5
Crowded Households	Percent of private households with 6 or more persons	2.5	3.3	1.7
Older Housing	Percent of dwellings built prior to 1961	8.7	16.0	20.2
Dwelling Needing Major Repairs	Percent of dwellings rated as needing major repairs by renter or owner	4.5	7.2	6.9
Home Ownership Costs	Percent of home owners spending more than 30% of income on housing	25.2	23.8	21.1
Gross Major Monthly Payment ($)	Average gross major monthly payment of owner-occupied private non-farm, non-reserve dwellings	$1,394	$1,228	$1,083
Housing Rental Costs	Percent of renters spending more than 30% of income on rent	41.2	45.3	48.0
Average Gross Rent ($)	Average gross rent of tenant-occupied private non-farm, non-reserve dwellings	$1,085	$989	$930

Source: Statistics Canada (2011 Census)

4.4 Social Support

Key Notes:

- **Adults living alone:** There were a lower percentage of adults living alone in Sooke (8.8%) than in BC (11.5%) or Island Health (13.9%), and a lower percentage of seniors living alone.
- **Seniors Living alone:** There were a lower percentage of widowed individuals in Sooke (4.2%) than in BC (5.5%) or Island Health (6.4%).
- **Lone parents:** Sooke had a higher percentage of people living in common-law relationships (12.1%) than in BC (8.6%) or Island Health (10.6%).



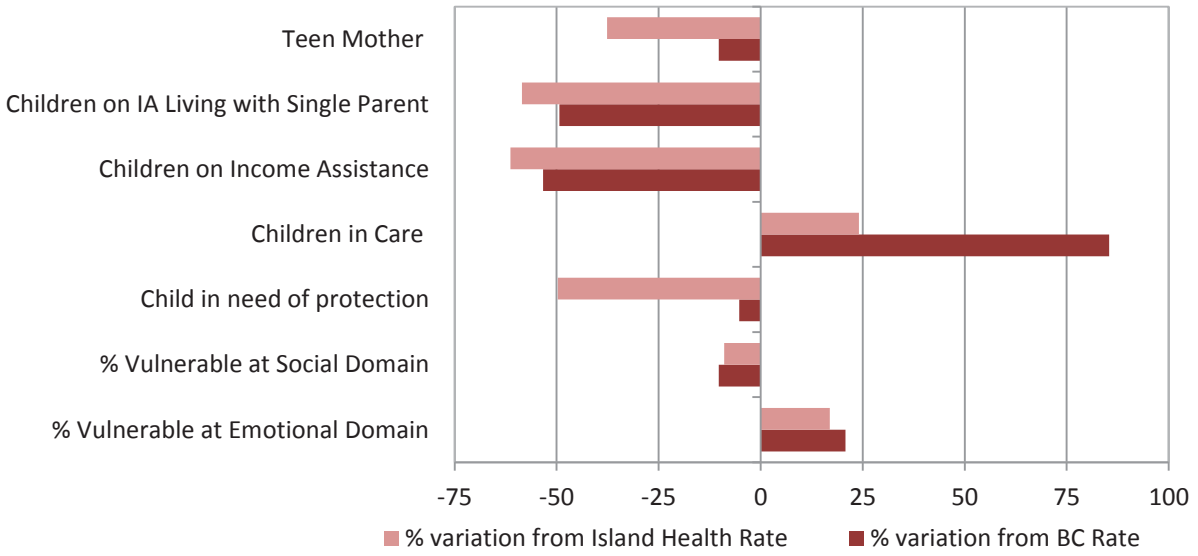
Indicator	Definition	Sooke	BC	Island Health
Seniors Living Alone	Percent of persons aged 65 and over that are not in census families and are living alone	23.5	25.7	27.6
Adults Living Alone	Percent of persons in private households that are not in census families and are living alone	8.8	11.5	13.9
Male Lone-parent Families	Percent of census families with children in private households that are male lone-parent families	6.3	5.7	7.0
Female Lone-parent Families	Percent of census families with children in private households that are female lone-parent families	19.0	21.0	24.1
Lone-parent Families	Percent of census families with children in private households that are lone-parent families	25.3	26.7	31.1
Widowed	Percent of population aged 15 and over that are widowed	4.2	5.5	6.4
Separated or Divorced	Percent of population aged 15 and over that are legally married but are separated, or are divorced	9.7	9.4	11.1
Common-law	Percent of population aged 15 and over that are in a common-law relationship	12.1	8.6	10.6
Married	Percent of population aged 15 and over that are legally married (not separated)	51.1	49.2	47.5
Singles	Percent of population aged 15 and over that have never legally married	22.9	27.2	24.5

Source: Statistics Canada (2011 Census)

4.5 Healthy Development (Child and Youth)

Key Notes:

- **Children on Income Assistance:** Sooke had a lower percentage of children on income assistance (1.5%) than BC (3.1%) or Island Health (3.8%), and a lower percentage of children on income assistance living with a single parent.
- **Children in Care**: Sooke had a higher rate of children in care (16.8 per 1,000 children aged 0-18) compared to BC (9.1 per 1,000) and Island Health (13.5 per 1,000).
- **Children in Need of Protection**: Sooke had a lower percentage of children in need of protection (6.1 per 1,000 children aged 0-18) compared to Island Health (12.1 per 1,000).



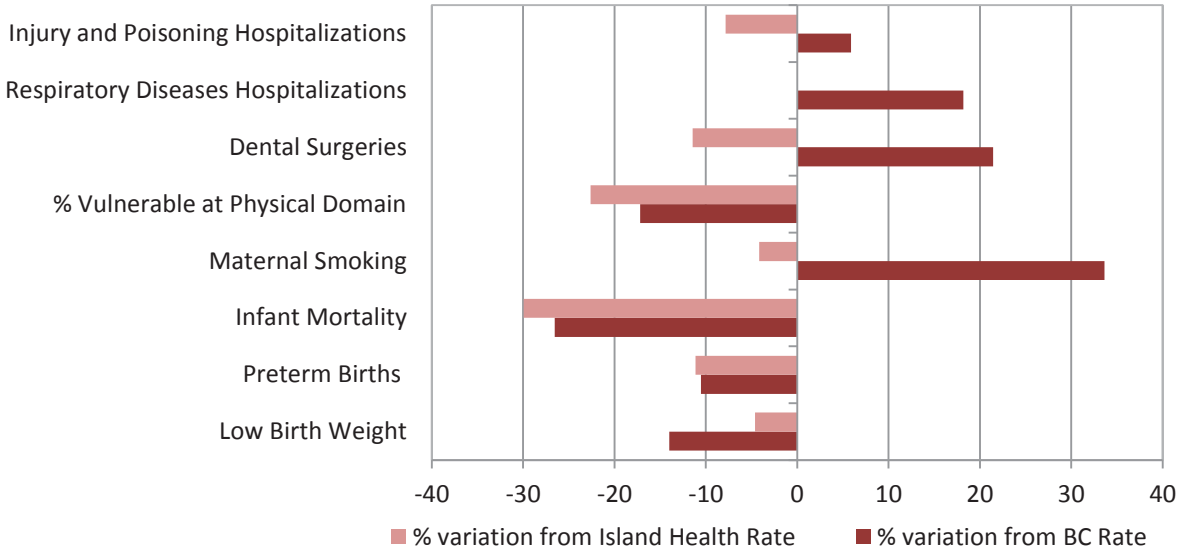
Indicator	Definition	Sooke	BC	Island Health
Teen Mother[1]	Live births to mothers under 20 years of age per 1,000 live births	24.3	27.1	39.0
Children on IA Living with Single Parent[2]	Percent of children less than 15 years of age receiving income assistance and living with a single parent	1.4	2.7	3.3
Children on Income Assistance[2]	Percent of children less than 15 years of age receiving income assistance	1.5	3.1	3.8
Children in Care[3]	Children in care per 1,000 children aged 0 to 18 years	16.8	9.1	13.5
Children in Need of Protection[4]	Reported children in need of protection rate per 1,000 children aged 0 to 18 years	6.1	6.4	12.1
Preschool Social Development Vulnerability[5]	Percent of kindergarten children rated as having problems forming friendships, accepting rules and showing respect for adults	14.0	15.6	15.4
Preschool Emotional Development Vulnerability[5]	Percent of kindergarten children rated as having problems with aggressive behaviour, impulsivity, disobedience and inattentiveness	18.0	14.9	15.4

[1]BC Vital Statistics Agency (2008-2012) [2]BC Statistics Agency, Statistics Canada Census 2006 and Ministry of Social Development (Sep 2012), [3]BC Statistics Agency and Ministry of Children and Family Development (Dec 2012); [4]BC Statistics Agency and Ministry of Children and Family Development (Dec 2011); [5]Human Early Learning Partnership (2011-2013)

4.6 Child Health

Key Notes:

- **Physically Vulnerable:** A lower percentage of Sooke preschool children were rated as vulnerable for physical development (13.0%) than BC (15.7%) or Island Health (16.8%).
- **Maternal Smoking:** Sooke had a lower proportion of pregnant women reporting smoking (10.8%) than BC (8.1%), but a similar proportion as Island Health (11.2%).
- **Respiratory Hospitalizations:** Sooke had a higher rate of children hospitalized for respiratory disease (10.4 per 1,000 children aged 0-14) compared to BC (8.8 per 1,000).

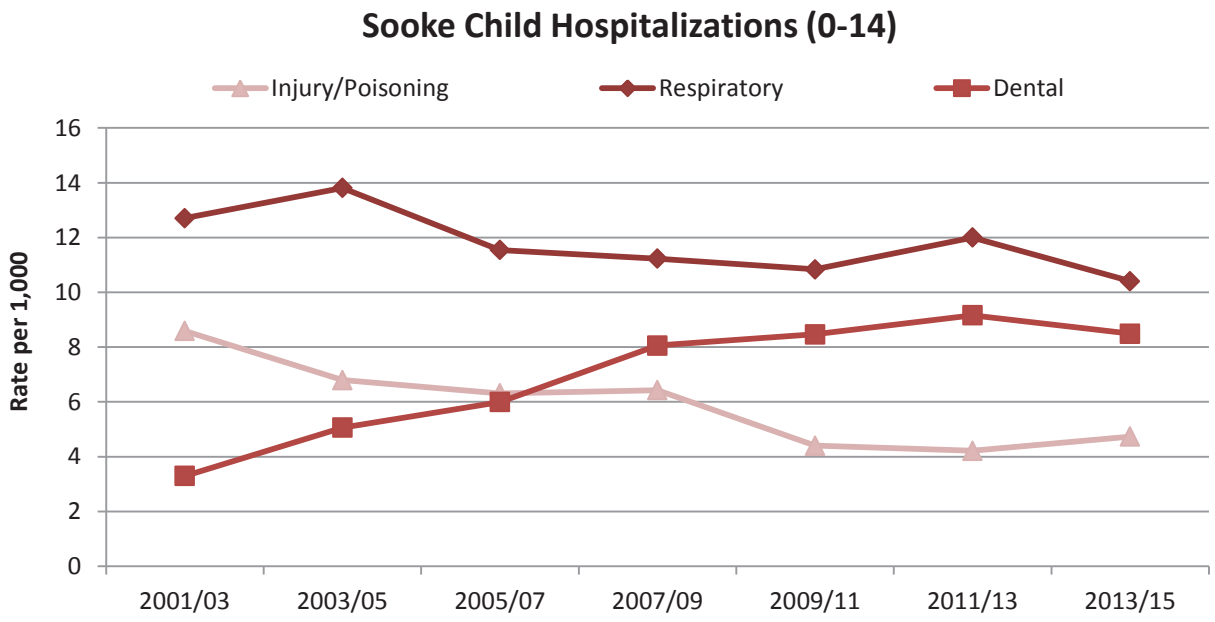


Indicator	Definition	Sooke	BC	Island Health
Injury and Poisoning Hospitalizations[1]	Hospitalization rate per 1,000 children aged 0 to 14	4.7	4.4	5.1
Respiratory Diseases Hospitalizations[1]	Hospitalization rate per 1,000 children aged 0 to 14	10.4	8.8	10.4
Dental Surgeries[1]	Hospitalization rate per 1,000 children aged 0 to 14	8.5	7.0	9.6
Preschool Physical Development Vulnerability[2]	Percent of kindergarten children rated as having problems with fine and gross motor skills, daily preparedness for school, washroom skills, and handedness	13.0	15.7	16.8
Maternal Smoking[3]	Percent of pregnant women who reported smoking at any time during their current pregnancy	10.8	8.1	11.2
Infant Mortality[4]	Deaths of children under 1 year of age per 1,000 live births	2.7	3.7	3.9
Preterm Births[4]	Newborns with a gestational age < 37 weeks per 1,000 live births	67.0	74.9	75.4
Low Birth Weight[4]	Births weighing less than 2,500 grams per 1,000 live births	48.9	56.8	51.2

[1] Ministry of Health, HealthIdeas (2013/14-2014/15);[2]Human Early Learning Partnership (2011-2013), [3]BC Perinatal Health Program (2009/10-2013/14); [4]BC Vital Statistics (2008-2012).

Key Notes:

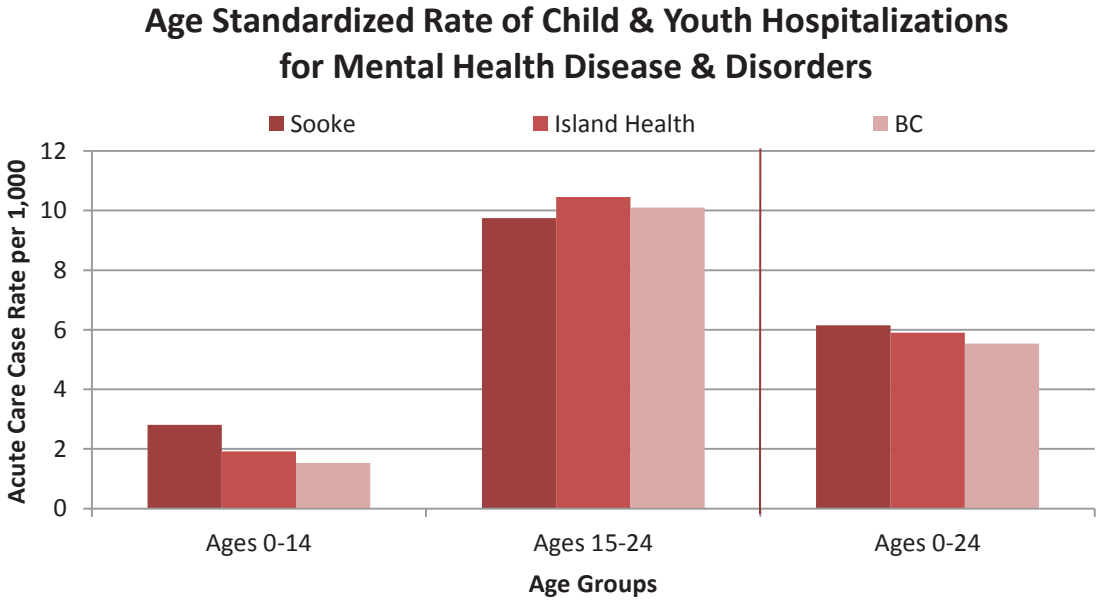
- The rate of child hospitalizations due to dental surgeries has been increasing over the last 10 years.
- The rate of child hospitalization for injury and poisoning declined around 2009 and has remained steady at around 4.5 per 1,000 over the past five years.
- The rate of child hospitalization associated with respiratory diseases declined from around 14 per 1,000 in 2003-05 down to 10 per 1,000 in 2013-15.



Source: HealthIdeas (Ministry of Health)

Key Notes:

- In Sooke, the rate of hospitalization for mental health disease and disorders among the 0-14 age group is higher than that of BC and Island Health.
- The Sooke hospitalization rate within the 15-24 year old group is less than that of Island Health and BC.

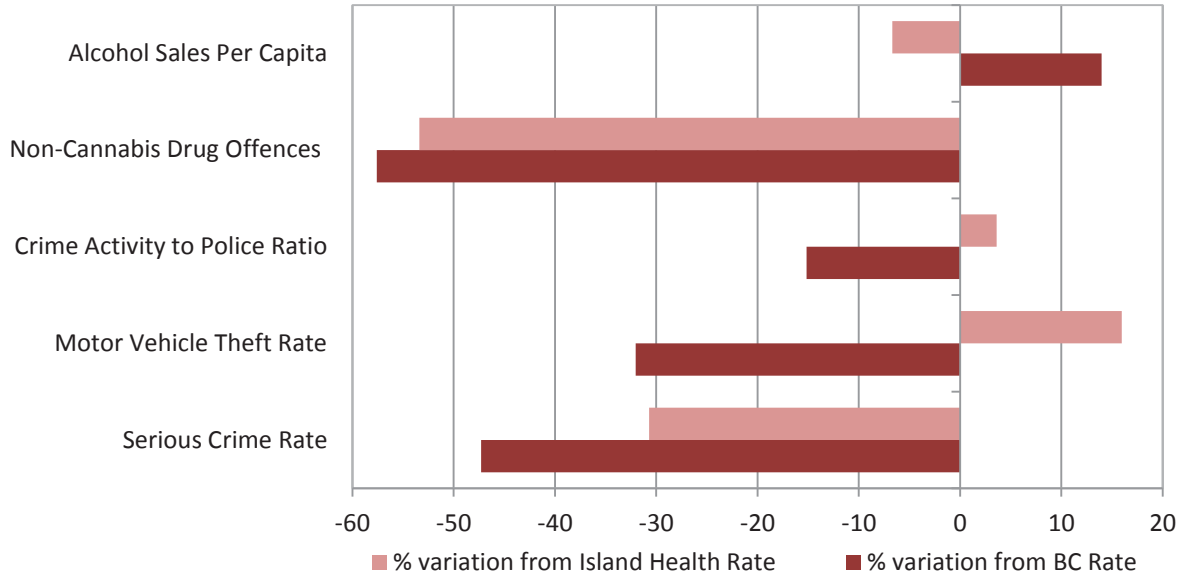


Source: HealthIdeas (Ministry of Health) , 2013/14

4.7 Crime

Key Notes:

- **Non-cannabis Drug Offences:** There were a lower percentage of non-cannabis drug offences in Sooke (72.2 per 100,000 people) than in BC (170.3 per 100,000) or Island Health (154.8 per 100,000).
- **Serious Crime:** There was a lower rate of serious crime in Sooke (5.3 per 1,000 people) than in BC (10.1 per 1,000) or Island Health (7.7 per 1,000).
- **Motor Vehicle Theft:** There was a lower rate of motor vehicle thefts in Sooke (2.4 per 1,000 people) than in BC (3.6 per 100,000), but a higher rate than in Island Health (2.1 per 100,000).



Indicator	Definition	Sooke	BC	Island Health
Illicit Drug Deaths[1‡]	Deaths per 100,000 population aged 19 to 64	--	7.2	9.4
Alcohol Sales Per Capita[1§]	Litres of alcohol sold per resident population aged 19 and older (one litre of absolute alcohol = 58 standard drinks)	10.2	9.0	10.9
Non-Cannabis Drug Offences [2]	Non-cannabis drug offences per 100,000 population	72.2	170.3	154.8
Crime Activity to Police Ratio[2]	Number of serious crimes per police officer	5.9	7.0	5.7
Motor Vehicle Theft Rate[2]	Motor vehicle theft rate per 1,000 population	2.4	3.6	2.1
Serious Crime Rate[2]	Total violent and property crime rate per 1,000 population	5.3	10.1	7.7

[1] AOD Monitoring Project, Centre for Addictions Research BC (2013 and 2014), [2]BC Statistics Agency, Statistics Canada, Canadian Centre for Justice Statistics (Avg 2009-2011)

‡ Numbers too small for accurate reporting

§ Alcohol sales per capita is based on total volume sold in a local health area and does not consider the impact of tourist volume or non-resident alcohol purchases in that area.

5. Health Status

5.1 Birth Statistics

Key Notes:

- **Cesarean rate**: Sooke had the highest rate of live births and the highest rate of births by cesarean section.

Birth Rates	Sooke	Island Health	% Difference	Rank** in Island Health	BC	% Difference
Elderly Gravida	202.6	204.8	-1%	5	233.1	-13%
Low Birth Weight	48.9	51.2	-5%	10	56.8	-14%
Infant Death	2.7	3.9	-30%	10	3.7	-27%
Teen Mother	24.3	39.0	-38%	12	27.1	-10%
Cesarean	330.5	281.7	17%	1	315.4	5%
Pre-term	67.0	75.4	-11%	11	74.9	-11%
Stillbirth	4.9	7.9	-38%	13	10.0	-51%
Live Birth	11.5	8.4	36%	1	9.7	18%

Source: BC Vital Statistics (Aggregate 2009-2013)

5.2 Mortality Statistics

Key Notes:

- **Deaths Due to Falls:** Although numbers are small, Sooke had higher than expected potential years of life lost from deaths due to falls relative to BC.

Indicator	SMR Value	Island Health SMR Value	% Difference	Rank in Island Health	PYLLI
Drug Induced Deaths	0.70	1.14	-39%	10	0.61
Medically Treatable Diseases	0.99	0.93	6%	6	0.96
Circulatory System	1.05	1.03	1%	8	0.93
Digestive System	1.00	1.08	-7%	11	0.72
Alcohol Related Deaths	1.01	1.31	-23%	13	1.08
Falls	1.16	1.19	-3%	8	2.40
Cancer	1.11	1.06	4%	5	1.15
Respiratory	0.81	0.93	-12%	11	0.95
Suicide	1.03	1.19	-14%	10	1.14
Motor Vehicle	0.71	0.92	-23%	12	0.75
End/Nut/Met Diseases	0.98	1.01	-3%	11	0.79
Diabetes	0.94	1.01	-6%	11	0.76
Arteries/Arterioles/Capillaries	1.17	1.02	15%	6	1.02
Pneumonia and Influenza	0.68	0.83	-18%	12	1.33
Lung Cancer	1.12	1.04	9%	8	0.93
Ischaemic Heart Disease	1.00	0.99	1%	8	0.90
Chronic Lung Disease	0.86	0.99	-13%	9	0.54
Cerebrovascular Disease/Stroke	1.07	1.03	4%	7	0.97
Total Deaths	**1.00**	**1.03**	**-3%**	**10**	**0.92**

Source: BC Vital Statistics Annual Report, 2011 (Aggregate 2007-2011)

** Rank in Island Health refers to the rank of all LHAs, where 1 is the highest rate and 14 is the lowest.

5.3 Chronic Disease

Key Notes:

- **Chronic Disease[††]:** Sooke had a higher age standardized prevalence rate per 1,000 people for asthma, chronic kidney disease, depression/anxiety, and hypertension, compared to BC and Island Health.

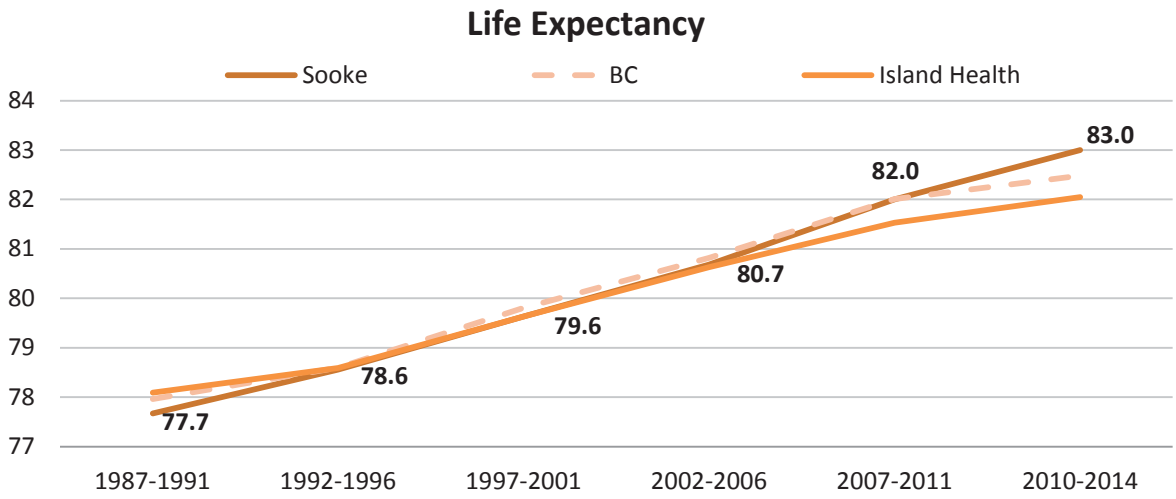
Chronic Conditions, Age Standardized Rates per 1,000	Sooke		Island Health		BC Total	
	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence
Asthma (ages 5-54)	6.43	120.17	6.28	118.86	6.20	105.26
Chronic Kidney Disease	1.62	15.46	2.07	14.97	2.45	14.80
Chronic Obstructive Pulmonary Disease (ages 45+)	7.45	55.37	7.88	56.77	8.20	58.66
Cardiovascular Disease	3.69	28.88	3.17	28.10	3.43	30.56
Dementia (ages 45+)	6.41	28.08	6.78	29.25	6.32	27.10
Depression/Anxiety	19.05	246.17	16.46	238.83	15.22	213.18
Diabetes	4.60	57.83	4.57	52.87	5.32	60.02
Heart Failure	2.27	11.95	2.07	12.16	2.26	13.84
Hypertension (ages 20+)	15.76	189.24	15.63	177.50	18.59	184.95
Ischemic Heart Disease	1.84	21.11	1.65	20.42	1.85	22.48
Osteoarthritis	6.49	64.47	6.23	66.08	5.70	62.14

Source: BC Ministry of Health, Primary Health Care Chronic Disease Registries, 2012/13

5.4 Life Expectancy at Birth

Key Notes:

- **Life expectancy:** Sooke has consistently had a high life expectancy similar to BC and Island Health.



Life Expectancy by Sex, 2010-2014			
	Sooke	Island Health	BC
Female	84.2	84.0	84.5
Male	81.8	80.0	80.4

Source: BC Statistics Agency

[††] Incidence reflects new cases of the disease in the indicated year; prevalence reflects the lifetime prevalence of disease. If a resident has had one of these diseases at any time in their life it will appear in this data.

6. Health Service Utilization

6.1 Hospital Admissions‡‡

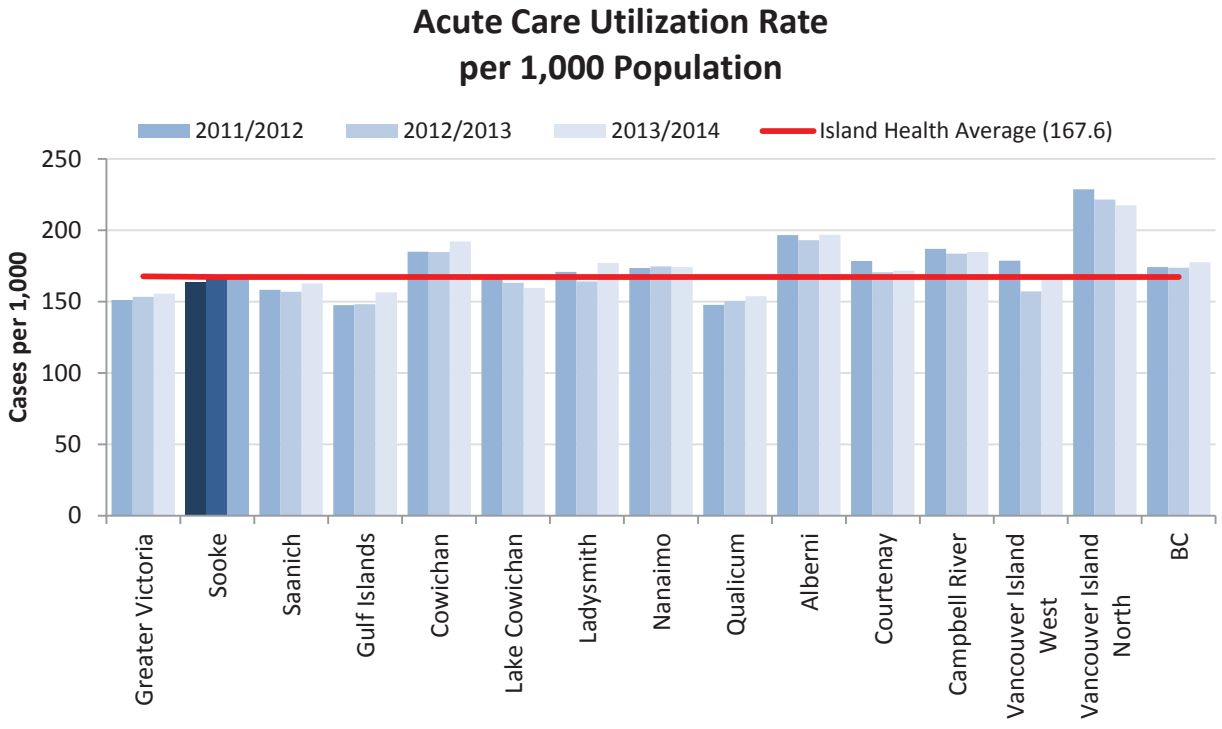
Key Notes:

- Of the 11,604 cases for Sooke residents in 2013/14:
  - 52.3% were day cases, while 47.7% were inpatient cases;
  - 46.5% were medical cases, while 53.5% were surgical;
  - 55% of cases were at the Victoria General Hospital, while 37% were at the Royal Jubilee Hospital;
  - Vaginal birth without intervention was responsible for the most inpatient cases (210); and
  - Minor lower gastrointestinal intervention was responsible for the most day cases (795).
- Of the 38,922 inpatient days for Sooke residents in 2013/14:
  - 6.6% were Alternate Level of Care (ALC) days; and
  - Mental diseases and disorders were responsible for the most patient days (6247 or 16.1%).
- The Ambulatory Care Sensitive Conditions (ACSC) rate is 4%, which is below Island Health's average of (4.7%).
- The percentage of ALC days for Sooke has been decreasing since 2010/11.

Total Hospital Cases and Days for Sooke Residents

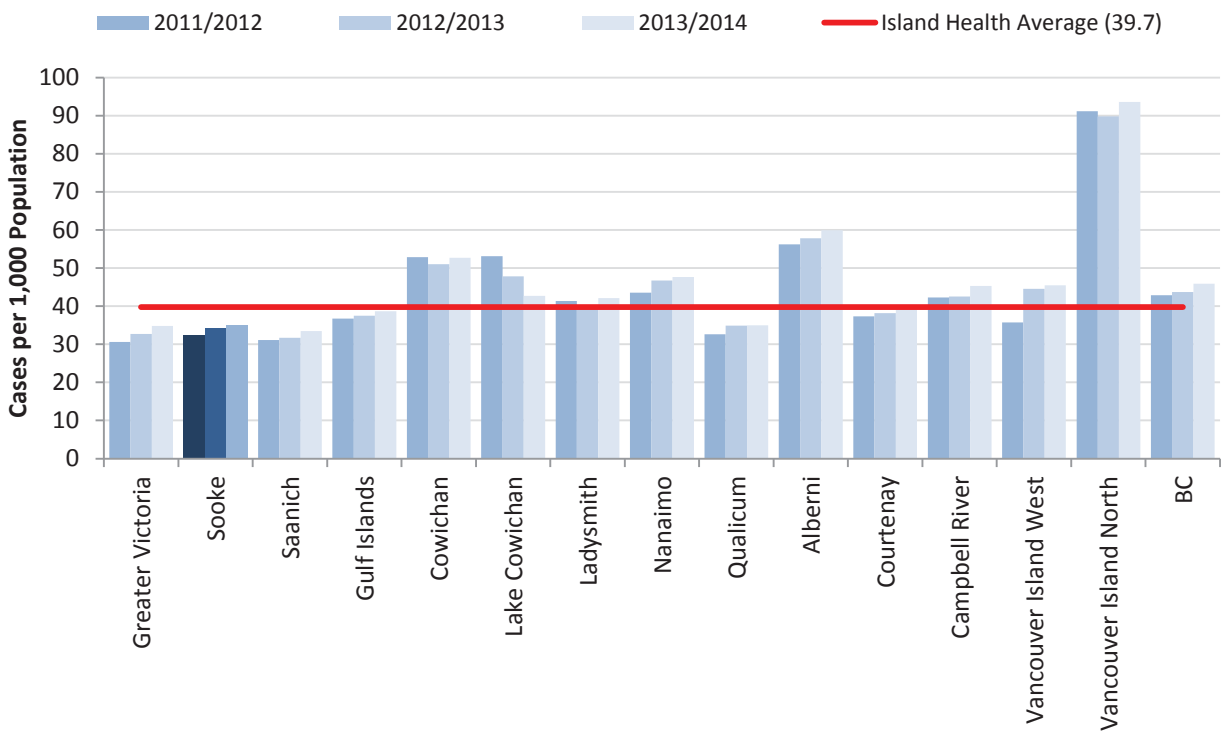
2013/14	Day Cases	Inpatient Cases	Inpatient Days	% Days ALC	Total Cases
Medical	2,126	3,267	24,366	8.5%	5,393
Surgical	3,948	2,263	14,556	3.2%	6,211
Total	**6,074**	**5,530**	**38,922**	**6.6%**	**11,604**

Acute Utilization Rates overall and by category:

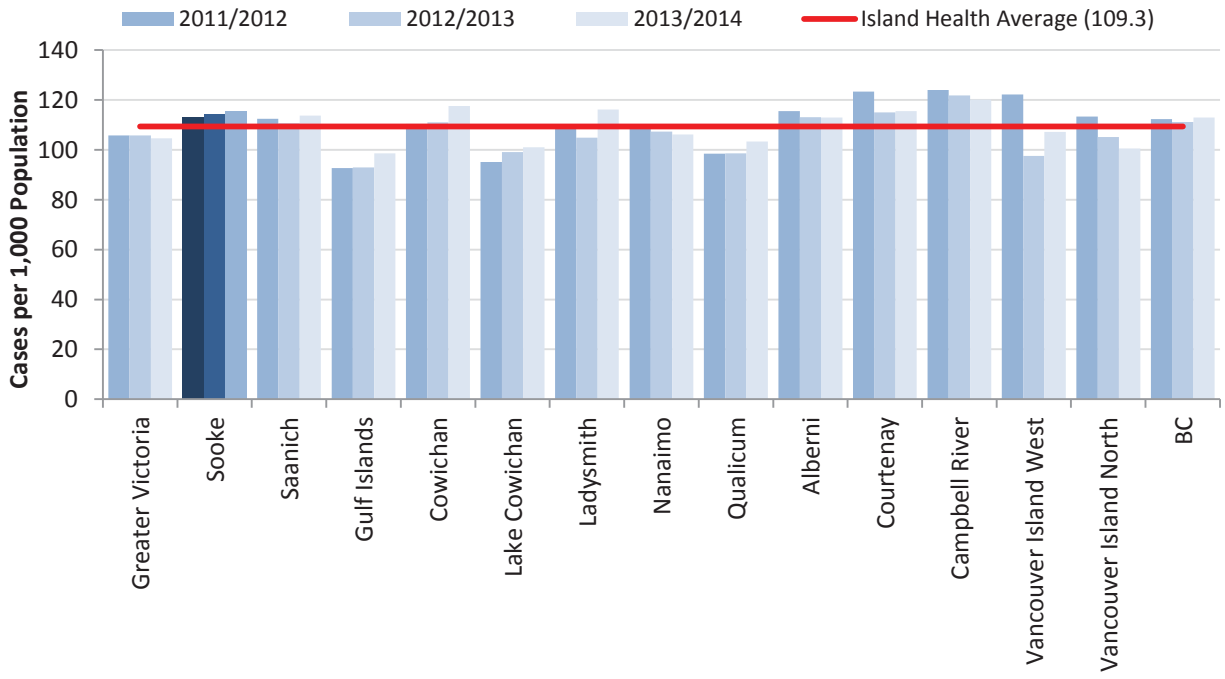


‡‡ Source: 2012/13 Discharge Abstract Database; excludes newborn records.

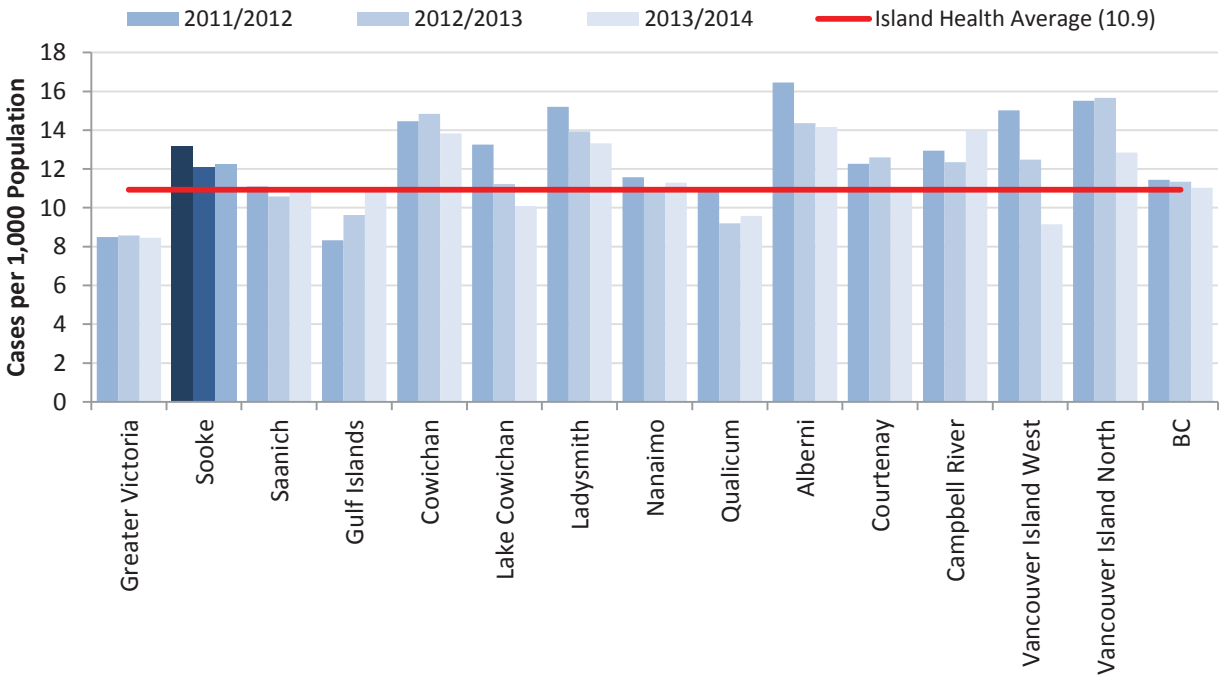
Medical Acute Care Utilization Rate per 1,000 Population



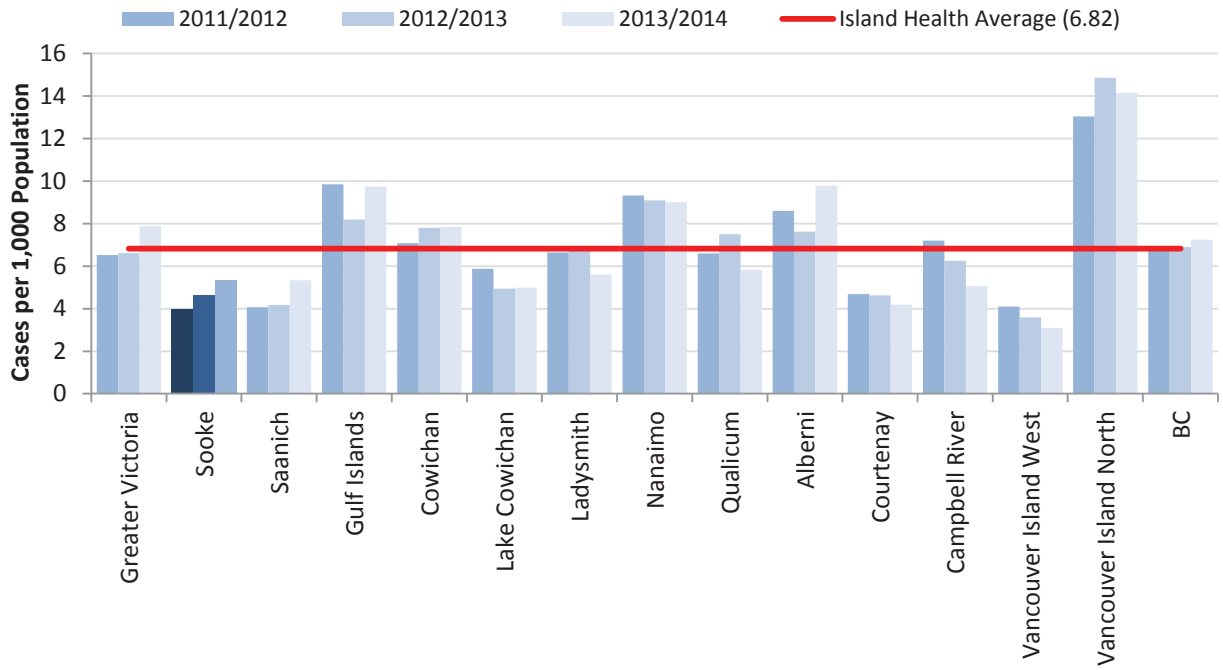
Surgical Acute Care Utilization Rate per 1,000 Population



Maternity Acute Care Utilization Rate per 1,000 Population



Psychiatry Acute Care Utilization Rate per 1,000 Population



Leading reasons for Inpatient and Day cases for Sooke Residents by Case Mix Group, 2013/14:

Top 10 Inpatient Cases for Residents by Case Mix Group

Top 10 Inpatient Case Mix Groups	Cases	Days	ALC Days
Vaginal Birth without Anaesthetic without Non-Major Obstetric/Gynecologic Intervention	210	364	0
Vaginal Birth with Anaesthetic and Non-Major Obstetric/Gynecologic Intervention	135	500	0
Vaginal Birth with Anaesthetic without Non-Major Obstetric/Gynecologic Intervention	133	314	0
Symptom/Sign of Digestive System	103	512	55
Unilateral Knee Replacement	100	328	0
Cesarean Section with uterine scar, no induction	97	417	0
Chronic Obstructive Pulmonary Disease	94	1143	136
Hysterectomy with Non Malignant Diagnosis	91	236	0
Primary Cesarean Section, no induction	87	339	0
Non-severe Enteritis	82	291	0

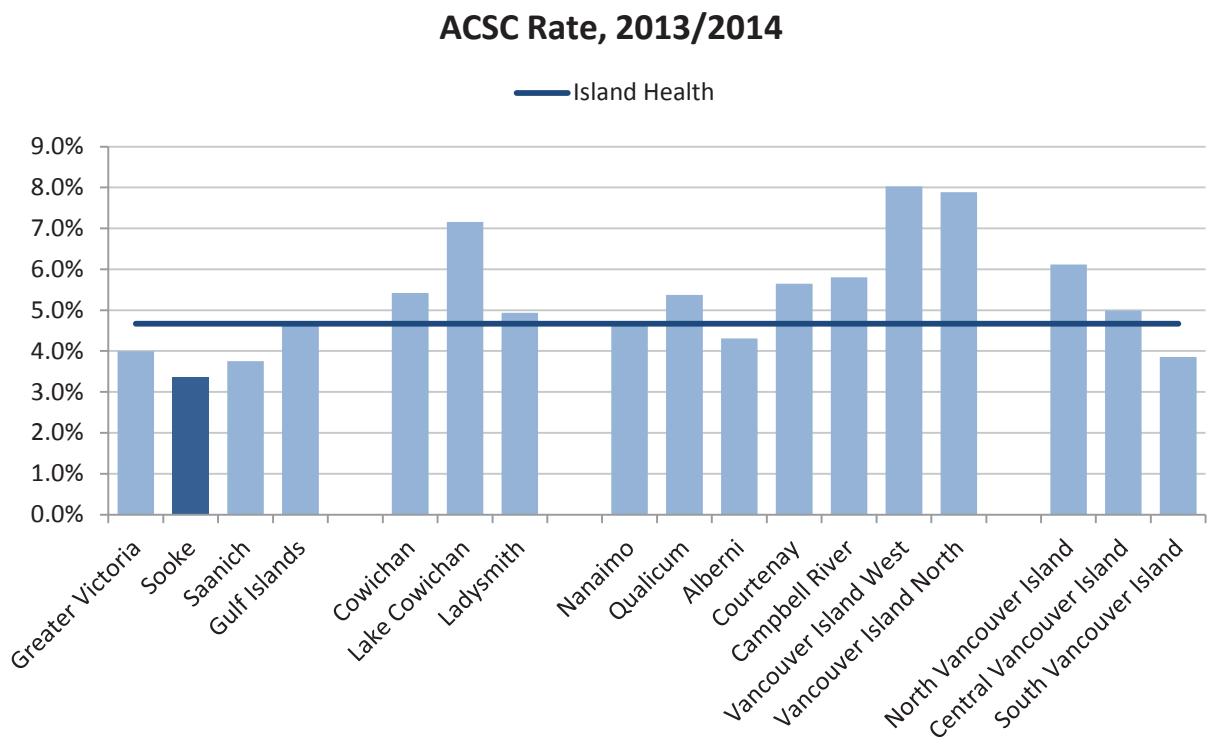
Top 10 Day Cases for Residents by Case Mix Groups

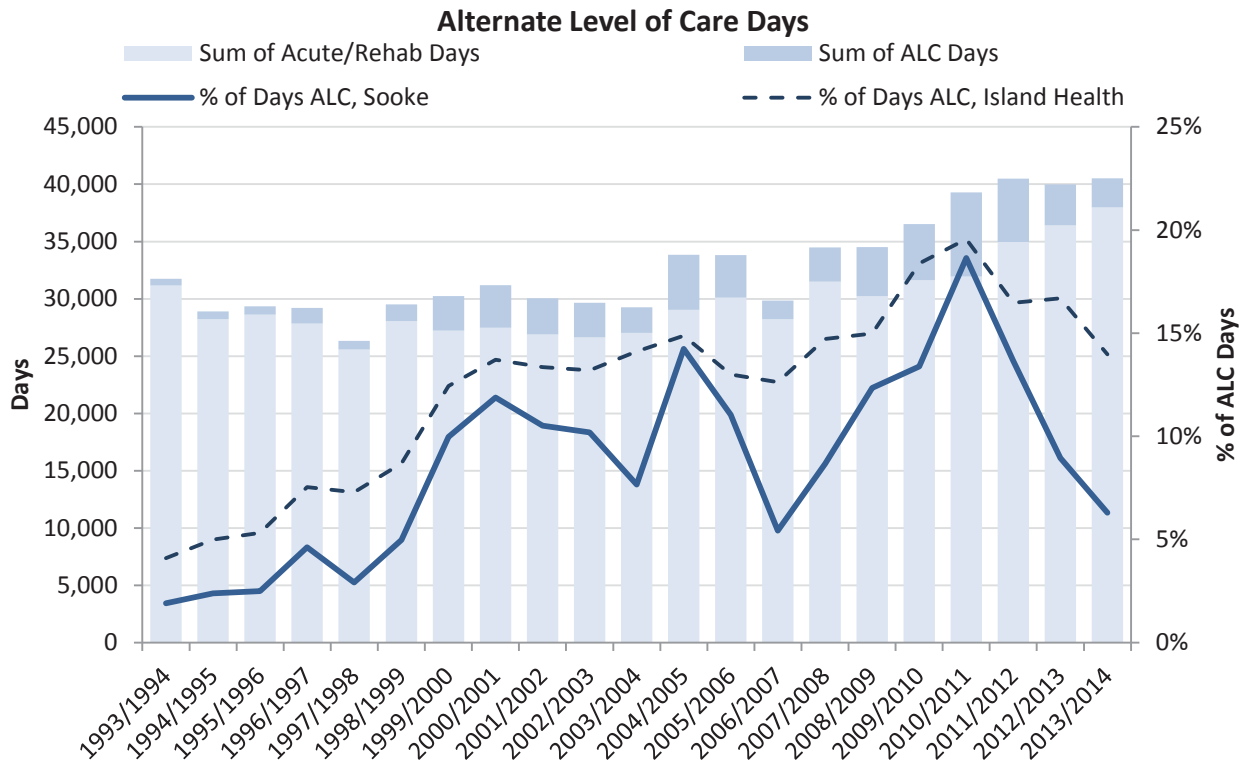
Top 10 Day Case Mix Groups	Cases
Minor Lower Gastrointestinal Intervention	795
Lens Extraction/Insertion	766
Closed Knee Intervention except Fixation without Infection	280
Other Chemotherapy	218
Closed Knee Intervention except Fixation without Infection	175
Symptom/Sign of Digestive System	157
Other Admission with Non-Major Intervention	149
Diagnosis Not Generally Hospitalized	137
Esophagitis/Gastritis/Miscellaneous Digestive Disease	113
Disease of Oral Cavity/Salivary Gland/Jaw	108

Total Cases and Days for Sooke Residents by Major Clinical Category, 2013/14:

Major Clinical Categories	Cases	Days	ALC Days
Digestive System	2,390	4,010	97
Pregnancy & Childbirth	964	2,828	0
Eye	922	54	0
Musculoskeletal System & Connective Tissue	908	3,115	41
Kidney, Urinary Tract & Male Reproductive System	725	1,298	7
Circulatory System	719	2,737	32
Other Reasons for Hospitalization	646	3,520	343
Significant Trauma, Injury, Poisoning & Toxic Effects of Drugs	590	3,833	117
Blood & Lymphatic System	568	894	9
Ear, Nose, Mouth & Throat	557	586	0
Female Reproductive System	456	569	0
Respiratory System	439	3,092	75
Mental Diseases & Disorders	413	6,247	1,116
Nervous System	331	2,735	590
Skin, Subcutaneous Tissue & Breast	321	791	7
Hepatobiliary System & Pancreas	288	1,193	28
Miscellaneous CMG & Ungroupable Data	153	4	0
Endocrine System, Nutrition & Metabolism	122	718	39
Multisystemic or Unspecified Site Infections	58	586	31
Newborns & Neonates with Conditions Originating in Perinatal Period	27	62	18
Grand Total	**11,604**	**38,922**	**2,550**

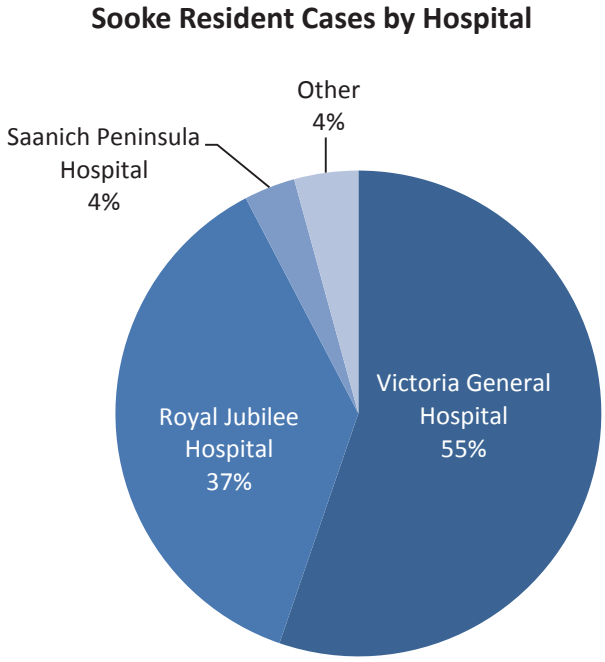
Ambulatory Care Sensitive Conditions (ACSC) Case Rate and Alternative Level of Care (ALC) Days, 2013/14:





Source: Quantum Analyzer, Discharge Abstract Database

Where Residents Receive Hospital Care

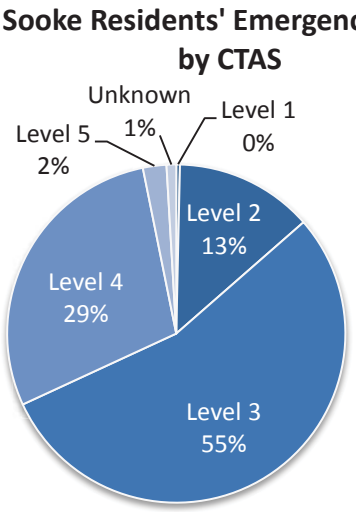


6.2 Emergency Visits by Residents

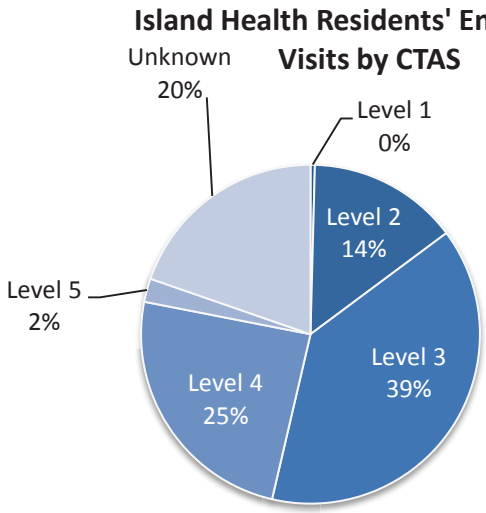
Key Notes:

- Of the 20,959 Emergency visits by Sooke residents in 2013/14:
  - 68% of visits with known scores were for CTAS[§§] level 1, 2 or 3 compared to 53% for Island Health;
  - 85% were seen at the Victoria General Hospital; and
  - 25% were for people aged 60 or older.
- More visits occurred on Sundays and Mondays than other days of the week.
- Compared to Island Health as a whole, Sooke residents made fewer visits to the Emergency Department per 1,000 people, both overall and across all age groups.

Emergency Visits by Sooke and Island Health Residents by CTAS Level

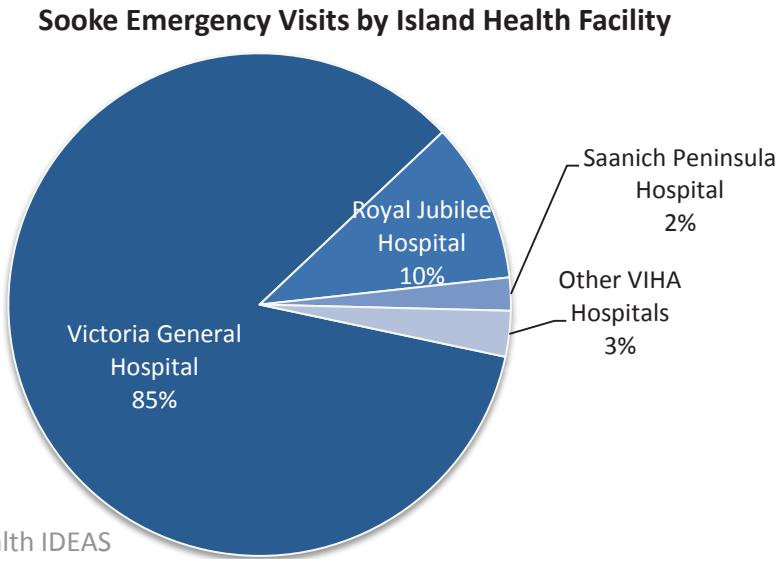


Source: Island Health IDEAS



Source: Island Health IDEAS

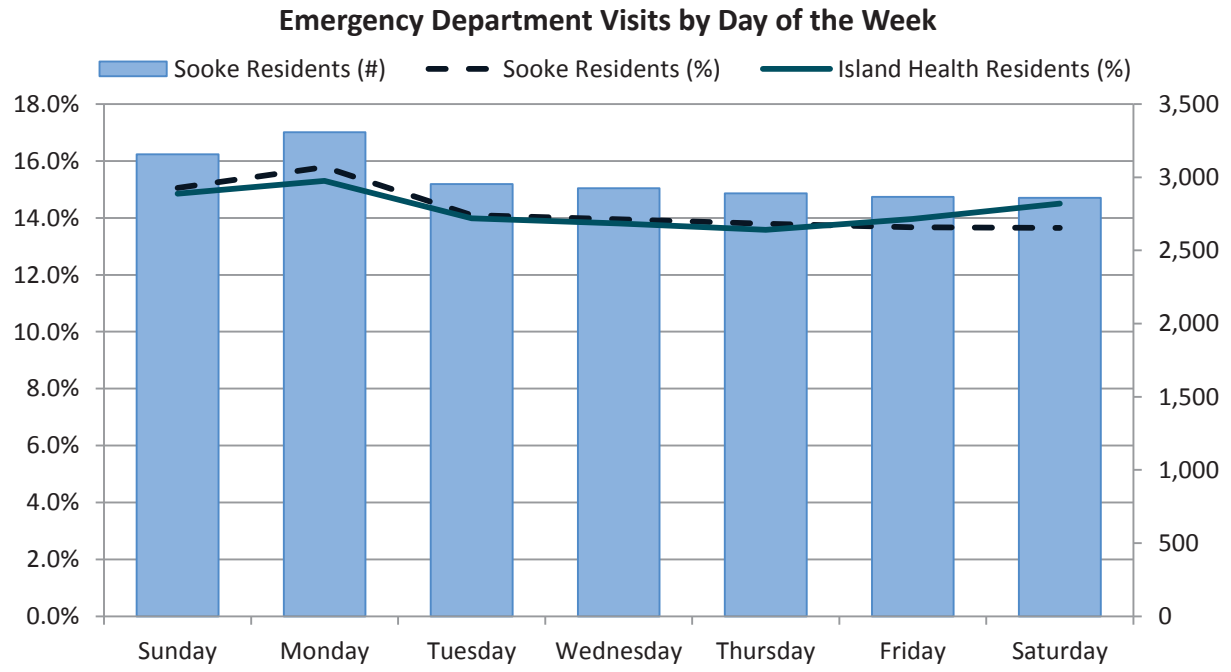
Where Residents go for Emergency Visits



Source: Island Health IDEAS

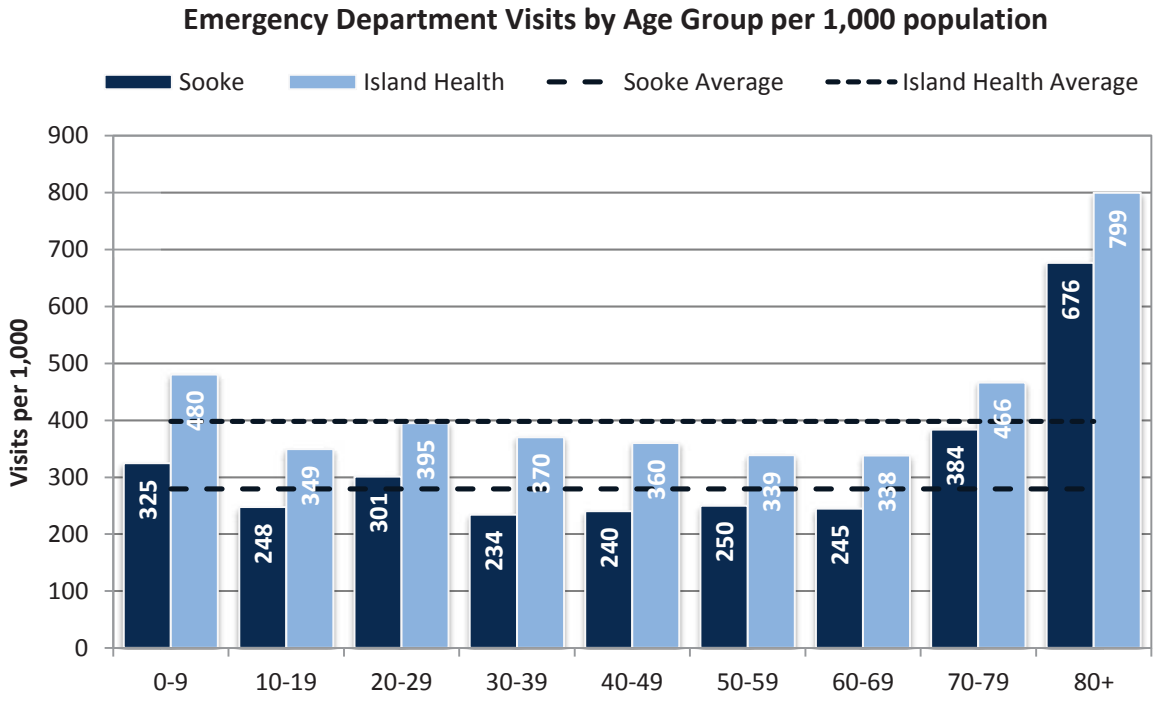
[§§] Canadian Emergency Department Triage & Acuity Scale. Level 1 is the most severe and categorized as resuscitation, Level 5 is the least severe and categorized as non urgent.

Emergency Visits by Sooke and Island Health Residents by Day of the Week



Source: Island Health IDEAS

Emergency Visits by Sooke and Island Health Residents by Age Group of Patient



Source: Island Health IDEAS

Sooke PocketNews Online Daily

Medical Services in Sooke

A Sooke PocketNews Survey

Saturday, April 08, 2017

Powered by SurveyMonkey

Overview

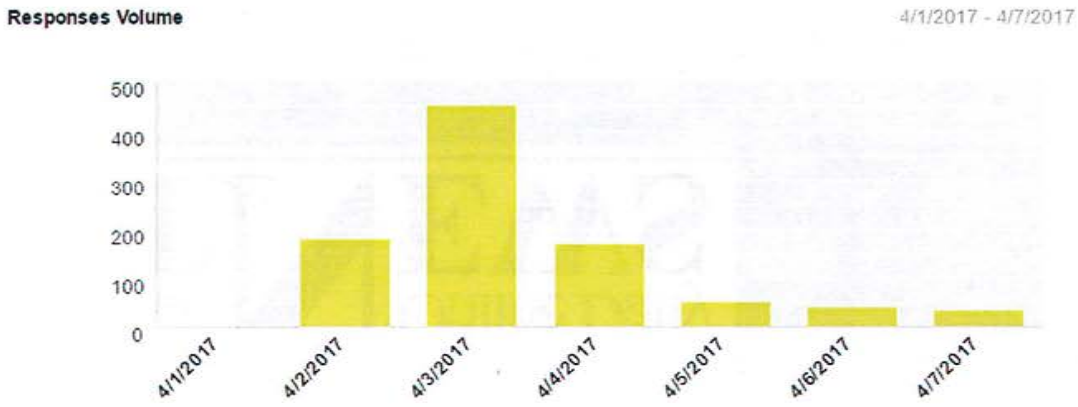
942

Total Responses

Date Created: Saturday, April 01, 2017

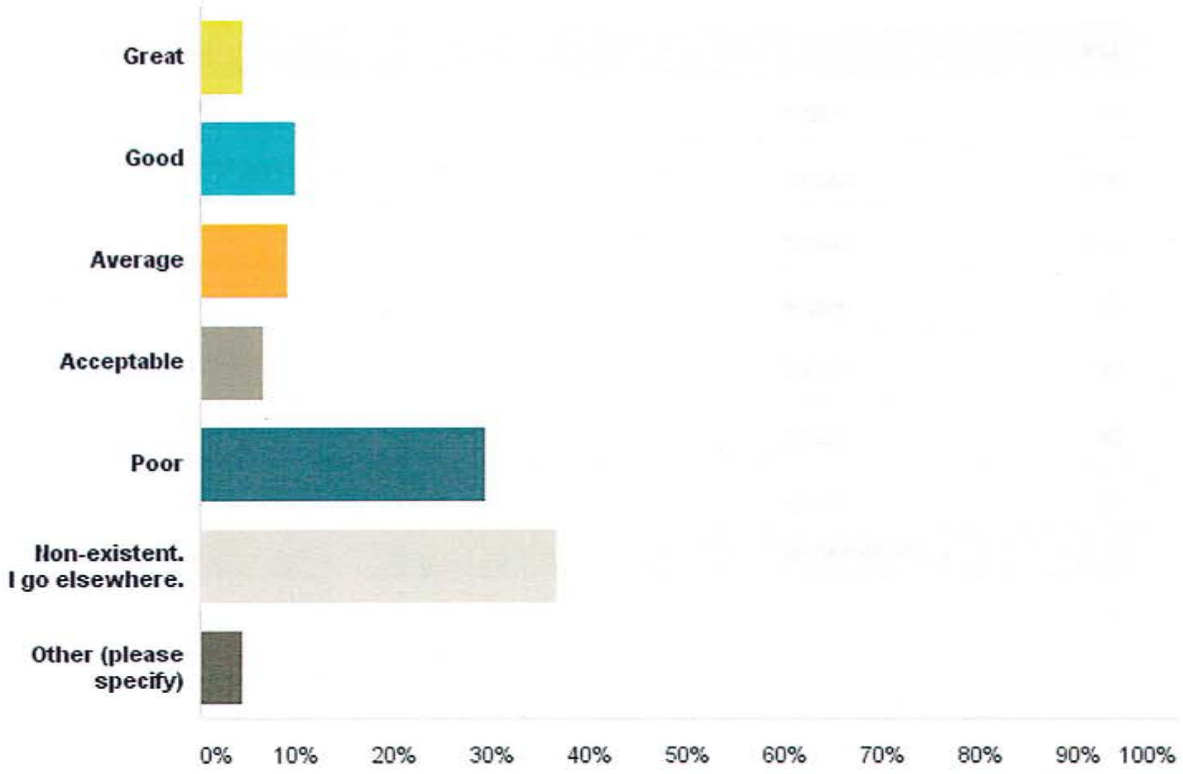
Date Closed: Saturday, April 08, 2017

Complete Responses: 942



Q1: How is access to medical services in Sooke for you?

Answered: 941 Skipped: 1



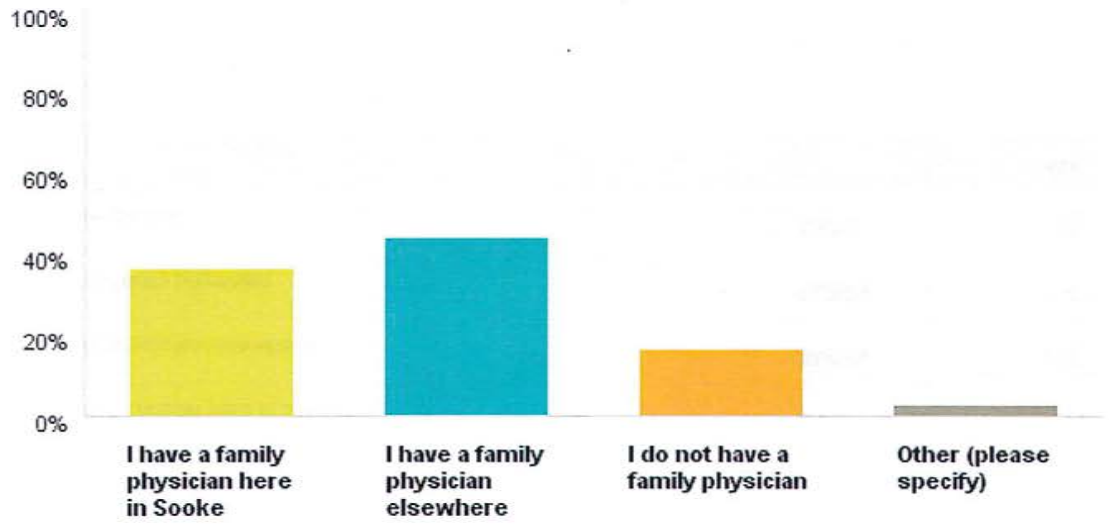
Q1: How is access to medical services in Sooke for you?

Answered: 941 Skipped: 1

Answer Choices	Responses	
Great	**4.36%**	41
Good	**9.78%**	92
Average	**9.03%**	85
Acceptable	**6.48%**	61
Poor	**29.33%**	276
Non-existent. I go elsewhere.	**36.56%**	344
Other (please specify)	**4.46%**	42
Total		**941**

Q2: Do you have a family physician? Here in Sooke or elsewhere?

Answered: 942 Skipped: 0



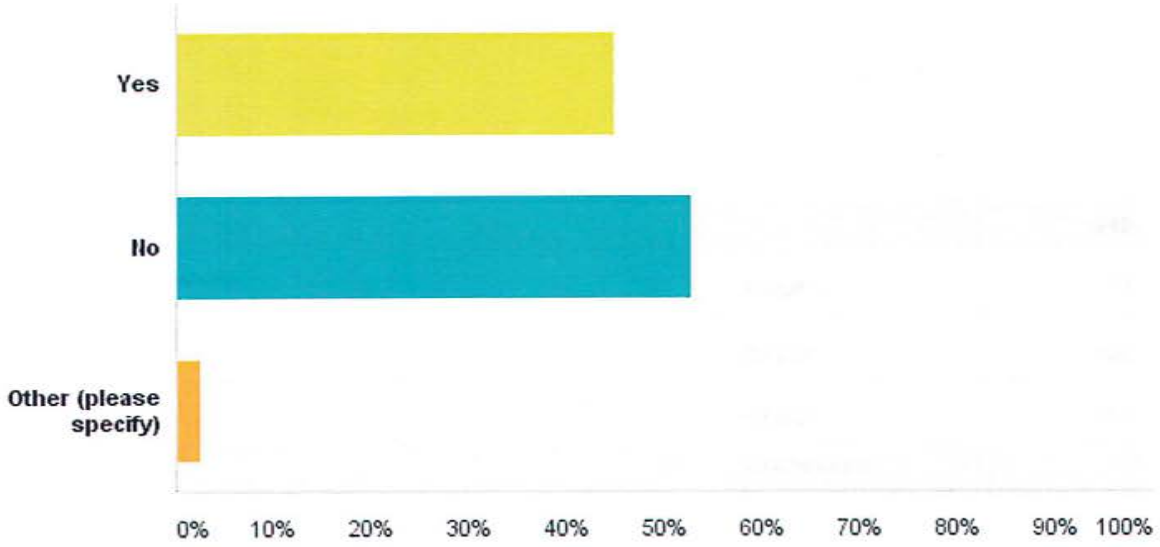
Q2: Do you have a family physician? Here in Sooke or elsewhere?

Answered: 942 Skipped: 0

Answer Choices	Responses	
I have a family physician here in Sooke	**36.41%**	343
I have a family physician elsewhere	**44.06%**	415
I do not have a family physician	**16.35%**	154
Other (please specify)	**3.18%**	30
Total		**942**

Q3: Have you needed an X-Ray recently?

Answered: 940 Skipped: 2



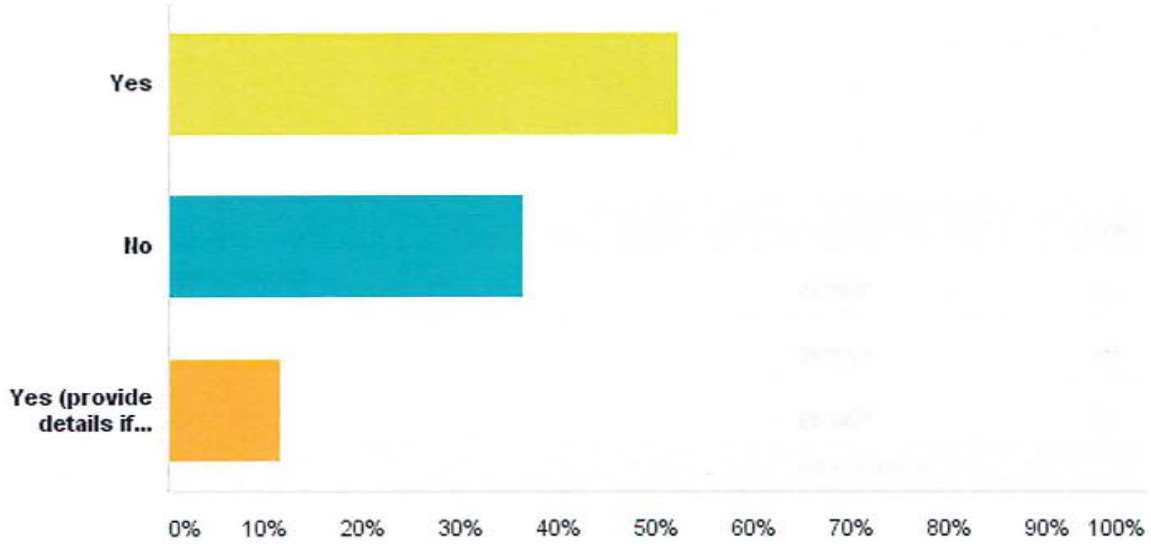
Q3: Have you needed an X-Ray recently?

Answered: 940 Skipped: 2

Answer Choices	Responses	
Yes	**44.79%**	421
No	**52.77%**	496
Other (please specify)	**2.45%**	23
Total		**940**

Q4: Was Hwy 14 a problem when you needed to get to an appointment?

Answered: 939 Skipped: 3



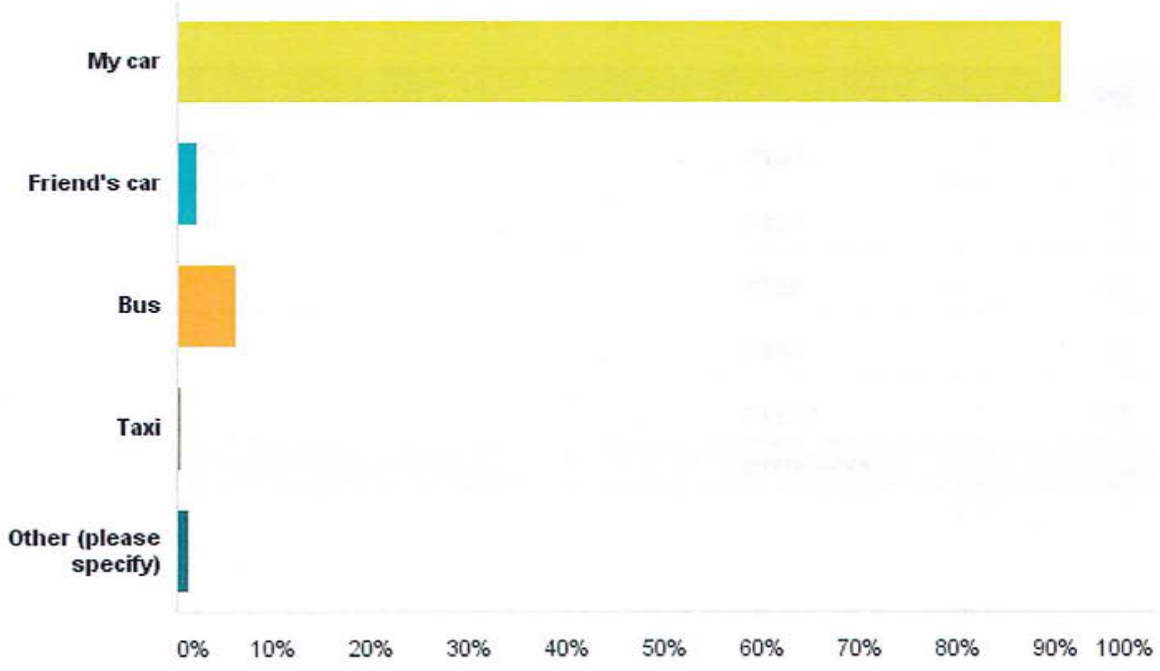
Q4: Was Hwy 14 a problem when you needed to get to an appointment?

Answered: 939 Skipped: 3

Answer Choices	Responses	
Yes	**52.29%**	491
No	**36.32%**	341
Yes (provide details if desired)	**11.40%**	107
Total		**939**

Q5: How do you normally travel to appointments outside of Sooke?

Answered: 941 Skipped: 1



Q5: How do you normally travel to appointments outside of Sooke?

Answered: 941 Skipped: 1

Answer Choices	Responses	
My car	**90.54%**	852
Friend's car	**2.02%**	19
Bus	**5.95%**	56
Taxi	**0.32%**	3
Other (please specify)	**1.17%**	11
Total		**941**

Making a difference...together

PPS/RH 2017-02

REPORT TO HOSPITALS AND HOUSING COMMITTEE
MEETING OF WEDNESDAY, FEBRUARY 22, 2017

SUBJECT **Capital Regional District Housing Action Team Membership 2017**

ISSUE

This report provides a recommendation to approve the list of participants to sit on the Capital Regional District's (CRD) Housing Action Team (HAT) for 2017.

BACKGROUND

In 2007, the CRD developed the Regional Housing Affordability Strategy (RHAS) as a priority under the Regional Growth Strategy (RGS) 2003. At that time, the Housing Affordability Partnership (HAP) was created to help support the implementation of the RHAS. Over the years, the partnership has evolved into the HAT. A copy of the current Terms of Reference for the HAT is presented in Appendix A.

HAT membership is drawn from local municipalities, the building and development sector, real estate and financial sectors, other orders of government and non-profit housing agencies and foundations. HAT meets on a bi-monthly basis and its role is to help foster the development of affordable housing in the region, explore partnerships in development and advise the CRD in matters related to housing policy, planning and programs.

In addition to its usual activities, in 2016, the HAT will also act as the Steering Committee for the renewal and update of the RHAS. The CRD has hired a consulting team that will launch the project in January 2017 with a draft of the updated RHAS expected to be ready for CRD Board review in early 2018. The project will include engagement with key stakeholders from regional municipalities and electoral areas, other levels of government, industry, non-profit housing providers and community groups.

The RGS mandates sustained action by the CRD to address housing issues, with particular attention to affordability. A renewed RHAS will identify key housing priorities for the CRD, align the various initiatives currently underway, outline potential new strategic action and provide a foundation for reporting on the CRD's progress toward achieving objectives related to housing and homelessness in the region.

The Terms of Reference require that membership of the HAT be recommended by the General Manager, Planning and Protective Services for final approval each year at a meeting of the Hospitals and Housing Committee.

The proposed slate of candidates for membership on the HAT is presented in Appendix B. Each has been contacted and has expressed an interest in participating.

ALTERNATIVES

1. That the slate of candidates for the 2017 Housing Action Team as presented in Appendix B be approved.

2. That the report be referred back to staff with alternative direction by the committee.

IMPLICATIONS

Social Implications

The work of the Housing Action Team helps facilitate engagement among key housing stakeholders that are responsible for improving housing affordability for demographic groups that face hardship within the region's current housing market.

Intergovernmental Implications

The Housing Action Team includes representatives from the Canada Mortgage and Housing Corporation, BC Housing and three of the region's municipalities. This provides the opportunity to coordinate the CRD's housing programs and services within the policy and program frameworks of these other levels of government. It also provides the opportunity for the CRD to support positive working relationships among government agencies, housing industry, non-profit housing providers and community organizations.

RECOMMENDATION

That the slate of candidates for the 2017 Housing Action Team as presented in Appendix B be approved.

Submitted by:	John Reilly, MSW RSW, Manager Housing Planning and Programs
Concurrence:	Christine Culham, Senior Manager Regional Housing
Concurrence:	Kevin Lorette, P.Eng., MBA, General Manager Planning and Protective Services
Concurrence:	Robert Lapham, MCIP, RPP, Chief Administrative Officer

JR:gd

Attachments: Appendix A – Housing Action Team Terms of Reference
Appendix B – Regional Housing Action Team – 2017 Proposed Membership List

Terms of Reference

HOUSING ACTION TEAM

PREAMBLE

The Capital Regional District (CRD) Housing Action Team is an advisory committee established by the Regional Housing Division to advise the CRD with respect to CRD housing planning, policies and programs.

The Committee's official name is to be:

CRD Housing Action Team

1.0 PURPOSE

- To act as a catalyst and initiator of development, retention and acquisition of housing that is affordable for those households in the region with low or moderate household incomes as prescribed in the Regional Housing Affordability Strategy. (As approved on March 23/07 by the CRD Board of Directors.)
- To establish a working table whereby government and community funders, private developers, municipalities and community housing stakeholders can discuss partnerships that have the capacity to initiate the development of additional affordable housing within the private and non-profit housing sectors.
- To ensure that the major housing stakeholders have an opportunity to assist in advising CRD Board and its member municipalities on the capital development aspects.
- To make recommendations to the CRD and member municipalities on housing policies and programs that will assist in reducing the Regional households in core need.
- To review at each meeting the most current Regional Housing Development Report for purposes of facilitating and monitoring progress of affordable housing in the region.

2.0 ESTABLISHMENT AND AUTHORITY

- Membership of the Housing Action Team will be recommended by the General Manager, Planning and Protective Services for final approval each year at a meeting of the Hospitals and Housing Committee.
- The convening Chair and Vice Chair of the Housing Action Team will be selected on an annual basis at the first meeting of the year of the Housing Action Team.

3.0 COMPOSITION

The Housing Action Team may include membership of:

Housing Funders; (one representative of each)

- BC Housing (from Development Services or local administration office)
- Vancouver Island Health Authority
- United Way
- BC Real Estate Foundation
- Regional Housing Trust Fund (or any replacement fund)
- City of Victoria Housing Fund
- Aboriginal Community

Housing Stakeholders;

- Private development community - 2 representatives
- CRD Municipalities - 3 municipal staff
- Real Estate Advisors - 1 representative - commercial and 1 representative - residential
- Community Service Organization - 2 representatives
- Homeless Community Representative - 2 representatives
- Business Community Representative - 2 representatives

The maximum number of team participants is 20.

4.0 PROCEDURES

- Committee members will decide on an annual meeting schedule.
- Any directions and decisions requiring a vote will be done by assigning each member one vote.
- A quorum of the Housing Action Team is a majority of the representatives appointed from time to time.
- Representatives of the Housing Action Team shall serve without remuneration.
- If required, a vacancy arising from any cause other than the expiration of the term for which the member was appointed, shall be filled through appointment by the sitting members of the Housing Action Team.
- At the request of a Committee member, and with the consent of the Committee Chair, guests or delegations may be invited to attend and participate in the meeting.

5.0 RESOURCES AND SUPPORT

- The Manager of Housing Planning, Policy and Programs will provide strategic support and act as a liaison.
- Minutes and agendas are prepared and distributed by the Regional Housing Division.
- The Regional Housing Division will provide additional administrative support as required.

Regional Housing Action Team
Membership List - 2017

Name	Contact Information
Lee King, CHAIR	Consultant Ph: 250.634.3579 kinglf@shaw.ca
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