

HEALTH PLAN

Approved
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by the



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VISION, MISSION, VALUES AND PRINCIPLES

Vision

A healthy community provided with quality, accessible and affordable health care.

Mission

The South Cariboo Community Health Council, through broad representation and consultation, will plan and govern a continuum of health services that will address individual needs and will promote and develop a healthy community.

Values and Principles

- ◆ All individuals will be treated with fairness, dignity and respect.
- ◆ Honesty and integrity will be demonstrated by the Council in everything we do.
- ◆ We will remain focused on the community as a whole.
- ◆ We will be accountable and fiscally responsible.

POPULATION PROFILE

100 Mile House began as a stopping place for those on their way to the gold fields and was one of the roadhouses that grew to be a supply point for the surrounding area. Ranching was the primary activity in the 100 Mile House area until the end of World War II, after which logging and lumbering increased in importance and became major sources of the area's growth. Mining emerged in the early 1960's with the discovery of molybdenum at Boss Mountain. Tourism has since become an important aspect of 100 Mile House's economy as people travel here from all over the world to enjoy the myriad of lakes and outdoor recreational experiences.

The population of the South Cariboo Community Health Council catchment area was estimated to be 16,000 in 1997. The 1996 census data confirms that our elderly (over 65) population is 11.6% (near the BC provincial average). The percentage of elderly in our catchment area is much higher than other rural areas which creates unique health care challenges.

The District of 100 Mile House has a population of approximately 2,000 with another 2,000 making their home at the 108 Mile Ranch, a subdivision just north of 100 Mile House. The remaining population is spread across 5,000 square kilometers of lake and ranching country. The current boundaries also contain two Indian Bands: Canoe Creek and Canim Lake. Some area residents commute up to one and one-half hours for work and services located in the District Municipality of 100 Mile House. Access to the centre of 100 Mile House is generally good, with a combination of paved and well-maintained gravel roads in use. The climate can occasionally prevent easy travel, with winter conditions in effect from early November until late April.

A variety of health services are provided in the area of 100 Mile House. 100 Mile District General Hospital opened in July 1965 as a 30-bed acute care community hospital. In 1975, the acute care bed complement was increased to 37 and the additional service areas of laboratory, radiology and physiotherapy were added. Today, the hospital offers a full range of acute community hospital inpatient and outpatient diagnostic and treatment services including medical, surgical, obstetrics, paediatrics, emergency, laboratory, radiology and physiotherapy. At present, 100 Mile District General Hospital consists of only 25 beds serving an ever increasing population. The average occupancy for 1998-1999 was 76% while in 1999 the average occupancy is 104%. In March 1987, a 30 bed multi-level long term care facility, Mill Site Lodge, opened adjacent to the hospital. In the year 2000 these beds will be increased to 65 which will be incorporated with the community health programs in the South Cariboo Community Health Centre.

INVENTORY OF HEALTH SYSTEM SERVICES

1. **100 Mile District General Hospital** (*Funding & Adm.:CHC*)

- ◆ Emergency Department
- ◆ Obstetrics
- ◆ Palliative care
- ◆ Outpatient/day surgery
- ◆ Limited general surgery
- ◆ Physiotherapy
- ◆ Radiology
- ◆ Laboratory
- ◆ Dietitian
- ◆ Crisis Stabilization Program
- ◆ Nutrition Services
- ◆ Discharge Planner
- ◆ Ambulatory Care Services
- ◆ Community Physiotherapy
- ◆ Diabetic Education Program

2. **Mill Site Lodge** (*Funding & Adm.:CHC*)

- ◆ Multi-level care
- ◆ Respite services (one bed)

3. **Community and Family Health**

3.1 Public Health (*Funding:MCF, Adm.:CHSS*)

- ◆ Immunization programs (infants, school, adult, travel)
- ◆ TB screening and follow-up
- ◆ STD and AIDS testing
- ◆ school health (vision, hearing, and health promotion)
- ◆ family health promotion
- ◆ communicable diseases
- ◆ monitoring pre and post-natal High Risk
- ◆ information and referral source
- ◆ community development
- ◆ lifestyle counselling
- ◆ needle exchange

Provided from Williams Lake

- ◆ licensing of Community Care Facilities
- ◆ nutritionist
- ◆ speech and hearing
- ◆ dental

3.2 **Environmental Health** (*Funding & Adm.:CHSS*)

Inspection of:

- ◆ sewage disposal systems
- ◆ subdivisions
- ◆ restaurants
- ◆ water (beaches, special drinking water tests)
- ◆ investigating/monitoring food poisoning, rabies

3.3 **Hospice/Palliative Care Program** (*Funding:CHC, Adm.: Hospice Board*)

- ◆ ongoing support for patients with terminal illness and their families
- ◆ training and educational workshops for volunteers

3.4 **Community Respite Program** (*Funding:CHC, Adm:CMHA Board*)

- ◆ activities, counselling and referrals for seniors with health problems and handicapped adults.

4. **Continuing Care** (*Funding & Adm.:CHSS*)

4.1 **Long Term Care**

- ◆ facility wait list, placement and respite
- ◆ family care homes
- ◆ community development
- ◆ case management, assessment, and referral

4.2 **Community Home Nursing Care**

- ◆ health teaching and life-style counselling
- ◆ wound/ostomy care
- ◆ medication management
- ◆ palliative care
- ◆ monitoring diabetes, follow-up heart attacks

Provided from Williams Lake:

4.3 **Occupational Therapist**

- ◆ assessments for equipment and adjustments to homes for clients with short or long term disabilities
- ◆ education (groups and employees)

5. **Home Support Agency** (*Funding & Adm.: CHC*)
 - 5.1 **Home Support Services**
 - ◆ Homemaker services for clients contracted through Continuing Care, the Ministry of Human Resources, the Ministry for Children and Families, ICBC, or private payers
 - 5.2 **Senior's Outreach**
 - ◆ support to promote seniors well being, independence, and security. This may be provided in the home, facility, or by phone.
 - ◆ meal program
 - 5.3 **Community Paratransit Service**
 - 5.4 **Lifeline** *
 - 5.5 **Red Cross Loan Cupboard** *
 - 5.6 **Caregivers Support Group**
6. **Mental Health Centre** (*Funding & Adm.:CHSS*)
 - ◆ assessments, diagnosis, treatment and referral for patients with short or long term mental illness
 - ◆ education to families and communities
 - ◆ psychiatric outreach
7. **Canadian Mental Health Association (CMHA)** (*Funding:CHSS, Adm.:CMHA Board*)
 - ◆ activity program
 - ◆ support group
 - ◆ Lifeskills teaching
 - ◆ Outreach program
 - ◆ Management of affordable housing project
 - ◆ Governance of Community Respite Program (Adult Day Care - see 3.3.4)
 - ◆ Governance of Community Resource Team
 - 7.1 **Community Resource Team** * : * only 2/3 funding from the Ministry of Health
 - ◆ one stop information and referral
 - ◆ interagency networking
 - ◆ public awareness of health issues
8. **Drug and Alcohol Agency** (*Funding:MCF, Adm.:CHC*)
 - ◆ assessment, individual. family and group counselling
 - ◆ referrals
 - ◆ co-dependency programs
 - ◆ school awareness

- ◆ community awareness
- ◆ resource library
- ◆ workshops
- ◆ gambling addictions program

9. **Related Community Services** (not under auspices of CHSS or CHC)

9.1 **Physician Services**

- ◆ General Practitioners (5)
- ◆ Visiting specialists

9.2 **Dental Services**

- ◆ Dentists
- ◆ Denturists

9.3 **Family Enrichment Centre**

- ◆ family counselling for children, teens, adults & couples group/support programs (personal skills & parenting) *
- ◆ parent/teen mediation
- ◆ special services to children & families; In-Home Visitation
- ◆ child care services/resources & referrals; In-Child's- Home Care
- ◆ assaultive men's treatment group
- ◆ youth forensic services

9.4 **White Feather Family Centre, Canim Lake Band**

- ◆ Alcohol and Drug Services
- ◆ Home Support
- ◆ Home Care
- ◆ Long Term Care
- ◆ Water Quality Control
- ◆ Community Health
- ◆ Counseling
- ◆ Doctors Clinic
- ◆ Educational Workshops
- ◆ Administration of NIHB
- ◆ Parent Lending Library

9.5 **Women's Centre Society**

- ◆ Safe House System
- ◆ Counseling for women experiencing violence/abuse
- ◆ Information and referral source

9.6 **Cedar Crest Society**

- ◆ Services for mentally handicapped children and adults
- ◆ Individualized services for specific needs children, including those born with or at risk for developmental delays

9.7 **Supportive Therapies**

- ◆ Physiotherapy
- ◆ Massage therapy
- ◆ Psychology and Counseling
- ◆ Alternative Medicine Practitioners
- ◆ Hearing Clinic
- ◆ Eye Care
 - Optometrist
 - Optician
- ◆ Recreational Therapist
- ◆ Chiropractors

COMMUNITY ISSUES/RATIONALE/ACTION PLAN

The Health Goals for British Columbia provided the preliminary framework on which we based our planning methodology. Priority issues for our community were determined by a detailed review of reference materials specific to our community and by community and health provider consultation.

Our first three issues have been prioritized. The proposed action plans provide the direction for management to develop a working plan.

ISSUE #1:

To secure and manage sufficient funding to meet the health care needs of the community.

RATIONAL / JUSTIFICATION:

- ◆ health care needs continue to be identified
- ◆ 100 Mile Hospital has lowest funding for acute care costs per client
- ◆ higher population growth in LHA 25 than provincial average
(1991-1996: BC 13%; LHA 25 20.2%)
- ◆ higher percentage of growth of seniors over 65 years.
(1991-1996: BC 15.1%; LHA 25 25.9%)
- ◆ new building will be open March 2000
- ◆ Emergency Department is inadequate to meet community needs

PROPOSED ACTION PLAN:

- ◆ to continue to negotiate for basic funding
- ◆ to continue to apply for funding for upgrade to the Emergency Department
- ◆ to obtain funding to operationalize the new building and programs
- ◆ to develop a plan for staffing MSL addition
- ◆ to do an ongoing evaluation with a yearly upgrade of the plan
- ◆ to continue to work with Cariboo Health to meet community needs
 - increase Home Nursing Care
 - increase Physio in the home
 - increase Diabetic program
 - increase number of Family Care Homes

ISSUE #2:

To address the increased prevalence of cardiovascular and pulmonary diseases in our community.

RATIONAL / JUSTIFICATION:

- ◆ leading cause of death in the Cariboo (PYLL* for BC 10.46; Cariboo 12.41)
- ◆ high utilization of acute care beds for respiratory and cardiac disease (Cases per 1000 pop.)

| | 100 Mile Hospital | BC Average |
|--------------------------|-------------------|------------|
| Respiratory Disease: | 16.8 | 8.7 |
| Cardiopulmonary Disease: | 20.5 | 14.6 |
- ◆ lack of provincial funding for comprehensive oxygen therapy
- ◆ high percentage of smokers (BC Ave. 22%; Cariboo 28%; current smokers [age 19-24] 47%)
- ◆ children start experimenting with tobacco as early as age 10

PROPOSED ACTION PLAN:

- ◆ to work with Cariboo Health and other agencies to develop:
 - early treatment / prevention programs
 - post illness rehabilitation programs
- ◆ to increase public awareness of the effects of lifestyle on cardiovascular and respiratory health
 - such as smoking, substance abuse, sedentary lifestyle, diet
- ◆ to lobby the MOH for improved O2 funding for those who do not qualify
- ◆ to support anti-smoking campaigns in the community

* PYLL = Potential Years of Life Lost

ISSUE #3:

To reduce the number of injuries in our community.

RATIONAL / JUSTIFICATION:

- ◆ most injuries are preventable
- ◆ increased mortality rates due to MVA's (1997: BC 1.1; LHA 25 5.9)
- ◆ the ASMR * (1991-1995) for unintentional injuries was the highest in BC (5.3 per 10,000 population)
- ◆ hospital admission rate for multiple significant trauma is double the provincial average (BC 7.48; Cariboo 16.32)
- ◆ hospital rate for admission due to falls in the over 65 age group is higher than BC (BC 15.6/1000; Cariboo 19.3/1000)
- ◆ Cariboo has the highest mortality in the province for both males and females due to injuries

PROPOSED ACTION PLAN:

- ◆ to promote education for injury prevention to all age groups
- ◆ to lobby for a preventive component to the Drug and Alcohol Program
- ◆ to work with seniors to identify risk factors in their homes
- ◆ to lobby for funding for handyman services for seniors and handicapped persons (such as snow removal, small home repairs)
- ◆ to collaborate with other community agencies to support their goals towards reducing family violence and injury prevention

* ASMR = Age Standardized Mortality Rate

ISSUE #4:

To develop a mechanism for addressing social support issues.

RATIONAL / JUSTIFICATION:

- ◆ adequate affordable housing is a key factor that affects health (Continuing Care Review [Nov 1998] identified lack of affordable housing and lack of transportation to supportive services as a recommendation for improvement.)
(Regional Mental Health Report identified lack of transportation and lack of continuum of housing as issues of concern)
- ◆ unique social issues develop due to the high percentage (80%) of the population that lives 10 kms or more from town
- ◆ unemployment is related to poor health which in turn increases the utilization of health care services and supports

PROPOSED ACTION PLAN:

- ◆ to support initiatives of community partners in the development of a range of adequate and affordable services
- ◆ to develop a plan to review and lobby for a comprehensive transportation system
- ◆ to increase opportunities to develop positive and supportive social networks (such as expand Adult Day Care Program)
- ◆ to support community employment initiatives

ISSUE # 5:

To reduce the negative impact of Mental illness.

RATIONAL / JUSTIFICATION:

- ◆ people are reluctant to seek treatment in a timely manner for a mental illness
- ◆ current services focus on long term chronic, persistent mental illness
- ◆ current service providers retiring / relocating
- ◆ lack of access to secondary and tertiary services
- ◆ current stats. indicate that in the Cariboo, the number of people over 65 years of age with a mental illness are equal to the BC average: however, the health care workers observe a lack of early assessment, diagnosis and treatment
- ◆ lack of mental health services for children and youth (Minutes of Mental Health Advisory meeting June 1999)
- ◆ high percentage of complicating factors in open mental health cases 1997
percentages: BC 100 Mile House

| | | |
|------------------------|-------|-------|
| Alcohol abuse | 21.93 | 32.80 |
| Drug abuse | 15.97 | 24.34 |
| Sexual/Emotional abuse | 31.86 | 51.32 |

- ◆ unemployment status of open mental health cases is above BC average
(1996 BC 41.83; 100 Mile House 62.74)
(1997 BC 42.25; 100 Mile House 65.08)
- ◆ Cariboo rates for suicide are higher than the province
(BC 12.26; Cariboo 13.41)

PROPOSED ACTION PLAN:

- ◆ to educate the public
 - work towards removing the stigma of mental illness
 - encourage early diagnosis and treatment
- ◆ to provide a continuum of services and reduce the fragmentation of current services
 - psychogeriatric assessment / treatment
 - access to tertiary / secondary treatment
 - services for children and youth
 - drug and alcohol, and suicide prevention
- ◆ to take the initiative to recruit mental health services providers
- ◆ to work with the community to lobby for resources to improve the availability of services (such as transportation, housing, employment and other related issues)

ISSUE # 6:

To address the increased number of health care demands and deaths directly caused by drug and alcohol misuse.

RATIONAL / JUSTIFICATION:

- ◆ high alcohol consumption per capita (1993 survey showed that each person in the Cariboo consumed \$244 of alcohol and consumed 39.36 liters)
- ◆ high # of MVA's (in BC half of MVA's are alcohol related)
- ◆ high unemployment leads to increased consumption of drug and alcohol
1996 Unemployment Rate:
Age 15 & over BC 10.3%; Cariboo 14.4%
Age 15-25 BC 14.7%; Cariboo 21.6%
- ◆ increased drug and alcohol use contributes to family abuse /violence
(See Issue 5 Bullet 7)
- ◆ increased birth defects and developmental problems due to alcohol consumption
- ◆ lack of facilities / recreation / programs for youth

PROPOSED PLAN OF ACTION:

- ◆ to work with stakeholders, educators, and staff to reduce alcohol and drug use
- ◆ to improve and maintain lifestyle choices and behaviors through public education
 - work with employers (mills, schools, businesses, etc.)
 - promote supermarket tours with dietitian
 - support local Drug and Alcohol Program issues
 - support harm reduction measures (especially for intravenous drug users)
 - support local Fetal Alcohol Syndrome Resource and Support Program

ISSUE #7:

To maintain and improve the health status achieved by Aboriginals in our community.

RATIONAL / JUSTIFICATION:

- ◆ new health board has been formed by the Canim Lake Band
- ◆ infant birth rates, infant mortality rates, and immunization rates have all improved to at least the BC average
- ◆ persons with a positive HIV and AIDS are increasing in the Cariboo

PROPOSED ACTION PLAN:

- ◆ to improve communication with the Band Health Board to identify needs and work towards resolving any issues
- ◆ to continue to support the Band health care initiatives
 - HIV Support Group
 - Support group for Laboring Moms
 - support educational opportunities
(such as Home Support training, Nutritional Programs)

ISSUE # 8:

- ◆ To maintain and further improve:
 - breast feeding programs
 - lower rate of infant mortality
 - immunization status (improve adult flu immunization)
 - clean air, water and a safe, nutritious food supply
 - lower rate of teenage pregnancy

Evaluation Process

Every six months a review will be done to ensure that progress is on track. Adjustments will be made at this time if necessary. These reviews will be reported to the Council.

Annually a thorough assessment of the health plan will be conducted to ensure that we maintain an evolving three year plan.

Communication Plan

This plan has been developed in consultation with our community. Public input will continue to be requested when major changes to the plan are anticipated.

Copies of the current plan will be available to the public at the Council's business office and at the local Public Library.

REFERENCES:

1. HEALTH GOALS FOR BRITISH COLUMBIA, December 1997
2. 100 MILE HOUSE & DISTRICT COMMUNITY HEALTH COUNCIL HEALTH AND MANAGEMENT PLAN, June 1996
3. HEALTH PROFILE - CARIBOO, Draft September 1998
4. COMPANION DOCUMENT - CARIBOO COMMUNITY HEALTH SERVICES SOCIETY, November 1998
5. CARIBOO HEALTH - SERVICE DELIVERY REVIEW, November 1998
6. SOUTH CARIBOO COMMUNITY HEALTH COUNCIL FUNDING REVIEW DOCUMENT, September 1998
7. NURSING WORKLOAD ENHANCEMENT STUDY FOR CARIBOO HEALTH, March 1999
8. CARIBOO HEALTH - WHERE ARE WE GOING? Strategic Planning Workshop, April 1999
9. STRATEGIC DIRECTIONS FOR BRITISH COLUMBIA, September 1999