



TOWN OF LADYSMITH

A REGULAR MEETING OF THE
COUNCIL OF THE TOWN OF LADYSMITH
WILL BE HELD IN COUNCIL CHAMBERS AT CITY HALL ON
MONDAY, MARCH 17, 2014
7:00 p.m.

AGENDA

CALL TO ORDER 7:00 P.M.

1. AGENDA APPROVAL
2. MINUTES
 - 2.1. Minutes of the Regular Meeting of Council held March 3, 2014 1
3. PUBLIC HEARING
 - 3.1. Town of Ladysmith Zoning Bylaw 1995, No. 1160, Amendment Bylaw 8
(No. 97) 2014, No. 1848
1144 Rocky Creek Road
4. DELEGATIONS
 - 4.1. Dr. Paul Hasselback, Island Health 10
Health at the Local Level – presentation of the 2013 Local Health Area
Profile Data for Ladysmith and discussion of local implications
5. PROCLAMATIONS
 - 5.1. Mayor Hutchins has proclaimed April 2014 as **Daffodil Month** in the Town 75
of Ladysmith, in recognition of the role played by the Canadian Cancer
Society’s British Columbia and Yukon Division in assisting the public to
take steps to reduce the risk of cancer through prevention strategies and
healthy public policy.
6. 2014 – 2018 FINANCIAL PLAN DELIBERATIONS

At its March 3, 2014 meeting, Council requested that additional information be
provided with respect to grants-in-aid requests, as follows:

 - 6.1. Ladysmith Resources Centre Association 76
Representatives of the Ladysmith Resources Centre Association will be in
attendance to provide a brief overview and respond to Council questions
on the following programs:
Victim Services, Family Support Services, Youth at Risk, Adventures in Early
Literacy and Dad’s Group.

6.2. Ladysmith Food Bank Community Kitchen Project.....	77
Representatives of the Ladysmith Food Bank will be in attendance to provide a brief overview and respond to questions about the Community Kitchen Project.	
6.3. Cowichan Therapeutic Riding Association	
Council requested information about participation by Ladysmith residents in this organization’s programs. Staff report that the program currently provides support to 10 residents of Ladysmith. In addition, 10 program volunteers are also from Ladysmith.	
6.4. Ladysmith Primary School Breakfast Program	
Council requested staff to determine if Community Links Program funds are available to support a breakfast program at Ladysmith Primary School. Staff report that there are no funds available through Community Links to support this request.	
7. DEVELOPMENT APPLICATIONS	
7.1. Zoning Bylaw Amendment Application – 1144 Rocky Creek Road (Lot A, District Lot 38, Oyster District, Plan EPP23810)	79
8. REPORTS	
8.1. Waste Water Treatment Plant Upgrade – Combined Loan and Grant Agreement.....	81
8.2. School Planning – Policy and Regulation	83
8.3. BC Healthy Communities Capacity Building Grant Application “Plan H”	92
8.4. Weather Station at Public Works Yard.....	94
9. BYLAWS	
9.1. Town of Ladysmith Zoning Bylaw 1995, No. 1160, Amendment Bylaw (no. 97) 2014, No. 1848	105
May be read a third time and referred to the Minister of Transportation and Infrastructure for approval.	
Bylaw 1848 is the subject of a Public Hearing earlier in the agenda. The purpose of Bylaw 1848 is to amend the Zoning Bylaw by placing the “Light Industrial Zone I-1” on the subject property.	
9.2. Town of Ladysmith Delegation Bylaw 2007 No. 1614, Amendment Bylaw 2014, No. 1850.....	107
May be read a first, second and third time.	

The purpose of Bylaw 1850 is to amend the Delegation Bylaw in order to delegate to the Director of Parks, Recreation and Culture the ability to approve Special Occasion Licences for special events in specified locations, in accordance with the Liquor Control and Licensing Act. This delegation of authority was approved by Council at its regular meeting of March 3, 2014.

10. CORRESPONDENCE

10.1. Derek R. Corrigan, Mayor, City of Burnaby..... 108
Community Impacts of the Proposal to Eliminate Home Mail Delivery

Staff Recommendation

That Council receive the correspondence from Mayor Derek Corrigan, City of Burnaby, dated March 4, 2014, concerning community impacts of the proposal to eliminate home mail delivery service in the Canada Post Corporation.

11. NEW BUSINESS

12. UNFINISHED BUSINESS

13. QUESTION PERIOD

- A maximum of 15 minutes is allotted for questions.
- Persons wishing to address Council during “Question Period” must be Town of Ladysmith residents, non-resident property owners, or operators of a business.
- Individuals must state their name and address for identification purposes.
- Questions put forth must be on topics which are not normally dealt with by Town staff as a matter of routine.
- Questions must be brief and to the point.
- Questions shall be addressed through the Chair and answers given likewise. Debates with or by individual Council members or staff members are not allowed.
- No commitments shall be made by the Chair in replying to a question. Matters which may require action of the Council shall be referred to a future meeting of the Council.

14. CLOSED MEETING

In accordance with section 90(1) of the *Community Charter*, this section of the meeting will be held *In Camera* to consider the following items:

- labour relations or other employee relations
- litigation or potential litigation affecting the municipality

15. RISE AND REPORT

16. ADJOURNMENT



**TOWN OF LADYSMITH
MINUTES OF A MEETING OF COUNCIL
MONDAY, MARCH 3, 2014
COUNCIL CHAMBERS, CITY HALL
CALL TO ORDER 7:00 P.M.**

COUNCIL MEMBERS PRESENT:

Mayor Rob Hutchins	Councillor Steve Arnett	Councillor Jillian Dashwood
Councillor Bill Drysdale	Councillor Gord Horth	Councillor Duck Paterson
Councillor Glenda Patterson		

STAFF PRESENT:

Ruth Malli	Sandy Bowden	Erin Anderson
Joanna Winter		

CALL TO ORDER Mayor Hutchins called this Regular Meeting of Council to order at 7:00 p.m.

AGENDA APPROVAL

CS 2014-062

Moved and seconded:

That the agenda for the Regular Council Meeting of March 3, 2014 be approved as amended with the following changes:

5 Updated Grants-in-Aid Information

Motion carried.

MINUTES

CS 2014-063

Moved and seconded:

That the minutes of the Regular Meeting of Council held Monday, February 17, 2014 be approved.

Motion carried.

CS 2014-064

Moved and seconded:

That the minutes of the Special Meeting of Council held Wednesday, February 19, 2014 be approved.

Motion carried.

CS 2014-065

Moved and seconded:

That the minutes of the Special Meeting of Council held Tuesday, February 25, 2014 be approved.

Motion carried.

DELEGATIONS

Shirley Blackstaff, Harry Southern, Dave Ames

Ladysmith Coaling Wharf Diorama

Mayor Hutchins and Shirley Blackstaff introduced Harry Southern and Dave Ames, Cowichan Valley model builders, who are producing an exact replica diorama of Ladysmith's waterfront in the coal-producing days. Council congratulated the group for their

building skills and dedication, and thanked them for taking such an interest in recreating and celebrating Ladysmith's industrial heritage.

**Judy Stafford, Cowichan Green Community
2013 Year in Review**

Judy Stafford, Executive Director of Cowichan Green Community showed a video summarizing the organization's activities and success in 2013, including food security, education in farming and food production, cooking classes, social enterprises and affordable housing. Council thanked Ms. Stafford for the presentation and expressed appreciation to the organization for its efforts in promoting food security and affordable housing in the Cowichan region.

**FINANCIAL PLAN
DELIBERATIONS**

Grants-in-Aid

Council reviewed the applications by community groups and organizations. The total preliminary budget amount for grants-in-aid in 2014 is \$100,000. Council noted that requests for grants-in-aid total \$187,457.

Councillor Drysdale declared a conflict of interest and excused himself from Council Chambers during discussion of the grant-in-aid request from the Festival of Lights Society.

Councillor D. Paterson declared a conflict of interest and excused himself from Council Chambers during discussion of the grant-in-aid request from the Ladysmith Show and Shine.

Councillor Arnett declared a conflict of interest and excused himself from Council Chambers during discussion of the grant-in-aid request from the Ladysmith Celebrations Society.

Mayor Hutchins declared a conflict of interest and excused himself from Council Chambers during discussion of the grant-in-aid request from Ladysmith Family and Friends.

CS 2014-066

Moved and seconded:

That representatives of the Ladysmith Resources Centre Association be invited to attend the regular Council meeting on March 17, 2014 to respond to questions about the organization's requests for funding for General Programming, Family Support Services, Youth at Risk Program, Victim Services Program and the Ladysmith Food Bank.

Motion carried.

CS 2014-067

Moved and seconded:

That consideration of the grant-in-aid request from the Cowichan Therapeutic Riding Association be referred to the March 17, 2014 regular Council meeting and that staff be requested to determine

whether any Ladysmith residents participate in the organization's programs.

Motion carried.

CS 2014-068

Moved and seconded:

That the grant-in-aid request from the Ladysmith Primary School Parents Advisory Council be referred to the March 17, 2014 regular Council meeting and that staff be requested to determine whether Community Links Program funds are available to assist in a breakfast program at Ladysmith Primary School.

Motion carried.

It was agreed that final decisions regarding grants-in-aid will be made once Council has had more time to consider all applications and review additional information requested. Council made the following preliminary determination of grants-in-aid for 2014:

	Funds to be drawn from Trolley Rental Subsidy Fund
Ladysmith Tour de Rock 2014 Committee (trolley rental waiver approved)	
Ladysmith Tour de Rock 2014 Committee (red serge dinner)	0
Cowichan Valley Performing Arts Foundation	0
Ladysmith Fire Rescue Santa Parade	1,000
Festival of Lights Society	12,000
Ladysmith Citizens on Patrol	1,500
Ladysmith & District Historical Society Archives	20,000
Ladysmith & District Historical Society Museum	10,000
Arts on the Avenue	1,000
Ladysmith Downtown Business Association	1,000
Ladysmith Show & Shine	500
Ladysmith & District Marine Rescue Society	5,000
Arts Council of Ladysmith & District (Disability access)	2,500
Ladysmith Maritime Society Festival Events	1,500
St John the Evangelist Anglican Church	500
Cowichan Family Caregivers Support Society	750
Ladysmith Resources Centre Association - General Programming	
Ladysmith Resources Centre Association - Family Support	

Ladysmith Resources Centre Association - Youth at Risk	
Ladysmith Resources Centre Association - Victim Services	
Ladysmith Food Bank	
Ladysmith Ambassador Program	1,000
Vancouver Island Crisis Society	500
Ladysmith Celebrations Society	8,000
Arts Council of Ladysmith & District	1,000
Cowichan Therapeutic Riding Association	1,000
Ladysmith Primary School PAC	
Ladysmith Family and Friends (LAFF)	0
Mission Management Group	0
Trolley Rental Subsidy Fund	3,000
TOTAL	71,750

CS 2014-069

Moved and seconded:

That Council write to the Area G and Area H Directors of the Cowichan Valley Regional District to determine the ability of these areas to contribute grants-in-aid in recognition that a number of residents of those areas benefit from programs and services currently supported by Town of Ladysmith grants-in-aid.

Motion carried.

**COUNCIL COMMITTEE
REPORTS**

Municipal Services Committee Recommendations

CS 2014-070

Moved and seconded:

That Council direct staff to amend the Beer Garden and Special Occasion Licence Applications Policy:

- to delegate to the Director of Parks, Recreation and Culture the authority to approve Special Occasion Licences at the identified facilities for this purpose;
- to remove the deadline for submission; and
- to add Forrest Field, Transfer Beach Park and Aggie Hall and Fields as permitted areas for Special Occasion Licensed use.

Motion carried.

CS 2014-071

Moved and seconded:

That Council refer the matter of on- and off-leash dogs in Town parks to the Parks, Recreation and Culture Commission for further consultation and investigation and to report back to Council.

Motion carried.

CS 2014-072

Moved and seconded:

That Council approve the following dates for the 2014 to 2018 Financial Plan deliberations:

- March 3 – Grants-in-Aid Discussion

- March 24 – Financial Plan Overview (Special Council Meeting)
- April 7 – Ongoing Financial Plan deliberations
- April 14 – Ongoing Financial Plan deliberations (Special Council Meeting)

Motion carried.

Moved and seconded:

CS 2014-073

That Council refer the correspondence from Troy Grant requesting consideration of traffic calming measures on the Fourth Avenue Extension to the Speed Watch program of the Royal Canadian Mounted Police with a request to monitor traffic in the vicinity and to provide a report to Council.

Motion carried.

Moved and seconded:

CS 2014-074

That Council write a letter of deep appreciation to Social Planning Cowichan for hosting the series of workshops titled “Understanding the Village” aimed at building cross-cultural awareness and understanding.

Motion carried.

STAFF REPORTS

Moved and seconded:

CS 2014-075

That Council appoint the following elections officers for the upcoming 2014 local government elections:

Joanna Winter, Manager of Administrative Services – Chief Election Officer

Sandy Bowden, Director of Corporate Services – Deputy Chief Election Officer

Motion carried.

BYLAWS

Town of Ladysmith Waste Water Treatment Plant Upgrade Phase 3 Temporary Borrowing Bylaw 2014, No. 1849

Moved and seconded:

CS 2014-076

That Town of Ladysmith Waste Water Treatment Plant Upgrade Phase 3 Temporary Borrowing Bylaw 2014, No. 1849 be adopted.

Motion carried.

CORRESPONDENCE

**Jim Vanderwal, Fraser Basin Council
BC Clean Energy Vehicles Program**

Moved and seconded:

CS 2014-077

That Council write to the Hon. Mary Polak, B.C. Minister of Environment and the Hon. Bill Bennett, B.C. Minister of Energy and Mines, urging the provincial government to continue offering incentives to support the adoption of clean energy vehicles in British Columbia.

Motion carried.

NEW BUSINESS

Association of Vancouver Island and Coastal Communities – 2014

Convention

Moved and seconded:

CS 2014-078

That Council waive the Town of Ladysmith Council travel policy in order to permit five members of Council (Councillors G. Patterson, Dashwood, Arnett, Horth and Drysdale) to attend the 2014 convention of the Association of Vancouver Island and Coastal Communities, given that Mayor Hutchins will be attending the convention as a representative of the Cowichan Valley Regional District.

Motion carried.

UNFINISHED BUSINESS

Services Agreement with the Stz'uminus First Nation

Moved and seconded:

CS 2014-079

That Council enter into the Services Agreement with the Stz'uminus First Nation as presented.

Motion carried.

Councillor Horth expressed his appreciation for the hard work and dedication of the members of the Naut'sa Mawt Working Group in developing the agreement.

QUESTION PERIOD

R. Johnson was advised that the Town has received approximately eight elector response forms with respect to the boundary extension alternative approval process.

R. Johnson was advised that the trolley grant-in-aid is intended to cover trolley operating costs in the event that council agrees to waive a trolley rental fee on request.

Cara McKenna, Nanaimo Daily News, was advised that the infrastructure is now in place to enable the connection of services to the Stz'uminus First Nation as outlined in the Services Agreement, and that future expansion of this service must meet a number of conditions, including expanded capacity of the Town's waste water treatment plant.

A member of the audience was advised that in total the Town is authorized to borrow up to \$10 million for the new waste water treatment plant, to be repaid over 20 years, and that these funds cannot actually be drawn until construction is complete.

CLOSED MEETING

Moved and seconded at 8:38 p.m.:

CS 2014-080

That Council retire into Closed Meeting after a two minute recess.

Motion carried.

ARISE AND REPORT

Council arose from the Closed Meeting without report.

ADJOURNMENT

CS 2014-081

Moved and seconded:

That this meeting of Council be adjourned at 9:52 p.m.

Motion carried.

CERTIFIED CORRECT:

Mayor (R. Hutchins)

Corporate Officer (S. Bowden)

TOWN OF LADYSMITH

BYLAW NO. 1848

A bylaw to amend "Town of Ladysmith Zoning Bylaw, 1995, No. 1160"

WHEREAS pursuant to the *Local Government Act*, the Municipal Council is empowered to amend the zoning bylaw;

AND WHEREAS after the close of the Public Hearing and with due regard to the reports received, the Municipal Council considers it advisable to amend "Town of Ladysmith Zoning Bylaw 1995, No. 1160";

NOW THEREFORE the Council of the Town of Ladysmith in open meeting assembled enacts as follows:

- (1) The zoning map, being 'Schedule A' to "Town of Ladysmith Zoning Bylaw 1995, No. 1160" is hereby amended by placing:
- “Light Industrial Zone (I-1)” on the subject property Lot A, District Lot 38, Oyster District, Plan EPP23810 (1144 Rocky Creek Road) as shown on Schedule 1 attached to this Bylaw.

CITATION

- (2) This bylaw may be cited for all purposes as "Town of Ladysmith Zoning Bylaw 1995, No. 1160 Amendment Bylaw (No. 97), 2014, No. 1848".

READ A FIRST TIME on the 17th day of February, 2014

READ A SECOND TIME on the 17th day of February, 2014

PUBLIC HEARING held pursuant to the provisions of the *Local Government Act*

on the _____ day of _____

READ A THIRD TIME on the _____ day of _____

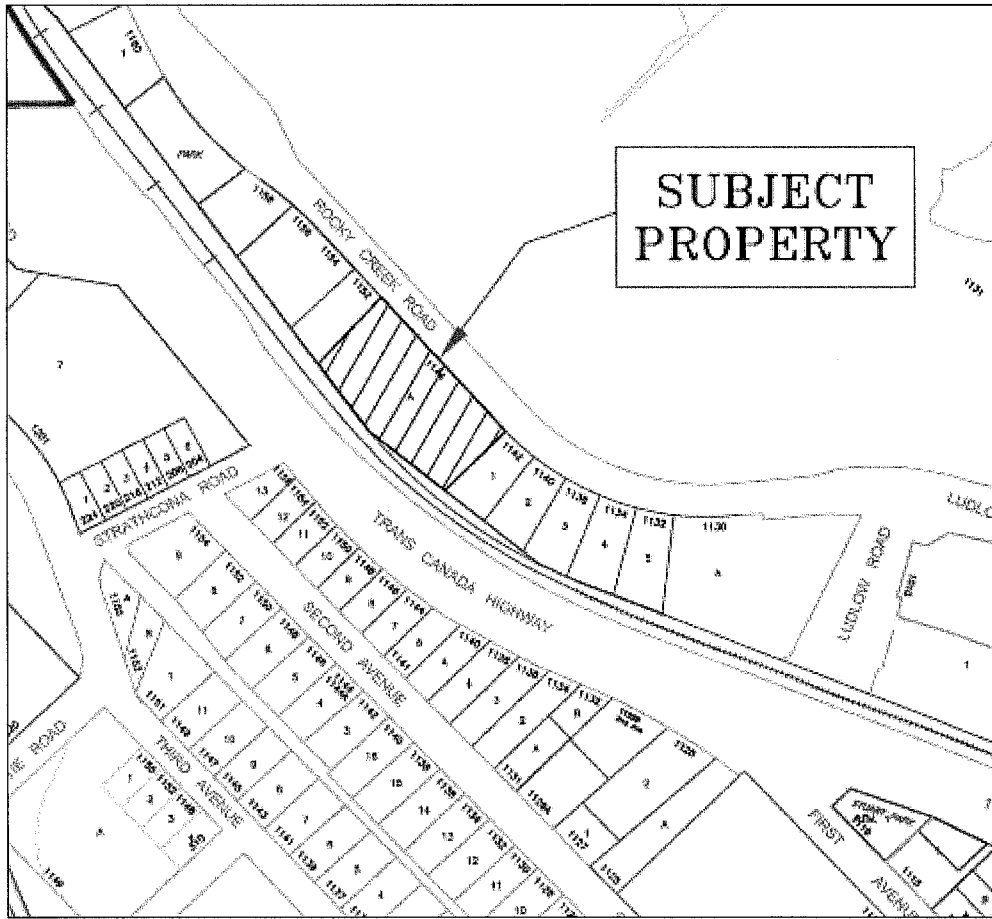
APPROVED by the Minister pursuant to the provisions of the *Transportation Act*

ADOPTED on the _____ day of _____

Mayor (R. Hutchins)


Corporate Officer (S. Bowden)

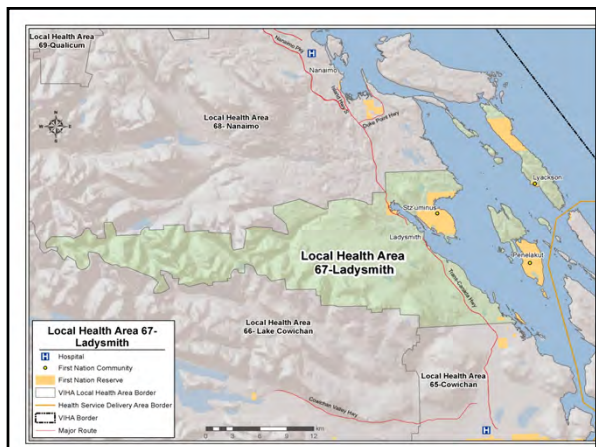
Bylaw 1848 – Schedule 1

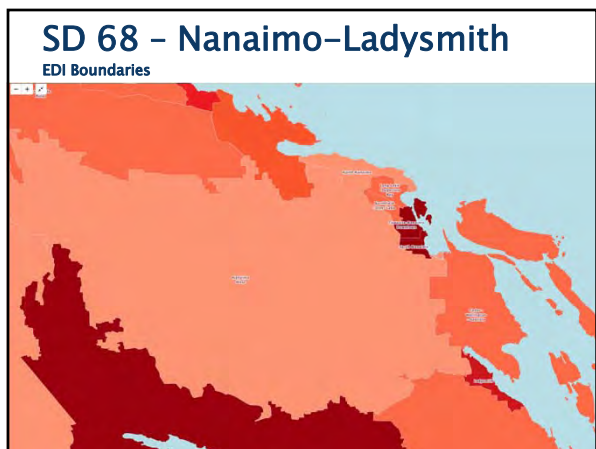


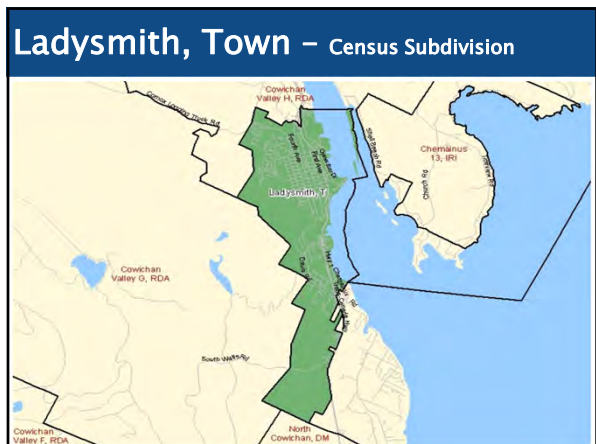
**Medical Health Officer
Report to:
Town of Ladysmith Council
March 17, 2014**

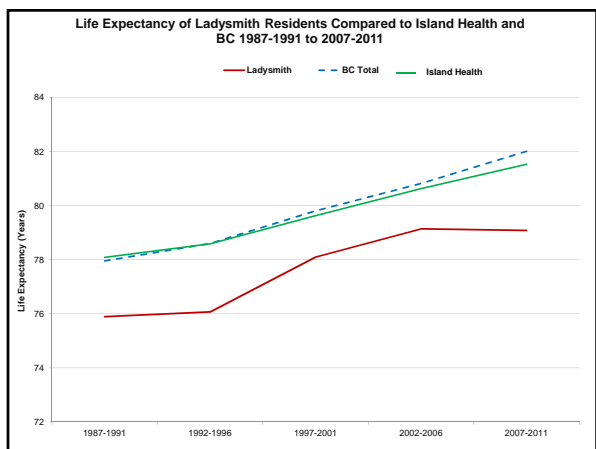
*Paul Hasselback MD MSc FCRPC
Medical Health Officer
Central Vancouver Island*

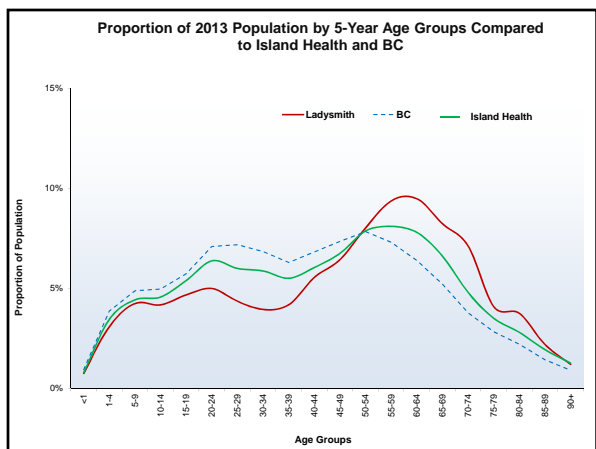
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Celebration of Ladysmith Activities to Improve Health

- Vibrant collaborations focused on health and social issues in area including Health Advisory Committee and Ladysmith Interagency group.
- Strong community culture of collective response to local concerns.
- Continued development of the Ladysmith Community Health Centre services.

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LHA Profiles – Interpretive Notes

- Accessible on line.
- Data in profiles are presented differently – important to carefully review data to understand.
- Generally measures to the right of zero show favourably when comparing Ladysmith to Island Health, measures to the left less favourably.
- Profile also compares LHA to BC as a whole.
- For most slides, Red is the most recent year, Green 2012, Blue 2011.

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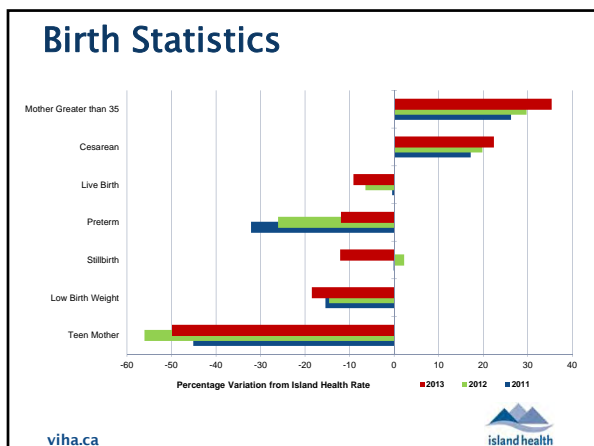


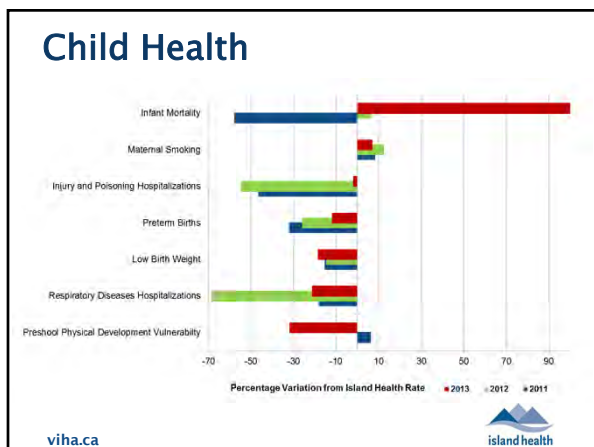
National Household Survey (NHS)

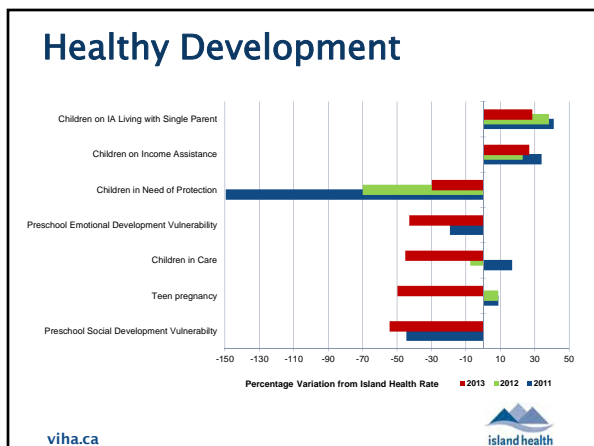
- Data Tables based on geographic levels
 - Census metropolitan areas and census agglomerations.
 - Census subdivisions with 5,000 plus population estimate.
- NHS non-response rate 26.9%
 - Underrepresentation in lower economic groups.
 - Underrepresentation by single parent families.
 - Underrepresentation by Aboriginal peoples.
 - Likely underrepresentation of other ethnic groups.
- Data are compared to BC as a province as are not yet available island or Health area.

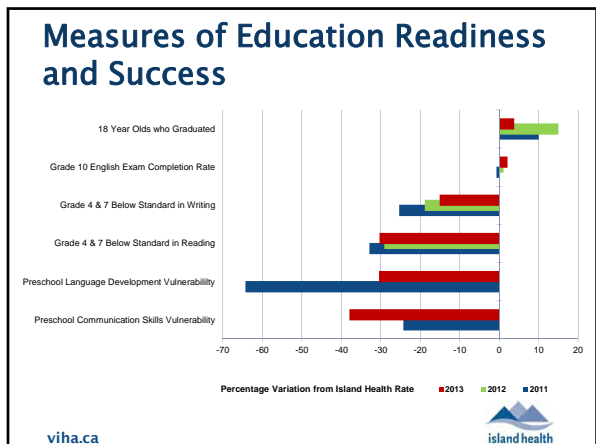
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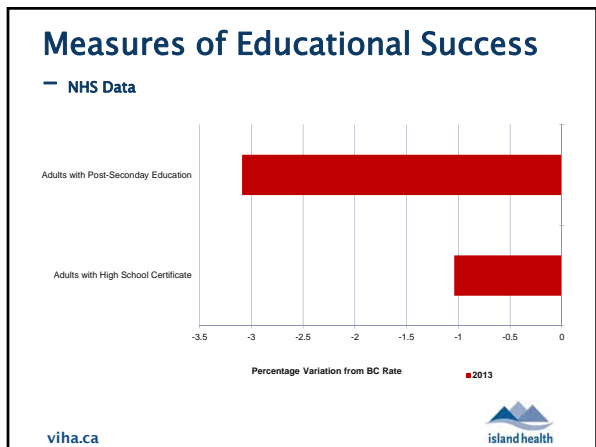


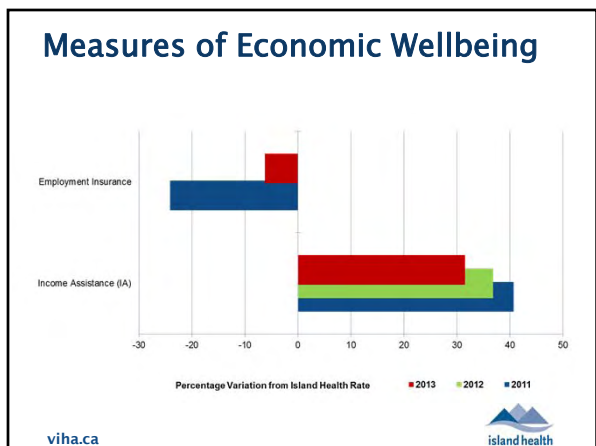


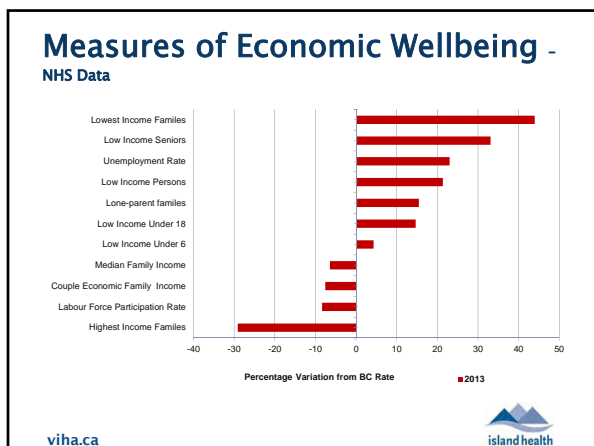


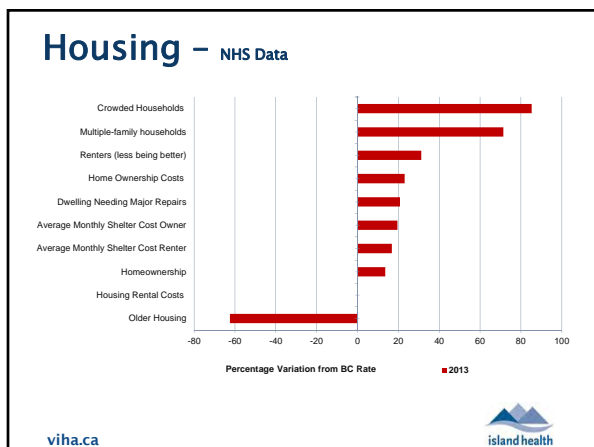


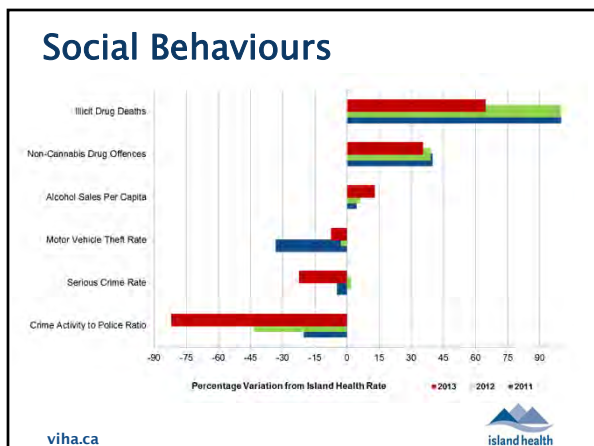


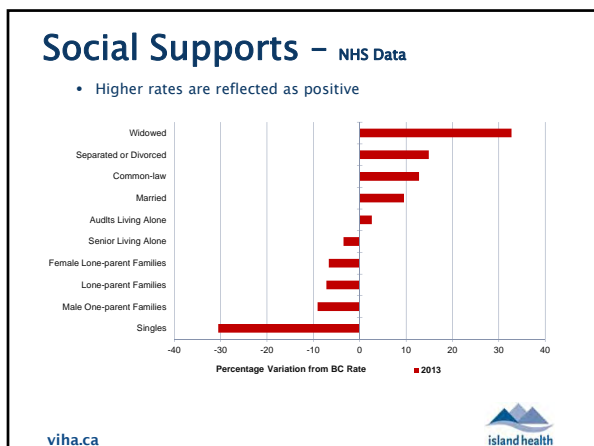


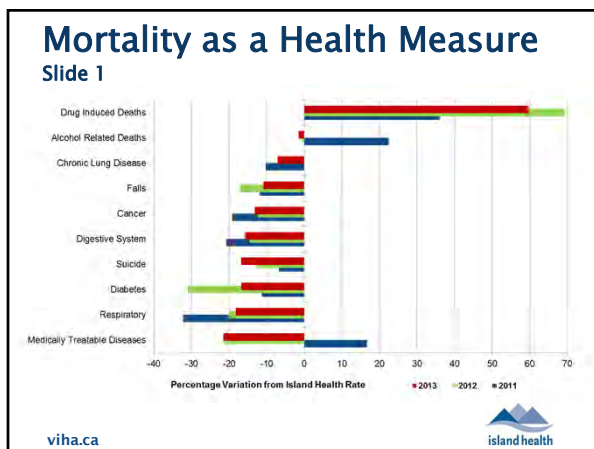


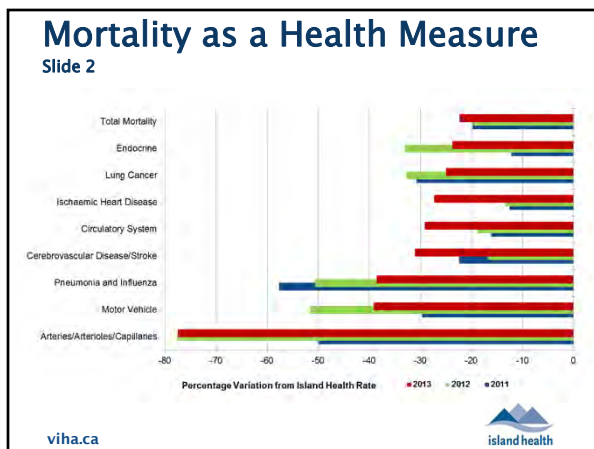


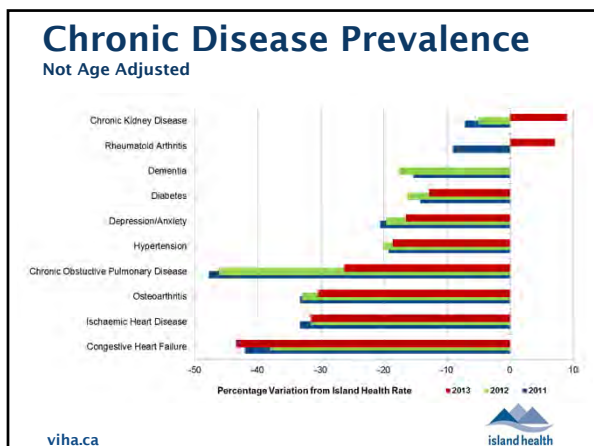


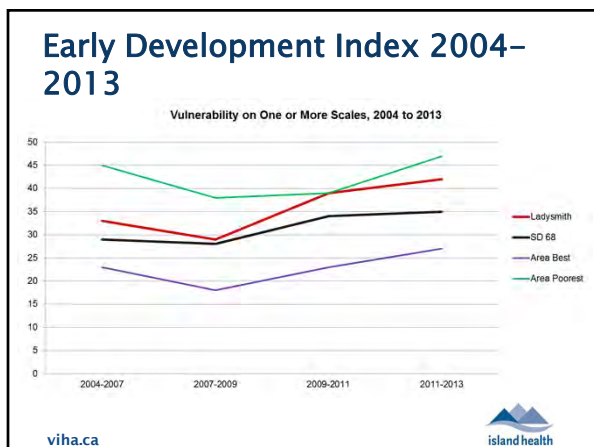












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viha.ca island health



2012 Local Health Area Profile Ladysmith (67)

Prepared by Planning and Community Engagement
Island Health
December 2013

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](mailto:Melanie.Rusch@viha.ca) (Melanie.Rusch@viha.ca).

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1 Key notes

Demographics

- On average, the population of Ladysmith is older than both BC's and Island Health's population.
- As of 2012, Ladysmith made up 2.5% of Island Health's total population.
- As of 2011, 12.4% of Ladysmith residents identify as Aboriginal¹ compared to 6.6% for Island Health and 5.4% for BC (Statistics Canada, National Household Survey, 2011).
- The total Ladysmith population is expected to grow 20% by 2033, while the population 75+ is expected to grow 101% in the same period.

Economic Wellbeing

- Ladysmith had a lower percentage of low income seniors (5.1%) than BC (14.7%) or Island Health (8.6%).
- Ladysmith had a lower percentage of low income persons (5.9%) compared to BC (13.1%) and Island Health (9.8%).
- A lower percentage of individuals in Ladysmith received income assistance (1.3%) than in BC (1.9%) and in Island Health (1.9%).

Education

- Ladysmith had a higher percentage of grade 4 and 7 students who scored below standard in reading (28.4%) and writing (22.9%) than BC (reading: 20.2%; writing: 16.1%) and Island Health (reading: 22.0%; writing: 19.9%).
- A higher percentage of children in Ladysmith were rated as vulnerable for language development (15.0%) and communication skills vulnerability (16.0%) than in BC (language: 10.3%; communication: 13.7%) and in Island Health (language: 11.5%; communication: 11.6%).

Housing

- Ladysmith had a higher percentage of older housing (13.7%) than BC (7.9%) or Island Health (10.2%).
- Ladysmith had a higher percentage of dwellings in need of major repairs (9.8%) than in BC (7.4%) or in Island Health (7.2%).
- Ladysmith had a higher percentage of multiple-family households (1.9%) than Island Health (1.3%), but a lower percentage than BC (2.5%).

Social Support

- Ladysmith had a higher percentage of male lone-parent families (7.8%) than in BC (5.2%) or in Island Health (6.3%).
- Ladysmith had a higher percentage of widowers (7.5%) than in BC (5.5%) or in Island Health (6.4%).
- Ladysmith had a lower percentage of single individuals (25.3%) than in BC (32.1%) or in Island Health (30.3%).

Healthy Development

- There was a higher rate of children in need of protection in Ladysmith (15.3 per 1,000 children aged 0-18) than in BC (6.4 per 1,000) or Island Health (12.1 per 1,000).
- Ladysmith had a higher rate of births to teen mothers (64.4 births per 1,000 live births) than BC (30.9 per 1,000) and Island Health (43.0 per 1,000).
- Ladysmith had a higher rate of children in care (19.6 per 1,000 aged 0-18) than BC (9.1 per 1,000) or Island Health (13.5 per 1,000)

¹ Statistics Canada, Census 2006; Aboriginal refers to those persons who self identified with at least one Aboriginal group (North American Indian, Métis or Inuit, and/or those who reported being a Treaty Indian or a Registered Indian, as defined by the *Indian Act* of Canada, and/or those who reported they were members of an Indian band or First Nation).

Child Health

- Ladysmith had a higher rate of children hospitalized due to respiratory diseases (13.6 per 1,000 children aged 0-14) than BC (9.2 per 1,000) or Island Health (11.2 per 1,000).
- Ladysmith had a higher percentage of preschool children rated vulnerable for physical development (19.0%) than in BC (13.5%) or Island Health (14.4%).
- There was a higher rate of maternal smoking in Ladysmith (11.8%) than in BC (9.1%), but lower than Island Health as a whole (12.7%).

Crime

- Ladysmith had a lower rate of deaths due to illicit drugs (3.0 per 100,000) than BC (7.7 per 100,000) or Island Health (8.5 per 100,000).
- Ladysmith had a lower rate of serious juvenile crime (2.2 per 1,000 youth aged 12-17) than in BC (3.8 per 1,000) or Island Health (4.9 per 1,000).
- Ladysmith had a higher crime activity to police ratio (12.2 crimes per police officer) than BC (7.7) or Island Health (6.7).

Birth Statistics

- Ladysmith had the second highest rate of low birth weight babies in Island Health.

Mortality Statistics

- Ladysmith ranked 1st for deaths due to disease related to the circulatory system, and 2nd for deaths due to diseases of the arteries/arterioles/capillaries, ischaemic heart disease and cerebrovascular disease/stroke.

Chronic Disease Prevalence

- 31.2% of the Ladysmith population experienced hypertension.
- 31.0% of the Ladysmith population experienced depression/anxiety.

Hospital Admissions

- Of the 3,855 hospital admissions for Ladysmith residents in 2011/12:
 - 46.7% were for day cases, while 53.3% were for inpatient cases;
 - 53.6% were for medical cases, while 46.4% were for surgical cases;
 - 41% were received by Cowichan District Hospital and 39% were received by Nanaimo Regional General Hospital.
 - Vaginal delivery with no other intervention was responsible for the most inpatient cases (104).
 - Lens extraction/insertion, typically for cataracts, was responsible for the most day cases (262).
- Of the 15,209 inpatient days for Ladysmith residents in 2011/12:
 - 13.4% were for an alternate level of care (ALC);
 - Admissions related to the mental diseases and disorders accounted for the most patient days (2,562 or 16.8%).
- The ambulatory care sensitive conditions (ACSC) rate for Ladysmith residents is 5.7% of cases, higher than the Island Health average of 4.5%.
- The percentage of alternate level of care days (ALC) has remained similar to Island Health since 2008/09.

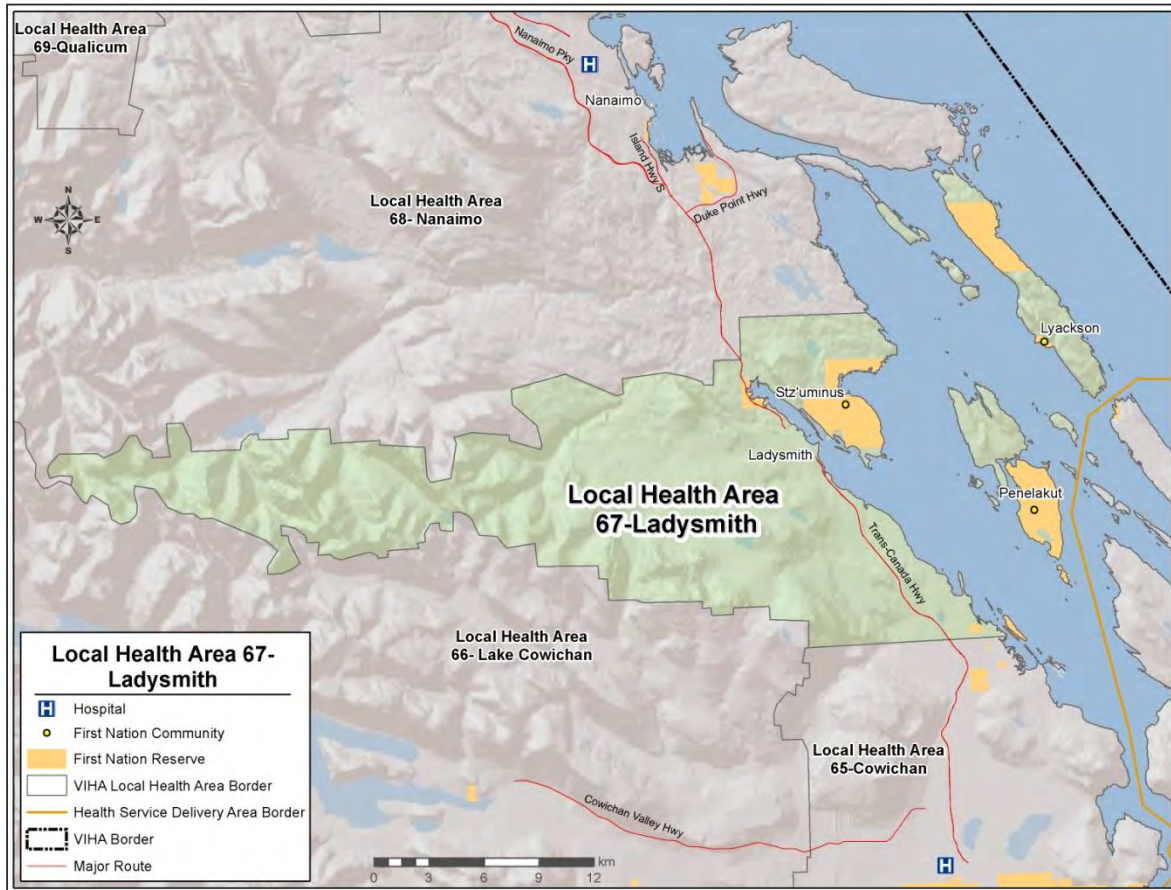
Emergency Department Visits

- Of the 15,009 emergency visits by Ladysmith residents in 2012/13:
 - 52% were at the Ladysmith Community Health Centre;
 - 35% were for people over the age of 60.
- More visits occurred on Sundays and Mondays than on other days for Ladysmith residents.
- Ladysmith residents made more visits to emergency services per population (787 per 1,000) compared to Island Health as a whole (369 per 1,000).

2 Geography

2.1 Location Description

- Ladysmith LHA is one of 14 LHAs in Island Health and is located in Island Health’s Central Health Service Delivery Area (HSDA).
- Situated in the southeastern region of the Central HSDA, Ladysmith covers approximately 442.2 square kilometers and includes the following communities: Ladysmith, and Chemainus.
- Ladysmith borders 3 other LHAs: Cowichan, Lake Cowichan, and Nanaimo.



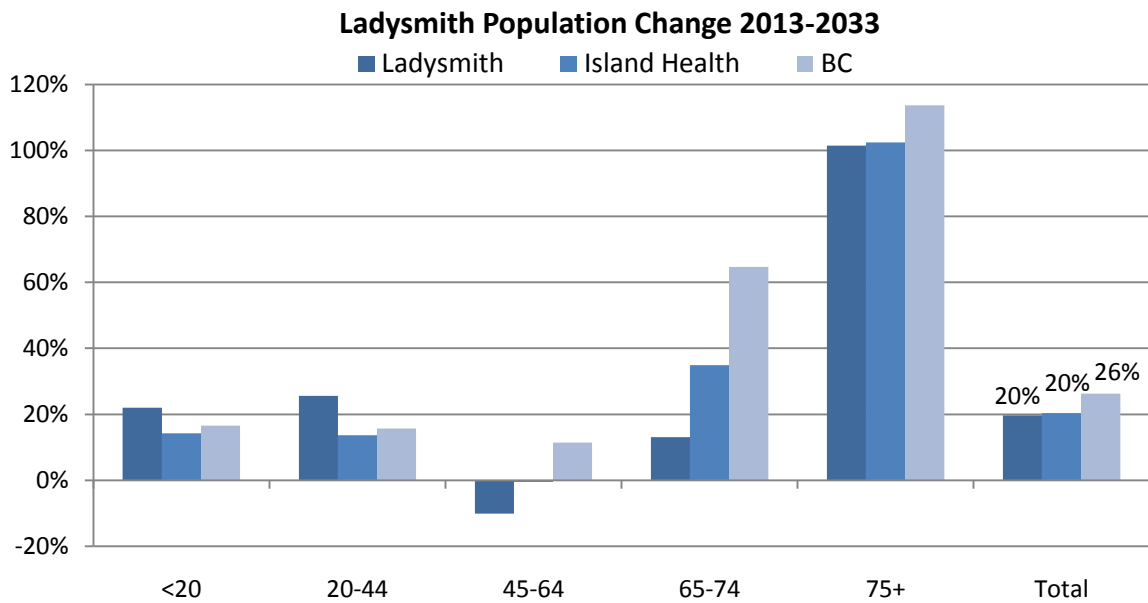
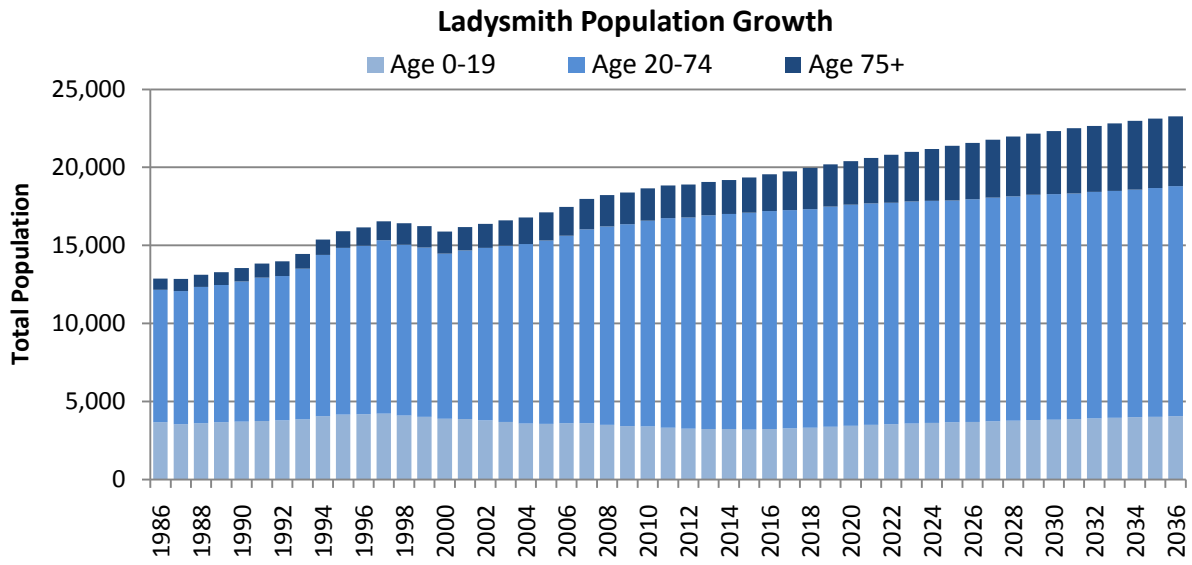
2.2 Transportation

- Ladysmith is located on the Trans-Canada Highway, and is approximately one hour from Nanaimo and two hours from Victoria.
- There is no BC Transit service in Ladysmith; however handyDART service extends as far as Chemainus. The Ladysmith Trolley service runs six routes in the city of Ladysmith. Greyhound Bus lines run a service between Victoria and Nanaimo which stops in Ladysmith 6 times a day. There is a daily Via Rail train which runs between Victoria and Courtney and stops in Ladysmith upon request. There is a ferry service between Chemainus, Thetus Island and Penelakut Island.

3 Demographics²

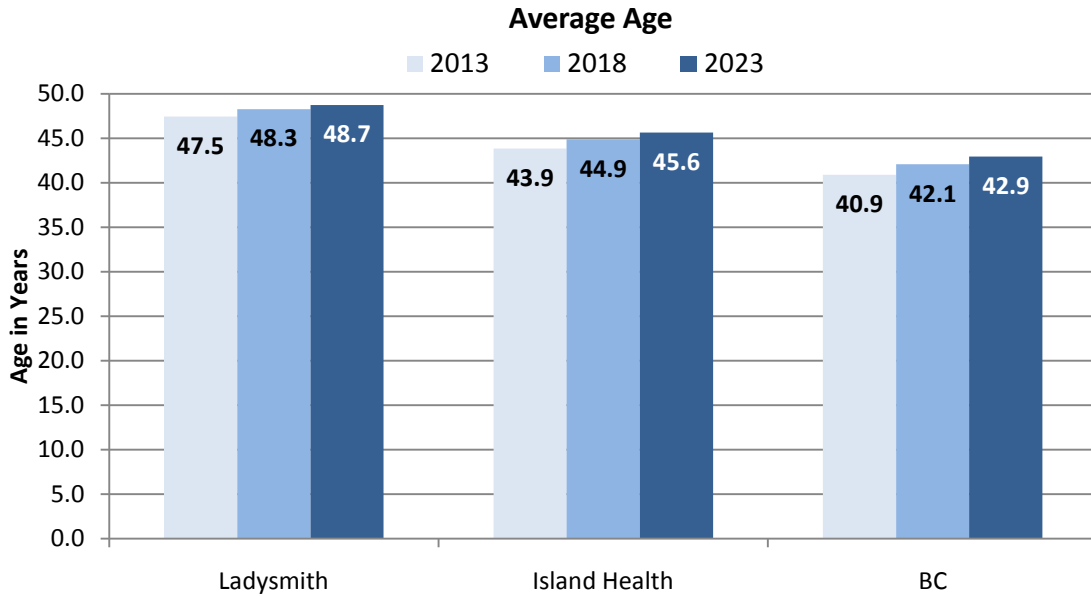
Key Notes:

- On average, the population of Ladysmith is older than both BC’s and Island Health’s population.
- As of 2012, Ladysmith made up 2.5% of Island Health’s total population.
- As of 2011, 12.4% of Ladysmith residents identify as Aboriginal³ compared to 6.6% for Island Health and 5.4% for BC (Statistics Canada, National Household Survey, 2011).
- The total Ladysmith population is expected to grow 20% by 2033, while the population 75+ is expected to grow 101% in the same period.



² Source: BC Statistics, PEOPLE 2012, unless otherwise specified.

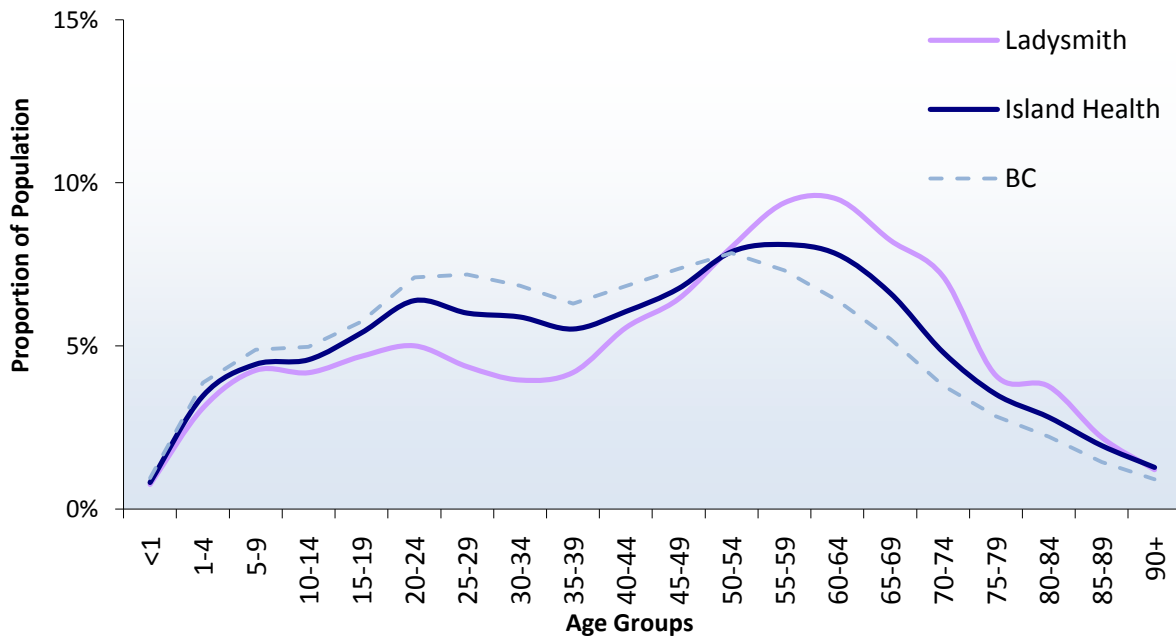
³ Statistics Canada, Census 2006; Aboriginal refers to those persons who self identified with at least one Aboriginal group (North American Indian, Métis or Inuit, and/or those who reported being a Treaty Indian or a Registered Indian, as defined by the *Indian Act* of Canada, and/or those who reported they were members of an Indian band or First Nation).



Ladysmith’s 2013 population profile is relatively similar to Island Health as a whole; it has:

- A similar percentage of people under 15 years of age;
- A lower percentage of people aged 15-40;
- A higher percentage of people aged 55-84; and
- A similar percentage of people aged 85+.

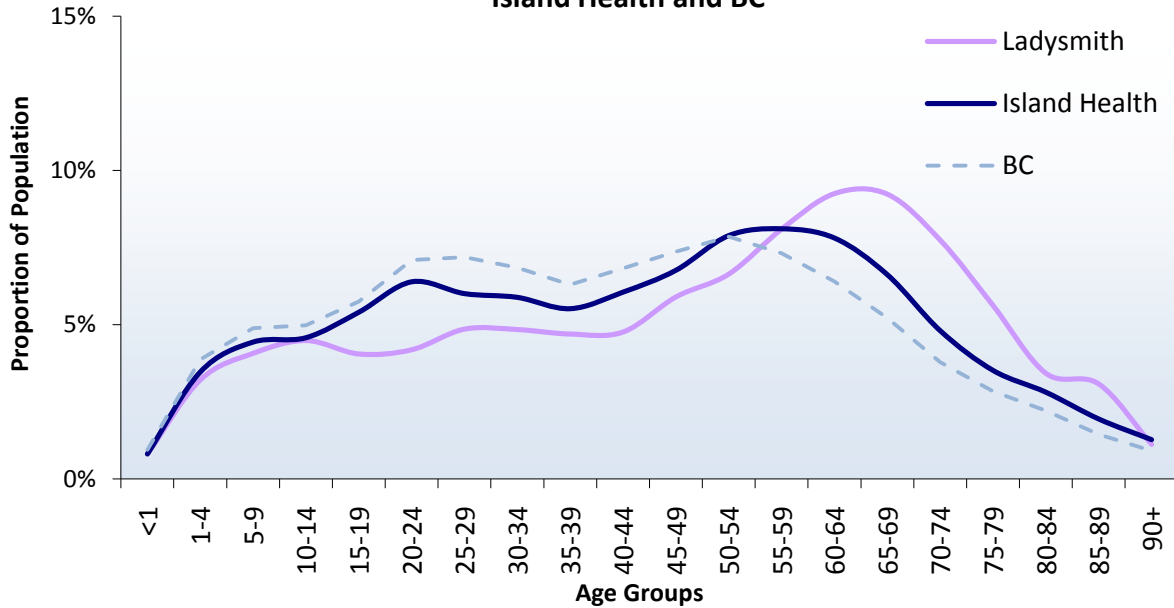
Proportion of 2013 Population by 5-Year Age Groups Compared to Island Health and BC



Ladysmith’s 2018 population profile is still relatively similar to Island Health as a whole; it has:

- A similar percentage of people under 15 years of age;
- A lower percentage of people aged 15-54;
- A higher percentage of people aged 60+.

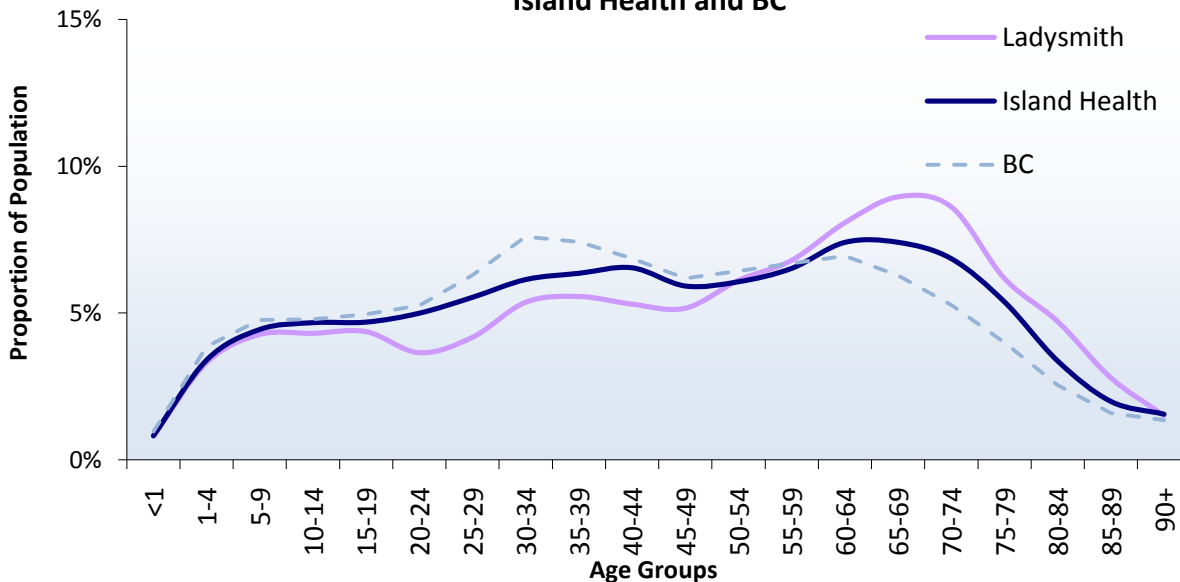
Proportion of 2018 Population by 5-Year Age Groups Compared to Island Health and BC



Ladysmith’s 2023 population profile is still relatively similar to Island Health as a whole; it has:

- A similar percentage of people under 20 years of age;
- A lower percentage of people aged 20-49;
- A higher percentage of people aged 65+.

Proportion of 2023 Population by 5-Year Age Groups Compared to Island Health and BC

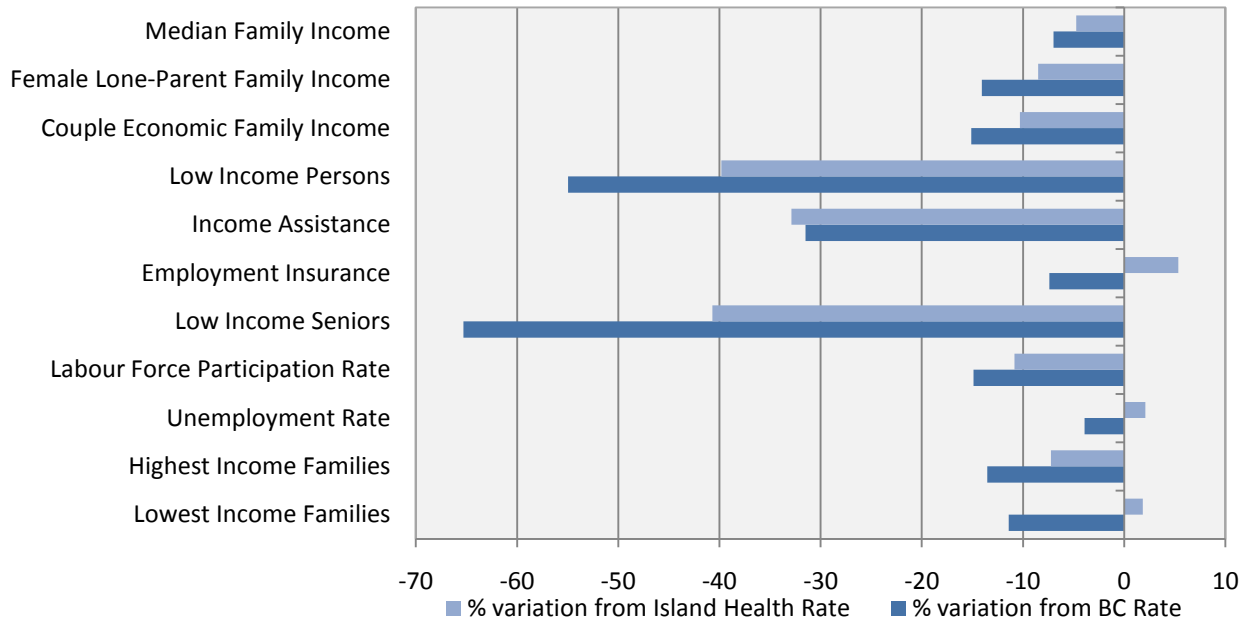


4 Social Determinants of Health and Wellbeing

4.1 Economic Wellbeing

Key Notes:

- Ladysmith had a lower percentage of low income seniors (5.1%) than BC (14.7%) or Island Health (8.6%).
- Ladysmith had a lower percentage of low income persons (5.9%) compared to BC (13.1%) and Island Health (9.8%).
- A lower percentage of individuals in Ladysmith received income assistance (1.3%) than in BC (1.9%) and in Island Health (1.9%).



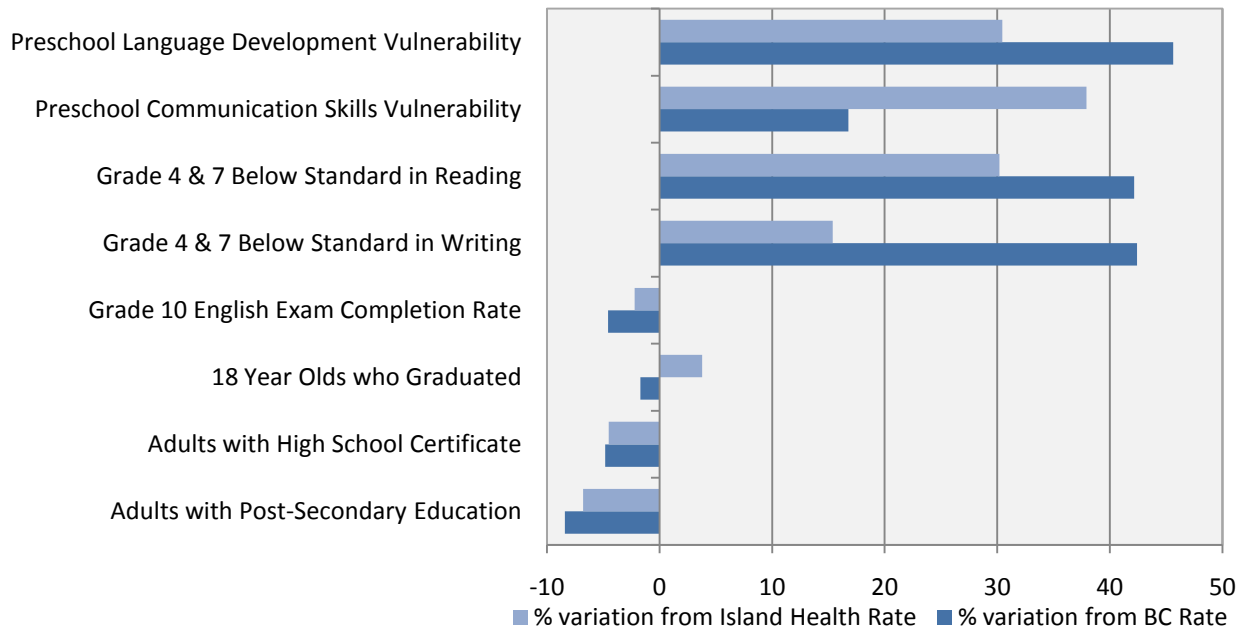
Indicator	Definition	Ladysmith	BC	Island Health
Median Family Income ¹	Median family income from all sources in 2005	\$61,191	\$65,787	\$64,231
Female Lone-Parent Family Income ¹	Average family income of female lone-parent economic families in 2005	\$37,371	\$43,491	\$40,842
Couple Economic Family Income ¹	Average family income of couple economic families in 2005	\$73,498	\$86,574	\$81,945
Low Income Persons ¹	Percent of persons below the Statistics Canada Low Income Cut-off Point after tax in 2005	5.9	13.1	9.8
Income Assistance (IA) ²	Percent of population aged 15+ receiving income assistance from provincial program	1.3	1.9	1.9
Employment Insurance ²	Percent of population 15+ on Employment Insurance	1.7	1.8	1.6
Low Income Seniors ¹	Percent of persons 65 years of age and over that were below the Statistics Canada Low Income Cut-off Point before tax	5.1	14.7	8.6
Labour Force Participation Rate ¹	Percent of population aged 25 and over that are participating in the labour force	55.8	65.6	62.6
Unemployment Rate ¹	Percent of population aged 25 and over that are unemployed	4.9	5.1	4.8
Highest Income Families ¹	Percent of economic families who earned >\$80,000	33.0	38.1	35.6
Lowest Income Families ¹	Percent of economic families who earned <\$20,000	7.1	8.0	7.0

Source: ¹BC Statistics Agency (2006 Census); ²BC Statistics Agency, Employment Insurance Statistics and Statistics Canada (4 Quarter Average Sep 2010-Sep 2011)

4.2 Education

Key Notes:

- Ladysmith had a higher percentage of grade 4 and 7 students who scored below standard in reading (28.4%) and writing (22.9%) than BC (reading: 20.2%; writing: 16.1%) and Island Health (reading: 22.0%; writing: 19.9%).
- A higher percentage of children in Ladysmith were rated as vulnerable for language development (15.0%) and communication skills vulnerability (16.0%) than in BC (language: 10.3%; communication: 13.7%) and in Island Health (language: 11.5%; communication: 11.6%).



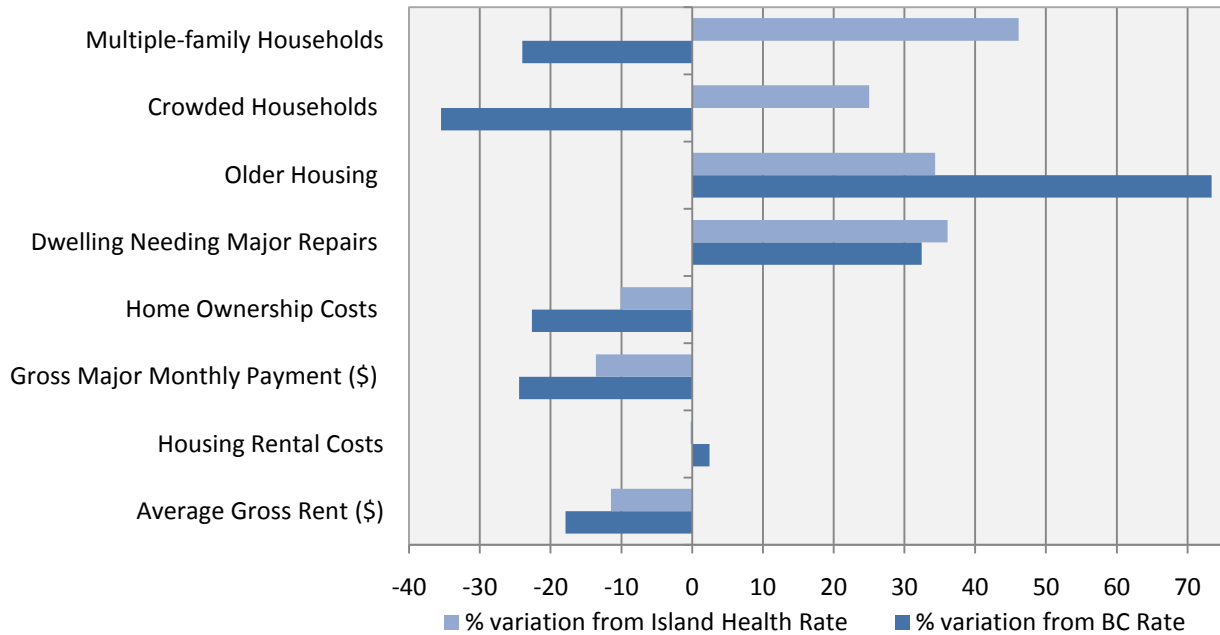
Indicator	Definition	Ladysmith	BC	Island Health
Preschool Language Development Vulnerability ²	Percent of kindergarten children rated as vulnerable for language and cognitive development (problems in reading, writing and numeracy)	15.0	10.3	11.5
Preschool Communication Skills Vulnerability ²	Percent of kindergarten children rated as vulnerable in communication and general knowledge skills	16.0	13.7	11.6
Grade 4 & 7 Below Standard in Reading ³	Percent of students scoring below standards on standardized test	28.8	20.2	22.1
Grade 4 & 7 Below Standard in Writing ³	Percent of students scoring below standards on standardized test	22.9	16.1	19.9
Grade 10 English Exam Completion Rate ³	Percent of students who did write or pass Grade 10 provincial English exam	78.9	82.6	80.6
18 Year Olds who Graduated ³	Percent of 18 year olds who did graduate high school	70.9	72.1	68.3
Adults with High School Certificate ¹	Percent of population aged 25 to 54 with high school certificate or equivalent	84.6	88.9	88.6
Adults with Post-Secondary Education ¹	Percent of population aged 25 to 54 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)	57.5	62.8	61.7

¹BC Statistics Agency (2006 Census), ²Human Early Learning Partnership (2009-2011); ³BC Statistics Agency and Ministry of Education (2008/2009-2010/2011)

4.3 Housing

Key Notes:

- Ladysmith had a higher percentage of older housing (13.7%) than BC (7.9%) or Island Health (10.2%).
- Ladysmith had a higher percentage of dwellings in need of major repairs (9.8%) than in BC (7.4%) or in Island Health (7.2%).
- Ladysmith had a higher percentage of multiple-family households (1.9%) than Island Health (1.3%), but a lower percentage than BC (2.5%).



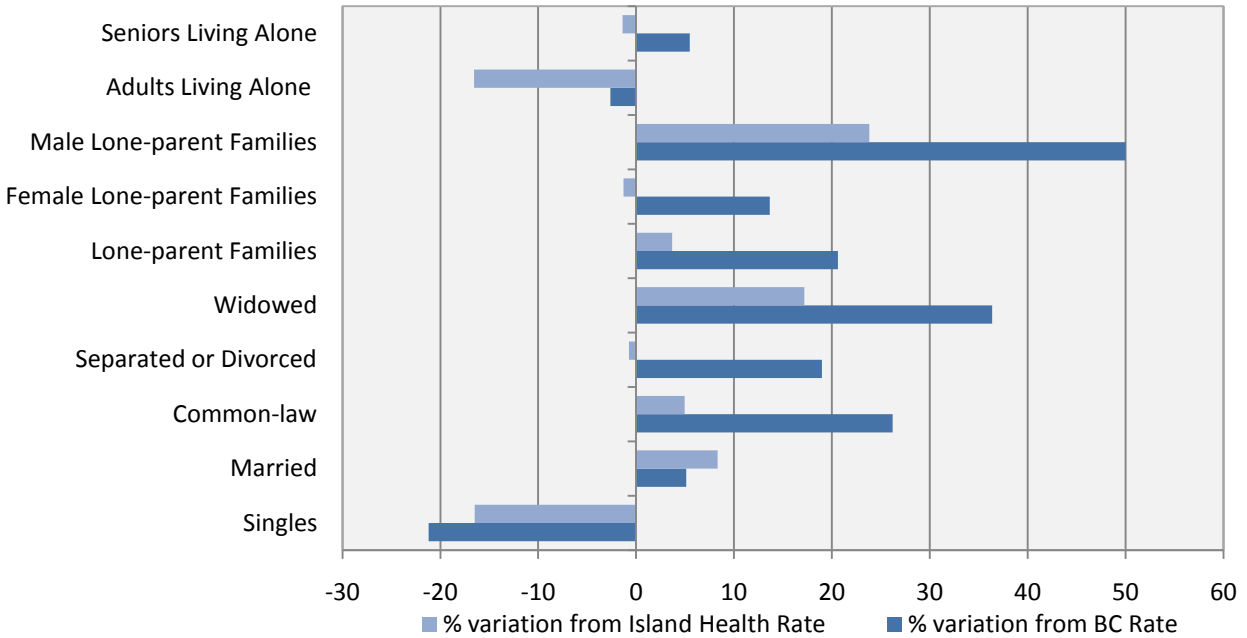
Indicator	Definition	Ladysmith	BC	Island Health
Multiple-family Households	Percent of private households with multiple families	1.9	2.5	1.3
Crowded Households	Percent of private households with 6 or more persons	2.0	3.1	1.6
Older Housing	Percent of dwellings built prior to 1946	13.7	7.9	10.2
Dwelling Needing Major Repairs	Percent of dwellings rated as needing major repairs by renter or owner	9.8	7.4	7.2
Home Ownership Costs	Percent of home owners spending more than 30% of income on housing	17.6	22.7	19.5
Gross Major Monthly Payment (\$)	Average gross major monthly payment of owner-occupied private non-farm, non-reserve dwellings	\$800	\$1059	\$926
Housing Rental Costs	Percent of renters spending more than 30% of income on rent	44.4	43.4	44.5
Average Gross Rent (\$)	Average gross rent of tenant-occupied private non-farm, non-reserve dwellings	\$680	\$828	\$768

Source: BC Statistics Agency (2006 Census)

4.4 Social Support

Key Notes:

- Ladysmith had a higher percentage of male lone-parent families (7.8%) than in BC (5.2%) or in Island Health (6.3%).
- Ladysmith had a higher percentage of widowers (7.5%) than in BC (5.5%) or in Island Health (6.4%).
- Ladysmith had a lower percentage of single individuals (25.3%) than in BC (32.1%) or in Island Health (30.3%).



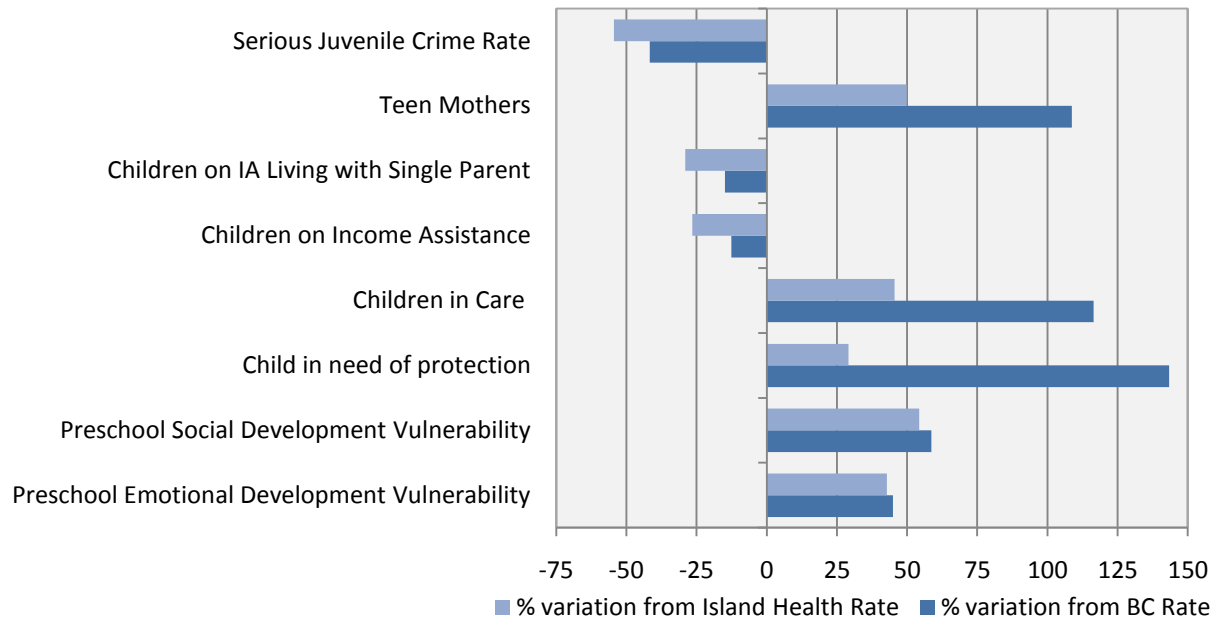
Indicator	Definition	Ladysmith	BC	Island Health
Seniors Living Alone	Percent of persons aged 65 and over that are not in census families and are living alone	28.8	27.3	29.2
Adults Living Alone	Percent of persons in private households that are not in census families and are living alone	11.1	11.4	13.3
Male Lone-parent Families	Percent of census families in private households that are male lone-parent families	7.8	5.2	6.3
Female Lone-parent Families	Percent of census families in private households that are female lone-parent families	23.3	20.5	23.6
Lone-parent Families	Percent of census families in private households that are lone-parent families	31.0	25.7	29.9
Widowed	Percent of population aged 15 and over that are widowed	7.5	5.5	6.4
Separated or Divorced	Percent of population aged 15 and over that are legally married but are separated, or are divorced	13.8	11.6	13.9
Common-law	Percent of population aged 15 and over that are in a common-law relationship	10.6	8.4	10.1
Married	Percent of population aged 15 and over that are legally married (not separated)	53.4	50.8	49.3
Singles	Percent of population aged 15 and over that have never legally married	25.3	32.1	30.3

Source: BC Statistics Agency (2006 Census)

4.5 Healthy Development (Child and Youth)

Key Notes:

- There was a higher rate of children in need of protection in Ladysmith (15.3 per 1,000 children aged 0-18) than in BC (6.4 per 1,000) or Island Health (12.1 per 1,000).
- Ladysmith had a higher rate of births to teen mothers (64.4 births per 1,000 live births) than BC (30.9 per 1,000) and Island Health (43.0 per 1,000).
- Ladysmith had a higher rate of children in care (19.6 per 1,000 aged 0-18) than BC (9.1 per 1,000) or Island Health (13.5 per 1,000)



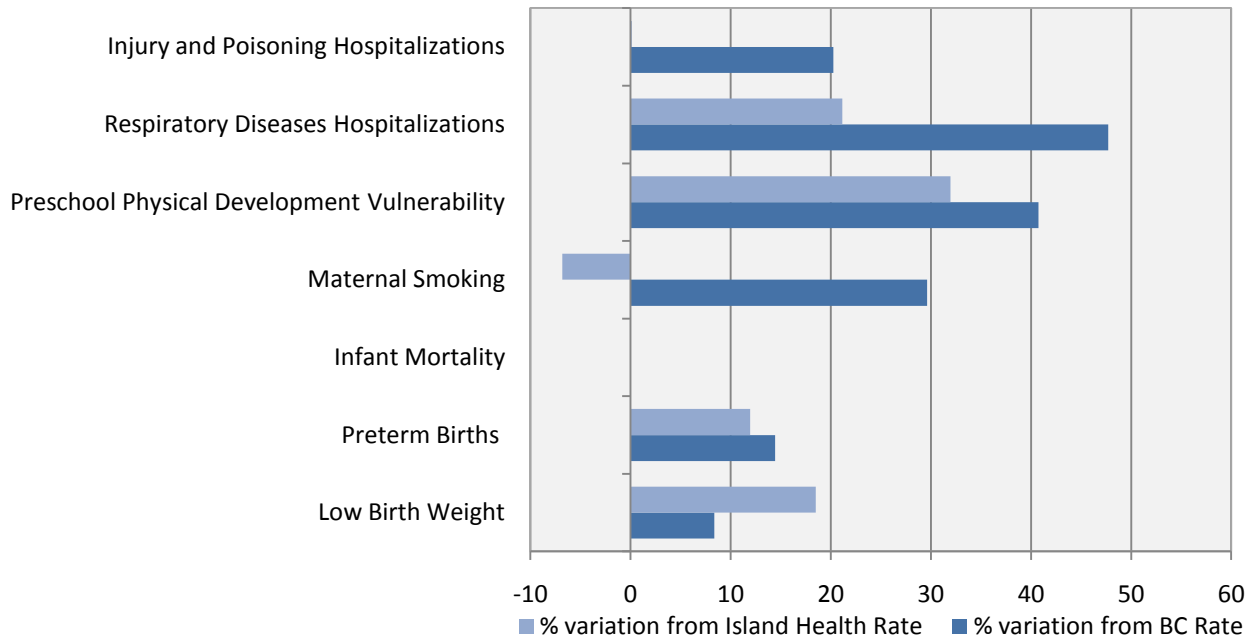
Indicator	Definition	Ladysmith	BC	Island Health
Serious Juvenile Crime Rate ¹	Juvenile crime rate per 1,000 population aged 12 to 17 (B&E, crimes with weapons and assaults with serious injury)	2.2	3.8	4.9
Teen Mothers ²	Live births to mothers under 20 years of age per 1,000 live births	64.4	30.9	43.0
Children on IA Living with Single Parent ³	Percent of children less than 15 years of age receiving income assistance and living with a single parent	2.5	3.0	3.5
Children on Income Assistance ³	Percent of children less than 19 years of age receiving income assistance	3.0	3.5	4.1
Children in Care ⁴	Children in care per 1,000 children aged 0 to 18 years	19.6	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	15.3	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	23.0	14.5	14.9
Preschool Emotional Development Vulnerability ⁵	Percent of kindergarten children rated as having problems with aggressive behaviour, impulsivity, disobedience and inattentiveness	20.0	13.8	14.0

¹BC Statistics Agency, Statistics Canada and Canadian Centre for Justice Statistics (2008-2010); ²BC Vital Statistics Agency (2007-2011) ³BC Statistics Agency, Statistics Canada Census 2006 and Ministry of Social Development (Sep 2011), ⁴BC Statistics Agency and Ministry of Children and Family Development (Dec 2011) ⁵Human Early Learning Partnership (2009-2011)

4.6 Child Health

Key Notes:

- Ladysmith had a higher rate of children hospitalized due to respiratory diseases (13.6 per 1,000 children aged 0-14) than BC (9.2 per 1,000) or Island Health (11.2 per 1,000).
- Ladysmith had a higher percentage of preschool children rated vulnerable for physical development (19.0%) than in BC (13.5%) or Island Health (14.4%).
- There was a higher rate of maternal smoking in Ladysmith (11.8%) than in BC (9.1%), but lower than Island Health as a whole (12.7%).



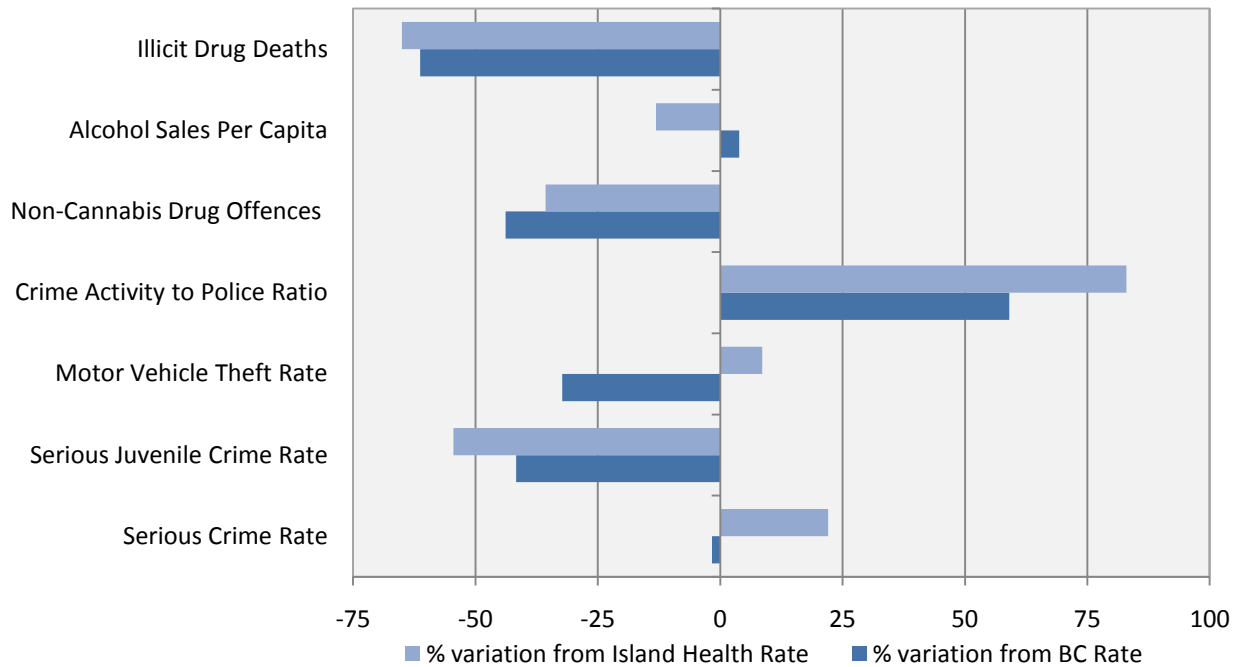
Indicator	Definition	Ladysmith	BC	Island Health
Injury and Poisoning Hospitalizations ¹	Hospitalization rate per 1,000 children aged 0 to 14	5.3	4.4	5.2
Respiratory Diseases Hospitalizations ¹	Hospitalization rate per 1,000 children aged 0 to 14	13.6	9.2	11.2
Preschool Physical Development Vulnerability ²	Percent of kindergarten children rated as having problems with fine and gross motor skills, daily preparedness for school, washroom skills, and handedness	19.0	13.5	14.4
Maternal Smoking ⁴	Percent of pregnant women who reported smoking at any time during their current pregnancy	11.8	9.1	12.7
Infant Mortality ³	Deaths of children under 1 year of age per 1,000 live births	-	3.7	4.4
Preterm Births ³	Newborns with a gestational age < 37 weeks per 1,000 live births	85.4	74.6	76.3
Low Birth Weight ³	Births weighing less than 2,500 grams per 1,000 live births	60.2	55.6	50.8

¹BC Statistics Agency and Ministry of Health (2010-2011); ²Human Early Learning Partnership (2009-2011), ³BC Vital Statistics (2007-2011), ⁴BC Perinatal Health Program (2007/2008-2011/2012)

4.7 Crime

Key Notes:

- Ladysmith had a lower rate of deaths due to illicit drugs (3.0 per 100,000) than BC (7.7 per 100,000) or Island Health (8.5 per 100,000).
- Ladysmith had a lower rate of serious juvenile crime (2.2 per 1,000 youth aged 12-17) than in BC (3.8 per 1,000) or Island Health (4.9 per 1,000).
- Ladysmith had a higher crime activity to police ratio (12.2 crimes per police officer) than BC (7.7) or Island Health (6.7).



Indicator	Definition	Ladysmith	BC	Island Health
Illicit Drug Deaths ¹	Deaths per 100,000 population aged 19 to 64	3.0	7.7	8.5
Alcohol Sales Per Capita ^{2,4}	Litres of alcohol sold per resident population aged 19 and older	108.2	104.1	124.5
Non-Cannabis Drug Offences ³	Non-cannabis drug offences per 100,000 population	108.8	193.6	169.0
Crime Activity to Police Ratio ³	Number of serious crimes per police officer	12.2	7.7	6.7
Motor Vehicle Theft Rate ³	Motor vehicle theft rate per 1,000 population	2.9	4.4	2.7
Serious Juvenile Crime Rate ³	Juvenile crime rate per 1,000 population aged 12 to 17 (B&E, crimes with weapons and assaults with serious injury)	2.2	3.8	4.9
Serious Crime Rate ³	Total violent and property crime rate per 1,000 population	10.9	11.1	8.9

¹BC Statistics Agency, Coroner’s Office, Ministry of Public Safety & Solicitor General (Avg 2008-2010), ²BC Statistics Agency, Liquor Distribution Branch (2011), ³BC Statistics Agency, Statistics Canada, Canadian Centre for Justice Statistics (Avg 2008-2010)

⁴ 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:

- Ladysmith had the second highest rate of low birth weight babies in Island Health.

Birth Rates	Ladysmith	Island Health	% Difference	Rank ⁵ in Island Health	BC	% Difference
Elderly Gravida	130.25	201.54	-35%	11	228.41	-43%
Low Birth Weight	60.22	50.82	18%	2	55.57	8%
Infant Death	-	4.35	-	14	3.73	-
Teen Mother	64.43	42.99	50%	5	30.86	109%
Cesarean	229.69	295.99	-22%	13	310.63	-26%
Pre-term	85.43	76.31	12%	6	74.65	14%
Stillbirth	9.71	8.66	12%	6	9.52	2%
Live Birth	7.75	8.53	-9%	10	9.89	-22%

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

5.2 Mortality Statistics

Key Notes:

- Ladysmith ranked 1st for deaths due to disease related to the circulatory system, and 2nd for deaths due to diseases of the arteries/arterioles/capillaries, ischaemic heart disease and cerebrovascular disease/stroke.

Indicator	Ladysmith SMR Value	Island Health SMR Value	% Difference	Rank ³ in Island Health	PYLLI
Drug Induced Deaths	0.46	1.14	-60%	13	0.64
Medically Treatable Diseases	1.13	0.93	21%	5	1.09
Circulatory System	1.33	1.03	29%	1	1.14
Digestive System	1.25	1.08	16%	5	1.56
Alcohol Related Deaths	1.33	1.31	1%	8	1.74
Falls	1.32	1.19	11%	5	0.51
Cancer	1.20	1.06	13%	3	1.18
Respiratory	1.10	0.93	19%	3	1.02
Suicide	1.39	1.19	16%	5	2.01
Motor Vehicle	1.28	0.92	39%	7	1.54
End/Nut/Met Diseases	1.25	1.01	24%	4	1.19
Diabetes	1.18	1.01	17%	5	1.27
Arteries/Arterioles/Capillaries	1.81	1.02	78%	2	0.87
Pneumonia and Influenza	1.15	0.83	38%	3	0.76
Lung Cancer	1.30	1.04	26%	5	1.38
Ischaemic Heart Disease	1.26	0.99	27%	2	0.92
Chronic Lung Disease	1.06	0.99	8%	5	0.97
Cerebrovascular Disease/Stroke	1.35	1.03	32%	2	1.32
Total Deaths	1.26	1.03	22%	3	1.23

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

⁵ 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 Prevalence⁶

Key Notes:

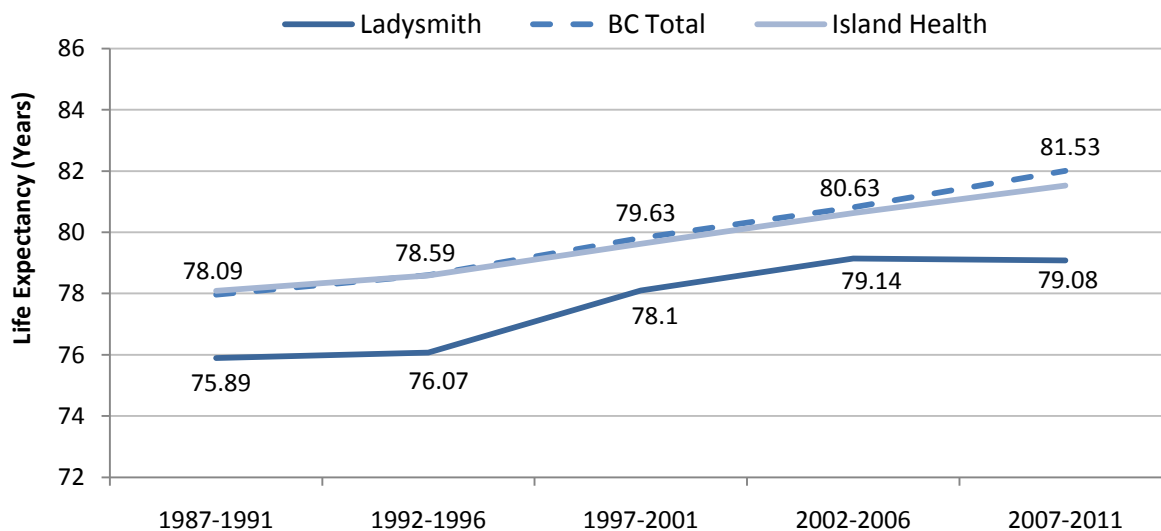
- 31.2% of the Ladysmith population experienced hypertension.
- 31.0% of the Ladysmith population experienced depression/anxiety.

Chronic Condition	Ladysmith		Island Health		BC	
	# of Patients	% of Pop	# of Patients	% of Pop	# of Patients	% of Pop
Hypertension	4,775	31.2%	160,418	26.3%	861,385	24.2%
Depression/Anxiety	5,748	31.0%	199,903	26.6%	1,082,983	24.1%
Osteoarthritis	2,538	13.7%	78,611	10.5%	388,153	8.7%
Asthma	1,335	13.1%	51,801	11.1%	310,869	10.2%
Diabetes	1,630	8.8%	58,808	7.8%	352,411	7.9%
Chronic Obstructive Pulmonary Disease	782	7.2%	21,606	5.7%	112,798	5.7%
Ischaemic Heart Disease	921	5.0%	28,621	3.8%	155,723	3.5%
Osteoporosis	825	4.5%	35,523	4.7%	189,404	4.2%
Dementia	402	3.7%	14,032	3.7%	62,055	3.1%
Congestive Heart Failure	604	3.3%	17,592	2.3%	97,214	2.2%
Chronic Kidney Disease	379	2.0%	16,709	2.2%	83,387	1.9%
Rheumatoid Arthritis	250	1.3%	10,433	1.4%	53,019	1.2%
Hospital Stroke	191	1.0%	5,910	0.8%	32,637	0.7%

Source: BC Ministry of Health Services Primary Health Care Chronic Disease Registries 2010/11

5.4 Life Expectancy at Birth

Life Expectancy of Ladysmith Residents Compared to Island Health and BC 1987-1991 to 2007-2011



⁶ This reflects the lifetime prevalence of these diseases in 2009/2010, not the 2009/10 prevalence. If a resident has had one of these diseases in their life it will appear in this data. These rates are not age-standardized.

6 Health Service Utilization

6.1 Hospital Admissions⁷

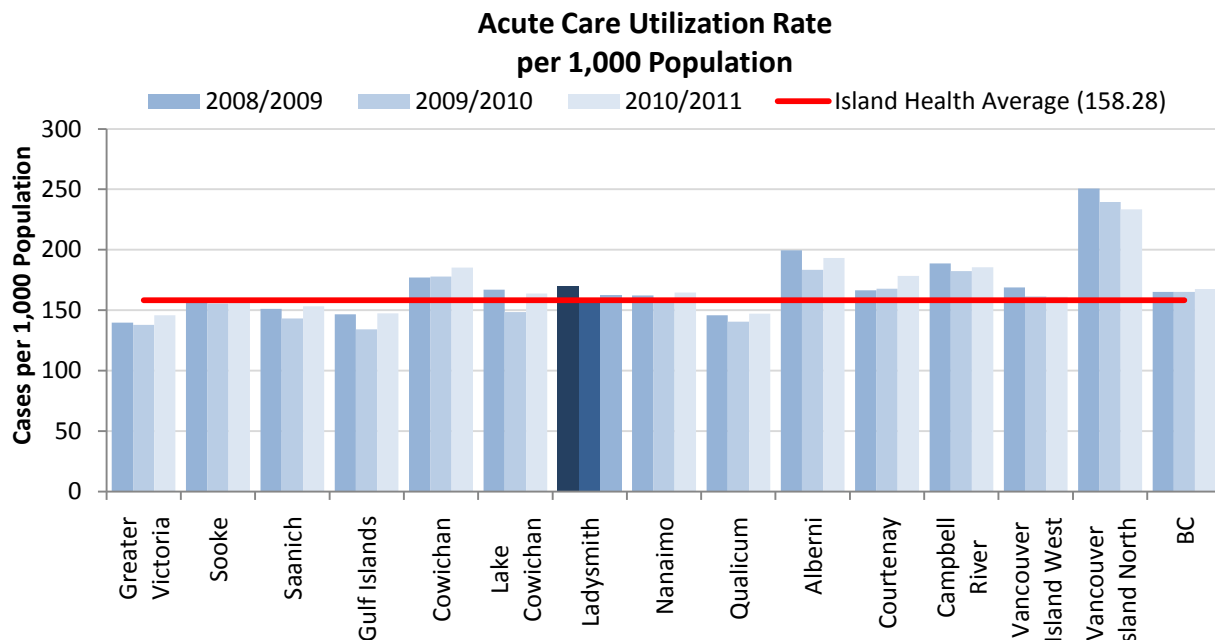
Key Notes:

- Of the 3,855 hospital admissions for Ladysmith residents in 2011/12:
 - 46.7% were for day cases, while 53.3% were for inpatient cases;
 - 53.6% were for medical cases, while 46.4% were for surgical cases;
 - 41% were received by Cowichan District Hospital and 39% were received by Nanaimo Regional General Hospital.
 - Vaginal delivery with no other intervention was responsible for the most inpatient cases (104).
 - Lens extraction/insertion, typically for cataracts, was responsible for the most day cases (262).
- Of the 15,209 inpatient days for Ladysmith residents in 2011/12:
 - 13.4% were for an alternate level of care (ALC);
 - Admissions related to the mental diseases and disorders accounted for the most patient days (2,562 or 16.8%).
- The ambulatory care sensitive conditions (ACSC) rate for Ladysmith residents is 5.7% of cases, higher than the Island Health average of 4.5%.
- The percentage of alternate level of care days (ALC) has remained similar to Island Health since 2008/09.

Total Hospital Cases and Days for Ladysmith Residents

2011/12	Day Cases	Inpatient Cases	Inpatient Days	% Days ALC	Total Cases
Medical	711	1356	11174	17.6%	2067
Surgical	1089	699	4035	1.9%	1788
Total	1800	2055	15209	13.4%	3855

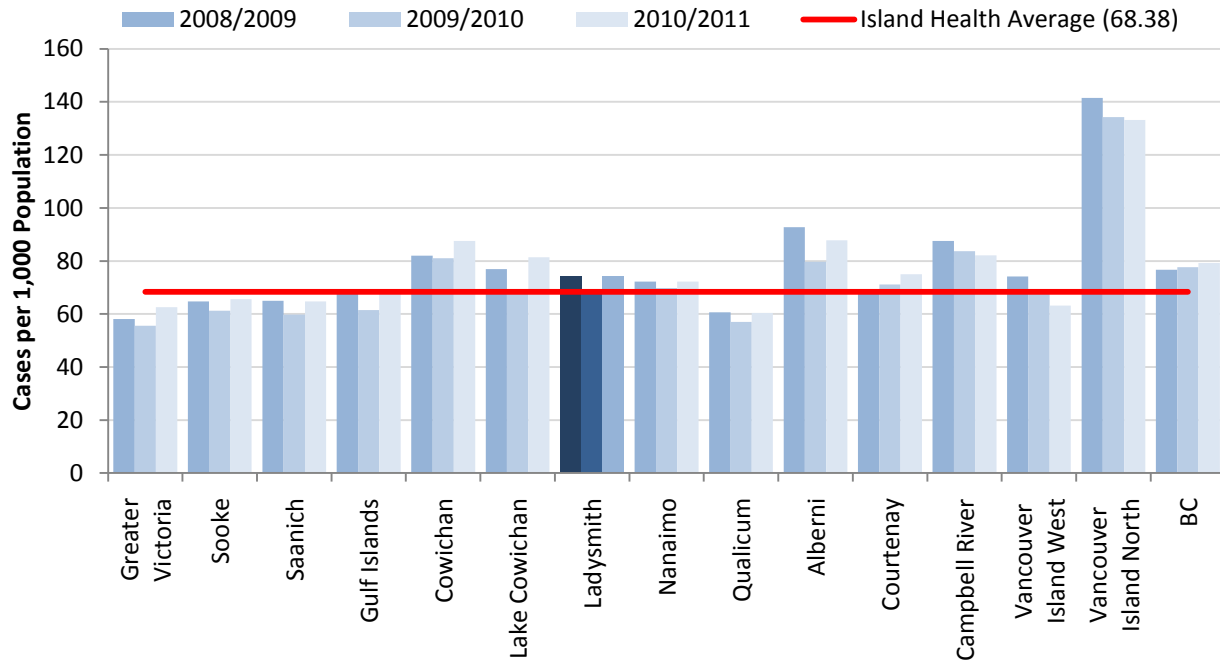
Acute Utilization Rates overall and by category:⁸



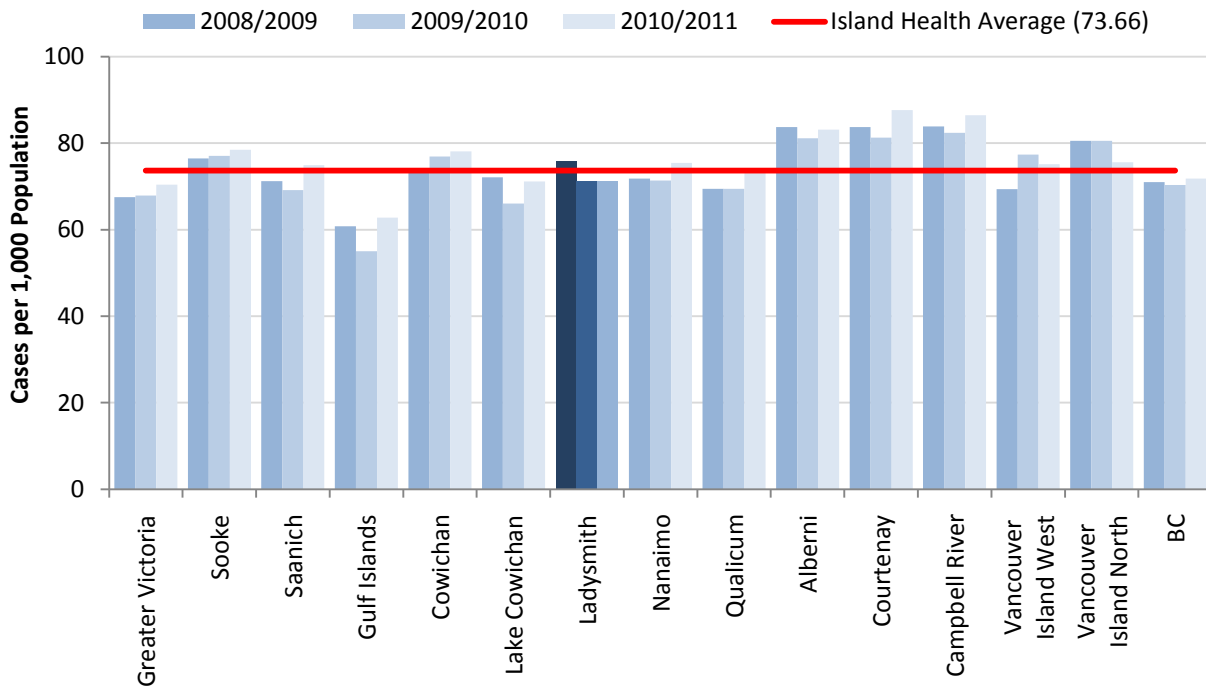
⁷ Source: 2012/13 Discharge Abstract Database, unless otherwise specified.

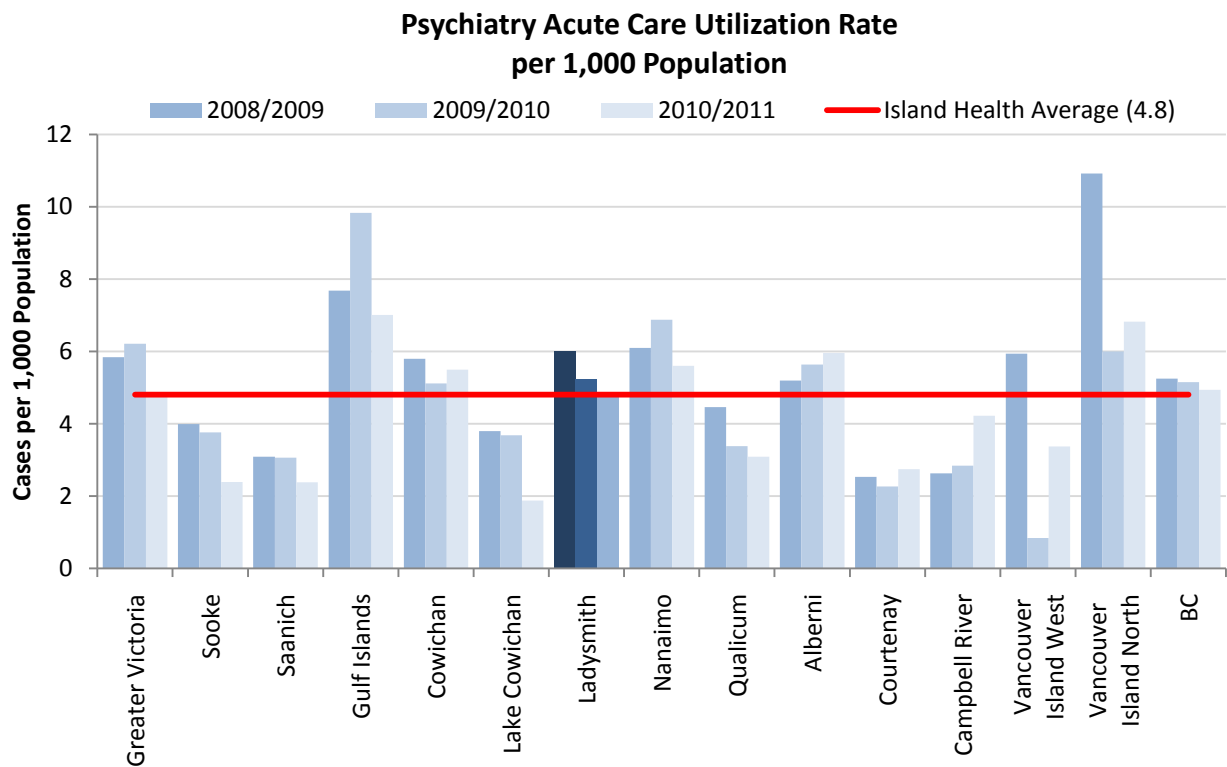
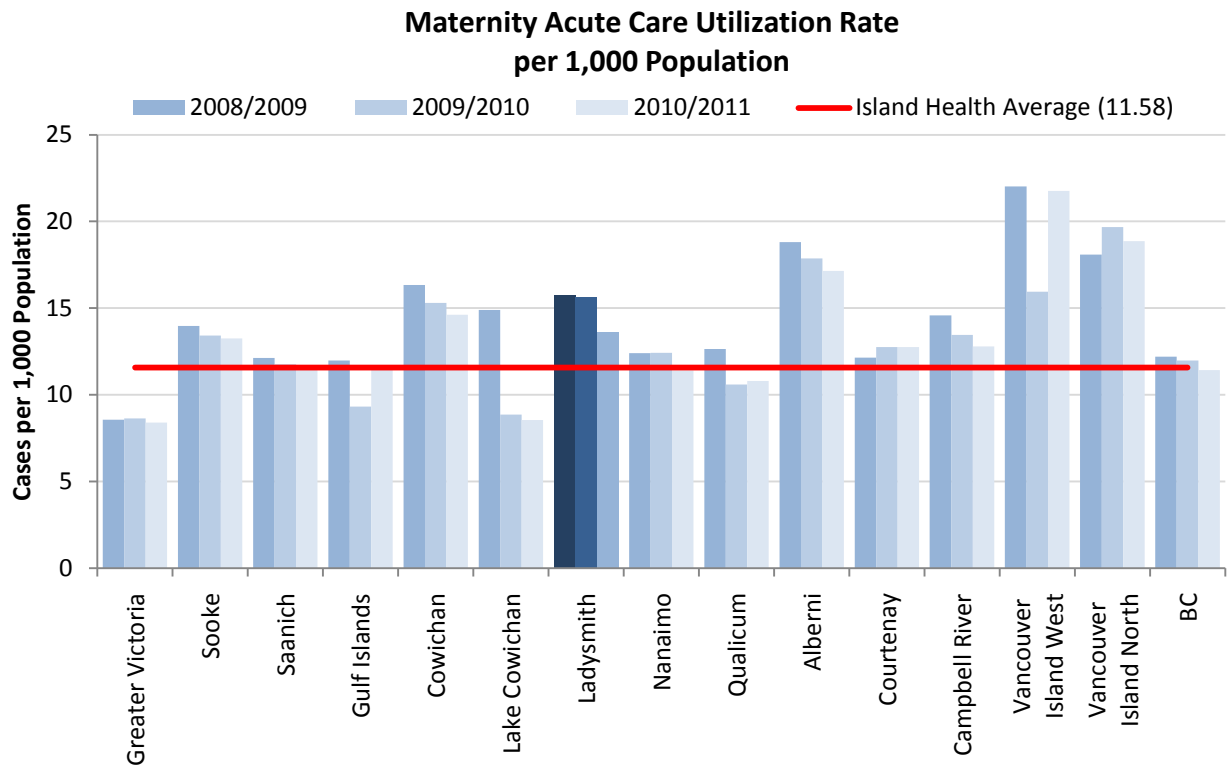
⁸ Source: Quantum Analyser

Medical Acute Care Utilization Rate per 1,000 Population



Surgical Acute Care Utilization Rate per 1,000 Population





Leading reasons for Inpatient and Day cases for Ladysmith Residences by Case Mix Group, 2011/12:**Top 10 Inpatient Cases for Residents by Case Mix Group**

Top 10 Inpatient Case Mix Groups	Cases	Days	ALC Days
Normal Newborn, Singleton Vaginal Delivery	104	146	0
Vaginal Birth without Anaesthetic without Non-Major Obstetric/Gynecologic Intervention	67	103	0
Unilateral Knee Replacement	62	231	0
Arrhythmia without Coronary Angiogram	40	187	0
Heart Failure without Coronary Angiogram	39	336	18
Unilateral Hip Replacement	38	152	15
Chronic Obstructive Pulmonary Disease	36	410	155
Symptom/Sign of Digestive System	35	105	3
Viral/Unspecified Pneumonia	32	214	14
Palliative Care	31	236	0

Top 10 Day Cases for Residents by Case Mix Groups

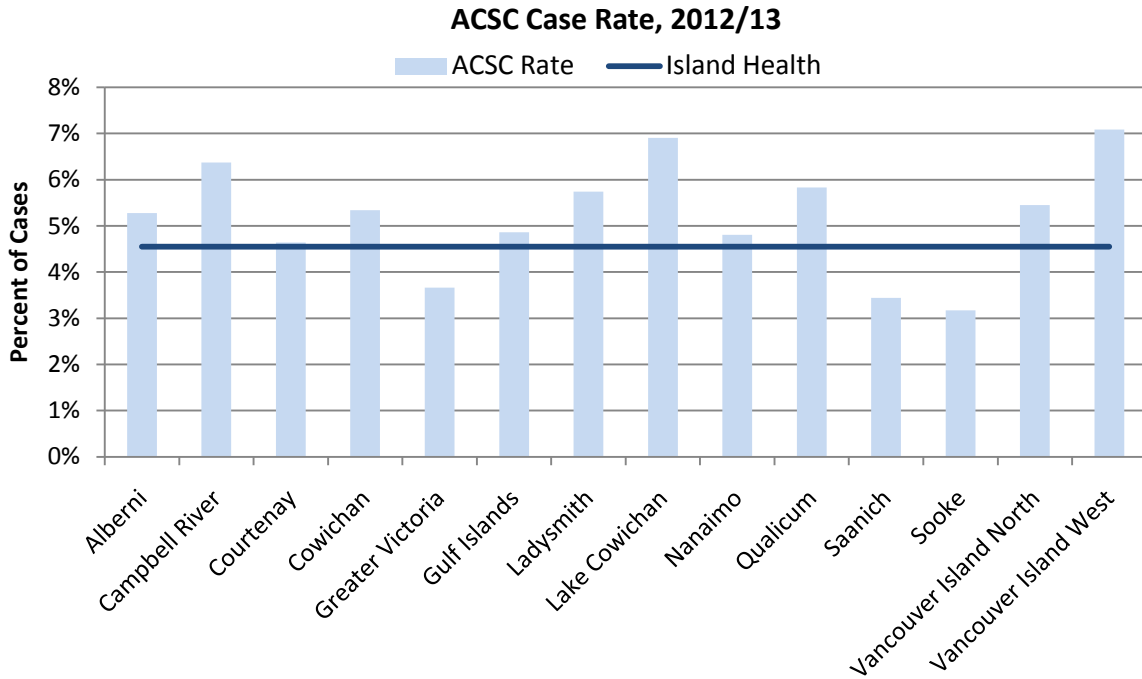
Top 10 Day Case Mix Groups	Cases
Lens Extraction/Insertion	262
Minor Lower Gastrointestinal Intervention	119
Diagnosis Not Generally Hospitalized	83
Symptom/Sign of Digestive System	69
Disease of Oral Cavity/Salivary Gland/Jaw	61
Esophagitis/Gastritis/Miscellaneous Digestive Disease	59
Follow-Up Treatment/Examination	56
Non-severe Enteritis	54
Pain Management	50
Non-Complex Hernia Repair	45

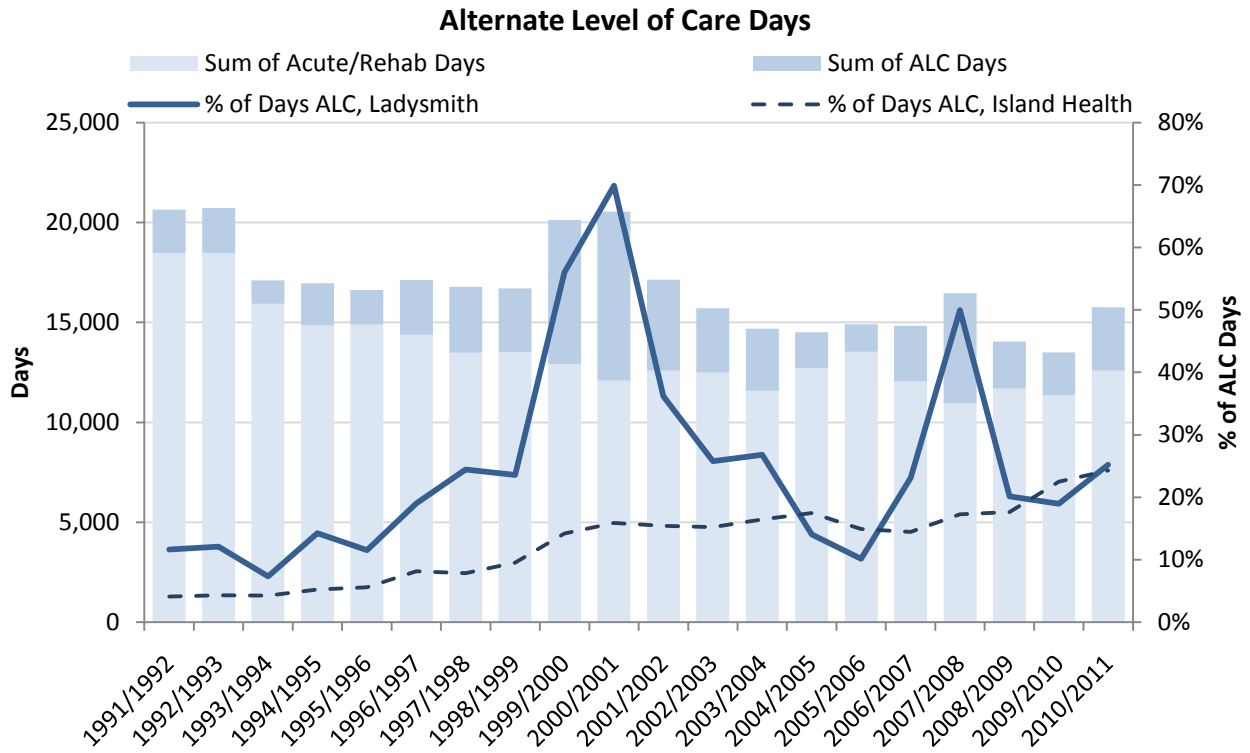
Total Cases and Days for Ladysmith Residents by Major Clinical Category, 2011/12:

Major Clinical Categories	Cases	Days	ALC Days
Digestive System	759	1362	96
Circulatory System	382	1544	22
Musculoskeletal System and Connective Tissue	334	865	49
Eye	318	27	0
Other Reasons for Hospitalization	227	1575	213
Trauma, Injury, Poisoning and Toxic Effects of Drugs	192	1394	186
Pregnancy and Childbirth	180	389	0
Newborns and Perinatal Conditions	172	849	0
Ear, Nose, Mouth and Throat	157	102	0
Kidney, Urinary Tract and Male Reproductive System	156	398	22
Respiratory System	155	1025	194
Mental Diseases and Disorders	132	2562	832
Female Reproductions System	129	124	0
Nervous System	113	1052	205
Skin, Subcutaneous Tissue and Breast	106	313	43
Hepatobiliary System and Pancreas	101	332	0
Ungroupable Data	86	0	0
Blood and Lymphatic System	77	364	32
Endocrine, Nutritional and Metabolic Disorders	41	299	40
Multisystemic or Unspecified Site Infections	37	633	108
Burns	<5	0	0
Total	3860*	15209	2042

*Total rounded to the nearest 10.

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

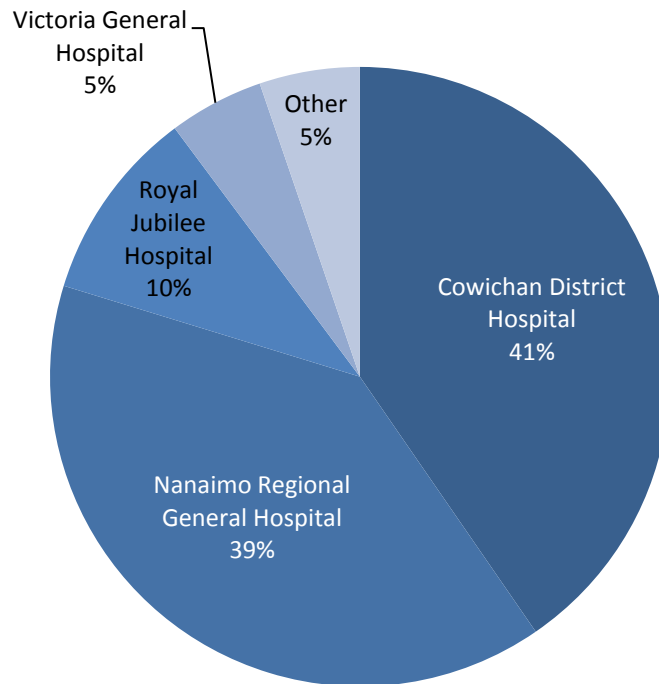




Source: Quantum Analyzer, Discharge Abstract Database

Where Residents Receive Hospital Care:

Ladysmith Resident Cases by Hospital



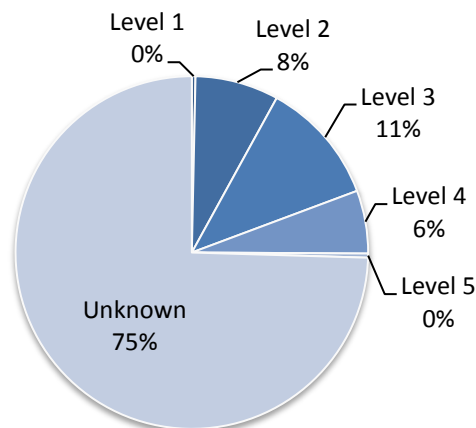
6.2 Emergency Visits by Residents, 2012

Key Notes:

- Of the 15,009 emergency visits by Ladysmith residents in 2012/13:
 - 52% were at the Ladysmith Community Health Centre;
 - 35% were for people over the age of 60.
- As CTAS⁹ reporting is only done at selected site, most emergency visits by Ladysmith residents do not have associated CTAS scores.
- More visits occurred on Sundays and Mondays than on other days for Ladysmith residents.
- Ladysmith residents made more visits to emergency services per population (787 per 1,000) compared to Island Health as a whole (369 per 1,000).

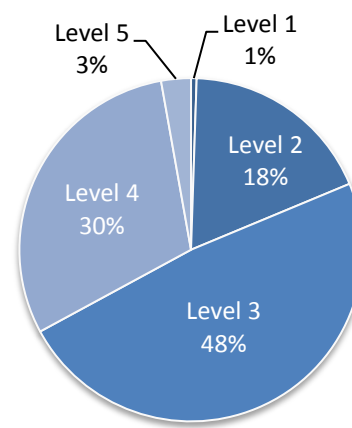
Emergency Visits by Ladysmith and Island Health Residents by CTAS Level

Ladysmith Residents' Emergency Visits by CTAS



Source: Island Health IDEAS

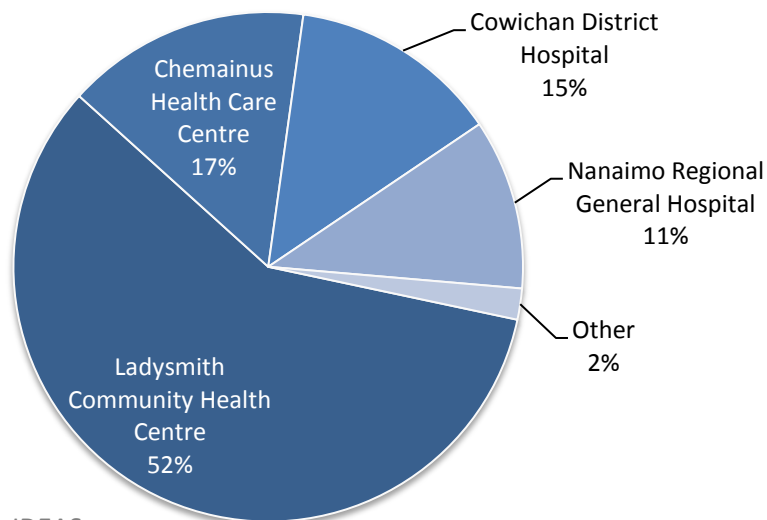
Island Health Residents' Emergency Visits by CTAS



Source: Island Health IDEAS

Where Residents go for Emergency Visits:

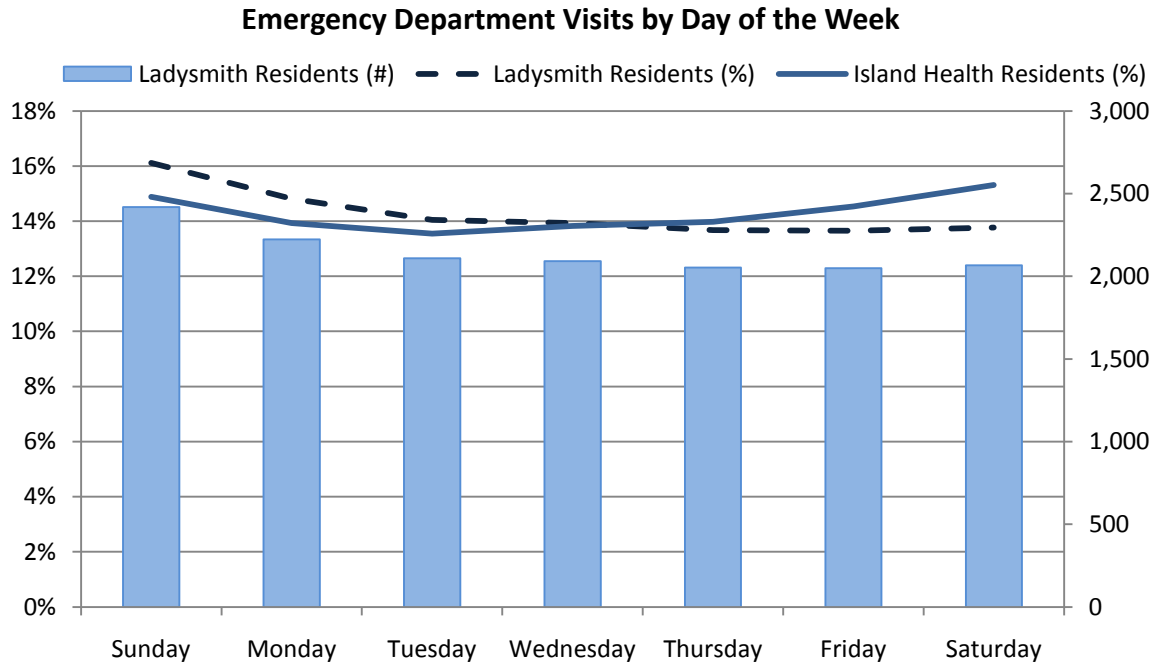
Ladysmith Emergency Visits by Island Health Facility



Source: Island Health IDEAS

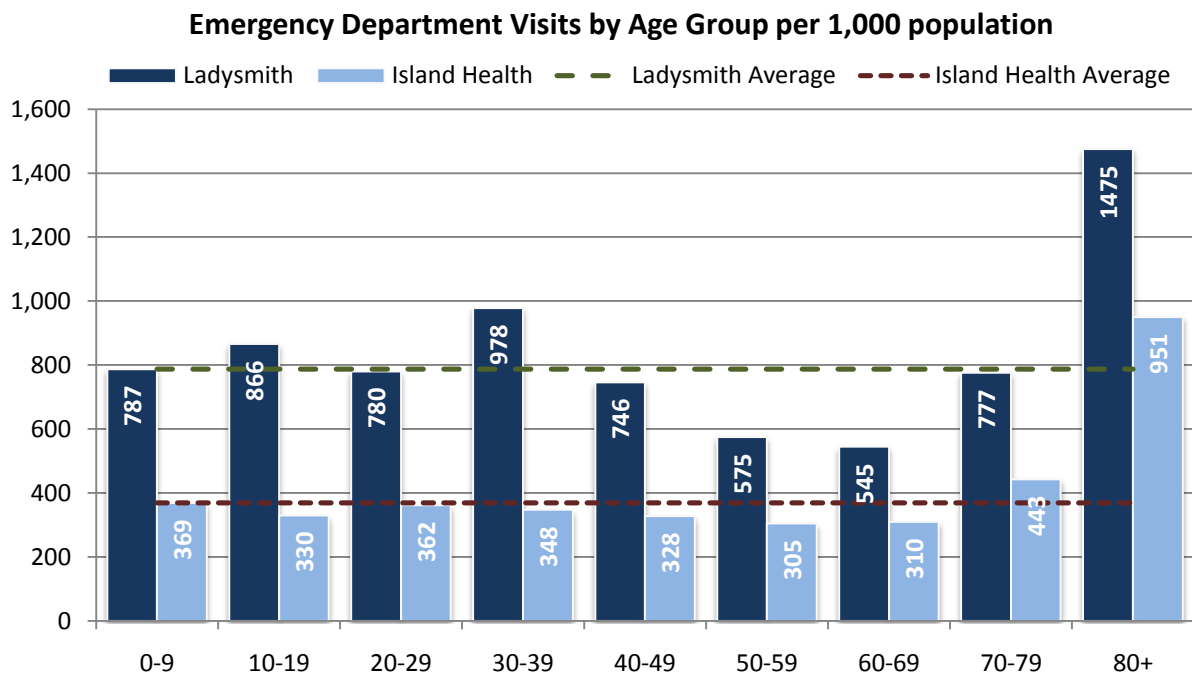
⁹ Canadian Emergency Department Triage & Acuity Scale. Level 1 is the most severe and categorized as resuscitation, Level 5 is the least severe and categorized as non urgent.

Emergency Visits by Ladysmith and Island Health Residents by Day of the Week:



Source: Island Health IDEAS

Emergency Visits by Ladysmith and Island Health Residents by Age Group of Patient:



Source: Island Health IDEAS

Local Health Area Profiles Interpretation Guide 2012

Prepared by Planning and Community Engagement
Island Health
February 2014

This Interpretation Guide is intended to be read with the LHA 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](mailto:Melanie.Rusch@viha.ca) (Melanie.Rusch@viha.ca).

Please note: This Guide accompanies the 2012 profiles.

These profiles are intended to shed some light on community health including the many factors that contribute to and detract from health such as economic status, child development, education, housing, justice, social support and health services. Successful improvements in health can only come about with the involvement of an entire community. Partnering of community organizations, all levels of government, and community members, is essential. Island Health can be a participant in such partnerships, but does not necessarily play a primary role in addressing these issues.

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Overview

This guide was created as an accompaniment to the Local Health Area (LHA) Profiles prepared by Island Health’s Planning and Community Engagement Department. These profiles are intended to provide an overview of the health status and an insight into the health needs of Island Health’s LHAs.

Format

This guide follows a similar format to the LHA profiles. Each group of indicators is provided with a header explaining the overall health significance of those indicators. The indicators themselves are presented in table form where applicable, with a definition of the term drawn from the data source, an interpretation given to show the significance of the indicator to individual or community health status, and the source of the definition with a link to the appropriate webpage.

Each interpretation is also provided with a **high** and **low** aid. Where possible, statistics in the LHA profile are provided in comparison to the Island Health and British Columbia (BC) averages. The high/low aids are intended to indicate what the direction of variance means for a specific indicator in comparison to the Island Health and BC averages.

Examples: “**High**: Children are more vulnerable” indicates that if the levels of the LHA are higher than Island Health/BC averages, children in that area are more vulnerable than those in Island Health/BC. “**Low**: Fewer people are receiving employment insurance” indicates that if the levels of the LHA are lower than the Island Health/BC average, fewer people in that area are receiving employment insurance than the Island Health/BC average. Depending on the indicator, high and low can be reversed: i.e. high can be good (such as labour force participation rate) or bad (serious juvenile crime rate).

Terms which are underlined are defined in the glossary at the end of this document.

Some indicators measure health status, while others measure the vulnerability of individuals and/or populations. Although people who are vulnerable will not necessarily have more health problems, when they do, they are more likely to experience a greater impact.

1 Highlights

This section contains the highlights from individual indicator groups. It is intended to give a quick and convenient overview of some of the most pertinent statistics for the LHA.

2 Geography

Island Health provides care to a diverse geographic range covering the entirety of Vancouver Island, the Gulf Islands, the Discovery Islands, and a portion of the mainland from north of Powell River to south of Rivers Inlet. The communities it provides service to range from urban centres like Victoria and Nanaimo to rural/remote areas such as Kingcome, Gilford and Tahsis. It has long been known that there is a connection between geographic location and health status: those living in rural locations often fare more poorly in health status than those in urban areas.¹

In order to facilitate health care planning and delivery, Island Health is divided into 14 LHAs (Figure 1).

2.1 Location Description

Describes where the LHA is located, its size, and the communities it contains.

2.2 Transportation

According to the Canadian Institute for Health Information (CIHI), “Access to prevention, early detection, treatment or support services... make good health status even more difficult to achieve in rural or remote areas... People living in rural communities generally need to travel longer distances, and often on more dangerous roads, for work, shopping and other reasons.”²

Figure 1: The Vancouver Island Health Authority by Health Service Delivery Area and Local Health Area



3 Demographics

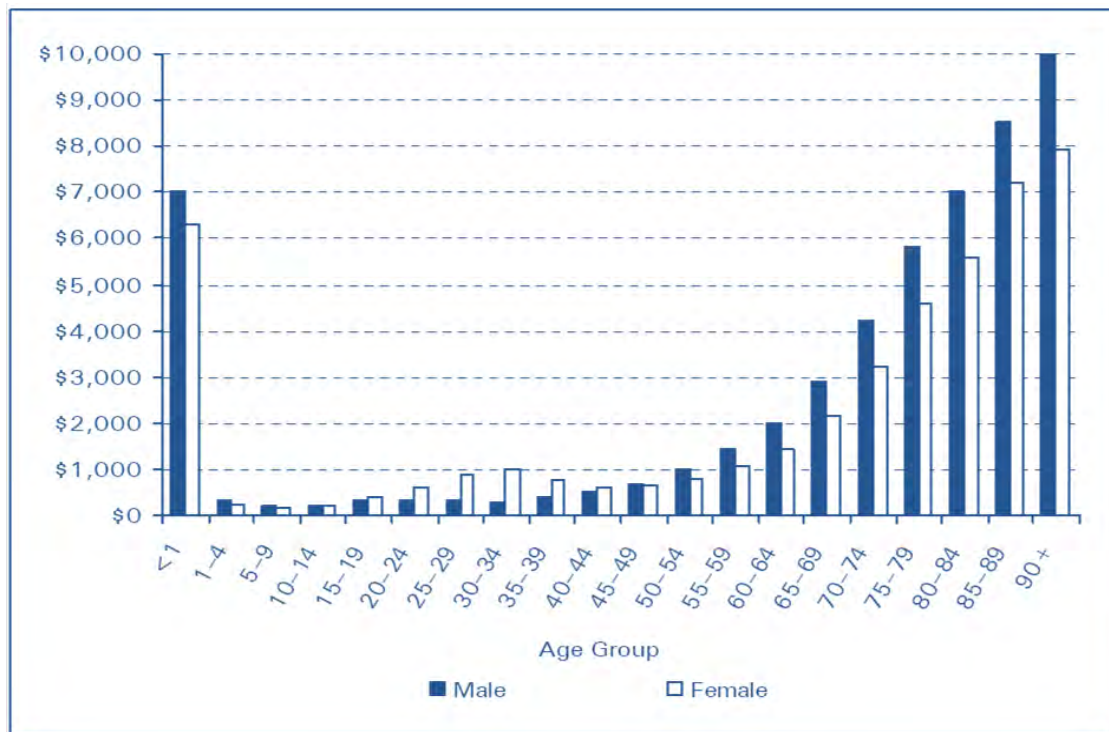
Demographics are often the first indicators to consider when evaluating a population and their health needs. The changing characteristics of a population, such as age and size, have a considerable impact on its health needs. A community with an elderly population, for example, will likely require more health care services overall relative to a community of similar size with a younger population.

As people grow older, they require more health services. On average the need, and the cost, of these services rise dramatically with age (Figure 2). Demographic profiles are one of the tools used to plan health care services.

Those LHAs with relatively small populations are affected by the small number problem. Due to the small denominator, even minor changes in the numerator can appear more significant than they may be. For example, one or two infant deaths in a small community will result in a higher infant mortality rate compared to a larger community which experiences more deaths. Similarly, an increase of one death in the small community from one year to the next could raise the mortality rate significantly.

Also of note, changing data definitions may result in an apparently significant change between reports from two different years. As far as possible, the profiles will attempt to flag where data definitions have changed between the latest profile and previous ones.

Figure 2: Provincial/Territorial Government Health Expenditure per Capita by Age and Sex, Canada, 2007³



As well as the overall demographic trends, it is also important that we consider subpopulations, especially vulnerable populations such as those of Aboriginal status.ⁱ

ⁱ Refers to those persons who self identified with at least one Aboriginal group (North American Indian, Métis or Inuit, and/or those who reported being a Treaty Indian or a Registered Indian, as defined by the Indian Act of Canada, and/or those who reported they were members of an Indian band or First Nation.

Within Island Health, there are 49 First Nations groups⁴ distinct from one another in relation to their location and environment (urban, rural, and remote) with unique cultures, traditions and language. Aboriginal people experience gaps in their health outcomes as a result of a multitude of factors.⁵

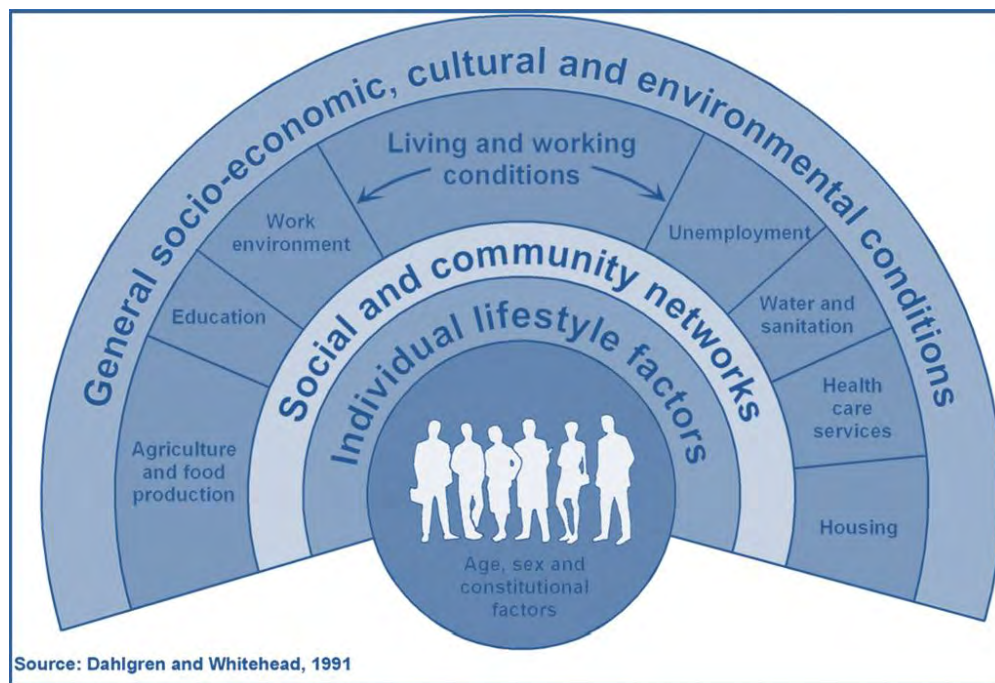
When considering the Aboriginal population data it is important to remember that Aboriginal self-identification patterns and census participation have changed over time and may have caused an inaccurate representation of change in Aboriginal populations.⁶

4 Social Determinants of Health

Access to adequate income, affordable housing, healthy food, education, early childhood development, healthy work environment and recreational opportunities influence our ability to make healthy choices and ultimately the state of our physical and mental health as well as life expectancy (Figure 3). In part, health inequities arise as the result of a concentration of risk factors within disadvantaged populations including the social conditions in which people live and work.⁷ Commonly these determinants are grouped together as factors which contribute to socio-economic status (SES).

Relationships between social inequities and health outcomes are causal and bi-directional. Populations living in poorer social conditions generally have higher rates of chronic disease and through periods of ill health, individuals with chronic disease can lose the security of adequate income and social supports.⁸

Figure 3: The Determinants of Health⁹



Owing to small numbers concerns in VI West, BC Statistics combines that LHA's Social Determinants of Health indicators with those of Campbell River. This reduces the extreme variation that can be caused in rates and percentages when the denominator is very small. BC Statistics was able to provide some of these indicators for Campbell River and VI West individually, and all data coming from the census or other sources was available for the two LHAs separately, however there are some indicators without data. The amalgamated indicators have also been provided in these two profiles to help bridge these gaps. For this reason, the Campbell River and VI West profiles have a slightly different appearance.

4.1 Economic Wellbeing

Sufficient income improves access to adequate housing, nutritious foods, safe communities and participation in recreational, educational and cultural opportunities as well as other essentials for a healthy life. Inadequate income limits the security of these basic living conditions for individuals and families and that insecurity can create tremendous stress which also contributes to ill health.¹⁰ It is one of the key factors affecting health vulnerability. In 2007, Canadians in the lowest income group were twice as likely as those in the highest income group to report their health to be worse than the previous year (22% vs. 11% for women; 19% vs. 9% for men).¹¹ In general, areas with greater levels of affluence will experience better than average health, while areas with lower levels will experience worse than average health.

Note: The indicator used to record family income is the median, rather than the average. The median was chosen in order to avoid disproportionate influence from extreme outliers which in small samples can often skew data and prove misrepresentative.

Term	Definition	Interpretation	Source
Median Family Income	Median family income from all sources in 2005. The middle point of all the income reported for income in families.	Income is profoundly related to the health status of the population. It is a critical predictor of health status. High: Families have higher income Low: Families have lower income	Statistics Canada, Census 2006
Female Lone-Parent Family Income	Average family income of female lone-parent economic families reported in 2005.	This group is highly vulnerable in terms of income, and therefore health. High: Families have higher income Low: Families have lower income	Statistics Canada, Census 2006
Couple Economic Family Income	Average family income of couple economic families reported in 2005.	This group is more likely to have a stable, higher income. This reflects positively on the health of this group High: Families have higher income Low: Families have lower income	Statistics Canada, Census 2006
Low Income Persons	Percentage of economic families or persons not in economic families who spend 20% more of their after-tax income than average on food, shelter and clothing.	This group suffers from greater health vulnerability. High: Higher rates of low-income families Low: Lower rates of low-income families	Statistics Canada, Census 2006
Income Assistance	Percent of population aged 0 to 64 receiving income assistance from a provincial program. Program giving monetary aid to those in the Temporary Assistance category under the BC Employment and Assistance program	This group suffers from greater health vulnerability. High: More people are receiving income assistance Low: Fewer people are receiving income assistance.	BC Stats, 2011 Socioeconomic Profiles
Employment Insurance	Percent of population 15+ on employment insurance. A program of Human Resources Development, it provides temporary financial help to unemployed Canadians. Persons must contribute to the plan and qualify under the rules.	This group suffers from greater health vulnerability. High: More people are receiving employment insurance Low: Fewer people are receiving employment insurance	BC Stats, 2011 Socioeconomic Profiles

Term	Definition	Interpretation	Source
Low Income Seniors*	Percent of persons 65 years of age and over that were below the Statistics Canada Low Income Cut-off Point before tax in 2005.	This group is highly vulnerable, and on average require more health care services. High: More low-income seniors Low: Fewer low-income seniors	Statistics Canada, Census 2006
Labour force Participation Rate	Percent of Population aged 25 and over that are participating in the labour force	These figures can be used to determine unemployment, which is a predictor of health vulnerability High: More people are participating in the labour force Low: Fewer people are participating in the labour force	Statistics Canada, Census 2006
Unemployment rate	Percent of population aged 25 and over, excluding institutional residents	Indicative of greater or poorer health vulnerability High: More people are unemployed Low: Fewer people are unemployed	Statistics Canada, Census 2006
Highest Income Families	Percent of economic families who earned more than \$80,000	This group is one of the least vulnerable groups in society in terms of health outcomes. High: More high-income families Low: Fewer high-income families	Statistics Canada, Census 2006
Lowest Income Families	Percent of economic families who earned less than \$20,000.	This group is one of the most vulnerable groups in society in terms of health outcomes. High: More low-income families Low: Fewer high-income families	Statistics Canada, Census 2006

*Low Income Cut-off Point: Point used to analyze low income in a population. Usually considered as families spending more than 64% of their after tax income on food, shelter, and clothing (BC stats).

4.2 Education

There is a strong correlation between level of education and health outcomes. There is clear evidence that those who graduate from high school typically experience better health than non graduates.¹² Education is often considered a key measure or predictor of SES and health. In Canada (using Statistics Canada’s National Population Health Survey [NPHS] data), self-rated health status was found to increase with level of education (elementary to secondary to university), while self-reported chronic conditions generally decreased as education increased.¹³

Some indicators in the following section are from the Human Early Learning Partnership Data/Methodology (HELP). HELP is a research initiative based out of the University of British Columbia that works with schools and communities in BC to research and analyse the long-term effects of young children’s environments on their brain development and learning. HELP uses a longitudinal research approach to advance scientific understanding of the importance of early child development as a determinant of long-term health outcomes.

Term	Definition	Interpretation	Source
Preschool Language Development Vulnerability	Percent of Kindergarten children rated as vulnerable for language and cognitive development (problems in reading, writing, and numeracy)	Early development skills are critical predictors of school achievement and social/emotional health. Educational achievement is a predictor of long-term health outcomes. High: Children are more vulnerable Low: Children are less vulnerable	Human Early Learning Partnership
Preschool Communication Skills Vulnerability	Percent of kindergarten children rated as vulnerable in communication and general knowledge skills	Early development skills are critical predictors of school achievement and social/emotional health. Educational achievement is a predictor of long-term health outcomes. High: Children are more vulnerable Low: Children are less vulnerable	Human Early Learning Partnership
Grade 4 & 7 Below Standard in Reading	Percent of students scoring below standards on standardized test in reading.	Reading skills are an important measure of a child’s school achievement and social/emotional health. Educational achievement is a predictor of long-term health outcomes. High: Children are faring worse Low: Children are faring better	BC Stats, 2011 Socioeconomic Profiles
Grade 4 & 7 Below Standard in Writing	Percent of students scoring below standards on standardized tests in writing.	Writing skills are an important measure of a child’s school achievement and social/emotional health. Educational achievement is a predictor of long-term health outcomes. High: Children are faring worse Low: Children are faring better	BC Stats, 2011 Socioeconomic Profiles
Grade 10 English Exam Completion Rate	Percent of students who did write or pass Grade 10 provincial English exam.	English skills are an important measure of a youth’s school achievement and social/emotional health. Educational achievement is a predictor of long-term health outcomes. High: Children are faring better Low: Children are faring worse	BC Stats, 2011 Socioeconomic Profiles

Term	Definition	Interpretation	Source
18 Year Olds who Graduated	Percent of 18 year olds who did graduate high school	Educational achievement is a predictor of long-term health outcomes. High school graduates experience on average better health than non-graduates. High: Children are faring better Low: Children are faring worse	BC Stats, 2011 Socioeconomic Profiles
Adults with High School Certificate*	Percent of Population aged 25 to 64 with high school certificate or equivalent	Educational achievement is a predictor of long-term health outcomes. High school graduates experience on average better health than non-graduates. High: Adults are better educated Low: Adults are less well educated	Statistics Canada, Census 2006
Post Secondary Education	Percent of Population 25 to 64 with trades certificate or diploma, college and other non-university certificates or diplomas and university undergraduate certificates.	Educational achievement is a predictor of long-term health outcomes. University graduates experience on average better health than non-graduates. High: Adults are better educated Low: Adults are less well educated.	Statistics Canada, Census 2006

* High School Certificate: A certificate demonstrating a high school level of attainment which is alternative to obtaining a British Columbia Certificate of Graduation. There exist multiple options, namely a British Columbia Adult Graduation Diploma, General Educational Development (GED) Secondary Equivalency Certificate, Adult Basic Education (ABE) Provincial Diploma, and letters of assessment. (<http://www.bced.gov.bc.ca/reporting/glossary.php>)

4.3 Housing

Housing can have both direct and long term impacts on health. Individuals living in substandard housing (e.g. old, cramped, insufficiently insulated or ventilated housing) are more likely to have poorer health than those living in satisfactory housing. On average, when people spend excessive amounts of income on housing, fewer resources are available for other health essentials, especially if they also have an inadequate income. Studies suggest affordable housing improves health outcomes by freeing up resources for food and other essentials. It also reduces stress, exposure to allergens, neurotoxins and other dangers as well as provides the stability that enables patients with chronic diseases to access and maintain the level of care they need.¹⁴

Term	Definition	Interpretation	Source
Multiple-Family Households	Percent of private households with multiple families.	This group may face greater health vulnerability due to living in close quarters, (e.g. disease transmission) Also may have more support networks such as child-care etc. High: More multiple-family households Low: Fewer multiple-family households	Statistics Canada, Census 2006
Crowded Households	Percent of private households with 6 or more persons living inside them	This group may face greater health vulnerability due to living in close quarters, (e.g. disease transmission) Also may have more support networks such as child-care etc. High: More crowded households Low: Fewer crowded households	Statistics Canada, Census 2006
Older Housing	Percent of dwellings built prior to 1946.	Buildings built prior to 1946, especially if not updated, carry health risks (e.g. asbestos, mould, etc.). High: More older housing units Low: Fewer older housing units	Statistics Canada, Census 2006
Dwelling Needing Major Repair	Percent of dwellings rated as needing major repairs by renter or owner.	These buildings carry health risks (e.g. structural integrity, asbestos). They may also indicate financial and health vulnerability. High: More dwellings in need of repairs Low: Fewer dwellings in need of repairs	Statistics Canada, Census 2006
Home Ownership Costs	Percent of home owners spending more than 30% of income on housing.	May not have the financial “safety net” in case of emergency and may impact ability to make healthy lifestyle choices. It is a predictor of health and financial vulnerability. High: Higher home ownership costs Low: Lower home ownership costs	Statistics Canada, Census 2006
Gross Major Monthly Payment	Average gross major monthly payment of owner-occupied private non-farm, non-reserve dwellings	Should be viewed in conjunction with income indicator. Provides additional context to homeowner costs. High: Monthly payments are higher Low: Monthly payments are lower	Statistics Canada, Census 2006

Term	Definition	Interpretation	Source
Housing Rental Costs	Percent of renters spending more than 30% of income on rent.	Impact ability to make healthy lifestyle choices. It is a predictor of health and financial vulnerability. High: Higher housing rental costs Low: Lower housing rental costs	Statistics Canada, Census 2006
Average Gross Rent	Average gross rent of tenant-occupied private non-farm, non-reserve dwellings	Should be viewed in conjunction with income indicator. Provides additional context to rental costs. High: More rent is paid Low: Less rent is paid	Statistics Canada, Census 2006

4.4 Social Support

Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems.¹⁵ While social isolation tends to increase as people age, other factors play a role, including: poor health, disabilities, gender, loss of a spouse, living alone, reduced social networks, transportation barriers, place of residence, distrust of others, poverty and low self-esteem. Factors affecting one person may not affect another in the same way. For instance, living alone does not necessarily mean someone is lonely or unsupported. Moreover, individuals who have fewer social contacts as they age may not necessarily feel dissatisfied or lonely. Research suggests that the quality of social contacts is more strongly associated with well-being than the quantity.¹⁶

Term	Definition	Interpretation	Source
Seniors Living Alone	Percent of persons aged 65 and over that are not in census families and are living alone.	A lack of social support in the home intensifies the greater vulnerability of seniors. High: More seniors living alone Low: Fewer seniors living alone	Statistics Canada, Census 2006
Adults Living Alone	Percent of persons in private households that are not in census families and are living alone.	Adults living alone may face more vulnerability in times of illness or need. High: More adults living alone Low: Fewer adults living alone	Statistics Canada, Census 2006
Male Lone-Parent Families	Percent of census families in private households that are male lone-parent families. Households where the father is the sole present parent, main caregiver and breadwinner.	Male lone-parent families may experience more challenges with healthy living for self and children. May also be more vulnerable in terms of income. High: More male lone-parent families Low: Fewer male lone-parent families	Statistics Canada, Census 2006
Female Lone-Parent Families	Percent of census families in private households that are female lone-parent families. Households where the mother is the sole present parent, main caregiver and breadwinner	Female lone-parent families may experience more challenges with healthy living for self and children. May also be more vulnerable in terms of income. High: More female lone-parent families Low: Fewer female lone-parent families	Statistics Canada, Census 2006
Lone-Parent Families	Percent of families in private households that are lone-parent families.	Lone-parent families may experience more challenges with healthy living for self and children. May also be more vulnerable in terms of income. High: More lone-parent families Low: Fewer lone-parent families	Statistics Canada, Census 2006
Widowed	Percent of population aged 15 and over that are widowed due to the death of a spouse.	Widowed individuals may face more vulnerability in times of illness or need. High: More widowed individuals Low: Fewer widowed individuals	Statistics Canada, Census 2006

Term	Definition	Interpretation	Source
Separated or Divorced	Percent of population aged 15 and over that are or were legally married but are separated or since divorced.	Separated or divorced individuals may face more vulnerability in times of illness or need. High: More separated or divorced individuals Low: Fewer separated or divorced individuals	Statistics Canada, Census 2006
Common-law	Percent of the population aged 15 and over that are in a common-law relationship. Usually considered as two people living together as though they were married.	Greater levels of social support may contribute to better health. High: More common-law relationships Low: Fewer common-law relationships	Statistics Canada, Census 2006
Married	Percent of population aged 15 and over that are legally married (not separated)	Greater levels of social support may contribute to better health. High: More married individuals Low: Fewer married individuals	Statistics Canada, Census 2006
Singles	Percent of population aged 15 and over that have never legally married.	Singles may be more vulnerable in times of illness and/or need. High: More single individuals Low: Fewer single individuals	Statistics Canada, Census 2006

4.5 Healthy Development (Child & Youth)

Healthy development for children and youth has a key impact on an individual's health vulnerability not just in the early years but throughout life. A number of important early childhood factors that can have long term developmental implications on health and social functioning have been identified. These include poverty, family stability and violence, social assistance dependency, residing in public housing, and related factors that reflect social conditions that affect children during their formative years¹⁷ As childhood development has a significant impact on an individual's mental and physical health later in life, these indicators therefore show not only the health of children, but help to predict the future health of the population. Many of these indicators are also predictors of socio-economic status, and so serve to further predict not only the health of the children but the overall health of the population.

This section includes both rates and percentages. Please take care to distinguish them.

Term	Definition	Interpretation	Source
Serious Juvenile Crime Rate	Juvenile crime rate per 1,000 population aged 12-17 (breaking and entering, crimes with weapons and assaults with serious injury).	Juvenile crime can be a predictor of long-term health due to social, educational and financial vulnerabilities. High: Higher rate of serious juvenile crime Low: Lower rate of serious juvenile crime	BC Stats, 2011 Socioeconomic Profiles
Teen Mother	Live births to mothers under 20 years of age per 1,000 live births	Will likely face more challenges with healthy living for self and child due to social, educational, and financial vulnerabilities. High: More teen pregnancies Low: Fewer teen pregnancies	BC Vital Statistics, 2011
Children on IA Living with Single Parent	Percent of children less than 15 years of age receiving income assistance (IA) and living with a single parent.	May be a predictor of low income and therefore of higher vulnerability in times of need. High: More children living on IA with a single parent Low: Fewer children living on IA with a single parent	BC Stats, 2011 Socioeconomic Profiles
Children on Income Assistance	Percent of children less than 15 years of age receiving income assistance.	Predictor of children in low income families. They may face financial barriers that could lead to long-term health outcomes. High: More children on IA Low: Fewer children on IA	BC Stats, 2011 Socioeconomic Profiles
Children in Care	Children aged 0 to 18 taken into care (e.g. foster care, specialised residences) by the provincial child care authorities. Rate per 1,000 population.	May be an indicator of broader social issues. High: More children in care Low: Fewer children in care	BC Stats, 2011 Socioeconomic Profiles
Children in Need of Protection*	Reported child abuse cases per 1,000 children aged 0 to 18 years. Defined as the physical, emotional, or sexual mistreatment of children.	Child abuse predicts financial and health vulnerability. High: Higher levels of child abuse Low: Lower levels of child abuse	BC Stats, 2011 Socioeconomic Profiles

Term	Definition	Interpretation	Source
Preschool Social Development Vulnerability*	Percent of kindergarten children rated as having problems forming friendships, accepting rules, and showing respect for adults.	Early development skills are critical predictors of school achievement and social/emotional health, and can be a predictor of long-term health outcomes. High: Children are more vulnerable Low: Children are less vulnerable	Human Early Learning Partnership
Preschool Emotional Development Vulnerability*	Percent of kindergarten children rated as having problems with aggressive behaviour, impulsivity, disobedience, and inattentiveness.	Early development skills are critical predictors of school achievement and social/emotional health, and can be a predictor of long-term health outcomes. High: Children are more vulnerable Low: Children are less vulnerable	Human Early Learning Partnership

*Healthy Development: Indicators contributing toward the healthy social development of children and youth.

4.6 Child Health

Like Child and Youth Healthy Development, Child Health has a major impact on vulnerability both for children in their formative years and throughout their entire lives. The tie between these indicators and children's health is clear. In addition to providing information on the health of children in an area, some may also predict vulnerability not just for the child but the population and therefore provide broader information regarding the health of the community. In addition, illnesses or injuries received in childhood may have long-term impact, lowering the health status of individuals and requiring increased health services.

This section includes both rates and percentages. Please take care to distinguish them.

Term	Definition	Interpretation	Source
Injury and Poisoning Hospitalizations	Hospitalization per 1,000 children aged 0 to 14 due to an injury or poisoning.	Indicator of a greater social issue such as lack of education or awareness. High: More injury and poisoning hospitalization Low: Fewer injury and poisoning hospitalizations.	BC Stats, 2011 Socioeconomic Profiles
Respiratory Diseases Hospitalizations	Hospitalization per 1,000 children aged 0 to 14 due to a respiratory disease.	May be an indicator of potential levels of environmental toxins, chemicals, or pollution. High: More respiratory diseases hospitalizations Low: Fewer respiratory disease hospitalizations	BC Stats, 2011 Socioeconomic Profiles
Preschool Physical Development Vulnerability	Percent of kindergarten children rated as having problems with fine and gross motor skills, daily preparedness for school, washroom skills, and handedness.	Early development skills are critical predictors of school achievement and social/emotional health, and can be a predictor of long-term health outcomes. High: More development vulnerability Low: Less development vulnerability	Human Early Learning Partnership
Maternal Smoking	Percent of pregnant women who reported smoking at any time during their current pregnancy.	Predictor of financial and health vulnerability. Maternal smoking can result in life-long health vulnerability for the infant. High: Higher levels of maternal smoking Low: Lower levels of maternal smoking	Perinatal Services BC
Infant Mortality	Deaths of children under 1 year of age per 1,000 live births.	Infant mortality is an internationally accepted indicator of population health status. It is a major contributor to life expectancy and premature mortality. High: Higher rate of infant mortality Low: Lower rate of infant mortality	BC Vital Statistics, 2011
Preterm Births	Newborns with a gestational age of less than 37 weeks per 1,000 live births.	Preterm babies have increased risk of morbidity and premature death. High: Higher rate of preterm births Low: Lower rate of preterm births	BC Vital Statistics, 2011
Low Birth Weight	Births weighing less than 2,500 grams per 1,000 births.	Predictor of lifelong health vulnerability. High: More low-weight births Low: Fewer low-weight births	BC Vital Statistics, 2011

4.7 Crime

High crime rates are often associated with poorer health, and areas of lower socio-economic status.¹⁸ Depending on the category of crime, it may have a direct impact on the health of individuals, for example drug offences and violent crimes. High crime rates in an area are often the result of other social issues, such as social, educational, and financial vulnerabilities. All of these factors have a high correlation with health status.

Term	Definition	Interpretation	Source
Illicit drug deaths	Deaths per 100,000 population aged 19-64 due to drug usage.	May be an indicator of greater social, educational and financial issues. High: More illicit drug deaths Low: Fewer illicit drug deaths	BC Stats, 2011 Socioeconomic Profiles
Alcohol Sales per Capita*	Litres of alcohol sold per resident population aged 19 and older.	Depending on tourism, these numbers can sometimes be misrepresentative of an area. However, higher rates can indicate potentially excessive alcohol consumption that can have adverse effects on the health of a population. High: More alcohol sales Low: Fewer alcohol sales	BC Stats, 2011 Socioeconomic Profiles
Non-Cannabis Drug Offences	Non-cannabis drug offences per 100,000 of population.	May be an indicator of greater social, educational and financial issues. High: More non-cannabis drug offences Low: Fewer non-cannabis drug offences	BC Stats, 2011 Socioeconomic Profiles
Crime Activity to Police Ration	Number of serious crimes per police officer.	May be an indicator of greater social, educational and financial issues. High: Greater crime to police ratio Low: Lower crime to police ratio	BC Stats, 2011 Socioeconomic Profiles
Motor Vehicle Theft Rate	Motor Vehicle theft rate per 1,000 population.	May be an indicator of greater social, educational and financial issues. High: Higher motor vehicle theft rate Low: Lower motor vehicle theft rate	BC Stats, 2011 Socioeconomic Profiles
Serious Juvenile Crime Rate	Juvenile crime rate per 1,000 population aged 12 to 17 (breaking and entering, crimes with weapons and assaults with serious injury).	Juvenile crime can be a predictor of long-term health due to social, educational and financial vulnerabilities. High: Higher serious juvenile crime rate Low: Lower serious juvenile crime rate	BC Stats, 2011 Socioeconomic Profiles
Serious Crime Rate	Total violent and property crime rate per 1,000 population.	May be an indicator of greater social, educational and financial issues. High: Higher serious crime rate Low: Lower serious crime rate	BC Stats, 2011 Socioeconomic Profiles

* Represents sales per resident population 19+, therefore high tourist areas will be overstated

5 Health Status

Health status indicators measure the health of a population and are useful in predicting and prioritizing the health care needs of the area. This includes births, deaths and morbidity.

5.1 Birth Statistics

Statistics based on birth events form a crucial part of the demographic profile of communities, regions, provinces, and countries. They are used to derive important indicators of health status, fertility, infant mortality, and population growth. In turn, those indicators are used for health planning, policy formulation, research, and commerce.¹⁹

Term	Definition	Interpretation	Source
Elderly Gravida Rate	Any mother who was 35 years of age or older at the time of delivery of a live born infant. Rate per 1,000 live births.	Indicator of potential risk to mother and predictor of long-term health vulnerability to the infant. High: More elderly gravidae Low: Fewer elderly gravidae	BC Vital Statistics, 2011
Low Birth Weight Rate	Births weighing less than 2,500 grams per 1,000 live births.	Predictor of lifelong health vulnerability. High: More low weight births Low: Fewer low weight births	BC Vital Statistics, 2011
Infant Mortality Rate	Deaths of children under 1 year of age per 1,000 live births.	Infant mortality is an internationally accepted indicator of population health status. It is a major contributor to life expectancy and premature mortality. High: Higher rate of infant mortality Low: Lower rate of infant mortality	BC Vital Statistics, 2011
Teen Mother Rate	Live births to mothers under 20 years of age per 1,000 live births.	Will likely face more challenges with healthy living for self and child due to social, educational, and financial vulnerabilities. High: More teen pregnancies Low: Fewer teen pregnancies	BC Vital Statistics, 2011
Caesarean Rate	A delivery involving the surgical incision of the abdomen and uterine walls, per 1,000 live births.	A measure of high risk births which could be an indicator of long-term health vulnerability for mother and infant. High: More caesareans performed Low: Fewer caesareans performed	BC Vital Statistics, 2011
Preterm Birth Rate	Newborns with a gestational age of less than 37 weeks per 1,000 live births.	Preterm babies have increased risk of morbidity and premature death. High: More preterm births Low: Fewer preterm births	BC Vital Statistics, 2011

Term	Definition	Interpretation	Source
Stillbirth Rate	The complete expulsion or extraction from its mother after at least 20 weeks of pregnancy, or after attaining a weight of at least 500 grams, of a product of conception in which, after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord, or unmistakable movement of voluntary muscle. Rate per 1,000 births	Rate of stillbirths is an indicator of population health. High: More stillbirths Low: Fewer stillbirths	BC Vital Statistics, 2011
Live Birth Rate	Infants are considered “live” if there is: (a) breathing; (b) beating of the heart; (c) pulsation of the umbilical cord; or (d) unmistakable movement of voluntary muscle, whether or not the umbilical cord has been cut or the placenta attached. Rate per 1,000 population	Higher live birth rates are typically reflective of a younger population High: More live births Low: Fewer live births	BC Vital Statistics, 2011

5.2 Mortality Statistics

Mortality statistics play an essential role in health surveillance, planning and research. Causes of death are crucial components of health status for regional, national, and international comparisons. While other causes may have contributed to the death, mortality is recorded by the Underlying Cause of Death, defined as the condition or injury that initiated the train of events leading directly to the death.²⁰

These statistics include both the standardised mortality ratio (SMR) and potential years of life lost index (PYLLI) values. The SMR is used to compare the actual number of deaths due to a certain cause to the expected number of deaths for that cause. The PYLLI is a measure of premature mortality. Both indicators are standardized and compare Island Health to BC (for example, an Island Health ratio of 1.07 indicates that Island Health is 7% higher than BC).

Term	Definition	Interpretation	Source
Drug-induced deaths ^{† ††}	This category of deaths excludes unintentional injuries, homicides, and other causes that could be indirectly related to drug use. Deaths directly due to alcohol are also excluded.	May be an indicator of greater social issues. High: More drug-induced deaths Low: Fewer drug-induced deaths	BC Vital Statistics, 2011
Medically Treatable Diseases	Deaths due to disease categories which mortality could potentially have been avoided through appropriate medical intervention, such as pneumonia, appendicitis, and meningitis.	May be indicative of a greater social and public health issue. High: More deaths from medically treatable diseases Low: Fewer deaths from medically treatable diseases.	BC Vital Statistics, 2011
Circulatory System	Includes all circulatory diseases, ischemic heart disease, stroke and all other circulatory diseases.	Measure of a population's health status and could be indicative of a service change or addition. High: More deaths from circulatory disease than expected Low: Fewer deaths from circulatory disease than expected	BC Vital Statistics, 2011
Digestive System	Includes all chronic liver disease/cirrhosis.	Measure of a population's health status and could be indicative of a service change or addition. High: More deaths from digestive disease than expected Low: Fewer deaths from digestive disease than expected	BC Vital Statistics, 2011
Alcohol Related Deaths	Alcohol-related deaths include deaths where alcohol was a contributing factor (indirectly related) as well as those due to alcohol (directly related).***	Measure of a population's health status and could be indicative of a service change or addition. Predictor of health and financial vulnerability. High: More alcohol related deaths than expected Low: Fewer alcohol related deaths than expected	BC Vital Statistics, 2011

Term	Definition	Interpretation	Source
Falls	Deaths due to accidental falls.	Measures long-term success in reducing deaths due to falls. Lower death rates indicate success in fall prevention and treatment. High: More deaths due to falls Low: Fewer deaths due to falls	BC Vital Statistics, 2011
Cancer*	Cancer mortality includes colorectal, lung, breast, prostate cancer, etc..	Measure of a population's health status and could be indicative of a service change or addition. Lower death rates may indicate success in cancer prevention, detection, and treatment. High: More deaths from cancer Low: Fewer deaths from cancer	BC Vital Statistics, 2011
Respiratory	Includes all respiratory disease, pneumonia and influenza, bronchitis/emphysema/asthma, and all other respiratory diseases.	Measure of a population's health status and could be indicative of a service change or addition. Lower death rates may indicate success in respiratory disease prevention, detection, and treatment. High: More deaths from respiratory disease Low: Fewer deaths from respiratory disease	BC Vital Statistics, 2011
Suicide [†]	Death resulting from suicide.	Measure of a population's health status and could be indicative of a service change or addition. May indicate long-term success in reducing suicide, a social as well as a major public health concern. High: More deaths from suicide Low: Fewer deaths from suicide	BC Vital Statistics, 2011
Motor Vehicle	Deaths resulting from Motor Vehicle Accidents.	Measures long-term success in reducing deaths due to motor vehicle accidents. Lower death rates may indicate success in motor vehicle accident prevention. High: More deaths from motor vehicle accidents Low: Fewer deaths from motor vehicle accidents	BC Vital Statistics, 2011
End/Nut/Met Diseases	Death from Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	Measure of a population's health status and could be indicative of a service change or addition. Lower death rates may indicate success in End/Nut/Met disease detection, prevention and treatment. High: More deaths from End/Nut/Met diseases Low: Fewer deaths from End/Nut/Met diseases	BC Vital Statistics, 2011

Term	Definition	Interpretation	Source
<u>Diabetes</u>	Death from diabetes	Measure of a population's health status and could be indicative of a service change or addition. Lower death rates may indicate success in diabetes detection, prevention and treatment. High: More deaths from diabetes Low: Fewer deaths from diabetes	BC Vital Statistics, 2011
Arteries/Arterioles/Capillaries	Death from arteries/arterioles/capillaries diseases.	Measure of a population's health status and could be indicative of a service change or addition. Lower death rates may indicate success in artery/arteriole/capillary disease detection, prevention and treatment. High: More artery/arteriole/capillary disease deaths Low: Fewer artery/arteriole/capillary disease deaths	BC Vital Statistics, 2011
Pneumonia and Influenza	Death from pneumonia and influenza	Measure of a population's health status and could be indicative of a service change or addition. Lower death rates may indicate success in pneumonia and influenza detection, prevention and treatment. High: More pneumonia and influenza deaths Low: Fewer pneumonia and influenza deaths	BC Vital Statistics, 2011
Lung Cancer*	Death from lung cancer	Measure of a population's health status and could be indicative of a service change or addition. Lower death rates may indicate success in lung cancer detection, prevention and treatment. High: More lung cancer deaths Low: Fewer lung cancer deaths	BC Vital Statistics, 2011
<u>Ischaemic Heart Disease</u>	Death from ischaemic heart disease	Measure of a population's health status and could be indicative of a service change or addition. Lower death rates may indicate success in ischaemic heart disease detection, prevention and treatment. High: More ischaemic heart disease deaths Low: Fewer ischaemic heart disease deaths	BC Vital Statistics, 2011

Term	Definition	Interpretation	Source
Chronic Lung Disease*	Death from chronic lung disease	Measure of a population's health status and could be indicative of a service change or addition. Lower death rates may indicate success in chronic lung disease detection, prevention and treatment. High: More chronic lung disease deaths Low: Fewer chronic lung disease deaths	BC Vital Statistics, 2011
<u>Cerebrovascular Disease/Stroke</u>	Death from cerebrovascular disease	Measure of a population's health status and could be indicative of a service change or addition. Lower death rates may indicate success cerebrovascular disease/stroke detection, prevention and treatment. High: More cerebrovascular disease/stroke deaths Low: Fewer cerebrovascular disease/stroke deaths	BC Vital Statistics, 2011

* Lung cancer is included in this statistic, and so there is overlap between Respiratory, Lung Cancer and Chronic Lung Disease.

† Any death where the underlying cause of death is suicide by drugs will be counted as a drug induced death and a suicide.

‡ Alcohol-related and drug overdose deaths are the only cause of death categories that are not based entirely upon underlying causes of death.

5.3 Chronic Disease Prevalence

Life expectancies in Canada and BC increased dramatically during the past century. This increase was accompanied by an equally dramatic shift in causes of death. As mortality rates from infectious diseases dropped and people lived longer, mortality rates from chronic diseases increased as more people reached ages in which chronic diseases predominate. Most people experience some form of chronic disease.²¹ According to the CCHS 4.1, 58 percent of Island Health area residents over the age of 30 reported having been diagnosed with one or more chronic conditions in 2007.²² Chronic diseases are characterized by complex causality, multiple risk factors, a long latency period, a prolonged course of illness, functional impairment or disability, and in most cases, the unlikelihood of a cure. They can have a profound effect on the physical, emotional and mental wellbeing of individuals, often making it difficult to carry on with daily routines and relationships. They are a major contributor to the burden of ill health and premature death, and are associated with significant economic costs (both direct health care costs and lost productivity).²³

5.4 Life Expectancy at Birth

This indicates the average life expectancy of infants born in the community. Life expectancy at birth is a common measure of the overall health of the population.

6 Health Service Utilization

Health service utilization data, like health status, provides insight into a population’s health and its acute care needs by revealing a community’s acute care use (i.e., visit to an acute care facility for inpatient or day procedure). Health service utilization is influenced by several factors, such as health status, demographics, physician referral patterns, patient choice, distance to care and wait lists. Utilization data does not necessarily reflect what health care services a community *needs*, but more accurately what a community is *using*. While these two concepts are interconnected, they are not identical.

These statistics show high level acute care use of an LHA by several different indicators including inpatient versus day care, medical versus surgical care, reason for stay, most common cases by case mix group (CMG) and major clinical category (MCC), alternate level of care (ALC) rate, resource intensity weight (RIW), and ambulatory case sensitive conditions (ACSC) rate.

This data looks at the most common cases for a region, the referral patterns, and bed use. It must be considered as a whole, relative to other indicators and the population demographics.

6.1 Hospital Admissions

This section records hospital cases by the following categories:

Category	Definition	Interpretation
Medical*	All cases which do not involve surgery – e.g. illness diagnosis, infection or illness treatment with pharmaceuticals, radiation/chemotherapy, convalescence/recovery, etc.	Medical patients on average have greater lengths of stay, and higher rates of Emergency Department admittance. ²⁴
Surgical	All cases which involve surgery.	Surgical patients often have lower lengths of stays and are typically admitted by means other than the Emergency Department. ²⁵
Maternity	All cases involving pregnancy and childbirth (grouped by <u>major clinical category</u> (MCC))	High maternity rates suggest a younger population, low rates an older one. ²⁶
Psychiatric	Most cases involving mental diseases and disorders (grouped by <u>MCC</u>) are flagged as psychiatry cases; some of these cases, however, are flagged as medical rather than psychiatry; this is based on the cases' CMG and the patient's age group ²⁷	Generally reflective of the mental health of a population. Higher rates suggest greater vulnerability. Patients with mental diseases and disorders on average have high lengths of stay and a high rate of Emergency Department admittance. ²⁸
Inpatient	Patients who are admitted to a hospital or care centre and stay for at least one night.	Generally reflective of more complex cases or more invasive procedures.
Day	Patients who are admitted to a hospital or care centre, typically for diagnosis or treatment, but do not stay overnight. They are also known as outpatients or ambulatory patients.	Generally reflective of less complex cases or less invasive procedures.

Category	Definition	Interpretation
Case Mix Group	CMGs are a way of grouping patients with similar diagnoses and treatment requirements. CMGs are ordered within Major Clinical Categories (MCC) which identify either a body system (e.g. Respiratory System), or other specific types of clinical problems (e.g. Mental Disorders, Neonates, Burns). There are currently 20 MCCs (see appendix A) and nearly 1,000 CMGs. ²⁹	Used to analyze trends in a population's health needs.
ALC	Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed was well enough to have been cared for elsewhere. ³⁰	This indicator is designed to assess the processes that ensure the placement of patients in the most appropriate care setting. It identifies the proportion of patients who are occupying acute care beds due to the unavailability of services in another more appropriate setting. ³¹
ACSC	The Ambulatory Care Sensitive Conditions (ACSC) rate represents people with conditions where appropriate ambulatory care can prevent or reduce the need for hospital admission, who nevertheless have been admitted to hospital. ³² For example <u>angina</u> , <u>diabetes</u> , heart failure, grand mal seizures, etc.	ACSC is an indicator of admissions practices and/or ambulatory care resources. Timely and effective ambulatory care can potentially reduce the risk of hospitalization by possibly preventing or controlling the onset of an illness or by managing the chronic condition. May be related to factors such as access to and quality of primary care, the prevalence and acuity of chronic conditions in the population, socio-economic status, and differences in community and hospital-based practice patterns. ³³

* In the table showing total hospital cases, maternity and psychiatry cases are included as medical cases.

6.2 Emergency Visits

These indicators are based on LHA of residence regardless of the location of the hospital at which the patient received care. For example a person from Nanaimo receiving care at Royal Jubilee Hospital will be counted in the Nanaimo LHA profile.

Category	Definition	Interpretation
Canadian Emergency Department Triage & Acuity Scale (CTAS)	A measure of severity of condition brought to the Emergency Department. 1 is the most severe and 5 the least.	A high number of 4s and 5s can be indicative of inappropriate system use for one reason or another.
Use by day of the week	Visits to the Emergency Department recorded by day of admittance.	Can indicate the availability of non-emergency care. If visits are higher on the weekend, it can be because often drop-in clinics are closed for those days.
Visits by age group per 1,000 population	Visits to the Emergency Department by 10 year cohort.	These statistics are compared to the Island Health Emergency Department utilization to indicate whether some age groups are showing inordinate Emergency Department use.

Glossary

Medical definitions from MediNet³⁴ unless otherwise cited

Alternate Level of Care: (ALC) is indicative of time spent in an inappropriate level of care, for example, a long-term residential patient occupying an intensive care bed due to lack of available residential care beds. As the majority of ALC patients take up beds of a higher level of care than they require, rather than a lower, they are inefficient and costly as well as being uncomfortable to the patients themselves who feel out of place.

Ambulatory Care Sensitive Conditions: (ACSC) represent people with conditions where appropriate ambulatory care can prevent or reduce the need for hospital admission, who nevertheless have been admitted to hospital.³⁵ It is therefore an indicator of admissions standards and/or ambulatory care resources.

Angina: Chest pain due to an inadequate supply of oxygen to the heart muscle. The chest pain of angine is typically severe and crushing. There is a feeling just behind the breastbone (the sternum) of pressure and suffocation.

Antepartum Disorder: Depression occurring during pregnancy.

Arrhythmia: In an arrhythmia the heartbeats may be too slow, too rapid, too irregular, or too early. Rapid arrhythmias (greater than 100 beats per minute) are called tachycardias. Slow arrhythmias (slower than 60 beats per minute) are called bradycardias. Irregular heart rhythms are called fibrillations (as in atrial fibrillation and ventricular fibrillation). When a single heartbeat occurs earlier than normal, it is called a premature contraction.

Atherosclerotic Heart Disease: A general term for the progressive narrowing and hardening of coronary arteries, due to atheroma deposition which, with time undergo calcification and ulceration.³⁶

Canadian Emergency Department & Triage Acuity Scale (CTAS): Scale indicating the gravity of a patient's injuries and conditions upon arrival to an acute care setting. Level 1 is the most severe and is categorized as resuscitation. Level five is the least severe and is categorized as non urgent.³⁷

Cardiac Catheter: a long, fine, tubular, flexible surgical instrument designed for passage, usually through a peripheral blood vessel, into the chambers of the heart under radiographic control³⁸

Census Family: Defined as a married couple and their children; a common law relationship between two partners and their children; or a lone parent regardless of marital status living in a dwelling with at least one child. All members of the census family live in the same dwelling.³⁹

Census Household

Cerebrovascular Disease: Disease of the blood vessels and, especially, the arteries that supply the brain.

Cerebrovascular disease is usually caused by atherosclerosis and can lead to a stroke.

Congestive Heart Failure: Congestive heart failure (CHF) is a condition in which the heart's function as a pump is inadequate to deliver oxygen rich blood to the body.

Chronic Obstructive Pulmonary Disease: Chronic obstructive pulmonary disease (COPD) is comprised primarily of three related conditions –chronic bronchitis, chronic asthma, and emphysema. In each condition there is chronic obstruction of the flow of air through the airways and out of the lungs, and the obstruction generally is permanent and may be progressive over time.

Dementia: Significant loss of intellectual abilities such as memory capacity, severe enough to interfere with social or occupational functioning. Criteria for the diagnosis of dementia include impairment of attention, orientation, memory, judgment, language, motor and spatial skills, and function. By definition, dementia is not due to major depression or schizophrenia.

Demographics: Statistical information about characteristics of a population such as age, income, gender, ethnicity, age, educational attainment, etc.⁴⁰

Diabetes: Diabetes mellitus is a group of metabolic diseases characterized by high blood sugar (glucose) levels, that result from defects in insulin secretion, or action, or both.

Enteritis: Crohn's disease by another name, a chronic inflammatory disease of the intestine primarily in the small and large intestines but which can occur anywhere in the digestive system between the mouth and the anus

Health Authority: Governing body with responsibility for the planning, coordination and delivery of health services in a specific region, including hospital, long term care and community services. (BC Medical Association Glossary)

Hypertension: High pressure (tension) in the arteries.

Ischaemic Heart Disease: (IHD) any of a group of acute or chronic cardiac disabilities resulting from insufficient supply of oxygenated blood to the heart.⁴¹

Major Clinical Category: Major Clinical Category (MCC) assignment, which represents the first step in the grouping methodology, is almost always determined by the most responsible diagnosis (MRDx). Usually, the MRDx is a

unique assignment to one MCC known as the 'home' MCC. There are some exceptions to this rule, such as diagnoses with gender edits and the assignment of cases to MCC 15. MCC 15, Newborns and Neonates, is based on age < 29 days or an entry code of newborn. A further division within this MCC is based on the weight of the baby. Although the most responsible diagnosis is defined by CIHI as 'the one diagnosis which describes the most significant condition causing a patient's stay in hospital,' this may not always be the condition for which the patient is admitted. If the diagnosis recorded as most responsible is invalid, the case is assigned to MCC 999, Ungroupable Data.⁴²

Osteoarthritis: Osteoarthritis is a type of arthritis that is caused by the breakdown and eventual loss of the cartilage of one or more joints. Cartilage is a protein substance that serves as a "cushion" between the bones of the joints. Osteoarthritis is also known as degenerative arthritis

Perinatal: Pertaining to or occurring in the period shortly before, during and after birth, starting at 22 completed weeks of gestation and ending seven completed days after birth⁴³

Resource Intensity Weight: (RIW) methodology is a relative resource allocation tool for estimating a hospital's inpatient-specific cases. RIW are used to standardize the expression of hospital case resource consumption, recognizing that not all patients require the same health care resources. Total resource consumption is then expressed as "weighted cases". Factors which could have an impact include: age group, comorbidity, flagged intervention, intervention events, out-of-hospital intervention.⁴⁴

Rheumatoid Arthritis: Rheumatoid arthritis (RA) is an autoimmune disease that causes chronic inflammation of the joints. Rheumatoid arthritis can also cause inflammation of the tissue around the joints, as well as in other organs in the body.

Appendix A: Major Clinical Categories (MCC)

Major Clinical Category +	
Code	Description
1	Diseases and Disorders of the Nervous System
2	Diseases and Disorders of the Eye
3	Diseases and Disorders of Ear, Nose, Mouth and Throat
4	Diseases and Disorders of the Respiratory System
5	Diseases and Disorders of the Circulatory System
6	Diseases and Disorders of the Digestive System
7	Diseases and Disorders of the Hepatobiliary System and Pancreas
8	Diseases and Disorders of the Musculoskeletal System and Connective Tissue
9	Diseases and Disorders of the Skin, Subcutaneous Tissue, and Breast
10	Diseases and Disorders of the Endocrine System, Nutrition and Metabolism
11	Diseases and Disorders of the Kidney, Urinary Tract and Male Reproductive System
12	Diseases and Disorders of the Female Reproductive System
13	Pregnancy and Childbirth
14	Newborns and Neonates with Conditions Originating in the Perinatal Period
15	Diseases and Disorders of the Blood and Lymphatic System
16	Multisystemic or Unspecified Site Infections
17	Mental Diseases and Disorders
18	Burns
19	Significant Trauma, Injury, Poisoning and Toxic Effect of Drugs
20	Other Reasons for Hospitalization
0	Undefined/Not Coded
99	Miscellaneous CMG and Ungroupable Data
NA	Not Applicable

Source: HealthIdeas⁴⁵

End Notes

- ¹ CIHI Rural Canadians Health Report
http://secure.cihi.ca/cihiweb/products/chapter4_rural_canadians_2006_report_e.pdf
- ² The Canadian Institute for Health Information. How Healthy Are Rural Canadians? An Assessment of Their Health Status and Health Determinants. September, 2006. http://www.phac-aspc.gc.ca/publicat/rural06/pdf/rural_canadians_2006_report_e.pdf
- ³ CIHI, National Health Expenditure Trends, 1975-2009,
http://secure.cihi.ca/cihiweb/products/National_health_expenditure_trends_1975_to_2009_en.pdf
- ⁴ Ministry of Aboriginal Relations and Reconciliation, First Nations by Region,
<http://www.gov.bc.ca/arr/treaty/regional.html>
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TOWN OF LADYSMITH

PROCLAMATION

DAFFODIL MONTH

WHEREAS: *The Canadian Cancer Society's British Columbia and Yukon Division continues to be a leader in funding outstanding cancer research, undertaking cancer prevention initiatives and delivering support services to people with cancer and their families;*

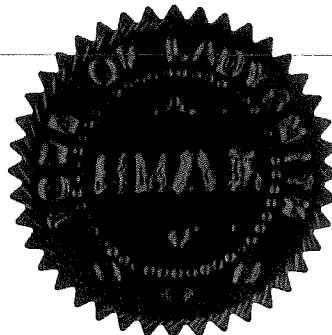
AND WHEREAS: *The Canadian Cancer Society's British Columbia and Yukon Division consistently demonstrates a collaborative approach to cancer control and represents the interests of all citizens of the Town of Ladysmith affected by cancer;*

AND WHEREAS: *The Canadian Cancer Society's British Columbia and Yukon Division assists the public in taking steps to reduce the risk of cancer by adopting prevention strategies and advocates for healthy public policy that makes healthier choices easier choices;*

THEREFORE, *I, Robert Hutchins, Mayor of the Town of Ladysmith, do hereby proclaim the month of April, 2014 as "Daffodil Month" in the town of Ladysmith, British Columbia.*

Mayor R. Hutchins

March 17, 2014



From: Dennis Lait
Sent: March 11, 2014 10:01 AM
Subject: RE: LRCA Request for Grants-in-Aid

Good morning

The following staff will attend the City Hall presentation on March 17 at 7:00 PM representing the Grant in Aid applications submitted by the LRCA

Carla Sampson – Victim Services

Miaike Lammel – Family Support Services (6-12 years and families)

Lindsey Paaauwe – Youth at Risk (13 -19 years)

Tanya Reid – Adventures in Early Literacy and Parent Child Mother Goose

Dale Gisbourne for the Dad’s Group.

Hope this is not too much but I felt it was important to have the staff speak to the value of the programs they run directly.

Dennis

March 6th, 2014
Ladysmith Food Bank

Attn: Ladysmith Town and Council

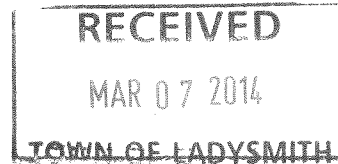
The Ladysmith Food Bank would appreciate the opportunity to share our plans for a soup kitchen at the Town of Ladysmith's next Council Meeting, on Monday, March 17th. Our delegate, Natasha Sharpe, will describe our planned project and its budget (attached) in support of our request for a Grant in Aid. Our total budget for the project is \$24, 207.00; we ask the Town and Council to consider granting \$2,000.00 towards our total costs. We thank the Town of Ladysmith for their support, and look forward to meeting with you.

Sincerely,



Steven Sharpe

LRCA Food Bank Liaison



Ladysmith Food Bank Community Kitchen Budget					
Community Kitchen Fund = Blue			Community Kitchen Child & Youth Programming = Pink		
	Qty	Price per Unit	Price per Month	Cost	Subtotal
Food Prep Costs					
Staff - Red Seal Chef/Teacher	2			\$13,000.00	
Stock pots	5	\$250.00		\$1,250.00	
					\$14,250.00
Serving Costs					
Disposabe bowls	400/month		\$82.00	\$492.00	
Disposable spoons	400/month	\$0.25	\$35.00	\$210.00	
Serving ladles	5	\$5.00		\$25.00	
Thermometers	5	\$10.00		\$50.00	
Aprons	10	\$10.00		\$100.00	
Disposable gloves	100/month	\$0.20	\$20.00	\$120.00	
					\$997.00
Transportation Costs					
Cambro 3.4 Gallon soup carriers	5	\$100.00		\$500.00	
Fuel stipend for volunteer driver	4/month	\$5.00	\$20.00	\$120.00	
					\$620.00
Education Costs					
Foodsafe training for volunteers	12		\$85.00	\$1,020.00	
Adult workshop facilitator fees	6		\$100.00	\$600.00	
Child programming facilitator fees	6		\$100.00	\$600.00	
Child minding fees	6		\$100.00	\$600.00	
Take home equipment	6		\$100.00	\$600.00	
Recipe book printing costs	50	\$10.00		\$500.00	
Photographer honorarium	1	\$100.00		\$100.00	
					\$4,020.00
Coordination Costs					
Project Manager fees: Month 1-3	1	\$12.00/hour	\$960.00	\$2,880.00	
Project Manager fees: Month 4-6	1	\$12.00/hour	\$480.00	\$1,440.00	
					\$4,320.00
Total Costs					\$24,207.00
Total Community Kitchens Fund Costs					\$8,757.00
Total Community Kitchens Child and Youth Programming Costs					\$15,450.00



Town of Ladysmith
STAFF REPORT

To: Ruth Malli, City Manager
From: Felicity Adams, Director of Development Services
Date: March 11, 2014
File No: 3360-14-01

Re: **Zoning Bylaw Amendment Application: 1144 Rocky Creek Road
Lot A, District Lot 38, Oyster District, Plan EPP23810**

RECOMMENDATION(S):

1. THAT subject to any additional matters raised at the public hearing, Council give third reading to Bylaw 1848 cited as "Town of Ladysmith Zoning Bylaw 1995, No. 1160 Amendment Bylaw (No.97), 2014, No.1848"; and that Bylaw 1848 be referred to the Ministry of Transportation pursuant to the provisions of the *Transportation Act*;
2. THAT following adoption of Bylaw 1848 Council approves of the discharge of covenant FB078666 from the title of Lot A, District Lot 38, Oyster District, Plan EPP23810; and authorizes the Mayor and Corporate Officer to execute the discharge document.

PURPOSE:

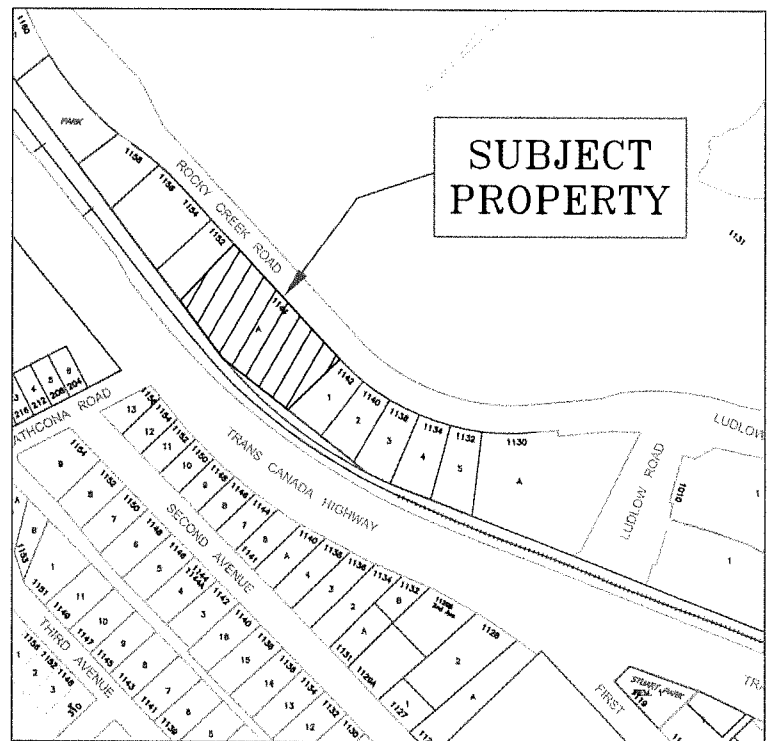
The purpose of this staff report is to present to Council a recommendation regarding 1) consideration of third reading for Bylaw 1848; 2) direction to refer Bylaw 1848 to the Ministry of Transportation; and; 3) approval to discharge covenant FB078666 after final reading of Bylaw 1848.

INTRODUCTION/BACKGROUND:

At the February 17, 2014 meeting Council gave first and second reading to Bylaw 1848 and directed staff to schedule a public hearing; and directed that consideration of the discharge of covenant FB078666 be part of the public hearing.

SCOPE OF WORK:

The current stage of this rezoning is to: 1) consider comments received or heard at the public hearing; 2) consider giving third reading to Bylaw 1848; and 3) consider the discharge of covenant FB078666.



Bylaw 1848

Bylaw 1848 proposes to amend the Zoning Bylaw by placing the 'Light Industrial Zone (I-1)' on the subject property.

ALTERNATIVES:

That Council not proceed with Bylaw 1848.

FINANCIAL IMPLICATIONS:

The work associated with the covenant discharge would be the cost of the applicant.

LEGAL IMPLICATIONS:

Referral of Bylaw 1848 to the Ministry of Transportation will be required as the subject property is within 800 metres of a controlled access highway.

CITIZEN/PUBLIC RELATIONS IMPLICATIONS:

Notification regarding the public hearing was mailed and delivered to the neighbourhood and was published in the local newspaper on March 4 and 11, 2014.

INTERDEPARTMENTAL INVOLVEMENT/IMPLICATIONS:

None.

RESOURCE IMPLICATIONS:

Processing rezoning applications is a core function of the Development Services Department. Processing this application is within available staff resources.

ALIGNMENT WITH SUSTAINABILITY VISIONING REPORT:

The proposal is consistent with the Visioning Report.

ALIGNMENT WITH STRATEGIC PRIORITIES:

Effective land use planning and community design is a Council strategic direction.

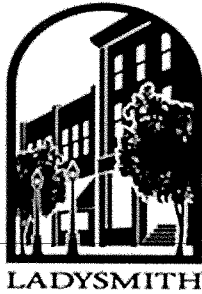
SUMMARY:

It is recommended that Council : 1) consider comments received or heard at the public hearing; 2) consider giving third reading to Bylaw 1848; and 3) consider the discharge of covenant FB078666.

I concur with the recommendation.


Ruth Malli, City Manager

ATTACHMENTS: n/a



Town of Ladysmith
STAFF REPORT

To: Ruth Malli, City Manager
From: Erin Anderson, Director of Financial Services
Date: March 10, 2014
File No:

Re: **Waste Water Treatment Plant Upgrade GMF 12012**

RECOMMENDATION(S):

It is recommended that Council authorize staff to execute the Combined Loan and Grant Agreement between the Municipal Finance Authority, the Town of Ladysmith and Federation of Canadian Municipalities regarding the Waste Water Treatment Plant Upgrade.

PURPOSE:

To enter into an agreement for combined loan and grant funding with the Municipal Finance Authority (MFA) and the Federation of Canadian Municipalities (FCM).

INTRODUCTION/BACKGROUND:

Council will recall that in 2012, staff were authorized to apply for loan and grant funding through the Green Municipal Fund, a program offered through FCM. The Town's loan/grant application was successful and staff have been working with FCM and MFA staff to execute the agreement.

Council may also recall the adoption of a loan authorization bylaw, Waste Water Treatment Plant Loan Authorization Bylaw 2012, No. 1792, where \$10 million dollars was approved for borrowing to construct the third phase upgrade waste-water treatment plant. This is the same borrowing bylaw that provides authorization to borrow the funds through the Municipal Finance Authority, but now with a rate guaranteed by FCM. The rate for a 20 year term is 3.35% with a 10 year rate reset.

The borrowing is structured so that it is executed once the project is complete. Council will recall that a temporary borrowing bylaw was adopted at the last meeting. Again, this is for short-term funding while the project is being constructed. Once the project reaches substantial completion, then the long term borrowing will be executed and used to pay off the short term borrowing.

SCOPE OF WORK:

Executing the agreements by the Corporate Services and Financial Services Departments, plus the outside agencies can be done relatively quickly.

ALTERNATIVES:

Council could choose to borrow funds through another financial institution, at an overall higher interest rate.

FINANCIAL IMPLICATIONS:

This funding is necessary to facilitate the construction of the Waste Water Treatment Plant. This combined loan and grant agreement will reduce the debt servicing costs for this project.

LEGAL IMPLICATIONS:

There are not legal implications.

CITIZEN/PUBLIC RELATIONS IMPLICATIONS:

None

INTERDEPARTMENTAL INVOLVEMENT/IMPLICATIONS:

Public Works will work with Finance to ensure the project is managed and the funding is available as needed.

RESOURCE IMPLICATIONS:

No additional resources required.

ALIGNMENT WITH SUSTAINABILITY VISIONING REPORT:

The construction of the Waste Water Treatment Plant is part of Strategy #5 - Innovative Infrastructure.

ALIGNMENT WITH STRATEGIC PRIORITIES:

This aligns with Strategy a - Wise Financial Management.

SUMMARY:

It is recommended that Council authorize staff to prepare the FCM - GMF Combined Loan and Grant Agreement between the MFA, FCM and Town of Ladysmith.

I concur with the recommendation.



Ruth Mall, City Manager





Town of Ladysmith
STAFF REPORT

To: Ruth Malli, City Manager
 From: Felicity Adams, Director of Development Services
 Date: March 17, 2014
 File No:

Re: **SCHOOL PLANNING: POLICY AND REGULATION**

RECOMMENDATION(S):

That Council direct staff to:

1. prepare an Official Community Plan amendment to add new policies regarding school planning as outlined in this report, and
2. include in the new Zoning Bylaw regulations to address:
 - limiting community care facility use at the Ecole Davis Road School site and the adjacent P-1 zoned properties (5 lots);
 - requiring a minimum parcel size of 2.0 hectares (5 acres) for a school site;
 - limiting the number of buildings and associated site coverage for school sites to the number of buildings that are currently in place.

PURPOSE:

The purpose of this staff report is to provide an overview of current land use policy and regulation for school planning and to seek direction from Council on the addition of new policy and regulation to support neighbourhood schools.

INTRODUCTION/BACKGROUND:

The development of these recommended policies and regulations considered current land use policy and regulations for schools (attached), the June 2013 Council resolution regarding the School District 68 “Proposed 10-Year Enhanced Facilities for Learning Plan” (below), and the January 2014 decision of School District 68 to close Ecole Davis Road School. School sites in Ladysmith include:

<i>School Site</i>	<i>Lot Area (Ha)</i>
Ecole Davis Road School	2
Parcels adjacent to Ecole Davis Road School	0.6
Ladysmith Primary School site	1.9
Ladysmith Intermediate School	1.5



Ladysmith High School site (not including 1.0ha FJCC site)	6.0
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Council Resolution:

Whereas the Board of School Trustees of School District #68 (Nanaimo-Ladysmith) has for over three decades established and provided for the majority of its students a learning environment that seeks to ensure children stay in a single school setting as long as possible, K-7 (elementary) and 8-12 (secondary), and experience a minimal number (one) of school changes;

And whereas the Board of School Trustees has established optimal school size guidelines of Elementary – 200-400 and Secondary – 600-1200;

And whereas the Board of School Trustees is facing challenges throughout the school district including: declining enrollment, underutilization of some school facilities, aging infrastructure, and budgetary constraints;

And whereas the Board of School Trustees of School District #68 (Nanaimo-Ladysmith) is considering implementing a “Proposed 10-Year Enhanced Facilities for Learning Plan” that for Ladysmith children in the short-term and the long-term does not reflect the long-established model of K-7 and 8-12 learning environment, or SD#68 optimal school size guidelines, and seeks to place all Ladysmith students on a single site with no room for growth;

And whereas the Town of Ladysmith is a growing community with significant areas for considerable growth in both the south and the north (south and north of Holland Creek);

And whereas the Ladysmith Sustainability vision articulated by the citizens of Ladysmith supports schools in neighbourhoods within walking or biking distance;

And whereas the Early Development Instrument has consistently shown in excess of 30% of Ladysmith children have one or more area of vulnerability;

And whereas Council has strong concerns about safety of students in schools concentrated along Sixth Avenue in the vicinity of police and fire/rescue stations and about the negative effect on property values, the economy and the desirability of Ladysmith as a community due to the proposed centralization and proposed configuration of education facilities in Ladysmith;

Therefore be it resolved that the Council of the Town of Ladysmith convey to the Board of School Trustees its strong objections to the following components contained within the “Proposed 10-Year Enhanced Facilities for Learning Plan”:

- a. The closure of a south Ladysmith neighborhood school Ecole Davis Road with no*



- plans to replace it in the same vicinity;*
- b. The transfer of elementary grade students (grades six and seven) to Ladysmith Secondary School and LSS becoming grades 6-12;*
 - c. The requirement that Ladysmith Primary School children will experience three school changes during their elementary school years;*
 - d. The creation of a single large elementary school (K-5) at the Ladysmith Primary School site which according to provincial guidelines has an inadequate land area for such a school population;*
 - e. The concentration of Ladysmith schools along Sixth Avenue, which is also a corridor for emergency vehicles;*
 - f. The proposed exclusion of North Oyster students from the Ladysmith Secondary School catchment area*

And that Town Council strongly encourages the Board of School Trustees to:

- a. Adopt a plan that will see the continuation of a K-7 school (200-400 students) south of Holland Creek;*
- b. Seek to establish a K-7 school (200-400 students) at the Ladysmith Primary School site or work collaboratively with the Town to acquire another elementary school site in a nearby location that will serve as a neighborhood elementary school for the north end of or community;*
- c. Maintain Ladysmith Secondary School as an 8-12 school and strive to utilize its present excess capacity by facilitating alternative educational opportunities, providing adult education opportunities, daycare space, etc., and work with the Town's Parks, Recreation and Culture Department to facilitate community programming opportunities and other efficiencies.*

SCOPE OF WORK:

If Council provides direction to add new policy and land use regulations for school planning, these amendments would be added through the Zoning Bylaw project.

Official Community Plan:

Current goals, objectives and policies contained in the OCP are attached to this report. The additional OCP policies that could be added are:

- Support schools within walking and cycling distance of neighbourhoods located north and south of Holland Creek.
- Support the provision of enhanced district learning opportunities, including French immersion education, at Ladysmith schools.
- Encourage the design of school grade configurations that minimize the number of school transitions that students experience during their school life.

Zoning Bylaw:

The current Institutional Zone (P-1) and the draft new P-1 zone are attached to this report. Differences in the two zones are due to changes to defined terms and the addition of uses to reflect actual uses that are taking place on properties within the P-1 zone.

The new land use regulation for schools could consider:

- Limiting uses at Ecole Davis Road School in order to retain a potential school site at this location.
- Requiring a larger minimum parcel size for a school site to reflect the Ministry of Education standards and the current school parcel sizes in Ladysmith. The optimal lot area for K-7 schools ranges from 1.5 ha (200 students) to 2.5ha (400 students). The optimal lot area for a secondary school ranges from 3.6 ha (600 students) to 5.6 ha (1200 students).
- Other regulations such as number of permitted buildings and lot coverage. Existing school buildings, accessory buildings and portable buildings would continue to be permitted.

ALTERNATIVES:

That Council maintain current land use policy and regulation or request staff to research other options.

FINANCIAL IMPLICATIONS:

None.

LEGAL IMPLICATIONS:

There will be a public hearing required as part of the Zoning Bylaw project. The additional school policies should be referred to the School District.

Limiting the use of land to public use only could trigger compensation under s.914 of the Local Government Act. Permitting a “basket of uses” compatible with Council’s comfort level is recommended.

CITIZEN/PUBLIC RELATIONS IMPLICATIONS:

It is expected that there will be support from the community to strengthen school planning policy and regulations that support neighbourhood schools in Ladysmith.

INTERDEPARTMENTAL INVOLVEMENT/IMPLICATIONS:

None.

RESOURCE IMPLICATIONS:

This work would be included within the Zoning Bylaw project which is currently underway, resourced and funded.

ALIGNMENT WITH SUSTAINABILITY VISIONING REPORT:

This proposal is consistent with the Town’s sustainability strategy including the pillars of Complete Community Land Use; A Low Impact Transportation System; and A Healthy Community.



ALIGNMENT WITH STRATEGIC PRIORITIES:

Effective land use planning and community design is a strategic Council direction.

SUMMARY:

School planning policy and land use regulation has been reviewed. Staff are recommending that Council consider additional policies and new direction for land use regulation for school planning.

I concur with the recommendation.



Ruth Malli, City Manager

ATTACHMENTS:

OCP Policy and Zoning Bylaw Regulations – School Planning Summary

Excerpt from the Community Facilities and Services section of the Official Community Plan regarding School Planning

Education facilities in Ladysmith consist of a secondary school and three elementary schools (School District #68). Additional schools will be needed as population levels increase. Consideration may also be given to engaging a post-secondary institution to offer education services to residents in Ladysmith.

Goals

Ladysmith will....

- *Plan for education facilities to serve the future population in conjunction with the School District and other educational institutions.*
- *Engage in partnerships with service providers to ensure quality facilities, services and delivery in an efficient and coordinated manner.*

Objectives

10. Encourage the continued high standard of current education facilities and services and provide adequate locations for new facilities in the community.
11. Engage in joint facility planning initiatives with the School District to develop and use schools, community centres and parks on shared sites and as community facilities.
12. Explore the opportunity for delivery of post-secondary education services in a satellite campus form of facility.

Policies

3. The development of sportsfields facilities should occur in conjunction with School District #68 at school sites in the community and at the future sportsfield location (District Lot 108) in north Ladysmith.
10. Support the provision of education facilities through a partnership with School District #68 for the planning and development of schools to be located within future neighbourhood settings.
11. Explore joint school and park sites and joint-use facilities for new sites, and support the community use concept for school facilities.

ZONING BYLAW No. 1160

24.0 INSTITUTIONAL ZONE (P-1)

24.1 Permitted Uses

The following uses and no other uses are permitted in this Zone:

- (a) institution;
- (b) public assembly use;
- (c) botanical garden, nature centre;
- (d) personal care facility;
- (e) independent school including boarding facilities;
- (f) post office;
- (g) public utility use.

24.2 Conditions of Use

- (1) The maximum parcel coverage shall not exceed 40.00 percent.
- (2) The height of a principal building shall not exceed 12.0 metres.
- (3) No building or structures located on a parcel within this Zone shall be closer than:
 - (a) 6.0 metres to the front lot line;
 - (b) 3.0 metres to the side lot lines or the rear lot line.

24.3 Minimum Lot Size

Water & Sewer
892 square metres

24.4 Off Street Parking and Loading

Off-street parking and loading must be provided as required by the Municipality's parking regulations.

DRAFT NEW ZONING BYLAW

Institutional (P-1)

The purpose of the Institutional Zone is to accommodate a range of civic, recreation, culture, education, health, social and protective services to the community, including civic government facilities, community centres and halls, post offices, recreation facilities, places of worship, health and social service centres, fire halls and police stations.

1. Principal Uses

- a) *Assembly.*
- b) *Botanical Garden.*
- c) *Nature Centre.*
- d) *Community Care Facility.*
- e) *Civic Use.*
- f) *Public Utility Use.*
- g) *Park and Open Space.*
- h) *Farmer's Market.*
- i) *Cultural Facility.*
- j) *Indoor Recreation Use.*
- k) *Outdoor Recreation Use.*
- l) *Day Care.*
- m) *Public Parking.*
- n) *School.*

Parcel Specific Exceptions:

- o) For the property described as *Lot 17-21, District Lot 52, Oyster District, Plan VIP6865, and Lot 1, District Lot 52, Oyster District, Plan VIP19565 (444, 451, 453, 455, 457, 459, and 461 Davis Road), Community Care Facility* is not permitted:

2. Accessory Uses

- a) *Retail Sales*, limited to a maximum of 25 square metres.
- b) *Community Garden.*

3. Parcel Sizes and Dimensions

- a) No *Parcel* shall be created which is less than 892.0 square metres in area.
- b) No *Parcel* shall be created for school use that is less than 2.0 hectares in area.

4. Height

- a) No *Principal Building* or *Structure* shall exceed a *Height* of 12.0 metres.

b) No *Accessory Building* or *Structure* shall exceed a *Height* of 5.0 metres.

5. Parcel Coverage

a) No *Buildings* or *Structures* shall exceed a *Parcel Coverage* of 40.0 percent.

6. Setbacks

a) No *Principal Building* or *Structure* shall be closer than:

PARCEL LINE	SETBACK
<i>Front Parcel Line</i>	6.0 metres
<i>Interior or Exterior Side Parcel Line</i>	3.0 metres
<i>Rear Parcel Line</i>	3.0 metres

b) No *Accessory Buildings* with a floor area of 10.0 square metres or less shall be located closer than:

PARCEL LINE	SETBACK
<i>Front Parcel Line</i>	6.0 metres
<i>Interior or Exterior Side Parcel Line</i>	1.0 metres
<i>Rear Parcel Line</i>	1.0 metres

c) No *Accessory Building* with a floor area greater than 10.0 square metres shall be located closer than:

PARCEL LINE	SETBACK
<i>Front Parcel Line</i>	6.0 metres
<i>Interior or Exterior Side Parcel Line</i>	1.5 metres
<i>Rear Parcel Line</i>	1.5 metres

7. Landscaping and Screening

a) *Landscaping* and screening shall be provided in accordance with PART 7 Landscaping and Screening Regulations.

8. Parking and Loading

a) Off-street parking and loading shall be provided in accordance with PART 8 Parking and Loading Regulations.



Town of Ladysmith
STAFF REPORT

To: Ruth Malli, City Manager
From: Clayton Postings
Date: March 12, 2014
File No:

Re: **BC Healthy Communities Capacity Building Grant Application "Plan H"**

RECOMMENDATION(S):

To apply for a \$5,000 grant from BC Healthy Communities to:

- Enhance existing cross-sectoral community partnerships including municipal staff and elected officials;
- Educate municipal staff, elected officials, and community partners about the determinants of health;
- Identify and plan local priorities to enhance health and well-being;
- Develop opportunities and leadership for action to address these priorities.

PURPOSE:

To enhance collaboration between Ladysmith Department of Parks, Recreation & Culture and community organizations toward improving physical activity levels, healthy eating, smoking/vaping reduction, and social inclusion opportunities for Ladysmith children, youth, and families through future programs and services

INTRODUCTION/BACKGROUND:

Ladysmith Parks, Recreation & Culture has the opportunity to apply for a BC Healthy Communities Capacity Building grant, and may be successful in receiving \$5,000 in funding to develop a collaborative approach.

SCOPE OF WORK:

Ladysmith Parks, Recreation & Culture staff and community partners will plan, coordinate, host, facilitate and attend a series of community consultations to raise awareness, identify key community assets to support and assist in the delivery of programs and services, and connect municipal staff with those key community assets to establish a foundation for future action through a community coalition. Existing partnerships with local and regional stakeholders will be enhanced and new opportunities explored.

ALTERNATIVES:

To not apply for grant funding.

FINANCIAL IMPLICATIONS:

The grant will support the community consultations process, and some staff resources will be required.

LEGAL IMPLICATIONS:

None identified.

CITIZEN/PUBLIC RELATIONS IMPLICATIONS:

Community partners will be involved throughout the process and be part of all aspects of the consultations.

INTERDEPARTMENTAL INVOLVEMENT/IMPLICATIONS:

The finance department will need to receive the funds and allocate the expenses.

RESOURCE IMPLICATIONS:

Resources used will be LPRC department staff.

ALIGNMENT WITH SUSTAINABILITY VISIONING REPORT:

The event aligns with Sustainability Action Plan items #6 (Culture & Identity), #7 (Public Health & Social Development), and #10 (Leadership & Partnerships).

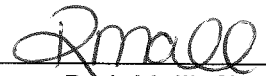
ALIGNMENT WITH STRATEGIC PRIORITIES:

The event aligns with Strategic Direction A (Wise Financial Management) and F (A Safe & healthy Community)

SUMMARY:

If successful, this grant will enhance the Ladysmith Parks Recreation & Culture staff and community organization capacity to enhance collaboration in the delivery of enhanced services for Ladysmith citizens.

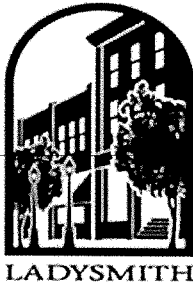
I concur with the recommendation.



Ruth Malli, City Manager

ATTACHMENTS:

None



Town of Ladysmith

STAFF REPORT

To: Ruth Malli, City Manager
From: John Manson, Director of Infrastructure Services
Date: February 12, 2014
File No:

Re: **WEATHER STATION AT PUBLIC WORKS YARD**

RECOMMENDATION:

That Council authorize staff to proceed with the installation of a weather station at public works yard based on the proposal by Kerr Wood Leidal Consulting Engineers for a total cost of \$23,968.00 plus taxes.

PURPOSE:

The purpose of this staff report is to seek approval from Council to complete the design and installation of a weather station at the Public Works yard.

INTRODUCTION/BACKGROUND:

The ability to have remote access to and recording of weather conditions will greatly assist three (3) branches of the Public Works department. Currently, the Utilities department relies on consultants and outside resources to gather hydrological and meteorological data as part of the planning and design process for projects such as water modelling. Typically data that is collected for these projects is from sources located in either Nanaimo or Duncan as they have weather stations. A weather station will assist the Utilities department with the ability to track more localised weather patterns and therefore provide much needed data for the planning and design of water systems with respect to water storage and recharge rates for reservoirs. The weather system will also provide data that will assist in a storm water planning and design.

In addition, the weather station will be compatible with the Parks department's irrigation system which currently has to be manually shut off during a rainfall event. The weather station will be integrated with the existing irrigation controllers and will therefore provide an automated shutoff in the event of rainfall.

The final benefit of the weather station will be the ability of Public Works to monitor weather conditions during winter. Currently the methods of monitoring weather conditions during winter involves the Public Works Supervisor or designate travelling to the Public Works building to check the ambient air temperature to assess the

possibility of freezing or snowfall. The weather station will allow for remote monitoring of current weather conditions and therefore more timely decisions regarding winter snow and ice control. This information, over a longer term, will enable staff to understand climate patterns and extreme events, which will be used for utility design and forecasting. The data analysis platform is scalable for other types of data gathering, such as streamflow analysis.

This work is proposed to be procured through Ker Wood Liedel as they have developed a combination of technology (instrumentation) and communication software that allows the automated collection of weather information. They are also able to undertake the necessary custom programming that will allow the system to work with our existing irrigation equipment.

SCOPE OF WORK:

1. The project will include the design of a weather station that will be compatible with the irrigation controllers and the utilities monitoring equipment.
2. The project will also include the supply and installation of materials necessary for the construction of the weather station.

ALTERNATIVES:

Continue with current practices

FINANCIAL IMPLICATIONS:

The installation of a weather station can assist the Parks department using less water for irrigation of fields and parks. The weather station can also assist with collection of data for the Utilities department thereby reducing consulting costs. Finally, the weather station will assist with the timely and accurate deployment of Public Works crews for snow and ice control activities.

LEGAL IMPLICATIONS:

N/A

CITIZEN/PUBLIC RELATIONS IMPLICATIONS:

This project shows the residents that the Town of Ladysmith is doing the right things with respect to a more efficient and sustainable future such as better water management, and reducing our footprint in the environment.

INTERDEPARTMENTAL INVOLVEMENT/IMPLICATIONS:

Minimal interdepartmental implications and involvement; the consultant will be designing and constructing the weather station.

RESOURCE IMPLICATIONS:

Staff resources at Public Works, Parks, Utilities will assist the consultant as required.

ALIGNMENT WITH SUSTAINABILITY VISIONING REPORT:

This initiative is consistent with the intention of the contents of the Sustainability Visioning Report as it enhances a number of environmental conditions.

ALIGNMENT WITH STRATEGIC PRIORITIES:

This initiative will assist the Town in achieving both an “Enhanced Standard of Infrastructure” and “Responsible Stewardship of Environment” strategic Priorities.

SUMMARY:

The purpose of this staff report is to seek approval from Council to complete the installation of a weather station at the Public Works yard using the services of Ker Wood Leidel Consulting Engineers. The completion of this project will provide a potential reduction of water usage but also provide more timely hydrological and meteorological data to all operations.

I concur with the recommendation.



Ruth Malli, City Manager

February 11, 2014

Mr. John Manson
Township of Ladysmith
410 Esplanade
Ladysmith, BC
V9G 1A2

Dear Mr. Manson:

**RE: FlowWorks Weather Station Installation
REVISED Proposal for Engineering Services
Our File 2024.003**

Introduction

The Township of Ladysmith has requested a proposal from Kerr Wood Leidal Associates limited for the installation of a FlowWorks monitored weather station. The Township operates a Toro Sentinel irrigation water management system with which the new weather station must be capable of communicating. KWL is proposing the ET 107 weather system, manufactured by Toro and Campbell Scientific. The ET 107 weather station consists of an air temperature, precipitation, wind, and solar radiation sensors to collect real-time readings.

Proposed Work Plan

Our services would include:

- Purchase equipment and sensor and preprogram data logger;
- Assistance in site selection for the installation of the station;
- Installation of the weather station;
- Setup of the station on FlowWorks; and,
- Provision of services for post-installation troubleshooting.

It is assumed that an internet connection for data transmission, and permanent power will be available at the proposed station location.

Project Team

KWL's project team is comprised of the following:

Ryan Lesyshen, P.Eng. – Project Manager;
Tabé Johnson, P.Eng. – FlowWorks Installer; and,
Alan Tse, M.Eng., E.I.T. – Project Engineer.



Budget and Schedule

The total estimated budget to complete this assignment is \$23,968 excluding taxes. A detail breakdown of cost associated with each task are summarized in Table 1 and a description of tasks is included in Table 2. These tables are attached at the end of this letter.

We have attached our standard engineering service agreement however we would also be open to assessing the terms and conditions of a Township of Ladysmith agreement.

KWL can allocate resources to begin this assignment the moment approval is obtained from the Township. Installation would take place in 4 to 6 weeks depending on equipment availability.

We hope this proposal suits your needs. Please contact the undersigned should you have any questions or wish to discuss any aspects of this proposal.

Yours truly,

KERR WOOD LEIDAL ASSOCIATES LTD.

Ryan Lesyshen, P.Eng.
Project Manager

atse

Encl.

**Weather Station Installation at Township of Ladysmith
Proposal for Consulting Services
February 2014**

Township of Ladysmith

Table 1: FEE ESTIMATE

LABOUR (Effort and Fees)

Task No.	Task Description	Staff Commitment (hours)				Total		Total Costs
		Project Manager R. Leyshecn \$135 /hr	FlowWorks Installer T. Johnson \$132 /hr	Junior Engineer A. Tse \$98 /hr	Hours	Fees		
1	Preinstallation Preparation/Coordination	8	4	20	32	\$3,600	\$3,600	
2	Installation of Weather Station	4	24	24	52	\$6,100	\$6,100	
3	Setup/Coordination with FlowWorks + City Staff			6	6	\$600	\$600	
4	Post-Installation Troubleshooting/Programming	4	6	15	25	\$2,800	\$2,800	
	Subtotal Labour Cost (excl. GST)	16	34	65	115	\$ 13,100	\$ 13,100	

EQUIPMENT & EXPENSES

Task No.	Task Description	Unit	Cost per Unit	Total
5	Travel/Accommodation Cost (Mileage + 1 Day Accommodation)	1	\$400	\$400
6	Station Equipment			
6.1	ET 107 Weather Station	1	\$6,030	\$6,030
6.2	Wind Sensor	1	\$1,290	\$1,290
6.3	Solar Radiation Shield	1	\$555	\$555
6.4	Mounting Pole (3 meters)	1	\$785	\$785
6.5	Power Supply	1	\$128	\$128
6.6	Network Module	1	\$530	\$530
6.7	Misc Installation Supply (Cables/Wires)	1	\$500	\$500
6.8	Shipping (FOB Ladysmith)	1	\$200	\$200
7	Telemetry Setup/Cost			
7.1	FlowWorks Setup Fee	1	\$150	\$150
7.2	FlowWorks Annual Fee	1	\$300	\$300
	Subtotal Expenses (excl. GST + PST)			\$10,868
	TOTAL (excluding GST + PST)			\$23,968



Township of Ladysmith
Weather Station Installation at Township of Ladysmith

Table 2: Proposed Workplan

No.	Task	Purpose & Details	Deliverable(s)
1	Preinstallation Preparation/Coordination	Order equipment Setup/program equipment prior to installation Site hazard assessment	
2	Installation of Weather Station	Installation of Weather Station at the location selected by the Township	ET 107 Weather Station
3	Setup/Coordination with FlowWorks + City Staff	Coordination with FlowWorks and City Staff to ensure data is uploaded to FlowWorks and Sentinel	FlowWorks Site / Sentinel Site
4	Post-Installation Troubleshooting/Programming	Review of call-in times to ensure data logger is importing data at appropriate times Allowance to provide technical support in the case data logger is malfunctioning after installation	

 **KERR WOOD LEIDAL**
consulting engineers
KERR WOOD LEIDAL ASSOCIATES LTD.
Consulting Engineers

R:\2000-2999\2000-2099\2024-003\120-Proposal\REVISED_Budget\Table_LadySmith.xls\workplan

Professional Services Agreement



KERR WOOD LEIDAL
consulting engineers

BY AND BETWEEN:

Kerr Wood Leidal Associates Limited
("Consultant")

Address: 201 – 3045 Douglas Street
Victoria, B.C. V8T 4N2

Representative: Ryan Lesyshen Telephone: (250) 595-4223

E-mail: rlesyshen@kwl.ca Facsimile: (250) 595-4224

KWL File No.: 2024.003

AND

Township of Ladysmith
("Client")

Address: 410 Esplanade, Ladysmith BC V9G 1A2

Representative: John Manson

Telephone: _____

E-mail: _____

Facsimile: _____

Project Name: FlowWorks Weather Station Installation

Effective Date: November 20, 2013

TERMS OF AGREEMENT

Services

Consultant will perform the services set out as shown in Appendix A to this Agreement (November 20, 2012 Proposal For Engineering Services). The scope of services may be changed from time to time by mutual written agreement of the parties.

Effective Date

Services to be performed from and after the date written above as the effective date of this Agreement.

Compensation

Client will pay the Consultant for Services provided in accordance with Appendix B to this Agreement. Where fees are payable on an hourly rate basis, those rates will be subject to adjustment at February 1 of each year without notice. All rates are in Canadian dollars. Compensation is subject to adjustment in accordance with any changes in the scope of services as provided above.

Terms and Conditions

The terms and conditions of this Agreement are set out in this Agreement, the attached Terms and Conditions, and the Appendices.

CLIENT:

KERR WOOD LEIDAL ASSOCIATES LIMITED

Per: _____
(Name)

Per:

(Title)

x _____
(Signature)

x

(Signature)

TERMS AND CONDITIONS

1. **Term of Agreement:** This Agreement will be deemed to come into force and effect as of the Effective Date and will continue in effect until the Services are complete, unless one of the parties terminates the Agreement prior to such date in accordance with Section 10.
2. **Subconsultants:** With the prior written consent of the Client or where Subconsultants are identified in any Appendix, the Consultant may engage Subconsultants to perform some of the Services.
3. **Fees:** The Client will pay the Consultant the Fees plus all applicable taxes. Fees will not be subject to any holdback, statutory or otherwise.
4. **Disbursements:** The Client agrees to pay the Consultant for Disbursements under one of the following two methods: (1) pay for routine disbursements by multiplying the Fees by 8% (without the necessity of identifying and allocating those expenses), with major disbursements such as out-of-town travel and document production charged at actual cost plus 10% mark-up; or (2) pay actual disbursement costs plus 10% mark-up.
5. **Subconsultant Expenses:** Subconsultant invoices are subject to a 5% mark-up. At the discretion of the Client, subconsultants may be retained directly by the client.
6. **Invoicing:** The Consultant will invoice the Client for Fees, Disbursements and Subconsultant Expenses. Invoices are due on receipt but in any event not later than 30 days after the date of the invoice. The Consultant may charge late fees of 1.5% per month or portion thereof compounded monthly (19.56% annually) for late payment of any amount owing under this Agreement. If any payment becomes more than 45 days overdue, the Consultant may at its option, suspend performance of the Services until such payment is made or terminate the Agreement.
7. **Budgets:** Where the Consultant provides a budget estimate, the Client acknowledges and agrees that it is an estimate only, based on information available to the Consultant at the time it was prepared and is not relied upon by Client as a firm, fixed or maximum fee.
8. **Standard of Care:** The Consultant shall perform the Services with the level of care, skill and diligence normally provided by consultants in the performance of comparable services in respect of projects of a similar nature.
9. **Services for Exclusive Use and Benefit of Client:** The Consultant provides its Services for the exclusive use and benefit of the Client. The Client is not entitled to make available, facilitate or allow the distribution of or provide copies of any reports, information, communications, inspections, or other documents prepared by the Consultant, or any of the Consultant's Intellectual Property, to any third party for their use, reliance or information, except with the Consultant's knowledge and consent. The Consultant is entitled to require that any third party agree to receipt of such information and documentation on conditions acceptable to the Consultant.
10. **Mutual Indemnity:** Notwithstanding the provision of insurance coverage by the Consultant, the Client will indemnify and save harmless the Consultant from and against losses, claims, damages, actions, and causes of action (collectively referred to as "Claims") that the Consultant may sustain, incur, or suffer as a result of errors, omissions or negligent acts of the Client excepting that this Indemnity does not apply to the extent, if any, to which the Claims are caused by errors, omissions or negligent acts of the Consultant. The Client will also indemnify and save harmless the Consultant from and against Claims that the Consultant may sustain, incur, or suffer as a result of any third party alleging reliance without the Consultant's consent on any reports, information, communications, inspections, or other documentation or any of the Consultant's Intellectual Property prepared by the Consultant for the Client and provided by or on behalf of the Client to the third party.

Notwithstanding any provision of insurance coverage by the Client, the Consultant will indemnify and save harmless the Client from and against losses, claims, damages, actions, and causes of action (collectively referred to as "Claims") that the Client may sustain, incur, or suffer as a result of errors, omissions or negligent acts of the Consultant or its Subconsultants, excepting that this Indemnity does not apply to the extent, if any, to which the Claims are caused by errors, omissions or negligent acts of the Client.

These provisions survive performance and termination of this Agreement.
11. **Termination of Agreement:** Notwithstanding any other provision in this Agreement, either party may terminate this Agreement at any time provided that the terminating party delivers to the other party written notice of its intention to do so, at least one month prior to the effective date of termination. The Consultant may terminate the Agreement upon giving 7 days notice if the Client fails to make payment when due.
12. **Payment upon Termination:** If either party terminates this Agreement, the Client will pay the Consultant the Fees owing (including Disbursements and Subconsultant Expenses) for Services performed up to the date of termination.
13. **Intellectual Property:** The Consultant's "Intellectual Property" is defined as the know-how, techniques, technologies, methods, concepts, inventions, drawings, plans, models, designs, specifications, surveys, calculations and other data which are owned by the Consultant prior to commencing the Services or are acquired, prepared or developed by or on behalf of the Consultant during the provision of the Services. The Consultant's Intellectual Property is and remains the property of the Consultant, whether the Project is executed or not and the Consultant reserves all copyright therein and in any work executed therefrom. The Client acknowledges and agrees that it will not acquire any right, title or interest in or to the Consultant's Intellectual Property. Provided the Client has paid the Consultant, the Consultant grants the Client a permanent non-exclusive royalty-free license to use any concept, product or process produced by or resulting from the services rendered by the Consultant in connection with the project, for the life of the project, and for no other purpose or project.
14. **Limit of Consultant Liability:** Notwithstanding any term of the Agreement to the contrary and notwithstanding the availability of any insurance, the Client agrees that any and all claims which the Client may have against the Consultant, its employees, officers, agents, representatives and subconsultants in respect of the Services howsoever arising, whether in contract, tort, breach of statutory duty or based on any other cause of action, shall be absolutely limited, individually and in the aggregate, to an amount equal to the amount of Fees paid to the Consultant under this Agreement. This provision survives performance and termination of this Agreement. The Client agrees that all liability of the Consultant shall expire two years after the date of substantial completion of the project. The Client further agrees that the employees, shareholders, officers and directors of the Consultant shall have no personal liability to the Client in respect to any claim, accordingly the Client agrees that it will bring no proceedings and take no action in any court of law against such individuals in their personal capacity. The Consultant is not responsible to the Client for indirect or consequential damages arising from the Services.
15. **Dispute Resolution/Mediation:** The parties will work in good faith to resolve any disputes that arise under this Agreement. Where a dispute arises out of or in connection with this Agreement that cannot be resolved by these persons, the parties agree to seek an amicable settlement of that dispute by mediation and failing mediation by arbitration before a single arbitrator in accordance with the Commercial Arbitration Act SBC.
16. **Survival:** Any provision of this Agreement which expressly states that it is to continue in effect after termination or performance of the Agreement or which by its nature would survive the termination or performance of this Agreement, will remain in full force after the performance of this Agreement or its termination for any reason..

APPENDIX A: SCOPE OF SERVICES

See proposal letter dated November 20, 2013

**RE: FlowWorks Weather Station Installation
Proposal for Engineering Services**

APPENDIX B: FEE SCHEDULE OR BUDGET ESTIMATE

See proposal letter dated November 20, 2013

**RE: FlowWorks Weather Station Installation
Proposal for Engineering Services**

TOWN OF LADYSMITH

BYLAW NO. 1848

A bylaw to amend "Town of Ladysmith Zoning Bylaw, 1995, No. 1160"

WHEREAS pursuant to the *Local Government Act*, the Municipal Council is empowered to amend the zoning bylaw;

AND WHEREAS after the close of the Public Hearing and with due regard to the reports received, the Municipal Council considers it advisable to amend "Town of Ladysmith Zoning Bylaw 1995, No. 1160";

NOW THEREFORE the Council of the Town of Ladysmith in open meeting assembled enacts as follows:

- (1) The zoning map, being 'Schedule A' to "Town of Ladysmith Zoning Bylaw 1995, No. 1160" is hereby amended by placing:

"Light Industrial Zone (I-1)" on the subject property Lot A, District Lot 38, Oyster District, Plan EPP23810 (1144 Rocky Creek Road) as shown on Schedule 1 attached to this Bylaw.

CITATION

- (2) This bylaw may be cited for all purposes as "Town of Ladysmith Zoning Bylaw 1995, No. 1160 Amendment Bylaw (No. 97), 2014, No. 1848".

READ A FIRST TIME on the 17th day of February, 2014

READ A SECOND TIME on the 17th day of February, 2014

PUBLIC HEARING held pursuant to the provisions of the *Local Government Act*

on the _____ day of _____

READ A THIRD TIME on the _____ day of _____

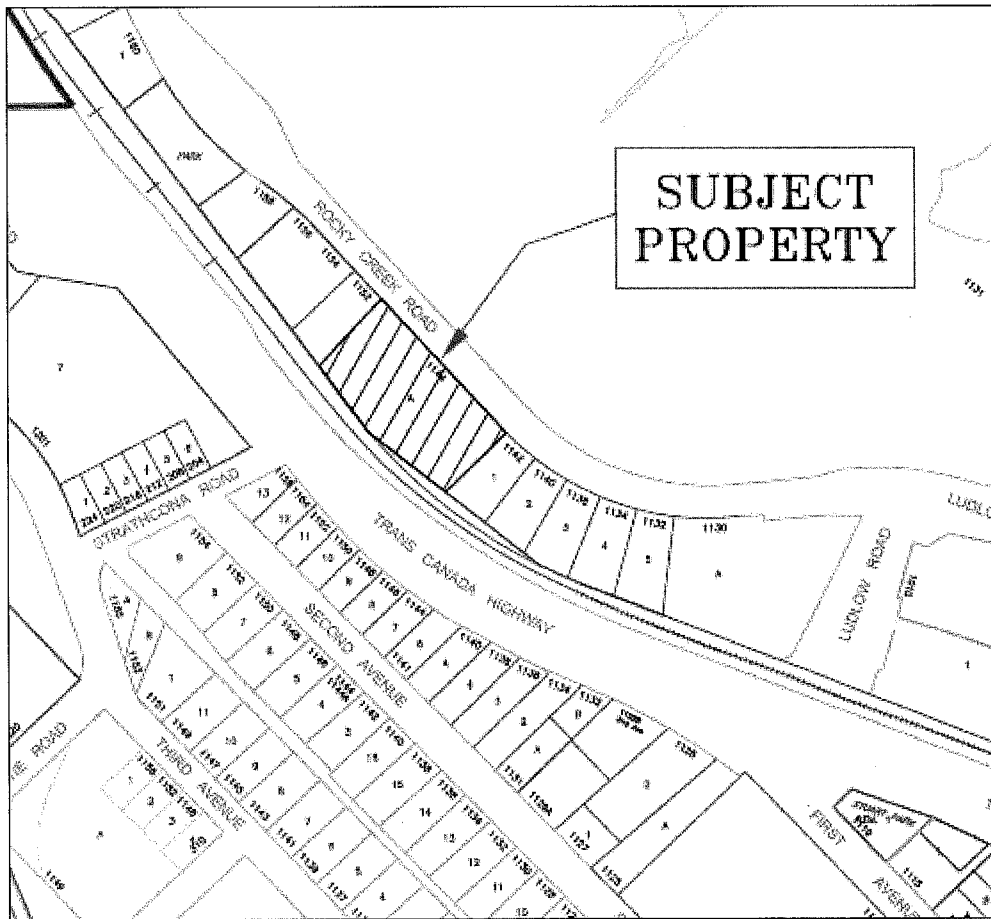
APPROVED by the Minister pursuant to the provisions of the *Transportation Act*

ADOPTED on the _____ day of _____

Mayor (R. Hutchins)

Corporate Officer (S. Bowden)

Bylaw 1848 – Schedule 1



TOWN OF LADYSMITH

BYLAW NO. 1850

A bylaw to amend "Town of Ladysmith Delegation Bylaw 2007 No. 1614"

WHEREAS section 154(1) of the *Community Charter* states that a Council may, by bylaw, delegate its powers, duties and functions, including those specifically established by an enactment, to the extent proved, to

- (a) a council member or council committee,
- (b) an officer or employee of the municipality, or
- (c) another body established by the council.

AND WHEREAS the Council may, from time to time, process amendments to its bylaws as deemed appropriate;

NOW THEREFORE the Council of the Town of Ladysmith in open meeting assembled enacts as follows:

- (1) Section 4 of Bylaw No. 1614 is hereby amended by adding the following bolded and underlined text after the last sentence:
 - 4. Council hereby delegates to the Director of Parks, Recreation and Culture all of the powers, duties and functions of Council to approve special events on land reserved, dedicated, or held for park purposes, where such use is consistent with zoning and any restrictions on title. **Such powers shall include approving Special Occasion Licences pertaining to the aforementioned special events in accordance with the Liquor Control and Licensing Act.**
- (2) Bylaw No. 1614 is further amended by changing all references to the Manager of Corporate Services to the Corporate Officer.
- (3) Bylaw No. 1614 is further amended by changing all references to the Director of Public Works to the Director of Infrastructure Services.

CITATION

- (4) This bylaw may be cited for all purposes as "Town of Ladysmith Delegation Bylaw 2007 No. 1614, Amendment Bylaw 2014 No. 1850".

READ A FIRST TIME on the _____ day of _____, 2014

READ A SECOND TIME on the _____ day of _____, 2014

READ A THIRD TIME on the _____ day of _____, 2014

ADOPTED on the _____ day of _____, 2014

Mayor (R. Hutchins)

Corporate Officer (S. Bowden)



CITY OF BURNABY
OFFICE OF THE MAYOR
DEREK R. CORRIGAN
MAYOR

RECEIVED

MAR 07 2014

TOWN OF LADYSMITH

2014 March 04

File: 03300-02

Mayor and Council
Town of Ladysmith
P.O. Box 220 Stn Main
Ladysmith, BC V9G 1A2

Dear Mayor and Council:

Subject: Community Impacts of the Proposal to Eliminate Home Mail Delivery Service by the Canada Post Corporation
(Item No. 01, Manager's Reports, Council 2014 February 17)

Burnaby City Council, at the Open Council meeting held on 2014 February 17, received a report from the Director of Planning and Building regarding the Community Impacts of the Proposal to Eliminate Home Mail Delivery Service by the Canada Post Corporation and adopted the following recommendations contained therein, AS AMENDED:

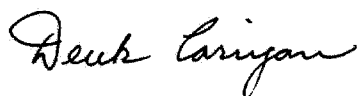
1. THAT Council, through the Office of the Mayor, write to the Federal Government and the Canada Post Corporation, through the federal Minister of Transportation, to express its opposition to the current proposal to replace home mail delivery service with community mailboxes and request immediate review and amendment of the Canada Post Corporation's '5-Point Action Plan,' as outlined in this report, to:
 - a) require full and meaningful public consultation and engagement with municipalities in order to review all options in order to preserve continued home mail delivery service in Canada's urban centres;
 - b) ensure that any new mail delivery service proposal provides for the continued security of citizens' private information and property;
 - c) ensure that all proposals related to home mail delivery provide for the necessary safety and protection of seniors and persons with mobility restrictions;
 - d) address specific issues related to the impact of any proposed home mail delivery changes to existing federal, provincial and local government

obligations related to the statutory notification of property owners and citizens;

- e) remove the discretion of the Federal Government under the Canada Post Corporation Act to utilize City-owned property for any community mailbox program in urban centres, without the direct consultation and approval of local governments.
2. THAT Council endorse the resolution for submission to the 2014 Lower Mainland Local Government Association (LMLGA) Annual General Meeting and Union of BC Municipalities (UBCM) Convention, as outlined in Section 4.0 of this report, and to the Federation of Canadian Municipalities (FCM).
 3. THAT a copy of this report be sent to:
 - Burnaby MLA's and MP's;
 - The Honourable Coralee Oakes, Minister of Community, Sport and Cultural Development;
 - BC Chief Electoral Officer - Mr. Keith Archer, Elections BC;
 - All Members of the Lower Mainland Local Government Association (LMLGA), the Union of BC Municipalities (UBCM) and Metro Vancouver;
 - Federation of Canadian Municipalities;
 - Canadian Union of Postal Workers (CUPW) – National Office (377 Bank Street, Ottawa, Ontario K2P 1Y3, and CUPW- Pacific Region (999 Carnarvon Street, New Westminster, B.C. V3M 1G2).
 4. THAT this report be forwarded to the Social Issues Committee, Traffic Safety Committee, ~~Environment Committee~~ and the Mayor's Task Force on Graffiti, Voices of Burnaby Seniors and the Seniors Centres in Burnaby for information.

In accordance with the recommendation no. 3, a copy of the report is *enclosed* for your information.

Very truly yours,



Derek R. Corrigan
MAYOR



Meeting 2014 February 17

COUNCIL REPORT

RECEIVED
MAR 07 2014
TOWN OF LADYSMITH

TO: CITY MANAGER

DATE: 2014 February 11

FROM: DIRECTOR PLANNING AND BUILDING

FILE: 2125 20

Reference: UBCM

SUBJECT: COMMUNITY IMPACTS OF THE PROPOSAL TO ELIMINATE HOME MAIL DELIVERY SERVICE BY THE CANADA POST CORPORATION

PURPOSE: To outline the City's opposition to the proposal to eliminate Home Mail Delivery Service by the Federal Government and the Canada Post Corporation.

RECOMMENDATIONS:

1. **THAT** Council, through the Office of the Mayor, write to the Federal Government and the Canada Post Corporation, through the federal Minister of Transportation, to express its opposition to the current proposal to replace home mail delivery service with community mailboxes and request immediate review and amendment of the Canada Post Corporation's '5-Point Action Plan,' as outlined in this report, to:
 - a) require full and meaningful public consultation and engagement with municipalities in order to review all options in order to preserve continued home mail delivery service in Canada's urban centres;
 - b) ensure that any new mail delivery service proposal provides for the continued security of citizens' private information and property;
 - c) ensure that all proposals related to home mail delivery provide for the necessary safety and protection of seniors and persons with mobility restrictions;
 - d) address specific issues related to the impact of any proposed home mail delivery changes to existing federal, provincial and local government obligations related to the statutory notification of property owners and citizens;
 - e) remove the discretion of the Federal Government under the Canada Post Corporation Act to utilize City-owned property for any community mailbox program in urban centres, without the direct consultation and approval of local governments.

2. **THAT** Council endorse the resolution for submission to the 2014 Lower Mainland Local Government Association (LMLGA) Annual General Meeting and Union of BC Municipalities (UBCM) Convention, as outlined in Section 4.0 of this report.

To: City Manager
From: Director Planning and Building
Re: Community Impacts of the Proposal to Eliminate Home Mail
Delivery Service by the Canada Post Corporation
2014 February 11.....Page 2

3. **THAT** a copy of this report be sent to:

- Burnaby MLA's and MP's;
- The Honourable Coralee Oakes, Minister of Community, Sport and Cultural Development;
- BC Chief Electoral Officer - Mr. Keith Archer, Elections BC;
- All Members of the Lower Mainland Local Government Association (LMLGA), the Union of BC Municipalities (UBCM) and Metro Vancouver;
- Federation of Canadian Municipalities;
- Canadian Union of Postal Workers (CUPW) – National Office (377 Bank Street, Ottawa, Ontario K2P 1Y3, and CUPW- Pacific Region (999 Carnarvon Street, New Westminister, B.C. V3M 1G2).

4. **THAT** this report be forwarded to the Social Issues Committee; Traffic Safety Committee; Environment Committee and the Mayor's Task Force on Graffiti for information.

REPORT

1.0 INTRODUCTION

At its meeting on 2014 January 27 under 'New Business', Council requested staff to prepare a report outlining the issues and implications of the recently announced Canada Post service changes. Canada Post has developed a proposal that would eliminate the existing home mail delivery service for urban centers, which would cause significant impacts and issues for Canadian communities and citizens.

In response to Council's request, this report outlines the context and implications of the decision by the Federal Government to proceed with the plan advocated by the Canada Post Corporation. Specifically, this report details issues identified related to the lack of the required public process and consultation; security of private information and property; service for seniors and persons with mobility restrictions; statutory obligations related to legislated government notification to citizens and property owners; and the appropriateness and impact of existing Canada Post powers related to the use of municipally-owned property.

In light of the significant and direct impacts the proposal presents, this report highlights specific concerns for the City and its residents, including the safety of our most vulnerable citizens. In response, this report calls for the immediate review of the proposal to cancel home delivery in

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urban centres to ensure full public consultation and actions to protect the interests of all Canadians.

2.0 BACKGROUND

Canada Post is a Crown Corporation, operating under the Canada Post Corporation Act, and overseen by the Federal Minister of Transportation – the Honourable Lisa Raitt. It is governed by a Board of 11 individuals, including the Chairperson and the President and Chief Executive Officer. All directors, other than the previously mentioned two positions, are appointed by the Minister for a term of up to four years, which can be renewed.

The Chairperson and President and CEO are appointed by the Governor in Council¹ for an appropriate term. The current Chairperson of Canada Post is Mr. Marc A. Courtois and the President and CEO is Mr. Deepak Chopra.

On 2013 December 11, Canada Post announced its '5-Point Action Plan'². The plan's five main components are:

- **Community mailboxes:** Over the next five years, Canada Post will phase out home delivery to urban centers, to be replaced by community mailboxes. The plan states that this change will not affect the two thirds of residential addresses that currently receive their mail through community mailboxes, grouped or lobby mailboxes (i.e. high density residential buildings such as apartment towers or seniors homes), or rural mailboxes.
- **Tiered Pricing:** Beginning 2014 March 31, pending regulatory approval, stamp purchases in booklets or coils will cost \$0.85 per stamp. Individual stamp purchases, not in booklets or coils, will cost \$1 each.
- **Postal Franchises:** Canada Post will expand its retail network and open more franchised postal outlets in stores, while retaining corporate (Canada Post owned) post offices.
- **Operational Changes:** Operations will be centralized and/or streamlined with technology (i.e. more centralized warehouses, with mail sorter equipment).
- **Labour Restructuring:** Canada Post expects to eliminate 6,000 – 8,000 jobs partially through retirement (the 'Plan' states that 15,000 employees are expected to retire in the next 5 years). Pension plan adjustments will also be considered.

On 2014 January 29, Canada Post released a statement outlining that affected postal walks in densely populated urban areas will be the last stage for implementation in the 5-year process, given the acknowledged complexity of siting large community mailboxes installations in these environments. Canada Post is expected to announce which communities will be subject to the installation of community mailboxes and cancellation of home delivery service by the end of February, 2014.

¹ The Governor in Council (GIC) appointments process is a core function of the Senior Personnel Secretariat in the Privy Council Office, on behalf of the Prime Minister and his Office.

² For a full copy of the 'Plan', please visit: https://www.canadapost.ca/cpo/mc/assets/pdf/aboutus/5_en.pdf

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The local governments of Vancouver, Victoria, Saanich, New Westminster, Medicine Hat, Montreal, Sault Ste. Marie and Ottawa and the Union of Nova Scotia Municipalities have all passed motions, directed to Canada Post through the Federation of Canadian Municipalities (FCM), and/or released statements outlining their opposition or stating their concerns with the approach and requesting more information.³

The Official Opposition – the Federal New Democratic Party (NDP), and the Federal Liberal Party have both expressed their concerns regarding the ‘5 Point Action Plan’. The Liberal Party has filed several ‘Access to Information and Privacy’ requests through the Treasury Board of Canada, for documents of communication between Transport Canada, the Privy Council office and Canada Post.

On 2014 January 28, MP Olivia Chow of the Federal NDP tabled an opposition motion in the House of Commons regarding the Canada Post service changes. According to the motion, should this implementation move forward, Canada would be the only country, among the G7 nations⁴, not to have any level of door-to-door mail delivery service within its urban centres.

On 2014 January 29, Canada Post CEO Mr. D. Chopra, through the FCM, released a statement to Canadian local governments. This statement outlined that Canada Post will investigate ‘alternative approaches’ for persons with disabilities, seniors and others who would find travelling to a community mailbox an unacceptable hardship. The release also stated that many businesses will continue to have their mail delivered directly to their premises – specifically businesses in well-established commercial centres and those receiving a large volume of mail. However, some other businesses in more isolated areas, excepting those served by rural mailboxes, may be affected. These details were also included in the nation-wide Canada Post news statement of the same date referenced above.

3.0 COMMUNITY ISSUES

This section outlines the identified major issues, concerns and impacts of the proposal by Canada Post to eliminate home delivery service, as identified by staff as part of the analysis of the ‘5 Point Action Plan’, accompanying press releases and limited background information made available by Canada Post. These identified issues and impacts will affect both Burnaby and other local governments across the country.

3.1 Lack of Consultation with the Public and Key Stakeholders

Of significant concern with regard to the Canada Post proposal has been the overall lack of consultation regarding this important postal service issue with the public and key stakeholders,

³ This list may not be complete, as additional local governments may have issued statements or passed motions since the time this report was written.

⁴ The ‘G7’ is the current ‘wealthiest countries’ by measure of national net wealth – the United States, Japan, France, Germany, Italy, U.K. and Canada.

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including local governments. From the limited available information it has been determined that the consultation completed to date has been advanced without benefit of the general public being provided with information of the specific proposals presented for implementation.

Public Consultation

Canada Post maintains that their consultation process focussed on engaging with members of the public and the business community. According to the limited information being released by Canada Post, the corporation contends that it conducted a 5-month public consultation process from April – August, 2013. This ‘consultation process’ included a 2013 April 24 news release, an online forum available for discussion through the Canada Post website, signage in post offices and franchise outlets, information on printed postal receipts, and participation of Canada Post leaders in over 40 talk and call-in shows. In addition, Canada Post maintains that it held 46 community forums with invited representatives from different sectors (e.g. business) and neighbourhoods with different types of delivery service. In the Lower Mainland, these conversations occurred in Vancouver and Coquitlam.

Generally, however, staff would conclude that the process undertaken for this consultation process does not meet the basic threshold required for either public engagement or consultation for an issue of such national importance and scope. Given the implications of the changes proposed, a wider and more sustained discussion should have included presentation of facts and issues, followed with specific options that reflected public feedback and concerns. Additionally, the general public should have been provided an opportunity to participate in the process and attend public information meetings. At a basic level, the Canada Post Corporation’s claim of wide public consultation and engagement is not well supported, as it was too broad, high-level, severely limited direct public involvement and did not disclose the true intent of the wide-spread and important changes being contemplated for immediate implementation.

Stakeholder Consultation – Local Government

Local governments, as a key stakeholder, would be most directly impacted by these proposed changes in terms of the proposal’s impact on residents, corporate services, urban form and land-use policies. Canada Post maintains that as part of its consultation process that it met directly with the Mayors and senior administrative officials of six local governments. It is noted that the information provided by Canada Post does not identify the six communities or the range of issues that were reviewed or if any of the known technical aspects related to the proposal were advanced for review. The size, location and nature of the communities has also not been disclosed by Canada Post.

Again, given the importance of the issues being advanced, the lack of engagement with Canada’s local governments, or their regional or national organizations, erodes confidence that the stakeholder review process was in any sense complete or comprehensive. As British Columbia’s third largest City, Burnaby should have had an opportunity to review the proposals being advanced and to participate in a technical review to analyze and comment on specific proposals.

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As outlined, to the City's knowledge, no urban municipality, or agency representing Canadian cities, was specifically engaged on the issues of replacing home delivery services with community mailboxes.

Given the implications of the Canada Post proposal to all urban municipalities and their citizens, staff are of the opinion that a more sustained and substantive consultation process with local governments prior to the service delivery changes being decided upon and announced would have been of benefit in identifying and determining issues and impacts of these service changes, including possible remediation approaches.

It is therefore proposed that Council advance its opposition to the proposal on the basis of the lack of wide public and local government review, and request the Federal Government require full and meaningful public consultation and engagement with municipalities, in order to review all options related to preserve continued home mail delivery in Canada's urban centres.

3.2 Mail Security

Another immediate and important concern with the proposal to eliminate home-delivery service is the high level of crime and vandalism experienced at existing community mailboxes. While Canada Post maintains that it locates community mailboxes in areas of natural surveillance, community mailboxes are more prone to many security concerns regardless of their location. The most serious concern is theft of mail through vandalism and breaking locks and access points to community mailboxes. The design and quality of the Canada Post community mailboxes have proven not to be secure and have left citizens' property vulnerable to theft. Additionally, mailboxes are a target of vandalism through graffiti and damage.

According to an investigative report by the Canadian Broadcasting Corporation (CBC), community mailboxes in the Lower Mainland and other urban/suburban areas are particular targets. Burnaby itself is reported to have had several dozen incidents over the past 5 years, including one act of arson, four acts of theft, and several Canada Post mailboxes being overturned and damaged. The number and severity of incidences appear to increase in communities with more community mailboxes already in place. For example, the City of Surrey is reported to have experienced almost 900 incidences over the same period, while the District of Maple Ridge and the City of Langley and District of Langley are reported to have experienced upwards of 400 incidences⁵.

The issue of crime and vandalism of the existing community mailbox program has other widespread impacts that have been demonstrated in a number of recent incidents across Canada. Canada Post does not have the capacity or infrastructure to maintain the existing community mailbox program in order to respond quickly and effectively to repair all of the mailboxes that can be damaged by organized criminal activities. In some instances several community

⁵ For more information, see the CBC Investigative Report at: <http://www.cbc.ca/news/canada/british-columbia/are-canada-post-s-community-mailboxes-really-safe-1.2460515>.

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mailboxes within a city are targeted within a single crime event. The impacts to citizens include the suspension of mail delivery for several weeks to affected communities. In some cases resident's mail would be made available through a Canada Post outlet until repairs can be completed. However, these locations can be located far away from affected neighbourhoods and without the staffing available to effectively serve the public.

The proposal to increase the number of community mailboxes in urban areas will exacerbate the issue of mail theft and impact many more citizens on an ongoing basis. Of specific and serious concern is the vulnerability of community mailboxes to crimes related to identity theft through access to personal information and sensitive mail. Direct theft of cheques, currency, gifts, and parcels has also been reported and associated with community mailboxes. The impact of crime associated with the introduction of community mailboxes on local police detachments through an increase in service calls has not been analyzed or reviewed. Additionally, none of these issues have been fully addressed by Canada Post or included in any public consultation efforts related to the discussion of the proposal to cancel home mail delivery.

It is therefore proposed that Council advance its opposition to the proposal on the basis of the lack of study and information related to implementation of provisions for theft prevention and mail security, and request the Federal Government ensure that any new mail delivery service proposal provides for the continued security of citizens' private information and property.

3.3 Safety and Access for Seniors and Persons with Mobility Restrictions

For many senior citizens and persons with mobility restrictions, living in areas currently receiving the home delivery postal service, the proposal to restrict their mail delivery to community mailboxes will represent a significant hardship. For many such persons, it may be difficult or impossible to travel to community mailboxes particularly in inclement weather, if they do not drive, are not in an area well-served by public transit, or have few family members and/or others whom they can ask for assistance.

For some persons with disabilities, there may also be hand-dexterity considerations as keys are required to open each mail slot.⁶ Another potential issue is with the height of assigned mail slots. For some persons utilizing a wheelchair or another mobility device, or who have limited upper body movement, they may be unable to reach up significantly to access their mail slot. Finally, for many individuals isolation is also a factor and the 'human connection' of home delivery service provides a much needed and valuable opportunity for daily conversation, interaction and connection to the wider community.

It is of great concern that Canada Post did not identify these important social planning issues as part of any public consultation program for citizens which should have ensured that vulnerable citizens and their issues were adequately addressed as part of the proposed change to the home

⁶ When persons move into a neighbourhood serviced by a community mailbox, keys to an assigned slot are available for pick-up at a local postal outlet.

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delivery service. Subsequent assurances by Canada Post to further study the issue, as outlined in Section 2.0 of this report, further emphasize the lack of planning and consultation that has occurred to date regarding this important issue and does not provide any confidence that the matter would be resolved through a consultative public process.

It is therefore proposed that Council advance its opposition to the proposal and request the Federal Government ensure that all proposals related to home mail delivery provide for the necessary safety and protection of seniors and persons with mobility restrictions.

3.4 Provincial Statutory Public Notification Procedures

Of significant concern is the fact that the Canada Post proposal has been advanced without consultation and review with regard to addressing any conflicts with existing B.C. Provincial Statutory Public Notification procedures. While these processes, and any requirements of mail notification through Canada Post, remain the responsibility of the Provincial Government, there are many impacts on local governments and its citizens. These include but are not limited to the Local Government Act, Elections BC and other statutory municipal notifications.

The proposal to cancel home mail delivery has been advanced without benefit of oversight or any review related to the legal implications regarding a local municipality's responsibility to ensure public notification under the Local Government Act. These laws were originally developed under the basis of existing daily home mail delivery services. For example, notices of a Public Hearing must, as mandated by Section 892 (4)(b) of the Local Government Act, be mailed or otherwise delivered by local governments to all property owners at least 10 days before the hearing date. While Canada Post may maintain that community mailboxes would provide postal service to all residents, many issues remain of concern. Notification may not be deemed to have occurred within the statutory timeframe as property owners would only receive their mail upon collection at a community mailbox, which may not provide timely notification. However, currently home mail service has been deemed to provide legal notification to property owners upon its delivery to a private residence.

Additionally, Burnaby, other local governments and government agencies have not had the opportunity to review and comment on the potential impact of the proposal related to its internal corporate and bylaw practices concerning the legal notification of property owners and residents. This includes taxation notices, bylaw infraction notices, local elections notices and emergency response information and procedures. It is unclear at this point whether the existing notification procedures and stated periods are still adequate or need to be reviewed and updated, based on the current or future mail delivery changes being considered by Canada Post.

Canada Post has also not addressed how it will maintain mail service to hundreds of thousands of citizens that occupy legal and illegal secondary suites, located in single-family homes, duplexes and other building types, which are common in many of the country's urban centres. A high percentage of these citizens may be new immigrants and/or have low incomes. Tenants of private properties, for a variety of reasons (lack of knowledge, language barriers, etc.), may not

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have the opportunity, knowledge, or financial ability to make application and maintain their own mailing addresses and community mailboxes under the proposal by Canada Post.⁷ Although many tenants now share a common home delivery mailbox and therefore can receive and reasonably safeguard their own mail, this opportunity could be lost through the proposed system of community mailboxes. Concerns include a tenant's mail not being safeguarded, or conveniently available, as their access to mail may effectively be controlled by a property owner, who could maintain sole access to the property's designated community mailbox.

These important issues, which have not been identified or addressed by Canada Post, have many implications for all citizens and communities. The proposed discontinuance of the home mail system in urban areas may lead to the erosion of maintaining accurate mailing address lists and government databases, as tenants may not continue to report their own home mailing addresses as they would lose direct access to Canada Post mail delivery.

Elections BC in part provides voting rights on the presentation of various identifications, which includes providing a residential mailing address. Additionally, Elections BC provides mailed 'Voter Notifications' to residential addresses to provide citizens with the location of their designated polling stations. The proposal by Canada Post to cancel home mail delivery has the potential to take away the right of all citizens to be provided with their rightful enumeration and notification by mail for inclusion and participation in Federal, Provincial, and local elections and/or public referendums. The overall impact of the Canada Post proposals would not only erode the reliability of public notification and citizen enumeration, but could harm the very fabric of Canada's ability to serve and ensure that all citizens have an opportunity to fully participate with the election system, which has to date relied primarily on the home mail delivery system.

Given these important inter-related and complex issues, a full review of the position and responsibility of the senior levels of government needs to be completed and fully addressed in any proposal by Canada Post. As stated, this consultation with key stakeholders would specifically include, but not be limited to, the B.C. Minister for Community, Sport and Cultural Development who oversees the Local Government Act and the Chief Elections Officer who is responsible for Elections BC. This consultation should be undertaken with the full notification to and engagement of all citizens, B.C. municipalities and other impacted government agencies.

It is therefore proposed that Council request the Federal Government to address specific issues related to the impact of any proposed home mail delivery changes to existing Federal, Provincial, and local government responsibilities related to the statutory notification of property owners and all citizens.

⁷It is noted that the cost of the replacement of lost or stolen Community Mailbox keys is currently \$29.

3.5 Location of Community Mailboxes on City-owned property

The proposal to cancel home delivery in favour of community mailboxes by Canada Post poses specific urban land use issues that have not been fully reviewed or addressed and reflect the lack of consultation with local governments that was outlined in Section 3.1 of this report. In dense urban communities, such as Burnaby, the location and placement of the proposed community mailboxes raises a number of important issues and implications for the City. These include increased legal liability for municipalities who would be faced with many new locations on public property for large installations of community mailboxes, which could pose safety hazards for drivers and pedestrians.

The power to impose this type of development without municipal approval or consultation is provided by the Federal Government through the Canada Post Corporation Act and the regulations made under this Act including the "Mail Receptacles Regulations"⁸. The broad sweeping power of this imposition on local governments was originally intended to serve the distribution of mail under the current system of a home mail delivery model. The use of this power to implement community mail boxes within densely populated urban places was never contemplated or advanced with any consultation with local government concerning the potential impacts.

It is unclear what process Canada Post intends to implement to locate the new community mailboxes. The dimensions of Canada Post's typical suburban community mailboxes are approximately 1668 mm (5.5 feet) long and 470 – 490 mm (1.7 feet) wide. The proposal for urban community mailboxes are expected to be much larger to accommodate more mailboxes including enough space for package delivery.

Canada Post's current criteria⁹ for the placing of community mailboxes in new sub-divisions or other suburban residential developments, states that community mailboxes should be:

- placed a minimum of nine metres from intersection corners;
- not installed at major intersections;
- placed in areas not with heavy traffic volume;
- visible to multiple houses or buildings for natural surveillance;
- installed in proximity to the addresses it serves;
- located adjacent to areas where 'pulling over' into the shoulder or street parking area is allowable 24 hours a day;
- installed near a natural 'entry point' to a neighbourhood or development; and
- installed near existing street lighting fixtures.

⁸ Specifically, "The Corporation may install, erect or relocate or cause to be installed, erected or relocated in any public place, including a public roadway, any receptacle or device to be used for the collection, delivery or storage of mail." [Canada Post Corporation Act, Mail Receptacles Regulations (SOR/83-743)]

⁹ For more information, please visit: http://www.canadapost.ca/cpo/mr/assets/pdf/business/standardsmanual_en.pdf

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Currently, Canada Post places its required infrastructure on the City of Burnaby lands without the approval or any consultation with city staff (for the small letter mailboxes or postal carrier mail pick-up boxes). As a result, the Engineering Department would be required to contact Canada Post should any traffic or community issues be identified by staff or citizens. Canada Post currently is not obliged by law or any corporate policies to comply with community concerns regarding the location of its postal boxes. Canada Post has also developed no criteria that would provide guidelines for the implementation of Community mailboxes in dense urban areas, such as Burnaby. These guidelines would presumably also be reflected in an updated "Mail Receptacles Regulations" which would be amended by the Government of Canada.

There is some uncertainty if the proposal could be successfully integrated into some neighbourhoods given the lack of space within the streetscape to accommodate large installations of this type in multiple locations. This will pose difficult choices in locating community mail boxes and may be intrusive and of great inconvenience for many neighbourhoods and citizens. Additionally, it is unclear whether or not the "Mail Receptacles Regulations" provides the legal right for Canada Post to place community mailboxes on any municipal, school district or provincially-owned titled properties which may be included in the definition of the law's use of the term "public place". There are a host of concerns that have been identified related to Burnaby accommodating community mailboxes on City-owned lands which include:

- the availability and suitability of locations for mailboxes to serve all neighbourhoods;
- the ability to serve rapidly expanding residential areas effectively;
- the visual impact of community mailboxes in an urban environment;
- the impact on neighbouring properties and local land uses;
- the need for selective sidewalk and road improvements;
- the need and responsibility for community consultation;
- safety or access concerns (i.e. blocks traffic 'sight lines' or does not leave sufficient sidewalk space for a wheelchair to pass);
- any legal costs or liability from arising injuries or accidents;
- ability for location to accommodate the need for resident street parking;
- traffic volumes, movement and safety around community mailbox locations;
- security and lighting;
- snow and ice removal;
- vehicle access for Canada Post delivery staff;
- vandalism, graffiti and theft; and
- the need for provisions for litter clean-up and garbage removal.

All of these concerns carry with them a new level of municipal responsibility and costs that could become a significant financial burden for Burnaby's taxpayers and other municipalities.

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It is therefore proposed that Council, as part of its opposition to the overall program, request the Federal Government to remove the discretion of the Canada Post Corporation to utilize City-owned property for an expanded community mailbox program for urban centres, without the direct consultation and specific approval of any affected local government.

4.0 LMLGA AND UBCM RESOLUTION

In light of the significant, complex, unaddressed issues outlined in this report and that the proposed Canada Post service delivery changes are of considerable scope and affect both Burnaby and other local governments nation-wide, the following resolution has been prepared for Council’s consideration. It has been reviewed for submission with the concurrence of the City Solicitor, the Director Engineering, the Director Parks, Recreation and Cultural Services, and the RCMP ‘Officer in Charge’:

RESOLUTION: Suspension of Canada Post Home Delivery Service

WHEREAS local governments have a direct interest in the security and stability of Canada’s postal system, both in terms of municipal corporate operations and services available to citizens;

AND WHEREAS the service delivery changes would directly impact local governments, including in relation to land-use policy, requirements for municipal land and rights-of-ways, infrastructure for paving, lighting, and waste management, and public safety considerations (etc.);

THEREFORE BE IT RESOLVED that the Lower Mainland Local Government Association (LMLGA) and the Union of BC Municipalities (UBCM) call on the Federal Government and Canada Post, through the Federation of Canadian Municipalities and other avenues as appropriate, to suspend the Canada Post delivery changes until a sustained, substantive consultation process with local governments and the public is completed and identified issues are addressed.

It is therefore proposed that Council endorse the resolution for submission to the 2014 Lower Mainland Local Government Association (LMLGA) in order to advance to Annual General Meeting of the Union of BC Municipalities (UBCM) Convention. Further it is proposed that Council advance a copy of this report to all members of Metro Vancouver, the LMLGA and the UBCM for their information.

5.0 CONCLUSION

This report provides, for Council’s information, a broad overview of the major identified issues and impacts of the proposed Canada Post service delivery changes and its specific implications for the City of Burnaby and other local governments. Although it is acknowledged that this review has been based on limited information released by Canada Post, there remain too many

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important issues of great concern to local governments and citizens that require immediate response. These issues include the lack of consultation with the public and local governments; mail security, safety and access for seniors and persons with limited mobility; impacts on existing federal, provincial and local government obligations related to statutory notification; and issues associated with the location of community mailboxes in urban areas including the impacts on the operations and legal liabilities for municipalities.

It is therefore proposed that Council, through the Office of the Mayor, write to the Federal Government and the Canada Post Corporation, through the Federal Minister of Transportation, to express its opposition to the current proposal to replace home mail delivery service with community mailboxes and request immediate review and amendment of the Canada Post Corporation's '5-Point Action Plan,' as outlined in this report, to:

- require full and meaningful public consultation and engagement with municipalities in order to review all options in order to preserve continued home mail delivery in Canada's urban centres;
- ensure that any new mail delivery service proposal provides for the continued security of citizens' private information and property;
- ensure that all proposals related to home mail delivery provide for the necessary safety and protection of seniors and persons with mobility restrictions;
- address specific issues related to the impact of any proposed home mail delivery changes to existing federal, provincial and local government obligations related to the statutory notification of property owners and citizens;
- remove the discretion of the Canada Post Corporation to utilize City-owned property for an expanded community mailbox program in urban centres, without the direct consultation and approval of local governments.

These issues are of wide interest to all Canadians and other local governments and warrant the City to advance a resolution to garner the support of the LMLGA and UBCM.

A resolution has been prepared for Council's consideration to seek support from other affected local governments for its concerns regarding the potential impacts of the decision by the Canada Post Corporation. This is for submission to the 2014 Lower Mainland Local Government Association (LMLGA) Annual General Meeting and Union of BC Municipalities (UBCM) Convention, as outlined in Section 4.0 of this report.

It is recommended that a copy of this report be sent to: Burnaby MLA's and MP's; The Honourable Coralee Oakes, Minister of Community, Sport and Cultural Development; BC Chief Electoral Officer - Mr. Keith Archer, Elections BC; all Members of the Lower Mainland Local Government Association (LMLGA) and the Union of BC Municipalities (UBCM); the Federation of Canadian Municipalities; and the Canadian Union of Postal Workers (CUPW) and CUPW- Pacific Region.

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A copy of this report is proposed to be forwarded to the Social Issues Committee; Traffic Safety Committee; Environment Committee and the Mayor's Task Force on Graffiti for information.

Lou Pelletier, Director
PLANNING AND BUILDING

RM/JW:sa:sla

cc:	Deputy City Managers	Fire Chief
	Director Engineering	Chief Building Inspector
	Director Finance	Chief Librarian
	Director Parks, Recreation and Cultural Services	City Solicitor
	OIC – RCMP	Deputy City Clerk

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