



HEALTH VISION SEA TO SKY

What we heard report: Phase 1 Community Engagement

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Vancouver
CoastalHealth 

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Executive summary

Abstract

Vancouver Coastal Health (VCH) is developing an integrated high-level Master Plan (Health Vision Sea to Sky) for health services in the Sea to Sky corridor, including clinical services plans and infrastructure plans for the Squamish, Whistler and Pemberton areas.

Community engagement for this planning process consists of three phases:

1. **Phase 1:** Vision for the future of acute, long-term care (LTC) and community health-care services within the Sea to Sky corridor – June to October 2023
2. **Phase 2:** Engagement on the Health Vision Sea to Sky draft clinical services plan – Anticipated for winter 2024
3. **Phase 3:** Engagement on draft site master plans for Squamish, Whistler and Pemberton – Anticipated for autumn 2024

This report summarizes the approach and findings from Phase 1 engagement with the public and community partners representing the Sea to Sky corridor, which was conducted by Happy Cities. This report does not cover findings from Firelight Group's engagement with First Nations and Cornerstone Planning's clinical services planning engagement with VCH and medical staff.

Phase 1 public engagement focused on asking people about critical gaps and challenges around current health services in the Sea to Sky corridor, as well as future priorities and opportunities.

Gaps and challenges identified:

- There are long wait times to access urgent or emergency care.
- There is limited access to specialized care.
- There is limited access to diagnostic imaging.
- There is a lack of local capacity and options for long-term care.
- There is difficulty in accessing primary care.

Priorities identified:

- Address the growing demands on the corridor's health services.
- Address local service delivery gaps.
- Increase connectivity and expand on the ways of accessing health services in the corridor.
- Consider the co-location of services wherever possible.
- Devise better ways to meet First Nations communities' distinct needs.



What we did

During Phase 1 engagement for the development of the Health Vision Sea to Sky, Cornerstone, VCH and Happy Cities conducted an online survey and a series of interviews and focus groups with key community actors and decision-makers. These activities were promoted extensively through a variety of channels. In addition to community engagement, dedicated engagement with Indigenous communities, as well as VCH staff took place during Phase 1.



Outreach overview:

Engage VCH page

2,599 website visitors

Mailouts

12,469 households

Online survey

1,211 responses for public survey

Interviews and focus groups

20 participants from 11 organizations

Social media

9,211 impressions

Engagement materials

Shared with 30+ community groups to circulate

Posters

100+ posters at key community locations

Timeline

Two more rounds of engagement are planned after this early visioning phase. In Phase 2, the engagement team will report back on what was heard in the visioning phase and conduct engagement on the draft clinical services plan. In Phase 3, the engagement team will report back on what was heard in Phase 2 and engage on individual site plans (including potential future infrastructure) for Squamish, Whistler and Pemberton.



What we heard: Critical gaps

People living and working in communities across the Sea to Sky corridor reported many gaps and challenges when trying to access health services or provide care along the corridor. The most frequently identified gaps were:

Local specialized care

- Residents wish to see specialists without having to travel outside of the community or rely on Lions Gate Hospital, especially for maternity care and oncology services.

Care for urgent/emergency issues:

- Residents are generally concerned with the time it takes to receive care for urgent or emergency issues.

Long-term care and senior services:

- There are few long-term care options for seniors living in the corridor. Most existing facilities do not have enough long-term care beds.

Primary care:

- There is limited primary care capacity due to a shortage of family physicians and nurse practitioners in the corridor.
- Younger people and families in particular struggle to find a primary care provider (family doctor or nurse practitioner), while many current providers are generally overwhelmed and many are retiring.

Diagnostic imaging services:

- While demand is considerable, there is no computerized tomography (CT) scanner in the Pemberton Health Centre (PHC) or Squamish General Hospital (SGH).

What we heard: Priorities

Top three services identified as important to have locally:

1. Urgent primary care
2. Diagnostic imaging services
3. Mental-health services

Top three health services as important to have outside a hospital setting within their communities:

1. Diagnostic imaging services
2. Access to laboratory
3. Minor to moderate injury care

Top three health services for improving access:

1. Accessing primary care practitioners in the corridor
2. Time convenience, particularly having same day or unscheduled appointment options and having facilities open in the evenings and weekends for care
3. Phone access to a doctor or nurse who is familiar with patient's concerns

1. Introduction

Vancouver Coastal Health (VCH) is developing an integrated high-level master plan for health services in the Sea to Sky corridor.

Known as the Health Vision Sea to Sky, the master plan will encompass three components:

- A forward-looking clinical services plan for the Squamish, Whistler and Pemberton areas
- A long-term infrastructure development concept for each area
- A high-level master plan that integrates the clinical service plans and infrastructure plans regionally (including North Shore health services and Lions Gate Hospital)

In June 2023, VCH began the first of three phases of community engagement, with the goal of hearing community needs, opportunities and priorities for health-care services in the region.

The three phases of engagement are:

- **Phase 1** – Vision for the future of acute, long-term care (LTC) and community services within the Sea to Sky corridor – June to October 2023
- **Phase 2** – Engagement on the Health Vision Sea to Sky clinical services plan – Anticipated for winter 2024
- **Phase 3** – Engagement on health-related site plans for the Squamish, Whistler and Pemberton areas – Anticipated for autumn 2024

This report summarizes the approach and findings from Phase 1 engagement conducted by Happy Cities. Happy Cities led community engagement with community partners and the public through a variety of activities, including interviews, focus groups and a public online survey.

Project context and overview

The Sea to Sky corridor stretches north of Vancouver from Furry Creek to D'Arcy and is home to several First Nations communities, including the Squamish, Lil'wat, N'Quatqua, Samahquam, Skatin and Xa'xtsa Nations. The corridor falls under the Howe Sound Local Health Area, one of the Local Health Areas (LHA) in VCH's North Shore/Coast Garibaldi Health Service Delivery Area (HSDA). The three main health services hubs in the corridor are located in the major urban centres of Squamish, Whistler and Pemberton. Clinical services provided within the Sea to Sky corridor are supported by the adjacent North Shore clinical operations in the Greater Vancouver metropolitan area.

Communities located along the Sea to Sky corridor are rapidly growing, making it a more prominent segment of the Coast/Coast Garibaldi HSDA. Local tourism also results in seasonal population fluctuations, which combined with the fact that many tourists come to the corridor to do outdoor adventure activities, puts additional pressures on local health services.

The Health Vision Sea to Sky is an integrated high-level master plan that will:

- Ensure that VCH grows with the Sea to Sky corridor communities and First Nations, and maintains access to safe, high-quality health care for the future.
- Provide a health services master plan for the next 30 years for the region.
- Consider and incorporate input from municipalities, Regional Hospital District, VCH staff, local leadership and Sea to Sky corridor communities and First Nations about their priorities for the future of health care.

1. Introduction

Principles

VCH seeks to grow with communities in the Sea to Sky corridor and maintain access to safe, high-quality care for the future—for residents and visitors alike. The following principles are being used to guide the development of the Health Vision Sea to Sky:

1. Respect the unique needs and rights of Indigenous Peoples for culturally safe health care and services.
2. Understand the changing and specific health needs of Sea to Sky communities.
3. Develop plans to address the forecasted health-care capacity increases.
4. Maintain access to safe, high-quality health care.
5. Enhance the integration of health services across the region and with the North Shore and Lions Gate Hospital.

Engagement purpose and goals

The overarching goal of engagement for the Health Vision Sea to Sky is to incorporate diverse voices—including community partners and interested groups, local communities, VCH staff and medical staff, and local First Nations partners. This community input will help VCH develop site master plans for each of the Squamish, Whistler and Pemberton health-care communities, as well as help complete an integrated high-level master plan for the Sea to Sky corridor. The overall engagement objectives for this work are to:

1. Better understand the opportunities or gaps that the planning team should be aware of in coordinating health-care service plans across the Squamish, Pemberton and Whistler areas.
2. Scope future infrastructure needs.
3. Consider diverse viewpoints of residents throughout the corridor.
4. Understand First Nations and community needs, priorities, expectations and opportunities. *Input received from engagement with First Nations will be shared in a separate report.*

First Nations, staff and clinical engagement

During Phase 1, First Nations engagement was separately planned and conducted by Firelight Group. This included engagement with each of the six Nations within the Sea to Sky corridor. The engagement findings from this stream of work are reported separately by the Firelight Group.

As part of Phase 1, Happy Cities also conducted engagement with VCH staff in the corridor. This took the form of a digital survey, in-person staff drop-in sessions at VCH facilities in Squamish, Whistler and Pemberton and digital drop-in sessions

Finally, Phase 1 engagement also included clinical engagement, led by Cornerstone Planning together with VCH. Findings from this scope of work are delivered separately by Cornerstone as part of the clinical services plan.

2. What we did

Phase 1 engagement consisted of interviews and focus groups with key community partners throughout the corridor and online engagement with the wider community.

During Phase 1, Happy Cities led community engagement, which included the development of an online survey, as well as interviews and focus groups. Happy Cities also worked with VCH to create communications materials to promote the project and opportunities for the public to participate.

2.1. Survey

The project team developed a short, digital survey to collect input from the public. The goals of the survey were to help VCH understand community expectations, develop coordinated service plans, and scope future infrastructure needs in this early visioning stage of the project. The survey was launched on the Engage VCH project page on June 8 and remained open until September 30, 2023.

Survey promotion

The survey was promoted with online and print communications across the Sea to Sky corridor. All communications materials were designed to use simple language and be easy to understand for a broad audience, including local residents. This included:

- **Press release:** VCH issued a press release, which was shared by news media in the corridor.
- **Social media:** VCH and Happy Cities announced the survey launch on Instagram, Twitter and Facebook, with information about the project and links to the Engage VCH web page.
- **Print posters:** VCH distributed over 100 print posters at key community sites in Squamish, Pemberton and Whistler. Posters were also shared with more than 30 community organizations to help with promotion.
- **Mailouts:** VCH mailed postcards to 12,469 addresses along the Sea to Sky corridor with information about the project, a QR code to the survey, link to Engage VCH page and opportunities to participate.
- **Newsletters:** VCH promoted engagement opportunities in internal and external newsletters, including CEAN in Between, and Community Partner Update.
- **Email invitations:** VCH and Happy Cities emailed community partner organizations to participate in the engagement, to share the opportunity with the clients they serve, and to offer to receive posters and hard copies of the survey for further distribution.

2. What we did

2.2. Interviews and focus group sessions

Together with the VCH project team, Happy Cities created a list of key partners to reach during Phase 1 engagement, including elected officials, municipal and regional staff, hospital foundations and other organizations. Each actor received an outreach letter via email directly from VCH. These letters provided an overview of the project and invited the recipients to participate in an online interview or small-group discussion.

During these sessions, participants were asked to reflect on the current state of the Sea to Sky health-care system, including current challenges and priorities for the future of health services in the corridor. In total, eight interviews and focus group sessions were conducted.

3. Who we heard from

3.1. Survey demographics

A total of 1,211 people completed the public survey.

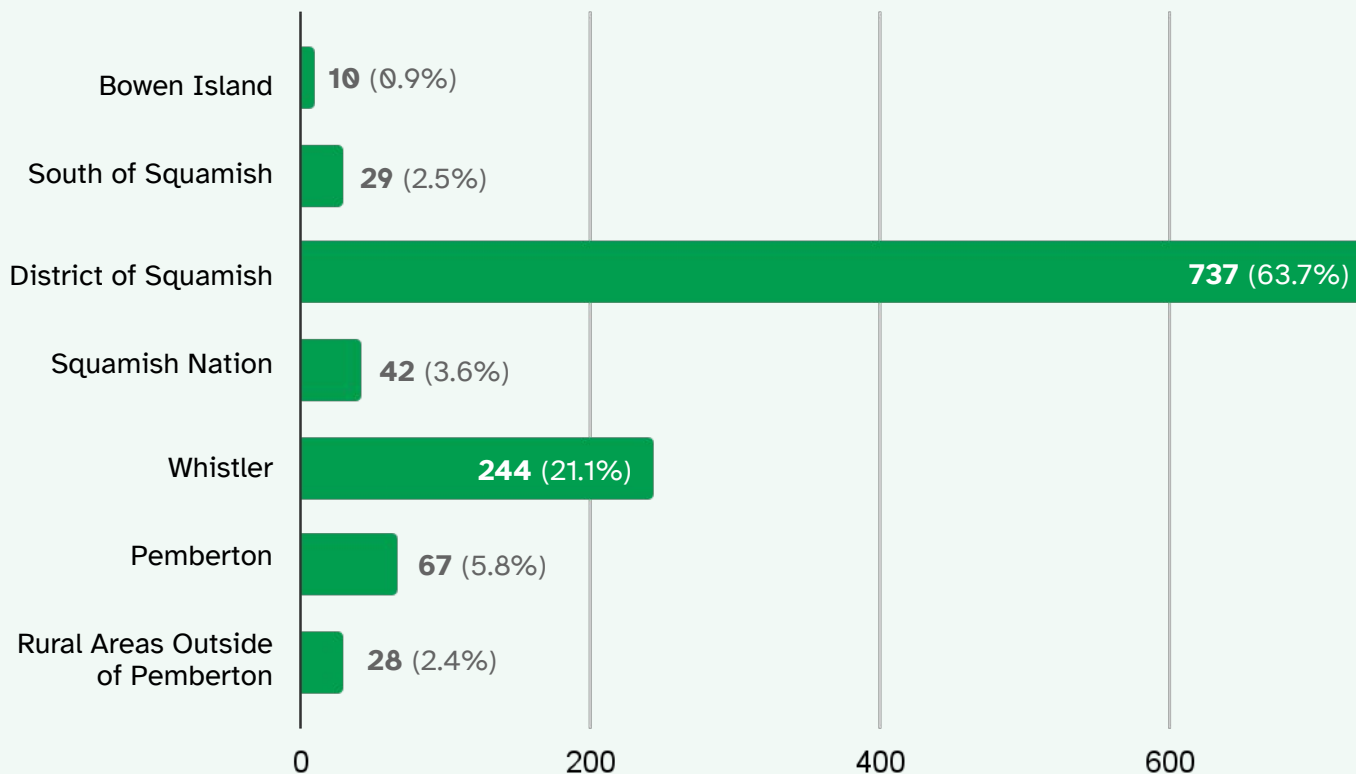
Geography

Of the 1,211 public survey respondents, 1,157 identified with a community in the Sea to Sky corridor: 10 were from Bowen Island, 29 were from communities south of Squamish, 737 were from the District of Squamish and adjacent areas, 42 were from the Squamish Nation, 244 were from Whistler, 67 were from Pemberton and 28 were from rural areas outside of Pemberton.

To perform demographic comparisons and analysis of public input from communities across the Sea to Sky corridor, some demographic categories were combined.

The areas of the Lil'wat Nation, N'Quatqua Nation, Samahquam Nation, along with Mount Currie and D'Arcy were grouped as "rural areas outside of Pemberton," and the communities of Lions Bay, Furry Creek and Britannia Beach were considered as "south of Squamish." The communities of Brackendale and Garibaldi Highlands were grouped together under "District of Squamish and adjacent areas." Although out of scope geographically, the survey was also completed by respondents from Bowen Island, a community that sees many residents accessing health services at Vancouver Coastal Health sites.

Number of survey respondents by community



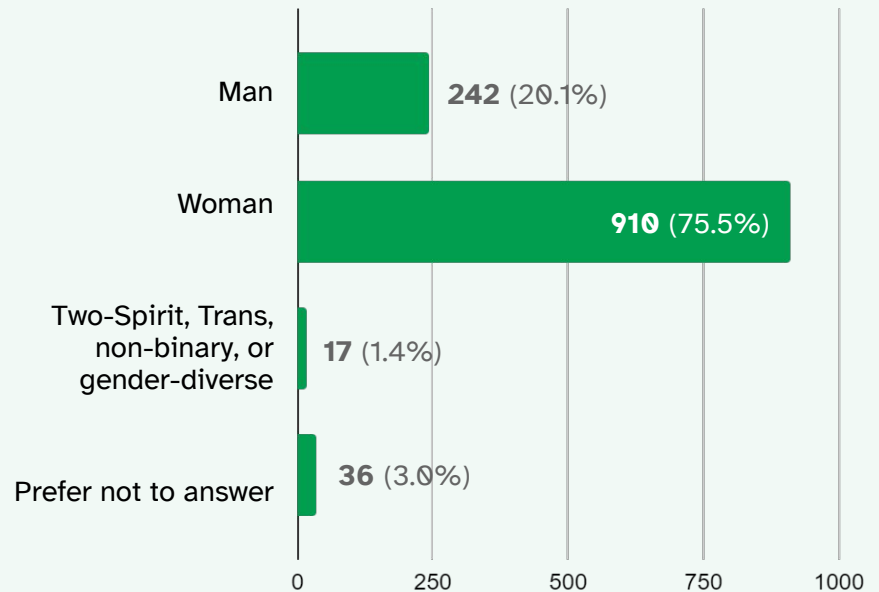
3. Who we heard from

3.1. Survey demographics

Gender

The public survey reached 910 people who identify as women, while only reaching 242 who identify as men. There were a limited number of responses (17 total) from people who identified as Two-Spirit, Trans, non-binary, or gender-diverse. Thirty-six respondents preferred not to answer.

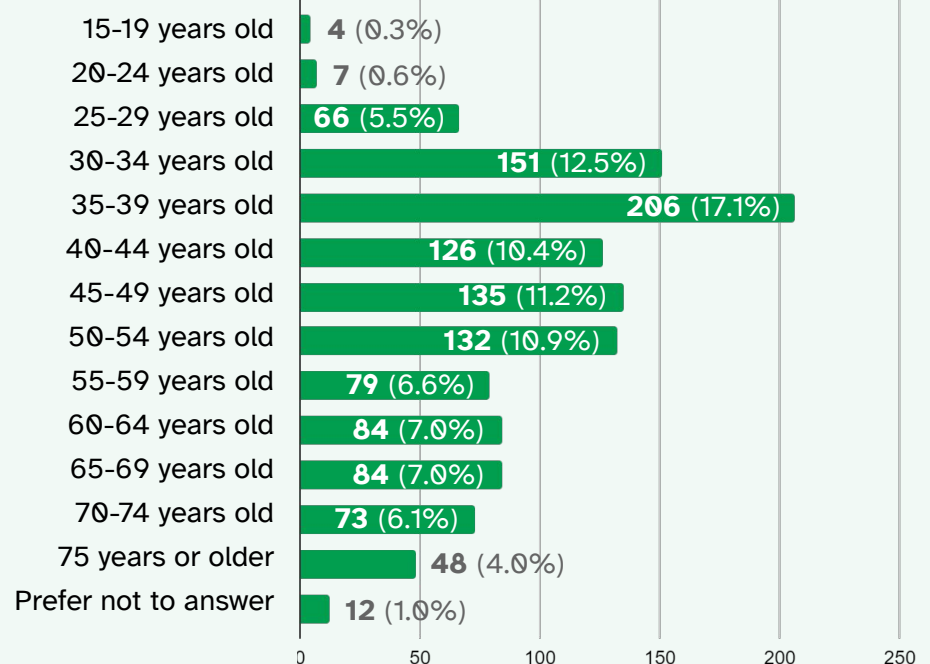
Genders of survey respondents



Age

The public survey reached mostly middle-aged adults, with 62% of participants between the ages of 30 and 54 years old. About 27% of participants were people older than 55 years of age. Only about 6% of participants were under the age of 30.

Ages of survey respondents



3. Who we heard from

3.2. Interviews and focus groups

In total, eight interviews and focus groups were conducted. Participants included:

- Mayors of District of Squamish, Resort Municipality of Whistler and Village of Pemberton
- City/town planners from District of Squamish, Resort Municipality of Whistler and Village of Pemberton
- Hospital foundations: Pemberton & District Health Care Foundation, Whistler Health Care Foundation and Squamish Hospital Foundation
- Squamish-Lillooet Regional District / Sea to Sky Regional Hospital District
- The Sea to Sky Hospice Society
- Members of the Legislative Assembly for West Vancouver-Sea to Sky, West Vancouver-Capilano and North Vancouver-Seymour
- Member of Parliament for West Vancouver-Sunshine Coast-Sea to Sky Country

4. What we heard

4.1. Overarching themes

Critical gaps and challenges

People living in communities across the Sea to Sky corridor reported facing many challenges when trying to access health services or provide care along the corridor. The major gaps we heard include challenges with accessing:

Specialized care:

- Residents wish to see specialists without having to travel outside of the community or rely on Lions Gate Hospital, especially for maternity care and oncology services.

Care for urgent/emergency issues:

- Residents are generally concerned with the time it takes to receive care for urgent or emergency issues.

Diagnostic imaging services:

- There is no CT scanner in the Pemberton Health Centre or Squamish General Hospital despite considerable demand.

Primary care:

- There is limited primary care capacity due to a lack of family physicians or nurse practitioners.
- Younger people and families in particular struggle to find a family doctor or nurse practitioner.

Changing and increasing service demands:

- Each of the three health services hubs faces high population growth, growing numbers of visitors and shifting demographic pressures, resulting in health facilities being pushed to their limits or beyond capacity.
- Facilities and equipment are inadequate, outdated, or lacking across the region.

Long-term care and senior services:

- There are few long-term care options for seniors living in the corridor. Most existing facilities do not have enough long-term care beds.

Geographic constraints:

- The corridor has limited public transit and an overburdened transfer system.
- The corridor's section of Highway 99 is also prone to being shut down or severely affected by weather events and accidents.
- Although public transportation is outside project scope, it was repeatedly highlighted as a significant challenge for people who need to travel between communities or to the Lower Mainland for medical care and appointments.

4. What we heard

4.1. Overarching themes

Priorities and opportunities

The following priorities and opportunities were identified as most important to be addressed with the Health Vision Sea to Sky:

Local health services:

- Residents of the corridor want to see a wider range of health services available locally, to reduce the amount of travel required to access services within and outside of the corridor.

Specific local health service priorities

The top three services identified by the public as important to have locally are:

1. Urgent primary care
2. Diagnostic imaging services
3. Mental-health services

Access priorities:

- Residents want better access to health services, particularly for primary care, opening hours of facilities and telemedicine.

Specific access priorities:

Three health services were identified as the most important access priorities:

1. Accessing primary care practitioners in the corridor
2. Time convenience, particularly having same day or unscheduled appointment options and having facilities open in the evenings and weekends for care
3. Phone access to a doctor or nurse who is familiar with their concerns

Access priorities:

- Improving access to most health services is broadly supported by residents in the corridor, particularly in relation to primary care, opening hours of facilities and telemedicine.

Specific priorities for health services to access outside hospital settings:

The public identified the following three health services as important to have outside a hospital setting within their communities:

1. Diagnostic imaging services
2. Access to laboratory services
3. Minor to moderate injury care

Additional priorities and opportunities

Explore co-location of services:

- Co-location and better integration of health services as a way to address capacity issues was brought up in the interviews and focus groups, with many referring to the success of the community-oriented model of Whistler 360 and the positive impact that the Foundry has had on access to services in Squamish.

Meet the needs of First Nations communities:

- Meeting First Nations communities' unique needs was recognized as important, with an emphasis on culturally-appropriate care.

4. What we heard

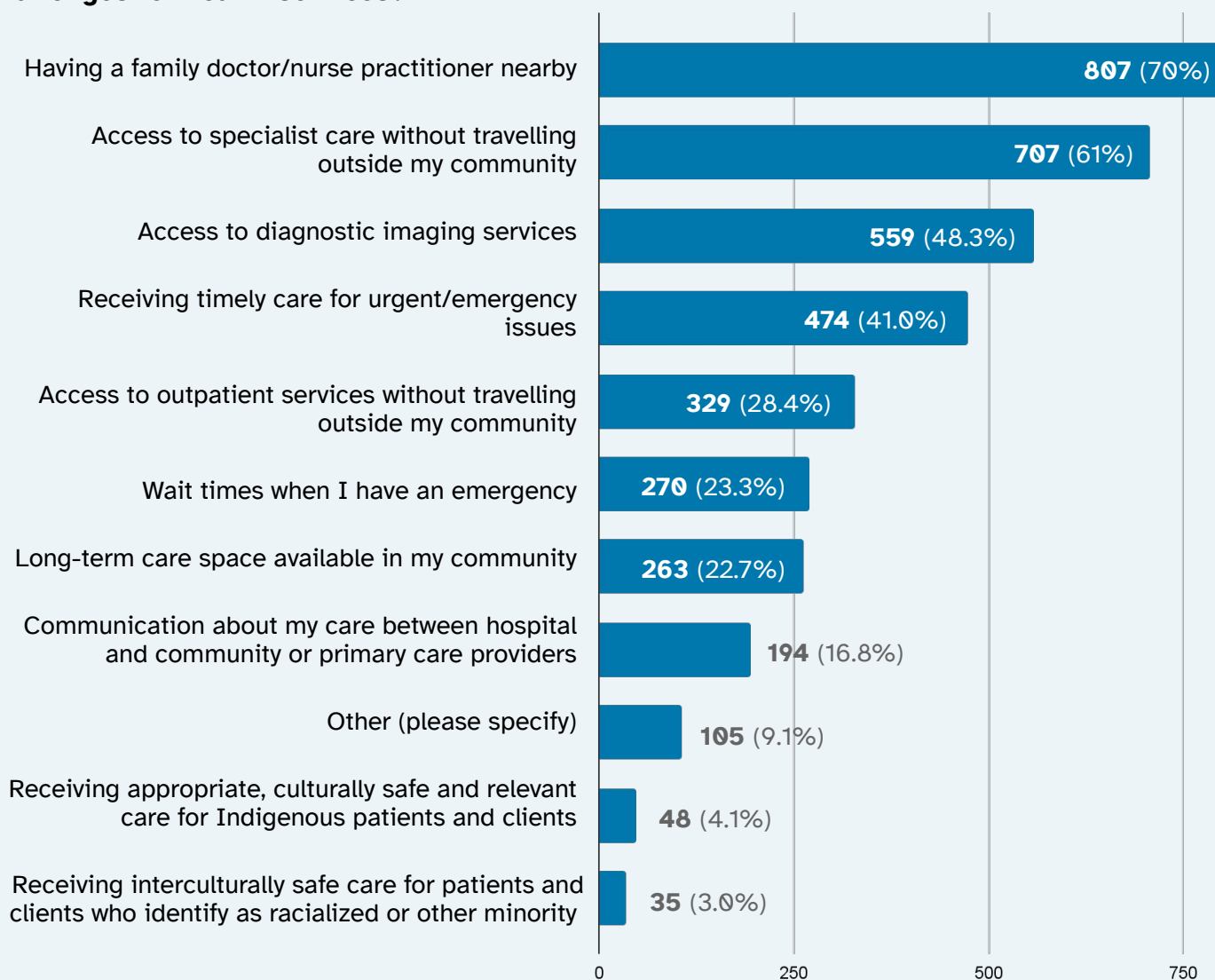
4.2. Survey results

Major challenges to health services in the Sea to Sky corridor

In general, residents from across the Sea to Sky corridor reported the following as the main challenges for their health services:

1. **Having a family doctor and/or nurse practitioner**, as indicated by 70% of respondents.
2. **Access to specialist care without having to travel away from their community**, as indicated by 61% of respondents.
3. **Access to diagnostic imaging services**, as indicated by 48% of respondents.
4. **Receiving timely care for urgent/emergency issues**, as indicated by 41% of respondents.

As a resident of a community in the Sea to Sky corridor, what do you see as the main challenges for health services?



4. What we heard

4.2. Survey results

Major challenges to health services in the Sea to Sky corridor

By health services hub

Health services are concentrated in three health services hubs along the Sea to Sky corridor: the District of Squamish, Whistler and Pemberton. Respondents from the three health services hubs were generally aligned with the overall corridor, but with slight nuances.

Respondents from the District of Squamish and adjacent areas and Whistler identified the same top three challenges:

1. **Having a family doctor and/or nurse practitioner**, as indicated by 69% of respondents from the District of Squamish and adjacent areas, as well as Whistler.
2. **Access to specialist care without having to travel away from my community**, as indicated by 56% of respondents from the District of Squamish and adjacent areas and 66% of respondents from Whistler.
3. **Access to diagnostic imaging services**, with a notably greater proportion of respondents in the District of Squamish and adjacent areas (50%) reporting this as a challenge compared to respondents from Whistler (35%).

The next main challenge reported by respondents from the District of Squamish and adjacent areas was:

4. **Receiving timely care for urgent/emergency issues**, as reported by 42% of respondents from the District of Squamish and adjacent areas.

In contrast, the next main challenge reported by respondents from Whistler was:

4. **Access to outpatient services without travelling outside their community**, as indicated by 33% of respondents.

Pemberton respondents identified similar challenges as the other two health services hubs but with a different order of importance:

1. **Access to specialist care without having to travel away from my community**, as indicated by 66% of respondents.
2. **Access to diagnostic imaging services**, as indicated by 49% of respondents.
3. **Having a family doctor and/or nurse practitioner**, as indicated by 39% of respondents.
4. **Receiving timely care for urgent/emergency issues**, as indicated by 37% of respondents.

69%

of respondents in Squamish and Whistler identified having a family doctor and/or nurse practitioner as the top major challenge to health services.

66%

of respondents in Pemberton identified access to local specialist care as the top major challenge to health services.

4. What we heard

4.2. Survey results

Major challenges to health services in the Sea to Sky corridor

By community

Although there are many common challenges reported by respondents across the Sea to Sky corridor, most communities also have distinct needs. Below is a snapshot of notable community differences compared to the overall findings:

- **District of Squamish and adjacent areas** aligned closely with the general corridor’s identified challenges (detailed on page 18) due to residents forming 64% of all respondents.
- **Whistler:** Along with Pemberton, Whistler respondents identified more commonly than the other communities that accessing specialist care within their community is a challenge. Access to digital imaging services was less commonly seen as a challenge than in other communities, but it was still one of the top challenges reported by respondents.
- **Pemberton:** In Pemberton, access to primary care (family doctor or nurse practitioner) was less commonly selected as a challenge than in other communities, but it was still one of the top four challenges reported by respondents. The availability of long-term care space was identified more commonly as a challenge by respondents in Pemberton.
- **South of Squamish:** Lions Bay, Furry Creek and Britannia Beach showed proportionally higher concern for receiving timely care for urgent/emergency issues.
- **Rural areas outside of Pemberton:** Respondents from the Xa'xtsa Nation, N'Quatqua Nation, Lil'wat Nation, Samahquam Nation, Mount Currie and D'Arcy reported more than all the other areas that a main challenge is receiving appropriate, culturally safe and relevant care for Indigenous folks.
- **Squamish Nation:** Respondents from the Squamish Nation shared similar views as those in the District of Squamish and adjacent areas, except that access to specialist care was their most commonly identified challenge. Access to diagnostic imaging services was a concern by a greater share of Squamish Nation respondents than all other communities.
- **Bowen Island:** In total, only 10 people from Bowen Island responded to the survey. Nine of the 10 reported receiving timely care for urgent/emergency issues as a challenge. This is far higher than other communities in the corridor.

66%

of respondents in **Whistler** identified access to specialist care without having to travel away from their community a major challenge.

34%

of respondents in **Pemberton** identified the availability of long-term care space as a major challenge .

57%

of respondents from **Squamish Nation** identified access to local specialist care as a major challenge to health services.

4. What we heard

4.2. Survey results

Major challenges to health services in the Sea to Sky corridor

By gender

The findings suggest that both men and women identified similar major challenges for health services as identified by the general population for the whole corridor, with the same top four major challenges identified in the same order.

There are two general and notable differences between men and women in reporting challenges:

- **Men** reported more commonly than women that receiving timely care for urgent/emergency issues is a challenge.
- **Women** reported more commonly than men that a challenge for their community is receiving long-term care space.

The survey received 17 responses from people identifying as Two-spirit, Trans, non-binary, or gender-diverse. Survey results indicated that this group:

- Reported more commonly than the general population that communication about their care between hospital and community or primary providers is a challenge.
- Reported the challenge of having a family doctor and/or nurse practitioner less commonly than men or women.
- Was more likely to identify receiving appropriate, culturally safe and relevant care for Indigenous patients and clients in their communities as a challenge.

Gender differences for the **District of Squamish** and its adjacent areas match the corridor's, but there are a few notable distinctions for the other communities when looking at the relationship between the gender and location in the corridor:

- In **Whistler** and **Pemberton**, women seem to see access to outpatient services without travelling outside their communities as more of a challenge than men.
- In the communities **south of Squamish** (Lions Bay, Furry Creek and Britannia Beach), a greater proportion of men selected wait times for emergency services as a challenge, compared to women. The same pattern was observed in Whistler, to a lesser degree.
- Women in the **Squamish Nation** and the communities in the **rural areas outside of Pemberton** (Lil'wat Nation, N'Quatqua Nation, Samahquam Nation, Mount Currie and D'Arcy) indicated receiving timely care for urgent/emergency issues as a challenge far more commonly than men.
- Women in **Squamish Nation** reported access to local specialist care as a challenge more commonly than men. Having a family doctor and/or nurse practitioner was reported as a challenge by women more commonly than men. In contrast, the availability of long-term care space being available in the community was reported as a challenge by men more commonly than women.

4. What we heard

4.2. Survey results

Major challenges to health services in the Sea to Sky corridor

By age

The top challenges for each age group are the same as those identified by the general population for the whole corridor. Yet, there are nuances between each age group in terms of relative frequency for each reported challenge. Notably:

- **Younger age groups** reported more commonly the challenge of having a family doctor and/or nurse practitioner compared to older age groups.
- **Younger age groups** reported slightly more commonly than older age groups that access to specialist care without having to travel away from their community is one of the main challenges in the corridor.
- **Younger age groups** reported more commonly that receiving timely care for urgent/emergency issues is a challenge, though those between the ages of 65-69 also reported the challenge somewhat commonly.
- Compared with other age groups, respondents between the **ages of 25-29** more commonly saw receiving interculturally safe care as a challenge, as well as receiving appropriate, culturally safe and relevant care for Indigenous patients and clients.
- **Older age groups** reported access to diagnostic imaging services as a challenge more commonly than all younger age groups, though those between the ages of 35-39 also reported the challenge somewhat commonly.
- **Older age groups** reported the following challenges in their communities more commonly: access to long-term care, wait times for emergencies and access to diagnostic imaging services.

There are few distinctions when looking at the relationship between the age of a respondent and their location in the Sea to Sky corridor. The main exception seems to be for the communities in the rural areas outside of Pemberton, which account for only 24 of the survey responses. In that area of the corridor:

- Respondents between the **ages of 55-64** indicated more commonly that a challenge in their community is receiving appropriate, culturally safe and relevant care for Indigenous patients and clients.

4. What we heard

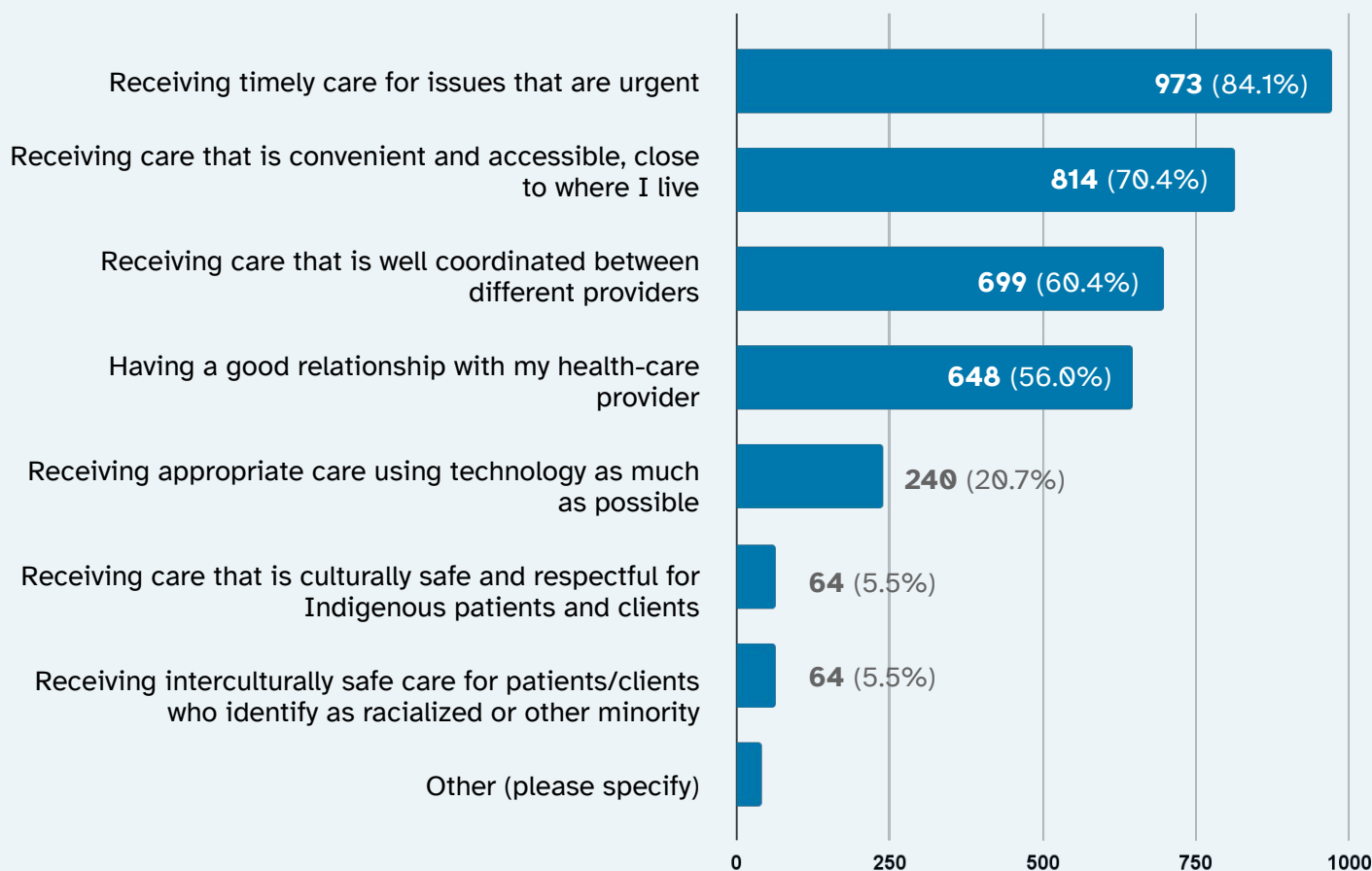
4.2. Survey results

Priorities for health services in the Sea to Sky corridor

In general, residents of communities in the Sea to Sky corridor saw the following as the top priorities for their experience of health services in their communities:

1. **Receiving timely care for urgent issues**, as indicated by 84% of respondents.
2. **Receiving care that is convenient and accessible**, close to where they live, as indicated by 70% of respondents.
3. **Receiving care that is well-coordinated between different providers**, as indicated by 60% of respondents.
4. **Having a good relationship with one's health-care provider**, as indicated by 56% of respondents.

What is the most important to you about your experience when receiving care?



4. What we heard

4.2. Survey results

Priorities for health services in the Sea to Sky corridor

By health services hub

Looking at the three main health services hubs in the Sea to Sky corridor, the main priorities identified for the whole corridor are the same as those identified by respondents living in **Whistler** and the **District of Squamish** and adjacent areas, while Pemberton residents identified the same challenges but in different order of importance.

In the District of Squamish and adjacent areas, plus in Whistler, respondents identified the following four priorities as most important:

1. **Receiving timely care for urgent issues**, as indicated by 83% of respondents in the District of Squamish and adjacent areas and 77% of respondents in Whistler.
2. **Receiving care that is convenient and accessible, close to where they live**, as indicated by 68% of respondents in the District of Squamish and adjacent areas and 71% of respondents in Whistler.
3. **Receiving care that is well-coordinated between different providers**, as indicated by 57% of respondents in the District of Squamish and adjacent areas and 60% of respondents in Whistler.
4. **Having a good relationship with one's health-care provider**, as indicated by 53% of respondents in the District of Squamish and adjacent areas and 55% of respondents in Whistler.

In contrast, in Pemberton, having a good relationship with a health-care provider was reported far more important—as the second most important element—just after receiving timely care for issues that are urgent. The ranking by frequency in Pemberton is as follows:

1. **Receiving timely care for issues that are urgent**, as indicated by 76% of respondents.
2. **Having a good relationship with one's health-care provider**, as indicated by 67% of respondents.
3. **Receiving care that is convenient and accessible, close to where they live**, as indicated by 61% of respondents.
4. **Receiving care that is well-coordinated between different providers**, as indicated by 46% of respondents.

83%

of respondents in **Squamish** identified receiving timely care for urgent issues as the top priority for experience of health services.

77%

of respondents in **Whistler** identified receiving timely care for urgent issues as the top priority for experience of health services.

76%

of respondents in **Pemberton** identified receiving timely care for urgent issues as the top priority for experience of health services.

4. What we heard

4.2. Survey results

Priorities for health services in the Sea to Sky corridor

By community

Moreover, respondents from most of the communities in the corridor indicated slightly different priorities for their health-care experience:

- **District of Squamish and adjacent areas:** District of Squamish and adjacent areas aligned closely with the general corridor’s identified challenges (detailed on page 18) due to residents forming 64% of all respondents.
- **Whistler:** A higher proportion of Whistler respondents identified the importance of receiving care that is well-coordinated between different providers compared to residents of Pemberton and the District of Squamish and adjacent areas.
- **Pemberton:** Pemberton respondents identified the importance of having a good relationship with their health-care provider far more commonly than those in other areas.
- **South of Squamish:** Respondents in Lions Bay, Furry Creek and Britannia Beach reported with much higher frequency the importance of receiving timely care for issues that are urgent, as well as receiving care that is well coordinated between different providers.
- **Squamish Nation:** A higher proportion of Squamish Nation respondents indicated the importance of receiving care that is culturally safe and respectful for Indigenous patients and clients compared to the general population. They also more commonly selected the importance of receiving interculturally safe care for patients/clients who identify as racialized or other minority.
- **Rural areas outside of Pemberton:** Respondents of the Lil’wat Nation, N’Quatqua Nation, Samahquam Nation, Mount Currie and D’Arcy also recognized the importance of receiving care that is culturally safe and respectful for Indigenous patients and clients, as well as the importance of receiving interculturally safe care for patients/clients who identify as racialized or other minorities, only with even higher frequency of reporting than those from Squamish Nation. In contrast, receiving timely care for urgent issues and receiving care that is convenient and accessible was less commonly reported by these groups than respondents in other areas.

60%

of respondents in **Whistler** identified receiving care that is well-coordinated between different providers as a major priority.

64%

of respondents in **Pemberton** identified the importance of having a good relationship with their health-care provider as a major priority.

93%

of respondents in **communities south of Squamish** identified receiving timely care for issues that are urgent as a major priority.

4. What we heard

4.2. Survey results

Priorities for health services in the Sea to Sky corridor

By community

Looking at priorities for health services in the wider Sea to Sky corridor, two general patterns emerged for community priorities:

- The importance of having a good relationship with one's health-care provider was reported as important with increasing proportion going from lower importance in the southern communities of the corridor to higher importance in the northern communities, with folks in Bowen Island and the areas south of Squamish reporting it the least.
- The importance for receiving care that is well coordinated between different providers was reported by respondents with decreasing proportion going from lower importance in the southern communities of the corridor to higher importance for communities in the northern communities.

4. What we heard

4.2. Survey results

Priorities for local health services

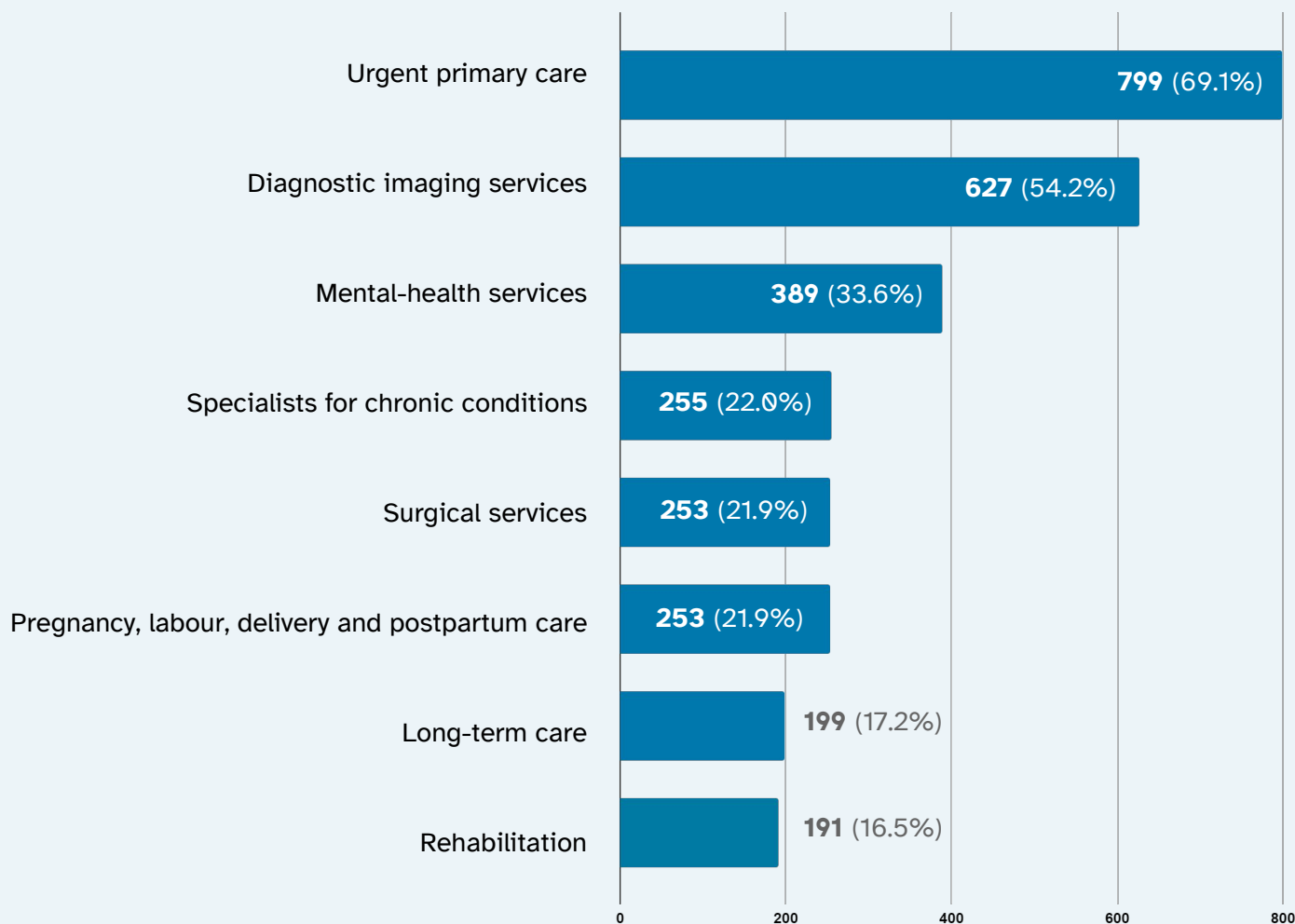
The survey asked the public to indicate which health services they felt were most important to have access to within their communities. The services that rose to the top were:

1. **Urgent primary care**, as indicated by 69% of respondents.
2. **Diagnostic imaging services**, as indicated by 54% of respondents.
3. **Mental-health services**, as indicated by 34% of respondents.

Three health services tied in being identified as the next most important ones to have locally:

4. **Pregnancy, labour, delivery and postpartum care**, as indicated by 22% of respondents.
- Specialists for chronic conditions**, as indicated by 22% of respondents.
- Surgical services**, as indicated by 22% of respondents.

Which of the following services are most important to receive without having to travel more than 30 minutes from where you live?



4. What we heard

4.2. Survey results

Priorities for local health services

By health services hub

Overall, the top six most important services to have locally were largely aligned across Sea to Sky corridor health services hub.

Responses in the District of Squamish and adjacent areas, Whistler and Pemberton were most aligned, with respondents living in these three main health services hubs reporting the same top three priorities:

1. **Urgent primary care**, as indicated by 67% of respondents in the District of Squamish and adjacent areas, 66% of respondents in Whistler and 60% of respondents in Pemberton.
2. **Diagnostic imaging services**, as indicated by 54% of respondents in the District of Squamish and adjacent areas, 49% of respondents in Whistler and 46% of respondents in Pemberton.
3. **Mental-health services**, as indicated by 32% of respondents in the District of Squamish and adjacent areas, 32% of respondents in Whistler and 31% of respondents in Pemberton.

The next top priority for the District of Squamish and adjacent areas was:

4. **Pregnancy, labour, delivery and postpartum care**, as indicated by 24% of respondents.

In contrast, for Whistler and Pemberton, the next top priority was:

4. **Specialists for chronic conditions**, as indicated by 22% of respondents in Whistler and 25% of respondents in Pemberton.

67%

of respondents in **Squamish** identified urgent primary care as the top priority for health services to access locally.

66%

of respondents in **Whistler** identified urgent primary care as the top priority for health services to access locally.

60%

of respondents in **Pemberton** identified urgent primary care as the top priority for health services to access locally.

4. What we heard

4.2. Survey results

Priorities for health services to access locally

By community

Responses from communities beyond the three health services hubs differed the most. See the table below, with shaded boxes indicating when a different local service was identified as a major priority compared to the overall general corridor trends:

	Bowen Island	South of Squamish	District of Squamish and adjacent areas	Squamish Nation	Whistler	Pemberton	Rural areas outside of Pemberton
1	Urgent primary care	Urgent primary care	Urgent primary care	Diagnostic imaging services	Urgent primary care	Urgent primary care	Diagnostic imaging services
2	Specialists for chronic health problem	Specialists for chronic health problem	Diagnostic imaging services	Urgent primary care	Diagnostic imaging services	Diagnostic imaging services	Mental-health services
3	Long-term care	Diagnostic imaging services	Mental-health services	Pregnancy, labour, delivery and postpartum care	Mental-health services	Mental-health services	Diagnostic imaging services
4	Inpatient care	Surgical services	Pregnancy, labour, delivery and postpartum care	Mental-health services	Rehabilitation	Specialists for chronic health problem	Substance use treatment
5	Diagnostic imaging services	Inpatient care	Surgical services	Rehabilitation	Specialists for chronic health problem	Pregnancy, labour, delivery and postpartum care	Specialists for chronic conditions
6	Ambulatory care	Cancer care	Specialists for chronic health problem	Prenatal and new baby care	Long-term care	Long-term care Ambulatory care	Long-term care

4. What we heard

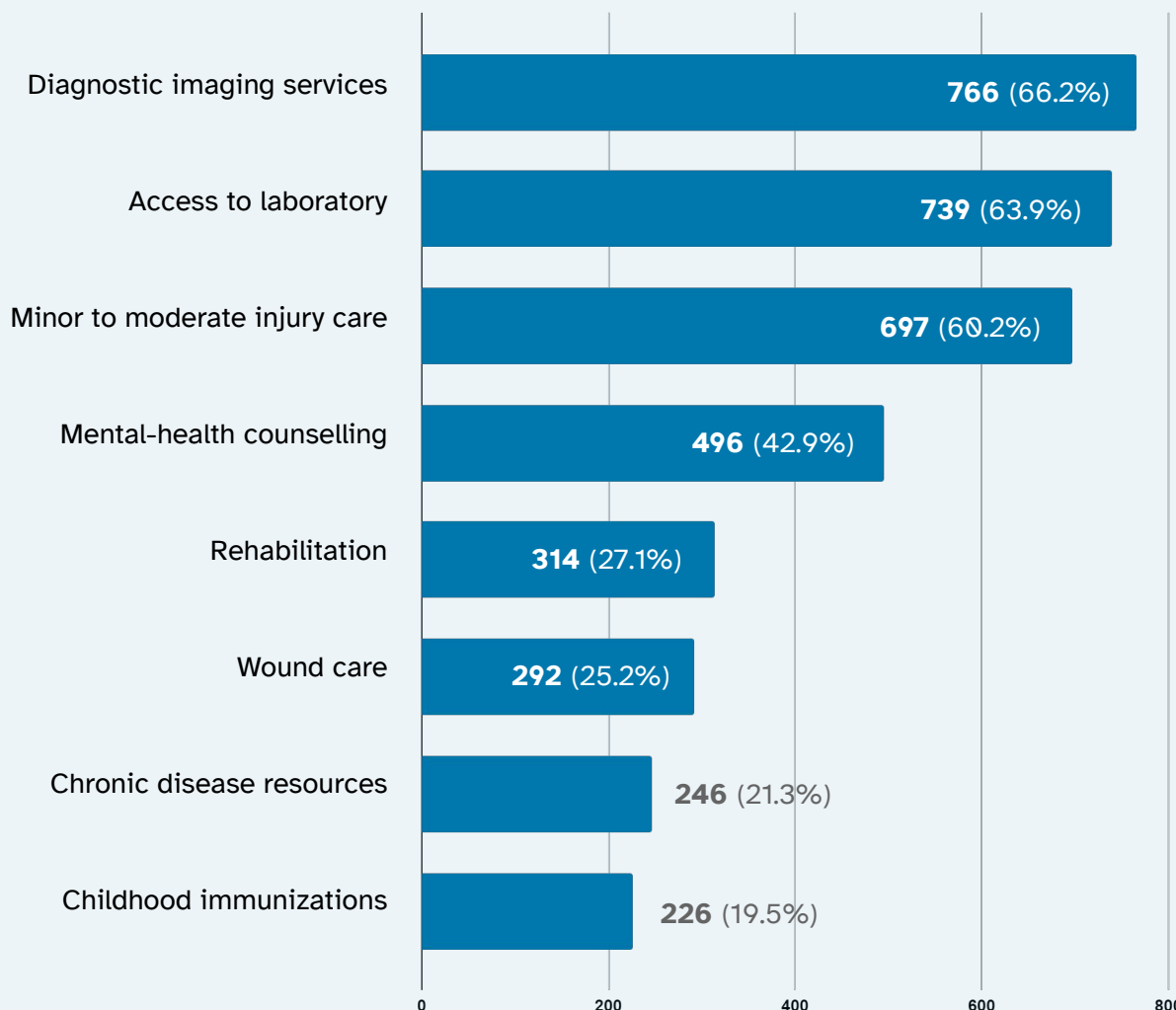
4.2. Survey results

Priorities for health services to access outside hospital setting

Respondents most commonly identified the following health services as being important to have outside a hospital setting within their communities:

1. **Diagnostic imaging services**, as indicated by 66% of respondents.
2. **Access to laboratory**, as indicated by 64% of respondents.
3. **Minor to moderate injury care**, as indicated by 60% of respondents.
4. **Mental-health counselling**, as indicated by 43% of respondents.
5. **Rehabilitation**, as indicated by 27% of respondents.
6. **Wound care**, as indicated by 25% of respondents.

Which of the following services are most important to you and your family to receive in your community outside a hospital setting?



4. What we heard

4.2. Survey results

Priorities for health services to access outside hospital setting

By health services hub

Most communities were aligned in terms of the types of health services their respondents identified as important to receive in their own community settings outside of a hospital. The District of Squamish and adjacent areas, Whistler and Pemberton were most aligned, with Pemberton differing only slightly in the order of its priorities. The Squamish Nation and the communities and First Nations in the rural areas outside of Pemberton showed more unique patterns of responses.

Residents in Squamish and adjacent areas, as well as in Whistler, identified the same six most important health services to access outside a hospital setting in their communities, similar to the overall corridor:

1. **Diagnostic imaging services**, as indicated by 62% of respondents in the District of Squamish and adjacent areas and 66% of respondents in Whistler.
2. **Access to laboratory**, as indicated by 61% of respondents in the District of Squamish and adjacent areas and 66% of respondents in Whistler.
3. **Minor to moderate injury care**, as indicated by 57% of respondents in the District of Squamish and adjacent areas and 57% of respondents in Whistler.
4. **Mental-health counselling**, as indicated by 41% of respondents in the District of Squamish and adjacent areas and 45% of respondents in Whistler.
5. **Rehabilitation**, as indicated by 25% of respondents in the District of Squamish and adjacent areas, notably less commonly compared to the 34% of respondents in Whistler.
6. **Wound care**, as indicated by 22% of respondents in the District of Squamish and adjacent areas, also somewhat less commonly compared to the 28% of respondents in Whistler.

62%

of respondents in Squamish identified diagnostic imaging services as the top priority for health services to access outside a hospital setting.

66%

of respondents in Whistler identified diagnostic imaging services as the top priority for health services to access outside a hospital setting.

4. What we heard

4.2. Survey results

Priorities for health services to access outside hospital setting

By health services hub

Pemberton respondents identified the same six most important health services to access outside a hospital setting in their communities, with a slightly different order:

1. **Diagnostic imaging services**, as indicated by 67% of respondents.
2. **Minor to moderate injury care**, as indicated by 67% of respondents.
3. **Access to laboratory**, as indicated by 57% of respondents.
4. **Mental-health counselling**, as indicated by 30% of respondents.
5. **Wound care**, as indicated by 21% of respondents.
6. **Rehabilitation**, as indicated by 19% of respondents.

67%

of respondents in Pemberton identified diagnostic imaging services as the top priority for health services to access outside a hospital setting.

4. What we heard

4.2. Survey results

Priorities for health services to access outside hospital setting

By community

Responses from communities beyond the three health services hubs differed slightly in priorities. See the table below, with the shaded boxes indicating when a different health service to access outside a hospital setting was identified compared to general trends:

	Bowen Island	South of Squamish	District of Squamish and adjacent areas	Squamish Nation	Whistler	Pemberton	Rural areas outside of Pemberton
1	Minor to moderate injury care	Diagnostic imaging services	Diagnostic imaging services	Diagnostic imaging services	Diagnostic imaging services	Diagnostic imaging services	Diagnostic imaging services
2	Access to laboratory	Minor to moderate injury care	Access to laboratory	Minor to moderate injury care	Access to laboratory	Minor to moderate injury care	Access to laboratory
3	Wound care	Access to laboratory	Minor to moderate injury care	Mental health counselling	Minor to moderate injury care	Access to laboratory	Minor to moderate injury care
4	Diagnostic imaging services	Wound care	Mental health counselling	Access to laboratory	Mental health counselling	Mental health counselling	Mental health counselling
5	Mental health counselling	Hospice or palliative care*	Rehabilitation	Chronic disease resources	Rehabilitation	Wound care	Frequent intravenous (IV) therapies
6	Rehabilitation	Rehabilitation	Wound care	Childhood growth and development	Wound care	Rehabilitation	Chronic disease resources

4. What we heard

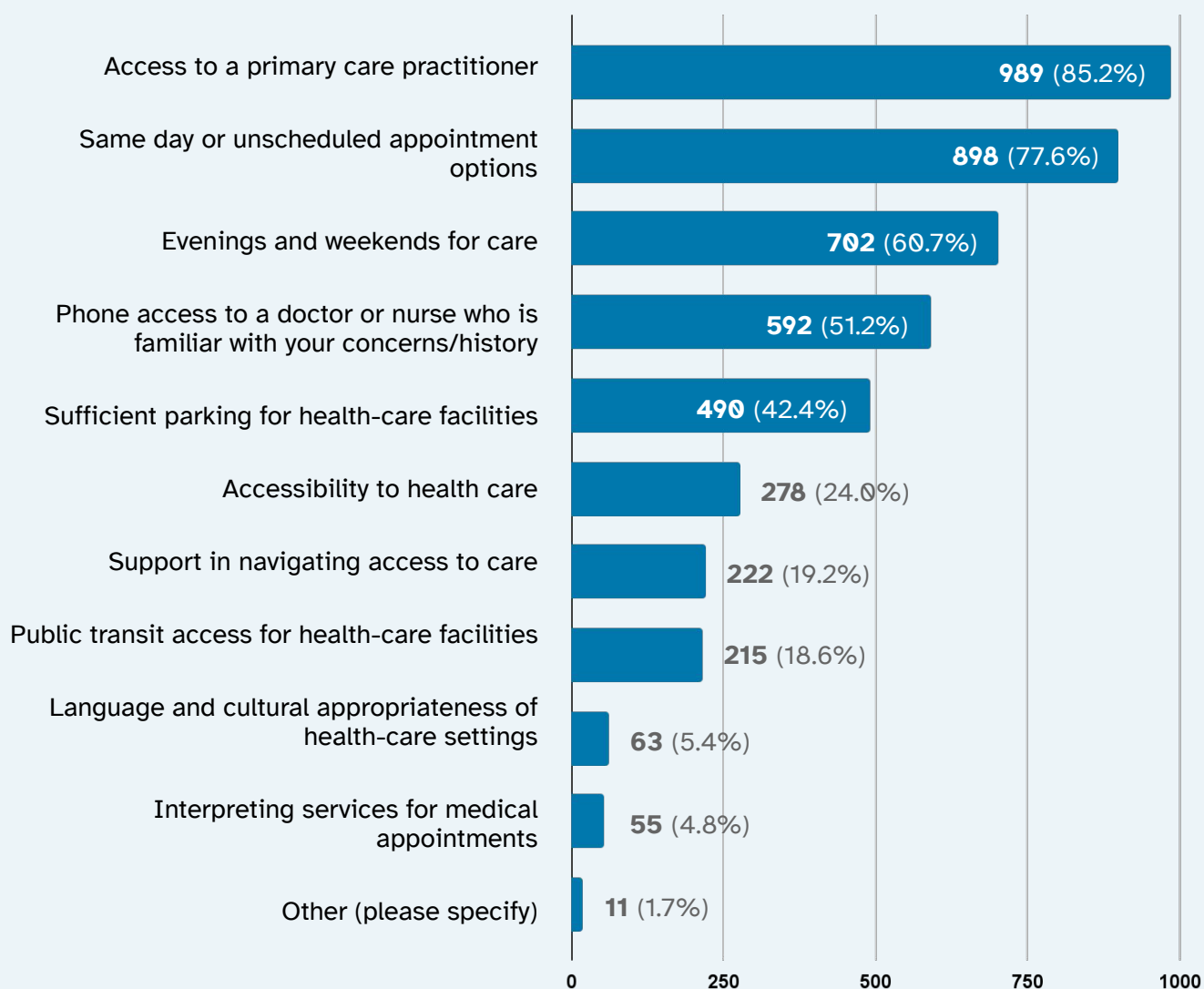
4.2. Survey results

Access considerations for health services

The following are the four access considerations most commonly identified by respondents as being important for the whole Sea to Sky corridor:

1. **Access to a primary care practitioner**, as indicated by 85% of respondents.
2. **Same day or unscheduled appointment options**, as indicated by 78% of respondents.
3. **Evenings and weekends for care**, as indicated by 61% of respondents.
4. **Phone access to a doctor or nurse who is familiar with their concerns or history**, as indicated by 51% of respondents.

Which of the following access considerations are most important to you?



4. What we heard

4.2. Survey results

Access considerations for health services

By health services hub and community

Respondents in the three major health service hubs in the Sea to Sky corridor expressed similar priorities to general Sea to Sky corridor population in terms of the most important access considerations. Each of the communities along the corridor were mostly aligned with their top most important access considerations, differing in only the less commonly reported considerations:

- **District of Squamish and adjacent areas:** Respondents highlighted parking and general accessibility considerations.
- **Whistler:** Sufficient parking for health-care facilities was more commonly reported. Having same-day or unscheduled appointment options was also reported slightly more commonly than other communities.
- **Pemberton:** Respondents indicated with a relatively higher frequency that having the option of evenings and weekends for care is important. This perspective was also shared by respondents in the rural areas beyond Pemberton, which rely on Pemberton Health Centre as a first point of health service.
- **South of Squamish:** The communities of Lions Bay, Furry Creek and Britannia Beach indicated with a much higher frequency that same day or unscheduled appointment options is an important access consideration. Residents from these communities also indicated more frequently the importance of phone access to a doctor or nurse familiar with their concerns or history in comparison to all the other communities. They also indicated the least, however, that public transit access for health care is a consideration of importance to them.
- **Squamish Nation:** Respondents from the Squamish Nation reported the need for public transit more commonly than most of the other communities.
- **Rural areas outside of Pemberton:** The communities of the Xa'xtsa Nation, N'Quatqua Nation, Lil'wat Nation, Samahquam Nation, along with Mount Currie and D'Arcy, indicated far more commonly the importance of having support in navigating access to care, along with the importance of interpreting services for medical appointments. Public transit for accessing health-care facilities was also reported more commonly as important compared to other communities.

Though not as much a priority, respondents of both the Squamish Nation and the communities and First Nations in the rural areas outside of Pemberton also indicated at a much higher frequency that language and cultural appropriateness is an access consideration important to them.

4. What we heard

4.2. Survey results

Other considerations shared by respondents

In the survey, respondents were also given the opportunity to share more open-ended comments with regards to health services in the Sea to Sky corridor. Respondents were prompted with the question, “Is there anything else you want to share?”

Most of the themes aligned with the findings from the other survey questions. The following themes stood out among the 536 responses to this question:

- **Outdated and deficient infrastructure:** Respondents often brought up the need to expand existing medical facilities and services to keep pace with increasing population demands. Some expressed a desire for new, larger hospitals.
- **Shortage of health-care professionals:** Many respondents noted that there is a general shortage of health-care professionals and specialists to high rates of burnout, retirement and high costs of living in most communities in the corridor.
- **Preventative and holistic care:** Some respondents suggested that there should be more funding for services focused on preventative care, as well as complementary health services and education resources to improve overall health outcomes and prevent unnecessary visits to emergency.
- **Women’s health services:** Some respondents noted the need for more women’s health services in the corridor, including more clinics that offer intrauterine device (IUD) insertions and maternal screening services and care for pregnant women.
- **Long-term care needs:** Some respondents shared concerns for the rapidly ageing population in their communities, expressing the need for more long-term care capacity and support, as well as more home care and palliative care services within the corridor so that families do not have to be separated.
- **Needs of Indigenous communities:** Some respondents noted that health-care services are currently unable to meet all of the needs of First Nations communities in the corridor, noting the need to accommodate equity and culturally specific needs.

Geographical challenges

Though the barriers related to transportation and transit along the Sea to Sky Corridor are outside of the project scope, one of the most common themes to come out of the open-ended comments in the public-survey was the issue of geographical challenges. Respondents commonly shared concerns about disjointed services and limited communication between health service providers across the corridor, barriers with accessing transportation to get to appointments and specialized care services across the corridor.

4.3. Interview and focus group findings

Gaps, challenges and concerns

The health-care system is unable to match changing and increasing service demands. A key theme throughout focus groups and interviews' semi-structured discussion was that the population in the corridor has rapidly increased in recent years. This growth has both increased and shifted the demands on the health-care system. Specifically, participants noted:

- **The diversity of health concerns has increased.** Since the pandemic, more people have made the corridor their permanent/primary home, relying more on health services in the region than before. Young families are increasingly moving to the region and are being joined by their ageing parents. Moreover, there are more complex trauma cases due to the popularity of extreme sports in the region.
- **There is an urgent need for additional senior services and care.** Access to health-care services for chronic illnesses has become a challenge and long-term care options in the region are lacking. People have a desire to age in place, but Hilltop House in Squamish is the only long-term care option. Even without population pressure, communities in the north of the corridor would still have to travel far to Squamish for long-term care. Hilltop House is also at capacity, meaning acute care beds in hospitals are being taken up or that seniors have to move even farther from their communities for long-term care.
- **There is a lack of specialized services in the corridor.** Patients must leave the community or endure long wait times for visiting specialists. The corridor lacks services like chemotherapy, intravenous therapy, antibiotics, mammograms and more. Participants also noted that there are limited mental-health and youth services.

Staffing shortages:

Participants noted that some of the capacity challenges in the region are, in their views due, to staffing shortages, which they believe stem from recruitment and retention challenges. Specifically, they shared the following concerns:

- Health-care providers are overworked and burning out.
- General practitioners are retiring, and there are fewer younger physicians moving to the region to replace them.
- The high costs of housing and living makes it challenging to attract and retain health-care providers and staff in the region.

Facilities and equipment are outdated, lacking, or over-capacity. Physical spaces and staffing have not kept pace with the rapid population growth, meaning existing facilities and equipment are too small and are over-capacity across the region. Participants noted this as a critical challenge overall. Specifically, they also expressed:

- **Emergency departments are over-capacity,** which impacts quality of care, and waiting rooms across the region have increasingly long wait times.
- **The rural hospital design is no longer sufficient** for operations at SGH.
- **Diagnostics imaging equipment is needed across the corridor,** especially at SGH, which is overdue for a CT scanner.
- **All three health centres do not have enough space to meet the needs of patients.** This has been an ongoing problem that will only worsen if space and capacity issues are not addressed.

4.3. Interview and focus group findings

Limited transportation options:

Many participants highlighted that there are significant transportation barriers between Sea to Sky communities and the North Shore and Lower Mainland. There are no public transit options for those travelling between communities for medical care and appointments, which is a challenge for seniors and those with lower incomes or without access to private vehicles. Although public transportation falls outside of VCH and the Health Vision Sea to Sky's scope, connectivity and transit issues are important since residents of the corridor are unable to access many specialized services due to transportation barriers.

Relatedly, a lack of reliable transportation results in challenges with discharging or transferring patients in a timely manner, meaning patients are being kept on-site longer than necessary, further exacerbating the challenges with limited space at hospital sites. Participants also noted that the ambulance service needs to be expanded in the corridor. Transportation challenges were particularly emphasized as a barrier that needs to be addressed for First Nations communities beyond Pemberton. Repeatedly, participants highlighted the importance of a robust and multifaceted transportation system to support health-care delivery.

Priorities for the future

Address local service delivery gaps. As the region grows, accessing health services locally will be essential to providing quality care for residents. Participants highlighted the importance of decreasing dependency on the North Shore for health services, so that residents do not have to travel far for medical care. They also proposed:

- **Develop a decentralized model across the region.** Participants shared a vision of a model where the three health services hubs work together as one network and services are distributed across the corridor.
- **Improve the health-care delivery model to meet community priorities.** Work with health-care providers in each community to meet local needs.
- **Have better diagnostic equipment in the corridor.** Specifically, add a CT scanner and MRI at SGH (especially as Whistler's CT scanner ages).
- **Increase specialized services in the corridor.** There is a need for more allied health services, chemotherapy and orthopaedic care across the region, plus a need for a maternity ward at SGH.
- **Add urgent care services.** Access to a primary urgent care centre in Squamish would lessen the burden or demands on emergency services.
- **Improve mental and public health services in the region.** There is a need for more youth and sexual health clinics, as well as more psychologists and clinicians.
- **Provide more localized long-term care options.** Hilltop House in Squamish is over-capacity. Introduce hospice and long-term care options in Pemberton and Whistler.

4. What we heard

4.3. Interview and focus group findings

Consider co-location and integrated services.

Participants noted that further integration of services is needed to improve health-care delivery across the region. They proposed exploring partnership models that can support better primary care, as well as co-locating future health facilities with clinics, labs and other services that can support the patient journey through the health system as a whole.

Meet First Nations communities' unique needs.

Many participants highlighted that co-developing and delivering health services together with First Nations communities will be essential to ensuring that culturally appropriate, trauma-informed health-care is provided outside of Pemberton and for the Sea to Sky's large Indigenous population. They highlighted a need for specific Indigenous engagement efforts and co-created solutions that allow community members to access health care as locally as possible.

Increase connectivity and access across the corridor.

Addressing transportation and access challenges in the region was noted as a top priority by many participants. In addition to increasing regional transit options, which fall outside VCH's scope, participants highlighted a need to explore mobile health services and consider infrastructure that can support rotating specialists and services that can be brought into communities more regularly.

Current successes

Despite many challenges and gaps to address, participants also highlighted some of the positive aspects of the current system:

- **High quality of service despite limitations:** Despite a lack of space and appropriate infrastructure, staff work hard to continuously provide the highest quality of care possible. Each site was celebrated for using limited resources creatively to maximize their potential and for the world-class level of care that is being provided in the region. There is also the benefit of having a sense of community, familiarity and rural charm that results from the small size of each health services hub.
- **Co-location and regional partnerships:** There is value in co-located services, both for the quality of care patients are able to receive and the efficiency of having different health providers and departments working alongside each other. Participants also celebrated the successes of the Whistler 360 community health model and the impact that the Foundry is having on access to services in Squamish.
- **Improvements towards a local delivery model:** Although far from being complete, participants did highlight a few successful examples of localized service delivery, such as Whistler's orthopaedic care services and fracture clinic, plus the fact that they have a CT scanner on site.

4.3. Interview and focus group findings

Additional Considerations

Other common themes that are outside the scope of the Health Vision Sea to Sky, but which were brought up in focus group discussions and interviews include:

- **Housing and cost of living:** Housing affordability was closely connected to the discussions regarding staff recruitment and retention. Affordable, secure housing for staff and health-care workers is essential to bringing more resources to the region and expanding health services. Relatedly, childcare was highlighted as another barrier to bringing workers to the region, as the cost of living continues to increase.
- **Lack of primary care:** Many participants pointed to the lack of primary care providers (physicians and nurse practitioners) as a key health-care challenge in the region. With limited family doctors, many patients are relying on the hospitals and health centres' emergency departments for care, further contributing to over-congestion in these spaces.
- **Communication with foundations:** Another theme that emerged through discussions was the need for improved communication between VCH and the foundations, which have previously played an important role in raising funds for missing services.
- **Limited public transportation:** As described, the lack of regional transportation came up several times as a barrier to access for health-care services in the corridor. Although not within VCH's jurisdiction, it was highlighted as a key challenge and priority for the success of future health care delivery in the region.

5. Next steps

Phasing and Timing

Following this phase of engagement, there will be two more rounds of community engagement. Phase 2 is anticipated to take place in winter 2024, and Phase 3 is anticipated in autumn 2024.

Collectively, information gathered through these phases of engagement will help VCH address and plan for the future of health care by developing the Health Vision Sea to Sky: the integrated high-level master plan and site plans for the Squamish, Whistler and Pemberton areas.

Phase 2

Prior to Phase 2, the engagement team will report back on what was heard in the Visioning phase. Phase 2 engagement will focus on engagement on the draft clinical services plan.

Phase 3

In Phase 3, the engagement team will report back on what was heard in Phase 2 and engage on individual site plans (including potential future infrastructure) for Squamish, Whistler and Pemberton.



