

2019–2025: Esquimalt's Health Journey

Community Intelligence & Insights.
Shared Priorities.
Informed Action.

Recent results from the 2025 CHNA Refresh on how *Esquimalt's Primary Care System* is measuring up. Tonight is about the evidence and what it implies for action. This refresh shows what has changed since 2019, what didn't, and what the Township can do next.



💡 UNIQUE APPROACH

Why This Report Exists

Township of Esquimalt is unique in collecting neighbourhood -level data to support its planning. Few active local surveys provide neighbourhood-level health intelligence to inform evidence-based decision-making..

Localized Intelligence

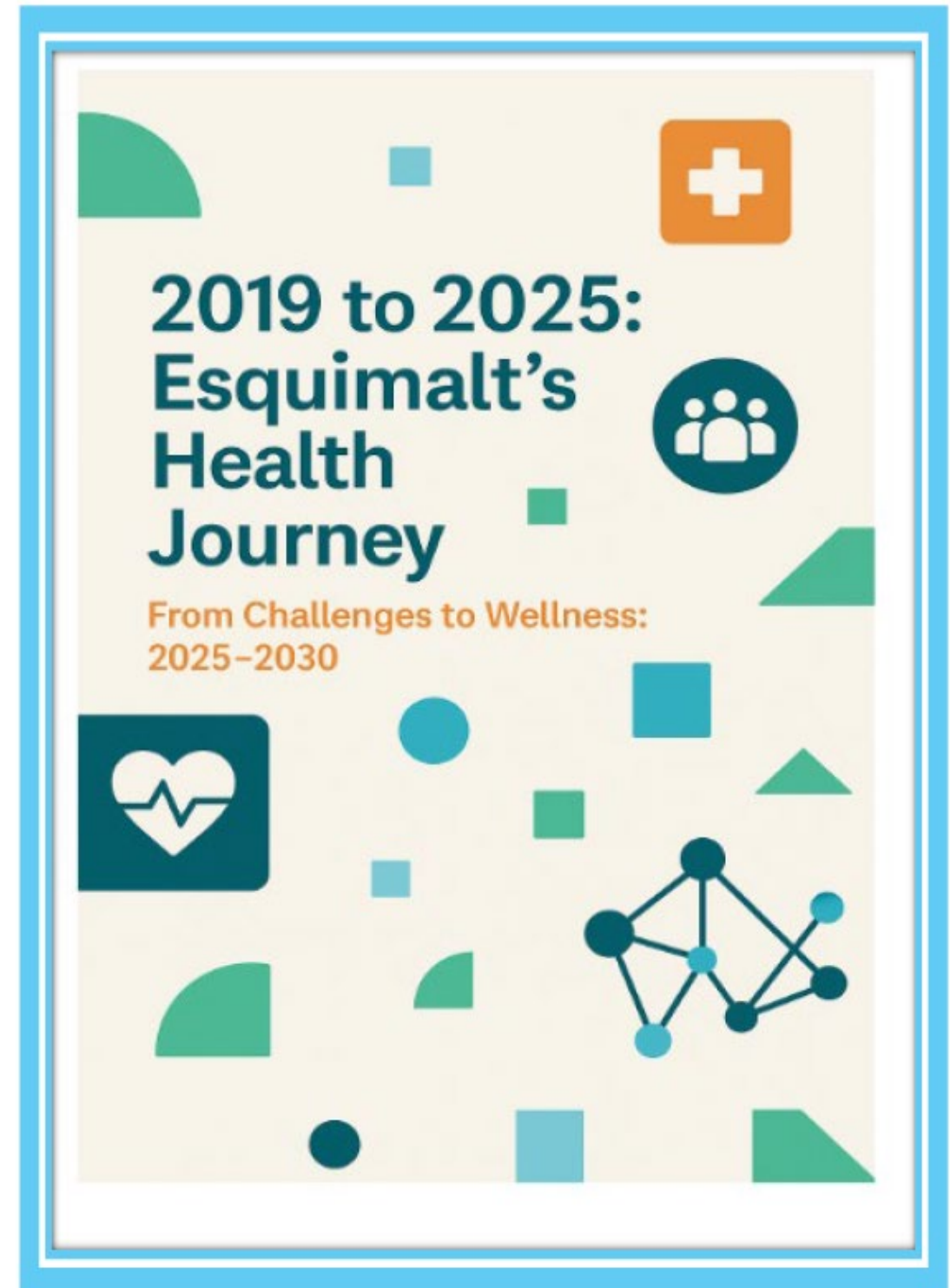
**Not a generic health profile—
designed specifically for the
needs of Esquimalt residents.**

Municipal Stewardship

**Intended to support decisions
and advocacy at the local level
embedding transparency,
accountability and outcomes.**

Partnership Influence

Designed to inform funding priorities and collaborative initiatives



LOCAL VOICES, MOVING FROM INSIGHT TO INFORMED ACTION

SURVEYS

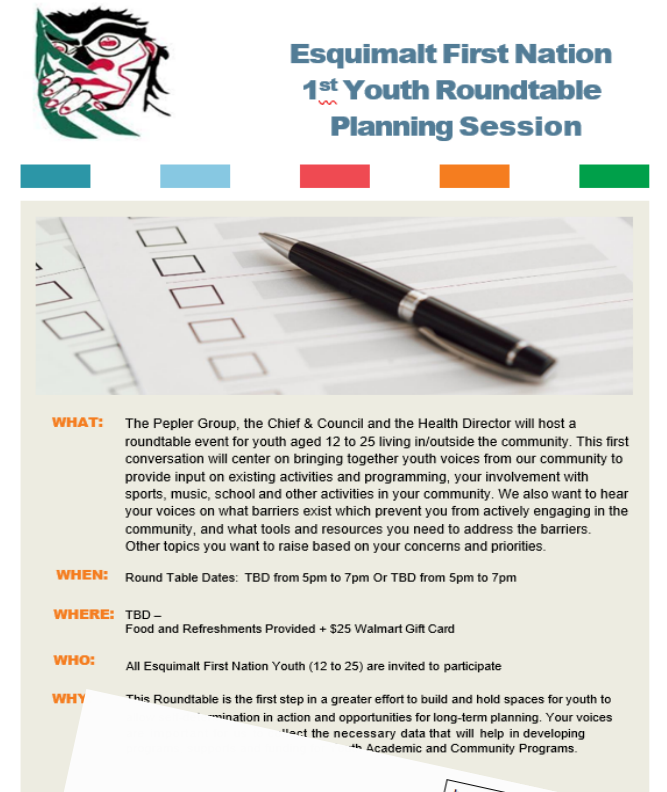
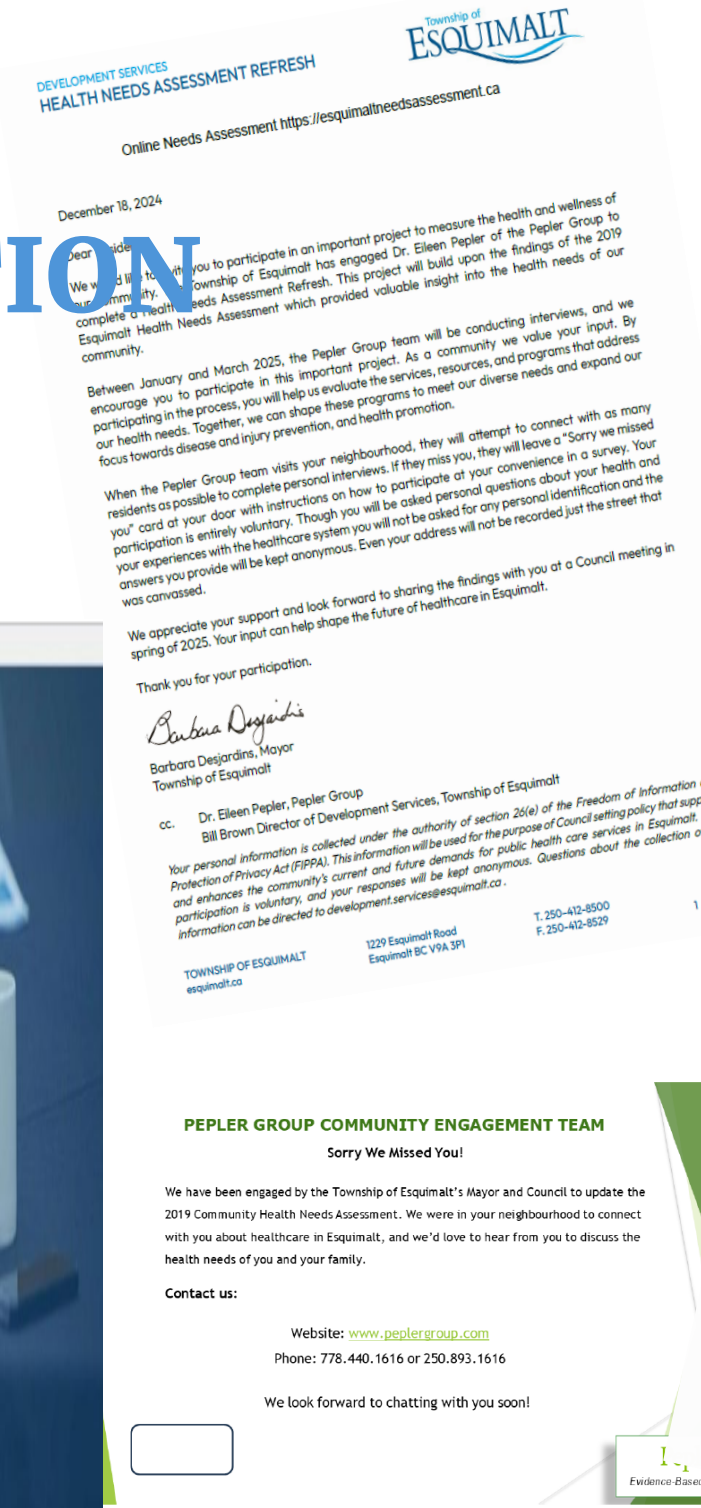
- Door Knocking
- Construction Sites
- Country Grocers
- Save-On Foods
- Shoppers Drug Mart
- Dollarama
- Starbucks
- 1:1 Interviews
- Focus Groups
- Telephone Interviews
- Key Informants

LOCAL ORGANIZATIONS

78+

RESPONSES

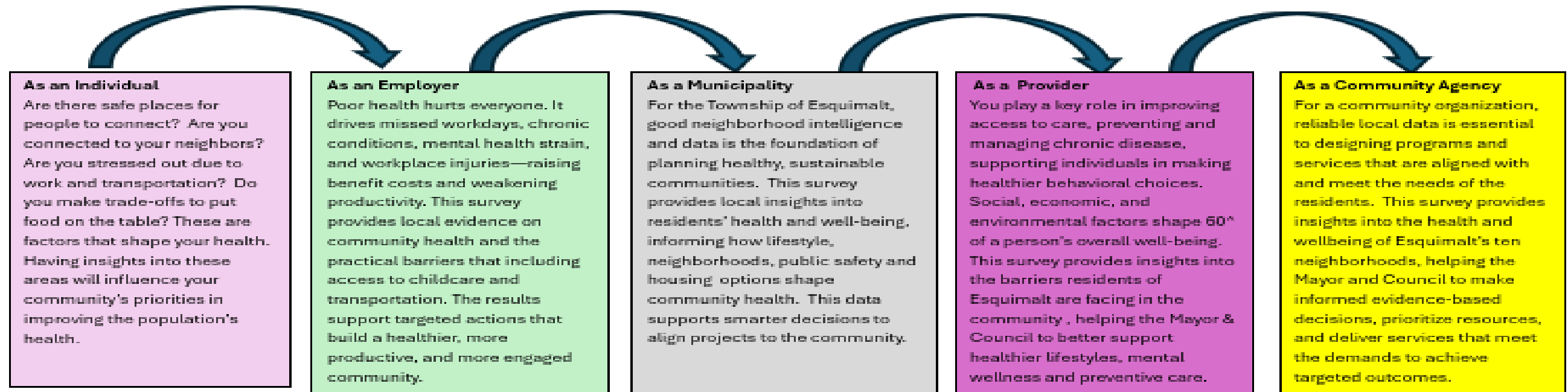
900
1,750
Comments



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Smart Systems for Better Outcomes

Why is the CHNA 2025 Refresh Study survey results matter?

Everyone has a role to play in building a healthier Esquimalt. See below how the data connects to your everyday life. The intention is to use the data—Moving from Insight to Action!

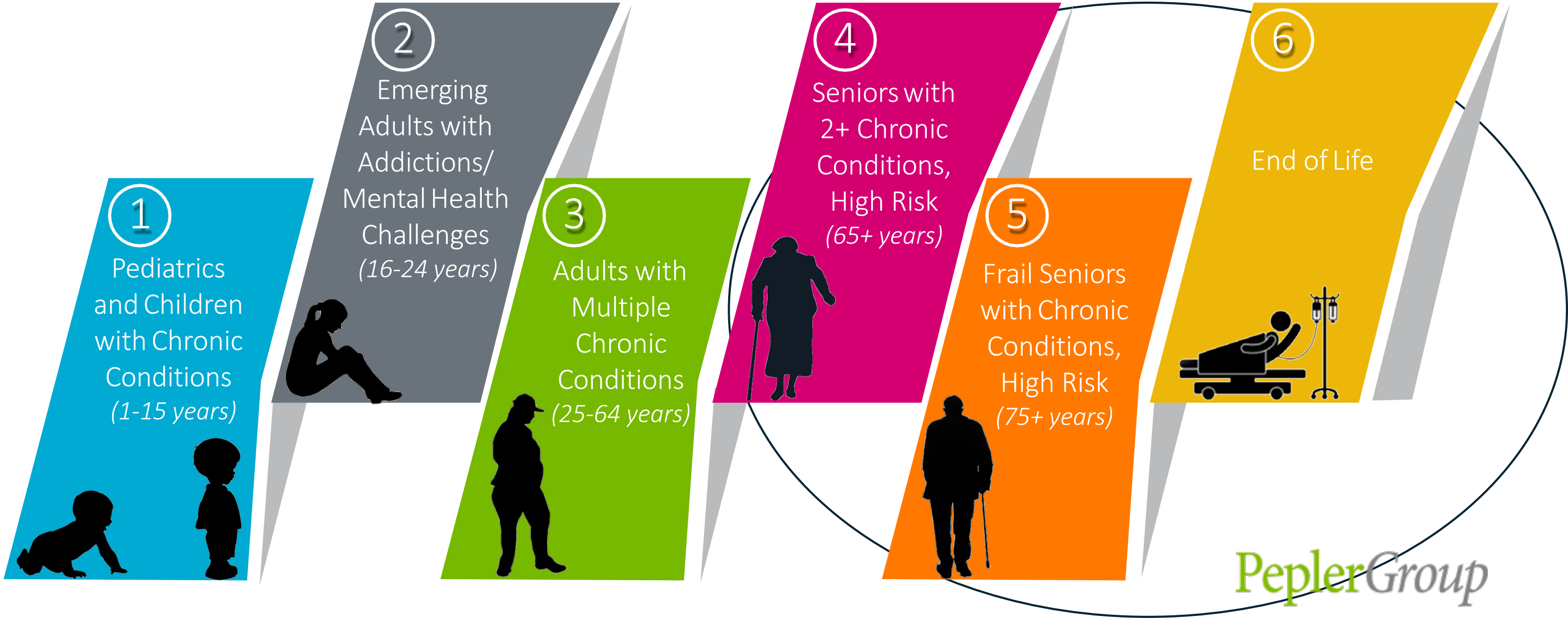


This data belongs to the people of Esquimalt and helps the Mayor and Council to guide OCP policies, shape services, prioritize projects and expand and build new partnerships to support the wellbeing of the community. The Report is available on the Township's website to explore, and share. Use the data, Share the insight. Move forward together.

Trying to predict the future is like trying to drive down a country road at night with no lights while looking out the back window." - Peter Drucker

How Healthy Has the Population Aged?

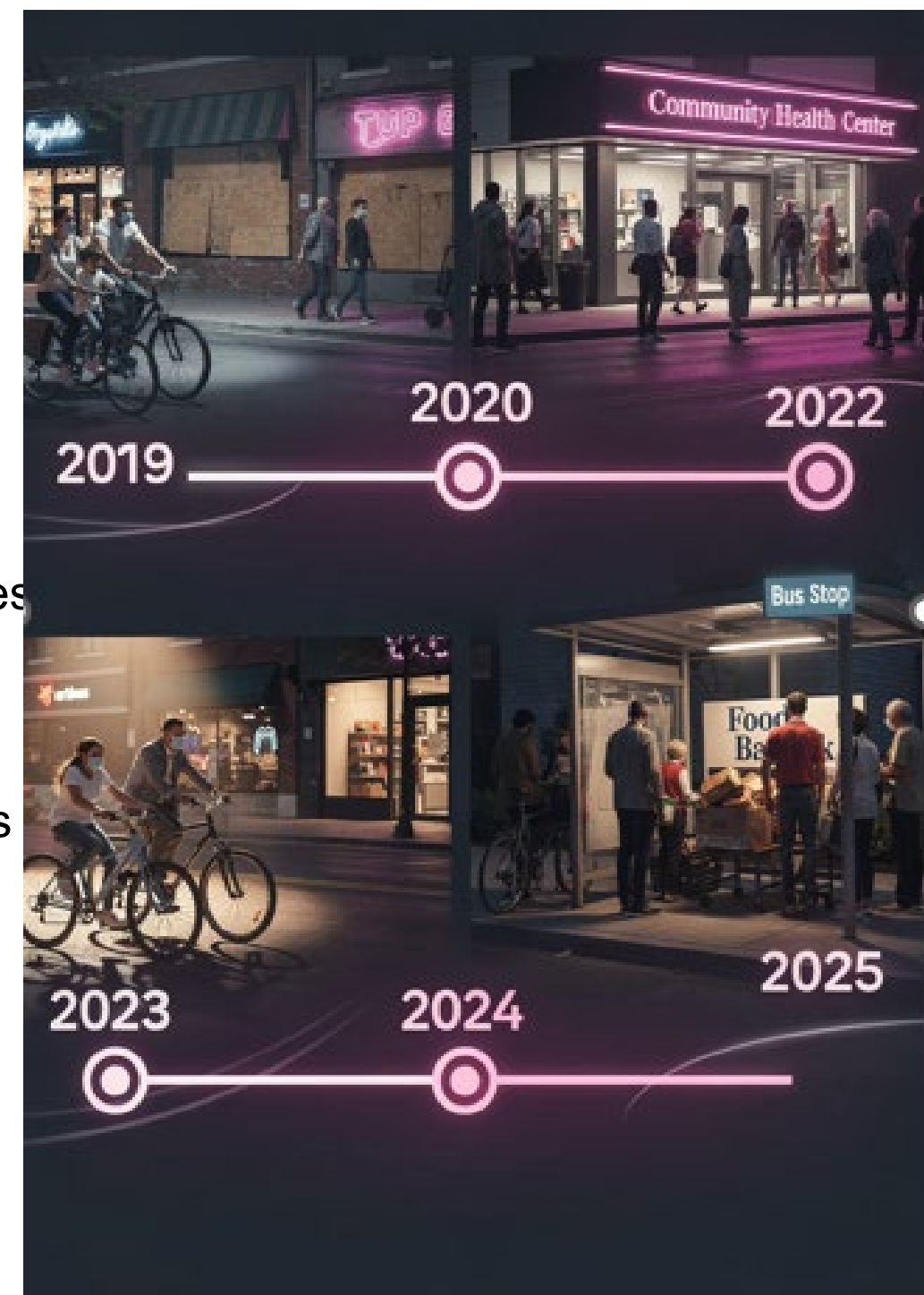
Since 2019, **health data reveals** that the 65+ demographic has faced **increased prevalence of certain health issues and difficulties accessing care**, suggesting a departure from an ideal healthy aging path for many."



What's Changed Since 2019

- 1 — 2019 CHNA**
Initial community health needs assessment established baseline
- 2 — 2020 COVID Impact**
Pandemic accelerated existing pressures and created new challenges
- 3 — UPCC Opens (2021)**
Urgent and Primary Care Centre established to address access gaps
- 4 — 2025 Refresh**
Updated assessment reveals persistent and intensified pressures

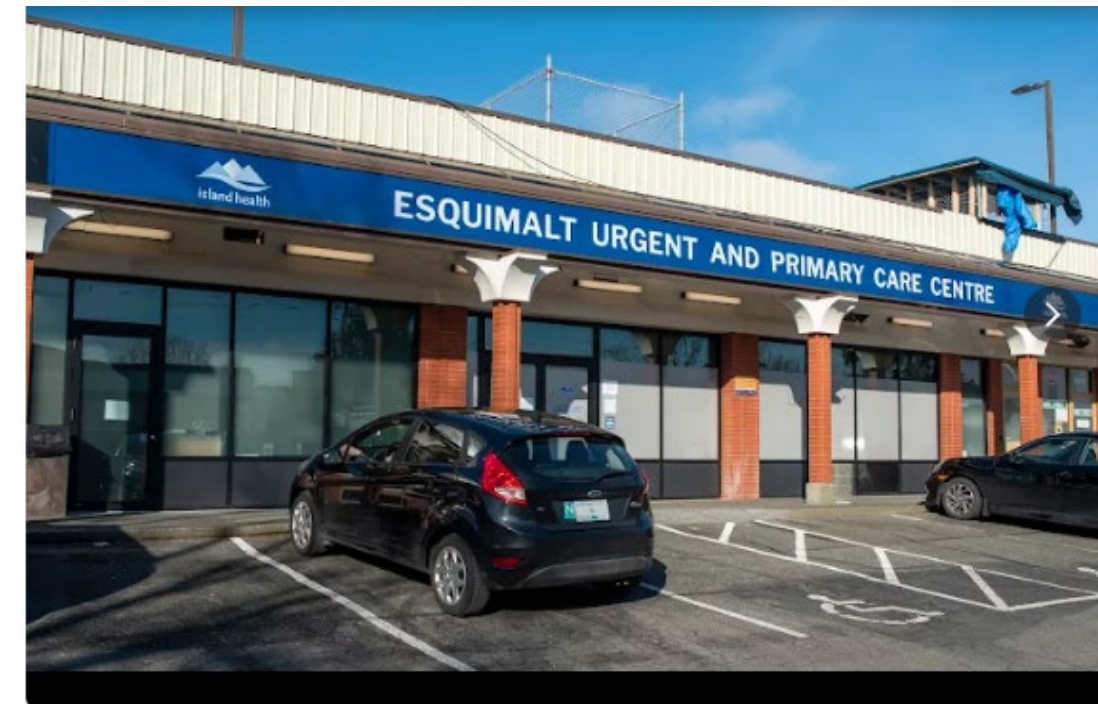
Post-COVID shifts combined with rapid growth in residents 75+, affordability challenges, and service reconfiguration have transformed the landscape. COVID accelerated pressures that were already visible in 2019.



2019 to 2025: ESQUIMALT'S HEALTH AT A GLANCE

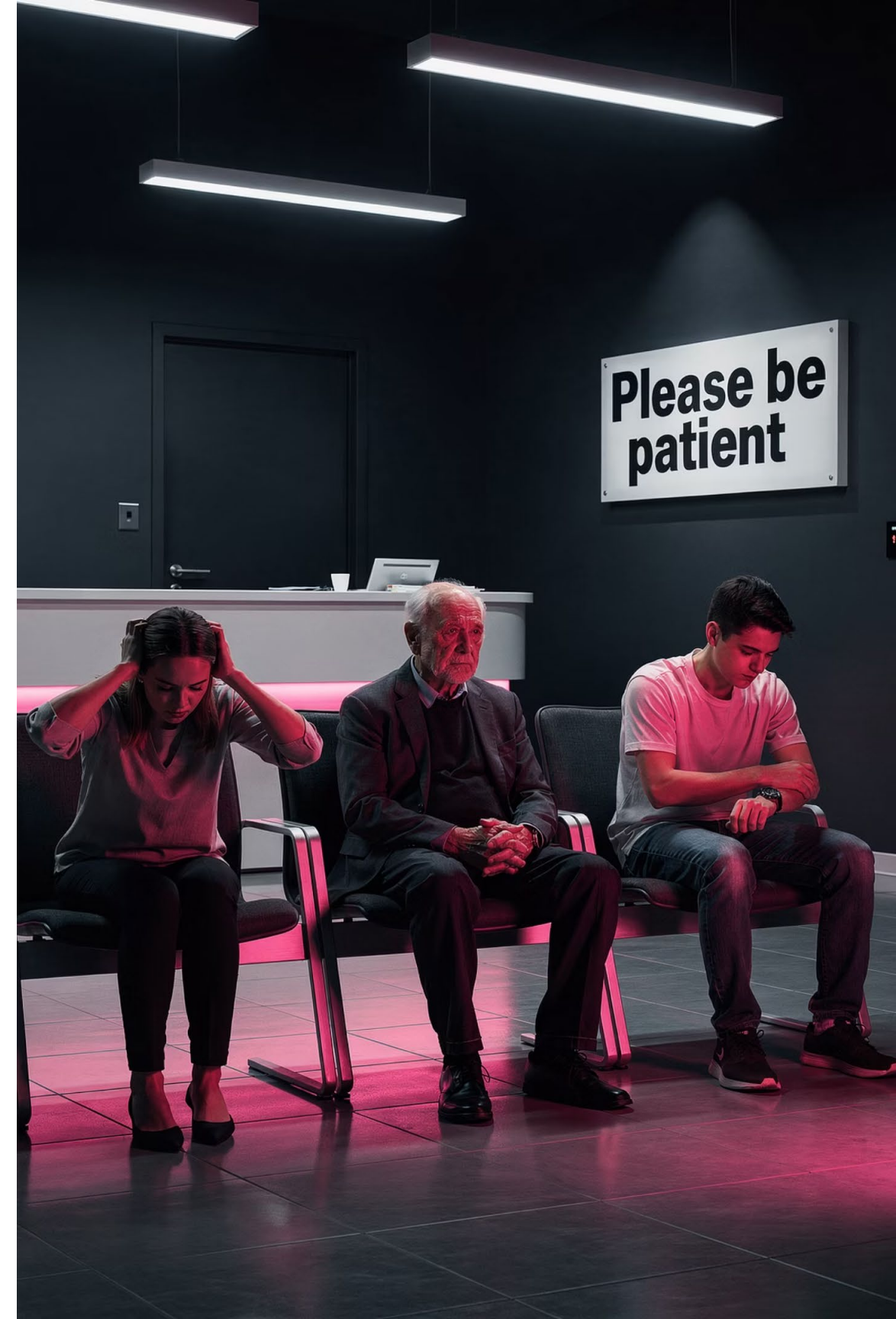


- *2025 Refresh of CHNA Shows almost 6,500 to 7,800 People Don't have a Regular Doctor/Nurse Practitioner (Unattached) Attachment below BC/Island Health provincial targets*
- *Esquimalt has a UPCC in the community* but access continues to be difficult, local clinical capacity delayed, limited access forcing Emergency Room visits
- Results show a *significant decrease in access to health & mental health care* since the last survey in 2019—yet there is still a long way to go to meet the needs of the community.
- *38% of respondents report* having a regular family doctor or nurse practitioner stated paying a subscription/membership fee ranging from *\$1200 to \$10,800 annually* --- a substantial change from 2019.



The Impact on the Health of the Community is Significant

Residents report fatigue from being consulted without meaningful change. This report doesn't start from scratch —it shows how the challenges with the service system and access to care have persisted and intensified since 2019.



The 5 Repeating Clusters

Across every survey tool, the same themes rose to the top.

These five clusters represent the persistent priorities identified by [Esquimalt survey participants](#).



Primary Care Access

Difficulty finding and attaching to family doctors and accessing walk-in clinics



Mental Health & Substance Use

Limited local supports and crisis-weighted system responses



Aging & Caregiver Strain

Growing needs for ageing-in-place supports and caregiver resources



Navigation & Fragmentation

Disjointed handoffs and lack of clear pathways through the system



Equity & Cultural Inclusion

Barriers to access based on income, culture, and social determinants

Why Is It So Hard to Get a Doctor's Appointment in Esquimalt?

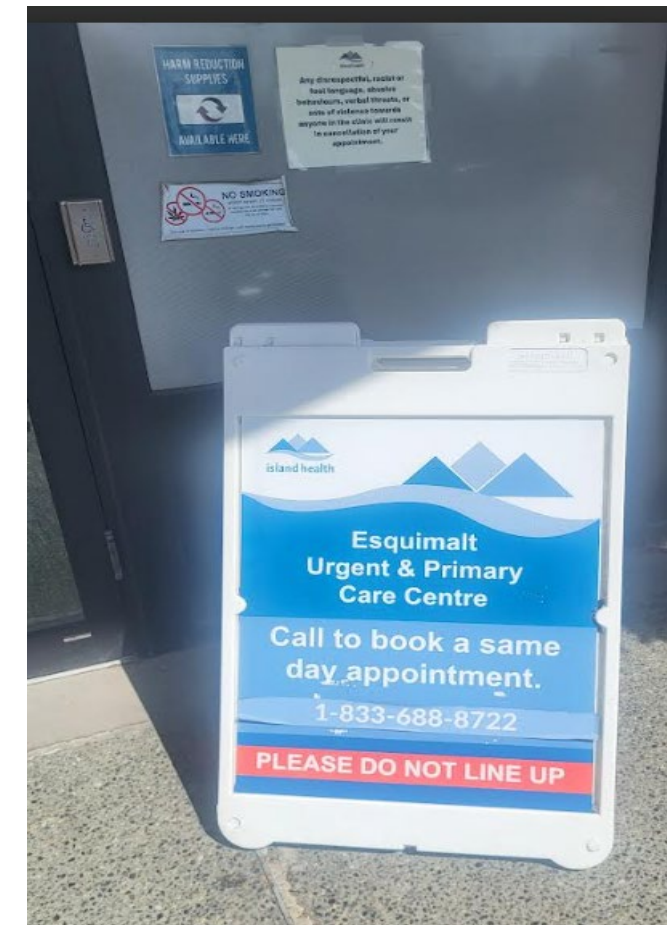
It has been difficult to get a doctor's appointment in Greater Victoria, BC, from 2019 to 2025 due to a **complex interplay of doctor shortages, an aging population with increasing health needs, and an outdated payment model** that has discouraged physicians from private family practice. **Many residents cited the following barriers:**

Physician Burnout and Attrition
Outdated Fee-for-Service Model
High Operating Costs
Lack of after-hours & w/e access
Aging Population – Complex Care
Victoria rental and utilities costs

Clinic Closures
Decline in New Family Physicians
Access Subscription/Membership Fees
Culturally Unsafe Care
Transportation Costs
Waiting Times – UPCC at capacity

Government Actions and Current Situation (as of 2025)

In response, the BC government and Doctors of BC introduced a new payment model for family physicians in 2023, which factors in patient complexity and overhead costs. The province has also focused on team-based care and recruiting internationally trained doctors. Despite these efforts, in 2025, a significant portion of BC residents, including many in Greater Victoria, still did not have a family doctor, and wait times at clinics remained high. Residents can register for a primary-care provider through the provincial Health Connect Registry.



Today's Reality: Primary Care Access

2019

25 walk-in clinics provided accessible primary care options within the community and across Greater Victoria



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2025

1 clinic + 1 UPCC with capacity constraints—both reach full capacity early most days. Many cited repeatedly calling for 2-3 hours



Then vs Now

The Accountability Table

This table is your through-line: 2019 focus areas are still the 2025 pressure points. Local capacity has been delayed or limited, and recruitment of clinical resources has not aligned to demand.

Focus Area	2019 Priority	2025 Status
Primary Care	Improve access and attachment	Walk-ins closed; UPCC at capacity; unattached residents increasing
Infrastructure	Expand local capacity	Limited progress; recruitment gaps persist
Seniors/Aging	Support aging in place/home	75+ population growing rapidly; caregiver strain intensifying
Indicators	Track and report progress	High -level profiles only; local metrics not routinely shared

Access Breakdown

The Numbers Tell the Story

This is the "so what" in numbers: when primary care access fails, the system shifts cost and harm downstream. ED reliance is the dominant symptom of system failure.

25 → 1 \$ 1.2K - \$ 10K Full

Walk -in Clinics

Dramatic reduction in accessible primary care options

Membership Fees

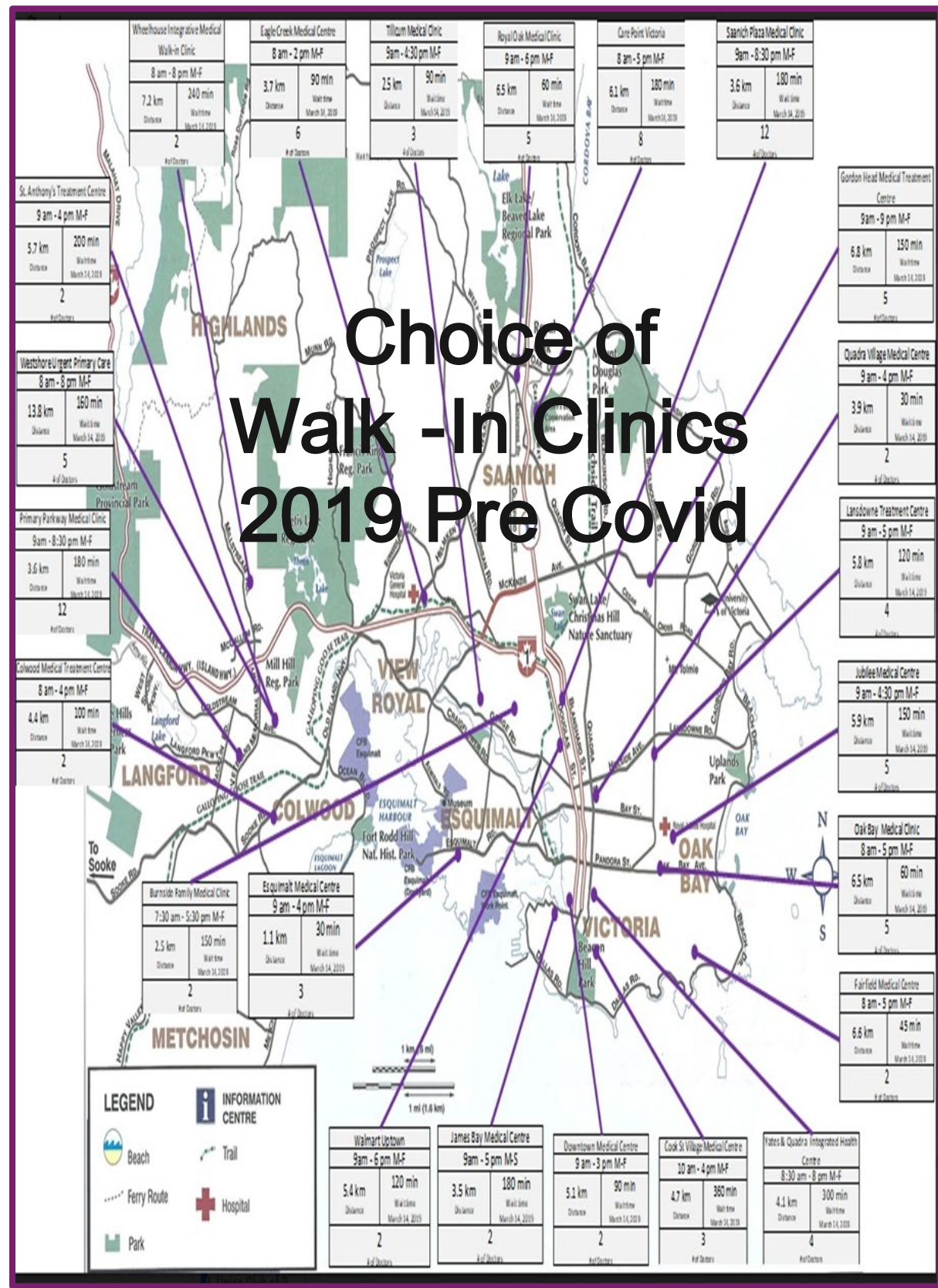
Annual costs for subscription-based clinic access – annual increases

Daily Capacity

UPCC and remaining clinic reach capacity early most days (8:05-8:15 am)

Critical Finding: Clinic "full/no new patients" status now includes reported membership and subscription fees ranging from \$1,200 to \$10,000 annually. Several respondents commented on having to make tradeoffs to meet out-of-pocket costs—food etc.

Backup clinic is the Emergency Department—people leaving without being seen owing to the long wait times- respondents reported, 8 to 12 hours.





Equity Pressure

38% of respondents who reported having a doctor, stated they paid to access care. 86% of survey participants stated this was a major barrier and reinforces equity issues across the community.

Subscription and membership fees are repeatedly cited as barriers, particularly harmful for seniors, parents, and youth. Residents are asking why out-of-pocket fees are becoming normal in a publicly funded system. Many respondent comments included statements of refusing to pay, noting that more GPs plan to introduce fees for patient access—is this promoting a 2-tier system—affordability is a major problem for many residents and their families.

Municipal Equity Issue

This is as much a municipal equity concern as a health access issue— affecting community cohesion and fairness

Vulnerable Populations

Seniors on fixed incomes, families with children, and youth face the greatest barriers to paid access models

System Contradiction

Private fees emerging within a publicly funded healthcare system create fundamental access inequities



The Community's Recruitment & Retention Gap



Same Pool

Municipalities competing from the same limited pool of healthcare providers



No Strategy

Lack of structured recruitment and retention strategy across the region



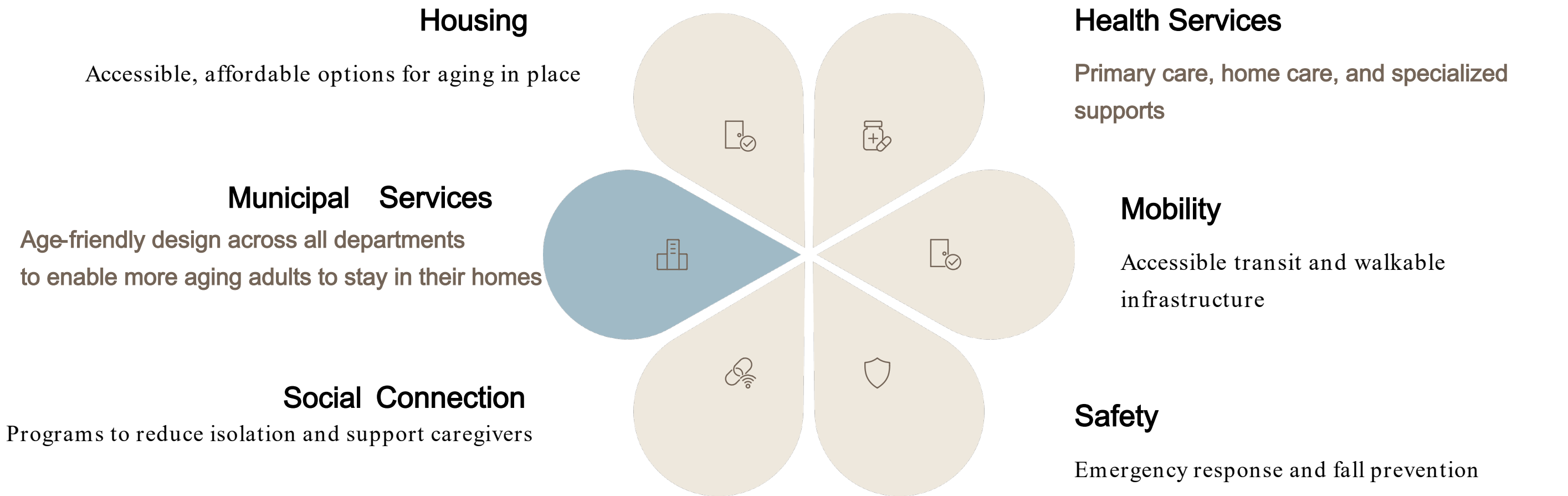
Missing Focus

Recruitment hasn't been organized as a disciplined, visible priority.
Population Aging needs complex care— geriatric services

The report is clear: pressures persist partly because recruitment and retention hasn't been organized as a disciplined, visible priority. Without coordinated action, municipalities will continue competing for scarce resources. Referrals to Geriatric Care or Specialty Care is increasingly difficult for residents – if 'unattached' or emergency care is the only resource to continuity of care.

Neighborhood Aging is Accelerating

Survey used a *traffic light approach* to identify variation in service pressures across Esquimalt’s neighborhoods. Findings suggest aging is not just "seniors programming"—it's **structural demand** shaping multiple municipal systems. Caregiver burnout and ageing-in-place needs are rising rapidly and is proving to be an intergenerational issue leading to an economical impact on families.





Neighbourhood Intelligence

Why Localized Demand Matters

Esquimalt is divided into 10 neighborhoods, each with distinct demographic profiles and needs. Neighbourhood-level variation means a generic response won't work effectively.

This section informs Council where pressure will be most acute and where targeted action will pay off. Understanding localized demand enables strategic resource allocation and responsive planning to the population aging and disability needs of its residents.

01

Identify Pressure Points

Map demographic concentrations and service gaps by neighbourhood

02

Target Resources

Allocate supports where they're needed most

03

Measure Impact

Track outcomes at the neighbourhood level



Esquimalt's Aging Pressure Summary

The Study Team used a *Traffic Light (red, yellow & green)* approach to inform the population aging and required planning intelligence, not as a grade. This analysis helps identify where to focus agefriendly initiatives and support services.

High Aging Pressure

- Esquimalt Village
- Craigflower
- Colville Road
- Rockheights

Moderate Pressure

- Gorge Vale
- Parklands
- Saxe Point

Lower Pressure

- Signal Hill
- West Bay
- CFB Esquimalt-Naden/Work Point

Neighborhood Profiles

Metric	2025	2035	% Change
Total Population 65+	3,625	4,850	56%
% of Population	21%	32%	↑ aging share
Single-Person Seniors	1,600	2,300	44%

Neighborhood Top 5 Priorities

1. Access to continuity of care
2. Doctor subscription/membership fees
3. Mental health burden
4. Aging in place needs are increasing
5. Service Navigation for seniors, people living with disabilities and caregivers

NEIGHBORHOOD	POPULATION PROFILE	PLANNING IMPLICATIONS
ESQUIMALT VILLAGE	High density & transient populations.	Increase access to walk-in care, addiction services & public safety.
CRAIGFLOWER	Significant aging pressure, high rental density.	Focus on housing retrofits and homecare support.
COLVILLE ROAD	Mixed demographics, rising youth mental health needs	Expand access to youth and adult mental health with family supports.
GORGE VALE	Older adult population with mobility issues.	Improve walkability and access to connection events and/or community hubs.
PARKLANDS	Stable population but aging rapidly.	Prioritize senior friendly public spaces, outreach and prepare for higher healthcare services demand in 2030 & beyond.
ROCKHEIGHTS	Families with young children and seniors co-located.	Plan for intergeneration care and play spaces.
SAXE POINT	High proportion of seniors living alone	Strengthen social prescribing and outreach supports to reduce loneliness/isolation.
WEST BAY	Smaller population, growing with infill development.	Ensure early infrastructure investments and align purposefully built with demand.
SIGNAL HILL	Mixed use area with pockets of isolation.	Increase neighborhood safety and connectivity efforts.
CFB ESQUIMALT	Military families with limited local health care access.	Coordinate pediatric and after-hour care with DND to fill gaps in attachment and access to care.

Navigation & Fragmentation

Why People Default to ER/911

No Navigation Info

Residents and providers report lack of local navigation information and clear pathways

Try UPCC/811

Attempt to access urgent care or health line, often with limited success or long waits

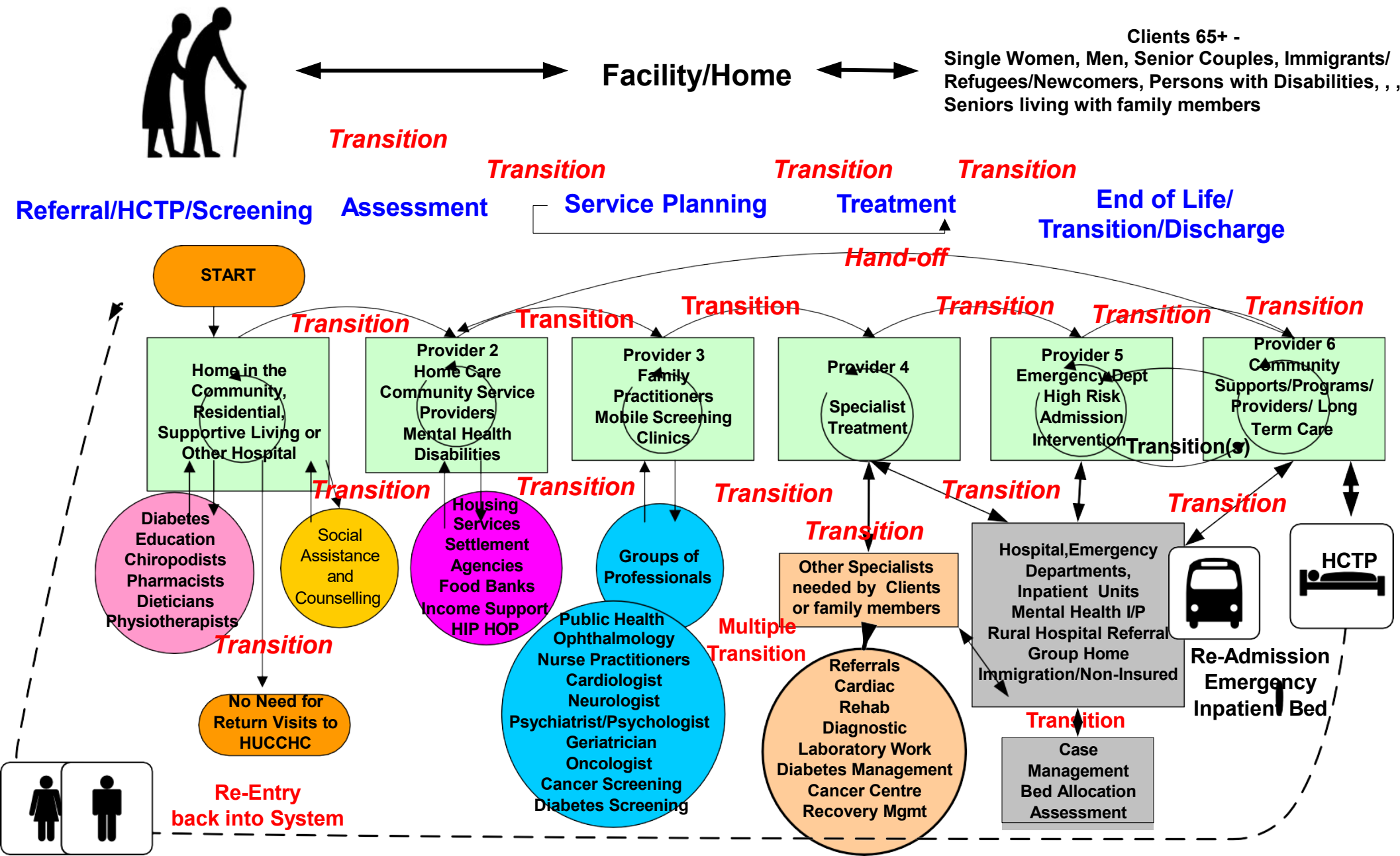
Default to ER/911

When other options fail or are unclear, residents resort to emergency services

Residents and providers report disjointed handoffs and no clear local navigation resources. Navigation is a practical, municipal-facing lever—especially for seniors and caregivers who need to understand their options.



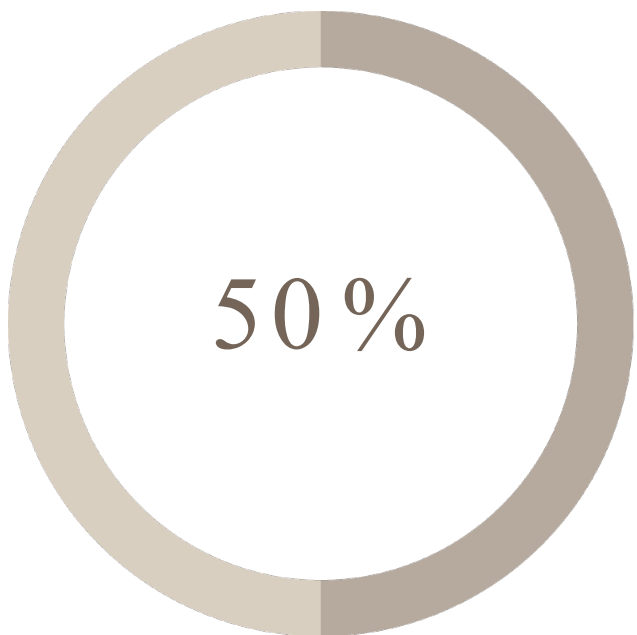
Current Complexity of the Delivery System for Older Adult Care



There is a need to embed aging in place or transitions to accommodate resident centered, effective, efficient and appropriate client flow to improve experience, outcomes and costs

Mental Health Care Pressures Post Covid-19 Increasing

A Major System Gap, Not Just Individual Crisis



Service Availability

50% of respondents cited access to mental health care as very poor and with little or no service availability



Severe Mental Health Disabilities

Many respondents reported coping or living with severe mental health challenges or disabilities



Emergency Department Use

Findings support that the Lack of local supports drives emergency department use and social decline

This report points to gaps in local, low-barrier mental health care and well-being services that could prevent escalation to crisis. Findings confirm that the health care *system is crisis-weighted*. Limited preventive or early intervention supports available.

Communication & Transparency

High-level health profiles aren't enough—local metrics aren't routinely shared with the public. Designed for both public awareness and professional use, the use of public health dashboards offer a visual representation of health indicators across the community, making it easier to track, plan, and take action to protect Esquimalt's neighborhoods. Indicators might include:

Attachment Rates

How many residents have a family doctor or primary care provider

Time -to-First Appointment

Average wait times for new patient appointments and urgent care

ED/ACSC by Age

Emergency department visits and ambulatory care sensitive conditions tracked by age group

Membership Uptake

Tracking subscription-based clinic enrollment and associated costs

Wait Times & Closures

Real-time capacity status and temporary closure notifications



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Next Steps

Committed 8 -Month Action Mandate

Moving from Insight to Action. Council direct staff to review the recommendations set out in Sections 7 & 8.2. of the 2025 C HNA Refresh to inform the preparation of an implementation plan using a phased -in approach, and bring back to Council, no later than [DATE].

01	02	03
Implementation Plan	Public Reporting Framework	Targeted Neighbourhood Action
Prioritize and sequence short-term actions and "now what" prototypes for improving primary - care access, attachment, and system navigation	Establish a dashboard and reporting cadence including attachment, time -to-first appointment, ED/ACSC indicators by age, wait times/closures, and membership uptake	Focus early implementation on highest ageing-pressure neighbourhoods—Esquimalt Village, Craigflower, Colville Road, and Rockheights—aligning actions with neighbourhood intelligence and projected demand

This is the pivot from intelligence to delivery and commit to funding targeted project outcomes. Council signals urgency by directing staff to work with an external consultant to produce an implementation roll -out project plan focusing resources where aging pressure is highest.

Questions & Discussion

