



British Columbia 2011 Regional Cancer Report

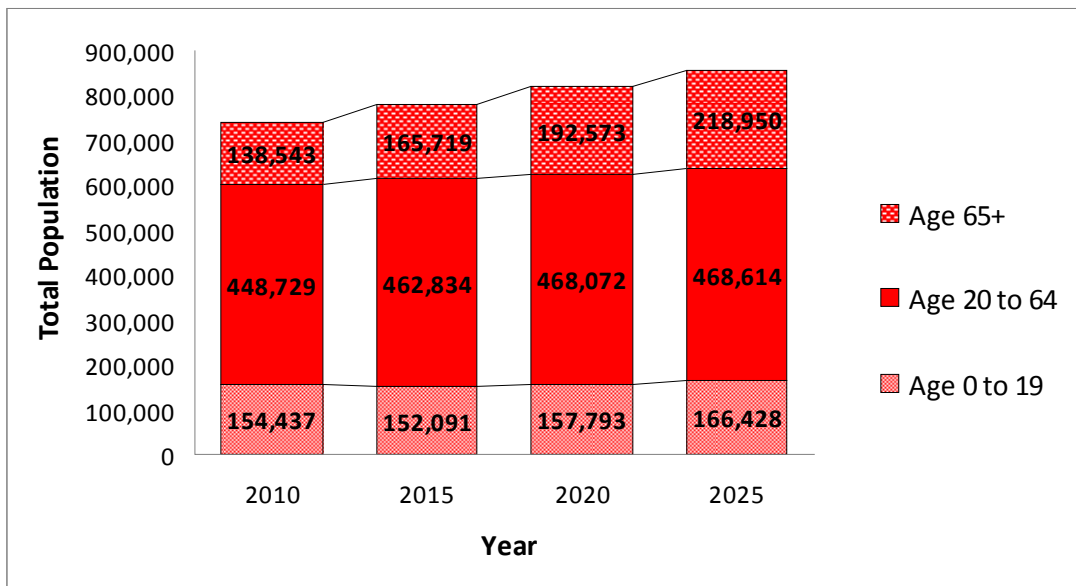
## Section 3 » Regional Population Profiles

### 3.1. Anticipated Population Growth

It is projected that the population of BC will grow over the next 10 years from 4.5 million to nearly 5.5 million.<sup>iv</sup> As the ‘baby boomers’ age, the number of British Columbians developing cancer and those living with co-morbid chronic diseases will increase; aging populations with multiple diseases will increase the burden on health care systems.

The following graphs (Figure 3-1 through Figure 3-5) display the regional trends for projected population growth. Regional growth will not be uniform with FH seeing large increases in all age groups while VIHA, IH and NH show growth primarily in the age 65+ category; for VCH growth is anticipated in 20-66 year olds and those 65+. Currently the age 65+ category accounts for approximately 15% of the population, by 2025 this group will account for over 21% of the population.

Figure 3-1: Population Growth by Age - IH





British Columbia 2011 Regional Cancer Report

Section 3 » Regional Population Profiles (cont.)

3.1. Anticipated Population Growth (cont.)

Figure 3-2: Population Growth by Age - FH

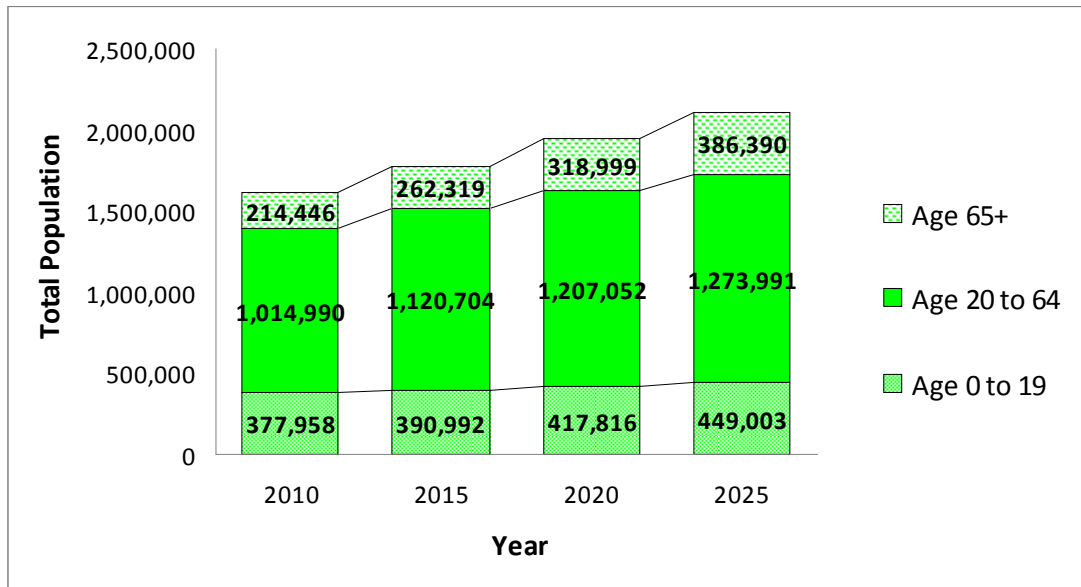
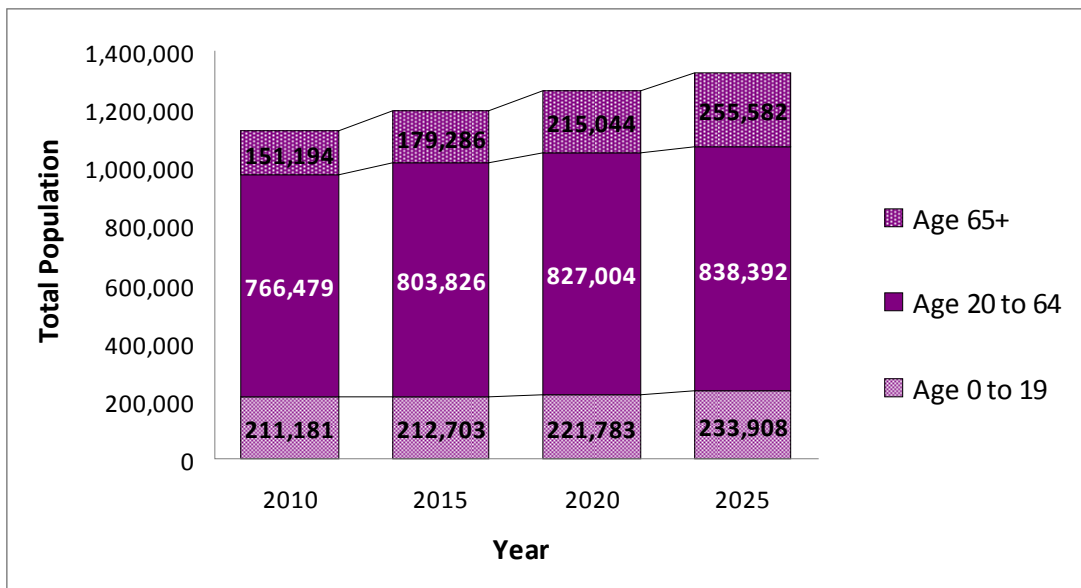


Figure 3-3: Population Growth by Age - VCH





British Columbia 2011 Regional Cancer Report

Section 3 » Regional Population Profiles (cont.)

3.1. Anticipated Population Growth (cont.)

Figure 3-4: Population Growth by Age - VIHA

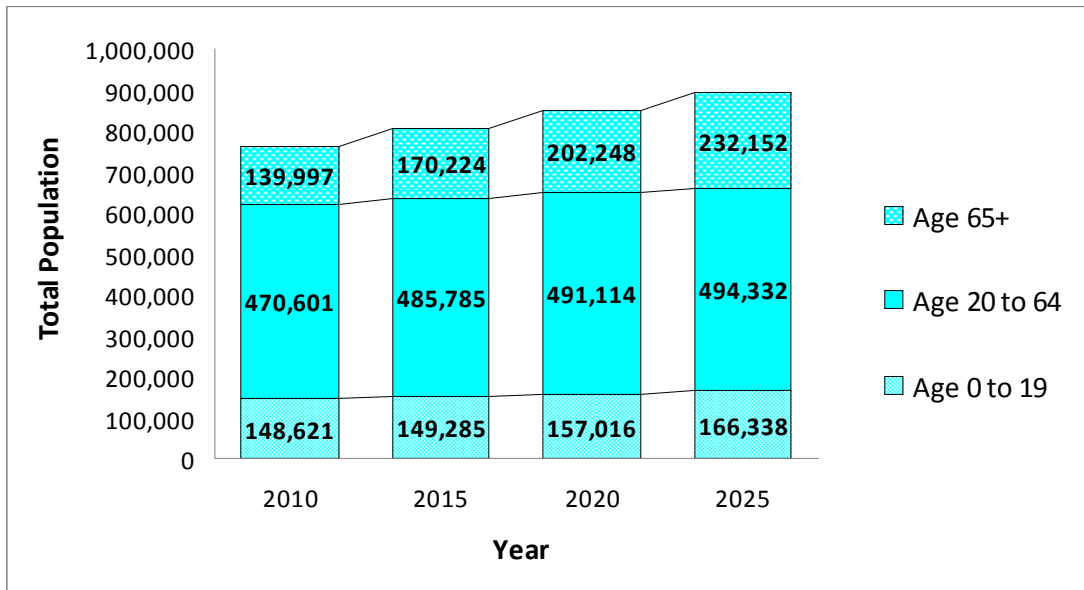
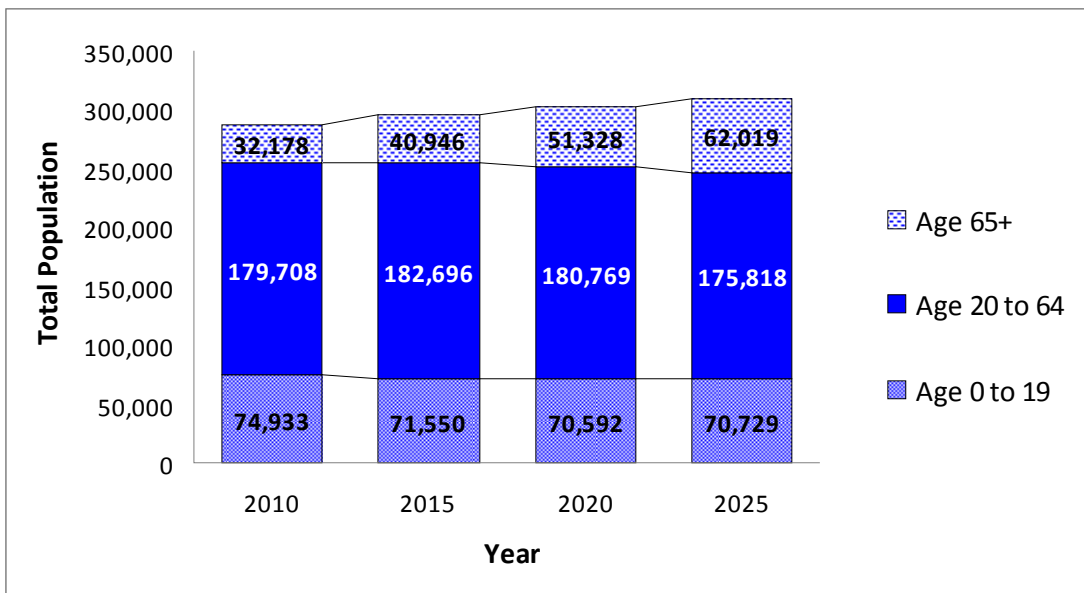


Figure 3-5: Population Growth by Age - NH





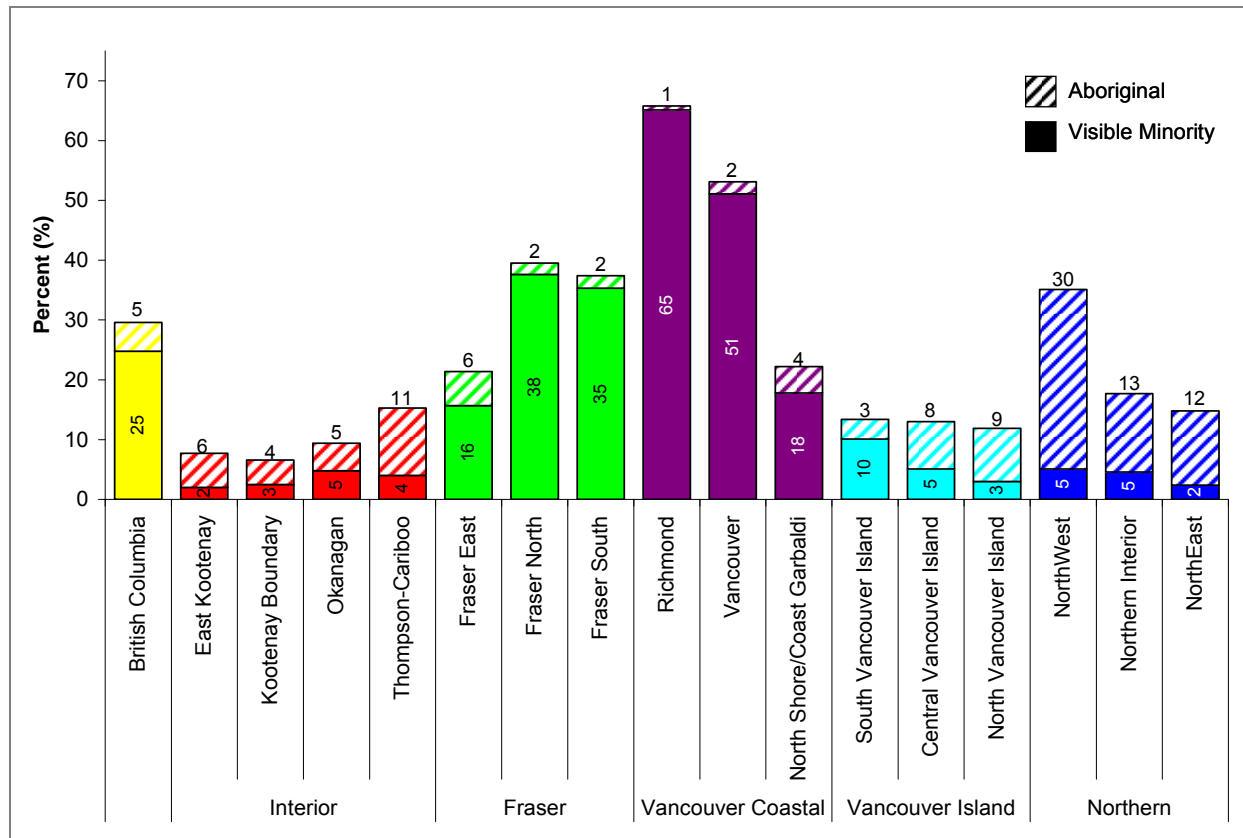
British Columbia 2011 Regional Cancer Report

Section 3 » Regional Population Profiles (cont.)

3.2. Cultural Diversity

The province of BC is culturally diverse with nearly 30% of the population identified as a visible minority or aboriginal. Recent Canadian evidence suggests that cultural barriers prevent minority groups from full access to health information and care [2-5]. Programs across the cancer control continuum need to consider these cultural variations within each HSDA. The graph below depicts the regional level of diversity. The North West HSDA displays rich cultural diversity with 30% of the population identifying as aboriginal, 5.1% identifying as a visible minority and the remainder of the population identifying as Caucasian while the Richmond HSDA has minimal aboriginal populations (0.7%) yet 65.1% of its population is comprised of visible minorities.

Figure 3-6: Percentage of 2006 Population that is Aboriginal<sup>v</sup> or Visible Minority<sup>vi</sup>, by HSDA





British Columbia 2011 Regional Cancer Report

Section 3 » Regional Population Profiles (cont.)

3.3. Education Attainment



Across the cancer control continuum populations need to make informed decisions about prevention, screening, treatment and ensuing care. Cancer care is increasingly complex. To make informed decisions access to health information is important and the information must be provided in such a manner that it can be understood. Evidence suggests that individuals with limited education may not be able to obtain or understand important information across the entire cancer control spectrum [6]. Other research has shown that effective patient

education can improve treatment adherence [7]. Functional status and failure to provide appropriate information is one of the most frequently reported sources of patient complaints [8]. Data displayed in Figure 3-7 shows the regional variations in educational attainment in 2006<sup>vii</sup>.

Figure 3-7: Percentage of Population (age 24-54) with Post-Secondary Credentials in 2006, by HA

