

2019 to 2025: Esquimalt's Health Journey

From Challenges to Wellness:
2025-2030



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The Township of Esquimalt is within the traditional homelands of two First Nations, the Ləkʷəŋən-speaking people, the Songhees Nation and Esquimalt (Kosapsum) Nation. The Township honours their stewardship of these lands for millennia and is grateful that members of these Nations continue to live, work, play, and conduct business within and adjacent to the Township’s north-western boundary. The name Esquimalt reflects its maritime setting. In the language of the native Coast Salish peoples, Es-woy-malth means “place of shoaling waters”.

We collectively acknowledge that community health and wellness, and the mental wellbeing work must be undertaken with truth and reconciliation in our hearts, and an understanding that respecting and including Indigenous ways of knowing, ensuring primary health care services are provided, in a culturally safe environment. We thank the Songhees and Xwespsum Nations for their willingness to walk with us, share your knowledge and help us envision a healthier community for all residents of Esquimalt.

ACKNOWLEDGEMENT

On behalf of the Pepler Group I want to thank everyone who took the time to attend either an in-person engagement session or participated on-line. Your information will help shape the way the Township of Esquimalt refocuses healthcare to meet the increasing demand for services across its communities. We heard from many of you about your own experiences working in and accessing the health care system. You were encouraged to share the good, the bad, and the ugly and your honesty has made a difference. We now have a far more comprehensive understanding of your experiences, both positive and negative. In the current health care system, your shared insights expertise and wisdom inform real solutions to be considered as your Mayor, Council, and staff shape Esquimalt's way forward. Your voices and perspectives are not only necessary but essential to inform and influence the critical decisions on how healthcare resources and services are aligned to ensure current and future needs are met for the residents of Esquimalt today and for future generations.

Involving communities and their residents as genuine partners enhance the designing co-creation and taking ownership of their health systems; Esquimalt has identified that primary care is at the heart of today's major health challenges for its communities. This just makes sense. It is where emergencies are detected and where healthy ageing can be supported. Primary healthcare is more than clinics; it is the bridge between people and their health systems, and it is where trust is built. The people of Esquimalt view their health not as a cost but as the most important investment in the Township of Esquimalt's future. To that end, this report highlights what we heard, and how staying the current course may risk the health and mental well being of all residents living and working in Esquimalt.

A big thank you to our team, Taylor Young, Katalina Rojas, Jamie Fitzel, Kelli Telford, Hailey Telford, Thomas Finch, Shawna Hett, Ruhee Jan Mohamed, Jenna Bella, Maureen Montgomery, Denise Runions and Dr. Brian White – this report would not be possible without your continued passion for driving change in the need for evidence-based intelligence to drive future societal changes in our communities.

A shout out to the Mayor and Council for making this survey happen. By insisting on evidence—not guesses—you've helped us see and understand what Esquimalt needs in health, mental health, and social care. *Since 2019, Esquimalt has been among the few local governments in the region to directly survey residents to guide healthier-community planning.*

A heartfelt thank-you to the people of Esquimalt for sharing your experiences and ideas to shape a healthier community.

EXECUTIVE SUMMARY

This Refresher Report was commissioned to bring forward current evidence to the Mayor and Council that captures the real-world impacts of COVID-19 and post-COVID system shifts on the residents of Esquimalt. It builds on the original 2019 Community Health Needs Assessment (CHNA) and reflects what has changed—and what has not—in key areas that influence population health and municipal stewardship, including:

- Health and mental health access
- Public safety and community well-being
- Transportation and mobility, and
- Participation in community life.

The findings point to widening access gaps, ageing-related pressures, and ongoing fragmentation across sectors—but also highlights opportunities for deeper awareness and understanding renewed leadership, partnerships, and action.

There are currently no active surveys or associated reports that provide neighborhood intelligence evidence with overviews of issues facing Esquimalt individuals and families. The Esquimalt 2019 Community Health Needs Assessment (CHNA) and the 2025 CHNA Refresh initiative are unique and an essential addition to information that informs the Mayor, Council and Staff, families, community service providers, policy makers, and businesses about important issues facing Esquimalt residents.

“While stakeholders rarely framed aging as a standalone issue, many recognized its impact across housing demand, caregiver burnout, safety services, and health system strain. This reflects the Township’s broader demographic reality.”

The Township of Esquimalt engaged The Pepler Group to refresh the 2019 CHNA to reflect 2019–2025 shifts: COVID/Post-COVID impacts; rapid growth in the number of residents aged 75+; affordability pressures; service reconfiguration; safety/belonging concerns; and population change affecting catchment patterns. The refresh broadened public representation across all Esquimalt Neighbourhoods, asking residents directly about post-COVID health needs and behaviors and the challenges families face. We examined health behaviors and chronic conditions and assessed how ageing is shaping current and future service demand.

What did we learn that has changed since 2019?

The 2019 CHNA flagged ageing as a growing concern. However, from 2019 to 2025, this trend has accelerated—driven by population dynamics, post COVID service disruption, housing pressure and health system gaps. Moreover, a significant impact on access to primary health

care post-COVID was the closure of the more than 25 walk-in clinics and physician resources leaving more Esquimalt residents unattached and without access to a family physician or nurse practitioner.

The findings highlighted that:

- **Walk-in clinic closures and the shortage of family doctors** has forced residents into emergency departments or private subscription-based care models.
- **Primary-care access/attachment remains pressured;** residents report membership packages (direct access fees) among those with a doctor, which could lead to significant equity and demand-shaping implications.
- **Limited availability of ageing-friendly housing** with few downsizing or accessibility options.
- **Mental health burden stays above British Columbia;** symptoms (fatigue, anxiety, sleep disturbance) were common across all surveys.
- When people were asked about ***what it is about mental health that was a challenge for them or their family***, almost 50% of all comments mentioned poor or no service availability, some referenced discrimination faced due to mental health, and an estimated 48% of all respondents cited the challenge of coping and living with severe mental health and a disability.
- **Caring for family members was frequently commented on,** especially challenges associated with time, service availability, access, housing, disability and financial.
- **Ageing-in-place needs are escalating;** hotspots by 2030 include the Neighbourhoods of Esquimalt Village, Colville, Craigflower and Rockheights.
- **Housing repair/affordability and accessibility barriers** constrain health routines and connection.
- **Post COVID, many respondents** talked about jobs or job security, or balancing income and expenses, especially the challenge of being to afford necessities.

This CHNA Final Report serves as a compilation of the overall findings of several survey components. The Executive Summary (pages 5 to 23) summarizes the report including short and long term recommendations and a suggested roadmap for moving forward to action. Additionally, a municipal Privacy Impact Assessment was completed and approved in January 2025 to ensure all information collected was non-identifiable and the privacy and confidentiality of the information was maintained during the life cycle of this project.

Detailed reports for each individual component were conducted separately and summarized in this report (see Sections 4.0 to 6.0). Several clusters emerged repeatedly across all survey findings—in language and urgency. These included:

Access to Primary Care & Family Physicians

- Persistent challenges with unattached residents.
- Increased reliance on emergency departments and walk-in clinics.
- A considerable number of Esquimalt residents are enrolled in membership and subscription fees clinics.
- Deep frustration from providers about system inflexibility and delays.

Mental Health & Substance Use Pressures

- Youth and seniors' mental health concerns are escalating.
- Lack of accessible, low barrier supports.
- Stigma remains, especially for substance use.
- Cross-sector providers (schools, recreational, housing) feel under-resourced.

Population Ageing and Caregiver Strain

- Stakeholders flagged “ageing in place” needs more frequently than in the 2019 survey.
- Worsening burnout among unpaid caregivers has doubled since 2019.
- An anticipated surge in need for home care, mobility support, primary care access, and age friendly services designed to support caregivers (respite days).

System Navigation & Fragmentation

- Residents and service providers do not know where to go or how to access services except when calling the UPCC or the Nurses Help Line, where they are told to go to Emergency if it is urgent and/or call 911. Respondents repeatedly cited that there is no health care navigation information provided within the community.
- Overlap, duplication and missing handoffs between health, specialist, mental health, housing services, and social services.
- Lack of consistent coordination post COVID-19 between community-based service providers, Island Health, and hospital emergency departments.

Cultural Inclusion & Equity Gaps

- Indigenous families and newcomers who responded to the survey reported a misalignment of care models with their cultures and many cited feeling unsafe.
- Some women and girls cited the need for female doctors, as their culture prohibits them from going to a male doctor.

- Distrust and fatigue existed over being consulted without meaningful change.
- There was an emphasis on the need for culturally anchored, trauma-informed care.

Housing, Transportation and Financial Barriers to Access

- Providers noted sharp increases in housing affordability and stress-related health issues.
- Transportation was cited as a barrier for some families and ageing adults.
- Many respondents commented about having to pay out-of-pocket costs to access medical care and its impact on the decision to seek or delay care.

How have Primary Care Services Changed since the 2019 CHNA

Since 2019, community access to medical care has been affected by increased demand and resource constraints, while mental health has worsened in Esquimalt, with a significant rise in anxiety and mood disorders and depression symptoms, particularly among youth, seniors, and women. Esquimalt, as an ageing community, faces challenges with mental health and care access, exacerbated by COVID's impact on people living with multi-morbidities, loneliness, and isolation.

The purpose of opening the Esquimalt UPCC in 2021 was to improve access to healthcare by providing urgent care for non-life-threatening conditions and to help link unattached patients to regular primary care providers within the broader Western Communities Primary Care Network. The UPCC offers team-based care from various health professionals and serves as a solution to the significant number of residents who lack consistent access to a family doctor.

In 2019, Esquimalt residents had access to an estimated 25-walk-in clinics within and beyond the Township. Most of these options have since closed or moved to 'phone-first' triage systems that limit same day access. Today, Esquimalt has only one medical clinic and one UPCC, which reaches full capacity by 8:15 a.m. most days. This has led more residents—especially those who are unattached to a family doctor—to rely on emergency departments or seek access through private, subscription-based clinics, sometimes paying annual membership fees for care.

The table in the main report highlights how the core challenges identified in the 2019 CHNA have intensified in the years between 2020 and 2025, highlighting that community needs have grown and system pressures have mounted.

Continuing Trends and Compounding Pressures

Crucially, many of the concerns raised by stakeholders in 2025 had already been identified in the 2019 Community Health Needs assessment. However, the evidence now points to a deepening of those original issues—fueled by population growth, the COVID-19 pandemic, the closure of more than 20+ walk-in clinics, and the shortage of physicians, as many have exited the system—

retired or moved to another municipality or jurisdiction. Additionally, competition for resources has increased significantly with municipalities competing from the same pool without a structured recruitment or retention strategy or a selected committee charged with increasing the priority and focus on earlier recommendations.

Stakeholders consistently highlighted that the broader healthcare system has been weakened by the persistent lack of mental health supports. Gaps in service coordination, siloed care pathways, and inadequate integration between mental health and primary care providers are contributing to confusion, delays, and unmet needs across the community. Improved cross-sector collaboration is urgently needed to align services and ensure residents receive timely, appropriate, and continuous care.

Families report that pediatric and full-family care is simply not available locally. Children and youth are left without dedicated care pathways or consistent providers. These care gaps are compounded for military families: although active Canadian Forces Base (CFB) Esquimalt members can access health services through base clinics, spouses and dependents must rely on a public system that increasingly cannot meet their needs. According to CFM Family Services, this creates a two-tiered experience within the same household.

More broadly, residents described a sense of fatigue, having told their story before only to see the system continue to fall behind. The pandemic did not just strain existing services; it exposed how unprepared the local infrastructure was to adapt. Rising mental health needs, ageing-related isolation, caregiver burnout, and housing pressures are no longer emerging trends—they are entrenched realities.

This refresh does not start from scratch. Rather, it affirms what has already been said (CHNA 2019)—and shows through new data and interviews how the cost of inaction has accumulated. Esquimalt's future health system must be designed not just for growth, but for resilience, which means linking health care, mental health wellbeing, housing, planning, public safety, and community design into a cohesive vision that reflects the complexity and urgency of residents lived experiences.

Then vs Now—Esquimalt

2019 Focus Recommendation	2025 Status—What's Changed	Resident Voice (High Level)	Gap/Implication
Primary Care Attachment and Access	Attachment below BC/Island Health: UPCC exists regionally but access processes remain; local clinical capacity delayed/limited.	Having difficulty getting timely appointments desire for culturally safe care; 38% of those with a Family Doctor reported paying membership fees to enhanced access.	Equity risk and induced demand; planning blind spots unless membership uptake is track; pressure on ED/after hours; people leave without getting seen in ED.
Clinic Space & Infrastructure—expand local primary care capacity	Regional UPCCs/centers added in 2021 (Esquimalt, Langford, James Bay, etc.); no fully realized local hub; delay in recruitment of clinical resources to align demand with community demand.	Resident travel and time costs not included in location planning; confusion on pathways—lacks navigation and local communication and accountability leading to many after-hour gaps and populations not being served.	Without local capacity and navigation, avoidable emergency department and missed prevention opportunities continue to escalate leading to provider burnout and rising health care costs.
Mental Health & Substance Use—expand community-based supports and crisis response	Anxiety and Mood Disorders, depression above B.C. average; community reports fatigue, sleep disturbance, anxiety and increased alcohol, and vaping.	Stress, sleep, pain, anxiety, dominate Post COVID symptoms. Respondents mentioned Mental Health/Substance Use 28.75% (N=503) across a total of 798 surveys, with 503 mentions in comments and/or free text.	The rising demand plus the out-of-pocket costs for access to primary care + mental health professionals and longitudinal crisis follow on care is a significant barrier, on families/caregivers/youth at risk and vulnerable population groups
Seniors & Ageing in Place—action Age-Friendly gaps	Since 2019 the 75+ age group has been the fastest growing population in Esquimalt. Study highlights number of dwellings in need of major report is higher than local health region/BC overall.	More ageing adults are using wheelchairs, walkers, canes and mobility scooters. Existing traffic patterns, sidewalks, ongoing road repair and construction sites make it difficult to travel. Ensure all washrooms are accessible and readily available for everyone.	Accessibility upgrades, home supports, sidewalks and paved pathways must take mobility issues and ageing adults into consideration when planning or undertaking repairs. Promote universal design for all buildings.

2019 Focus Recommendation	2025 Status—What's Changed	Resident Voice (High Level)	Gap/Implication
Ageing Adults Recreation & Social Participation and Safe Spaces for Connections	Survey results Post COVID highlight higher rates of heart disease, depression, cognitive decline and premature death are linked to loneliness and social isolation.	Safe spaces provide a sense of security, making it easier for individuals to engage in social activities and build relationships with neighbours. There is a need for the Township to continually review the quality and breadth of its recreation programs. Also ensure they are aligned with current and emerging needs of residents of all ages and abilities.	Ensure recreation facilities are affordable for all age groups. Evaluate OCP Policy regarding seniors' strategy (recreation, health living) including multi-generational linkages and outreach programming.
Transportation, Mobility & Costs Reduce access burden	Cost of transportation and living pressures elevated; recreation access/hours perceived as reduced and memberships costly. Difficulty travelling between the residential north and south where most of the services are in Esquimalt is difficult because of the 'hill'. Accessibility becomes a barrier for people depending on mobility or wheelchairs.	Suggest the Township hold everyone accountable—for road public safety pedestrians, cars, cyclists and others. Support investment in enhancing bus transportation,	Risk of declining participation, knock on effects on mental health, chronic disease and social isolation. For Esquimalt, ageing seniors 65+ 40% live alone, 48% of women, 29% of men, living alone has a significant impact costs and access to transportation, recreation and social connections.
Indigenous Communities & CFB Esquimalt Inclusion—improve data and engagement	The First Nations principles of OCAP®—Ownership, Control, Access, and Possession—set the Indigenous data-governance standards. Findings indicate persistent data gaps for the Songhees and Esquimalt Nations, particularly in measuring primary-care attachment and access to culturally safe care, pediatric services, and women's health. Closing these gaps requires removing trust barriers, aligning all data practices and data-sharing agreements and applicable confidentiality policies.	Desire for culturally safe pathways to care. Moreover, there is a demand for geriatric, pediatric and women's health services. Navigation is poor and could benefit from the Township including on their website.	Equity planning requires co-design plus better targeted local health indicators and outcomes for performance accountability, measurements and funding.
Local Indicators & Transparency—build a dashboard	Local Health Authority profiles are too high-level; attachment/afterhours/Emergency Department metrics are not routinely shared	'We don't know what's working, where, or for whom'...also why are we suddenly paying out-of-pocket fees to see a doctor?	Local Dashboard needed. Attachment, time-to-first appointment, ED/ACSC by age, membership uptake, wait times and closures.

Highest Priority Primary Health Care Service Gaps

Like the 2019 CHNA, study participants response across all survey tools identified the following as the most significant primary care service gaps/priorities within the Esquimalt catchment area. When asked for suggestions for moving forward, participants provided the following strategic groupings and prioritization of themes. Suggested policy options scenarios are offered as opportunities to move forward to reduce the challenges faced by the residents of Esquimalt in seeking health care services.

The following section is to be read in conjunction with the 2019 CHNA, Section 7.0 Development of Scenarios to Deliver Future Primary Health Services in Esquimalt (pages 53 to 55). This section set out three potential scenarios designed to achieve a rethinking of the system, similar to what is proposed herein. In exploring these proposed scenarios, the strategic goals and principles of population primary health care model and the ‘what if’ and ‘so what’ and ‘now what’ prototypes will require in-depth discussions with the Mayor, Council, CAO and the people of Esquimalt to prioritize the models and approve the implementation/roll-out.

1. Access Breakdown

These are root failure structural failures cited by respondents across all survey instruments highlighting the reasons why residents are forced to rely on emergency services and fragmented care leading to high healthcare costs.

Theme	# Respondents	Commentary
Use of emergency department	60.8%	Highest frequency; reflects system overuse and risk
Access to Family Doctor	25.3%	Chronic GP shortages, retirement, being unattached 5+ years
Access to Walk-in/Urgent Care	15.2%	Daily scramble, inaccessible for newcomers, vulnerable population groups, frail elderly, and people living with mental health issues and disabilities.
Clinic Full/No New Patients	10-15%	Clinics rejecting all new requests, worsening inequities, many who were attached to a clinic, cited paying membership or subscription fees ranging between \$1200 to \$10K annually.
Access to Diagnostics	5-7%	Respondents cited severe bottlenecks for MRI, CT scans, and bloodwork.
Surgical Wait Times	18.6%	Many respondents cited having to wait for hip, knee, cataract and other surgical services. Some cited 6-18 months for a hip or knee replacement x-ray and assessment.

Priority Level: CRITICAL

These failures cascade into overuse of emergency departments, worsening chronic diseases, and inequity for youth, seniors, Indigenous Peoples and immigrants. These population groups encounter most of the core system's dysfunctions.

Representative Quotes:

- "I don't have a doctor. Now the only way to get help is when I'm screaming in pain at the ER."
- "The urgent care clinic tells me they are full 60 seconds after opening."

Suggested Policy Option Scenarios

Problem: Overuse of emergency departments, no uptake in attachment to family doctors, walk-in clinics closing and/or phone first at capacity within 15 to 20 minutes of opening the clinic, long waits everywhere, and people leaving the emergency department without being seen by a clinician.

- **Status Quo:** Continue with no GP attachment strategy, increase use of emergency departments, and unmanaged chronic illness.
- **Scenario 1: Invest in Same-Day/Next Day Appointment Access Model:** Redesign the UPCC to include longer hours, same day/next day appointment, in-person, virtual care optimizing resources across the CRD using team-based care, pooled GPs + NPs for walk-in replacement.
- **Scenario 2: Restore GP Attachment Model:** Incentivize GPs to take panels of patients with administrative/information management support utilizing a 'hub and spoke' model (e.g., Physician Network Model (UK)).
- **Scenario 3: Mobile Clinics or Nurse-Led Drop ins:** Reach priority populations (youth, housing insecure, wound management and for people living with disabilities, house-bound, and palliative care treatment.

1. Mental Health System Gaps

Specific concerns disaggregated by population—comments referenced all age groups.

Theme	% Respondents
Youth Mental Health	16.8%
General Adult Mental Health	12.5%
Named Diagnoses (e.g., ADHD, Mood & Anxiety, PTSD)	8%
Suicidal Ideation	1 (flagged in Q2 of Door Knocking Survey)

Priority Level: HIGH

High emotional weight and repeated mentions of long waits, lack of coordination, especially in having to call the crisis help-lines (Kids Helpline, 988 Crisis, 811 Nurses Help Line, etc.), and having to repeatedly give your information, with no continuity of care provider, and the

absence of Esquimalt community-based youth or adult services. Many mentioned that they see the absence of local-based mental health support or services, as both a driver of emergency department visits and social decline (violence, use of drugs, alcohol or cannabis, or other substance use, and housing instability).

Representative Quotes

- “My son’s been waiting 8 months for an appointment.”
- “We have no mental health unless we are mentally fit—a difficult balance.”

Suggested Policy Option Scenarios

Problem: Youth mental health and adult services are absent, fragmented or inaccessible, especially for vulnerable population groups who are living rough, or seniors encountering isolation or loneliness challenges because of the lack of connections.

- **Scenario 1: Crisis-Oriented System:** Wait until a person reaches acute risk before services kick in—need to move to prevention of early identification/early intervention model.
- **Scenario 2: Collaborative Community-Based Stepped-Care:** Co-locate youth mental health, housing, and peer services including school-based counselling, collaborating with corporate donors to implement for example, a ‘youth lean-in circle’ in the schools and in community health centers (see UK model).
- **Scenario 3: Virtual + In-Person Hybrid Clinics:** Reduce geographic barriers, especially for youth, people living with mental health, vulnerable groups especially those living rough, people with disabilities, ageing adults experiencing isolation, loneliness or depression, and for families experiencing abuse, domestic issues related to stress or financial issues.
- **Scenario 4: School-Based Mental Health Strategy:** Embedding Evergreen School Mental Health Frameworks in high-need schools focused on prevention, reduction of social media, etc. collaborating with teachers, mental health counsellors and working with school-police to flag high risk youth and to reduce bullying.

2. System-Level Failures

The table below reflects the structural or policy-level blockers to improvement cited by respondents across all survey instruments.

Theme	% Respondents
Systemic Failure	30%
Licensing/Recruitment Barriers	10%
Policy Misalignment (i.e., health/housing mismatch)	5%
Lack of communication, especially with local government	20%

Priority Level: HIGH-LEVERAGE

These didn't show up as often, as some of the other factors, but they explain why other problems persist. These are the upstream levels: regulatory barriers, fractured systems, no succession planning for retiring GPs, or physicians closing their practice and/or moving to another practice. More importantly, the lack of communication impedes individuals from navigating the system, thus leading to cost inefficiencies and ineffectiveness impacting the health of the community.

Representative Quotes

- "My doctor retired, and nobody took us on. Now there is no plan."
- IMGs can't get hired here unless they move to the Yukon."

Suggested Policy Option Scenarios

- **Scenario 1: Enable International Medical Graduates (IMGs):** Work with BC Ministry of Health, Doctors of BC to remove BC only barriers (e.g., Yukon – only offers, Saskatchewan where government selects locations for incoming physicians and clinical resources to live and work).
- **Scenario 2: Regional GP Succession Planning:** Collaboratively work with Doctors of BC to collect data related to incoming/exiting/retiring plans for local Esquimalt physicians to assist in communication with existing patients, records handling and re-attachment.
- **Scenario 3: Mandate Health Authority-Local Government Coordination:** Planning and communication clauses.
- **Scenario 4: Transparency Reporting:** Require Island Health to report on clinic capacity and recruitment efforts (e.g., dashboards, community websites, UBCM/CRD for broader regional data).

3. Cost & Equity Barriers

Themes pointing to out-of-pocket costs and access stratification.

Theme	% Respondents
Subscription/membership Fees	6-8% est.
Unaffordable Dental & Diagnostics	Named in Quotes
Youth and Low-Income Families	Consistently mentioned

Priority Level: MODERATE TO HIGH

Equity gaps are clear. Payment based access and lack of public options reinforce class divides. Especially harmful for seniors, parents and youth.

Representative Quotes:

1. “I pay a monthly fee just to be allowed into the clinic.”
2. “Healthy food is too expensive. My 11-year-old has never had a full physical.”

Suggested Policy Option Scenarios

- **Scenario 1: Ban Subscription/Membership Fees** for primary care access under BC MSP.
- **Scenario 2: Expand MSP to cover mental health** and allied health (counsellors, etc.).
- **Scenario 3: Work with partners to publicly fund community** dental hubs (e.g., Federal Government Dental program for seniors).

4. Preparing Esquimalt’s Health, Safety, Housing, and Urban Systems for 2025–2030

Priority Level: High to Critical

Problem: Population ageing is more than a care issue. Esquimalt’s demographic shift is no longer an abstract trend. Between 2019 and 2025, population ageing has become a structural force shaping the community’s future — not only in health and housing, but across every domain of urban life. The evidence is clear: ageing is not just about “seniors’ services” or ageing in place. It directly impacts:

- Emergency response and public safety
- Primary care and mental health access
- Neighborhood design, housing supply, and affordability
- Mobility, transportation, and intergenerational infrastructure
- Community connection, loneliness, and social cohesion
- Municipal finances and demand for services

Rather than planning for older people, Esquimalt must now plan with ageing as a central systems challenge—one that will define its readiness, resilience, and equity from 2025 to 2030.

Suggested Policy Option Scenarios

- **Scenario 1:** Connect demographic trends to seek funding models that treat housing and health as interdependent systems—a shift from silo-based services and supports.
- **Scenario 2:** Seek out technology or various tools to help individuals to maintain their independence and safety while safely ageing in place. For example, investigate smart home systems for accessibility and convenience, remote health monitoring for proactive care and communication technologies for staying connected achieved by partnering with a local business specializing in security systems and other devices aimed at safety and quality of care.
- **Scenario 3:** Collaboratively partner with local organizations to support community-based transportation and caregiver programs, especially in seeking out facilities for respite, day programs, and fitness/testing for aids in daily living.

Overall Assessment Findings & Conclusions

Community Health Issues

The 2025 Community Health Needs Assessment survey components reveal a number of overlapping health issues for residents living in the Township of Esquimalt. The following list outlines the key issues that were identified in multiple survey findings.

- **Access to Primary and Urgent Care:** Participants ranked access as the most pressing health issue facing the community and the top three barriers to care were lack of physicians, inability to pay out-of-pocket expenses, and inability to navigate the healthcare system.
- **Chronic Health Conditions:** Residents across all age groups with chronic conditions face fragmented care, often defaulting to emergency department or Emergency Responders.
- **Mental Health & Isolation:** Depression Post-Covid was ranked as a significant health issue facing the community, especially for youth, adults, and ageing adults. Late-life depression, grief, and cognitive changes are rising, but remain under supported. Older adults may not meet crisis thresholds yet still suffer.
- **Housing Affordability & Suitability:** Older renters and homeowners are ageing in units that are unaffordable or not adaptable, leading to safety risks or forced displacement. Moreover, infrastructure upgrades are not keeping pace with demographic needs.

Participants in 2025 affirmed 2019's central finding: **access to timely, person-centered care** remains the top priority. Barriers—**workforce shortages, wait lists and affordability gaps**—are most acute for low-income residents. Solutions proposed in 2019 still apply and were strongly endorsed:

- **Stepped care and Hub 'n Spoke Delivery Model**
- **Rapid-access/mobile/evening clinics**
- **Virtual Care – Expansion of UPCC**
- **Self-Management Supports**

We also heard a clear call to **measure outcomes consistently, coordinate data across jurisdictions and centre Indigenous wellness** with culturally safe, trauma and violence-informed approaches. COVID-19 amplified needs but also accelerated workable tools (i.e., virtual care, centralized intake, stepped-care platforms).

Role of the Township: While not a healthcare provider, the municipality is accountable for **community health intelligence** to inform and influence funding for clinical and capital resources. The recommendations that follow translate these priorities into **immediate municipal levers** and **long-term partner actions**—shifting from **study to action**.

Recommendations—Short-Term (Oct-Dec 2025)

1. **Town Hall + Scenario/Simulation Workshop (co-design).** Convene partners and residents to prioritize options for change using simple scenario planning and simulation exercises (impact, risk, social impact, cost).
Output: A draft roadmap for implementing the selected changes with a risk/options matrix, roles, responsibilities and timelines.
Owner(s): Township (Chief Administrator Officers/Planner) with Island Health, South Island Division of Family Practice, CFB Esquimalt and other identified community partners.
Timeline: Launch by Q4 2025: Publish prioritized options by Q1 2026.
Evidence: Q45 Top Issues + Q14-Q16; KII Survey comments, Ageing Matters, April 2024.

2. **Primary-Care Access Package (Attachment + Equity).** **(1)** Run Attachment and Navigation Days at community hubs (on-site forms/translation, booking into longitudinal care); **(2)** Advocate and track membership-fee uptake: send formal letters to BC Ministry of Health and Federal Minister for Seniors/MP; start a local, de-identified track to hold those charging membership/subscription fees accountable and, **(3)** Identify seniors living on fixed incomes who are disproportionately impacted by the high cost of living and unable to absorb increased costs for housing, food, medical equipment, mobility aids and other necessities for healthy ageing.
Owner(s): Township of Esquimalt + Island Health Primary Urgent Care Clinics, walk-in clinics across the Greater Victoria Area + BC Seniors Advocate Office.
Timeline: Q1 2026
Evidence: Door Knocking, Online, CFB Esquimalt Q15-Q16; Q-45; KII Survey comments.

3. **Low Barrier Mental Health Supports.** Add walk-in counselling hours, after-hours pilot and culturally safe options; integrate caregiver support. For example, Foundry Victoria, a comprehensive health and wellness center offering services to youth aged 12-24 and their families, including mental health and substance use support, primary care, peer support, and counselling.
Owner(s): Island Health + community Mental Health partners; Township (space grants).
Timeline: Q4 2025
Evidence: Door Knocking, Online, CFB Esquimalt Q15-Q16; Q-45, Kiosk & KII Survey comments.

4. **Ageing-in-Place Quick Wins in Hotspots.** Target Esquimalt Village, Colville, Craigflower, Rockheights for benches, crossings, lighting, wayfinding; launch home repair/retrofit microgrants and caregiver-respite navigation.

Owner(s): Township of Esquimalt's Engineering/Planning Departments; identify community partners and collaboratively work together to seek grants from Ministry of Health, Housing and Seniors (e.g., homeowner grant, low-income grant supplement).

Timeline: Start Q1 2026

Evidence: Neighborhood Intelligence, Housing/repair indicators, Township of Esquimalt Ageing Report (2016), *From Shortfall to Crisis: Growing Demand for Long-Term Beds in B.C.* (July 29, 2025).

5. **Municipal Health Dashboard (MVP).** Publish a simple community wellness document that highlights the wellness and inclusiveness of Esquimalt's community in human and environmental health, healthcare, mental health and public safety. Examples of dashboard information comparing year over year attachment, time to first appointment, ED/ACSC by age, membership/subscription uptake and *Sense of belonging to local community; Perceived mental health as 'very good or..., Perceived health as very good or excellent'*. Comparison to include Current; Previous Year; Preferred Trend; Reporting date.

Owner(s): Township + Island Health Analytics +MOH & Office of the Seniors Advocate.

Timeline: Start MVP Q2 2026

Evidence: Esquimalt Township CHNA (2019 & 2025), <https://health-infobase.canada.ca/health-of-people-in-canada-dashboard/>.

Additionally, several Canadian municipalities utilize community dashboards to track and visualize health and social indicators, including health, social and urban determinants, and often compare them to provincial, municipal or regional averages. Examples include Niagara, Vancouver and Toronto. The Niagara Region's Community Dashboard (NRCD) uses key indicators to monitor and share important information about its community and the Region's programs and services. The NRCD tracks data over time, telling the Region what they are doing well, and where more focus and attention is needed to address taxpayers' health and wellness needs.

6. **Transportation & Access Micro-Solutions.** To address transit coordination challenges for medical and respite appointments, highlighted as a major challenge across the Township of Esquimalt, micro-solutions could involve leveraging technology for ridesharing, volunteer driver programs, and integrating transportation services into existing health and social service networks. These approaches can improve access and reduce appointment no-shows, particularly for vulnerable populations (people living with disabilities, or mental health or ageing

adults). Utilizing telehealth as an alternative to in-person appointments reduces the need for transportation altogether.

Owner(s): Township of Esquimalt + partners (Thrive, BC Transit—Victoria Regional Transit Commission, Island Health, South Island Division of Family Practice and the National Initiative for the Care of the Elderly (NICE).

Timeline: Q4 2025 – Q2 2026

Evidence: Door Knocking, Online, CFB Esquimalt Q-45, Kiosk & KII Survey comments.

Recommendations—Long Term (March to October 2026+ 2028)

7. **Embed a Primary Care Recruitment & Retention Strategy in the OCP.** Zoning and space enablement for clinics, tenancy supports and coordinated recruitment with the Province, Doctors of BC, Nurse Practitioners Association, Psychologists of B.C. and other key stakeholders.

Owner(s): Township + Island Health + Province.

Timeline: 2026 OCP update window.

Evidence: Access/attachment findings; Key Informant Interviews, Door Knocking, Online, CFB Esquimalt and Kiosk responses, *Esquimalt CHNA, May 2019*.

8. **Multi-Agency Access Hub.** A local hub for navigation, attachment, Mental Health supports, seniors' services and community policing liaison.

Owner(s): Township + Island Health + community partners.

Timeline: 2025-2026 site and partners; open by late 2026.

Evidence: Top Issues identified in all survey tools, Neighborhood Intelligence, *Esquimalt CHNA, May 2019*.

9. **Seniors Public Safety Officer (with Public Safety).** Focus on isolation checks, falls prevention, scam prevention, navigation to supports.

Owner(s): Township Public Safety; partners

Timeline: 2026 pilot

Evidence: Ageing hotspots; survey themes, *Esquimalt CHNA, May 2019*, *Esquimalt Age-Friendly Assessment, August 2016*.

10. **Accessibility and Age Friendly Capital Plan.** Improve access to community-based supports to help ageing adults remain at home longer. Eliminate or reduce barriers to accessing the provincial home support program of retrofits and public realm upgrades and a broader range of publicly funded subsidies housing options in hotspot Neighbourhoods; include home repair/retrofit partnerships.

Owner(s): Township Engineering/Planning/Ministries of Health, Infrastructure and the Office of the Seniors Advocate BC, MP Seniors for Sooke, Esquimalt and Langford.

Timeline: 2025-2026 design, implement post 2026

Evidence: Neighborhood Intelligence, housing repair indicators, Office of the Seniors Advocate Report *from Shortfall to Crisis: Growing Demand for Long-Term Care Beds in B.C. (July 2025)*, Esquimalt CHNA, May 2019, Esquimalt Age-Friendly Assessment, August, 2016.

11. Recreation Access Refresh. Affordability options, hours and programming tuned to seniors/ageing adults/caregivers/people living with disabilities and newcomers.

Owner(s): Township, Department of Parks & Recreation, and community partners.

Timeline: 2026 program changes

Evidence: Door Knocking, Online, CFB, Kiosk Participants and Key Informant Interview comments and responses, 2019 Esquimalt Community Health Needs Assessment.

12. Housing and Ageing-in-Community Pilots. Explore co-housing in West Bay and supportive/assisted options aligned to ageing hot spots identified in Neighborhood Intelligence and collaboratively with developers/builders use the data to build purposely built homes to accommodate to enable ageing in place in affordable or non-market seniors housing in Esquimalt.

Owner(s): Township, CRD, non-profit housing service agencies, Victoria Real Estate Board, Ministries of Housing and Infrastructure and community-based developers.

Timeline: Feasibility 2025-2026

Evidence: Neighborhood Intelligence, Door Knocking, Online, CFB, Kiosk Participants and Key Informant Interview comments and responses, Capital Regional District Housing Needs Assessment, *Township of Esquimalt, October 2020*, Township of Esquimalt, Development Services, *Esquimalt Age-Friendly Assessment, August 2016*, and Township of Esquimalt's Planning Department: *Relationship Between Population and Number of Dwelling Units, April 2025*, Esquimalt CHNA May 2019.

13. Ageing and Primary Care Reset *simulation scenarios and the reframing of reducing/eliminating care costs (ER/hospital visits/reduced medical prescriptions/referrals).*



What if? the Esquimalt UPCC was restructured to expand its hours and functioned as an Urgent Center instead of a Primary Care Center, offering same day/next day and virtual care appointments? How would this reduce emergency department visits, people living the ED without being seen? Shorter wait times to see the doctor? What if the UPCC provided patients of all ages with social prescribing?

- ✚ **What if?** in collaboration with other local medical centers, a nurse practitioner, pharmacist, mental health counselling, and Team Based Care were embedded in a coordinated care network (hub and spoke). Would this lead to reduced ER visits, shorter wait times, improved health for the people of Esquimalt? What is the impact on ER visits, hospital bed days, wait times, care costs and public safety by 2030?
- ✚ **What if?** 50% of households in Craigflower and Rockheights receive ageing-in-place retrofit grants versus no investment? What is the impact on emergency response services, 911, care costs and public safety?
- ✚ **What if?** municipal staff and council collaborated with local partners on housing typologies that combine safety, walkability and community engagement, especially in Neighbourhoods with high percentages of seniors and people living with disabilities projected by 2030?
- ✚ **What if?** Mayor and Council's consideration of a joint approach with the Ministries of Health, Mental Health and Housing to:
 - Fund retrofit and renovation grants that enable seniors to age in place.
 - Tie those grants to neighborhood-specific assessments of need and readiness.
 - Move from ad hoc projects to system-wide alignment, where the Township leads with its own intelligence.
- ✚ **What if?** in conjunction with physician/NP social prescribing, decommissioned schools or community halls were repurposed into drop-in seniors' hubs. These facilities could provide:
 - Low barrier access to meals, programs that promote exercise, medication management, connections, health navigation, and social support.
 - A safe and social anchor to connect in ageing neighbourhoods.

By linking current and future planning to the 2019 and 2025 CHNAs—and translating that intelligence into tangible solutions in housing, health access, and public safety—Esquimalt positions itself as a proactive innovator. This approach aligns services with demand and uses evidence to support funding and resource decisions so that funding follows needs. Together, the 2019 and 2025 CHNAs provide the impetus and a shared roadmap—making this the moment for measured, near-term action.

Moving Forward

The 2019 CHNA and the Refresh 2025 CHNA have identified strategic areas that are shown to impact the health and quality of life of the residents of Esquimalt. The findings of the Refresh 2025 CHNA are considered with the action steps set out in the 2019 CHNA (page 8) to clearly understand the scope, opportunities and priority for implementing the suggested roll-out of the recommendations set out in this report. The following actions listed in order of priority have been modified to incorporate the results of the Refresh 2025 CHNA report.

Moving Forward — Priority Actions

1. Engage external consultants to co-develop a Primary Care Service Plan and a Recruitment & Retention Plan, with operational and project plans to implement CHNA recommendations—including partner identification, funding sources, and commitments to infrastructure and human resources to increase resident attachment.
2. Partner with the Ministry of Health and Island Health to explore and scope the expansion of the Esquimalt Urgent Primary Care Centre (UPCC); incorporate comparative findings (GVA's six UPCCs and Alberta/Ontario/U.S. urgent care) to quantify capacity, attachment, and ED-cost reduction opportunities.
3. Develop short-term “what-if” scenarios and build simulation models with the Ministry of Health, Island Health, First Nations Health Authority, and SIDFP to test an expanded UPCC (walk-in access, attachment pathways, longitudinal mental-health support, and virtual care).
4. Continue collaborating with Lexi Development to finalize the medical centre at 899 Esquimalt Road, aligning the final design with this report's findings and unmet community needs.
5. Identify key stakeholders and co-create a Township-wide partnership engagement strategy; engage residents and the business community at all stages of implementation (aligning data practices with OCAP® and confidentiality requirements).
6. Agree with the Ministry of Health, SIDFP, and the Nurse Practitioner Association to assess and plan a Collaborative Community Care Model; develop scenarios and a simulation model building on the 2019 hub-and-spoke designs (Appendices E & F) to optimize resources and increase attachment.
7. Engage the consultant to establish the baseline and metrics of moving to a Collaborative Community Care Model and UPCC expansion; identify risks and benefits and set potential attachment targets.

1.0 INTRODUCTION

1.1 Background

The Township of Esquimalt engaged the Pepler Group to conduct a Refresh of the 2019 Community Health Needs Assessment (CHNA). The purpose of the assessment was to gather information about local health needs, health behaviours, and post-COVID's impact on the health of Esquimalt's residents. The assessment examined a variety of indicators, including mental health, risky health behaviors, and chronic-health conditions, together with the impact of ageing of the population on the demand for services and ongoing health conditions.

The stewardship of neighborhood health is not solely the domain of healthcare systems—it is a foundational responsibility of local government. Municipal leaders are uniquely positioned to influence the social, structural, and service determinants of health that shape population outcomes across communities.

Population health intelligence provides the critical evidence base data needed to inform funding decisions, allocate resources, and design systems capable of meeting both current and future healthcare demand. Yet far too often, local governments plan based on anecdote, not evidence—and focus on service users rather than the full population they serve.

Everyone responsible for paying for, planning, or providing health and care services—including local governments—must look beyond those currently accessing services to consider the entire population at risk or in need. This broader perspective is essential not just for equity, but for sustainability.

In today's constrained environment, the most limited resource is not money; it is time: the time of healthcare professionals, caregivers, service providers and patients' time, travel costs, and loss of productivity. Hence the long wait times to see a doctor, nurse or a specialist, and emergency department closures being experienced by Canadians across the country. Unless we plan to use population-level intelligence, we risk misusing this finite resource, compounding health inequities, continuing with increasing wait times and hospital ER closures and driving up long-term costs.

For universal healthcare to remain viable, local governments must embrace their role as population health stewards—aligning housing, transportation, public safety, and local services with the health needs of the people they serve. This shift is timely. As Sir Muir Gray and the National Health Service (NHS) 10—Year Plan both emphasize, sustainable systems require a shift from reactive care delivery to proactive demand management.

Stewardship is not about replacing the roles of health authorities or service agencies. It is about embracing a new paradigm called population healthcare or population health management to use another term.

Everyone paying for or providing healthcare or responsible for the health of Neighbourhoods needs to think about the whole population served as well as about those people who reach those services and are treated by it. Only by taking this perspective can we ensure the optimal use of the available resources. The time of healthcare staff rather than money is the key finite resource, and indeed the sustainability of universal healthcare.

1.2 Why Population Health Data Belongs in Municipal Planning

Many Chief Administrative Officers and municipal staff correctly recognize that local governments are not responsible for delivering healthcare services. However, this often leads to the mistaken belief that health, mental health, and ageing trends fall outside the scope of municipal responsibility. They do not.

While delivery rests with provincial and federal systems, local governments are responsible for understanding and planning for the health of the populations they serve. This includes collecting and interpreting local, neighborhood-level data on health status, service access, ageing demographics, and mental health needs.

Furthermore, it is suggested that **municipalities must track population ageing** to project increased demand for health services, social housing, public transit, and community support, which are critical for maintaining quality of life and supporting an independent senior population. By understanding demographic shifts, municipalities can better plan for service provision, infrastructure, workforce needs, and financing, thereby ensuring communities remain sustainable and responsive to the evolving needs of their residents.

Without this intelligence, municipalities are forced to guess when making decisions about infrastructure, housing, transportation, policing, recreation, and social support—services that directly shape health outcomes.

Population health data is not a “healthcare system issue”—it is a municipal planning tool. It is the evidence required to:

- Anticipate demand for local services.
- Inform intergovernmental funding negotiations.
- Justify investments that meet residents' evolving needs; and
- Ensure taxpayers receive value for money in a sustainable, equitable way.

Thinking only about those who access services is not enough. Local leaders must consider the entire population, including those who are ageing, isolated, or underserved. Ultimately, the most constrained resource in the system isn't money, it's time: the time of healthcare workers, first responders, families, and community support. Municipalities that fail to plan using population intelligence will face rising costs, greater risk, and deeper service pressures.

Hence, **Esquimalt is showing leadership in stewarding neighborhood health** recognizing that it is not about taking over health services—it's about building the evidence base to advocate, allocate, and act with evidence-based data to inform, influence current and future health decision-making aligned with specific neighborhood needs.

1.3 Purpose of Refresher—Looking Back Pre/Post COVID

The 2025 Community Health Needs Assessment (CHNA) Refresh for the Township of Esquimalt builds on the foundational 2019 report and responds to a markedly different environment. Since the original assessment, the Township has faced profound health-system stressors—from pandemic disruption to accelerated ageing, growing mental-health care needs, increased out-of-pocket costs for basic care, population growth, internal staffing transitions, closure of more than 20 walk-in clinics, insufficient resources, and increased demand for services—leading to a higher “unattached” population and the unfulfilled provincial promise to provide residents with access to longitudinal primary care following the opening of the Esquimalt UPCC in 2021.

Despite these challenges, the 2019 recommendations remain largely unimplemented, in part due to system-wide strain, leadership transitions, and regional competition for limited clinical resources. This Refresh report provides the evidence, framing, and urgency needed to move from assessment to action.

It also reflects a growing recognition that while healthcare delivery is a provincial mandate, the social and environmental conditions that shape health—such as housing, transportation, safety, social inclusion, and other social determinants of health—are deeply influenced by municipal decisions.

While the basic structure and format of the report are retained from the 2019 CHNA, the ways in which the 2025 Refresh CHNA departs from the previous process are largely due to a significant increase in size and scope. With the inclusion of the intelligence of Esquimalt's ten Neighbourhoods, the addition of the UPCC in 2021, and the unique impacts of the COVID-19 pandemic on data collection efforts, it is important to note comparability with the 2019 CHNA report, especially as related to quantitative data, is limited.

The past six years have seen system-level factors that have coincided with a larger unattached population across age groups, growing ageing-related needs, and constrained primary-care access—such as continued phone-first triage; closures or reduced availability of walk-in clinics; and UPCCs not yet fully implementing the Ministry of Health’s 2023 policy intended to attach patients.

The role of community health assessment is central in enabling the Mayor, Council, staff, practitioners, funders, and policymakers to identify, categorize, and prioritize demands; update policies; and ensure that health-care resources are supplied to optimize care and maximize outreach to residents of Esquimalt.

The objective of this 2025 Refresh is to present evidence to prioritize needs and implement the actions necessary to address significant current and future unmet community health needs. More importantly, it is recognized by the Township of Esquimalt that the CHNA is not a one-off activity but an ongoing development process that is refreshed over time and provides the evidence it needs to assess strengths and resources/assets to promote well-being in the community, set priorities, choose and execute appropriate actions, and assess sustainable solutions that shift the community from reactive care delivery to proactive demand management.

It was noted previously that the Township, as the steward of the health of its residents, and aligning community resources to meet these needs, is not about replacing the roles of health authorities or service agencies. It is about embracing a new paradigm—population healthcare/neighborhood intelligence—highlighting where population ageing is considered, where gaps in youth and senior mental-health supports exist, and how these patterns drive infrastructure and service demand in each neighborhood.

The findings from this study provide evidence-based demand to inform and influence policy, funding, and developer collaboration in guiding the Township’s clinical-resources recruitment and retention strategies. For ease of reference, the link to the 2019 CHNA is inserted here in this report to support the 2025 CHNA findings—

<https://esquimalt.ca.legistar.com/View.ashx?M=F&ID=23809&GUID=BEA67608-F05B-4514-AB29-3BE0E0D349E4>

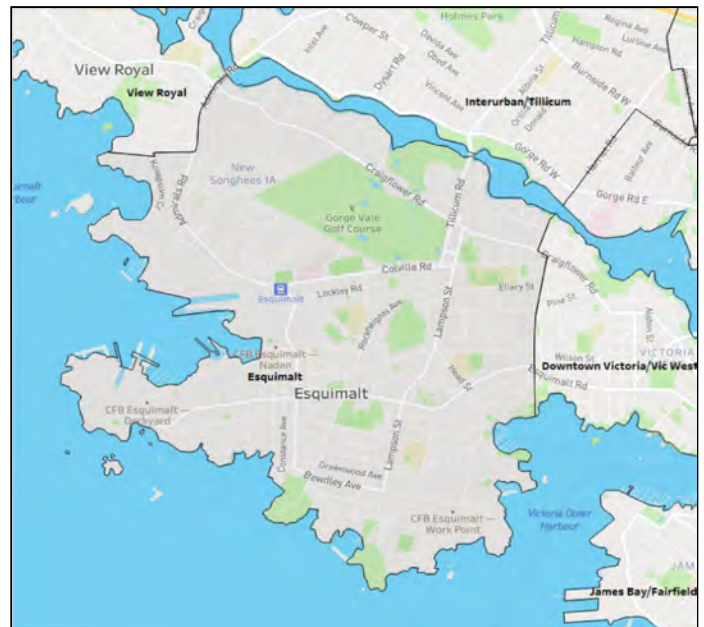
2.0 Community Health Needs Assessment Overview

2.1 Project Background & Community Characteristics

Esquimalt is a compact municipality with distinct Neighbourhoods that vary in population, density, infrastructure maturity, and proximity to health and social services. These areas include both established residential enclaves and zones undergoing redevelopment or densification. The Township's unique location of being surrounded by water, four major bridges (i.e., Johnson Street, Bay Street, Tillicum/Craigflower Road and Admirals Road) and the Trans-Canada Highway, makes this municipality a priority population for the Government of B.C. and its partners to re-evaluate the purpose and attachment targets of the Esquimalt UPCC, expand primary care physician resources, and rethink the current virtual care and mental health delivery models.

The Township also includes unique populations such as the Songhees and Esquimalt Nations, adding complexity to neighborhood healthcare planning to ensure cultural safety and access to services that are aligned with the needs of all their community members.

Canadian Armed Forces Base Esquimalt employs an estimated 4,300-4,500 military members and approximately 2,000-2,500 civilian personnel. Military personnel and their dependents are included in the Census population. Additionally, at any given time there could be up to 2,600 people on the base for training.



These trainees are not included in the community census count owing to their short-term residency in Esquimalt. **There is one medical clinic on base for military personnel only.** However, when the clinic is closed, military personnel seek medical services off base. Veterans, family members and civilians need to seek publicly funded services for their primary care needs. Many seek services inside or outside the Township.

Given the complexity in **completing the 2025 Refresh**, we took a different approach in understanding how population trends, access, challenges and health indicators differ between Esquimalt's ten Neighbourhoods. Rather than generic planning, we recognized that an **expanded model embedding neighborhood intelligence** would enable clearer forecasting of where health service pressures—for both ageing adults and younger populations—were most acute.

This report focuses on the population of **Esquimalt's ten Neighbourhoods**: Esquimalt Village, Craigflower, Panhandle, Rockheights, Saxe Point, Colville Road, Gorge Vale, Parklands, Signal Hill, West Bay. The population focus also includes CFB Esquimalt (Naden and Work Point), the Songhees and Esquimalt Nations.

The inclusion of this **neighborhood intelligence** (see Section 3.5) in this Refresh will inform discussions on investment priorities and help to guide decisions on ageing, children and youth care, family support, community health investments and cross-ministry advocacy. It will also reinforce why localized demand intelligence matters, as scale and urgency of need is shown to differ by neighborhood. Section 4 details how population ageing, infrastructure disparities, healthcare and mental health service access challenges manifest at the neighborhood level---and why a one-size fits all approach will not meet the Township of Esquimalt's future needs.

2.2 Project Scope & Objectives

The 2025 Refresh followed the 2019 CHNA's mixed-methods, self-reported design—surveys, key-informant interviews, and open-ended comments with Likert-scale items—and was grounded in community engagement aligned with the IAP2 Spectrum of Public Participation.

The collection, storage, access, and protection of resident data complied with the Township's privacy framework, including a **Privacy Impact Assessment** approved on December 19, 2024, by the Township's Ethics Officer. Analytical methods and tools supported triangulation and thematic analysis across survey responses, interview findings, and relevant administrative/contextual sources.

This Refresh is a substantive update to the 2019 CHNA. It aims to:

- Re-assess the health and wellness needs of Esquimalt residents using updated evidence-based population data.
- Evaluate system access, gaps, and barriers post-COVID.
- Understand the out-of-pocket costs and inequities residents are currently facing.
- Highlight the health system impacts of population ageing, mental health, and clinical resources demand.
- Evaluate the impact of the trade-off between access to doctors, nurses, and other clinical care teams to emergency department utilization on hospital capacity, long wait times, and closures.
- Using a gap analysis, compare 2019 to 2025, and project to 2030 the impact of ageing, out-of-pocket fees, access challenges to primary healthcare and mental health.
- Identify the number percentage of residents unattached since 2019.
- Make recommendations on how best to increase the current capacity of the Esquimalt UPCC and Medical Centre aimed to increase patient attachment.
- Provide forward looking recommendations for community-level readiness and action.

The findings should inform the Council’s decision making in the lead up to the 2026 municipal election cycle, support advocacy for provincial and regional investments, and enable evidence-based planning in collaboration with developers, the CRD, Island Health, Office of Advocate for Seniors, and the MP for Seniors Portfolio (Esquimalt, Sooke and Saanich). The Refresh also acknowledges the need to include a Community Health Strategy, as a priority, in the Township of Esquimalt’s Official Community Plan (OCP). It provides the public with the transparency signalling the urgency for a recruitment and retention plan detailing the required number of resources (e.g., physicians, nurses, mental health professionals, and seniors’ care long-term care need) to align with current and future demand for funding.

2.3 Project Approach and Methods

The 2025 Refresh CHNA guided by the 2019 CNHA used a mixed-method, self-report (e.g., survey, interview, and open-ended comments), using a Likert Scale) approach grounded in community engagement using IAP2, and data confidentiality guided by the Privacy Impact Assessment, approval obtained from the Township of Esquimalt’s Privacy Officer, December 19, 2024, and data triangulation using data analytical tools. The activities conducted from January to June 2025 included:

Quantitative

- Door-knocking and Online Survey promoted across Township platforms—313 (237 + community household residents + 75 CBF households)
- Telephone responses-- 50 residents 1:1 – 30-minute survey.
- Two 3-day Community Kiosk events at Save-On-Foods (Westside Village), Country Grocers (Esquimalt)—400 residents from Esquimalt and the Greater Victoria Region.
- Four-1-day event at Starbucks and Dollarama (Westside Village), Tim Hortons, and Shoppers Drug Mart on Esquimalt Road collecting surveys from 75 community residents.
- 85 Key Informant Interviews conducted 1:1 with community leaders: community-based service providers, business owners, community centers, medical centers, Island Health, Ministry of Health, and persons with lived experience.

Qualitative Methods:

- “*Sorry We Missed You*” leaflets were dropped off with 260 community residents and 75 CFB households to 750 residences/business/construction sites asking residents/business owners to participate in a 1:1 residential household, online or telephone survey.
- Mayor Desjardins posted a letter to multiple Township websites inviting residents to participate.

Secondary Data

A secondary statistical data profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates and other health statistics was used to identify current and future needs for primary and mental healthcare services in Esquimalt. This analysis suggests, as noted in the 2019 CHNA, the need to prioritize an expansion of Esquimalt's existing clinical resources.

- **Public health surveillance data and healthcare utilization patterns** (e.g., Island Health, BC Center for Disease Control; BC Stats, Statistics Canada, B.C. CHSA Health Profile/PHSA (2023); First Nation Health Authority (FNHA), Canadian Institute for Health Information (CIHI), South Island Division of Family Practice (SIDFP), Doctors of BC, College of Family Physicians of Canada, National Institute on Ageing, and various media-websites.
- **Township of Esquimalt Corporate documents and websites**—Mayor & Council Strategic Priorities (2023-2026); Strategic Plan 2019-2023, Strategic plan backgrounder, Budget documents 2019-2025 + Draft 2026-2030, Official community Plan | 2025 Update, Esquimalt Age-Friendly Assessment (2016): Economic Development Action Plan 2023-2025; Census Results/Capital Region; Capital Regional District Housing Needs: Township of Esquimalt (2020); Miscellaneous Housing, Dwelling, and projected density/proposed dwelling/rental unit reports from Planning Department | May 2025; CRD 2021.

These activities yielded approximately 750 resident responses and diverse stakeholder insights. Vic West, included in the 2019 CHNA, was excluded from the 2025 Refresh because the City of Victoria did not grant permission. Nevertheless, many Vic West residents—and others—participated through our in-person surveying at retail and other community locations and via the online survey.

The project team made multiple outreach efforts to the Songhees and Esquimalt Nations. While formal interview participation was not secured, 2025 Refresh data were obtained from the First Nations Health Authority and other relevant community-level health profiles and were integrated into this report to reflect the care needs of members of these two Indigenous communities.

2.4 Data Limitations

There are limitations to the data used in this report. Significant limitations that may affect the interpretation are described below.

- The findings of this 2025 Refresh CHNA are based, in part, on self-reported data from surveys and interviews with community members. This approach was essential for capturing lived experience and perceptions of health and should be interpreted with the inherent limitations of self-reported information in mind.

- This report draws on the Statistics Canada Census Profile, B.C. Stats, and Capital Regional District (CRD) 2021 Census data. These sources vary in coverage; some information is available in one source but not in others.
- The projections presented here offer scenarios and should be used with caution. Local conditions—including population change, ageing, births and deaths, immigration patterns, decisions on growth and density, and market forces—can materially affect outcomes. Wherever possible, projections were informed by the context of Esquimalt, Island Health, and the CRD.
- A persistent limitation in both the 2019 and 2025 reports is limited access to timely, disaggregated clinical data.
- Official emergency department utilization data for Esquimalt is compiled by health authorities at regional or provincial levels. Such data is not typically released at the individual-municipality level for public access and, where available, appears only in aggregated reports.
- Population-health data specific to Esquimalt are grouped within Community Health Service Area (CHSA) 4119. CHSA-level indicators should be interpreted considering the CHSA's population size; smaller populations can produce a wide variation in results.
- Ministry of Health—BC Health System Matrix (HSM) hospital and service-utilization data were obtained from the Canadian Institute for Health Information (CIHI).
- This assessment captures the community's perceived health needs, which may differ from objective clinical or public-health measures. For example, self-rated health is subjective and influenced by personal context; these perceptions are valuable but were considered alongside other data sources.
- To provide a more complete picture, self-reported findings were analyzed in combination with other sources, including census data, public-health statistics, and key-informant interviews.
- Demographic, emergency, hospital, and service-utilization data specific to CFB Esquimalt were not available at the time of writing.
- Chronic-condition and long-term-condition datasets at the individual-resident level were not available (owing to survey confidentiality), limiting the ability to estimate case complexity and physician panel sizes.

2.5 What's Changed or Improved Since 2019

- **Access to primary care and family physicians has worsened.** Community-based clinics taking on new patients—sending more residents, especially those who are unattached to a family doctor—to rely on emergency department or see access through private, subscription-based clinics, paying annual membership fees for individual, pediatric and full family care.
- The **Esquimalt Urgent Primary Care Center (UPCC)** does not attach patients to physicians although this was the goal of the Provincial Health's 2021 execution plan for investing in six local UPCCs.
- **Mental health access gaps** for all age and population groups have deepened not narrowed. Additionally, more people are citing loneliness and housing instability and working-age youth and adults are financially stressed.
- Many **stakeholders noted nothing has really changed** since 2019 or they are worse off than they were in 2019.
- Since 2019 **“the six-year ageing effect”** is more visible, there are more references to burnout, mobility challenges, overall malaise, increased stress, anxiety and mood disorders, caregiving strain and having to be available to travel outside the Township for care or to the emergency department, where wait times range from 6 to 18 hours.
- Emergency department rates remain high, particularly for conditions that could be managed in community care, with many individuals describing multiple episodes or chronic reliance on emergency department care due to a lack of GP access, full clinics and long waiting times. This suggests a **high dependency on the ED** as a default point of care, not just a one-time experience, leading to staff burnout, patients leaving without being seen, and contributing to healthcare costs.

If current trends continue without local action, the cumulative effect on Esquimalt's health system, its residents, and public resources will become increasingly unsustainable. While municipal governments may not directly deliver healthcare, their role in shaping the conditions that support, or hinder health is now undeniable.

2.6 Cumulative Impact on Community, System and Resident Costs

2.6.1 Community-Level Costs

- Increased reliance on emergency departments for conditions that could be managed in primary care.
- Declining social cohesion as health gaps widen across income, age, and housing status.
- Migration of residents to other municipalities in search of more responsible health supports.

2.6.2 System-Level Costs

- A rising burden on hospitals, home care, and crisis services due to unaddressed needs.
- Increased spending on acute care when early intervention would have been more effective and cost-efficient.
- Missed opportunities for integrated care planning between municipalities and health authorities.

2.6.3 Resident Costs

- Residents paying out-of-pocket for access—ranging from \$1,200 to over \$10,00 per year—to receive basic healthcare.
- Delays in treatment for chronic conditions, exacerbating long-term health outcomes.
- Heightened mental health strain linked to caregiving burdens, cost stress, and lack of access.
- An increasing number of residents living with mental health issues without access to publicly funded longitudinal care, psychiatrists, psychologists, counsellors, and safe spaces.

The evidence is clear: **without a shift from reactive care to proactive demand stewardship**, the Township will face higher avoidable use of urgent and emergency services, widen inequities, and accelerate strain on providers and residents.

3.0 OVERVIEW OF GEOGRAPHY & POPULATION

3.1 Community Profile: Population, Geography & Demographics

This 2025 Refresh of community health needs and assets serves as a mechanism for the Township to gain the necessary information to make informed choices about community health. A critical finding of the Refresh is the discrepancy between Esquimalt's official population and the actual population placing demand on its primary health, mental health, and urgent care services. In addition to Esquimalt residents, the Township amenities serve CFB military families, the Songhees and Esquimalt First Nations and Victoria West residents, all who lack access to medical care in their own Neighbourhoods.

While Esquimalt's population appears stable or declining relative to other growing communities, this broader healthcare service demand reveals not only a structural funding gap but also a growing strain on service delivery within Esquimalt's own boundaries. The additional populations from other communities are shown to compete for limited local resources, reducing access for Esquimalt residents and driving up emergency department visits and inappropriate use of hospital-based services. Without targeted investment and system alignment, this gap will continue to widen, given the recent approval for increased building and housing units in Victoria West deepening inequities and increasing inefficiencies in the current Esquimalt community healthcare system.

Additionally, these pressures—especially the service demands from adjacent areas not accounted for in formal funding models—create significant hidden costs for Esquimalt. They also reinforce the need for community level-strategies that improve access and reduce emergency care dependency. This includes recruiting and retaining clinical staff and leveraging partnerships, technology, and development planning to serve current and future needs.

The demographic, physical health, and wider determinants of health of the Esquimalt people in the context of a community shape its demand for longitudinal healthcare and mental health resources (e.g., type of resources, # of sites, location, infrastructure, and funding).

Wider determinants of health (e.g., housing, income, education, employment, community, and access to care) are factors shown to influence health of a community.

This section summarizes the findings of the Township of Esquimalt, its ten Neighbourhoods, including CFB Esquimalt, Songhees and Esquimalt Nations' health, social and urban needs.

3.2 Characteristics of Resident Population

Between 2016 and 2024, Esquimalt's population decreased by 0.9%, from 17,655 to 17,533 residents, based on Statistics Canada's 2024 population estimate. Of these residents, 50.3% identify as male and 49.7% as female. While Esquimalt experienced negative growth between 2016–2021, data from Statistics Canada and the CRD show the population fluctuated between approximately 17,500 and 19,300 from 2019 to 2025. The most precise data points are the 2016 and 2021 censuses; the CRD provides July 1 population estimates for subsequent years. Mayor Desjardins has publicly indicated an expectation that the population will grow to 20,000 within the next few years (CTV News, April 2025).

For demand planning, the 2025 CHNA Refresh also considered adjacent populations that draw on Esquimalt services: CFB Esquimalt (~2,700 civilian employees and military family members), the Songhees Nation (~400 members), and the Esquimalt Nation (~350–400 members), with some living within and others outside the Township.

While Esquimalt's population appears stable or smaller relative to other growing communities, this broader service burden reveals a structural funding gap and a growing strain on service delivery within Esquimalt's boundaries (2019 CHNA). Additional demand from adjacent populations competes for limited local resources, reducing access for Esquimalt residents and driving up emergency department visits and the inappropriate use of acute-care services (Island Health, 2025). Without targeted investment and system alignment, this gap will continue to widen, deepening inequities and inefficiencies.

Additionally, these pressures—especially demand from adjacent areas not accounted for in formal funding models—create significant hidden costs for Esquimalt and reinforce the need for community-level strategies that improve access and reduce reliance on emergency care. Priorities to meet current and future needs include recruiting and retaining clinical staff and optimizing partnerships, technology, and development planning.

The blend of community boundaries highlights that the Township is a mix of people who represent a wide socioeconomic and demographic spectrum. The Township's 2025 Official Community Plan highlights:

- 30.1% of the population walk, bike or use public transportation to commute, which is well above B.C.'s average of 17.7%.
- The Township compares slightly lower under 6 child low income (10.4%) than the Local Health Area average of 10.7% and B.C., 11.1%.
- Individuals renting a home in Esquimalt are shown to pay 30% of their income on rent, compared to 36.4% in the local health region, and B.C.'s 40.9%.

- Flagged comments cited by respondents include more homes in need of major repair (Esquimalt 7.8% versus Local Health Area 5.9%).
- Post secondary education completed (62.1%) is shown to be lower than the Local Health Area (72.6%), which can track health access and navigation challenges.

3.2.1 Esquimalt versus Provincial & Health Authority

Where It Looks Good/is Changing

- Emergency/urgent visit rates are lower in greater Victoria than Island Health overall - 322 visits vs 462 visits per 1,000 in 2023/2024 suggesting less strain on emergency departments relative to the region.
- Life expectancy (2018-2022) is 82.2 years, close to B.C.'s average of 83.1 years and slightly above Island Health's average of 82.1 years.

Where the Community is Slipping

- Primary care attachment is lower, with only 72.7% of Greater Victoria residents attached to a physician practice versus 77.5% of Island Health and compared to B.C.'s average of 75.9%. This is shown as a driver of avoidable emergency department use and gaps in longitudinal care.
- Ambulatory Care Sensitive Conditions (ACSC), which are health conditions that, with appropriate primary or ambulatory care, could be managed in an outpatient setting in the community are higher in Esquimalt (6.1% of hospital admissions) than Island Health (5.7%).
- Alcohol and tobacco-related deaths in Esquimalt are comparable to Island Health and/or B.C.
- At the local level, housing repair needs and lower post-secondary attainment are additional risk signals for lower access and poorer health outcomes.

3.3 Population & Healthcare System Shifts 2019-2025: What's Changed!

Since 2019, Esquimalt has experienced notable demographic and health-related changes that reshape the demand for healthcare services:

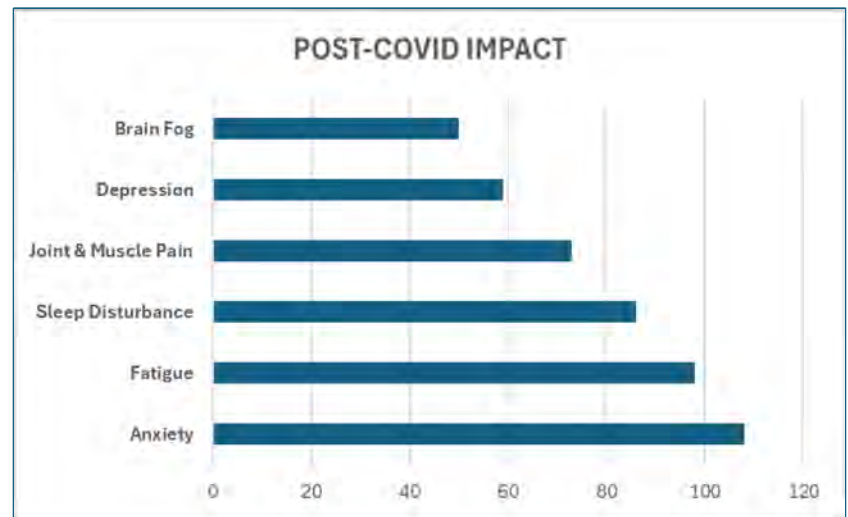
- **Ageing Population:** Since 2019 the Township population has aged substantially. Between 2025 and 2030, projections indicate that more than 1 in 5 residents in most Neighbourhoods will be over the age of 65. In some areas, that number is already above 24%, a larger share than in many other municipalities. The number of residents aged 65+ (3,625) continues to rise as the population continues to age, and this trend is shown to continue through 2035. This ageing is shown to have significant implications

implications for planning physician and nursing resources, particularly for people living with complex chronic conditions. There is increasing pressure on the Township to prioritize and implement solutions that support ageing in place; reduce loneliness (**44% of seniors in single-person households**); expand community-based long-term care and seniors' housing; and improve access to geriatric care.

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%

- **Mental Health Pressures:** Mental health access was **cited as one of the most pressing and inadequately addressed needs**. Youth, seniors, caregivers and low-income residents were repeatedly named as underserved. **Key concerns**—long waits for public counselling services; heavy reliance on private services leading to inequity; are inconsistent and underserved school-based services; no coordinated local crisis response or trauma-informed care pathway.

- **Post COVID---Mental health diagnoses are increasing,** particularly anxiety, depression, loneliness and isolation across all age groups. **Post-COVID, 41%** of all door-knocking and on-line respondents cited fatigue, anxiety, sleep disturbance, joint and muscle pain and depression as the top five mental health issues affecting all groups.



- **Social Engagement & Connections:** Loneliness was also cited as a significant mental health issue, cited by 21% of respondents, and shown to affect all age groups with social media and digital stressors playing a compounding role.
- **Chronic Illness Trends:** Chronic conditions since 2019 have become more prevalent across all age groups in Esquimalt. Older adults are particularly affected, but younger demographics are experiencing notable increases in conditions (e.g., diabetes and mental health disorders).

Age Group	Top Chronic Conditions	Notes
10-24 years	Anxiety, Mood Disorders, Depression, ADHD, Social Media Fatigue, Loneliness, Fatigue and Obesity	Rising diagnoses, gaps in early identification and early intervention, continued impact of social media, mobile phones, and lack of timely and affordable access to mental health supports
25-64 years	Depression, Diabetes, Hypertension, Social Media, Hypertension, Hip & Knee Pain, COPD, Obesity, Arthritis, Asthma, Gambling and Substance Use	Linked to working + age related stress + income challenges + housing affordability + unemployment + access to affordable mental health programs, support and primary care
65+ years	High Blood Pressure, Depression, Arthritis, Obesity, Diabetes, Loneliness, Dementia, Addiction, Gambling and Substance Use	Healthcare utilization and economic impact—increased need for primary care, hospital-based care, emergency department visits, household affordability, caregiver burnout

The interplay of COVID-19 and chronic conditions such as diabetes, depression, and respiratory conditions underscores the need for targeted community-based public health strategies. Nearly 93% of adults 65+ and older who responded to the survey commented on having at least one chronic condition, while an estimated 79% reported having 2+ and several had 6 chronic conditions.

- **Diminished Access to Care:** In 2019, residents had access to approximately 23 walk-in clinics across Greater Victoria. In 2025 this number is down to 2 clinics in Esquimalt. 93.8% A.M. participants reaffirmed 2019’s central finding: **access to culturally safe and timely, person-centered care** remains the top priority for the residents of Esquimalt. Barriers—episodic care versus longitudinal care, **workforce allocation and shortages, clinic waitlists, emergency department waits between 7-12 hours and affordability gaps**—were most acute for low-income residents. Clinics are at capacity or require patients to call before 8 a.m. to secure an appointment. Many clinics across the Greater Victoria Region and in other municipalities are full at 9 A.M. and do not accept new patients.
- **Attached and Unattached’ Population:** In 2019, an estimated 18.5% of Esquimalt residents were unattached to a primary-care practitioner. While actual rates fluctuate, at the time of writing this report, current local estimates place the share at 21%–25%. (BC Ministry of Health, 2024), consistent with figures shown in the survey findings.
- **Attachment reflects allocation** as much as supply: many physicians in the Island Health region work in hospitals, emergency departments, or urgent-care centers, or part-time,

rather than maintaining full-time family practice. On paper, Island Health has enough family doctors to serve its population, but availability in community practice remains constrained (Island Health, 2024).

- Unmet Needs of Unattached Patients—Crisis Point:** As previously stated, **21–25%** of Esquimalt residents are “unattached”. A few respondents cited care as reactive: ***I don’t wait until there’s a problem. I would rather have a preventative approach***” Many **unattached participants** stated that when they needed to access care, they visited the emergency department, that it was time-consuming and required long unavoidable waits. Participants **who planned to become pregnant** also stated they wanted a primary care doctor. ***“My wife and I are planning on having a child soon...so we definitely want to have a doctor that we can see regularly...”***
- Esquimalt Residents Paying Fees to Access a Family Doctor:** Since 2019, more Esquimalt residents are asked to pay monthly or annual subscription fees to access the services of a family doctor. Doctors charging a monthly or annual subscription fee have chosen to opt out of MSP so they can bill private fees for patient visits. Participants who have reported having a doctor stated they pay some form of out-of-pocket fee that includes regular access to a family doctor and team-based care. The monthly fee structure changes depending on the patient’s demand for basic healthcare needs for mental health issues, medication-relation problems and complex care.

Major themes and subthemes in participant responses:

Theme 1: Unmet needs of unattached patients

- Poor access to care
- Lack of ongoing long-term relationship with primary care provider
- Lack of awareness of medical history
- Lack of care coordination and health system navigation

Theme 2: Impact of being unattached on residents

- Lack of a sense of control
- Feelings of culturally unsafe
- Eroding trust in the health care system
- Paying out-of-pocket fees for accessing privately funded Primary Care Physicians
- Challenges of navigating health care system are magnified for residents who have low-income, marginalized, newcomers and Indigenous Peoples.

**Clinic Charge Subscription Fee:
Cited Out-of-Pocket Fees**

\$3600 annually--10% increase this past year
 \$4,200 annually -- 5% increase-the last 6 months
 \$150.00 annually
 \$200 per month/\$2,400 annually
 \$300 per month/\$3600 annually
 \$150 per year
 \$9,600 per year for myself and my husband
 \$10,600 for a family of 2 adults + 1 child \$865/month
 \$300 per month/\$3,600 annually
 \$150 per month/\$1,800 annually

- **Esquimalt Medical Clinics Closed to Population:** In 2021, the UPCC opened at 890 Esquimalt Road—seven days a week, 8:00 a.m. to 8:00 p.m.— and was seen as a solution to Esquimalt’s ongoing family doctor shortage with the goal that residents could become patients of the clinic. This has not happened—the clinic’s **thruput in 2024 of 10,223 visits – based on 365 days—28 patients per day** (CIHI, 2024). Most days this clinic operates at full capacity and cannot absorb any walk-in clinic clients. Survey findings show **community anxiety has significantly increased**, as residents are calling for same-day appointments, for urgent care with no guarantee of availability. What they do not have is the ability to sign up to become “attached” to the primary-care side of the clinic for longitudinal (not episodic) care. So far, the clinic does not have enough doctors to accept patients—it was noted in 2021 that this would take time—and respondents cited “still waiting”.

“...walk-in clinics over the past several years have closed—since COVID. Now even though Esquimalt has an island Health urgent primary care center they never take patients. You have to hold for at least 30 to 60 minutes, and they tell you the clinic is at capacity. I start calling at 7:50 and at 8:15 they are full...how can that be...” (respondent survey T8)

“...Being in the navy allows us to have access to military-based doctors but it is important to our families and others to have access to healthcare and to have more family doctors in Esquimalt. Some have been waiting longer than 18 months for a family doctor. We need more healthcare services, since COVID came there is no more walk-in clinics. You need to make an appointment, and the UPCC is always full and the clinic in the mall isn’t open to taking any more patients...” (Respondent survey C48)

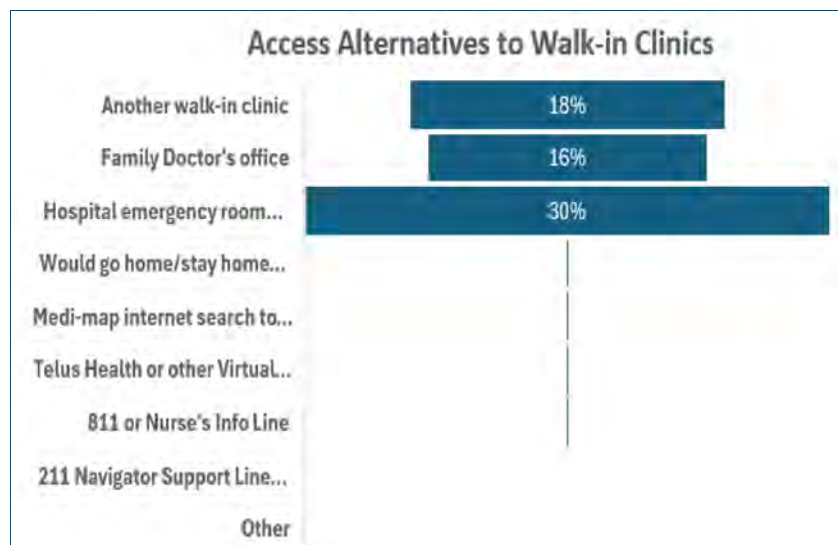
“...Still waiting for 899 Head Street to open and to the 400+ doctors and nurses promised to us in 2021...”(Respondent survey O-189)

- **Many respondents cited that having a longitudinal relationship was critical to staying healthy and ageing well**, whereas other participants described feeling uncomfortable or unsafe going to a walk-in or emergency department for mental health owing to being labelled as drug-seeking or harmful. Participants noted difficulties in navigating the health system as an “**unattached family**”—parents of children/youth living with developmental or physical disabilities, living with a person with dementia or cognitive disabilities, believed they had missed out on appropriate funding for care due to the lack of a primary care doctor who was needed to complete the required referrals and documentation.
- **Residents Time and Costs Seeking Care:** When asked the question of the how much time was spent travelling to and from medical appointments, **49% of respondents indicated a total average time of 1 ½ hours to 3 ½ hours** excluding wait times compared to a total of 2 to 2 ½ hours in 2019. It was beyond the scope of this study to explore the frequency of

contacts when seeking care. The **2019 CHNA highlighted the need for further research** on patient costs in seeking care—clinic and emergency wait times, travel time, transportation costs, lost work time and/or childcare costs—all shown to have an impact on patients’ health outcomes, social costs and decision as to whether or not to seek care. While the **need to** include travel time and costs are widely accepted in the literature, most often they are not included in the discussions of patient experience or evaluation of outcomes, nor are they used to determine the location of new primary care facilities or alternative delivery models (e.g., virtual or hub-’n spoke).

- **Alternative Service Options to Walk-in Clinics:** In 2019 there were many more options for Esquimalt residents when seeking a walk-in clinic.

In the 2025 CHNA Refresh, participants were asked where they went when seeking healthcare services if they did not have a family doctor. The **chart shows 64% of participants** who responded to the surveys chose to go to an emergency department first, then to another walk-in clinic and to their own family doctor.



3.4 What Neighborhood Intelligence Told Us—its Implications for Planning

3.4.1 Overview of Esquimalt’s Neighborhood Landscape

Esquimalt is a compact municipality with distinct Neighbourhoods that vary in population density, infrastructure maturity, and proximity to health and social services. These areas include both established residential enclaves and zones undergoing redevelopment or densification. As previously stated, the Township also includes unique populations, such as CFB Esquimalt and Indigenous communities (i.e., Songhees and Esquimalt Nations), which add further complexity to neighborhood health, social and urban planning ensuring cultural safety and access to services aligned with the needs of all population groups.

Neighborhood boundaries used for this analysis were informed by 2021 Census Dissemination Areas, BC Stats custom tables with ageing projections to 2030, Canada Stats, CRD, and Esquimalt’s Official Community Plan. Profiles were created for **the following ten (10) planning**

zones: Esquimalt Village, Craigflower, Colville Road, Gorge Vale, Parklands, Rockheights, Saxe Point, Signal Hill, West Bay and CFB Esquimalt (Naden/Work Point).

Understanding how population trends, access challenges, and health indicators differ between these areas provides a sharper lens for local decision-makers. This study differs from the 2019 approach by providing a sharper evidence-based picture of demand for services from 2025 to 2030 to inform and influence provincial funding and support new partnerships with not-for-profit organizations, healthcare providers and developers.

The traffic light model was used to clarify the variation in service pressures across Esquimalt's Neighbourhoods and to better understand the projected demand for services, programs and resources across age groups. It combines two indicators: the current proportion of residents over age 65 and the rate of ageing expected between 2025 and 2030 enabling clearer forecasting of where service pressures—for both ageing adults and younger populations—will be most acute. It also reinforces why localized demand intelligence matters; because the scale and urgency of need differ by neighborhood, and a generic response will not be effective.

3.4.2 Neighborhood Ageing Pressure Summary (2025–2030)

The following subsections detail how population ageing, infrastructure disparities and service access challenges manifest at the neighborhood level—and why a one-size-fits-all approach will not meet Esquimalt's future needs.

Emerging Hotspots of Ageing and Service Gaps

● **Esquimalt Village**

- **% 65+ in 2025: 24.3%** and **% 65+ in 2030: 24.3%**
- **Ageing Pressure:** ● *High*
- **Population Trend:** Relatively stable overall population but sustained senior concentration.
- **Planning Implications:**
 - High likelihood of ageing in place vs. out-migration.
 - Strategic need for accessible infrastructure, walkable public spaces, and senior-oriented recreation programming.
 - Consider enhanced mental health and social connection supports to mitigate isolation risk.
- **Survey Alignment:** Residents flagged a growing difficulty accessing care and a lack of senior-specific programs in this area.

● **CFB Esquimalt – Naden / Work Point**

- **% 65+ in 2025: 17.6%** and **% 65+ in 2030: 17.6%**
- **Ageing Pressure:** ● *Lower than average, but strategically variable*

- **Population Trend:** Lower ageing rate reflects transient military workforce.
- **Planning Implications:**
 - While ageing impact is modest, population turnover is high, making service continuity critical.
 - Spouses and families may lack connection to local primary care or community mental health supports.
 - Consider modular supports like mobile clinics, drop-in navigation supports, and flexible recreation programs.
- **Survey Alignment:** Some respondents expressed frustration around navigating care while posted, especially for dependents.

● **Craigflower**

- **% 65+ in 2025: 23.2% and % 65+ in 2030: 23.4%**
- **Ageing Pressure:** ● *High*
- **Profile:** A mature, stable neighborhood with one of the highest proportions of older adults in the Township. Long-standing residential footprint, modest density, and limited new development.
- **Planning Implications:**
 - There is likely a high need for ageing-in-place retrofits and fall prevention supports.
 - Improvements to sidewalks, lighting, and walkability need to be prioritized.
 - Ideal zone to pilot senior-oriented mental health or peer support programming.
- **Survey Alignment:** Residents expressed concerns about safety, loneliness, and lack of connectedness to services.

● **Colville Road**

- **% 65+ in 2025: 23.5% and % 65+ in 2030: 23.6%**
- **Ageing Pressure:** ● *High*
- **Profile:** Similar to Craigflower — ageing in place is occurring at scale. Largely residential with limited multi-generational or family-oriented housing.
- **Planning Implications:**
 - High-value candidate for renovation grant targeting, possibly bundled with home care support.
 - Accessible transportation and community connection programs should be prioritized.
 - Watch for mental health vulnerabilities, especially among widowed or isolated seniors.
- **Survey Alignment:** Noted lack of access to mental health and social programs; many seniors reported difficulty navigating existing services.

● Gorge Vale

- **% 65+ in 2025: 21.6%** and **% 65+ in 2030: 21.8%**
- **Ageing Pressure:** ● *Moderate*
- **Profile:** Lower than Esquimalt Village or Craigflower but trending upward. Mixed demographics with modest housing diversity.
- **Planning Implications:**
 - Consider early-stage investment in intergenerational public space design.
 - Opportunity to build out low-barrier programs that keep seniors engaged before higher need develops.
 - Monitor housing affordability and displacement risk.
- **Survey Alignment:** Residents flagged both access and transportation challenges for older adults.

● Parklands

- **% 65+ in 2025: 21.7%** and **% 65+ in 2030: 21.9%**
- **Ageing Pressure:** ● *Moderate*
- **Profile:** Middle-tier ageing profile with a mix of housing types. Some signs of ageing in place combined with slow generational turnover.
- **Planning Implications:**
 - A good candidate for community activation projects — walking clubs, meal delivery hubs, peer navigators.
 - Ensure any planned densification includes age-friendly design principles.
- **Survey Alignment:** Moderate concern about declining mobility and future care access.

● Rockheights

- **% 65+ in 2025: 23.0%** and **% 65+ in 2030: 23.1%**
- **Ageing Pressure:** ● *High*
- **Profile:** Older, stable housing stock with a strong community identity. A large cohort of long-term residents is now ageing in place.
- **Planning Implications:**
 - Strong candidate for ageing-in-place renovations, including accessibility upgrades.
 - Potential for neighborhood-based volunteer outreach or mutual aid for isolated seniors.
 - Ensure emergency response planning accounts for mobility and vulnerability.
- **Survey Alignment:** Residents expressed a strong preference to remain in their homes, even as care needs increase.

● Saxe Point

- **% 65+ in 2025: 21.4%** and **% 65+ in 2030: 21.6%**
- **Ageing Pressure:** ● *Moderate*
- **Profile:** Mixed-use area with walkability, green space, and a modest but steady ageing population.
- **Planning Implications:**
 - Leverage parks and community assets to keep seniors active and socially connected.
 - Ideal site for pilot outreach services targeting ageing adults before crisis hits.
- **Survey Alignment:** Positive response to walkability; some concern about access to medical services and transit.

● Signal Hill

- **% 65+ in 2025: 18.9%** and **% 65+ in 2030: 19.0%**
- **Ageing Pressure:** ● *Lower*
- **Profile:** Skews younger than other Neighbourhoods; higher turnover and newer residents.
- **Planning Implications:**
 - Maintain flexible, intergenerational services without major ageing-specific investments yet.
 - Monitor for early-stage gaps in mental health and transitional housing access.
- **Survey Alignment:** Less concern about senior supports; more focus on affordability and stability.

● West Bay

- **% 65+ in 2025: 19.5%** and **% 65+ in 2030: 19.6%**
- **Ageing Pressure:** ● *Lower*
- **Profile:** Balanced mix of ages; ageing is happening but not at a concentrated pace.
- **Planning Implications:**
 - Continue to build neighborhood cohesion and accessibility into new developments.
 - A potential site for co-housing pilots or flexible ageing-in-community models.
- **Survey Alignment:** Residents noted quality of life is high but were worried about isolation and affordability over time.

Summary: Neighborhood Mini- Profiles (2025 Snapshot)

This section is a culmination of the Household, Kiosk and Key Informant surveys and the top issues provided by participants comments.

1. Esquimalt Village

High density and transient populations. Planning Implication: Increase access to walk-in care, addiction services and public safety.

2. Craigflower

Significant ageing pressure, high rental density. Planning Implication: focus on housing retrofits and homecare support.

3. Colville Road

Mixed demographics, rising youth mental health needs. Planning Implication: Expand access to youth and adult mental health and family support.

4. Gorge Vale

Older adult population with mobility issues. Planning Implication: Improve walkability and access to connection events and/or community hubs.

5. Parklands

Stable population but ageing rapidly. Planning Implication: Prioritize senior-friendly public spaces, outreach and prepare for higher healthcare service demand in 2030 and beyond.

6. Rockheights

Families with young children and seniors co-located. Planning Implication: Plan for intergenerational care and play spaces.

7. Saxe Point

High proportion of seniors living alone. Planning Implication: Strengthen social prescribing and outreach supports to reduce loneliness and feelings of isolation.

8. West Bay

Smaller population, growing with infill development. Planning Implication: Ensure early infrastructure investments and align purposefully built with demand.

9. Signal Hill

Mixed-use area with pockets of isolation. Planning Implication: Increase neighborhood safety and connectivity efforts.

10. CFB Esquimalt (Naden/Work Point)

Military families with limited local care access. Planning Implication: Coordinate pediatric and after-hour care with DND to fill gaps in attachment and access to care. Also collaborate with Island Health for a satellite or primary virtual care outreach to meet the needs of this growing community.

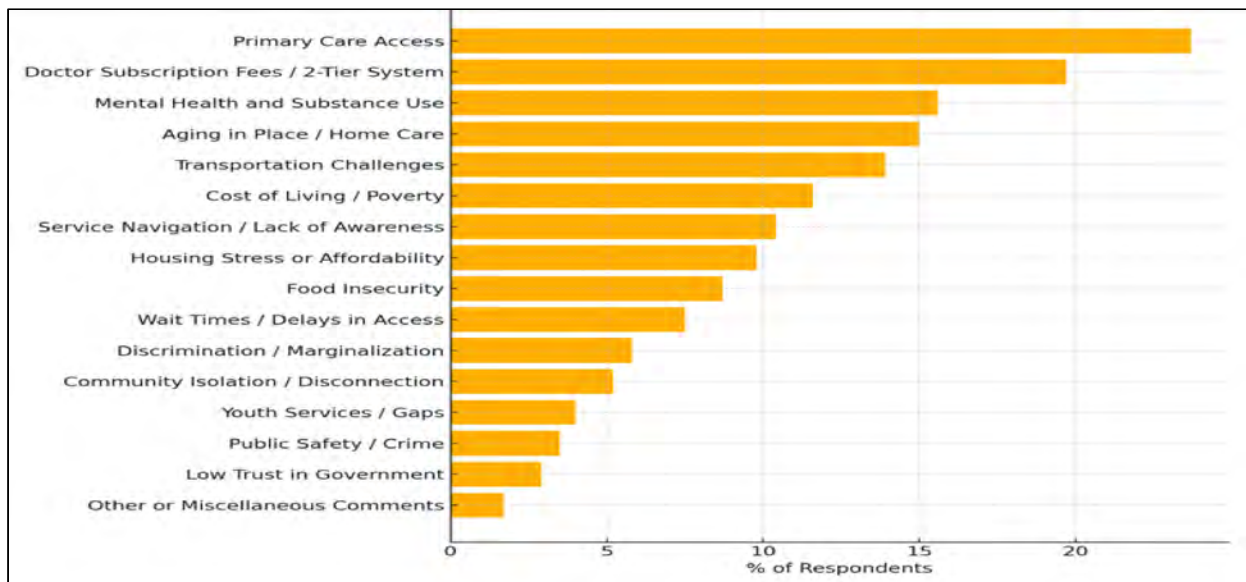
Summary Using the Traffic Light Format to clearly group:

- High ageing pressure: *Esquimalt Village, Craigflower, Colville Road, Rockheights*
- Moderate: *Gorge Vale, Parklands, Saxe Point*
- Lower: *Signal Hill, West Bay, CFB Esquimalt – Naden/Work Point*

Neighborhood Top Priorities

Taken together, the profile information and resident input produced a top 10 list of neighborhood priorities. In brief, they cluster around access to care, mobility, social connection, growth/density management. Figure 1 highlights the priority and the number of times the theme was mentioned by respondents across all survey instruments.

Figure 1: Neighborhood Top Priorities – Number of Mentions across all Survey Instruments



What has changed since 2019 as shown in the top 5 neighborhood priorities are consistent with all survey findings—Household, Kiosk and Key Informant Interviews. The purpose to Refresh the 2019 CHNA signals include:

- Primary Care access/attachment remains pressured; residents report membership packages among those with a doctor (equity and demand shaping implications).
- Mental health burden stays above BC's rating highlighted by increasing symptoms of fatigue, anxiety, sleep disturbance, common across all surveys.
- Ageing-in-place needs are rising, hotspots by 2030 include Esquimalt Village, Colville, Craigflower, Rockheights.
- Service Navigation is repeatedly across all surveys and is noted as high stress—navigating disjointed systems particularly for seniors and caregivers.

Final Thoughts on Esquimalt's Neighbourhoods and Population

Based on the review of the secondary data and comments reported by respondents across all survey instruments, it is clear that the expanded scope of including neighborhood-level analysis in the 2025 CHNA highlights the importance of population ageing, especially its impact on residents' demand for healthcare, mental health, housing, transportation, community connections.

The data provided in this section shows where ageing is accelerating and enables:

- ✓ Developers to plan barrier-free and intergenerational housing where it's mostly needed.
- ✓ The Township of Esquimalt's planners and Council direct zoning and design decisions based on real ageing projections and voices from the public.
- ✓ Partners collaborate on age-friendly infrastructure that combines walkability, public safety and services to align with all population groups and ages.

Additionally, policy misalignment, fragmented data collection, silo information focused on all levels, and lack of coordination are upstream causes of many gaps for frontline service providers. Respondents referenced licensing barriers, poor health authority communication, missing patient system or pathway navigation tools, and a lack of municipal voice.

This section highlights what's changed between 2019 and 2025 (see Section 3.3), and the review of the Neighborhood Intelligence, the planning implication and suggested strategies set out in **Section 3.4.2 (Emerging Hotspots of Ageing and Service Gaps)** and the several major themes that emerged from the comments set out in the following chart reveal a number of overlapping health issues and highlight several potential areas of opportunity for the Township of Esquimalt.

Areas of Potential Opportunity

The **top five areas** of potential opportunity are:

1. Access to Healthcare
2. Out-of-Pocket Fees (Membership & Subscription)
3. Chronic Health Conditions
4. Mental & Behavioral Health & Substance Abuse
5. System Level Failures

4.0 Key Informant Interviews: Top Key Health Issues

The first section of the survey focused on the key health issues facing the community. Individuals were asked to select the top five health issues they perceived as being the most significant. The five issues that were most frequently selected were:

- Mental Health/Suicide
- Access to Care
- Substance Abuse/Alcohol/Tobacco
- Homelessness
- Food Security

Figure 1 depicts the respondents' selections to the question ***“What are the top five health issues you see in your community?”***. The chart illustrates the breakdown of the percentage of respondents who selected each health issue. Each issue is ranked from top to bottom based on the number of participants who selected the health issue as one of their top five issues. Another option was provided to allow respondents to select an issue that was not on the list. Other key health issues that were specified included:

- Asthma
- Influenza
- Vision Problems
- Developmental and Physical Disabilities

Key Informants were asked to select the most significant health issue impacting the community. Figure 2 shows the rankings of the most significant health issues facing the community and/or their clients and the total percentage that ranked the selection.

Figure 2: Ranking of Top 5 Health Issues

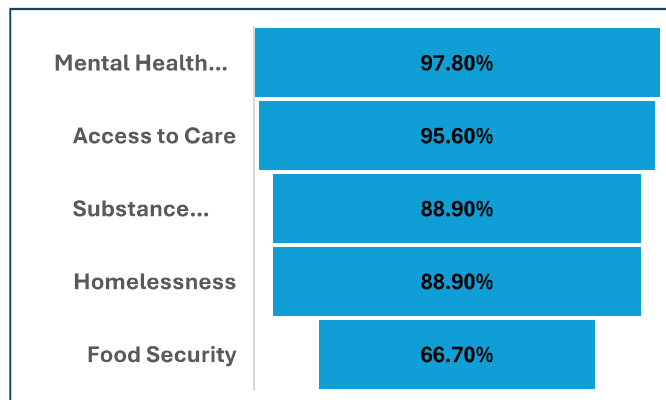
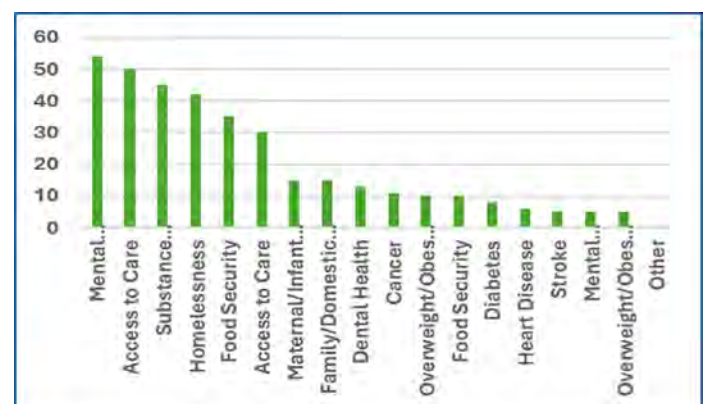


Figure 3: Ranking of Most Significant Health Issue



4.1 Health Care Access

4.1.2 Availability of Services

The second set of questions concerned the ability of local residents to access health care services such as funded primary care providers, mental health and medical specialists, diagnostics, dentists, transportation, culturally safe providers, language services, and women and children health providers and transportation. Respondents were provided with statements such as “Residents in the area are able to access a primary care provider when needed.” They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are displayed in Table 2.

On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access in Esquimalt”.

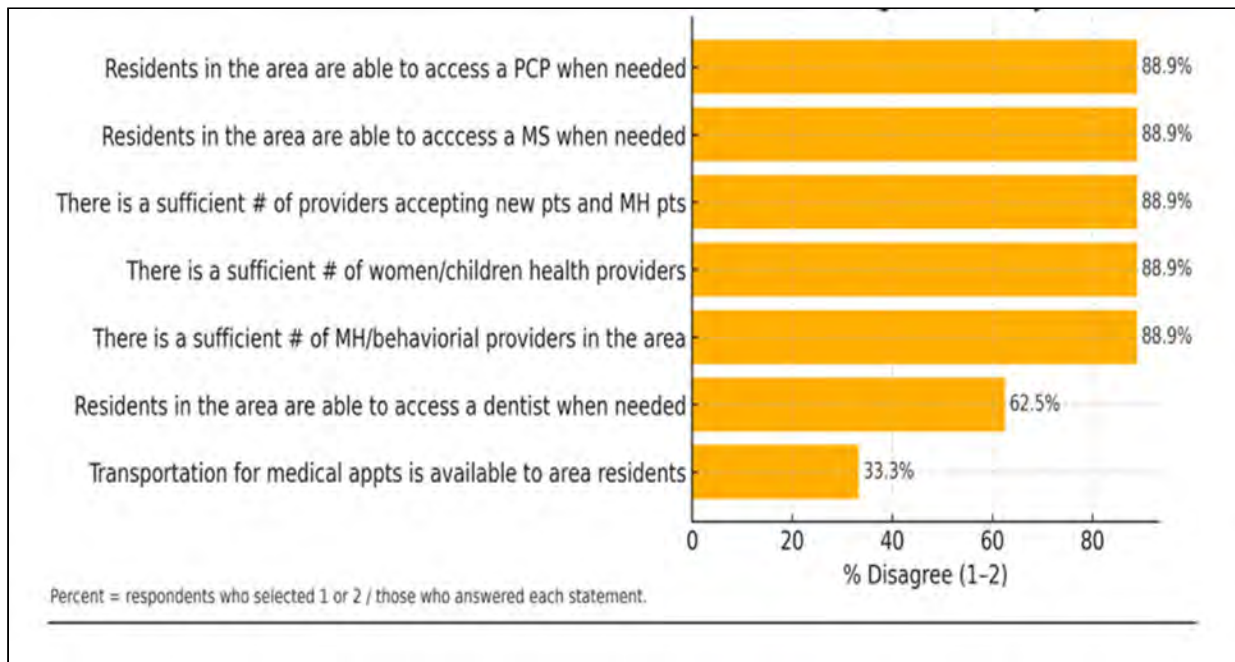
Table 2: Responses to Health Care Access Factors

Factor	Mean Response	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed (e.g., Family Doctor, Pediatrician, General Practitioner, Women’s Health and Geriatrician)	2.73	Disagree
Residents in the area are able to access a medical specialist when needed (e.g., Cardiologist, Dermatologist, Nutritionist, Speech or Respiriologist)	2.42	Disagree
Residents in the area are able to access a Dentist when needed	2.32	Disagree
There is a sufficient number of providers accepting new patients and/or mental health patients in the community	2.30	Disagree
There is a sufficient number of women and children health providers in the community	2.32	Strongly Disagree
There is a sufficient number of mental/behavioral health providers in the area	1.94	Strongly Disagree
Transportation for medical appointments is available to all area residents when needed	2.07	Disagree

Health care access to a primary care provider, medical specialists and a lack of doctors accepting new patients are shown to be rated as the most significant issues in the community. As illustrated in Table 2 and Figure 4, very few informants “Strongly Agree” to any of the healthcare access factors. Most respondents either “Disagree”, or ‘Strongly Disagree’ with community residents’ ability to

access care. Availability of residents to access a dentist (62.5%) or access to transportation for medical appointments outside the community (33.3%) garnered the lowest responses compared to the other factors.

Figure 4: Frequency of “Disagree” and “Strongly Disagree” responses for health care factors



4.1.3 Barriers to Health Care Access

After rating availability of health care services, the informants were asked “*What are the most significant barriers that keep people in the community from accessing healthcare when they need it.*” The barriers that were most frequently selected were:

- Availability of providers
- Inability to pay out of pocket expenses (co-pays, prescriptions, membership, etc.)
- Lack of access to providers taking new patients

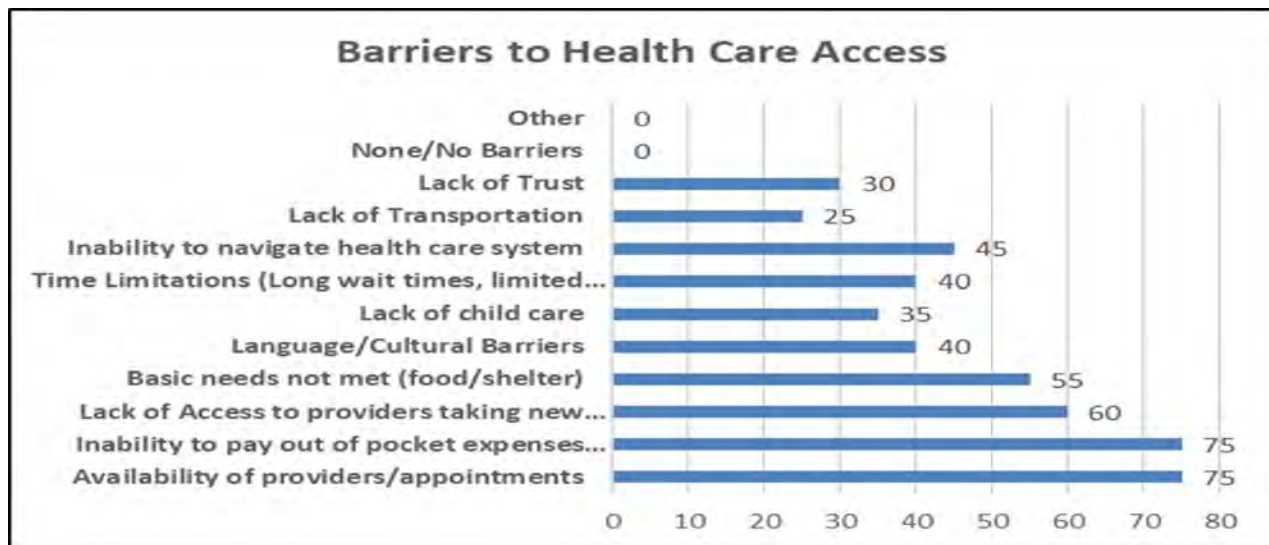
Table 3 shows the breakdown of the number and percentage of respondents who selected each barrier and Figure 5 highlights the ranking. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier. The third column depicts the percentage of respondents who rated the barrier as being the most significant one facing Esquimalt residents.

“What are the most significant barriers that keep people in the community from accessing health care when they need it”

Table 3: Ranking of Barriers to Health Care Access

Significant Barriers	Percent of Respondents who Selected the Issue	Percent of Respondents who marked it as the most significant barrier
Availability of providers/appointments	75	25%
Inability to pay out of pocket expenses (co-pays, prescriptions)	75	16%
Lack of Access to providers taking new patients	60	21%
Basic needs not met (food/shelter)	55	9%
Language/Cultural Barriers	40	1%
Lack of child care	35	1%
Time Limitations (Long waiting times, limited office hours, time off work)	40	6%
Inability to navigate health care system	45	12%
Lack of Transportation	25	5%
Lack of Trust	30	4%
None/No Barriers	0	0
Other	0	0

Figure 5: Ranking of most significant barriers to health care access



Participants were asked to ***share any additional information regarding barriers to health.*** Several participants noted additional comments related to the difficulties with both accessing

behavioral health issues including substance use among youth and adults and the ongoing stigma as a major barrier to seeking care for these issues.

"I think something needs to be done about mental health. It's an access issue to getting them help, because you can't...get through telephone lines, you can't get appointments with therapists. And it's not something that can always be put off for weeks, when you're feeling like you need help."

"I can tell you that the people that need mental health that come into the ER can sit in that ER for days on end, waiting....to be moved to a facility that can take care of their mental health needs, or for a referral for treatment can take weeks or months," said a participant who works in health care.

Participants briefly mentioned that **pediatric, seniors/ageing adults and women care** are major health concerns in their community: *"...I want to add the barrier of being part of the military. **Military families, while the military member in the household is receiving healthcare benefits,** their frequent locations and deployments, sometimes lasting six or twelve months, can place a significant burden on their family. During these periods, the spouse or remaining family members taking on the responsibilities of a single parent or sole care giver, increases household duties and childcare without much support. Also, access to care for children is most difficult to find."*

"...social isolation is causing an increase in mental health challenges that increases drug use as we are seeing more people who had their first over-dose episode since COVID-19. We have had to have our staff strained to increase awareness and support these changes. Additionally, we are seeing more seniors or ageing adults' health decline as a result of missing meals owing to trading off food expenses for medication," cited by a community-based not-for-profit service provider."

"There is just so little support for behavioral health, and so many have no insurance plans, and few can afford the out-of-pocket costs of maybe \$100 a session, and that maybe they need a session every week....it becomes a big stumbling block for many of our clients."

Staffing shortages in the health care system along with hesitancy among many to seek care due to out-of-pocket costs, transportation and time away from work, disabilities, and many who feel culturally unsafe, **unheard or individuals who are more vulnerable depending on intersecting identities**, such as their sex and gender, sexual orientation and language, are also mentioned.

"Sometimes it is difficult to get clients into see specialists. I mean I think that's just something that's a problem across the board. It's really hard to do that...I don't think it's specific to this community, but I know people have struggled with that, just trying to get appointments", cited by a care coordinator working with vulnerable populations.

"Doctors, nurses and other practitioners need more training to communicate better when working with Indigenous, newcomers and people living with disabilities, ageing adults, they need to be aware of the cultural nuances, body language, life experiences, and sensitivities."

The cost of living was cited by many participants and, in the words of a participant “... *the greater Victoria area is a very expensive place to live for low wage employees*”. For individuals, especially those at the *working poor or poverty* level, finding ***affordable housing, paying for medications and health care, and being able to meet other needs are major challenges***. A number of participants whose organizations provide food support and social services spoke of the hardships for workers with low wages and little or no job security.

“People who are in really dire situations ... tell us that they can’t afford to take time off to address [mental or physical health issues] because they are concerned about losing a job.” Another noted, for many families: “Struggling day to day to pay your bills and keep your family fed and all of those things ... it really puts an undue stress, strain on people.”

4.2 Social Determinants of Health

A significant number of participants discussed a range of housing concerns, including the lack of affordable housing, issues related to purposely built housing (or lack thereof), ageing in place, challenges for people with disabilities and homelessness. These topics represented key areas where systemic failures were shown to create significant barriers to safe, adequate and accessible housing for vulnerable populations.

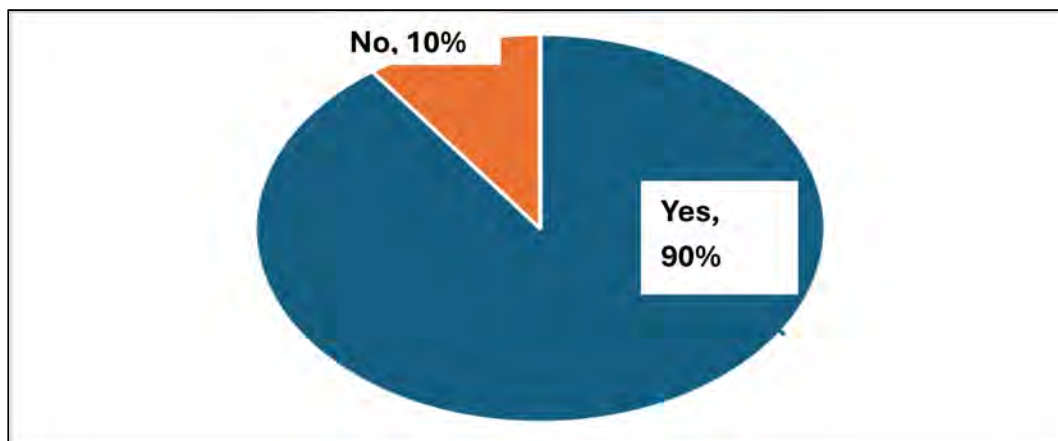
- Several participants commented on **increasing development of high-rent luxury apartment buildings in their area**, reducing options for affordable or subsidized housing.
- **Homelessness was cited by many**, along with the need for more public awareness of resources to address homelessness and its associated stigma. A participant with relevant experience noted: “Most people are ***homeless not because of drugs and alcohol or even mental health***. Sometimes it’s because of lack of support...just trying to breakdown that stigma of homelessness in the first place...right now there are many who are about to be homeless and waiting for supports or time to into the right place to live or shelter---without waiting months.

4.3 Underserved Populations

Informants were then asked whether they thought there were specific populations who are not being adequately served by local health services. As seen in Figure 6 the majority of respondents indicated that there are underserved populations in the community.

“Are there specific populations in this community that you think are not being adequately served by local health services?”

Figure 6: (Q7) Are there any Population Groups you think are underserved?



Those respondents were asked to identify which populations they thought were underserved. The results can be found in Table 4 below.

Table 4: Underserved Populations

Underserved population	Number of respondents who selected the population
People living with Disabilities`	75
Low income/Poor	75
Individuals living with Mental Health Issues	73
Seniors/Ageing/Elderly	70
Homeless	69
Disabled	68
Children/Youth	65
Young Adults	59
Indigenous Peoples	47
Newcomers/Refugees/Immigrants	42
LGBTQ Community	6
Military Families	4

4.4 Seeking Medical Care

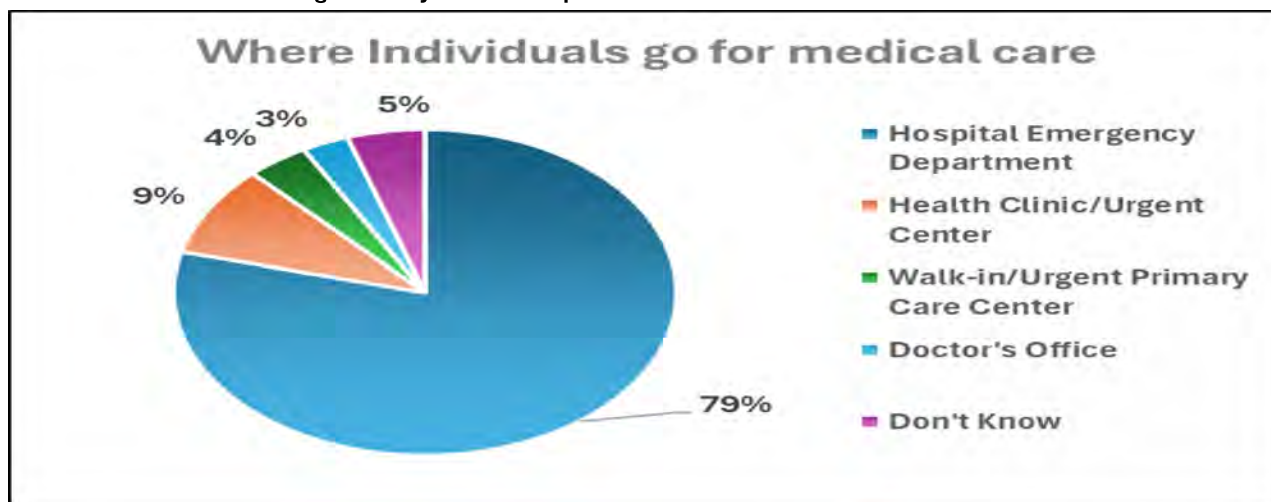
Next, the informants were asked to select where they think most Esquimalt residents go when they are in need of medical care. Table 5 and Figure 7 show the results. The majority of respondents (79%) indicated that MOST individuals living in the community go to one of Victoria's hospital's emergency departments (i.e., Victoria General, Royal Jubilee, Saanich Peninsula) and as far as Comox, Duncan and Nanaimo for medical care.

In general, where do you think MOST individuals living in the community go when they are in need of medical care?

Table 5: Ranking of Where Individuals Receive Medical Care

Rank	Location	Number of Respondents who selected the location	Percent of respondents who selected the Location
1	Hospital emergency department	57	79%
2	Health Clinic/Urgent Center	7	9%
3	Walk-in/Urgent Primary Care Center	4	4%
4	Doctor's Office	3	3%
5	Don't Know	4	5%

Figure 7: Key Informant opinions of where Individuals receive medical care



Participants were asked to *share any additional information regarding where older adults, individuals living with disabilities, living below poverty, single mothers and fathers with children and under-served or marginalized people go when seeking health care services*. As Esquimalt's older adult population grows, and for people living with disabilities or mental health,

more services in the community and better awareness of existing services—are needed to help these individuals to access care closer to home.

The **need for assistance with transportation** was cited as a challenge to accessing health care and other services for many people living in Esquimalt. **Older people living with mental health, homeless or marginalized individuals, or people living with disabilities** may have mobility issues that preclude them from public transportation and face concerns about being charged additional fees if they are late or miss their scheduled appointments. In addition, many cited that family support may not be available. Many may also need assistance in scheduling and coordinating transportation for ongoing health care services such as post-surgery follow-up visits and physical therapy.

Another concern **raised is the use of same day surgery for these individuals**, who may be sent home or for unhoused individuals to a shelter, before they are able to function safely on their own. A **participant who lives in a senior living development** cited she knows many older adults who've had same day orthopedic surgery. *'Some of the problem right now with orthopedics is they have this "fast track", or whatever you want to call it. And they take the patient in they do the surgery, and they send them home the same day...it's very problematic and dangerous too, because they still have the anesthesia in them, and they're on pain meds. And if they don't have anybody at home, or they have a spouse that's about the same age, it really causes a problem.'*

A **senior manager from a housing support agency** cited many of their clients who are experiencing homelessness face many challenges finding shelter after an emergency department visit. *"For example, both ED social workers and our case managers agree that **communication** throughout this process is fragmented and inefficient, leading to patients occasionally being discharged without notifying us leading to their needs not being met and costs not recovered by the agency."*

Other health-related issues cited by several participants on the increasing use of the emergency department include a **shortage of home health workers, and lack of medical providers trained in mental health or geriatric mental health services**. Additionally, it was noted that these services are not available to several of the not-for-profit service provider organizations who provide housing or day shelter services.

Resources Needed to Improve Access

Respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in the community. Many respondents indicated that free health care services and the elimination of access fees are needed. In addition, informants want to see more mental health, substance abuse, primary care providers, and free and low-cost

dental care services. Prescription assistance and transportation are also a concern. Table 6 includes a listing of the resource mentioned ranked in order of the number of mentions.

Table 6: Listing of Resources Needed in the Community

Rank	Resources Needed	Number of Mentions
1	Free and eliminate access fees (e.g., subscription/membership fees)	75
2	Mental Health Services	70
3	Primary Care Providers	69
4	Medical Specialists	68
5	Free/Low-cost dental care	67
6	Substance Abuse Services	64
7	Prescription Assistance	57
8	Transportation	51
9	Health Education/Information/Outreach	47
10	Health Screenings	33
11	Newcomer Navigation Services	28
12	Child Care/Early Child Development/Start Up	26

Although not asked for, many respondents provided free-text comments related to the impact of the lack of the resources identified in Table 6. The following summarizes several of these informant conversations supporting their decision on what resources are missing and mandatory for improving the quality of life for residents living in Esquimalt.

*“Health care resilience. For example, I do not have a family doctor, and I work for a service provider. **I am not prepared to pay a membership fee or whatever they call it.** I will use the emergency department along with many of my clients. Mental health is not accessible for most of my senior clients who are surviving on just \$8 or \$9 a month after they pay their bills. **Many are forced to choose between food, medication and rent.** The lack of financial stability, food security and the increasing number of my clients struggling to meet basic needs—now they want out-of-pocket fees to see a doctor or a care team. This is deeply concerning for us in Esquimalt—the Township needs to make this a priority, and it needs to be addressed as a community—together.”*

*“Lack of access to care in mental health and addictions, maternity and general terms access to care. **As a Physician,** I deal with this every day. Simple things can go to a hard complex issue is the patient is not attached and only uses walk-in clinics and the emergency department. Or worse, the person decides to stay home and not seek care.”*

“Continuity of care is a significant issue in Esquimalt—there is no one to provide it to seniors, families or the overall population. The cost of medicines and the availability of medicine for diabetes and the lack of availability to walk in clinics and doctors is disgusting and yet I am expected to maintain a healthy lifestyle.

*Since the **last survey a number of years ago** we have seen a significant number of our walk-in clinics close and several of our doctors leave. The **clinic behind Tim Hortons** on Esquimalt Road is always at capacity even when you phone at 8:10 am. How can that be. People tend to not go and look into something else like Cannabis and continues getting sicker then, they call 911 or go directly to the Victoria General emergency department. What a waste.”*

*Several informants commented on **how the digital divide and use of technology** created additional problems for their clients. Especially older adults or people living with mental health and substance abuse challenges trying to access health care or social services and information. Barriers to tele-health or virtual care and other uses of the internet may stem from a lack of computer equipment or skills, or physical impairments that make it hard to use technology.*

*A key informant provided an **example of the difficulty of making appointments**. “A 79-year-old man, legally blind, hard of hearing, living in our facility, cannot make an appointment because he can’t, when you say press one, press two, or press 0 for the operator, it’s just overwhelming...so he just hangs up. **The Esquimalt Urgent Primary Care Center** is not user friendly for most of my clients. Also, when we call for our clients, we are always on hold ...hard to believe at 8:05 you are number 33 in the queue.”*

4.5 Challenges & Solutions

The final section of the survey focused on the challenges to maintaining healthy lifestyles, perceptions of current health initiatives and recommendations for improving the health of the community. **When asked what challenges people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy**, participants suggested the following common challenges:

- Cost/access
- Motivation/Effort
- Time/Convenience
- Education/Knowledge
- Safety/Poverty
- Cultural Barriers

Respondents were asked “**What is being done well in the community in terms of health and quality of life?**” The following comments regarding Esquimalt’s Township’s efforts, organizations and programs were mentioned as community assets:

- Communication
- Recreation Center
- Walking Trails
- New Housing development (affordability must be monitored)
- Bike Lanes
- Rainbow Kitchen
- Community Health Center

Overall, there were **many positive comments about programs in the community**; however, informants felt there was still more work to be done. One respondent stated:

*“**Recreation center and walking trails.** Available to those who can afford them. The Township needs to improve sidewalks accessibility for mobility aid users. Also, some of the **stores in town do not accommodate mobility users.**”* Another responded “... new housing development, though affordability for seniors is uncertain. Why not **have developers recognize the community's population and build space for seniors to age in place** - if the government and the Township of Esquimalt are serious about us staying in our own homes then they need to support us older adults or seniors to age in place ...perhaps the municipality can encourage the BC Government Seniors Advocate to provide funding for ramps, etc. to keep us in our homes.”

Another responded, “**I don’t think enough is being done to recruit family doctors or nurses to our community**—when one knows that going to the emergency department all the time is not good care.” Moreover, several key informants raised concerns that **rapid development is outpacing public health infrastructure**. Clinic closures, waitlists for recreation programs, and a lack of planning coordination were cited. Key concerns included:

- Esquimalt lacks an integrated hub or community health center model
- New developments are not required to include health supports
- Affordable housing and health access are not jointly planned to determine demand for resources to increase access.
- Community voices are not consistently included in development decisions.

Stakeholders called for governance models that integrate health, housing and urban planning—especially as population ageing, which is shown to add complexity to future services and resources for the community. Additionally, many suggested perhaps the municipality can address health and wellness in the community’s official plan.

Next, key informants were asked “**What recommendations or suggestions do you have to improve health and quality of life in the community?**” several major themes emerged from the comments including the following:

- Increased Awareness/Education/Community Outreach
- Increased Collaboration/Coordination/Community Engagement
- Improved Access to Affordable Health Care
- Enhanced Mental Health and Substance Abuse Services
- Improved Access to Affordable Exercise and Nutrition Programs

Examples of Verbatim Comments: (Grouped by Focus Area and Population)

1. Youth and Children

"We're seeing more anxiety and depression in children as young as 10. School-based mental health isn't resourced to meet demand."

"Youth who've experienced trauma are ending up in ERs or in the justice system — we don't have early supports."

"There's a big disconnect between youth mental health needs and where services are located. Families can't always get to them."

2. Seniors and Ageing Populations

"We have a lot of isolated seniors. Many are ageing in place without any formal support. Family caregivers are burning out."

"The housing stock isn't set up for ageing. Stairs, bathrooms, mobility challenges — there's no coordinated ageing-in-place strategy."

"Adult day programs are full or non-existent. Seniors end up in hospitals or staying home and declining."

3. Families and Working Adults

"Working families are stretched. They can't find family doctors and can't take time off to go to walk-in clinics across town."

"A lot of people are delaying care. If they have to choose between groceries and transit fare to a clinic, health comes second."

"Transportation is a major barrier. Especially with rising gas prices — even people with cars are avoiding travel."

4. Military and Civilian Workers (CFB Esquimalt)

"The Base clinic only serves active members. Their families are in the community health system and face all the same access issues."

"There's nothing unique for veterans transitioning out. They fall through cracks in both federal and provincial systems."

"Base housing can mask the level of need. These families are struggling with the same wait times and costs as everyone else."

5. Indigenous Communities

"Services still don't reflect cultural realities. The health model is Western, the values aren't aligned, and that drives mistrust."

"We've been asked for input for years. We don't need another consultation. We need to see change on the ground."

"The distance to services — especially without a vehicle — is still a major issue for many families."

6. Mental Health and Substance Use

"It's harder now to get someone connected to mental health care than it was five years ago. Waitlists are longer."

"Substance use is more visible. Community members are worried, but there are few proactive supports."

"We don't have enough trauma-informed, walk-in mental health care. Crisis is the entry point — that's a system failure."

7. Service Providers and Front-Line Staff

"Our staff are burnt out. Everyone's doing more with less, and we're losing good people."

"COVID broke a lot of informal connections between agencies. We don't coordinate like we used to."

"People don't know what's available anymore. The system feels like a maze to residents and providers."

Additional Strategic Observations

"The 2019 CHNA identified the need for a local medical centre. Permits were issued with this intent, but COVID and construction delays have meant the facility remains unfinished in 2025."

"The lack of a Township-wide health and wellness strategy has impacted Esquimalt's ability to attract and retain physicians, allied health staff, and investment. In a region with 12 other competing municipalities, this has become a strategic disadvantage."

To address our shortage in resources, perhaps we need to take an out of box approach to physician shortages in our community. Why not have the Mayor and Council think mobile doctors as an alternative model for accessing services. I mean that they can go to families and make house calls or even have a bus who can travel thru out the community for diagnostic or blood tests and see those who are physically unable to travel outside of Esquimalt to a doctor but do not want to go to the emergency department. Perhaps we could have a weekly mobile community health bus with virtual care connections and real 1:1 person visits once a week as a drop-in clinic, set up for instance event at schools just having outside of school time, using the space differently to provide more services to address the increasing need within our community.

We need more than more housing in our community.

4.6 Final Thoughts—Key Informant Interview Surveys

Many of the key informants expressed appreciation for the opportunity to share their thoughts and experiences and indicated interest and support for efforts to improve community health. Based on the feedback from the key informants, the following issues were identified as areas of opportunity for the Township of Esquimalt.

Areas of Opportunity

- Access to Health Care
- Mental Health/Suicide
- Substance Abuse/Alcohol/Vaping Abuse
- Diabetes
- Improving the quality of access to recreational facilities.

*Several respondents expressed their appreciation to the Mayor and Council for seeking to hear their voices by conducting this survey. One respondent stated, "Thank you for conducting this survey. However, the Township should offer more support to establish new practitioners and think about what was proposed in the 2019 report - virtual care and *two hub and spoke models that would optimize all the resources across the GTA based on triage and need. This should be easier now that we all are used to using virtual doctors during COVID.*"*

Another respondent cited, “It is wonderful that the Township is conducting this survey. Thank you for doing another refresh as it is important to know how COVID-19 impacted our community. Thank you for making it a priority.”

4.7 Conclusion

The findings from the Key Informant Interviews highlight themes closely mirror those of the Door-Knocking, Online and Kisok surveys and secondary indicators: attachment, navigation, mental health demand, and ageing in place constraints as recurring threads.

5.0 Household Survey Overview

5.1 Background

The survey team, in collaboration with the Planning Department, selected census tracts in the Township and streets within Esquimalt's Neighbourhoods (see **Section 5.1.3**). The goal was to have a **total of 500 to 600 surveys completed**. Completing **80% of this sample** is considered powerful and successful.

The following section provides a summary of the Household Door Knocking, Online & Telephone Survey results including details regarding the research methodology as well as a summary of key findings.

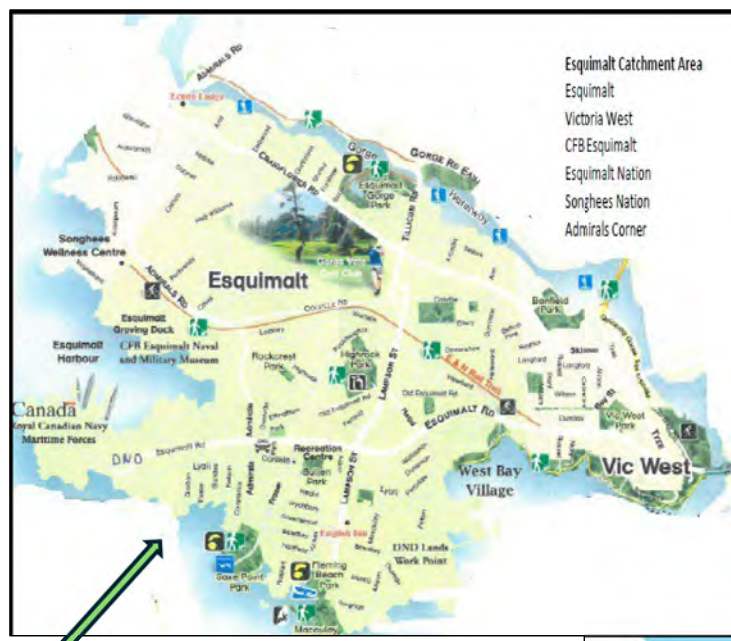
5.1.2 Methodology

The survey team **administered surveys from January to April, 2025**. For the first time, the team included a letter from the Mayor and a Sorry We Missed You Notice (see **Section 5.1.3**) if there was no answer. Included on the leave behind notice was the **phone number** for a member of the CHNA Refresh team who was trained to administer the survey over the phone and a **QR code** if the participant preferred to take the survey online. This new option was utilized to boost the likelihood that more surveys would be collected from each neighborhood. Team members **engaged with six businesses in downtown Esquimalt**, who offered to post a flyer and the Mayor's Letter. Also, **thirty-five condo/apartment building managers** offered, on behalf of the team, to distribute the materials to residents within their buildings.

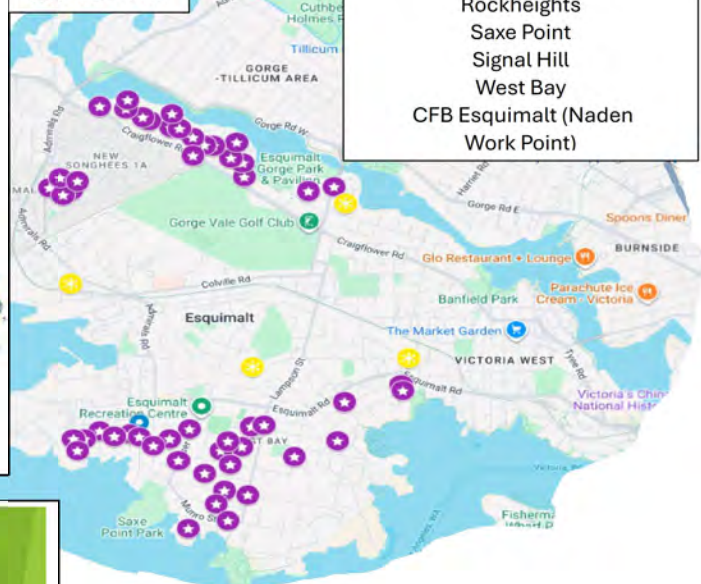
Another change to the 2025 Refresh survey was a new survey street tracking tool used to collect survey responses. As a new method, each street and selected home was given a unique ID. If the home was one of those selected for the CHNA Refresh survey, the unique ID began with the first letter of the street. The following three numbers were the neighborhood number followed by the number of the survey and surveyor. Team members wrote in the unique ID at the top of the **Sorry We Missed You Notice** and left it at selected homes if no one answered.

When a participant called in/completed the survey online, the code was required to complete the survey. The Pepler Team used the IDs to track how many surveys were completed in each neighborhood to ensure that team members weren't going back to the same homes for a second survey.

5.1.3 2025 CHNA Survey Blocks & Communication Tools



Selected Blocks



Esquimalt's 10 Neighborhoods

- Craigflower
- Colville Road
- Gorge Vale
- Esquimalt Village
- Parklands
- Rockheights
- Saxe Point
- Signal Hill
- West Bay
- CFB Esquimalt (Naden Work Point)



In total, 400 Mayor Letters + 750 Sorry We Missed You cards were distributed. The project was posted on the Township's website. 400 Door Knocking and Online surveys collected. An estimated 26% of the 400 surveys were not completed, this sample size is powerful enough to analyze the data as a representative sample of the Township of Esquimalt. An additional 50 surveys were completed over the phone. A significant number of households did not answer and/or residents were not at home. This is a larger sample size than the survey conducted in 2019.

Distinct differences between the online and door-to-door participant's demographics were noticeable. The online survey was skewed more towards highly educated white women while the door-to-door survey was more representative of the Township's population according to the 2019 Community Health Needs Assessment. Table 10 provides demographic information for both the door knocking and the online surveys. The median ages for both surveys were 47 and 44.5, respectively. The population in Esquimalt has remained similar to the provincial average for B.C. in recent years.

Table 10: Q2-Q12: Breakdown of demographics for Door knocking & Online surveys

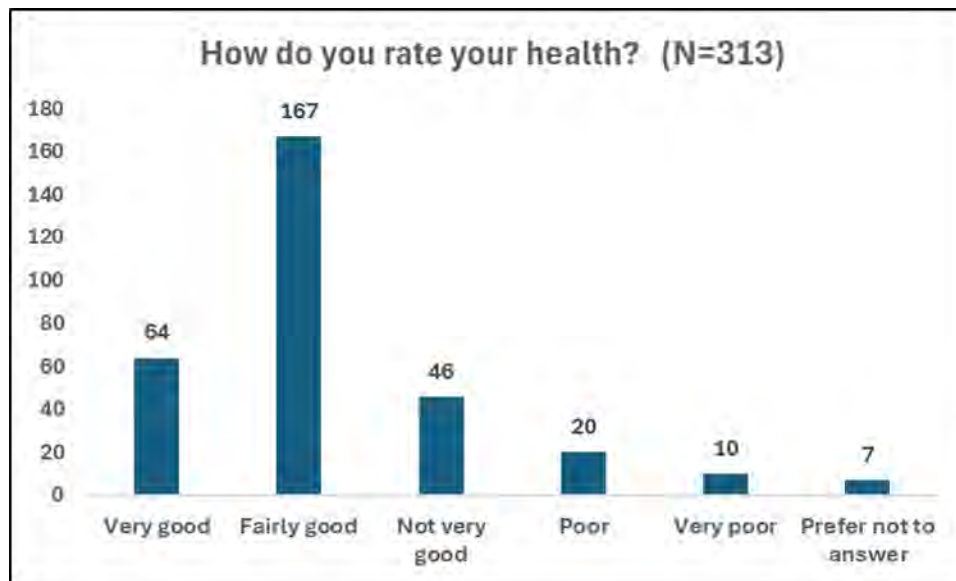
Residence Status	249 Live In Esquimalt 74 live outside Esquimalt
Length of Resident in Community	Less than 1 year: 25 1-2 years: 35 3-5 years: 39 6-10 years: 42 11-20 years: 57 21-30 years: 48 More than 30 years: 38 29 Preferred Not to Answer
Specific locations where non-Esquimalt Residents live	• Victoria West – 41.6% of non-residents • Saanich 15.8%; James Bay 15.8% • Fernwood: 10.5%; Fairfield: 10.5% • View Royal 10.8%; Oak Bay 7.9%
Gender/Identify	• 184 selected Female (58.8%) • 118 selected Male (37.7%) • 3 identify as Non-Binary (1.4%) • 8 preferred not to answer
Marital Status	
Married	• 169
Not-Married/Single	• 57
Separated/Divorce	• 56
Living Together	• 40
Education	
Less than 9 th Grade	• 26
High School Graduate	• 29
Some Post High School	• 36
College Degree	• 66
Graduate/Professional Degree	• 116
Vocational Training	• 34
Employment Status	•
Employed	• 140
Not Employed	• 26
Retired	• 111
Military	• 35

5.2 Key Themes–Door Knocking, Online & Telephone Survey Overview

5.2.1 Personal Health Care Status

Participants were **asked to rate their health in the last 12 months**. 231 respondents (73.8%) reported they thought their health was exceptionally good or fairly good, whereas 76 respondents (24.3%) reported their health as not very good, poor, or extremely poor. 7 respondents preferred not to answer.

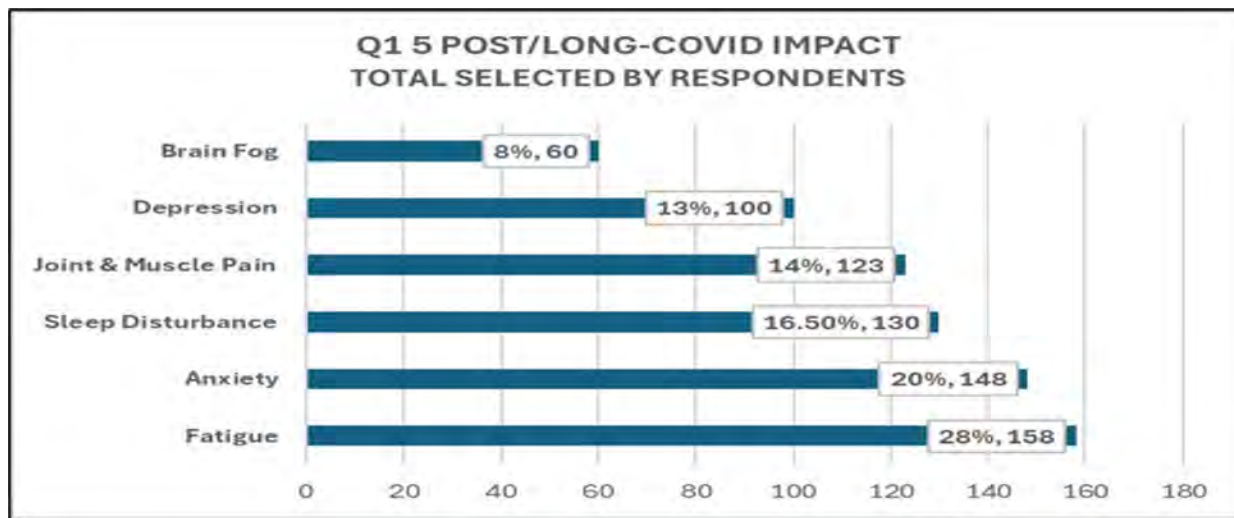
Figure 8: (Q14) How would you rate your health?



Post COVID - How has your physical health changed since March 2020?

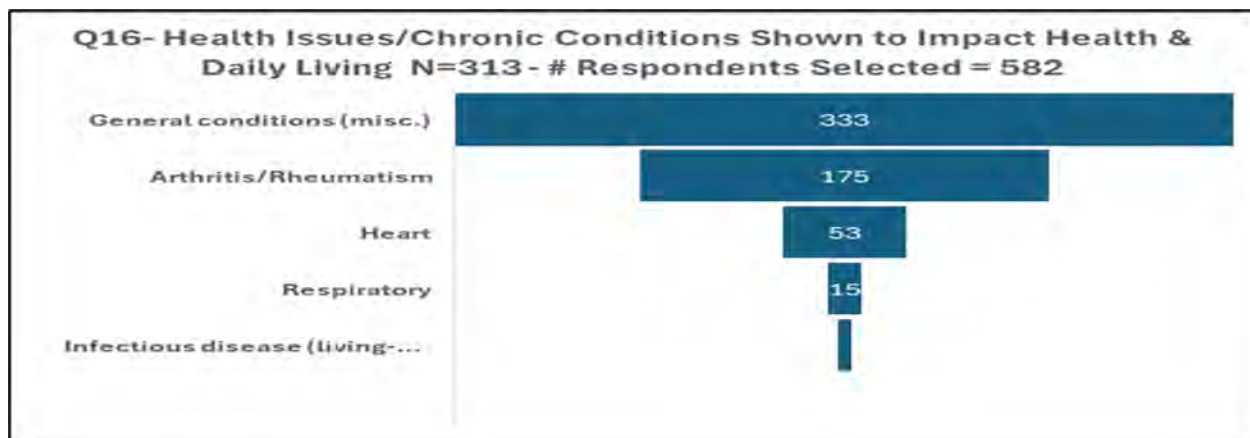
Question 15 **asked respondents questions related to Post-COVID or long COVID** described as a group of symptoms and complications that affect the nervous system after a confirmed or probable COVID-19 infection.(Adapted from the WHO definition). Common symptoms include brain fog, fatigue, and breathlessness, but there are also other symptoms general, symptoms that can negatively affect every day functioning. Symptoms may occur shortly after the acute COVID illness or may arise weeks or months afterwards. More importantly, long COVID symptoms can increase or decrease in response to activities/effort level, although this may not be the case for everyone right from the start. **Figure 9 (Q15)** shows the results. The 64.50% of respondents who selected symptoms mentioned included Fatigue, Anxiety, and Sleep Disturbance .

Figure 9: (Q15) Impact of Post COVID-19 on personal quality of life



Continuing with health status **Figure 10A (Q16)** (N=313, multi-select), conditions cluster in mental health and musculoskeletal issues: anxiety/mood 36%, depression 29%; knee problems lead musculoskeletal concerns at 19%. This pattern indicates multi-morbidity and demand for team-based primary care and mobility support

Figure 10A (Q16) Health Issues/Chronic Conditions Impacting Health & Daily Living



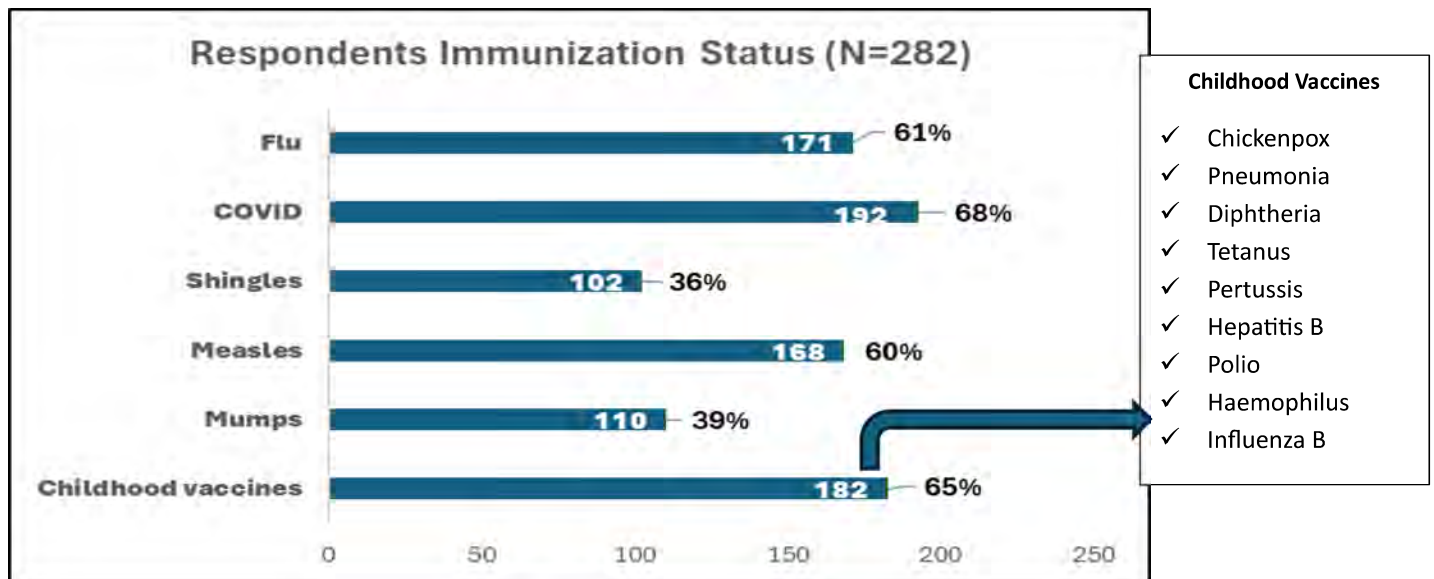
Because Q16 allowed multiple selections, Figure 10A displays the distribution of total selections across conditions, while each item label reports the share of respondents who selected it (denominator: Q16 N=313; overall survey N=317). The pattern suggests multi-morbidity and unmet care needs that affect daily functioning and care navigation. In the context of continued primary care unattachment since 2019 and limited specialty access, these patterns can contribute to unmanaged or compounding conditions. Post-COVID effects were not measured in this survey, however, community comments noted fatigue and mobility issues that may overlap with these findings.

Priorities from respondent comments: (1) Expand team-based primary care; (2) scale low-barrier mental-health supports; (3) increase physiotherapy/pain/mobility services; and (4) align resources to age- bands to better match demand. Appendix D provides an illustration of all chronic conditions selected by respondents.

Immunization

We asked respondents “**Which immunizations are up to date?**”, information required to gauge protection against vaccine-preventable diseases and to target outreach with Island Health. Results are shown as a share of all respondents (**N=313**) and may exceed 100% because participants could select multiple vaccines. **Figure 10B** (Q16) shows where coverage is strong and where gaps remain guiding the community (**N=282 answered Q16; 90.1% of N=313**).

Figure 10B: (Q16) Immunization Status of Respondents



These results provide a snapshot of coverage across vaccines and, with Island Health, help to collaboratively inform and influence targeted clinics and communication strategies to reduce barriers, address misinformation and strengthen community immunity.

5.2.2 Access & Attachment – Lived Experiences

The third set of questions **asked local residents (1) if they had a personal family doctor or healthcare provider in the community**. Respondents were also asked **(2) if they did not have a doctor, did they want one, and/or (3) did other members of their family have a doctor**.

When asked the first question, “**Do you have a personal Family Doctor or Healthcare Provider?**” A total of N=317 participants responded to this question. Figure 11 shows that 85.9% (N=269) of

survey respondents reported **not having a personal doctor or healthcare provider** or being **unattached**. There were also several respondents who reported that they were temporarily sharing their partner's doctor until they could find their own.

Figure 11 (Q17): Do you have a personal Family Doctor or Healthcare Provider?

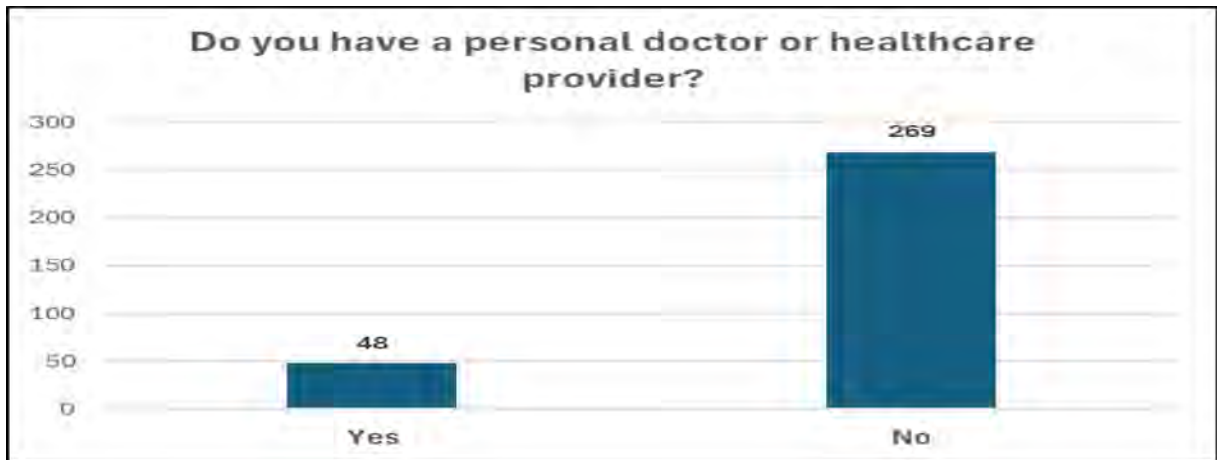
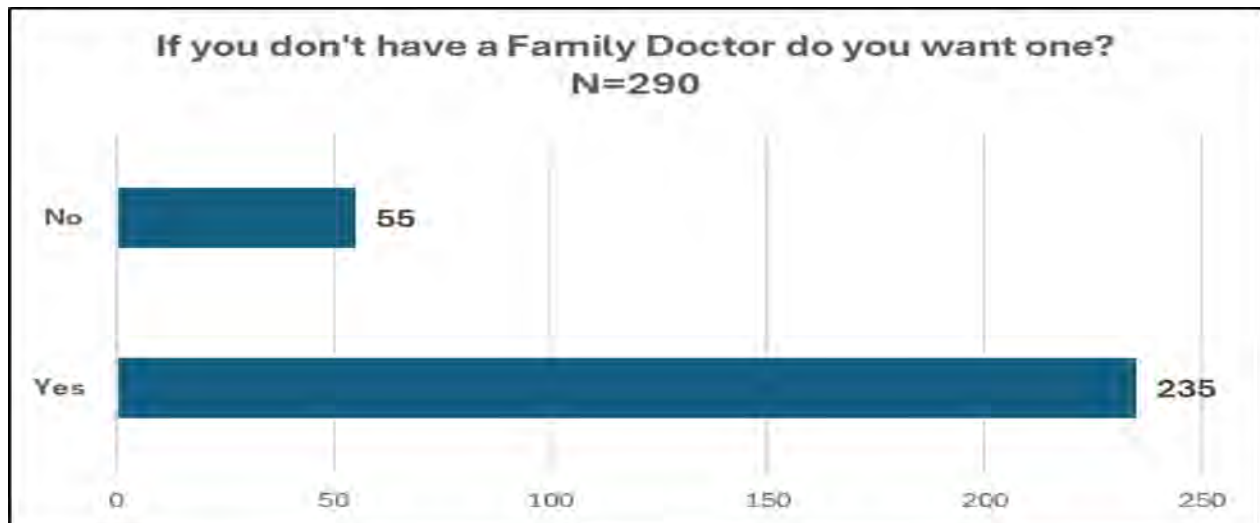


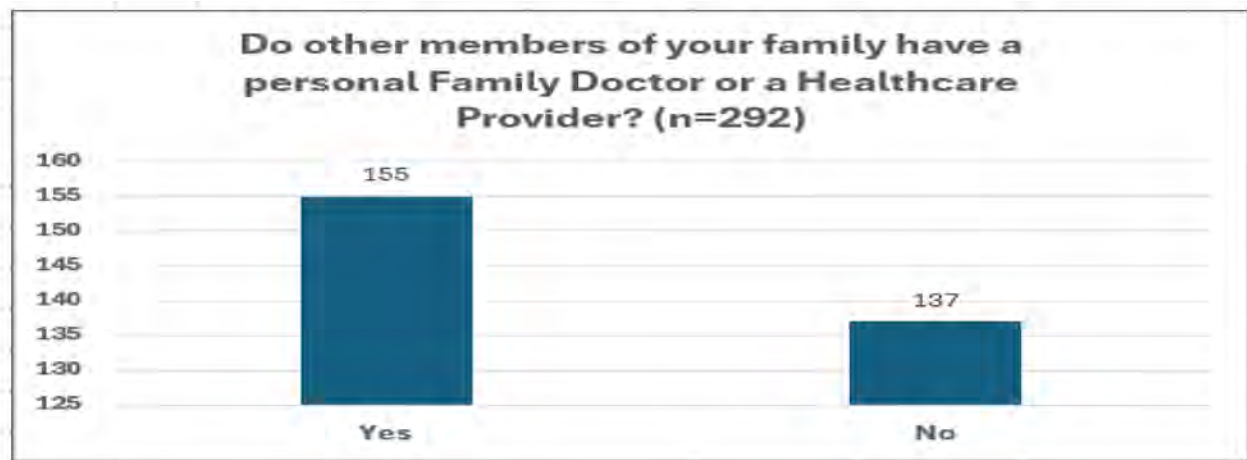
Figure 12 shows that 290 (93% of N=313) respondents responded to the first question "If you don't have a Family Doctor or Healthcare Provider do you want one?" 81.1% (N=235) of participants who responded to the question reported wanting to be attached to a family doctor or healthcare provider as evidence to support demand for longitudinal care, whereas 18.9% (N=55) responded NO to wanting to be attached to a family doctor or a healthcare provider.

Figure 12: (Q18) Do you want a personal Family Doctor or Healthcare Provider?



The second access question asked respondents “If **other members of their family had a personal family doctor or a healthcare provider.**” Figure 13 (Q19) highlights that **53% of respondents** who answered the question (N=292) reported that **several members of their family were attached** to a family doctor or a healthcare provider who was not taking on new patients.

Figure 13: (Q19) Do other members of your family have a personal Family Doctor or a Healthcare Provider?



The findings are similar to the 2019 CHNA’s findings. The issue of access to walk-in primary care clinics, family doctors, and other healthcare providers (nurse practitioners, specialists, geriatric care, mental health counsellors, diagnostic testing, etc.) **remains the primary issue in the community. More importantly,** a significant number of respondents **commented on the estimated waiting time on the BC Health Registry of 1 to 3 years.** One respondent *commented “...he desperately needed to find a primary provider and was unsuccessful and thought it might be easier if he tried to get his ‘wife’s’ doctor, or ‘family member’s’ healthcare provider to take him on...they are always at capacity and overwhelmed with existing patients ...unable to take me on so the solution is I am put on the wait listthat was 3 years ago..”*

Charging Out-of-Pocket Payment Models for Accessing Family Doctors

Co-pays, deductibles and prescription costs are seen as significant challenges when Esquimalt residents are attempting to access healthcare. Participants repeatedly stated that people in the community are not aware of the out-of-pocket costs for accessing a family doctor or a healthcare provider.

One participant reported “...awareness gap and had no idea, did not know this existed until he was asked to pay. “Another reported”, I was lucky and had a family doctor, but as we also

know, my doctor along with many others are ageing and retiring. So now, 2500 patients including me are without a family doctor. Now I am having to along with the rest of Victoria and other BC residents I am constantly calling the Esquimalt UPCC or another walk-in clinic at 8am, again and again and again, just praying the next call won't be a busy signal. Now I am paying \$9600 a year for myself and my husband....." Household Respondent

This **refresh of the 2019 CHNA acknowledges** that, in 2020, the B.C. Provincial Government eliminated MSP premiums. The current private subscription fees—paid by British Columbians for access to family doctors who are not enrolled in the MSP—were raised by Key Informants and by On-Street (Kiosk) participants across all surveys. However, this is **not a permanent feature** of the B.C. healthcare system; rather, these subscription/membership models represent a recent rise in private, out-of-pocket payment models for services by clinics that have opted out of the publicly funded MSP system.

At the time of writing, **38% who reported having a personal family doctor or healthcare professional reported paying out-of-pocket costs.**

Table 8 (Q27) provides examples of some out-of-pocket fees reported by respondents to access healthcare (attached fees). Many respondent comments **included statements of refusing to pay**, noting that more practitioners plan to **introduce enrolment fees** for patient access to family doctors—raising questions about whether two-tier health care is advancing in the province—and that **affordability** will continue to be a major problem for many participants and their families.

Table 8 (Q27) Out of Pocket Fees

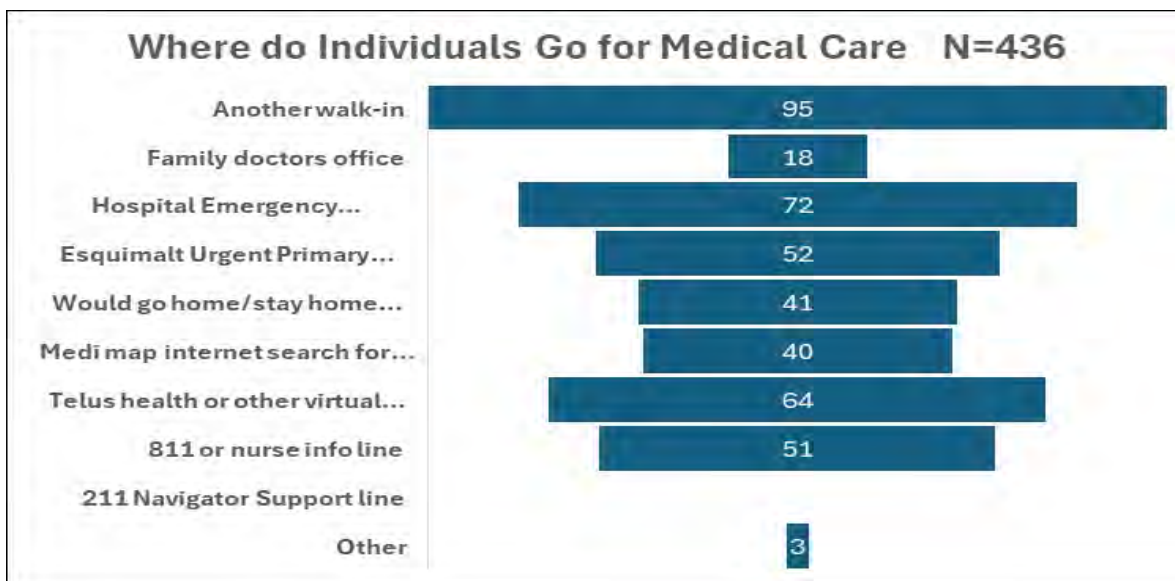
Examples of Reported amounts (as written by household respondents)

- 10 % increase since 2023 - \$4,800 a year
- \$3600 annually
- 150 a year
- \$2,000
- \$2,400 a year + \$865 a year for children
- \$150 per year
- \$9,600 per year
- \$10,600
- \$3600 year
- \$1200 per year

Service Delivery: Where, Reason & Satisfaction

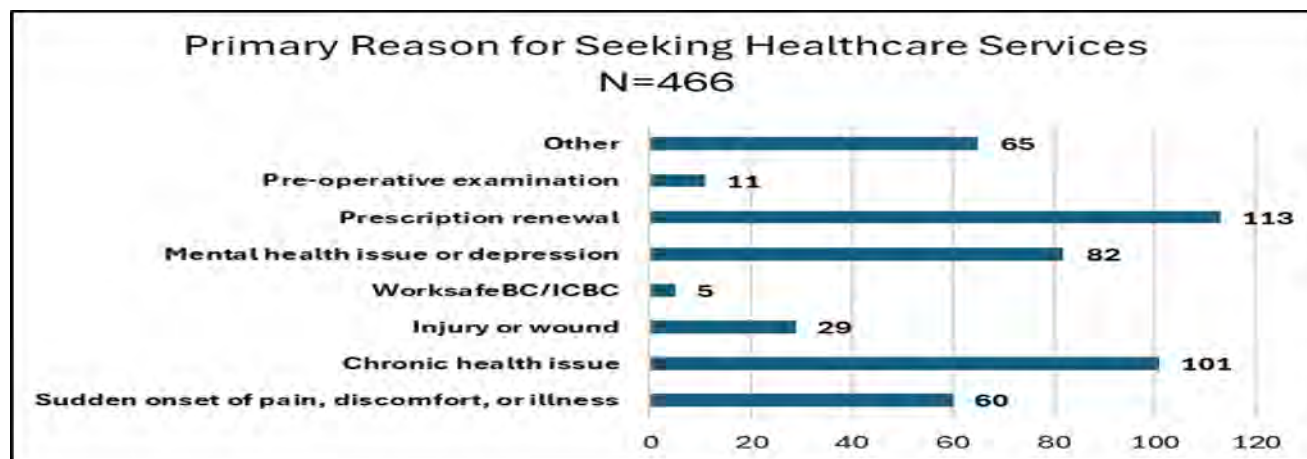
The next set of questions in **Q20 asked participants where they would go if they needed healthcare services**, medication refills, or a referral, in **Q28 asked participants the primary reason for their most recent provider visit**, and in **Q29 asked participants about their overall experience**. The percentages reflect the respondents who answered the item for multi-selected items. **Figures 14-16 illustrates the increasing lack of primary care access in Esquimalt.** The multi-select question **highlighted that the majority of respondents indicated that they go to another walk-in clinic outside of the Township or a hospital emergency department** (Victoria General, Royal Jubilee, the Saanich Peninsula or both the Victoria General and the Royal Jubilee Hospitals. Only 11.9% of respondents reported going to the Esquimalt UPCC, **highlighting the repeated comment of 'phone triage for appointments.**

Figure 14: (Q20) Where do you go when seeking health care, medication refills or a referral?



Respondents were asked a multi-choice question of “***What was the primary reason for your most recent visit to the healthcare provider?***” Figure 15 shows that a total of 280 survey participants answered the question. Of the 466 responses, 23.2% (N=113) of respondents cited prescription refills/renewals as the reason for seeing their healthcare provider, with 52.2% (N=243) of respondents reporting mental health, chronic illness, or a sudden onset of pain as the main reason for seeking care, 13% (N=65) of respondents who selected ‘other’ did not note the reason for their visit.

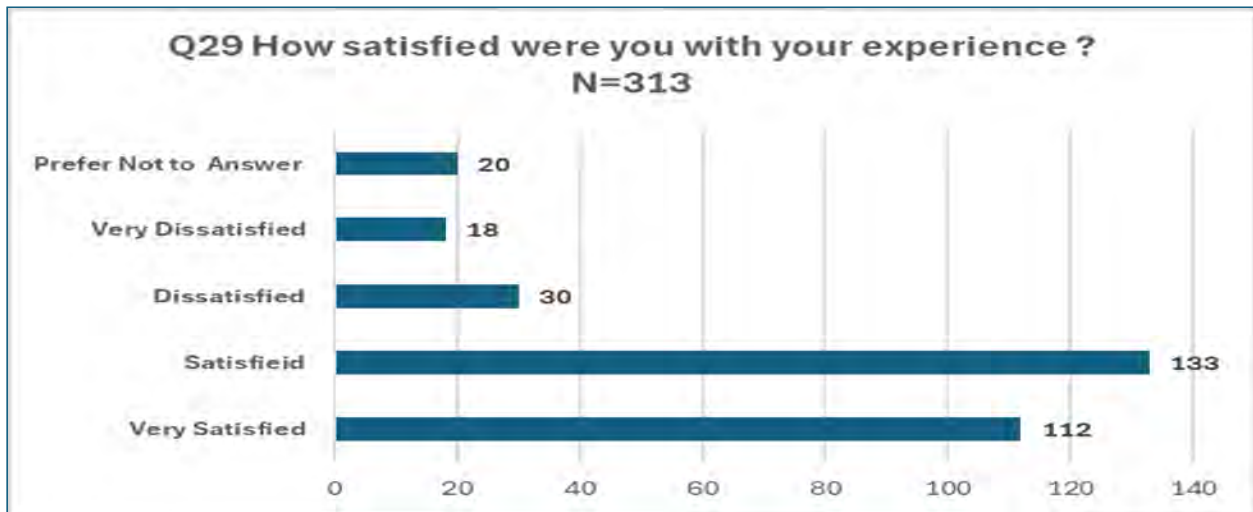
Figure 15: (Q28) What was the primary reason for your most recent visit to a healthcare provider?



After rating the primary reason for seeking health care services, the respondents were asked about their experience with the health service they received at their provider’s office,

the walk-in clinic or from their virtual care appointment. Figure 16 shows that **78.3% of respondents** reported being Very Satisfied or Satisfied. Twenty respondents preferred not to answer the question.

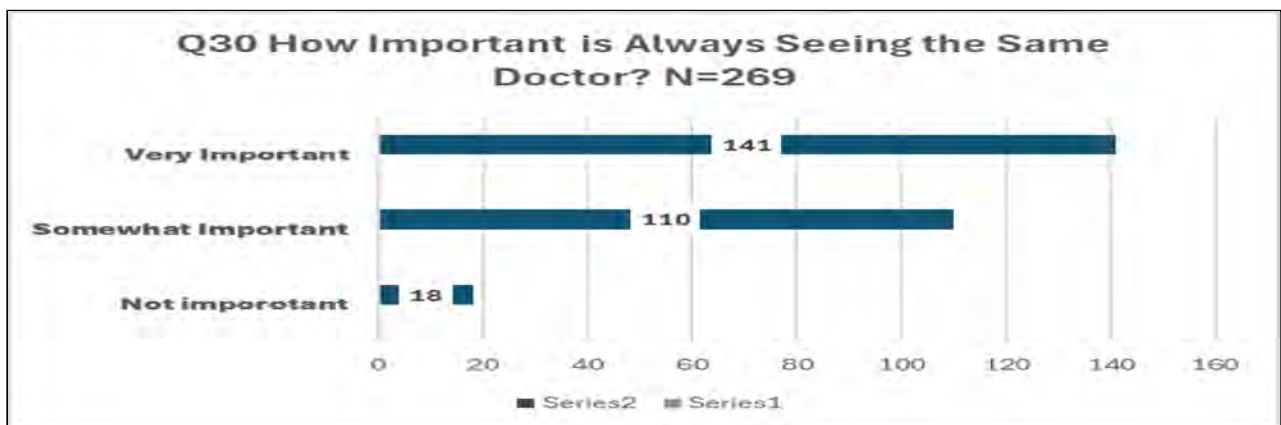
Figure 16: (Q29) How Satisfied were you with your experience?



Importance of Attachment & Longitudinal Care

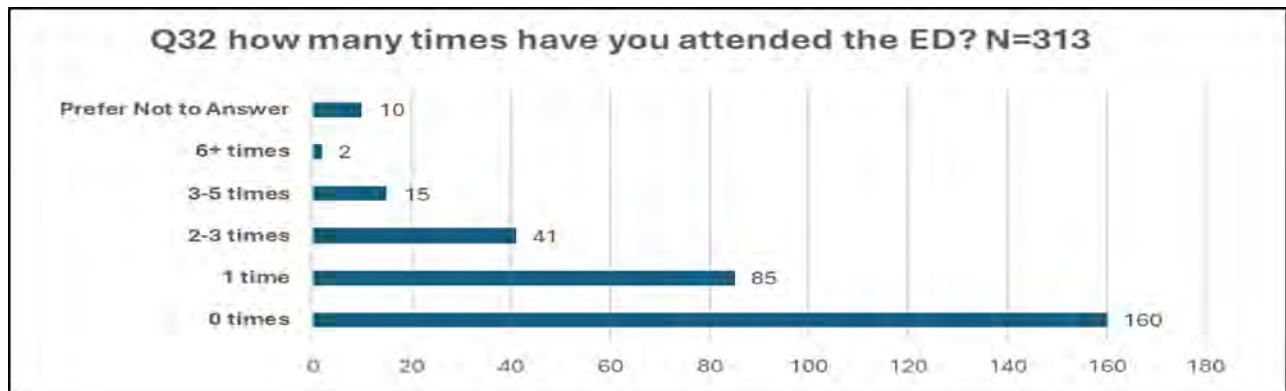
The question *“How important is it for you to see the same doctor when seeking care?”* was asked regarding relationships and longitudinal care. Figure 17 (Q30) shows the importance of attachment - **52.4% (N=141)** of respondents. Another 40.9% (N=110) answered “Somewhat Important”, confirming that Esquimalt residents want to see a family physician or nurse practitioner regularly. An estimated 6.6% (N=18) reported it was not important. Overall, **relationships matter as shown previously in Q20, where 48.5% of people without a regular primary care** provider seek out care for nonurgent health issues at in-person and virtual walk-in clinics or emergency departments.

Figure 17: (Q30) How Important is Always Seeing the Same Doctor?



The next set of questions asked respondents if they would seek care from other types of professionals. **91.3% reported they would be comfortable or very comfortable receiving care from nurse practitioners** and other types of professionals (e.g., pharmacists, therapists, etc.) in a team if their family doctor or nurse practitioner recommended it. However, **most reported their family doctor, or the walk-in clinic did not have other team members** as part of their practice, other professionals that are not nurses or nurse practitioners. The emergency department was repeatedly reported across all survey streams. **Figure 21 (Q32)** shows the results when respondents were asked the question of **“How often did you attend the ED when seeking care?”** The majority of respondents, 51.1% (N=160), reported they did not seek care at the ED, and 45.1 % (N=141) reported attending the ED between 3 to 6 times. 10 participants did not respond to the question.

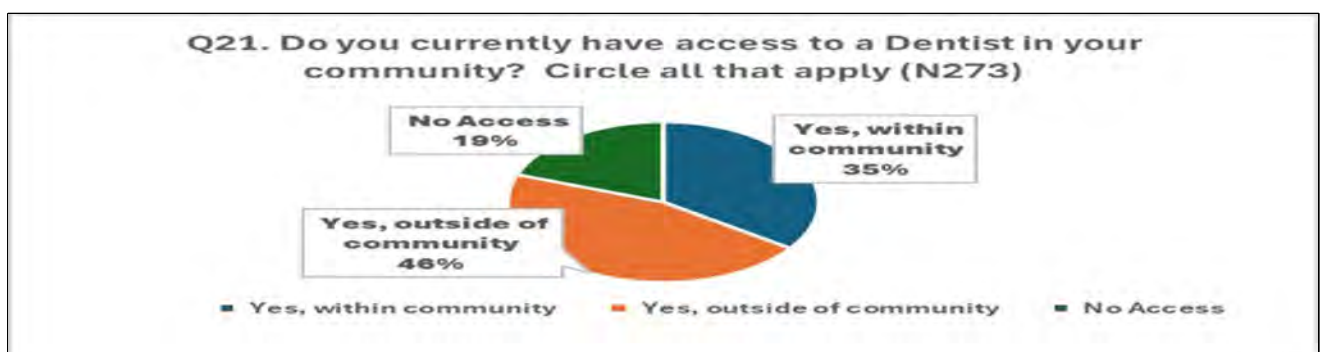
Figure 21: (Q32) How many times have you attended the ED?



Of the majority of participants who attended an ED for care, **72% (Q33)** reported attending alone, or being taken to the emergency department by family, friends, or a taxi. **50% (Q34) of the respondents who reported going to the ED attended either the Royal Jubilee Hospital or the Victoria General Hospital, with less than 2% attending the Saanich Peninsula Hospital.**

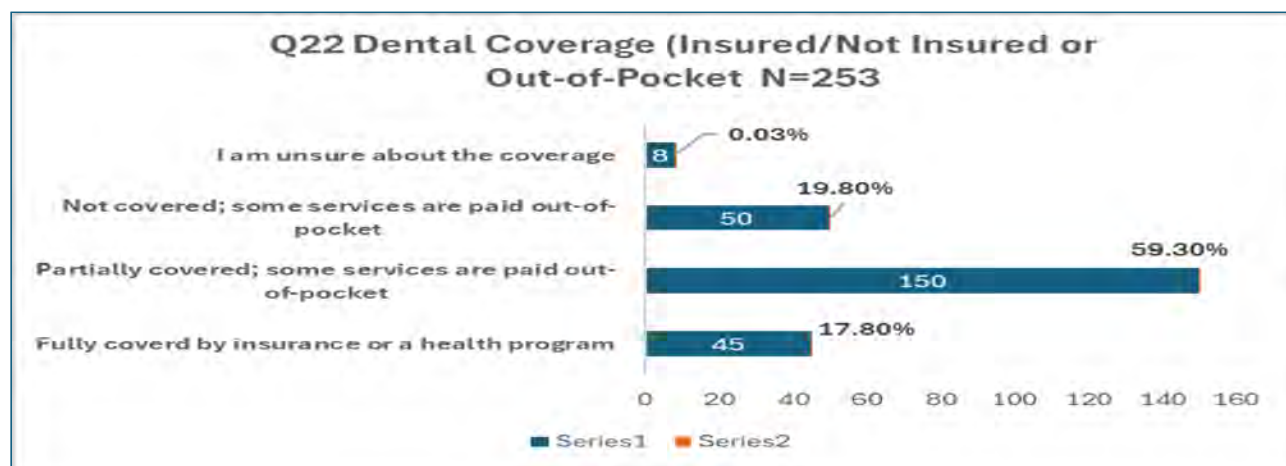
Access to Dental Care

Q21 asked for multiple selections and the counts reflect this leading to some overlap. **Figure 22** shows that access to dental care in Esquimalt remains mixed: **46% report using dentists outside the community, 35% within the community, and 19% report no access.**



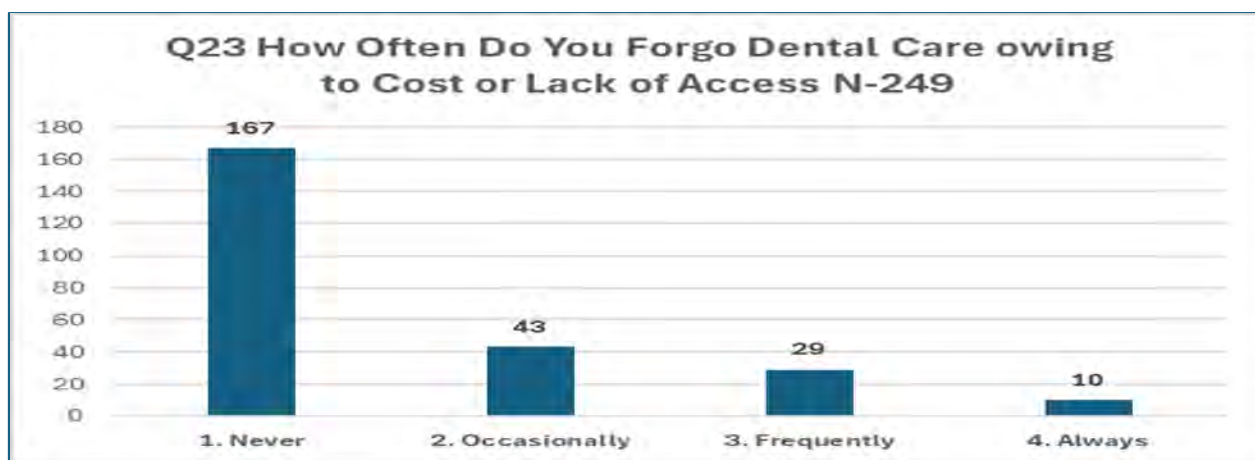
The next part of this question asked respondents “**If dental care was covered by insurance or a health program, or do you pay out-of-pocket costs for dental care?**” **Figure 23** highlights respondents stated cost exposure is significant—47.9% are only partially covered and 16.0% are not covered—while 26.2% say they sometimes or often forgo needed dental care. Together, this supports the case for community-based dental services (low-cost/low-barrier options, extended hours, and local capacity) to reduce travel and out-of-pocket burden. Children’s dental care was not reported in this survey (no comments were provided), so this remains a gap for further research to support access to children/youth dental care in Esquimalt.

Figure 23: (Q22) Dental Coverage (Insured/Not Insured/Out-of-Pocket Payments)



Respondents were asked if they or their family members had to forgo dental care due to cost or a lack of access? **Figure 24 (Q23)** show that **67% (N=167) respondents reported ‘dental care’ never** is important to their health, whereas **3.4% (N=73) reported making trade-offs** owing to costs or access issues.

Figure 24: (Q23) How often do you forgo dental care owing to cost or lack of access?

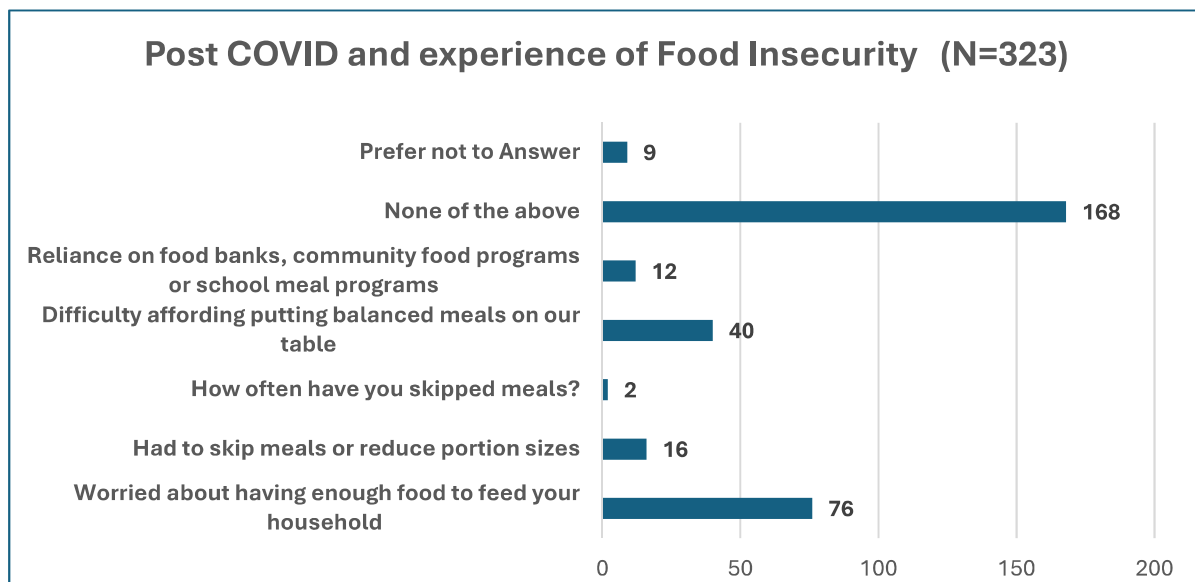


Food Security

Issues of food access focus primarily on food security, defined as having reliable access to enough affordable nutritious food. Many respondents reported experiencing challenges or knowing others challenged with obtaining sufficient food of any kind and many reported issues with accessing healthy food more specifically.

The financial challenges brought on by the COVID-19 pandemic and rising food prices are leading to an increase in rates of food insecurity across the community and increased demand for emergency food assistance. Importantly, 69.4% (N=180) participants stated that their households were not experiencing difficulty accessing food. More than 600 comments across all survey tools thematically related to the financial stress and mental health issues that rising food costs are having on households, forcing many to buy cheaper, less healthy alternatives, or reducing their food consumption to manage their budgets for essentials. Figure 25 (Q36) illustrates the trade-offs or choices respondents reported in managing challenges related to food security. 45.2% (N=146) of respondents reported experiencing issues of food access or security compared to 52.1% who reported “no issues”.

Figure 25: (Q36) Post COVID and experience of Food Insecurity



Behavioural and Physical Health

More than 4 out of 5 respondents (87%) reported physical health as a challenge for their families.

Figure 26: (Q37) *How often is Participation in Physical Activities a Challenge for You?*



Obesity/overweight issues were reported across all surveys. Participants were especially concerned with childhood/youth obesity. They felt that the food in schools is unhealthy and that physical activity is no longer structured. They felt that physical activity should be emphasized in the schools and expressed concern that schools are cutting back on these types of activities owing to budget cuts across the education system. There are some recreation programs in Esquimalt to keep children active, but there are not enough and they were reported as being expensive. **When asked what challenges people in the community face in trying to stay physically fit and eat healthier**, participants cited a significant number of common challenges. These challenges are identified in Figure 27 (Q38).

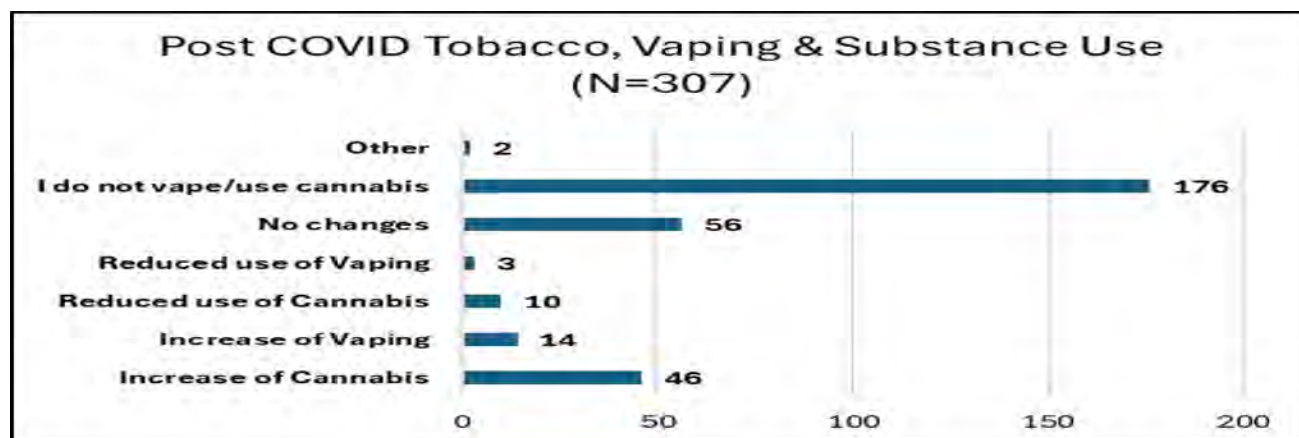
Figure 27: (Q38) “Post COVID Physical Health Challenges”



Tobacco, Vaping & Substance Use

Respondents **were asked to report if they used tobacco, vaping, and/or substances**. Figure 28 (Q39) shows that 53.7% (N=176) of the participants who answered the question stated they did not vape and/or use cannabis. A further (N=116) 37.8% of respondents reported increasing the use of vaping and cannabis or no changes Post COVID. A smaller number (N=13) reported reducing their use.

Figure 28: (Q39) Post COVID do you use Tobacco, Vaping & Substance Use?



Community Safety

Respondents **were asked questions related to public safety in the community**. Figure 29 (40) shows a total of 174 (58.2%) participants reported **no significant change in community behaviour** related to bullying or drugs. An increase in online or in-person bullying was reported by 10.3% (N=30) and 17.1% (N=52) reported increased exposure to drug use in the community. 9.0% (N=23) of participants cited "other" and 5.1% (N=13) preferred not to answer the question.

Figure 29: (Q40) Have you experienced any community Public Safety Challenges?



Social Engagement/Connections

This refresh of the 2019 CHNA included a set of questions related to loneliness, isolation, social engagement and community connections since these factors are now considered to be a major mental health issue.

Figure 30: (Q40) Focusing on Loneliness and social Connections please circle all that apply to you.

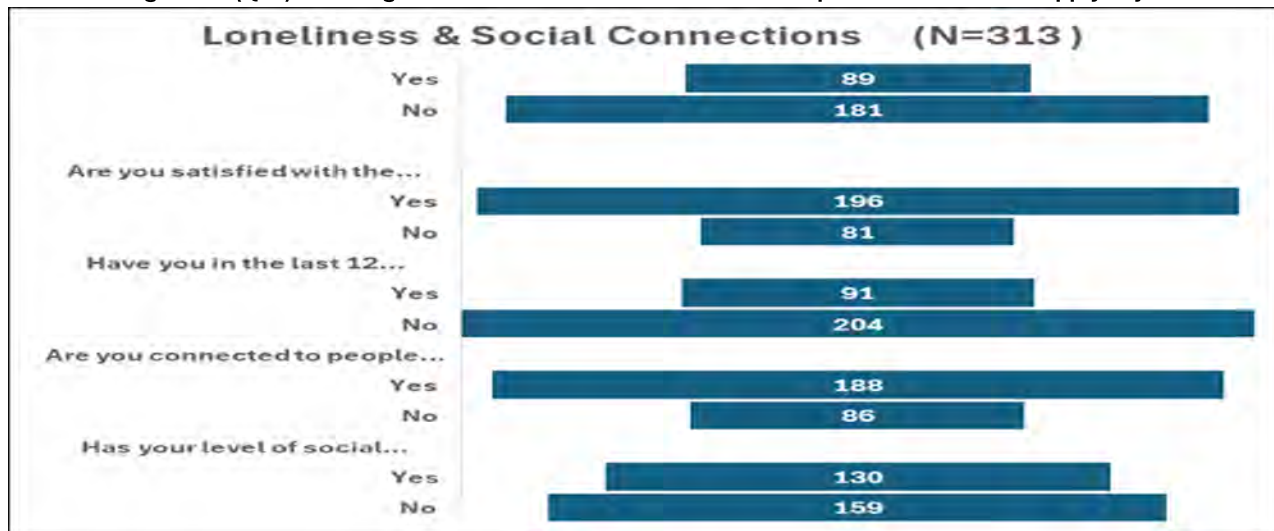


Figure 30 (Q40) indicates that 58% (N=181) respondents rated loneliness and social connections as **not a major issue** living in Esquimalt, whereas an **estimated 34.2% of all respondents who answered the questions related to satisfaction, exclusion, connection and level of social interactions** stated that social engagement and connections post COVID had significantly changed for them. The 2019 CHNA did not include questions related to understanding what puts youth and ageing adults at risk of being socially isolated and who is at risk. **Esquimalt's Age-Friendly Assessment Report (August 2016)**, the National Seniors Council's Report on the Social Isolation(2013-2014), World Health Organization (WHO) Age-friendly Cities (AFC) Frameworkand, the Office of the Seniors' Advocate B.C. report *From Shortfall to Crisis: Growing Demand for Long Term Care Beds in B.C.* (posted July 29, 2025), City of Vancouver's Health Ageing Strategy (February 2025), and District of North Saanich' Survey of Loneliness and Isolation among residents all highlight the need for local governments to make their communities more inclusive for their growing ageing population by defining older persons as those 55 and over.

More importantly, the results from the 2025 CHNA highlight a need to promote engagement, connection, accessible housing, mobility, and access to services. Additionally, **several respondents' comments cited that immediate changes** might include making seniors housing purposefully built and affordable, working with retailers to ensure age-friendly aids to daily living (i.e. walkers, wheelchairs, etc.) and improving sidewalks for accessibility.

Access to Personal Medical Information/Records

The next question asked participants *if they have had challenges in accessing their patient records when their personal doctor or healthcare provider closed their practice*. Many respondents reported that when their doctor's office closed, there was no communication about patient records—it was extremely difficult to find out who is legally responsible for their records or how to contact them. **Figure 31A (Q41)** shows the proportion of **respondents who encountered difficulties accessing their patient records**. The majority of respondents indicated that “NO” (N=210) they did not have any difficulties accessing their medical records.

Significant Barriers	Percent of Respondents who Selected the Issue	Percent of Respondents who marked it as the most significant barrier
Availability of providers/appointments	75	25%
Inability to pay out of pocket expenses (co-pays, prescriptions)	75	16%
Lack of Access to providers taking new patients	60	21%
Basic needs not met (food/shelter)	55	9%
Language/Cultural Barriers	40	1%
Lack of child care	35	1%
Time Limitations (Long wait times, limited office hours, time off) work	40	6%
Inability to navigate health care system	45	12%
Lack of Transportation	25	5%
Lack of Trust	30	4%
None/No Barriers	0	0
Other	0	0

Figure 31A: (Q41) Difficulty Accessing Medical Records

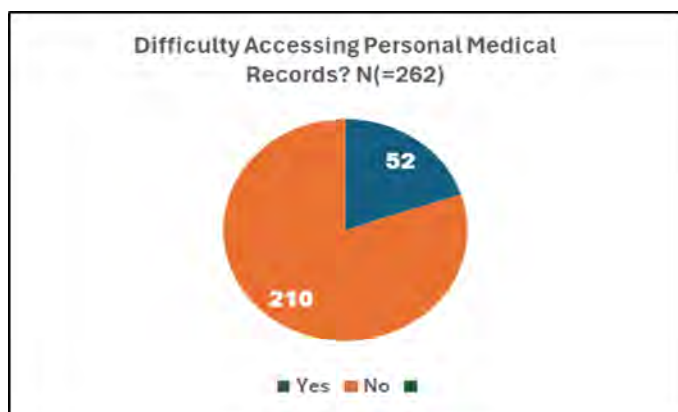


Figure 31B: (Q41) Sharing of Information



Figure 29B reports that the **majority of respondents have encountered no difficulties accessing their records when a primary care provider leaves**. Challenges for patients include difficulties retrieving their full and complete medical records, navigating fragmented or non-standardized data, and the lack of seamless interoperability between different healthcare systems, leading to gaps in care, potential miscommunication, and administrative burdens.

These issues are **compounded by the overall lack of information sharing and coordination** between providers and the varying processes for transferring records, which can be complex and time consuming. Research suggests a trend towards improved patient satisfaction, health behaviors, and health status in response to providing patients' access to timely and accurate information.

Challenges and Solutions

Participants were asked to select the primary barriers they see in the community related to health and quality of life. The chart in Table 9 show the results emerging from the question.

Table 9 (Q29) Barriers to Accessing Health & Quality of Life Care in the community?

Significant Barriers	Percent of Respondents who Selected the Issue	Percent of Respondents who marked it as the most significant barrier
Availability of providers/appointments	75	25%
Inability to pay out of pocket expenses (co-pays, prescriptions)	75	16%
Lack of Access to providers taking new patients	60	21%
Basic needs not met (food/shelter)	55	9%
Language/Cultural Barriers	40	1%
Lack of child care	35	1%
Time Limitations (Long wait times, limited office hours, time off) work	40	6%
Inability to navigate health care system	45	12%
Lack of Transportation	25	5%
Lack of Trust	30	4%
None/No Barriers	0	0
Other	0	0

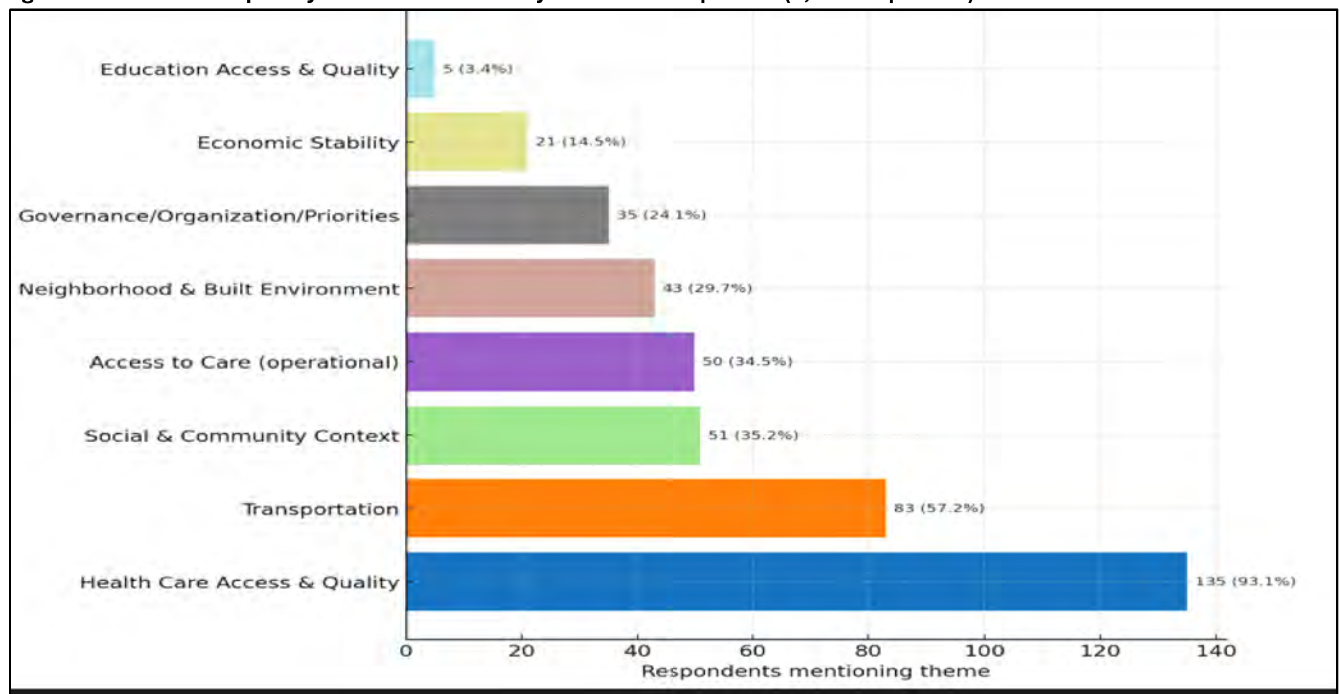
When asked what could be done to improve health and quality of life in the community, participants emphasized the need to improve communication and awareness about existing services. Overall, participants saw the need for more community outreach and health education provided by the Municipality in collaboration with community partners (i.e., Rainbow Kitchen, Island Health Community Health Centers, First Nations Health Authority, CFB Esquimalt Families Association Mental Health Agency of B.C., Advocate for Seniors, etc.). In addition, participants suggested the following community-based programs/services to improve community health in Esquimalt.

- Youth and Senior Health Workshops
- Health Screenings
- Chronic Disease Management Programs

Final Thoughts—Overview of Respondents’ Feedback

Respondents were asked “***What does good health mean to you?***”—fit, ageing well, family health, economically sound, living in an affordable house, and safe community. Many residents reported they were grateful for the opportunity to share their thoughts on the needs of medical services for themselves and their families. At the end of the survey collection, participants were asked to provide comments on seeking health care services in Esquimalt. Many expressed supports for community-wide efforts like this survey and the need for the Township to use this information to improve health in Esquimalt. Based on the opportunity to provide comments and feedback (1,730 comments collected), **Figure 30 shows the rank of the frequency of thematic responses.**

Figure 30: Rank of Frequency of Household Survey Thematic Responses (1,703 responses)



Although not shown in the chart, **participants repeatedly stated that people in the community are not aware of the health care services and options that are available to them.** One participant stated people do not know about the resources available in Esquimalt. Participants' comments also included statements about the lack of coordination of information and services in the community. **Participants stated it would be helpful if the Township included on its community web page a list of the crisis numbers, resources, and navigation tools.** But they also commented that it might be difficult to keep so much information up to date. **Another participant mentioned that it would be good** if the Township could post the patient access fees communicating the costs associated with certain medical centers, to help inform residents.

Some **respondents noted that they got their health information** from newspapers, magazines, brochures, doctors' offices, friends, and families. Hospitals, Island Health, and the Ministry of Health were also mentioned as resources for information in some cases, and they learn about mental health programs and services through word of mouth from friends, family, and neighbors.

Final Thoughts—Household Survey Overview

Since the 2019 CHNA, there has been a significant increase in the number of people seeking primary care, with many struggling to find a regular doctor within their own community. This is putting extra pressure on Esquimalt's UPCC. Since its opening in 2021, the increasing demand for appointments have outstripped available resources, leading to long wait-times, and people seeking care outside of the community. 83.5% of respondents frequently cited that they faced repeated phone calls to secure an appointment due to high demand and limited availability, creating frustration.

These findings are consistent with the literature on post-COVID primary care in Greater Victoria which shows ongoing challenges with access and continuing struggles with capacity, often prioritizing urgent cases and leaving patients with chronic conditions waiting, a situation intensified by post COVID, population ageing, and people living with multiple chronic conditions and complex needs.

Increased access to UPCCs, opened in Esquimalt in 2021 and in other areas across the Greater Victoria region, is required to address primary care needs, including those for urgent and non-urgent issues. Additionally, as the findings highlight, respondents reach out to TELUS virtual care programs and other telehealth providers (i.e. Rocket Doctor), as a means to access timely care for some conditions, although some mentioned that accessibility was at times limited.

To address these issues, the province in 2024 introduced funding to support family physicians, clinics and team-based primary care models, and is working on strategies to increase recruitment and retention of healthcare providers aimed at improving access and care coordination.

In summary, since the 2019 CHNA the post-COVID era has seen in the early days the implementation of UPCCs across Greater Victoria, but as the findings highlight, they continue to face ongoing struggles to meet demand, particularly for patients with less urgent needs or chronic conditions, resulting in respondents being impacted by the difficulties described.

Areas of Potential Opportunity

Similar to the Kiosk and Key Informant Interview findings, the household survey participants were grateful for the opportunity to share their thoughts and experiences. The majority of respondents appreciated the online survey to complete the 2025 CHNA. Many expressed supports for the Township's community efforts in collecting information about what is working and what is not working to address residents' health and quality of life needs. Some people commented that health was not a municipal responsibility but recognized that without this information the Township would not have the data to inform and influence its partners to commit to the appropriate funding for capital and human resources to meet community demand for healthcare services.

- Access to Health Care
- Mental & Behavioral Health
- Hypertension & Heart Disease
- Ageing Adults
- Expansion of UPCC to address attachment
- Reduction of Out-of-Pocket Costs

6.0 Community Kiosk Survey Overview

6.1 Background

Shoppers for four days (Thursday to Sunday) were asked to participate in the survey taking approximately 15 minutes during their shopping trip to Save-On-Foods Westside Village and Country Grocer Esquimalt.

The **Kiosk survey garnered 400 completed** surveys (94.2% response rate) with 1,076 respondent comments collected during March/April 2025. It is important to note that the **results reflect several communities** (Esquimalt, Vic West and nearby areas including CFB Esquimalt, View Royal, Songhees Nation and Esquimalt Nation residents), **so results reflect everyday users of Esquimalt services** rather than residents only. Unless noted, multi-selected items are shown as a % of the kiosk total (n=400) with single selects report % of participants who responded to the question.



Photo Credit: Pepler Group,

6.2 What We Heard

Residents who completed the surveys **echoed many of the same concerns seen in other collection methods**, but with **sharper urgency and lived experiences**. Many were navigating care gaps in real time, facing cost barriers and long waiting times, and an over-reliance on emergency services due to a lack of primary care attachment.

Representative Themes:

- **Repeated use of emergency departments** as the one accessible care point (“...I had to go to the ER three times this year for non-emergency issues because no one in our community would see me.”)
- No family doctor or an **inability to register with the Esquimalt UPCC or local medical center** (“...I’ve been calling every day for a week now at 8 a.m. and still can’t get into the walk-in.”) Another commented “I have lived in Esquimalt for more than 10 years and have not found a doctor to replace the one I used to have after he retired in 2018.”
- **Long waits for diagnostic referrals**, specialists and even same-day appointments “I have asked for a referral to see a pain doctor now for almost 10 months....”

- High stress navigating disjointed systems, particularly for seniors and caregivers (“...my mother is 85 and has dementia—she has five doctors and none of them talk to each other.”)
- Mental health concerns without service follow-through, especially for youth and people living with substance abuse issues or with complex mental health challenges....” Why are there so many Cannabis shops in Esquimalt, Vic West and in Victoria, if we are trying to get our kids off drugs and smoking or using substance products...”
- Several participants noted that since COVID there are several families in their neighborhood suffering financial stress and economic hardship leading to an increase in family and domestic violence.

6.3 Key Findings—Community Kiosk Survey

The following section provides an overview of key findings from the Kiosk Survey including highlights from the comments provided with each question. The first section of the survey focused on the key health issues facing the community. Individuals were asked to select the top five issues they perceived as the most significant. The five issues frequently selected are highlighted Figure X and include:

- Access to Care
- Homelessness
- Mental Health/Suicide
- Food Security
- Substance Abuse/Alcohol/Tobacco/Vaping

Figure 31: (Q1) “What are the top 5 health issues you see in your community?”

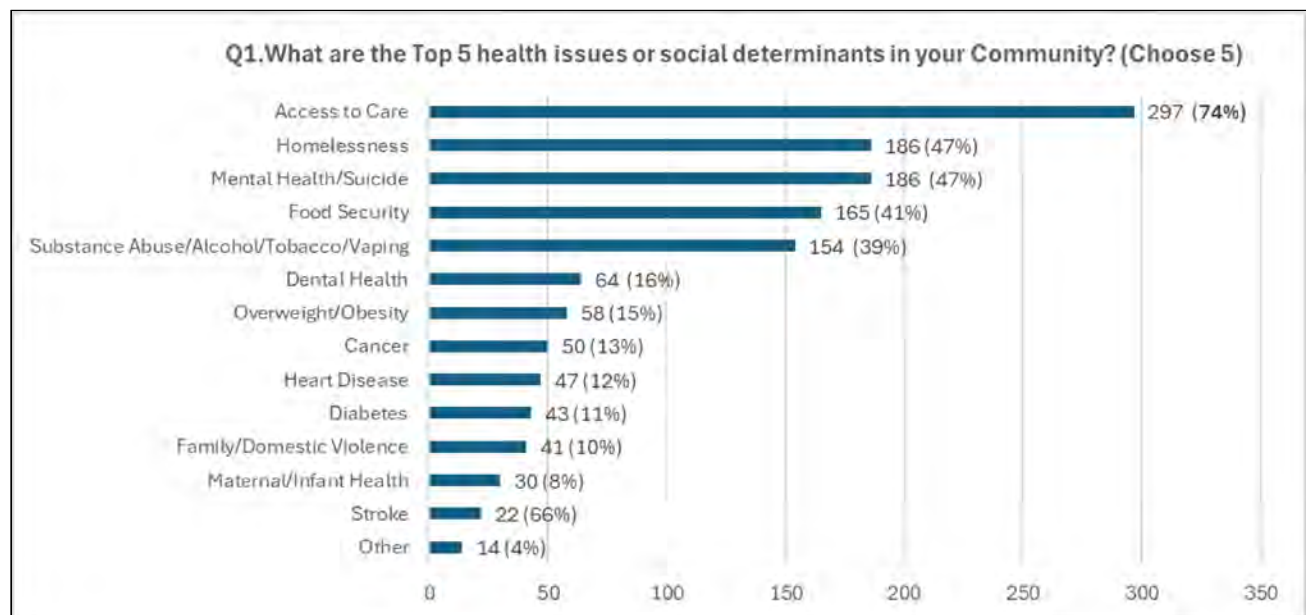
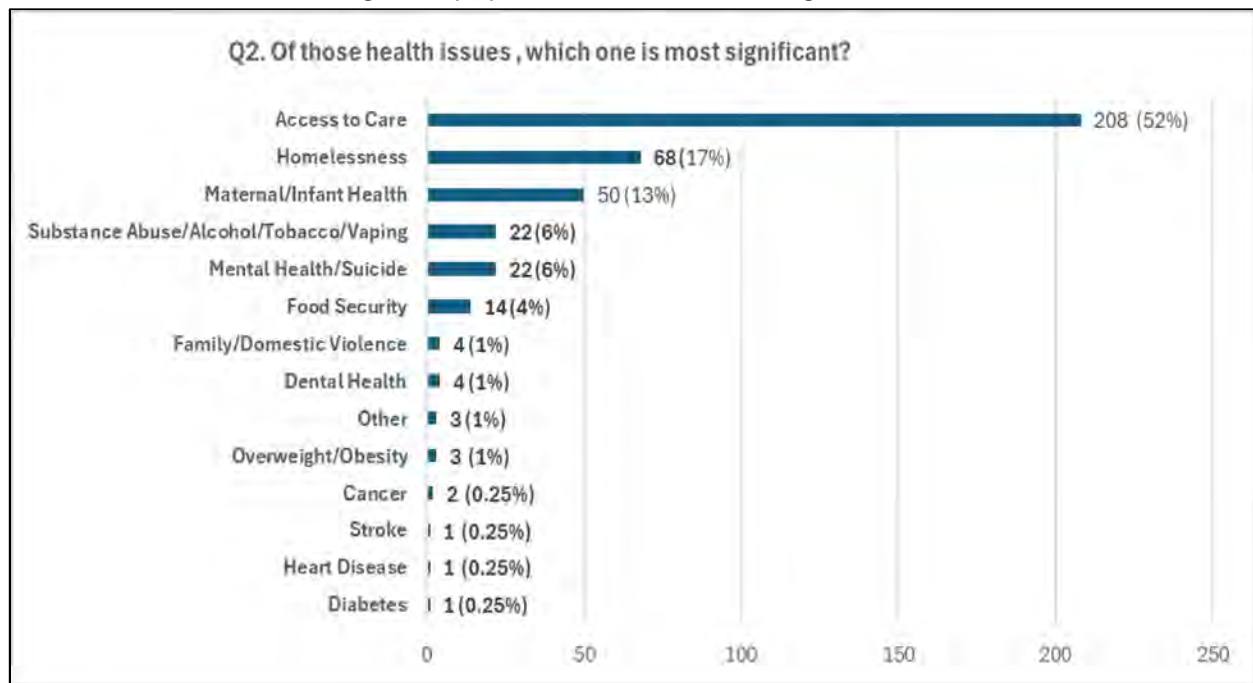


Figure 31(Q1) shows the participant rankings of all the key health issues. The bar depicts the total percentage of respondents that ranked the issue in their top five.

Respondents were also asked “*Of those health issues mentioned, which one issue is the most significant?*”

Figure 32: (Q2) “Which Issue is the MOST significant?”



More than 52% (N=208) of **people selected access to care** as the most significant health issue, followed by homelessness at 17% and maternal/infant health at 13%. **Mental health issues**—substance abuse, alcohol, tobacco, vaping, and suicide were mentioned by an estimated 16% (N=58).

6.3.1 Health Care Access

Availability of Services

The next set of questions asked local residents to rate access to health care services, such as primary care providers, specialists, dentists, transportation, and mental health support and if there were sufficient women and children’s providers in Esquimalt. Respondents were provided with statements such as: *Residents in the area are able to access a primary care provider when needed.* They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). **The results are displayed in Table 10.**

“On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access.”

Table 10: (Q3) Number of Respondents Rating Health Care Access Factors

Factor	Number of Respondent Mentions	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	308	Disagree
Residents in the area are able to access medical specialists when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	322	Strongly Disagree
Residents in the area are able to access a dentist when needed.	156	Disagree
There is sufficient number of providers accepting new patients in the community	381	Strongly Disagree
There is sufficient number of mental/behavioral health providers in the area	375	Strongly Disagree
There is sufficient number of women and children health providers in the community.	345	Strongly Disagree
Transportation for medical appointments is available to residents when needed.	108	Disagree

Health care access since 2019 continues to be a significant issue in the community. As illustrated in Table 10, very few respondents strongly agree to any of the health care access factors. Most respondents would either “Disagree” or “Strongly Disagree” with community residents’ ability to access care. Availability of mental/behavioral health providers had the second highest response with 375 participants saying they “Strongly Disagree” with the statement.

6.3.2 Barriers to Health Care Access

After asking respondents to rate the availability of healthcare services, the next question asked was about the most significant barriers that keep people in Esquimalt from accessing healthcare when they need it. The **top five barriers** that were most frequently selected were:

- Availability of Providers/Appointments
- Lack of Access to Providers Taking New Patients
- Time Limitations (Long Wait Times, Limited Office Hours, Time Off Work)
- Inability to Pay Out-of-Pocket Expenses (Co-payments, Prescriptions, etc.)
- Inability to Navigate Health Care System

28% (N=112) of **respondents said people in the community were not having their basic needs met** and appeared to be using the food bank and living in a shelter.

“What are the most significant barriers that keep people in the community from accessing health care when they need it?”

Figure 33: (Q4) Most Significant Barriers to Health Care Access

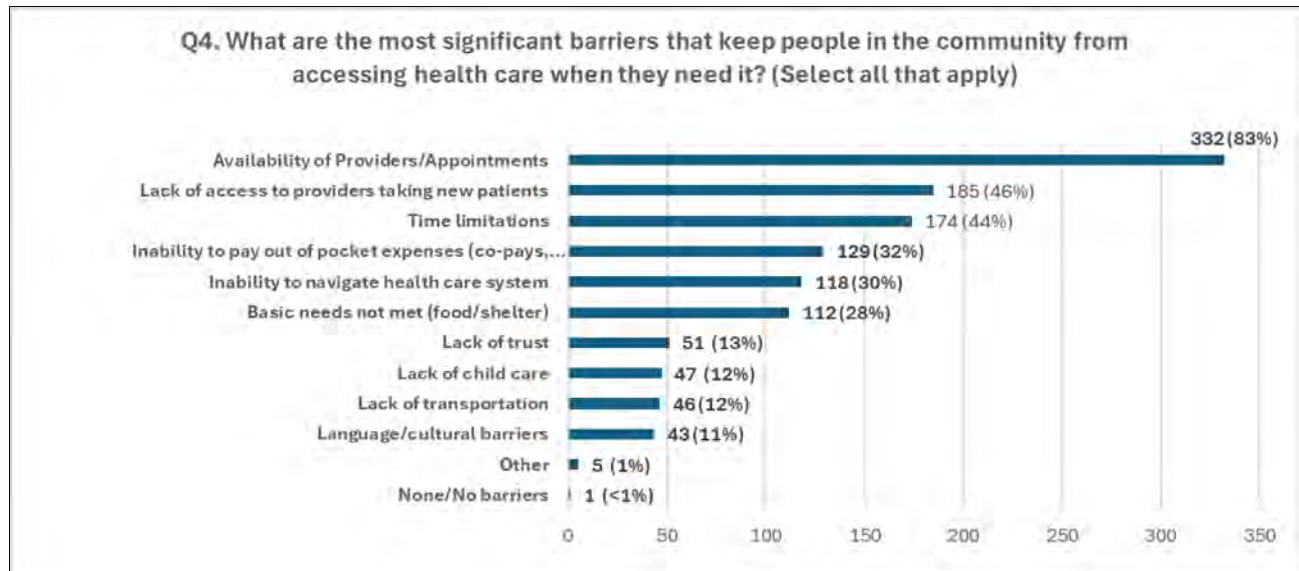


Figure 33 (Q4) shows the breakdown of the number and percentage of respondents who selected each barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier.

Table 11 (N=398) shows the breakdown of the number of respondents that **rated the barrier as being the most significant facing the community.**

Table 11: (Q5) Ranking of Barriers to Health Care Access

Rank	Barrier to Health	Number of Respondents who selected the issue	Percent of respondents who marked it as the most significant barrier
1	Availability of Providers/Appointments	122	31%
2	Inability to Pay Out-of-Pocket expenses	108	27%
3	Lack of access to providers taking new patients	87	22%
4	Inability to navigate health care system	41	10%
5	Time Limitations	18	5%
6	Basic Needs Not Met (food/shelter)	16	4%
7	Lack of Trust	3	1%
8	Lack of Transportation	2	>1%
9	Lack of Child Care	1	>1%
10	None/No Barriers	0	0%
11	Language/Cultural Barriers	0	0%

Respondents were asked to share any additional information regarding barriers to health and quality of life. The participants mentioned the following themes. The legend denotes the frequency the theme was mentioned. A significant number of respondents indicated that they or someone they know have had difficulty obtaining health care or mental health services in Esquimalt. Although the UPCC and the Medical Center are in the community they are not taking on new patients. Many cited that it is impossible to get an appointment at the UPCC. Also, some commented on the increasing number of doctors and medical centers that are charging out-of-pocket (subscription or membership fees). Although mental health issues are on the increase within the community, services and programs and access to therapy or interventions are not seen as a priority.

Symbol	Description
●●●●	Very common
●●●	Often mentioned
●●	Sometimes mentioned
●	Occasionally mentioned

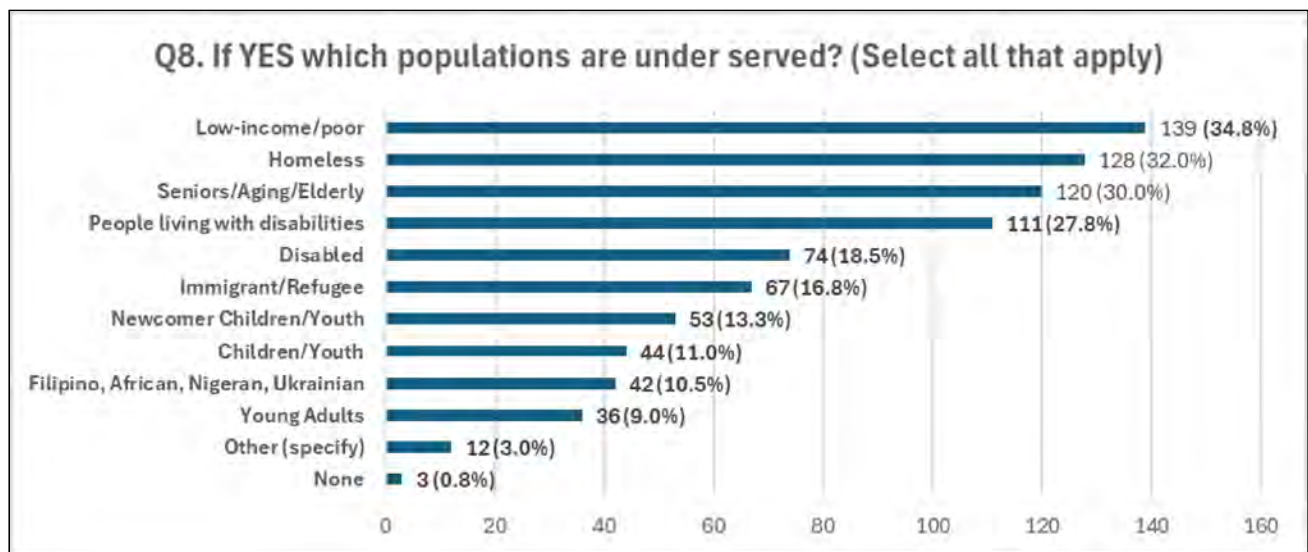
Table 12: (Q6) “Provide additional information regarding barriers to health care services

Main Theme	Frequency of Mentions	Representative Quotes	Key Insights
Not enough family doctors	●●●●	“It is disgraceful that this province has insufficient doctors.” / “New to Victoria, it is impossible to get a family doctor.” / “I have been trying to find a doctor for 5 years.”	This is the biggest problem. People can’t find a family doctor, so they don’t have regular care or anyone who knows their health history.
Long wait times for specialists and urgent care	●●●	“Wait times for specialists. I had four tests done in total that was eight months waiting.” / “10+ hours in ER twice this year.”	People are waiting too long for help. This makes them avoid care or go to emergency rooms for non-emergency issues.
Walk-in and urgent-care clinics are full	●●●	“Walk in clinics do are not available nor can you just drop in or walk in anymore.” / “Impossible to get into urgent care.”	Many can’t get same-day care. Clinics are overloaded and hard to reach by phone.
Mental-health care is limited	●●●	“Mental health care needs are generally not viewed as emergencies.” / “We need more mental health providers covered by MSP.”	Mental-health support is hard to find, too expensive, and not treated as a priority.
Losing your doctor and starting over	●●●	“Without a doctor for almost ten years now since my last doctor retired.” / “Feel the basic needs should be easier to access/have help to find another doctor after mine retired.”	When doctors retire or move away, people are left without care for years. This hurts trust and continuity.
Hard to find your way through the system	●●	“It can be hard to navigate the phone clinic.” / “Mailbox full, can’t get an appointment.”	The system is hard to navigate. Even educated residents feel lost trying to book care.
Health costs and lack of coverage	●●	“Basic health and dental hard to find and afford what needed with.” / “I still can’t afford to get my wisdom teeth removed.”	Costs for dental and medicine keep people from getting the care they need.
Poor communication from government and Island Health	●●	“More accountability by the Township Municipal office on how our tax payers money is spent.” / “Our community municipality’s office does not do a good job providing communication on how to access a doctor.”	People want clearer information on how to sign up for doctors or clinics and what services exist.
Women’s health and specialized care	●	“More health providers for women and children specifically that are highly educated in women’s health problems, childbirth and menopause.” / “Lack of women’s care.”	Women’s health issues are not well supported. More services are needed for women and children.
Transportation and mobility issues	●	“No transportation for those living alone.” / “Difficult to find affordable transportation that’s reliable and accommodates multiple children.”	Seniors and families without cars have trouble reaching clinics.
Cultural and language barriers	●	“Access to all cultures; immigrants to have access with doctors who speak different languages.”	Newcomers struggle to find culturally safe and language-friendly care.

6.4 Health Care Populations Not Adequately Being Served

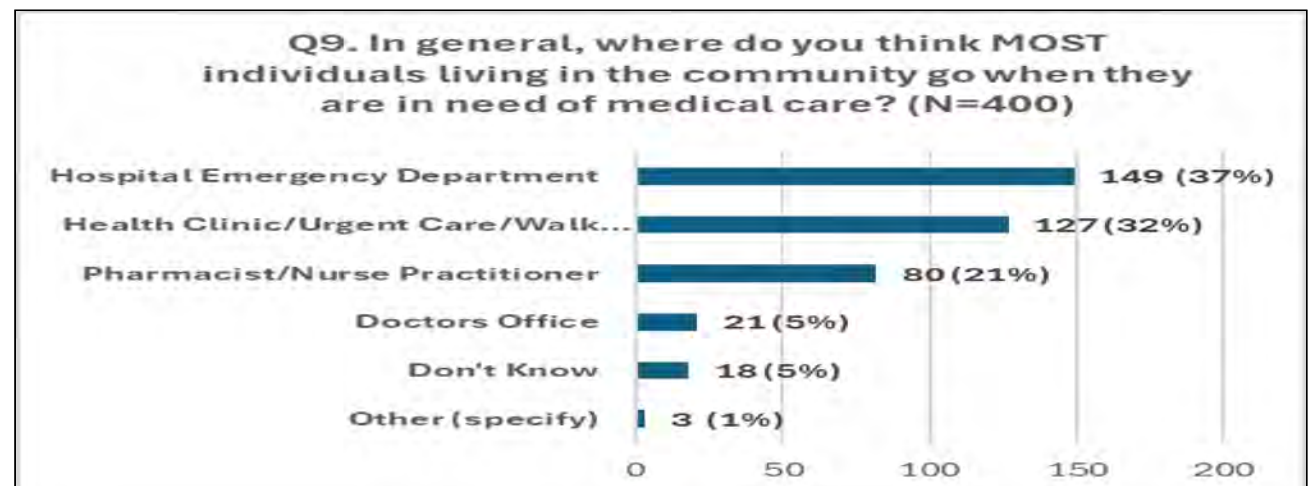
Next, participants were asked if they thought there are specific populations in Esquimalt that are not being adequately served by local health services or other support groups when in need of medical, mental health or specialized care. **Figure 34 (Q8)** shows the results. 34.8% (N=139) of **respondents selected low-income/poor** as the population that is the most underserved in the community, followed by the homeless (32%, N=128), frail seniors, ageing adults, elders (30%, N=120) and people living with disabilities (27.8%, N=111).

Figure 34: (Q8) Which populations are under-served by healthcare services in Esquimalt?



Next, we asked participants to **select one facility or provider where they think MOST people living in the community go when they are in need of medical care**. **Figure 35 (Q9)** shows the results. The majority of respondents, 37% (N=149), indicated that most individuals go to the hospital emergency department for medical care and 32% (N=127) go to the UPCC or a walk-in clinic.

Figure 35: (Q9) Where do most people go when they seek medical care?



Respondents were **asked to share additional comments regarding populations underserved** (i.e., individuals living with disabilities, ageing adults living alone, mental health or substance abuse challenges, living below the poverty level, single mothers or fathers with children).

Participants provided the following comments in **Table 13**.

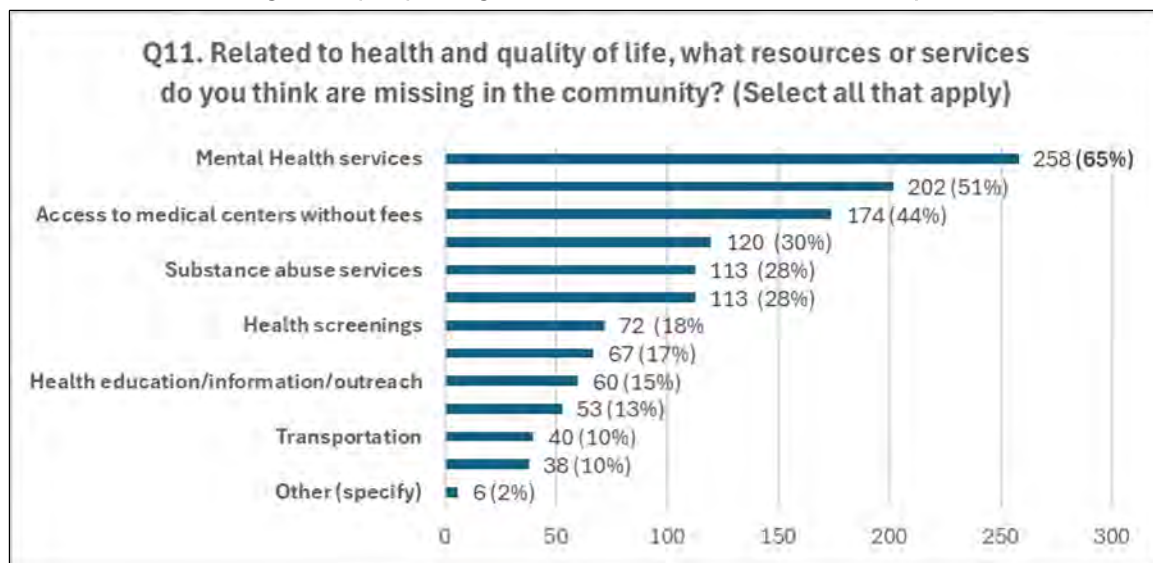
Table 13: Additional Respondent Comments re Populations Underserved

Factor	Community Insights (Plain Language Summary)	Examples from Comments	Key Takeaways / What It Means
Political / Policy	Many people said it's getting harder to find a family doctor or even get into a clinic. Some end up calling 911 when a regular visit would have been enough, but no one is available. This shows a deeper issue in how health care is organized and staffed.	"No doctor available so I call EMS... strain on emergency department."	There's a clear need for stronger health planning — more doctors, better coordination, and faster emergency response for people who can't access basic care.
Economic	Families living with low income or disabilities often face financial limits that make it hard to get regular checkups or pay for extra care. Some people said you have to be very persistent and organized to get an appointment — something not everyone can do when life is stressful or money is tight.	"Many people just give up... you need to be type A to gain medical access."	The system often works better for those who have more time, confidence, or income. Support programs could help level the field for people who are struggling financially.
Social	People with mental health challenges or single parents often find the paperwork and processes overwhelming. Even when help is available, it can feel out of reach because of how complicated the system is.	"Persons with mental health issues struggle to navigate paperwork."	Having community navigators or outreach workers could make a big difference — someone who can help with forms, explain steps, or connect people to the right service.
Technological	Not everyone is comfortable with online systems or digital booking tools. Many people said the process to get an appointment or fill out forms online is confusing, especially for those who don't have easy internet access or who find digital forms stressful.	(Implied through "paperwork" and "type A to gain medical access.")	Health technology should be simpler and more flexible — not everyone can use a smartphone or manage digital forms, and they shouldn't lose access because of that.
Environmental / Infrastructure	Several people pointed out that sidewalks and store entrances are unsafe or hard to use for people with wheelchairs or walkers. Uneven pavement and narrow doors make daily life more dangerous and frustrating.	"Sidewalks not wheelchair friendly... fell and broke my nose." "Store doors not wide enough."	The city and local businesses need to take accessibility seriously. Maintaining sidewalks and improving access to buildings would make life safer and more inclusive.
Legal / Regulatory	Some stores and public places don't follow accessibility rules. Doors and pathways don't meet basic standards, yet enforcement seems weak. These gaps leave people with disabilities feeling excluded and unsafe.	"Dollarama doors not wide enough."	Stronger inspection and enforcement of accessibility laws are needed so that everyone can move freely and safely, as required by the BC Building Code and Human Rights protections.

6.5 Resources Needed to Improve Access

Respondents were asked to identify the key resources they felt would be needed to improve access to health care for residents in the community. Many respondents indicated that access to medical centers/services and dental services is needed. In addition, respondents stated they want to see substance abuse services and health screenings available closer to home. Health education, information, outreach and transportation are also concerns. **Figure 36 (Q11)** includes a list of the resources mentioned ranked in order of the number of mentions.

Figure 36: (Q11) Listing of Resources Needed in the Community



6.6 Challenges & Solutions

The final section of the survey focused on the challenges to maintaining healthy lifestyles, perceptions of current health initiatives, and recommendations for improving the health of the community.

Table 14 shows participants answers when asked “**What challenges people in the community face in trying to maintain healthy lifestyle?**” like exercising and eating healthy, participants suggested the following common challenges:

- Cost/Access
- Motivation/Effort
- Time/Convenience
- Education/Knowledge
- Public Safety

Table 14: (Q12) Challenges to Maintaining Healthy Lifestyles

Main Theme	How Often It Came Up	What People Said	Implications
High cost of healthy food	••••	"Cost of food." / "Healthy food is too expensive." / "It costs so much to eat healthier food." / "Fast food is cheaper."	The biggest barrier residents face is the price of fresh and healthy food. Many explained that they want to eat better, but inflation, high rent, and low wages force them to choose cheaper, processed options.
Lack of family doctors or consistent care	•••	"No doctors available in the community." / "Without a family doctor it's hard to get guidance."	Many residents said that not having a regular doctor makes it hard to stay healthy or manage chronic diseases. Some have been waiting five years or more to be assigned to a doctor.
Cost of recreation and fitness	•••	"Gym costs are astronomical." / "Exercise and eating healthy can become very expensive."	The price of gyms, fitness classes, and community programs keeps many people—especially families and seniors—away from active living.
High cost of living and financial pressure	•••	"Everything today is expensive." / "The cost of living is so high we don't have money for anything else."	Residents described feeling stretched thin. Once housing, food, and bills are paid, there is no money left for health or wellness.
Time constraints and overwork	•••	"Working poor lack time to take care of themselves." / "I don't have time to exercise after working two jobs."	People are exhausted. Many juggle multiple jobs and say they have no energy to cook or stay active.
Low motivation and mental-health barriers	••	"Lack of motivation and friends." / "Mental health affects energy and self-care."	Stress, depression, and isolation make it difficult to sustain healthy habits. Several noted that mental health and physical health are deeply connected.
Lack of health education and information	••	"There is truly a lack of access to information on how things work." / "More education is needed."	Many want clear, trustworthy advice on nutrition, exercise, and managing chronic conditions but don't know where to find it.
Transportation and access issues	••	"No bus on my street." / "Transportation to community centre."	Without reliable transit, seniors and low-income families can't reach grocery stores or recreation centers easily.
Housing insecurity and poverty	••	"Affordable housing is needed." / "High rent and food costs take all resources."	Economic strain affects every aspect of wellness. When rent takes up most of the budget, healthy food and exercise are out of reach.
Social isolation and lack of community supports	••	"We need more community groups for seniors and families." / "Isolation – ability to come out of isolation."	People want more social connection—group programs, walking clubs, or community cooking events—to make healthy living feel possible and shared.
System barriers in healthcare	••	"Doctors are overworked; only one concern per visit." / "De-personalization."	Brief appointments and lack of follow-up prevent people from getting guidance on preventive care.
Prevention gaps in the health system	•	"No support for diet or exercise in the medical system." / "No MSP for preventative care."	Participants feel that prevention is undervalued in the healthcare system. Doctors focus on illness, not lifestyle.
Built environment and walkability	•	"We need safe bicycle paths." / "Non-walkable communities."	The way neighborhoods are built limits daily movement. People want safe sidewalks, trails, and affordable recreation options.
Social inequities and discrimination	•	"Racism." / "Focus within women."	Some mentioned barriers tied to race, gender, or income, suggesting the need for more inclusive health planning.

Table 15 lists the comments provided when respondents were asked ***"What is being done well in the Community in terms of health and quality of life?"*** The following are some of the organizations and programs mentioned as community assets:

- Rainbow Kitchen
- Pharmacists in Esquimalt and Vic West are great and give good advice and service.
- Esquimalt Fire Department
- Archie Browning Center
- Senior Citizen Groups
- Esquimalt Public Health Unit
- Esquimalt Neighborhood House

Table 15: (Q13) “What is being done well in terms of health and quality of life?”

Main Theme	# of Mentions	Respondent Comments	Comment Translation
Access to parks, trails, and outdoor spaces	●●●●	“Great parks and family events.” / “Lots of trails.” / “We are lucky to live close to nature, trails, and fresh air.” / “Excellent access to outdoor spaces.”	Residents feel grateful for natural surroundings and well-maintained parks. Outdoor recreation and fresh air are seen as key parts of well-being.
Recreation centre and community programs	●●●●	“Rec centre is excellent.” / “Access to recreation centers for wellness.” / “Community centre.” / “Esquimalt rec centre is great.”	The recreation centre is a strong community asset. It’s valued for being accessible, clean, and supportive of wellness for all ages.
Strong sense of community and social connection	●●●	“People are friendly, caring, and supportive.” / “Sense of community and belonging.” / “Assistance is available if people reach out.”	Residents appreciate the friendliness and solidarity of their neighbors. This sense of belonging supports mental and emotional health.
Good pharmacies and health professionals	●●●	“Pharmacists are great and give good advice.” / “Nurses have been wonderful.” / “Access to excellent dental care.”	Local health professionals—especially pharmacists and nurses—are recognized for their care and commitment.
Clean, safe, and well-maintained environment	●●●	“It is a clean, well-maintained neighborhood.” / “Streets clean.” / “Beautiful, great place to live.”	The community’s cleanliness and order contribute to a sense of pride and quality of life.
Community events and activities	●●	“Community events.” / “Farmers markets.” / “Senior citizen groups providing support.”	Residents value events that bring people together and make the community vibrant and inclusive.
Access to information and public health resources	●●	“Awareness and self-screening campaigns.” / “Access to info and resources for new moms.” / “Public health unit great at vaccines.”	Public health initiatives and communication are seen as effective and supportive, especially for families.
Transportation and proximity to services	●●	“Connected transport and proximity to homes is good.” / “Good transport.”	Ease of moving around within the community helps residents access services and maintain independence.
Leadership and local governance	●	“Excellent council and mayor.” / “Local merchants.”	Some residents expressed trust in local leadership and appreciated responsive governance.
Specialized or alternative health programs	●	“Non-MSP primary care.” / “Special programs for niche groups.”	Niche or alternative health programs are noted, though not widely used, showing diversity in care options.

Overall, there were many positive comments about programs in the community; however, respondents reported that there was still more work to be done. **One respondent stated** “...that **better access to primary care for all regardless of socio-economic limitations—I don’t think most people are aware of the out-of-pocket costs residents are paying to have access to health care.**” **Another responded...** *‘My list is long. More doctors. More specialists. More clinical facilities and diagnostic centers. Include recruitment of doctors and nurses in our community in Esquimalt’s OCP, think beyond today---about the future I said my list was long.’*

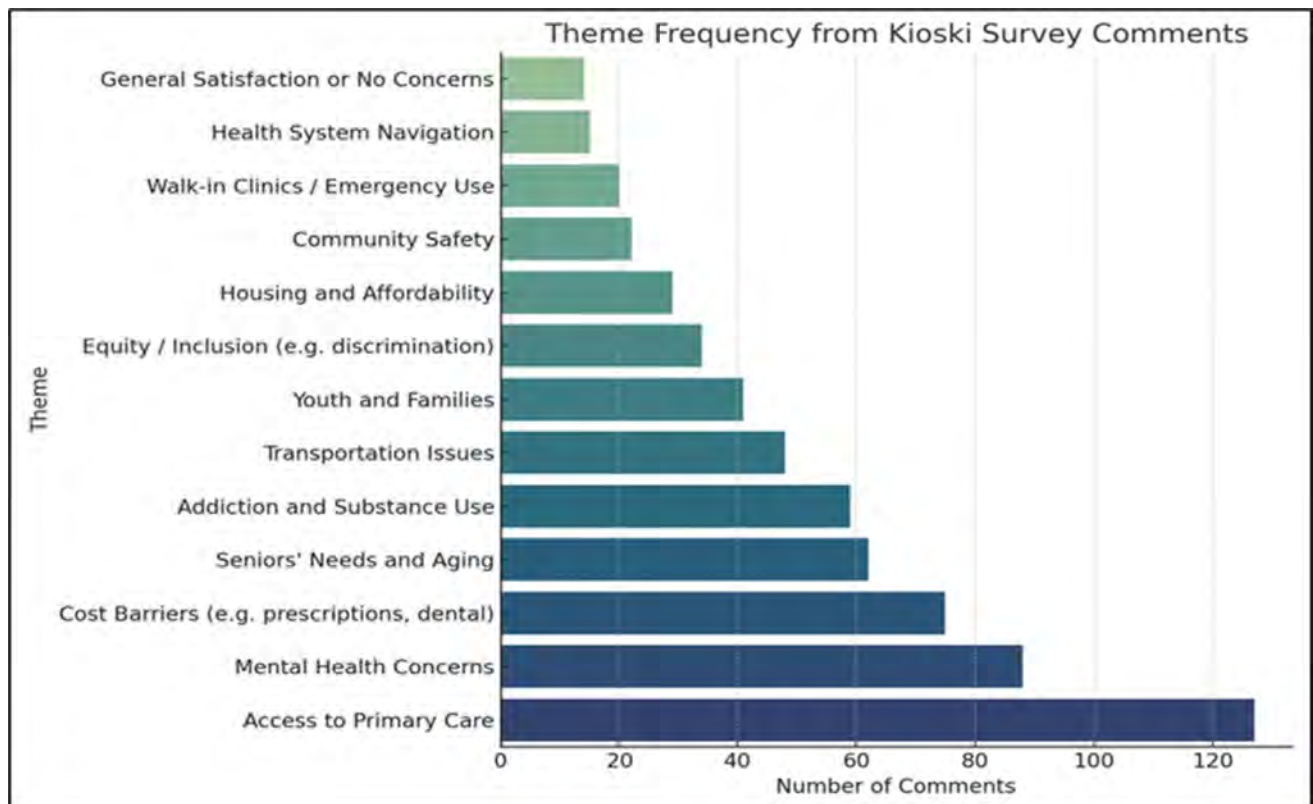
Next, respondents were asked “**What recommendations or suggestions do you have to improve health and quality of life in the community?**” Many respondents reported the need to improve communication and awareness about existing services. Overall, **participants stated there was a need for the Township to work collaboratively** with the BC Minister of Health, Advocate for Seniors BC, and the Federal MP for Seniors to escalate the need for tracking local uptakes on access out-of-pocket fees (i.e., membership and subscription fees).

Additionally, other respondents suggested the Township seek out partners and developers to expand and fund community-based programs, outreach and health education, patient navigation services, and medical spaces. A respondent commented on the need to have developers provide medical space, *“Introduce a **bylaw stating a minimum of healthcare providers per km2 and density**. All new commercial/residential developments must account/allocate space for clinics/primary care if they are within a pre-determined boundary.”*

Figure 37 highlights the major themes emerged from the comments including the following:

- Increased Access to Medical Care and Dental Care
- Eliminate out-of-pocket fees (subscription/membership) for medical, mental health and diagnostic services
- Increased Collaboration/Coordination/Community Engagement
- Enhanced Mental Health and Substance Abuse Services
- Ageing in Place programs to enable staying in your home
- Improved Access to Affordable Exercise and Nutritional Programs
- Increased Awareness/Education/Community Outreach

Figure 37: (Q14) illustrates the themes, and the bar highlights the frequency from the Community Kiosk survey comments. A total of 1,076 comments were collected.



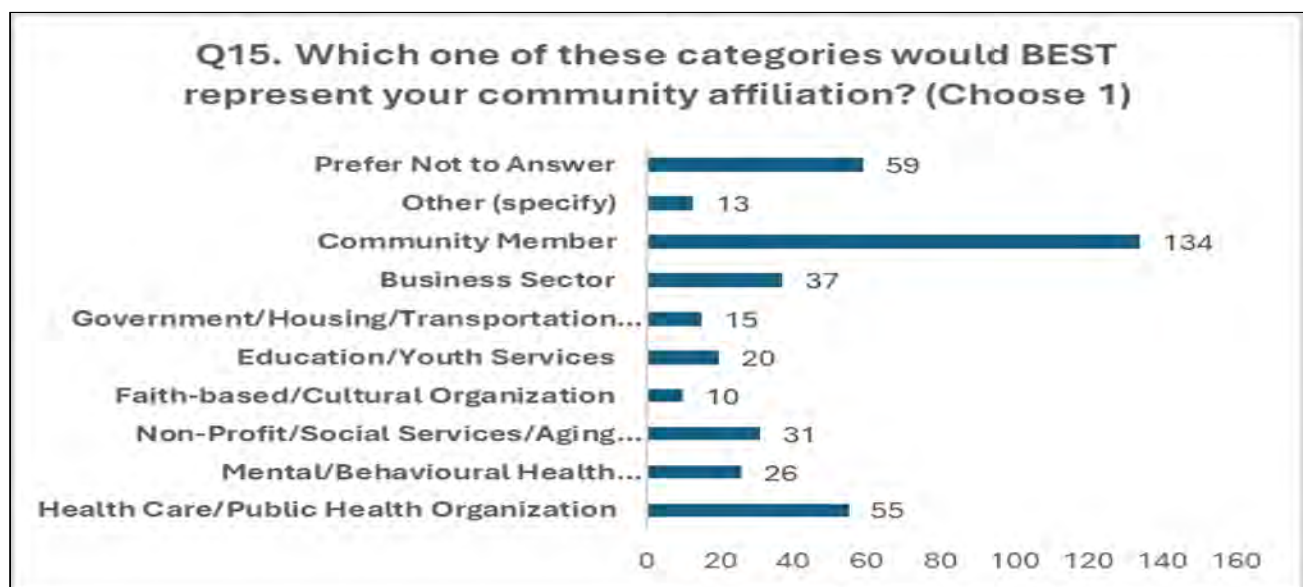
6.7 Final Thoughts – Community Kiosk Surveys

The survey results in this section from the two locations, Save-On Foods and Country Grocer, serve mixed catchments. They reflect everyday users of Esquimalt services rather than residents only. The responses and comments mirror the household survey directionally and help ground the findings in everyday settings. Site-level differences are not emphasized because the catchment includes non-Esquimalt residents; the pooled story is the key takeaway.

In total, 400 people participated in the two surveys. ***“When asked the question of their community affiliation,”*** the majority of respondents N=134 (34%) indicated they were community members and N=55 (14%) reported being with a health care or public health organization.

Figure 38 (Q15) highlights the cross-section of respondents who participated in the survey, with 15% (N=59) preferring not to answer the question.

Figure 38: (Q15) “Which category BEST represents your community affiliation?”



Areas of Potential Opportunity

- Access to Health Care
- Mental & Behavioral Health
- Recreation Access
- Ageing in Place
- Nutrition & Food Security

7.0 OVERALL ASSESSMENT OF FINDINGS & CONCLUSIONS

The 2025 Community Health Needs Assessment is a **REFRESH** of the 2019 CHNA report. **Table 16** is a refresher snapshot of what has changed in six years--2019 to 2025.

1.1 Then vs Now—Esquimalt

Table 16: Refresher Snapshot of Six Years of Change: 2019-2025

2019 Focus Recommendation	2025 Status—What's Changed	Resident Voice (High Level)	Gap/Implication
Primary Care Attachment and Access	Attachment below BC/Island Health: UPCC exists regionally but access processes remain; local clinical capacity delayed/limited.	Having difficulty getting timely appointments desire for culturally safe care; 38% of those with a Family Doctor reported paying membership fees to enhanced access.	Equity risk and induced demand; planning blind spots unless membership uptake is track; pressure on ED/after hours; people leave without getting seen in ED.
Clinic Space & Infrastructure—expand local primary care capacity	Regional UPCCs/centers added in 2021 (Esquimalt, Langford, James Bay, etc.; no fully realized local hub; delay in recruitment of clinical resources to align demand with community demand.	Resident travel and time costs not included in location planning; confusion on pathways—lacks navigation and local communication and accountability leading to many after-hour gaps and populations not being served.	Without local capacity and navigation, avoidable emergency department and missed prevention opportunities continue to escalating leading to provider burnout and rising health care costs.
Mental Health & Substance Use—expand community-based supports and crisis response	Anxiety and Mood Disorders, depression above B.C. average; community reports fatigue, sleep disturbance, anxiety and increased alcohol, and vaping.	Stress, sleep, pain, anxiety, dominate Post COVID symptoms. Respondents mentioned Mental Health/Substance Use 28.75% (N=503) across a total of 798 surveys, with 503 mentions in comments and/or free text.	The rising demand plus the out-of-pocket costs for access to primary care + mental health professionals and longitudinal crisis follow on care is a significant barrier, on families/caregivers/youth at risk and vulnerable population groups
Seniors & Ageing in Place—action Age-Friendly gaps	Since 2019 the 75+ age group has been the fastest growing population in Esquimalt. Study highlights number of dwellings in need of major report is higher than local health region/BC overall.	More ageing adults are using wheelchairs, walkers, canes and mobility scooters. Existing traffic patterns, sidewalks, ongoing road repair and construction sites make it difficult to travel. Ensure all washrooms are accessible and readily available for everyone.	Accessibility upgrades, home supports, sidewalks and paved pathways must take mobility issues and ageing adults into consideration when planning or undertaking repairs. Promote universal design for all buildings.

2019 Focus Recommendation	2025 Status—What's Changed	Resident Voice (High Level)	Gap/Implication
Ageing Adults Recreation & Social Participation and Safe Spaces for Connections	Survey results Post COVID highlight higher rates of heart disease, depression, cognitive decline and premature death are linked to loneliness and social isolation.	Safe spaces provide a sense of security, making it easier for individuals to engage in social activities and build relationships with neighbors. There is a need for the Township to continually review the quality and breadth of its recreation programs. Also ensure they are aligned with current and emerging needs of residents of all ages and abilities.	Ensure recreation facilities are affordable for all age groups. Evaluate OCP Policy regarding seniors' strategy (recreation, health living) including multi-generational linkages and outreach programming.
Transportation, Mobility & Costs Reduce access burden	Cost of transportation and living pressures elevated; recreation access/hours perceived as reduced and memberships costly. Difficulty travelling between the residential north and south where most of the services are located in Esquimalt is difficult because of the 'hill'. Accessibility becomes a barrier for people depending on mobility or wheelchairs.	Suggest the Township hold everyone accountable—for road public safety pedestrians, cars, cyclists and others. Support investment in enhancing bus transportation,	Risk of declining participation, knock on effects to mental health, chronic disease and social isolation. For Esquimalt, ageing seniors 65+ 40% live alone, 48% of women, 29% of men, living alone has a significant impact costs and access to transportation, recreation and social connections.
Indigenous Communities & CFB Esquimalt Inclusion—improve data and engagement	The First Nations principles of OCAP—Ownership, Control, Access, and Possession—set the Indigenous data-governance standards. Findings indicate persistent data gaps for the Songhees and Esquimalt Nations, particularly in measuring primary-care attachment and access to culturally safe care, pediatric services, and women's health. Closing these gaps requires removing trust barriers, aligning all data practices and data-sharing agreements and applicable confidentiality policies.	Desire for culturally safe pathways to care. Moreover, there is a demand for geriatric, pediatric and women's health services. Navigation is poor and could benefit from the Township including on their website.	Equity planning requires co-design plus better targeted local health indicators and outcomes for performance accountability, measurements and funding.
Local Indicators & Transparency—build a dashboard	LHA profiles are too high-level; attachment/afterhours/ED metric are not routinely shared	'We don't know what's working, where, or for whom'...also why are we suddenly paying out-of-pocket fees to see a doctor?	Local Dashboard needed. Attachment, time-to-first appointment, ED/ACSC by age, membership uptake, wait times and closures.

7.2 Key Takeaway Messages

The refresh of the 2019 CHNA highlights key takeaway messages for the Mayor, Council, Chief Administrative Officer (CAO) and the Planning Department, as follows:

- The **mental health burden** of Esquimalt remains above B.C.; resident symptoms post-COVID align with this signal.
- **Attachment lags continue since UPCC opened:** residents report membership fees for enhanced primary care (38% of those with a doctor)—an equity and demand shaping issue. It is suggested that the Township escalate with the B.C. Ministry of Health, and the Federal Minister for Seniors, and the Advocate for Seniors B.C., a local uptake on the range of fees, the continuation and publish doctors' membership/subscription fees—transparency and accountability.
- The 75+ age group is the **fastest growing population in Esquimalt**; access to longitudinal care, repair and affordability pressures and accessibility barriers are shown to constrain this population group from planning on ageing-in-place.
- **Local indicators and targeted outcomes are insufficient.** A municipal level dashboard showing metrics for attachment, after-hours emergency department, walk-in clinic opening and closing time, time-to-first-appointment, membership uptake is the evidence needed to inform and influence funding decisions.

7.3 Priority Takeaway Message – Esquimalt Urgent Primary Care Center

Critical to this refresh, is the fact that the Township in the 2019 CHNA identified an **estimated 7,000 unattached residents**, which support advocacy for a local UPCC. Current utilization confirms high demand. Findings support that number of households are still unattached is significantly higher in 2025. BC Health estimates show unattached now estimated between 7,500 to 8,500, even with the province-wide matching system (PAS) progress. Findings suggest, heavy UPCC use provides urgent care, not longitudinal attachment—its current phone-first urgent care policy does not allow for an attachment to a regular provider.

In 2021, Esquimalt opened a UPCC, with the promise of a full range of healthcare services—by appointment and walk-in—to people who need to see a primary healthcare provider or those who have an urgent need to see a primary health care provider or a physician within 12 to 24 hours but do not require emergency or specialized services. To date, the Esquimalt UPCC has had an estimated 10,338 visits during the period 2023-2024—based on a 12-hour day

Managing the ongoing out-of-pocket costs and to eliminate any further increases to residents is a priority. A suggestion to mitigate this barrier to access is for the Township of Esquimalt to commit to

creating a FAQ page on its community webpage, educating residents on the questions to ask whether the fee covers an individual or family, are children/youth included in the fee or is there an additional cost, what services are provided, what's insured versus uninsured, and does it cover a UPCC/appropriate same-day options while waiting for attachment.

7.4 Highest Priority Primary Health Care Service Gaps

Like the 2019 CHNA, study participants response across all survey tools identified the following as the most significant primary care service gaps/priorities within the Esquimalt catchment area. When asked for suggestions for moving forward, participants provided the following strategic groupings and prioritization of themes. Suggested policy options scenarios are offered as opportunities to move forward to reduce the challenges faced by the residents of Esquimalt in seeking health care services.

The following section is to be read in conjunction with the 2019 CHNA, Section 7.0 Development of Scenarios To Deliver Future Primary Health Services in Esquimalt (pages 53 to 55). This section set out **three potential scenarios designed to achieve a rethinking of the system**, similar to what is proposed herein. In exploring these proposed scenarios, the strategic goals and principles of population primary health care model and the 'what if' and 'so what' and 'now what' prototypes will require in-depth discussions with the Mayor, Council, CAO and the people of Esquimalt to prioritize the models and approve the implementation/roll-out.

1. Access Breakdown

Listed below are the root failure structural failures cited by respondents across all survey instruments highlighting the reasons why residents are forced to rely on emergency services and fragmented care leading to high healthcare costs.

Theme	# Respondents	Commentary
Use of emergency department	60.8%	Highest frequency; reflects system overuse and risk
Access to Family Doctor	25.3%	Chronic GP shortages, retirement, being unattached 5+ years
Access to Walk-in/Urgent Care	15.2%	Daily scramble, inaccessible for newcomers, vulnerable population groups, frail elderly, and people living with mental health issues and disabilities.
Clinic Full/No New Patients	10-15%	Clinics rejecting all new requests, worsening inequities, many who were attached to a clinic, cited paying membership or subscription fees ranging between \$1200 to \$10K annually.
Access to Diagnostics	5-7%	Respondents cited severe bottlenecks for MRI, CT scans, and bloodwork.
Surgical Wait Times	18.6%	Many respondents cited having to wait for hip, knee, cataract and other surgical services. Some cited 6-18 months for a hip or knee replacement x-ray and assessment.

Priority Level: CRITICAL

These failures cascade into overuse of emergency rooms, worsening chronic disease, and inequity for youth, seniors, Indigenous Peoples and Immigrants. These population groups encounter most of the core system's dysfunctions.

Representative Quotes:

- "I don't have a doctor. Now the only way to get help is when I'm screaming in pain at the ER."
- "The urgent care clinic tells me they are full 60 seconds after opening."

Suggested Policy Option Scenarios

Problem: Overuse of emergency rooms, no uptake in attachment to family doctors, walk-in clinics closed and/or phone first clinics are at capacity within 15 to 20 minutes of opening clinic, long waits everywhere, and people leaving the emergency department without being seen by a clinician.

- **Status Quo:** Continue with no GP attachment strategy, increase use of emergency department, and unmanaged chronic illness.
- **Scenario 1: Invest in Same-Day/Next Day Appointment Access Model:** Redesign UPCC to include longer hours, same day/next day appointment, in-person, virtual care optimizing resources across the CRD using team-based care, pooled GPs + NPs for walk-in replacement.
- **Scenario 2: Restore GP Attachment Model:** Incentivize GPs to take panels of patients with administrative/information management support utilizing a 'hub and spoke' model (e.g., Physician Network Model (UK))
- **Scenario 3: Mobile Clinics or Nurse-Led Drop ins:** Reach priority populations (youth, housing insecure, wound management and for people living with disabilities, house-bound, and palliative care treatment.

2. Mental Health System Gaps

Specific concerns disaggregated by population—comments referenced all age groups.

Theme	% Respondents
Youth Mental Health	16.8%
General Adult Mental Health	12.5%
Named Diagnoses (e.g., ADHD, Mood & Anxiety, PTSD)	8%
Suicidal Ideation	1 (flagged in Q2 of Door Knocking Survey)

Priority Level: HIGH

High emotional weight and repeated mentions of long waits, lack of coordination, especially in having to call the crisis help-lines (Kids Helpline, 988 Crisis, 811 Nurses Help Line, etc.), and having to repeatedly give your information, with no continuity of care provider, and the absence of Esquimalt community-based youth or adult services. Many mentioned that they see

the absence of local-based mental health support or services, as both a driver of emergency department visits and social decline (violence, use of drugs, alcohol or cannabis, or other substance use, and housing instability).

Representative Quotes

- “My son’s been waiting 8 months for an appointment.”
- “We have no mental health unless we are mentally fit—a difficult balance.”

Suggested Policy Option Scenarios

Problem: Youth mental health and adult services are absent, fragmented or inaccessible especially for vulnerable population groups who are living rough, or seniors encountering isolation or loneliness challenges as a result of the lack of connections.

- **Scenario 1: Crisis-Oriented System:** Wait until a person reaches acute risk before services kick in—need to move to prevention of early identification/early intervention model.
- **Scenario 2: Collaborative Community-Based Stepped-Care:** Co-locate youth mental health, housing, and peer services including school-based counselling, collaborating with corporate donors to implement for example, a ‘youth lean-in circle’ in the schools and in community health centers (see UK model).
- **Scenario 3: Virtual + In-Person Hybrid Clinics:** Reduce geographic barriers, especially for youth, people living with mental health, vulnerable groups especially those living rough, people with disabilities, ageing adults experiencing isolation, loneliness or depression, and for families experiencing abuse, domestic issues related to stress or financial issues.
- **Scenario 4: School-Based Mental Health Strategy:** Embedding Evergreen School Mental Health Frameworks in high-need schools focused on prevention, reduction of social media, etc. collaborating with teachers, mental health counsellors and working with school-police to flag high risk youth and to reduce bullying.

3. System-Level Failures

The table below reflects the structural or policy-level blockers to improvement cited by respondents across all survey instruments.

Theme	% Respondents
Systemic Failure	30%
Licensing/Recruitment Barriers	10%
Policy Misalignment (i.e., health/housing mismatch)	5%
Lack of communication especially with local government	20%

Priority Level: HIGH-LEVERAGE

These didn’t show up as often, as some of the other factors, but they explain why other problems persist. These are the upstream levels: regulatory barriers, fractured system, no

succession planning for retiring GPs, or physicians closing down their practice and/or moving to another practice. More importantly, the lack of communication impedes individuals from navigating the system thus leading to cost inefficiencies and ineffectiveness impacting the health of the community.

Representative Quotes

- “My doctor retired, and no took us on. Now there is no plan.”
- IMGs can’t get hired here unless they move to the Yukon.”

Suggested Policy Option Scenarios

- **Scenario 1: Enable International Medical Graduates (IMGs):** Work with BC Ministry of Health, Doctors of BC to remove BC only barriers (e.g., Yukon – only offers, Saskatchewan where government selects locations for incoming physicians and clinical resources to live and work).
- **Scenario 2: Regional GP Succession Planning:** Collaboratively Work with Doctors of BC to collect data related to incoming/exiting/retiring plans for local Esquimalt physicians to assist in communication to existing patients, records handling and re-attachment.
- **Scenario 3: Mandate Health Authority-Local Government Coordination:** Planning and communication clauses.
- **Scenario 4: Transparency Reporting:** Require Island Health to report on clinic capacity and recruitment efforts (e.g., dashboards, community websites, UBCM/CRD for broader regional data).

4. Cost & Equity Barriers

Themes pointing to out-of-pocket costs and access stratification.

Theme	% Respondents
Subscription/membership Fees	6-8% est.
Unaffordable Dental & Diagnostics	Named in Quotes
Youth and Low-Income Families	Consistently mentioned

Priority Level: MODERATE TO HIGH

Equity gaps are clear. Payment based access and lack of public options reinforce class divides. Especially harmful for seniors, parents and youth.

Representative Quotes:

- “I pay a monthly fee just to be allowed into the clinic.”
- “Healthy food is too expensive. My 11-year-old has never had a full physical.”

Suggested Policy Option Scenarios

- **Scenario 1: Ban Subscription/Membership Fees** for primary care access under BC MSP.
- **Scenario 2: Expand MSP to cover mental health** and allied health (counsellors, etc.).
- **Scenario 3: Work with partners to publicly fund community dental hubs** (e.g., Federal Government Dental program for seniors).

5. *Preparing Esquimalt's Health, Safety, Housing,& Urban Systems for 2025–2030*

Priority Level: High to Critical

Problem: Population ageing is more than a care issue. Esquimalt's demographic shift is no longer an abstract trend. Between 2019 and 2025, population ageing has become a structural force shaping the community's future — not only in health and housing, but across every domain of urban life. **The evidence is clear: ageing is not just about “seniors’ services” or ageing in place.** It directly impacts:

- Emergency response and public safety
- Primary care and mental health access
- Neighborhood design, housing supply, and affordability
- Mobility, transportation, and intergenerational infrastructure
- Community connection, loneliness, and social cohesion
- Municipal finances and demand for services

Rather than planning for older people, Esquimalt **must now plan with ageing as a central systems challenge**—one that will define its readiness, resilience, and equity from 2025 to 2030.

Suggested Policy Option Scenarios

- **Scenario 1:** Connect demographic trends to seek funding models that treat housing and health as interdependent systems—a shift from silo-based services and supports.
- **Scenario 2:** Seek out technology or various tools to help individuals to maintain their independence and safety while safely ageing in place. For example, smart home systems for accessibility and convenience, remote health monitoring for proactive care and communication technologies for staying connected achieved by partnering with a local business specializing in security systems and other devices aimed at safety and quality of care.
- **Scenario 3:** Collaboratively partner with local organizations to support community-based transportation and caregiver programs, especially in seeking out facilities for respite, day programs, and fitness/testing for aids in daily living.

8.0 Key Challenges & Solutions

8.1 Community Health Issues

The 2025 Community Health Needs Assessment survey components **revealed several overlapping health issues for residents** living in the Township of Esquimalt. The following list outlines the **key issues** that were identified across the multiple survey findings.

- **Access to Primary and Urgent Care:** Participants ranked access as the most pressing health issue facing the community and the top three barriers to care were lack of physicians, ability to pay out-of-pocket expenses, and the inability to navigate the healthcare system.
- **Chronic Health Conditions:** Residents across all age groups with chronic conditions face fragmented care, often defaulting to emergency department or Emergency Responders.
- **Mental Health & Isolation:** Depression Post-Covid was ranked as a significant health issue facing the community, especially for youth, adults, and ageing adults. Late-life depression, grief, and cognitive changes are rising but remain under supported. Older adults may not meet crisis thresholds yet still suffer.
- **Housing Affordability & Suitability:** Older renters and homeowners are ageing in units that are unaffordable or not adaptable, leading to safety risks or forced displacement. Moreover, infrastructure upgrades are not keeping pace with demographic needs.

Participants in 2025 **affirmed 2019's** central finding: **access to timely, person-centered care** remains the top priority. Barriers—**workforce shortages, wait lists and affordability gaps**—are most acute for low-income residents. Solutions proposed in 2019 still apply and were strongly endorsed:

- **Stepped care and Hub 'n Spoke Delivery Model**
- **Rapid-access/mobile/evening clinics**
- **Virtual Care – Expansion of UPCC**
- **Self-Management Supports**

We also heard a clear call to **measure outcomes consistently, coordinate data across jurisdictions and centre Indigenous wellness** with culturally safe, trauma- and violence-informed approaches. COVID-19 amplified needs but also accelerated workable tools (i.e., virtual care, centralized intake, stepped-care platforms).

Role of the Township: while not a healthcare provider, the municipality is accountable for community health intelligence to inform and influence funding for clinical and capital resources.

The **recommendations set out in this section** translate these priorities into **immediate municipal levers** and **long-term partner actions**—shifting from **study to action**.

8.2 Using this Population Community Intelligence Beyond 2026

Finally, though stakeholders rarely named “ageing” as a standalone issue, many of their concerns reflect the pressure of an ageing population on every aspect of service delivery. Housing gaps, unmet mental health needs, strained emergency services, and caregiver burnout all intensify when demographic ageing is ignored in planning. This reinforces the CHNA’s conclusion: ageing is not a theme — it is a context. Planning for 2026–2030 must account for this, not only in health or seniors’ portfolios, but across housing, safety, infrastructure, and urban development.

8.3 Recommendations—Short-Term (Oct-Dec 2025)

1. **Town Hall + Scenario/Simulation Workshop (co-design).** Convene partners and residents to prioritize options for change using simple scenario planning and simulation exercises (impact, risk, social impact, cost). **Output:** a draft roadmap for implementing the selected changes with a risk/options matrix, roles, responsibilities and timelines.
Owner(s): Township (Chief Administrator Officers/Planner) with Island Health, South Island Division of Family Practice, CFB Esquimalt and other identified community partners.
Timeline: Launch by Q4 2025: Publish prioritized options by Q1 2026.
Evidence: Q45 Top Issues + Q14-Q16; KII Survey comments, Ageing Matters, April 2024.
2. **Primary-care access package (Attachment + Equity).** **(1)** Run Attachment and Navigation Days at community hubs (on-site forms/translation, booking into longitudinal care); **(2)** Advocate and track membership-fee uptake: send formal letters to BC Ministry of Health and Federal Minister for Seniors/MP; start a local, de-identified track to hold those charging membership/subscription fees accountable, and **(3) identify seniors living on fixed incomes who are disproportionately impacted** by the high cost of living and unable to absorb increased costs for housing, food, medical equipment, mobility aids and other necessities for healthy ageing.
Owner(s): Township of Esquimalt + Island Health Primary Urgent Care Clinics, walk-in clinics across the Greater Victoria Area + BC Seniors Advocate Office.
Timeline: Q1 2026
Evidence: Door Knocking, Online, CFB Esquimalt Q15-Q16; Q-45; KII Survey comments.
3. **Low barrier mental health supports.** Add walk-in counselling hours, after-hours pilot and culturally safe options; integrate caregiver support. For example, Foundry Victoria, a comprehensive health and wellness center offering services to youth aged 12-24 and their

families, including mental health and substance use support, primary care, peer support, and counselling.

Owner(s): Island Health + community Mental Health partners; Township (space grants).

Timeline: Q4 2025

Evidence: Door Knocking, Online, CFB Esquimalt Q15-Q16; Q-45, Kiosk & KII Survey comments.

4. **Ageing-in-Place Quick Wins in Hotspots.** Target Esquimalt Village, Colville, Craigflower, Rockheights for benches, crossings, lighting, wayfinding; launch home repair/retrofit microgrants and caregiver-respite navigation.

Owner(s): Township of Esquimalt's Engineering/Planning Departments; identify community partners and collaboratively work together to seek grants from Ministry of Health, Housing and Seniors (e.g., homeowner grant, low-income grant supplement)

Timeline: Start Q1 2026

Evidence: Neighborhood Intelligence, Housing/repair indicators, Township of Esquimalt Ageing Report (2016), *From Shortfall to Crisis: Growing Demand for Long-Term Beds in B.C.* (July 29, 2025)

5. **Municipal Health Dashboard (MVP).** Publish a simple community wellness that highlights the wellness and inclusiveness of Esquimalt's community in human and environmental health, healthcare, mental health and public safety. Examples of dashboard information comparing year over year attachment, time to first appointment, ED/ACSC by age, membership/subscription uptake and *Sense of belonging to local community; Perceived mental health as 'very good or..., Perceived health as very good or excellent'*. Comparison to include Current; Previous Year; Preferred Trend; Reporting date

Owner(s): Township + Island Health Analytics +MOH & Office of the Seniors Advocate

Timeline: Start MVP Q2 2026

Evidence: Esquimalt Township CHNA (2019 & 2025),

<https://health-infobase.canada.ca/health-of-people-in-canada-dashboard/>.

Several Canadian municipalities utilize community dashboards to track and visualize health and social indicators, including health, social and urban determinants, and often compare them to provincial, municipal or regional averages. Examples include Niagara, Vancouver and Toronto. The Niagara Region's Community Dashboard (NRCD) uses key indicators to monitor and share important information about its community and the Region's programs and services. The NRCD tracks data over time, telling the Region what they are doing well, and where more focus and attention is needed to address taxpayers' health and wellness needs. The dashboard groups indicators into four themes to give a snapshot of the community and regional services.

6. **Transportation & Access Micro-Solutions.** To address transit coordination challenges for medical and respite appointments, highlighted as a major challenge across the Township of Esquimalt, micro-solutions could involve expanding technology for ridesharing, volunteer driver programs, and integrating transportation services into existing health and social service networks. These approaches can improve access and reduce appointment no-shows, particularly for vulnerable populations (people living with disabilities, or mental health or ageing adults). Utilizing telehealth as an alternative to in-person appointments reduces the need for transportation altogether.

Owner(s): Township of Esquimalt + partners (Thrive, BC Transit—Victoria Regional Transit Commission, Island Health, South Island Division of Family Practice and the National Initiative for the Care of the Elderly (NICE))

Timeline: Q4 2025 – Q2 2026

Evidence: Door Knocking, Online, CFB Esquimalt Q-45, Kiosk & KII Survey comments.

8.4 Recommendations: Long Term (March to October 2026+ 2028)

1. **Embed a Primary Care Recruitment & Retention Strategy in the OCP.** Zoning and space enablement for clinics, tenancy supports and coordinated recruitment with Province, Doctors of BC, Nurse Practitioners Association, Psychologists of B.C. and other key stakeholders.

Owner(s): Township + Island Health + Province

Timeline: 2026 OCP update window

Evidence: Access/attachment findings; Key Informant Interviews, Door Knocking, Online, CFB Esquimalt and Kiosk responses, *Esquimalt CHNA, May 2019*.

2. **Multi-Agency Access Hub.** A local hub for navigation, attachment, Mental Health supports, seniors' services and community policing liaison.

Owner(s): Township + Island Health + community partners.

Timeline: 2025-2026 site and partners; open by late 2026.

Evidence: Top Issues identified in all survey tools, Neighborhood Intelligence, *Esquimalt CHNA, May 2019*,

3. **Seniors Public Safety Officer (with Public Safety).** Focus on isolation checks, falls prevention, scam prevention, navigation to supports.

Owner(s): Township Public Safety; partners

Timeline: 2026 pilot

Evidence: Ageing hotspots; survey themes, *Esquimalt CHNA, May 2019*, *Esquimalt Age-Friendly Assessment, August 2016*

4. **Accessibility and Age Friendly Capital Plan. Improve access to community-based supports to help ageing adults remain at home longer.** Eliminate or reduce barriers to accessing the provincial home support program of retrofits and public realm upgrades and a broader range of publicly funded subsidies housing options in hotspot Neighbourhoods; include home repair/retrofit partnerships.
Owner(s): Township Engineering/Planning/Ministries of Health, Infrastructure and the Office of the Seniors Advocate BC, MP Seniors for Sooke, Esquimalt & Langford
Timeline: 2025-2026 design, implement post 2026
Evidence: Neighborhood Intelligence, housing repair indicators, Office of the Seniors Advocate Report *From Shortfall to Crisis: Growing Demand for Long-Term Care Beds in B.C. (July 2025)*, Esquimalt CHNA, May 2019, Esquimalt Age-Friendly Assessment, August, 2016

5. **Recreation access Refresh.** Affordability options, hours and programming tuned to seniors/ageing adults/caregivers/people living with disabilities and newcomers.
Owner(s): Township, Department of Parks & Recreation, and community partners.
Timeline: 2026 program changes
Evidence: Door Knocking, Online, CFB, Kiosk Participants and Key Informant Interview comments and responses, 2019 Esquimalt Community Health Needs Assessment

6. **Housing and Ageing-in-Community Pilots.** Explore co-housing in West Bay and supportive/assisted options aligned to ageing hot spots identified in Neighborhood Intelligence and collaboratively with developers/builders use the data to build purposely built homes to accommodate to enable ageing in place in affordable or non-market seniors housing in Esquimalt.
Owner(s): Township, CRD, non-profit housing service agencies, Victoria Real Estate Board, Ministries of Housing and Infrastructure and community-based developers
Timeline: Feasibility 2025-2026
Evidence: Neighborhood Intelligence, Door Knocking, Online, CFB, Kiosk Participants, KII comments and responses, Capital Regional District Housing Needs Assessment, *Township of Esquimalt, October 2020*, Township of Esquimalt, Development Services, *Esquimalt Age-Friendly Assessment, Aug 2016*, and Township of Esquimalt's Planning Dept *Relationship Between Population & Number of Dwelling Units, April 2025, Esquimalt CHNA May 2019*.

7. **Ageing and Primary Care Reset *simulation scenarios and the reframing of reducing or eliminating care costs (ER/hospital visits/reduced medical prescriptions/referrals).***
 **What if?** The Esquimalt UPCC was restructured to expand its hours and functioned as an Urgent Center instead of a Primary Care Center, offering same day/next day and virtual care appointments?

How would this reduce emergency department visits, people leaving the ED without being seen? Shorter wait times to see the doctor? What if the UPCC provided patients of all ages with social prescribing?

-  **What if?** In collaboration with other local medical centers, a nurse practitioner, pharmacist, mental health counselling, and Team Based Care was embedded in a coordinated care network (hub and spoke) would this lead to reduced ER visits, shorter wait times, improved health for the people of Esquimalt? What is the impact on ER visits, hospital bed days, wait times, care costs and public safety by 2030?

-  **What if?** 50% of households in Craigflower and Rockheights receive ageing-in-place retrofit grants versus no investment? What is the impact on emergency response services, 911, care costs and public safety?

-  **What if?** Municipal staff and Council collaborated with local partners on housing typologies that combine safety, walkability and community engagement—especially in Neighbourhoods with high percentages of seniors and people living with disabilities projected by 2030?

-  **What if?** Mayor and Council’s consideration of a joint approach with the Ministries of Health, Mental Health and Housing to:
 - Fund retrofit and renovation grants that enable seniors to age in place.
 - Tie those grants to neighborhood-specific assessments of need and readiness.

-  **What if?** In conjunction with physician/NP social prescribing, decommissioned schools or community halls were repurposed into drop-in seniors’ hubs. These facilities could provide:
 - Low barrier access to meals, programs that promote exercise, medication management, connections, health navigation, and social support.
 - A safe and social anchor to connect in ageing Neighbourhoods.
 - A proactive response to survey findings about loneliness, food insecurity and service fragmentation.

Linking planning with the 2019 and 2025 CHNAs intelligence to tangible solutions—including housing, health access and public safety—the Township of Esquimalt is positioning itself to be a proactive innovator in aligning demand for services with evidence-based data to inform and influence the appropriate funding and resources to meet the needs of the community.

9.0 Moving Forward

The 2019 CHNA and the Refresh 2025 CHNA have identified strategic areas that are shown to impact the health and quality of life of the residents of Esquimalt. The findings of the Refresh 2025 CHNA are considered with the action steps set out in the 2019 CHNA (page 8) to clearly understand the scope, opportunities and priority for implementing the suggested roll-out of the recommendations set out in this report. The following actions listed in order of priority have been modified to incorporate the results of the Refresh 2025 CHNA report.

Moving Forward — Priority Actions

1. Engage external consultants to co-develop a Primary Care Service Plan and a Recruitment & Retention Plan, with operational and project plans to implement CHNA recommendations—including partner identification, funding sources, and commitments to infrastructure and human resources to increase resident attachment.
2. Partner with the Ministry of Health and Island Health to explore and scope the expansion of the Esquimalt Urgent Primary Care Centre (UPCC); incorporate comparative findings (GVA's six UPCCs and Alberta/Ontario/U.S. urgent care) to quantify capacity, attachment, and ED-cost reduction opportunities.
3. Develop short-term “what-if” scenarios and build simulation models with the Ministry of Health, Island Health, First Nations Health Authority, and SIDFP to test an expanded UPCC (walk-in access, attachment pathways, longitudinal mental-health support, and virtual care).
4. Continue collaborating with Lexi Development to finalize the medical centre at 899 Esquimalt Road, aligning the final design with this report's findings and unmet community needs.
5. Identify key stakeholders and co-create a Township-wide partnership engagement strategy; engage residents and the business community at all stages of implementation (aligning data practices with OCAP® and confidentiality requirements).
6. Agree with the Ministry of Health, SIDFP, and the Nurse Practitioner Association to assess and plan a Collaborative Community Care Model; develop scenarios and a simulation model building on the 2019 hub-and-spoke designs (Appendices E & F) to optimize resources and increase attachment.
7. Engage the consultant to establish the baseline and metrics of moving to a Collaborative Community Care Model and UPCC expansion; identify risks and benefits and set potential attachment targets.

Appendices

- Appendix A Secondary Data Profile References
- Appendix B Survey Questionnaires
- Appendix C Project Communication Releases
- Appendix D List of Q16 Respondents Selected Chronic Conditions

Appendix A Secondary Data Profile References

Esquimalt Community Health Needs Assessment, Final Report, May 21, 2019, The Pepler Group, Victoria, BC. Available on the Township of Esquimalt's -- <https://www.esquimalt.ca/media/file/community-health-needs-assessment-2019>

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Appendix B Township of Esquimalt Project Communication Letter

DEVELOPMENT SERVICES
HEALTH NEEDS ASSESSMENT REFRESH



REMINDER TO COMPLETE THE ONLINE SURVEY:
<https://www.esquimaltneedsassessment.ca/survey>

March 27, 2025

Dear Resident,

We would like to invite you to participate in an important project to measure the health and wellness of our community. The Township of Esquimalt has engaged Dr. Eileen Pepler of the Pepler Group to complete a Health Needs Assessment Refresh. This project will build upon the findings of the 2019 Esquimalt Health Needs Assessment which provided valuable insight into the health needs of our community.

Between January and April 2025, the Pepler Group team will be conducting interviews, and we encourage you to participate in this important project. As a community we value your input. By participating in the process, you will help us evaluate the services, resources, and programs that address our health needs. Together, we can shape these programs to meet our diverse needs and expand our focus towards disease and injury prevention, and health promotion.

When the Pepler Group team visits your neighbourhood, they will attempt to connect with as many residents as possible to complete personal interviews. If they miss you, they will leave a "Sorry we missed you" card at your door with instructions on how to participate at your convenience in a survey. Your participation is entirely voluntary. Though you will be asked personal questions about your health and your experiences with the healthcare system you will not be asked for any personal identification and the answers you provide will be kept anonymous. Even your address will not be recorded just the street that was canvassed.

We appreciate your support and look forward to sharing the findings with you at a Council meeting in early summer of 2025. Your input can help shape the future of healthcare in Esquimalt.

Thank you for your participation.

A handwritten signature in black ink that reads "Barbara Desjardins".

Barbara Desjardins,
Mayor, Township of Esquimalt

cc. Dr. Eileen Pepler, Pepler Group
Bill Brown Director of Development Services, Township of Esquimalt

Your personal information is collected under the authority of section 26(e) of the Freedom of Information and Protection of Privacy Act (FIPPA). This information will be used for the purpose of Council setting policy that supports and enhances the community's current and future demands for public health care services in Esquimalt. Your participation is voluntary, and your responses will be kept anonymous. Questions about the collection of this information can be directed to development.services@esquimalt.ca.

TOWNSHIP OF ESQUIMALT
esquimalt.ca

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Appendix C Respondent's Thematic List of Chronic Conditions

