Fraser Health Public Board Meeting – September 2025

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Welcome and Introductions

Scott Brolin, Executive Director
Eagle Ridge Hospital and Tri-Cities Health Services

Dr. Gabriela Vasile,
Site Medical Director, Eagle Ridge Hospital

Dr. Carolyn Wonneck
Medical Health Officer

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Land Acknowledgement

We acknowledge with gratitude that we are gathered today on the traditional, ancestral, and unceded territory of the kʷikʷəƛ̓əm (Kwikwetlem) [kwee-kwet-lum] First Nation. We also recognize the shared and unceded territories of the qʼicʼəy̓ (Katzie) [kut-zee], xʷməθkʷəy̓əm (Musqueam) [mus-kwee-um], Sḵwx̱wú7mesh (Squamish) [squ-HO-o-meesh], and səlilwətaɬ (Tsleil-Waututh) [slay-wha-tooth] First Nations, as well as the chosen home of the Golden Ears Métis Society.

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What to expect today

- Welcome
- Stories from our Staff and our Patients
- Public Health Snapshot
- Updates on Strategic Priorities with focus on Tri-Cities
- Listening and Learning

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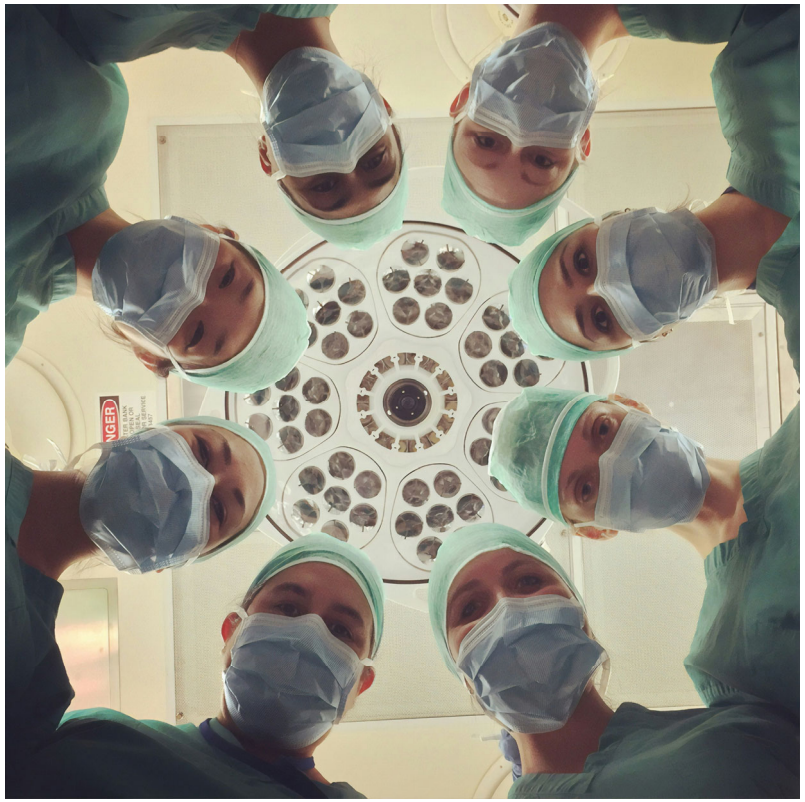
Why this meeting matters

- Space to be transparent on key decisions, challenges and future plans
- Celebrate the people delivering and supporting care every day
- Building connections with the communities we serve



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People First Story

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Traditional Honouring Ceremony

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Patient Experience

"To all of the personnel at the Eagle Ridge Emergency room on August 2, 2025, 15:30 - 21:30: We send this with accolades and appreciation for the care and attention received in the Eagle Ridge emergency. Everyone that attended to my husband from check-in, triage, the volunteers, to the nurses and Drs were attentive and efficient. He was treated with care and compassion and for that we are grateful. While everyone we came in contact was wonderful, I must also mention one of the volunteers that truly stood out. He was so attentive, caring and compassionate towards the comfort of my husband in the waiting room and all others that I noticed him interacting with. "

"From my first interaction, Dr. Beheshti consistently demonstrated exceptional attention, care, and understanding. I also extend my deepest appreciation to two nurses from the C2B unit—Wendy and Gabriela. During the days I was under their care, both showed remarkable kindness, respect, and attentiveness. They exemplified what it means to be a caregiver, and their support left a lasting impression on me. Overall, my experience at Eagle Ridge Hospital reaffirmed that this institution upholds the highest values of care and respect for patients.

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Health in Tri-Cities

Dr. Carolyn Wonneck, Medical Health Officer

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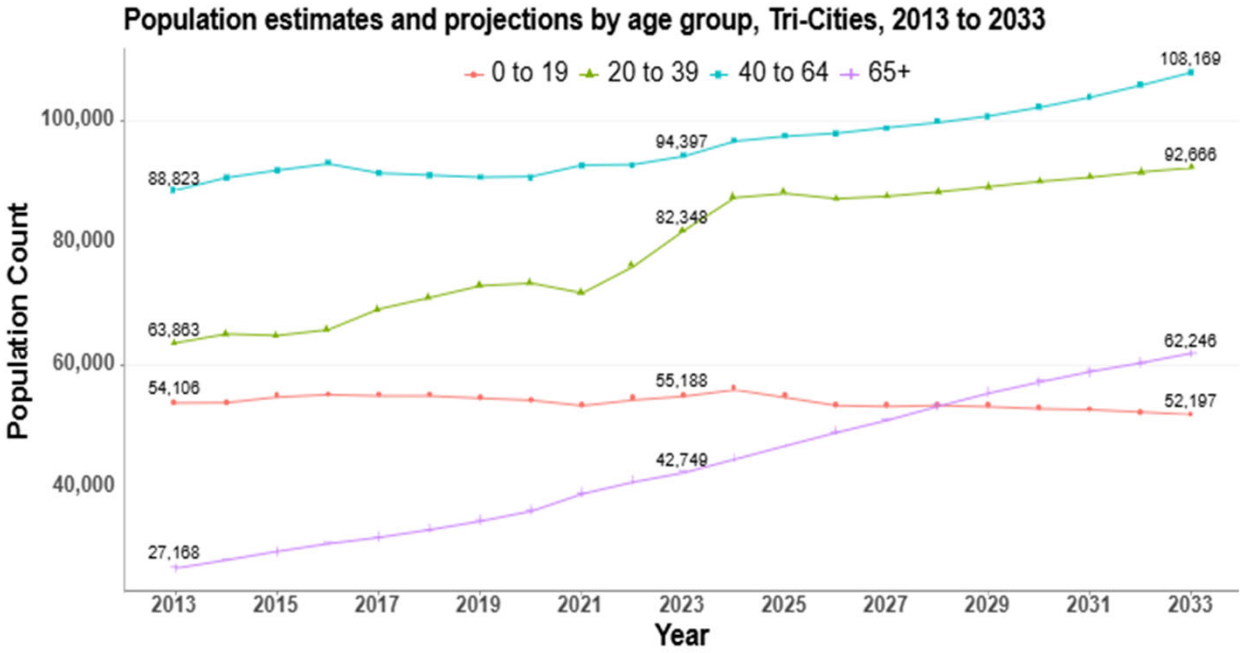
Current Trends in Tri-Cities

- 2023 population: **274, 682**
  - 2033 projected population: 315, 278
- Life expectancy at birth (2022 and 2023 data): **85.3 years**
- Top 5 non-official languages spoken at home:
  - Mandarin: 5.9%
  - Korean: 4.4%
  - Cantonese: 3.7%
  - Persian 3.5%
  - Russian: 1.1%



Data sources:
BC Stats P.E.O.P.L.E. estimates and projections
BC Vital Events Measures, Ministry of Health,
Statistics Canada, 2021 Census

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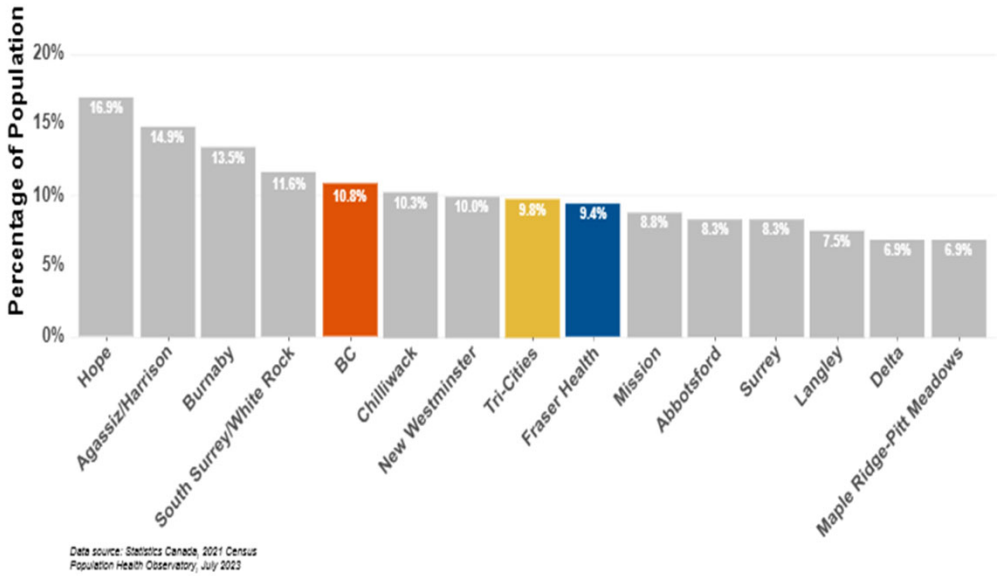
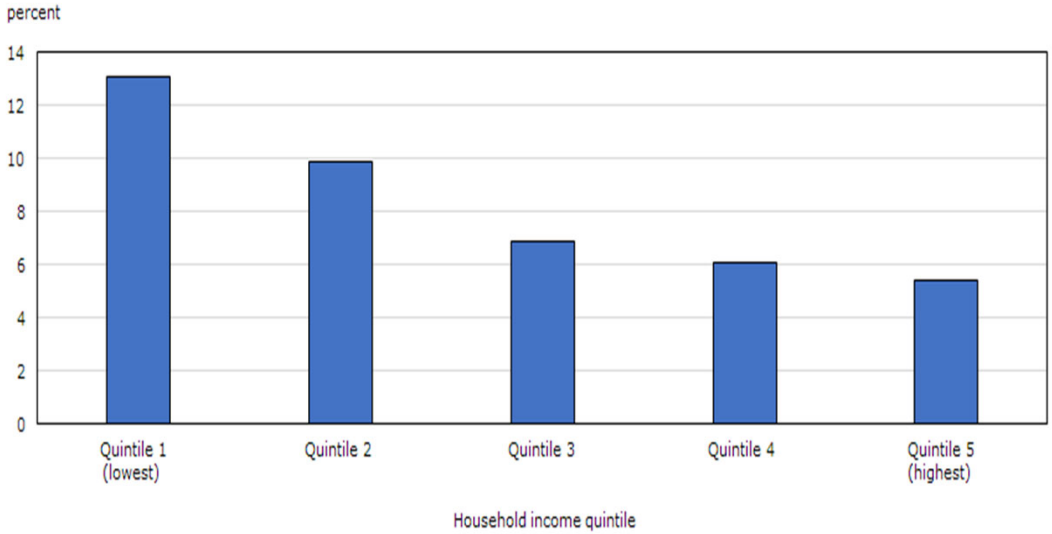
Percent of population with low income, Local Health Areas, Fraser Health, and BC, Census 2021



Data source: Statistics Canada, 2021 Census
Population Health Observatory, July 2023

Multimorbidity (three or more chronic conditions), by household income quintile, Canada, 2021



Note: Multimorbidity is defined as having three or more of the selected chronic conditions: arthritis, high blood pressure, diabetes, cancer (ever diagnosed), heart disease (ever diagnosed), stroke, mood disorders and anxiety.
Source: Statistics Canada, Canadian Community Health Survey, 2021.

Image from: Statistics Canada. Section 1: Health status. In: Canadian Community Health Survey, Annual Component (CCHS). Ottawa: Statistics Canada; 2023 [cited 2025 Sep 8]. Available from: https://www150.statcan.gc.ca/n1/pub/82-570-x/2023001/section1-eng.htm

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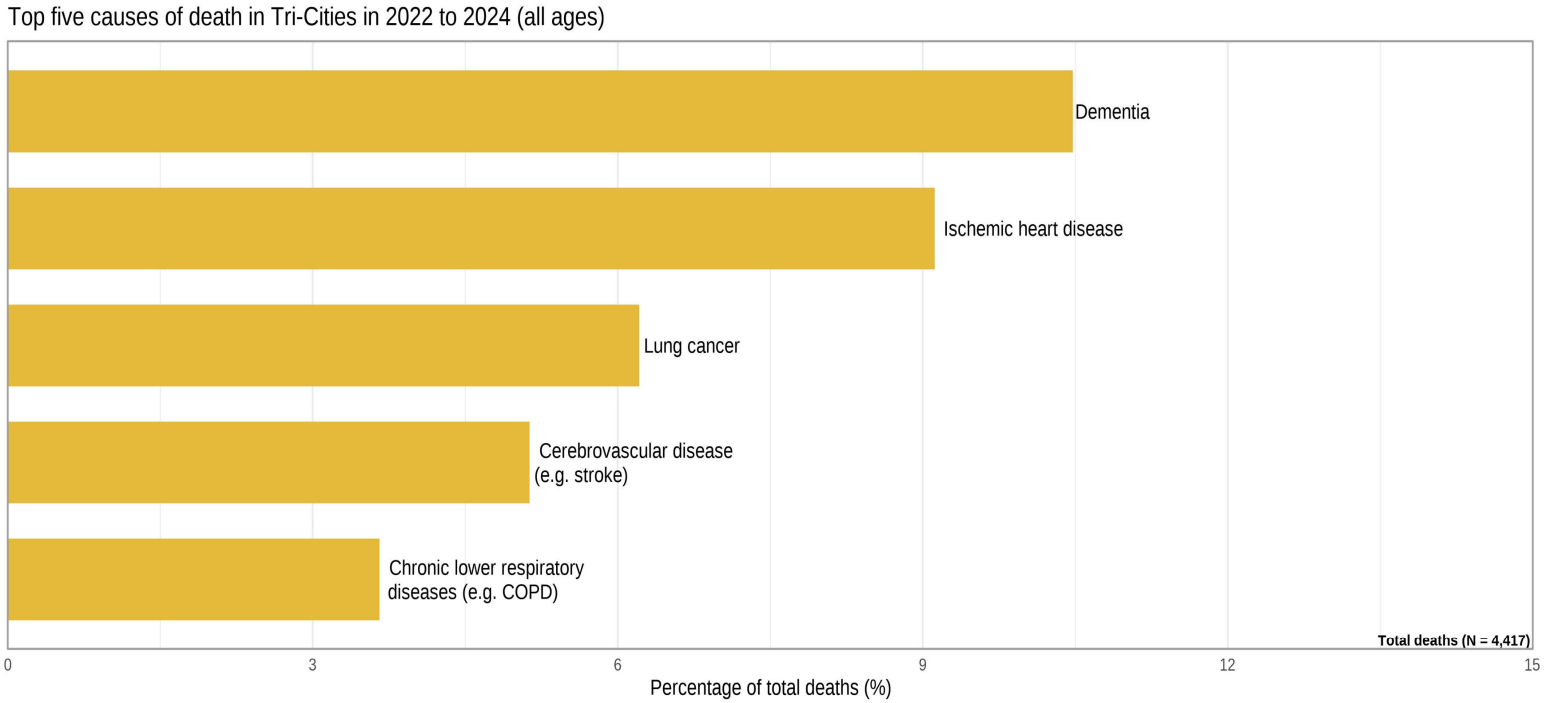
Top Five Causes of Death in the Tri-Cities



Data sources: 1) BC Vital Statistics 2) Unregulated drug toxicity death data is from the BC Coroners Service.
Cause unknown or pending in Vital Statistics data for all ages: 3.4%. The numbers are subject to change as the cause of death data becomes more complete. Unregulated drug toxicity deaths includes both open and closed cases with the BC Coroners Service.
Unregulated drug deaths reported by BC Coroners Service include those involving street drugs (heroin, cocaine, MDMA, methamphetamine, etc.), medications that were not prescribed to the deceased but obtained on the street, from unknown means, and where the origin of drug is unknown.
Local Health Area (LHA) assigned based on location of injury and if unavailable, location is assigned in the following order: place of death if not a medical facility, place of residence if the same township as place of injury, township of injury, place of death if a medical facility, township of death.

*In the Tri-Cities, the majority of deaths are in older adults, but in ages 20-59, we see deaths due to unregulated drug toxicity as one of the top causes; the majority of these deaths are in ages 40-59.

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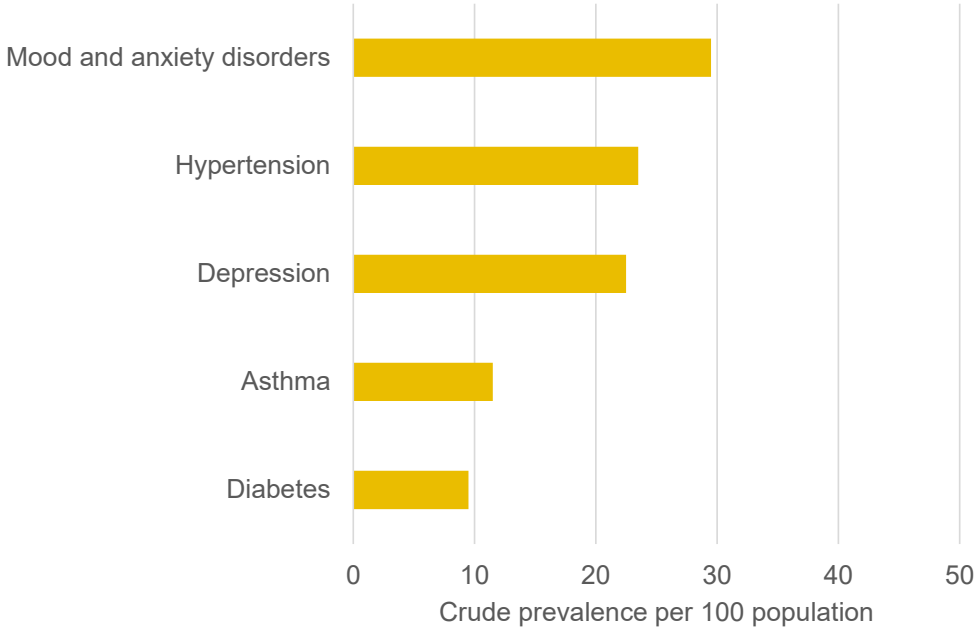
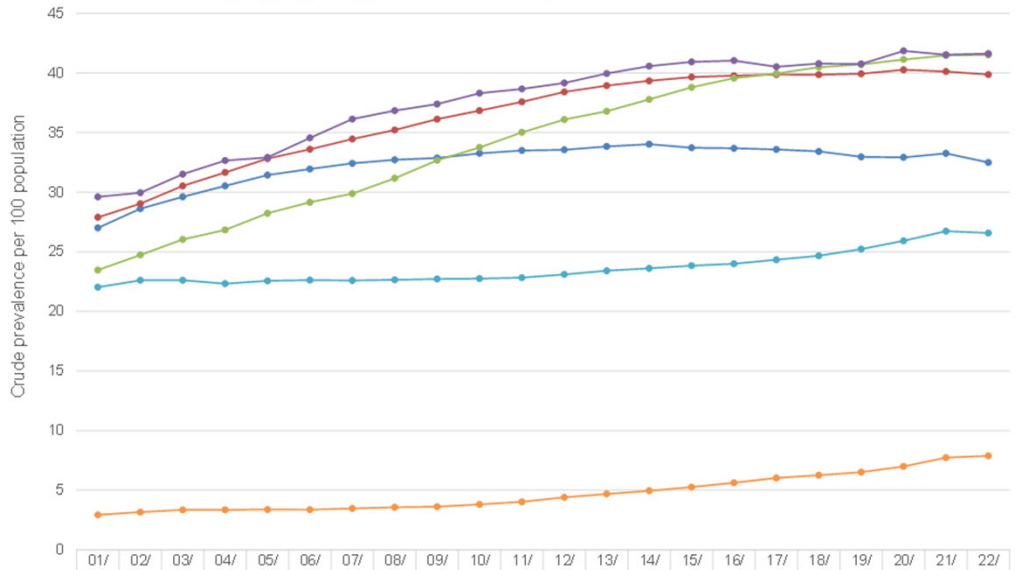
Causes of Illness in the Tri-Cities

Lifetime prevalence per 100 population of selected major chronic conditions, 2023/2024, Tri-Cities Local Health Area



Data source: BC Chronic Disease Registries, British Columbia Ministry of Health

Lifetime prevalence per 100 population of mood and anxiety disorders by age group, Tri-Cities LHA, 2001/02 to 2022/23



	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
1 to 19 years	2.9	3.2	3.4	3.4	3.4	3.4	3.5	3.6	3.6	3.8	4.0	4.4	4.7	5.0	5.3	5.6	6.0	6.3	6.5	7.0	7.7	7.9
20-34 years	22.0	22.6	22.6	22.3	22.6	22.6	22.6	22.6	22.7	22.8	22.8	23.1	23.4	23.6	23.8	24.0	24.3	24.7	25.2	25.9	26.7	26.6
35-49 years	27.0	28.6	29.6	30.5	31.4	31.9	32.4	32.7	32.9	33.3	33.5	33.6	33.8	34.0	33.7	33.7	33.6	33.4	33.0	32.9	33.3	32.5
50-64 years	27.9	29.0	30.5	31.7	32.8	33.6	34.5	35.2	36.1	36.8	37.6	38.4	38.9	39.3	39.7	39.8	39.9	39.9	39.9	40.3	40.1	39.9
65-79 years	23.5	24.7	26.0	26.8	28.2	29.2	29.9	31.2	32.7	33.8	35.0	36.1	36.8	37.8	38.8	39.6	40.0	40.5	40.7	41.1	41.5	41.5
80+ years	29.6	30.0	31.5	32.7	32.9	34.6	36.1	36.8	37.4	38.3	38.7	39.2	40.0	40.6	40.9	41.0	40.5	40.8	40.8	41.9	41.5	41.6

Data source: BC Vital Statistics, British Columbia Ministry of Health

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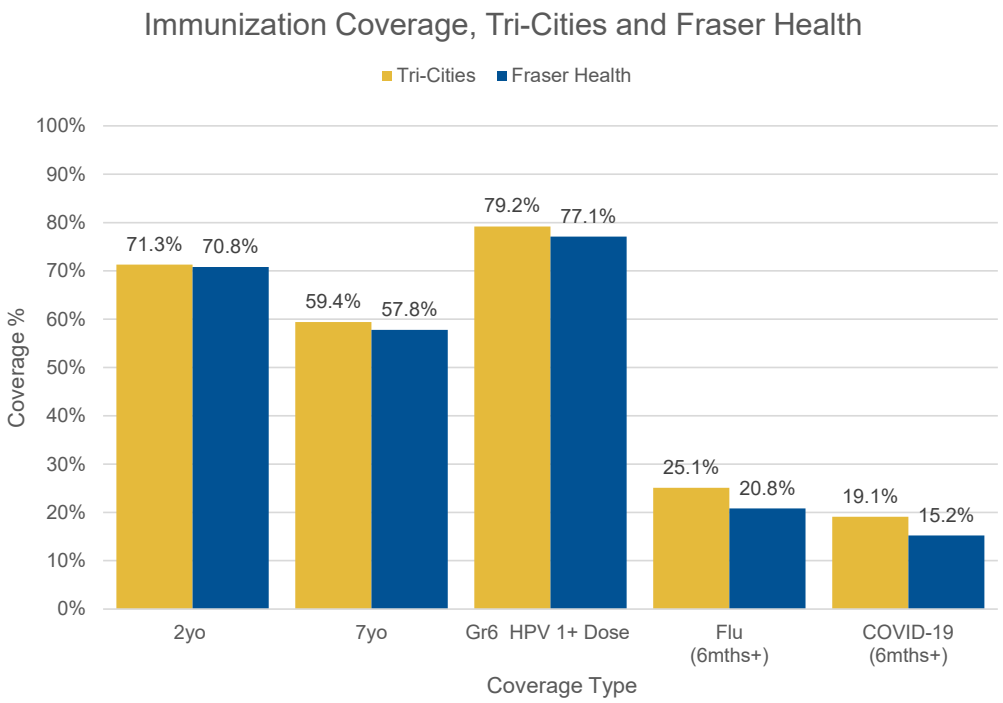
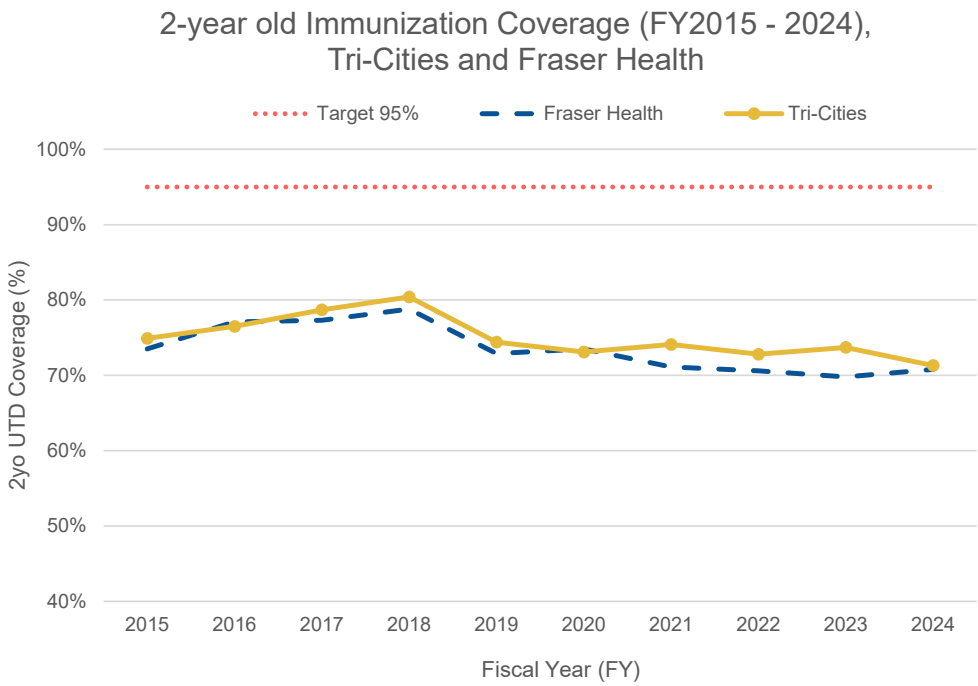
Immunization Rates and Campaigns



Data Notes: 2-year old & 7-year olds - Panorama Coverage Reports (Fiscal Year 2024); Grade 6 Human papillomavirus (HPV) - Panorama VSRR Report August 15, 2025 (School Year 2024-25); Flu & COVID-19 - Paris and PHENIX immunization records June 9, 2025



Data Notes: Panorama 2-year old Coverage Report (FY2015-2024)

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Strategic Priorities in the Tri-Cities

- Updates in community and at Eagle Ridge Hospital

- In partnership:
  - Eagle Ridge Hospital Foundation
  - Eagle Ridge Hospital Auxiliary
  - Fraser Northwest Division of Family Practice
  - Tri-Cities Healthy Community Partnership Table

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Port Moody Urgent and Primary Care Centre (UPCC)

- Permanent site opened in November 2022 for urgent and longitudinal care, location 3105 Murray Street, Port Moody
- Open seven days per week from 9:00 am – 8:00 pm for urgent care - to access urgent care, please call: 604-469-3123
- Team-based care model including physicians, nurse practitioners, nurses, social workers and clinical counsellors
- In 2024/25, Port Moody UPCC:
  - Served 31,229 unique patients
  - Delivered 91,247 patient appointments

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Tri-Cities Foundry

- Fraser Health has been actively involved and partnering with the lead agency SHARE Family & Community Services to open a Tri-Cities Foundry in early 2026 to provide youth (Age 12-24) and their support networks with:
    - Primary Care
    - Mental Health Services
    - Substance Use Services
    - Peer Support
    - Social Services
- We plan to co-locate Fraser Health Mental Health & Substance Use Child, Youth, and Young Adult services at the future Foundry site to enhance integration and collaboration, ensuring youth can access care in a single, coordinated location.

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Eagle Ridge Hospital Updates, Priorities and Innovations

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Listening and Learning

- Questions

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Thank you

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Better health. Best in health care.