5. Health

According to a 2008 report by the Canadian Institute for Health Information (CIHI), health care spending in Canada is $160 billion. This figure translates into a cost per capita of $4,867. Public-sector spending has remained at around 70% of the total for over a decade.[108]

> "The remaining 30% of health care spending comes from the private purse, mostly health insurance providers and individual Canadians' out-of-pocket payments. Total private-sector health care spending was an estimated $47 billion in 2007."[109]

The CIHI reports that hospital care takes up 28.4% of the total health care dollars, drug spending accounts for 16.8%, and physician services for 13.4%. Canada has the second-highest level of total drug expenditures per capita after the United States. Spending on prescription drugs surpasses that of non-prescription drugs, accounting for 84% of total drug spending.[110]

The CIHI report also looks at the implications of Canada's aging population, noting that "population aging would add up to 1% a year to provincial and territorial government health care spending between 2002 and 2026."[111] The report also examines the impact of mental health, mental illness, homelessness, delinquency and criminal behaviour on the health care system.

Health is influenced by many factors including access to health care professionals, to health resources, and to educational information. Individual health and wellness is strongly influenced by age, sex, location of residence, and socio-economic status.

5.1 Live Births to Teenage Mothers (15 – 19 years)

The focus on teenage fertility is due to the potentially disruptive effects of pregnancy and birth on young women, and the possible adverse outcomes to their babies. Teenage

---

[108] Canadian Institute for Health Information, *Health Care in Canada 2008* (Ottawa, Ont.: CIHI, 2008).

[109] Ibid, p 4.

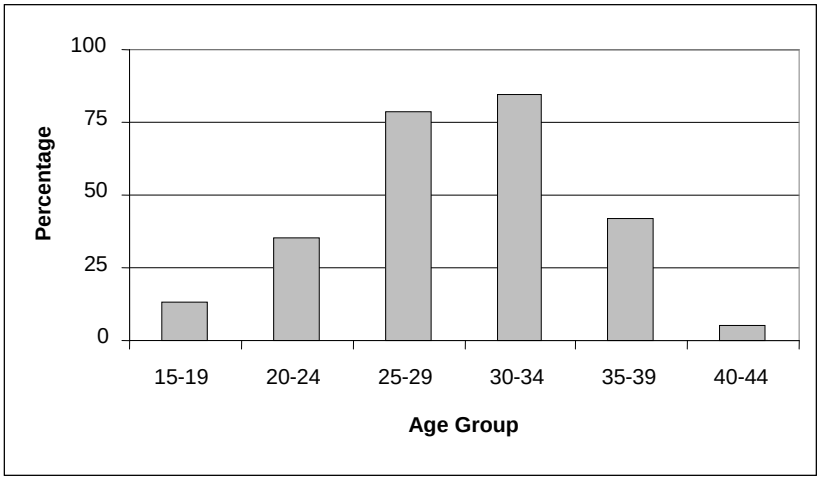
[110] Ibid.

[111] Ibid, p 6.

pregnancy can pose a health and social concern as well as hamper the development and life opportunities of both the mother and her baby.

In the Comox Valley from 2001-2005, there were157 live births to mothers aged 15 to19. This resulted in an Age Specific Fertility Rate (ASFR) of 14.27: the ASFR is calculated as live births per 1,000 women in a specific age group of childbearing years. In 2006, the Comox Valley ASFR dropped to 12.89.

Figure : Age Specific Fertility Rates - Comox Valley 2006



Source: BC Ministry of Health, Vital Statistics Agency, Annual Report 2006.

In BC the fertility rate for 15 to 19 year-olds (10.6) in 2006 was less than the rate for the years 2001 to 2005 (11.1). ASFR statistics for the teenage group from 2001 to 2005 show that, in general, more rural Local Health Authorities (LHAs) have higher ASFRs than the urban LHAs; and LHAs that are more northerly tend to have higher ASFRs than those LHAs that are more southerly.[112]

Among teenage girls across Canada, births have been declining steadily since the mid 1970s. By 2003, the rate of live births among girls between age 15 and 19 was only about one-seventh of the rate for women between age 25 and 34.[113] In 2001/2002, about 4.5% of all births involved mothers under age 20; by 2005/2006 this proportion had decreased to 3.3%.[114]

Related Indicators: Employment and Economy – Lone Parent Families

---

[112] BC Ministry of Health, Vital Statistics Agency. Annual Report 2006: Figure 29.

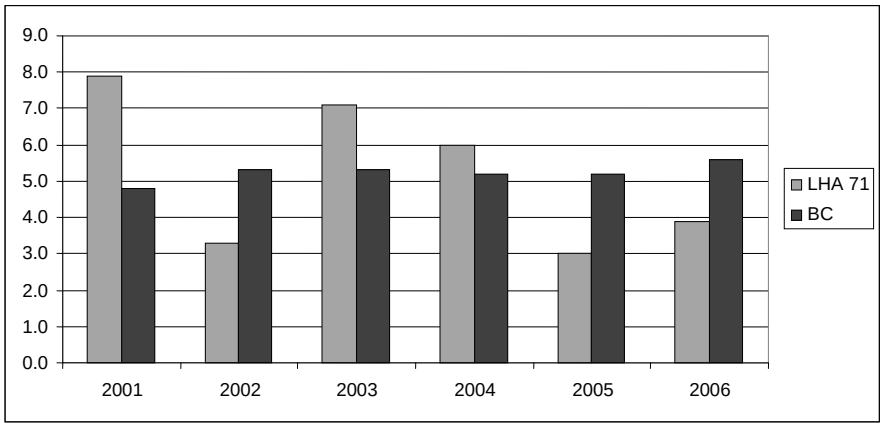
[113] Ibid: Table 10.

[114] Ibid: Figure 29.

5.2 Low Birth Weights

Birth weight for gestational age is the most widely accepted indicator of newborn health, and an important predictor of their subsequent well being. In BC a baby is weighed (in grams) immediately after birth, and weight is used as one of the diagnostic indicators of fetal growth. Although birth weight alone is considered a valuable indicator of an infant's health status, gestational age can provide an indication of potential growth restriction during pregnancy.

Figure : Percentage of Low Birth Weight Live Births to Total Live Births – LHA 71 Compared to BC



Source: BC Ministry of Health, Vital Statistics Agency, Quarterly Digests – Volumes 11-16.

The 3.9% of low-birth-weight live births to total live births in 2006 in Local Health Area 71 consisted of a total of 18 babies born weighing less than 2,500 grams. This percentage is a slight increase from 5.2% in 2005, but there is a steady and significant decrease from 7.9% in 2001. The BC rate for 2006 (5.6%) consisted of 2,322 births below 2,500 grams.[115] Normal birth weight ranges from 2,500 to 4,499 grams.[116]

5.3 Infant Deaths

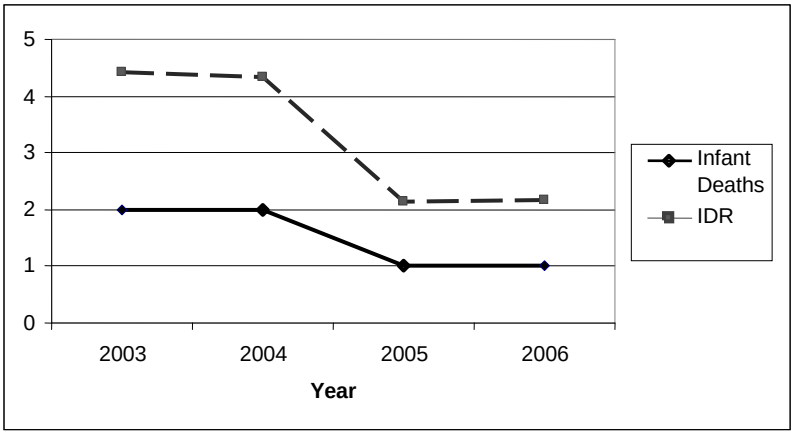
The infant mortality rate (number of deaths less than 1 year old per 1,000 live births) is commonly used as an international indicator of a country's general standard of living and health status. A society's infant mortality rate is associated with socio-economic conditions, access to health care, and the health status of women of childbearing age.

---

[115] BC Ministry of Health, Vital Statistics Agency. Annual Report 2006: Table 16.

[116] Statistics Canada, Births: Definitions. Available at http://www.statcan.gc.ca/pub/84f0210x/2002000/4153280-eng.htm

Figure : Infant Deaths/Infant Death Rates (IDR) - Local Health Authority 71



Source: BC Ministry of Health, Vital Statistics Agency, Annual Report 2006.

The infant mortality ratio in each Local Health Authority (LHA) is the number of observed deaths divided by the number that would be expected if the LHA had the provincial rate per 1,000 live births. Data are collected for the number of deaths in three age ranges (0 to 6 days, 0 to 27 days, and 28 to 364 days), the total number of infant deaths (0 to 364 days), and the infant death rate per 1,000 live births.[117] The most outstanding characteristic of this data is that a very small increase or decrease in infant deaths in a single year can result in a large shift in the rate per 1,000 live births.

BC had lower infant mortality rates than Canada as a whole from 1992 until 2004: the most recent year for which information on Canadian infant mortality rates are available.

There were 166 infant deaths in BC in 2006, or four deaths per 1,000 live births. The rate 20 years ago was just over eight per 1,000 live births, and that has progressively decreased to the rates seen in the last few years.[118]

5.4 Breastfeeding Rates

Breastfeeding provides the essential nutrients for healthy infant development and provides antibodies to protect against infection and allergies. Experts agree that human breast milk contains the optimal balance of nutrients needed for brain and body growth. In addition, it also allows emotional bonding between mother and child, fostering positive child development.

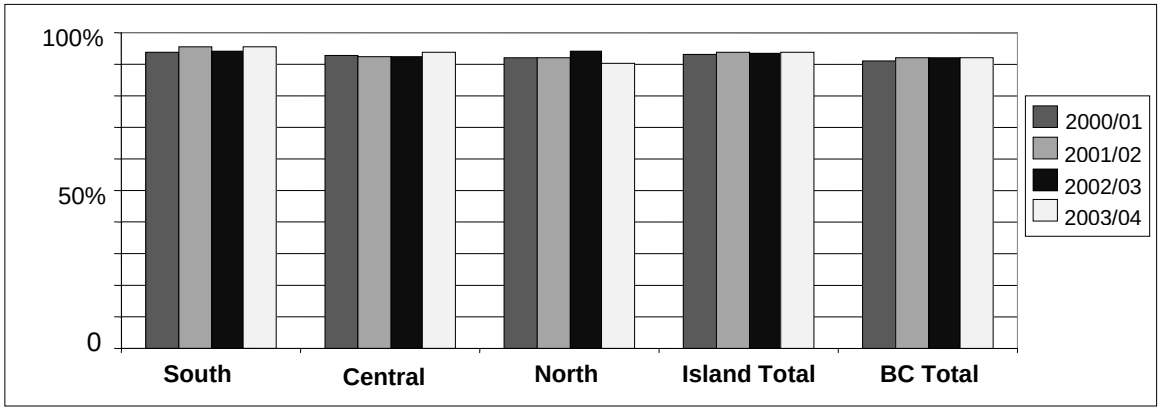
---

[117] BC Ministry of Health, Vital Statistics Agency. Annual Report 2006: Table 26.

[118] Ibid.

In 2003/04 Vancouver Island held the highest rates of breastfeeding at discharge[119] in all of BC's health authorities. Within VIHA, South Vancouver Island had the highest rates from 2000-2004, and North Vancouver Island had the lowest.

Figure : Breastfeeding mothers at discharge on Vancouver Island by Health Service Delivery Area, 2000-2004



Source: BC Reproductive Care Program, BC Perinatal Database Registry Annual Report 2005.

Table : Breastfeeding mothers at discharge on Vancouver Island by Health Service Delivery Area, 2000-2004

	2000/01		2001/02		2002/03		2003/04	
Health Service Delivery Area	Number	%	Number	%	Number	%	Number	%
41 South Vancouver Island	2,435	93.9	2,583	95.5	2,485	94.1	2,650	95.4
42 Central Vancouver Island	1,732	92.6	1,799	92.5	1,742	92.5	1,771	93.7
43 North Vancouver Island	926	92.0	916	92.2	938	94.3	834	90.2
Total Vancouver Island	5,093	93.1	5,298	93.9	5,165	93.6	5,255	93.9
Total BC	35,662	91.1	35,871	91.9	35,833	92.1	35,949	92.2

Source: BC Reproductive Care Program, BC Perinatal Database Registry Annual Report 2005.

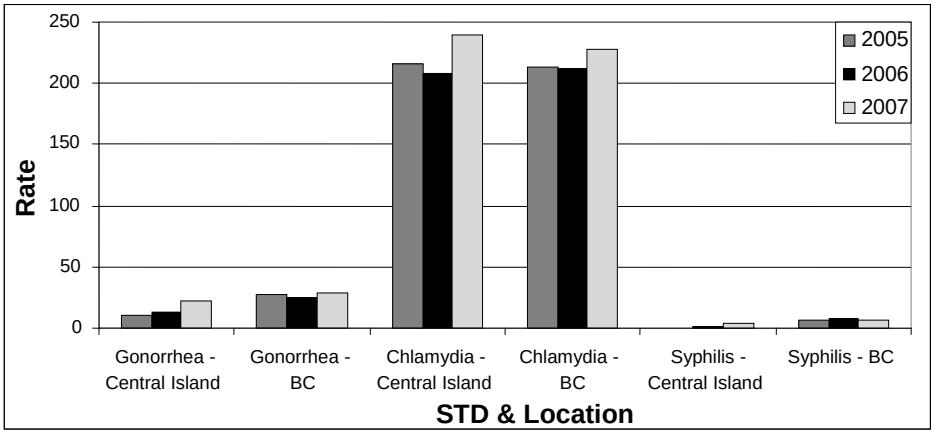
About 70% of infants born in 2005/06 were exclusively fed breast milk while in the hospital. The trend toward breastfeeding has remained strong and fairly constant.

5.5 Sexually Transmitted Infection Rates

In the *BC Centre for Disease Control 2006 Annual Report*, the Comox Valley is considered part of Central Vancouver Island; therefore, the following statistics are for all Central Vancouver Island. Rates given are calculated per 100,000 of the population.

[119] "Breastfeeding at discharge" is defined as the number of mothers breastfeeding any amount of breast milk with or without breast milk substitute (formula) at the time of discharge.

Figure : STD Rates for 2005-2007 - Central Island and BC



Source: BC Centre for Disease Control Stats – Gonorrhoea, Chlamydia, and Syphilis. Cumulative Reports from January to December on Selected Communicable Diseases by HSDA and Previous Year Comparison, Dec07 by HSDA.

The gonorrhoea rate for the Central Island was 22.2 in 2007, up from 12.9 in 2006, and up from 10.7 in 2005. Females between the ages of 20-24 years had the highest rate (64.2) of all women for 2006. This is a decrease from 70.4 in 2005. The highest age group for males (25-29 years) had a rate of 93.7, a reduction from the 2005 of 99.6.[120]

The rate of infectious syphilis increased in BC from 6.8 in 2005 to 7.7 in 2006: reflecting an increase from 291 to 333 cases.[121] The majority of cases occurred among men aged 30-59 and among men who have sex with men, and among sex workers. The rate of infectious syphilis has shown an overall increasing trend since the current outbreak began in 1997. The rate of syphilis in the Central Island for 2007 is up to 3.4 from 1.2 in 2006, and up from 0.4 in 2005.[122]

The chlamydia rate for Central Island was 239.6 for 2007, up from 207.8 for 2006, down from the 2005 rate of 216.6.[123]

---

[120] BC Centre for Disease Control. Cumulative Reports from January to December on Selected Communicable Diseases by HSDA and Previous Year Comparison, Dec07 by HSDA.

[121] BC Centre for Disease Control. Infectious syphilis case reports and rates in BC, 1998 to 2007.

[122] BC Centre for Disease Control. Cumulative Reports from January to December on Selected Communicable Diseases by HSDA and Previous Year Comparison, Dec07 by HSDA.

[123] Ibid.

The newly positive HIV rate decreased in 2006 to 8.4 from 9.4 in 2005, although this decrease is not statistically significant. The greatest number of new positive infections was reported among men who have sex with men. Aboriginals continued to be over-represented in new HIV reports: especially Aboriginal females who accounted for 33.8% of new positive HIV reports. The rate of people testing newly positive for HIV in the Central Island for 2006 is 3.1, down from 4.7 in 2005.[124]

Due to the delays associated with AIDS reporting, this 2006 report includes data on AIDS through 2005 only. In 2005, the AIDS rate in BC remained stable at 2.4 (102 cases), compared to 2.3 (97 cases) in 2004. The AIDS rate reported for the Central Island was 1.9 compared to 0.0 in 2005 and 1.6 in 2004.[125]

Cumulative reports from January to December 2007 for Hepatitis A in the Central Island region account for three out of 42 reported cases for BC. The cumulative reports of 2007 for Hepatitis B (acute) in the Central Island region account for one of the 43 for BC. The Central Island has 10 of BC's 1,255 cases of Hepatitis B (chronic) and 242 of BC's 2,489 cases of Hepatitis C.[126]

2007 rates of infection for Chlamydia in the Central Island increased by 15% from 207.8 in 2006 to 239.6; this is above the 2007 BC rate of 228.0. Gonorrhoea infection rates increased 72% in 2007 from 2006 but are below the BC rate of 29.2. Syphilis infection rates increased 183% from 2006 to 2007 but are below the 2007 BC rate of 6.9. HIV rates for the Central Island decreased while AIDS cases increased during the 2006 reporting period.

5.6 Crisis Support Services

Various programs in the Comox Valley, such as the Crossroads Crisis Centre, Lilli House, Comox Valley Recovery Centre, and the John Howard Society of North Island offer support and resources for crisis and addiction issues.

In February 2009, Dawn to Dawn launched their mobile CARE-A-VAN program that takes healthcare to those who cannot or will not visit traditional healthcare services. This

---

[124] BC Centre for Disease Control. STI/HIV Prevention and Control 2006 Annual Report.

[125] Ibid.

[126] BC Centre for Disease Control. Cumulative Reports from January to December on Selected Communicable Diseases by HSDA and Previous Year Comparison, Dec07 by HSDA.

is a new direction for the Society whose main focus is advocacy and housing for the homeless.[127]

In 2007, the Crossroads Crisis Centre's Crisis Line received 4,770 calls concerning 12,179 problem areas; whereas, in 2002 they received 2,045 calls concerning 3,772 problem areas. [128] Problem areas range from abuse, addiction, suicide attempts, and financial problems, to mental health issues. The Centre's volume of calls from January 2007 to 2008 has doubled since 2002, and the number of problem areas has tripled.

The Comox Valley Transition Society manages the Lilli House, providing support for women and children who seek help with issues of abuse. Historically, over 1,500 women use the Lilli House annually. The house also has one recovery/detox bed for women, the only one in the Valley. The bed is used for either a 14-day detox program, or a 28-day recovery program. Both programs require a referral. [129]

The Comox Valley Recovery Centre aims to rehabilitate chemically dependant males 19 years and over. They have four stabilization beds and 20 support beds. A clinical reason is necessary for access to the stabilization bed (for a period of up to 30 days). Support beds have an occupancy rate of 28-42 days.[130] Even though the Recovery Centre has added two new recovery beds and four new support beds for men, waiting lists are often encountered. There are now two detox beds for youths in the Comox Valley.

The John Howard Society of North Island is a non-profit organization that provides prevention and addiction programs to youths. They have seen more alcohol related problems from January 2007 to 2008 than in prior years. The facility in the Comox Valley now has two detox beds and access to an extra bed in Campbell River.[131] There is also a co-ed substance misuse program offered in East Vancouver at the Peak House that accepts referrals.[132]

Related Indicators: Homelessness and Emergency Shelter Usage

---

[127] Dawn to Dawn web site available at http://dawntodawn.org/. Visited May 2009.

[128] Crossroads Crisis Centre.

[129] Comox Valley Transition Society/Lilli House.

[130] Comox Valley Recovery Centre.

[131] The John Howard Society of North Island.

[132] Peak House. Intake and Referral.

5.7 Mental Health Programs

Mental Health and Addiction Services in the Comox Valley are part of a continuum of local health services in the North Island service delivery area. These services are provided by the Vancouver Island Health Authority. Mental illness is one of the largest contributors to disability.

Mental Health provides two services, one for mental health issues, and one for addictions. These services are housed in separate buildings. The Eureka Club and the Alano Club offer services to approximately 150 members, with a daily drop in rate of approximately 30, and usage rates of 60 or more members per month.

BC Mental Health Association (BCMHA) administers the New Horizons housing complex (funding comes from BC Housing), as well as two supportive living apartments in the Washington Heights area.

Vancouver Island Health Authority provides a job coach to help people get back into the work force. People must book intake appointments to access services because Mental Health no longer has funding or staff to provide walk-in services or counselling. They do offer crisis intervention services through the local crisis line. They also offer one-to-one short and long term services, geriatric adult teams for mental health issues, and addictions teams for addictions.

Mental Health and Addiction Services clients can also access detox and supportive recovery program resources and rehabilitation services that include supportive work and housing components.

Related Indicators: Homelessness and Emergency Shelter Usage

5.8 Suicides

Suicides create a huge loss for the community, because they remind us that social stigmas of mental illness, substance abuse, unemployment, low income, race, and sexual orientation make it difficult for people to reach out when they are struggling or troubled. Our youth and aboriginal peoples are most vulnerable.

1. Suicide is the second leading cause of death among Canadian youth aged 10-24 after motor vehicle accidents.
2. Between 70% and 80% of Canadian youth consider suicide before graduation.
3. In Canada over 25,000 youth attempt suicide annually and over 250 complete.

4. Adolescent females are 4 to 7 times more likely to attempt suicide than adolescent males.[133]

Suicide rates in the aboriginal population are significantly higher than the non-aboriginal rates. Among First Nations youth, the rate is between five to six times higher. Canada has one of the highest rates of youth suicide amongst western nations, and is one of the few developed countries without a mental health or national suicide prevention strategy.[134]

Table : Comparison of the Number of Suicides by Local Health Area, Health Authority, and all of BC

Year	LHA 71	VIHA	BC
2006	8	74	346
2007	7	72	337
2008	11	77	386

Source: BC Ministry of Health, Vital Statistics Agency. Quarterly Digest: Vol. 16-4, Vol. 17-4, & Vol. 18-4. Available at http://www.vs.gov.bc.ca/stats/quarter/.

The "Potential Years of Life Lost" (1,000 population, avg. 2003-2007) due to suicides and homicides in the Comox Valley is 3.7, compared to 3.8 for BC.[135]

5.9 Premature Mortality Rate

From 1992 to 2005, deaths in BC among those under the age of 75 accounted for just over two in five deaths (41.6%); however, four in five deaths (80.1%) from external causes were among those under the age of 75. The total number of deaths attributable to external causes has fallen from 2,027 in 1992 to 1,654 in 2005, and among those under the age of 75 the number of deaths has fallen from 1,629 to 1,457. The share of premature deaths attributable to external causes has fallen from 14.2% in 1992 to 12.5% in 2005. Unintentional injuries account for the vast majority of deaths from external causes: two in three externally caused deaths among those under the age of 75 arose from unintentional injuries.[136]

---

[133] Youth Suicide Prevention Web Site, Canadian Statistics.

[134] Turtle Island Native Network Monthly News Briefs Sept. 2006. Visited June 2009.

[135] BC Statistics, Local Health Area 71 - Courtenay 2008 Statistical Profile.

[136] BC Ministry of Health, Vital Statistics Agency. Annual Report 2006.

Life expectancy for Local Health Authority (LHA) 71 between 2002 and 2006 was 77.8 for males and 83.1 for females. In 2006 in the LHA 71, there were 22 deaths under 75 years of age. The Potential Years of Life Lost Index for the Comox Valley is 1.19 compared to the provincial total of 1,163 deaths representing a Potential Years of Life Lost Index of 1.00.

5.10 Obesity

Obesity is a major risk factor for many chronic illnesses, particularly cardiovascular diseases, type 2 diabetes, and some types of cancer. The increasing rate of obesity in children ages 12 to 17 has many parents and health officials concerned that this generation of kids, for the first time, may have a lower life expectancy than that of their parents. Obesity in children can also cause poor self esteem and social isolation. Childhood obesity often leads to obesity in adulthood, and to a shorter life span.[137]

According to the Canadian Community Health Survey, four million people aged 18 and over were obese in 2007, while another eight million were overweight. Combined, this represented about 40% of the adult population.

Saskatchewan, Alberta and Atlantic Canada had the highest rates of obesity in 2007, ranging from 18% in Alberta to a high of 22% in Newfoundland and Labrador. The lowest rate was in British Columbia, where only 11% of adults were obese.

A Statistics Canada study found that men and women who spend at least 21 hours a week watching television are almost twice as likely to be obese as those who watch five hours or less each week.[138]

Although the body mass index (BMI) is not an ideal measure for all ethnic groups, it helps track obesity rates. Using the BMI, a survey of adolescents in BC (grades 7 to 12) revealed that 78% of youth were considered to be a healthy weight, while 5% were

[137] British Columbia Pediatric Society, Childhood Obesity. Visited June 2009.

[138] Canadian Institutes of Health Research (CIHR), Research About Obesity.

underweight, 13% overweight, and 4% obese. Males were more likely to be overweight or obese than females.[139]

Figure : Body Mass Index in BC Adolescents, grades 7-12.

Trends in BMI weight categories

	Underweight	Healthy weight	Overweight	Obese
Males				
1992	5%	78%	15%	3%
2003	4%	73%	18%	5%
2008	5%	74%	17%	5%
Females				
1992	4%	85%	9%	2%
2003	4%	84%	9%	2%
2008	5%	83%	9%	3%

Note: Height and weight data were not obtained in 1998.

Source: McCreary Centre Society (2009). A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey. p.23.

Proportion of overweight and obese youth varied across regions with the Northern Region having the highest rate (22%), and the Vancouver Coastal Region having the lowest rate (12%).[140] The rate of obesity in First Nations children and youth is higher than the overall Canadian rates for the same age groups. (See Figure 28 below.)

The increase in our children's weights is directly proportional to the decrease in physical activities. Our children spend more time in front of televisions and computers.

> Only 13% of Canadian children and youth (aged 5 to 19) meet the recommended guidelines in Canada's Physical Activity Guides for Children and Youth.
>
> The overweight/obesity rate of adolescents aged 12 to 17 more than doubled from 14% to 29%, and their obesity rate tripled from 3% to 9% over the past three decades.

---

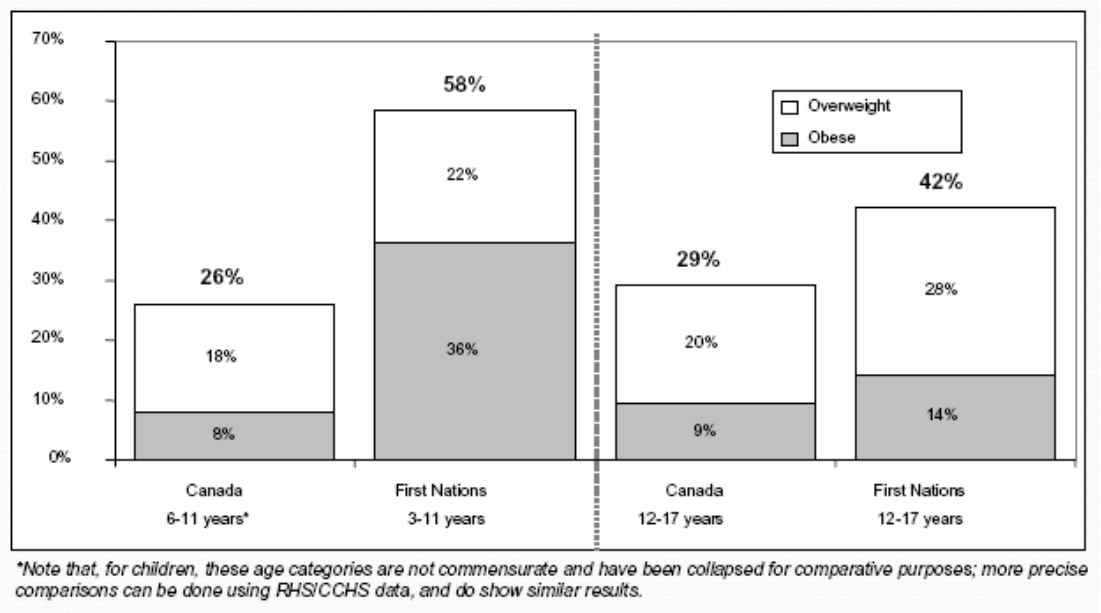
[139] Smith, A., Stewart D., Peled, M., Poon, C., Saewyc, E. and the McCreary Centre Society (2009). *A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey*. p.23, Vancouver, BC: McCreary Centre Society.

[140] Ibid.

Total screen time among Canadian youth in grades 6 to 10 is 7 hr 25 min/day on weekends and 5 hr 56 min/day on weekdays.

Sport participation rates in Canadian youth aged 15-18 declined from 77% to 59% between 1992 and 2005.[141]

Figure : Overweight & obesity rates in Canadian & First Nations Children & Youth



Source: Lori Sellars First Nations Health Council, "A First Nations Perspective On Childhood & Adolescent Obesity".

5.11 Number of Health Professionals

The Comox Valley has the following available doctors: 45 general practitioners; 2 paediatricians; 23 specialists, 10 psychiatrists, and 8 emergency doctors. Of these doctors, 33 work out of St. Joseph's Hospital only (no clinic of their own).

The Valley has the following available dentists: 17 in Courtenay, 11 in Comox, 1 in Cumberland, 1 on Hornby Island, 2 Dental Surgeons (Orthomolecular); 1 maxillofacial surgeon, 1 paediatric dentist, 1 peridontist, 3 denturists, and 2 orthodontists.

The Comox Valley has four midwives, 30 Registered Psychiatric Nurses, and 413 nurses employed at St. Joseph's Hospital: including Bachelor of Science in Nursing, Registered Nurses, Licensed Practical Nurses, and Student Nurses. Approximately 200

[141] School District 71, Teacher's Zone, Daily Physical Activity in the Comox Valley. Visited June 2009.

BSN, RN, LPN work as permanent part-time and full-time, or as casual, part-time throughout the Valley.

5.12 Number of Doctors Accepting New Patients

There are 78 doctors and specialists in the Valley; 55 are general practitioners, and the remaining 33 are specialists with hospital privileges.[142] At this time there are no doctors accepting new patients. There is one doctor who is taking applications and screening for acceptance into his practice, and one doctor who will take family referrals that are not of a chronic condition or are maternity: and only for the duration of the pregnancy. Another doctor said he would consider taking names for a waitlist. Residents who cannot find a doctor have no alternative but to visit emergency wards or drop-in clinics.

5.13 Number of Walk-In Clinics

The convenience of extended hours and ease of access to doctors at walk-in clinics decreases the stress associated with medical treatments and the number of unnecessary emergency room visits. No appointments are necessary and patients are seen on a first come first served basis. They are not guaranteed to see a specific doctor, but they are able see the next available doctor in the queue. Medical services at these clinics may be limited and a follow-up visit with the patient's family doctor is usually recommended.

There are still two 'walk-in' clinics in the Comox Valley. Both clinics are located in Courtenay; one in the Washington Plaza over the Superstore, and the other on Cliffe Avenue in the Safeway Plaza. Although the walk-in clinics add to the overall availability of medical services, it is not clear how many of their clients use their services because they are not able to find a GP.

Of the 10 regular medical clinics in the Valley, four offer after hours 'walk-in' services to their own clients.

5.14 Hospital Use

St. Joseph's General Hospital is autonomous and is owned by the Bishop of Victoria. The hospital is affiliated with the Vancouver Island Health Authority (VIHA) and provides community and regional acute care services, complex care and significant day and

[142] St. Joseph's General Hospital and College of Physicians and Surgeons of British Columbia.

outreach programs. St. Joseph's serves an estimated 2008 population of 65,000.[143] Accredited in 2007, it has an open Emergency Department with eight emergency doctors. Specialized equipment includes Diagnostic Imaging including ultrasound, radiography, diagnostic and screening mammography, CT Scanning, fluoroscopy, nuclear medicine and dental panels.[144]

St. Joseph's has 235 beds, 110 in acute care and 125 in complex or residential care.

Average daily admissions are 16, and annual admissions are 5,782. The average length of stay is 4.7 days. Day surgeries per year are 5,334. Clinic visits per year are 10,625 and Day Care visits per year total 5,900. Diagnostic/Lab visits per year are 884,067. Table 16 below is a sample of St. Joseph's activities statistics.

Table : St. Joseph's General Hospital Statistics

Inpatient Activity	**04/05**	**05/06**	**06/07**	**07/08**	**08/09 (projected)**
Inpatient Days Acute	40,021	36,805	34,094	35,806	35,727
Residential	45,249	45,457	45,341	45,599	45,406
Total	85,270	82,302	79,435	81,405	81,133 *
Admissions Total	6,440	6,343	6,214	6,266	5,920
Births Newborn	580	560	562	666	650
Ambulatory Activity	**04/05**	**05/06**	**06/07**	**07/08**	**08/09 (projected)**
ER 24/7 Visits	22,790	21,984	22,990	24,018	23,946
Visits/Day	62	60	63	66	66

St. Joseph's General Hospital Profile, 2009.

There are 53 general practitioners, 4 midwives, and 68 specialists (6 are shared with the Campbell River Hospital, and 18 are from the Regional Program). The total number of staff equals 1,103 made up of 334 nurses (BCNU), 165 Paramedical Staff (HSA), 573 Support Staff (HEU), and 31 Non Contract Staff.[145] The number of volunteers is 600, and they contributed over 61,000 volunteer hours in 2007/08.[146] The annual 2007/08 budget was $65,376,000, the largest in the hospital's history.[147]

---

[143] St. Joseph's General Hospital Profile, 2009.

[144] Ibid.

[145] Ibid.

[146] St. Joseph's General Hospital Chairman's Report.

[147] St. Joseph's General Hospital Finance Committee Report 2009.

5.15 Community Care

Community Care is part of the Health Protection Division of the Ministry of Health, and is responsible for the development and implementation of legislation, policy, and guidelines to protect the health and safety of people being cared for in licensed facilities.

Community Care includes the following areas:

- chronic disease management
- health promotion
- provision of health information, including a lending library and Internet terminal
- community development and community empowerment

Community Care in the Comox Valley currently operates under the same mandate as Vancouver Island Health Authority (VIHA). Services include: long term care, rehabilitation services, home nursing, physiotherapy, occupational therapy, and social work. At this time they operate on referral only because of limited space and therefore do not offer walk-in services. They hope to offer this service in the future if they are able to move into larger facilities. Most of the nurses working in this department are out in the community as case management personnel. They have on occasion had clients come to their office for inoculations, but this is a rare occurrence as they are not set up for this type of service.[148]

Staff includes the following personnel: 50 to 60 professional staff including nurses, physiotherapists, occupational therapists and speech therapists, 5 clerical personnel, 120 unlicensed care aides, and 1 social worker.

5.16 Loss of Work Hours Due to Injury

Work related injury and death statistics help to determine the causes and patterns of injuries and help initiate prevention strategies. Loss of work hours due to injury negatively impacts the quality of a person's social, health, and economic standing. In 2007 the number of claims in the Comox-Strathcona Regional District was 1,620. The amount paid for all short-term disability, long-term disability and fatal claims was $30,020,000.[149]

---

[148] Adele Einerson, Community Service Coordinator of Comox Valley Community Care.

[149] Work Safe BC, *The Ripple Effect Statistics 2007*.