5. Health

Before getting into the core of this section of the report, it is important to mention a major development in health services provision in the Comox Valley with this announcement: "On April 26, 2012 Premier Christy Clark gave the green light for the North Island Hospitals Project [NIHP] at an estimated cost of up to $600 million, which includes two new hospitals to benefit Vancouver Island patients living in the Comox Valley, Campbell River and surrounding communities." (Island Health NIHP, 2013) The new hospital in the Comox Valley, according to the NIHP website, will be ready for occupancy in the fall of 2017.

> "The services currently available at Campbell River and St. Joseph's will continue to be provided in the region with some potential modifications arising from technological advances, efficiencies in service delivery and innovation in healthcare delivery. They are:
>
> - Emergency
> - Maternity services
> - Psychiatry
> - Orthopedic clinic
> - Ambulatory procedures
> - Cardio-pulmonary diagnostic services
> - Operating rooms
> - Surgical daycare
> - Telemetry
> - Pediatric care
> - Outpatient clinics
> - Chemotherapy and Medical Daycare
> - Medical Imaging (including MRI)
> - Rehab
> - Pharmacy
> - Laboratory Services" (Island Health NIHP, 2013)

The construction of the new hospital will require St. Joseph's Hospital to re-think it's strategic plan. After the fall of 2017 it will be not be an acute care facility. That said, there is plenty of room in the Valley, especially given an aging population, for more geriatric, hospice and palliative care beds and related services. In the coming years, the new hospital and changes at St. Joe's will dominate the talk in the Valley around health issues. For now, we need to address the health indicators in our 2009 report and track changes in them where appropriate.

We started our 2009 Quality of Life report section on health with a note on how much money is spent on health care in Canada. The Canadian Institute for Health Information (CIHI) reported that in 2008 Canadians spent $160 billion or a cost of $4,867 per capita. (CVSPS, 2009) The CIHI reports in 2013 in a very comprehensive report on health care spending in Canada that as expenditures reach $211 billion ($5,988 per capita) cuts are upon us. The report notes: "The rate of growth in health spending, however, is slowing and has not kept pace with inflation and population growth for the first time in nearly 15 years." (CIHI, 2013, p. xi) This is a very comprehensive report and well worth reading. One surprising observation we noted in this report is that population aging has not contributed much to the rise of health care costs, at least not yet. The rise in spending on physicians has contributed significantly through increases in physician fee schedules. It seems we also are getting more medical procedures and using more drugs (legal, of course). All this isn't too surprising to most of you we would guess. As our 2009 report notes,

> …health is influenced by many factors including access to health care professionals, to health resources, and to educational information. Individual health and wellness are strongly influenced by age, sex, location of residence and socio-economic status. (CVSPS, 2009, p. 41)

We address a number of these indicators of individual health below, but we also need to consider community health. For instance, suicide rates are high quality indicators of the health of a community and how it is able to balance people's needs for self-expression with a community's need to maintain integration and order. A high suicide rate can indicate that members of the community in question are not integrated; don't feel part of a group and don't feel supported. For example: "First Nations youth commit suicide about five to six times more often than non-Aboriginal youth…[and] The suicide rate for First Nations males is 126 per 100,000 compared to 24 per 100,000 for non-Aboriginal males…[while] For First Nations females, the suicide rate is 35 per 100,000 compared to only 5 per 100,000 for non-Aboriginal females. (Canadian Institute of Child Health, 2000) (Health Canada, 2013) These numbers don't indicate a problem with the individual psychological make-up of individual First Nations youth. Rather they tell a story of the devastation caused by colonialism, the lack of opportunity and alienation. Where people have a strong sense of belonging, while still being allowed to express themselves as individuals, there is strong community. We also know that in children, neglect leads to higher early mortality rates. (Spitz, 1945) We need the love and support of others to thrive. We know what the solution is: create strong inclusive communities.

Probably the most important indicator in this section is the one on crisis support services, especially for low-income residents of the Valley. The number and quality of crisis support services strongly suggests how a community feels about and acts towards the poor and more marginalized members of the community. Fortunately, the Comox Valley qualifies, in large measure, as a strong community with a large number of government services and non-profit service provision societies that are accessible to people 'in trouble' for whatever reason. Of course, like any community, the Comox Valley is not immune to elements of racism, sexism and other 'isms', but overall, especially in terms of health, the Comox Valley has comparatively good community supports for individuals. That is not to say there is no room for improvement.

In the following pages we consider a number of indicators like live births to teenage mothers, infant deaths, breastfeeding rates, sexually transmitted infections, premature deaths and working days lost due to injury. The trends in these indicators are all pointed in the right direction and are improving. Many of the other indicators addressed below involve services that people may access if they get into 'trouble.' First, let's turn to teenage moms.

5.1 Live Births to Teenage Mothers (15-19 years old)

As we note in our 2009 report, "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." (CVSPS, 2009, p. 41) That still stands. But high teen pregnancy rates can also strain health services and communities.

Again, our 2009 report noted that there were 157 live births for mothers between the ages of 15 to 19. That is an Age Specific Fertility Rate (ASFR) of 14.27. The ASFR is live births per 1000 women. The report notes that in 2006 the Comox Valley ASFR dropped to 12.89. (CVSPS, 2009, p. 42) The latest annual report from BC's Vital Statistics Agency notes (p41) that 96 live births were to mothers between the ages of 15 to 19, from 2006 to 2010, for an ASFR or 10.21, which is a substantial reduction from the 14.27 rate from 2001 to 2006. The 2011 ASFR is 10.46, slightly higher than for 2006 to 2010 (BC Vital Statistics, 2011). To compare, the ASFR for the Cowichan Valley from 2006 to 2010 was 18.93 at 197 live births. For Campbell River, there were 119 live births for the same period for an ASFR of 18.71. For the province as a whole, the ASFR for 2006 to 2010 was 10.21 and 8.52 for 2011. (BC Vital Statistics, 2011, p. 41)

Yes, this is a bunch of numbers just to say that over time teenagers in the Comox Valley are having fewer babies than in the past but we suspect that this trend will even out around the provincial average. Dropping fertility rates for teens is true all across Canada since the 1970s. (CVSPS, 2009, p. 42) However, Comox Valley teens have a much lower ASFR than in the Cowichan Valley and Campbell River. It seems that, provincially, as a general rule, rural teens have more babies than their urban counterparts.

5.2 Low Birth Weights (=)

The 2011 BC Vital Statistics Agency's annual report states:

> Birth weight is recognized as a primary indicator of newborn health not only in BC and Canada but worldwide. It is also an important predictor of subsequent health and wellbeing, as well as disability and death, among newborn infants. In BC, a baby is weighed (in grams) immediately after birth, and that weight is used as one of the diagnostic indicators of fetal growth. (BC Vital Statistics, 2011, p. 47)

Well, that's a good place to start. In our 2009 report we noted based on 2006 data that 18 babies were born weighing less than 2500 grams (that's 5.1 pounds American), a level below which a baby is considered of low birth weight. That's 3.9% of low-birth-weight live births to total live births. That compares to 5.6% for the province as a whole. (CVSPS, 2009, p. 43)

In 2011 the percentage of low-weight births in Courtenay (Local Health Area 71) was 3.6% at 19 low-weight births observed. So the numbers are remaining fairly stable. For BC as a whole, it was 5.6% so we compare favourably with the province.
In the same year, Cowichan (LHA 65) had 33 low-weight births equaling 6.2% of live births. In Campbell River (LHA 72), 4.3% low-weight births is still higher than in the Comox Valley, but lower than in the Cowichan Valley. Comparatively in the US, in 2002 the percentage of low weight birth babies to normal weight babies was 8%. Some countries in Africa and Asia were up to 30% low weight babies in the early 2000s. (Unicef, 2004) We don't have more recent statistics. So the Comox Valley is doing very well on this indicator.

5.3 Infant Deaths (=)

The BC 2011 *Vital Statistics Annual Report* indicates that there has been little change in infant mortality rates in the province in the last decade. (BC Vital Statistics, 2011, p. 72). In Courtenay (LHA 71) there were 2 infant deaths in 2011, Cowichan had 2, Campbell River 1 and there were 167 infant deaths in total in the province. This compares to 166 in 2006. Obviously every infant death is a tragedy. We are very fortunate in this province and in the Comox Valley in that we experience so few infant deaths in comparison to other places in the world.

"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." (CVSPS, 2009, p. 43). The World Bank reported that Canada's infant mortality rate was 5 per 1000 live births. Thirty-six countries had a lower rate but many had higher ones. For instance, Sierra Leone has an infant mortality rate of 125 deaths per 1000 live births. It is the worst country on the list, but rates over 50 are common all over Africa. (World Bank, 2014).

5.4 Breastfeeding Rates (=)

As we noted in our 2009 report,

> 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. (CVSPS, 2009, p. 44)

Nothing has changed in this regard since 2009. As we reported then, in 2003/04 Vancouver Island held the highest rates of breastfeeding at discharge (from the hospital) in all of BC. The rates have been over 90% for a decade.

Health Canada reports that in Canada as a whole the rate is 87.3%. British Columbia mothers breastfeed at a 93.1% rate, the highest in the country. For some reason in the Atlantic provinces the rate falls just below 75%. It's interesting to note the reasons mothers give for not wanting to breastfeed their babies. Health Canada reports:
The top three reasons cited by mothers for not breastfeeding or trying to breastfeed their last child were

- mother has a medical condition (20.5%);
- bottle feeding is easier (19.8%); and,
- breastfeeding is unappealing (19.0%). (Health Canada, 2012)

Related indicators: Food security, affordable housing

5.5 Sexually Transmitted Infection Rates (-)

The BC Centre for Disease Control tracks the incidence and rates of sexually transmitted infections (STI) in the province. Tracking occurs at the level of Health Service Delivery Area (HSDA). In the province there are 16 HSDAs in 5 regions, Interior, Fraser, Vancouver Coastal, Vancouver Island and Northern. Vancouver Island is divided into 3 HSDAs, South Vancouver Island, Central Vancouver Island and North Vancouver Island. The Comox Valley is within the North Vancouver Island HSDA. All rates below are calculated per 100,000 people. In our 2009 report we considered a number of STIs, gonorrhea, infectious syphilis, chlamydia, HIV and hepatitis C or HCV.

As far as HIV is concerned, there has been a steady decrease in reported infections. In 2004 the provincial rate of 10.6 has dropped to 5.1 in 2012. In Canada as a whole the rate in 2004 was 7.9 and 6.4 in 2011. The rates are comparable between Central and North Vancouver Island. The rate of infection is highest among males between the ages of 25 and 29. It was 2.5 for women in the same age bracket.

AIDS has much lower rates than HIV and those suffering from this disease are on average older than those with HIV. The rates were 5.5 for both male age groups of 30-39 and 40-59. That's a tribute to the availability of new HIV treatments and a lot of hard work on the part of AIDS Vancouver Island (AVI) (BCCDC, 2012)

> AIDS Vancouver Island operates both a fixed site and mobile needle exchange service in Courtenay. The mobile [21]needle exchange team does strolls through the town and also travels to the camps to provide harm reduction services. AIDS Vancouver Island in Courtenay maintains a database of 245 registered users. (VIHA and PHAC, 2010, p. 8)

The genital chlamydia rate has been steadily rising in all of BC in the last 10 years but it's by far highest in the Northwest of the province than it is here. In 2003 the provincial rate was 195.9. Since then it's steadily risen to 267.5 in 2012. It was 284.1 in the North Island and 278.7 in Central Vancouver Island. (264.7 in the North Island and 176.2 in the Central Island 10 years earlier). Women in the 20-24 age group are the most susceptible to this STI. In the province their rate was 1840.8 in 2012 while for males in the same age category the rate was 797.4. (BCCDC, 2012)

The rate of genital gonorrhea for BC as a whole was 15.9 in 2003 rising slowly year by year to 34.4, more than double what it was in 2003. In 2012, the latest year for which we have numbers, the rate had dropped to 28.0. The rate in the North Island HSDA was 11.5 compared to 12.7 in the Central Island HSDA. To compare, the rate in the Northern Interior HSDA was 37.2 in 2012. For the province as a whole, females aged 20-24 are the most highly infected of all women with a rate of 81.8 while for men the highest rate (109.3) is for men in the 25-29 age category. (BCCDC, 2012)

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21 A note from AVI: Cold Weather Outreach at the moment only runs from November to March. Otherwise, our mobile exchange services are at request for mobility challenged folks. We are working on a plan for a 12 month outreach that should start this summer but is not a sure thing yet.

5.6 Crisis Support Services (+)

We consider the availability of crisis support services to be fundamental to a healthy community and to the overall quality of life for all of us. Aside from the emergency services provided by paramedics, the R.C.M.P., fire departments and St. Joseph's hospital, other organizations in the Valley provide ongoing crisis support. The Ministry of Social Development and Social Innovation provides emergency financial support in a limited way to individuals and families and VIHA (now Island Health) is actively involved in funding its own and other numerous crisis and mental health services.[22]

The non-profit sector is heavily involved in providing crisis services in the Valley. There is a 27/7/365 crisis line headquartered in Nanaimo but serving the whole of Vancouver Island, the Comox Valley Women's Transition Society, the Salvation Army's Pidcock House, The Comox Valley Recovery Centre, AIDS Vancouver Island, the John Howard Society, the Wachiay Friendship Centre, Dawn to Dawn, and the Comox Bay Care Society, which operates the Care-A-Van.

The landscape of crisis and mental health services has changed a little since we published the 2009 Quality of Life Report. For example, the Crossroads Crisis Centre had provided a 24/7 crisis line for many years in the Comox Valley until the Vancouver Island Health Authority (VIHA) decided in 2010 to consolidate its funding for crisis lines on Vancouver Island to the Nanaimo-based Central Vancouver Island Crisis Society (CVICS). The CVICS launched the Vancouver Island Crisis Line in March 2010. In April the name of the society was changed to the Vancouver Island Crisis Society (VICS). The society's new motto is "Helping people find their way." Last fiscal year it received 25,704 calls. (VICS, 2013)

Dawn To Dawn Action on Homelessness Society has operated a residential program since 2009 but it also launched the Care-A-Van in April 2009. Since 2012 the Care-A-Van has found a new home under the direction of the Comox Bay Care Society. However it still offers a range of critical services to the homeless or near-homeless in the Comox Valley using a whole crew of volunteers including 14 nurses, 4 doctors in general practice, an optometrist, 2 pharmacists, 3 dentists and 8 drivers/outreach workers. (CBCS, n.d.) The Care-A-Van goes to where the homeless are on a regular schedule of visits. Its dental program is always fully subscribed…and for anyone who's had a nasty toothache, a visit to a qualified dentist in a dental office can be a major quality of life event. A pair of glasses too can be a lifesaver (literally) and the clients of the Care-A-Van who need them get a new pair of prescription glasses free of charge. The Care-A-Van is a critical crisis care service for the Valley.

The Care-A-Van is a critical crisis care service for the Valley.

The Comox Valley Transition Society is a key component of crisis service provision in the Valley focused specifically on women. It provides a number of counseling and support services for women and for children. The CVTS's Children Who Witness Abuse Program had 97 children referred for counseling. (CVTS, 2013) One of its most important programs is Lilli House, a safe shelter for women fleeing abusive domestic situations. Unfortunately, Lilli House has been busy. The Transition Society's 2012 Annual Report provides the following numbers:

- 149 women and 58 children accessed the Transition House program for a total of 2,754 bed nights.
- 44 women stayed in the Social Detox program for a total of 420 nights.
- 31 women stayed in the Supportive Recovery program for a total of 414 nights.
- Lilli House was full for 215 nights this fiscal year. (CVTS, 2013)

22 Mental Health and Substance Abuse Services website: http://www.viha.ca/mhas/services/

For 2013, the Transition Society sheltered 324 women and children in the Transition House program at Lilli House. Lilli House was full or overfull on 243 nights, or almost exactly 2/3 of the time. (In 2012 we were full on 181 nights and in 2011 we were full on 49 nights.) The average length of stay in Lilli House in 2013 was 14 nights, up from 12.5 nights in 2012 and 10.5 nights in 2011. The Transition Society received 1567 crisis calls in 2013. (1446 crisis calls in 2012 and 1122 calls in 2011.) The situation doesn't seem to be improving for women facing violence and assault. Of course, the tension and stress caused by precarious employment, low incomes, poor housing, low educational status, absent or undeveloped parenting skills and other vulnerabilities take their toll on everyone, men included. That is no excuse for violence, but the complexity of the situation must also be recognized and it does no one any good to demonize men in this situation. The Respectful Relationships program offered by the Probation office is there for men who need to learn to face life's many challenges and not take out their frustration and anger on their spouses and families.

Lilli House was full or overfull on 243 nights, or almost exactly 2/3 of the time.

A major concern for the Transition Society is securing housing for women and their children leaving Lilli House. The Society has recently voiced its concerns to elected officials over the need for secondary housing for women and their families who are generally low-income and suffering from abuse and/or addictions and are trying to build a life with some security. Safe and adequate housing would be an important part of such a life.

The Comox Valley Recovery Centre has not changed much since it was mentioned in our 2009 report. Located in Courtenay the Centre provides detox services for adult males who are chemically dependent. The Centre has 4 stabilization beds and 20 support beds. There are programs ranging from 28 to 60 days with some follow-up in the form of an alumni support group. Waitlists are not uncommon. (CV Recovery Centre, n.d.)

The John Howard Society of North Island has served the Valley for 45 years providing prevention and addiction programs for youth. It operates a youth forensic psychiatric service. The 2013 Annual Report notes that thirty-two youths and their families received support through this program. (John Howard Society, 2013) It also provides 2 youth detox beds in the Valley. Eight youths benefitted from this program. The Society has many programs, too numerous to mention all here, but we know that the Society is a strong advocate of housing with supports for youth in the Valley. The Society provides ongoing support for offenders leaving the correctional system and receives referrals from local probation officers. (John Howard Society, 2013)

The Wachiay Friendship Centre offers many support programs for aboriginal members of our community, as well as non-aboriginals, including a homelessness outreach program, a Helping Hands project which provides one time emergency support in the form of medical supplies, baby car seats, food and money for Hydro bills. It also provides legal help where appropriate and assistance with filling out government forms. Youth are a major focus of the Centre. (Wachiay Friendship Centre, 2011)

Related indicators: housing, homelessness, health, public safety.

5.7 Mental Health and Substance Use Programs

Comox Valley Adult **Mental Health and Substance Use** (MHSU) programs are part of a continuum of Mental Health and Substance Use related services. MHSU programs are delivered by Island Health (VIHA) in the community for those 19+. Due to lack of space the local MHSU has been divided into short and long-term services and is offered through two separate sites. It is useful to be aware of the two types of services so individuals in need can be given the information most useful to them. For more information call the main MHSU Centre at 250 331-8524.

One site contains short-term services including:

- **Central Intake** for those seeking adult Mental Health and/or Substance Use services;
- **Adult Short-Term Treatment and Therapy (ASTAT)** for adults with serious short-term mental health conditions. Services provided by this team Include individual and group counseling, psychiatric assessment for clinic clients, and education for clients and families;
- **Adult Substance Use Services** for adults who are concerned about their own or someone else's misuse of alcohol or other drugs. This team provides assessment, treatment planning, individual treatment and group education and counseling, and referrals to other relevant recovery services as indicated by a jointly developed treatment plan by the client and their Substance Use clinician.

The other or satellite site, offers longer-term support and rehabilitation services including:

- **Adult Community Support Services (ACSS).** This team provides outreach case management services for adults with severe and persistent mental illness, including: individual and group counseling; psychiatric assessment for clinic clients; education for clients and families; and connection with/advocacy for community resources.
- **Rehabilitation Services** provides psychosocial rehabilitation to adults who are registered clients of CVMHAS programs. This team provides: Occupational Therapy, a Vocational Rehabilitation Program, Supported Independent Living, and housing support for eligible Center clients. There are a small number of family care homes for clients of the service, but there are no specialized Mental Health second stage housing units attached to the CVMHSU at this time. This is seen as a serious concern.

B.C. Mental Health Association (BCMHA) administers the New Horizons housing complex which is funded by BC Housing. CV Mental Health and Substance Health services have some contracted services through Lilli House and Comox Valley Recovery Centre. Detox services come under the mandate of the Substance Use Intervention Program. There are local Child and Youth Mental Health Services through the Ministry of Children and Family Development (MCFD) and local Youth Substance Use Services with John Howard Society North Island.

5.8 Suicides (+/-)

As we note in the introduction to this section, suicide rates are a great, albeit sad, indicator of the health of a community and social values more broadly considered. The reality is that suicide rates vary by sex, age, religious affiliation, nationality, economic situation, and other factors. Suicide does not occur randomly in a population. Social pressure on individuals to conform or perform contributes to varying rates of suicide. Again, as we note in the introduction, suicide by First Nations and Inuit youth is 11 times higher than for other youth and the rate of suicide for First Nations and Inuit adults is over 30% higher than for the population of Canada as a whole. (Health Canada, 2013) The same magnitude of rates is evident in Australia's aboriginal population and around the world. (Georgatos, 2013) Social exclusion or marginalization, racism, despair and a sense of hopelessness are all contributing factors. Too often we blame the individual's lack of 'mental health' for suicide; after all one must be crazy to choose suicide. There is no evidence to suggest that this is true. In fact, efforts to turn things around on some reserves in Canada have been very successful in curbing high suicide rates by increasing social cohesion and a sense of belonging especially in the youth. (Turtle Island, 2011)

Table 15 in our 2009 report notes that there were 11 suicides in Courtenay (LHA 71) in 2008, up from 8 in 2006. By adding a row to our 2009 report table we see that in the Comox Valley (LHA 71) the number of suicides is down but it's up on Vancouver Island as a whole. As if to prove the point we make in the introduction to this section, Chief Medical Health Officer Dr. Paul Hasselback of Island Health declared in 2012 that there was a suicide epidemic on Vancouver Island particularly in the regions with the greatest economic hardships. He notes that Vancouver Island had the highest suicide rate in BC, with the Cowichan Valley suffering the highest rate on the island. (Riebe, 2012).

Table 5: Suicides in Courtenay, VIHA and BC

Year	Jurisdiction		
	LHA 71	Island Health	BC
2006	8	74	346
2007	7	72	337
2008	11	77	386
2011	9	89	426

Source: Compiled from BC Ministry of Health, Vital Statistics Agency Annual Reports

Canada's suicide rate has hovered around the 9 to 11/100,000 rate for decades (17or 18 for men and around 5 for women) while for other countries the rates can go as high as 53/100,000, as for men in the Russian federation. (WHO, 2014)

"Potential Years of Life Lost" is an indicator of socio-economic wellbeing on the Local Health Area's Socio-Economic Profile. We reported in 2009 that the rate of potential years of life lost (per 1000 population, average 2003 to 2007) was 3.7 compared with 3.8 for BC. (CVSPS, 2009, p. 50). In the latest socio-economic profile for Local Health Area 71, the rate was 4.1 and 4.0 for BC as a whole. (BC Vital Statistics, 2011) There is a bit of a rising trend here that we need to keep an eye on for future quality of life reports.

5.9 Premature Mortality Rate (+)

The total number of deaths attributable to external causes (motor vehicle accidents, accidental poisonings, drownings and falls, suicides and homicides, etc.) was 2,007 in 1992, 1,654 in 2005 and 1,769 in 2011. It's not surprising that the rate would rise in 2011 given the rising average age of the population and the inevitable higher mortality rate. Twenty-four percent of deaths by external causes were from suicide, 2.3% from homicides meaning that 74% or so of deaths caused by external factors were from unintentional injuries. That's up a bit from 2005 when two in three externally caused deaths among those under the age of 75 were from unintentional injuries. (CVSPS, 2009, p. 50) (BC Vital Statistics, 2011)

5.10 Obesity (+)

We reported in 2009 that there is ample evidence that obesity is linked to a number of chronic illnesses, among them diabetes and cardiovascular disease. That certainly hasn't changed. The BC Pediatric Society is still warning about the dangers of childhood obesity and its links to adult obesity and makes suggestions on how to deal with it in families. (BC Pediatric Society, 2014) Health Canada also provides warnings about obesity and suggests changing personal habits to avoid overeating and to get more exercise. (Health Canada, 2006) In some ways, we are reluctant to give this indicator too much importance because it's so complex and controversial. One of the most controversial aspects surrounding this indicator is just how to measure it and whether or not we should be looking at it as an individual or social issue. The Body Mass Index measure (BMI) is at the centre of the discourse. According to Statistics Canada the BMI has never been higher in Canada. Self-reports from the Canadian Community Health Survey show that 52.5% of people in Canada over 18 years of age (59.9% of men and 45% of women) have a BMI over 27, which makes them overweight or obese. (Stats Can, 2013f) The survey also found that residents of BC had the

lowest BMI rates in the country at 44.5% although it's slowly trending upward. It's interesting to note that Richmond, BC has the lowest BMI rating in Canada and the highest percentage of residents of Asian ethnic origins. We don't have figures for the Comox Valley.

However, at 52% the North Island is higher than both BC and Canada in terms of percentage of overweight or obese people (BMI over 25) but we are nowhere near as high as the Northwest where the number of overweight or obese people is at 64.1% of the adult population. (PHSA, 2010)

According to Wikipedia, the BMI was never designed as a measure for individual assessment. It was designed as a population level health indicator. (Wikipedia, 2014) Still, it's been used to assess individuals and inevitably pass judgment on them. We find particularly disturbing the notion that obesity is somehow a personal moral failure and a consequence of a lack of self-control. For over 100 years sociologists have looked at human actions and conditions like suicide, cancer, morbidity (ill health) and mortality. They argue that there are certain 'normal' rates of suicide, morbidity, infant mortality, etc. They suggest that when these rates change drastically what we are faced with is a social problem, not a problem of individual moral choice. Obesity rates have risen rapidly in many countries over the past few years. (WHO, 2014) Obviously people fall outside 'normal' weights (too little or too much) by eating too much and by not exercising enough. However, there are huge moral pressures that drive us to the couch with processed foods in hand or to a fast food restaurant for burgers and fries. A very significant value in our culture is dining out, going out to eat. Because not everyone can afford to go to fancy, expensive restaurants where they might have a broader choice of (often leaner) menu items they end up at a fast food restaurant. Our culture is killing us. At least that's the conclusion to which many researchers have come.

We find particularly disturbing the notion that obesity is somehow a personal moral failure and a consequence of a lack of self-control.

In the *Harvard Health Policy Review*, David Katz, MD, in an article entitled *Obesity…Be Damned!: What it will take to turn the tide* outlines all the problems with the personal struggles people face with obesity especially in the US. (Katz, 2006) He argues that the problem is that we have an epidemic of obesity, a social crisis, but no one is prepared to take preventive measures to deal with it. Closer to home, a report prepared in 2001 by Ronald Colman of UBC concludes after a close look at the substantial economic and personal costs of obesity and its relationship with 10 related illnesses and diseases:

> …the five-fold global increase in adult-onset diabetes in just 13 short years, from 30 million in 1985 to 143 million in 1998, is good for the economy. It provides jobs and spurs economic growth. With the global incidence of diabetes expected to double to 300 million by the year 2025, insulin is clearly a "growth market" for the pharmaceutical industry. Like war, crime and pollution, illness can make the economy grow more rapidly than peace, health and a clean environment.
>
> So long as the spread of obesity is good news for the GDP, and so long as we continue to measure our prosperity, progress and well being almost exclusively by that measure, we are not likely to elevate population health measures to the status they clearly deserve. Correspondingly, the policy arena will remain fixated on short-term economic stimulus rather than long-term health promotion, which will continue to be seen as a "cost" in our health budgets, rather than as the "investment" it really is. (Colman, 2001, p. 24)

In an interview with a personal trainer, we expected to get an earful about the medical consequences of obesity. Instead, we got "To be honest with you, I believe the most important aspect of this topic to consider is the mental component. How it affects people's motivation, self-esteem, relationships, sleep, ability to love themselves and then others. People always key in on the medical aspect of obesity but the mental aspect is equally as important and devastating." (Jerritt, 2014) It affects people's mental health because of the

stress caused by contradictory cultural expectations such as "Eat a lot, but don't get fat." Or "Watch all of our fabulous TV shows but get out there and exercise!"

In the education section of this report we consider the EDI, Early Development Instrument, and the work of a unit at UBC that works on child development research in partnership with school districts all over BC. One of the indicators they use to determine how vulnerable kindergarten children will be as they got older is physical activity. They note that children on average are just not physically active enough. In Cumberland/South Courtenay, for instance, they consider that about 25% of children are vulnerable on the physical scale. (HELP, 2014) As we note in our 2009 report, most BC adolescents are at a healthy weight, a significant percentage (22% of males and 12% of females) are overweight or obese and 5% are underweight. This is not good news.

Related indicators: Food security

5.11 Number of Health Professionals (+)

A new development in the regulation of health professionals in British Columbia was announced recently. It notes that: "British Columbia's 26 regulated health professions, governed by 22 colleges under the Health Professions Act, and one under the Social Workers Act, have incorporated under the Society Act to become the Health Profession Regulators of BC Society." (BC Health Regulators, 2014) On the Health Professionals of BC Society's website one can find a list of all the regulatory colleges in the province. On each of their individual webpages are lists of all registered members in the province, where they live and what they practice. This is a great new resource for anyone looking for a health professional in their community. We counted up the numbers and this is what we found. The Comox Valley has at least 109 general and family practicing physicians, 9 psychiatrists, 3 urologists, 3 ophthalmologists, 8 internal specialists, 8 emergency doctors, 1 paediatrician. St. Joseph's hospital reports that there are 150 doctors working there some only on site and others with privileges.

From what we can tell from looking at the BC Health Regulators website, there are 3 practicing dentists in Cumberland, 16 in Comox and 18 in Courtenay. There seems to be only 1 orthodontist but there is also a specialist in oral and maxillofacial surgery. There are 34 dental hygienists in the Valley and 2 denturists. If you are on the lookout for the services of any health professional this new website is invaluable: http://www.bchealthregulators.ca/.

Nine midwives practice in the Valley according to the College of Midwives of British Columbia website working out of two clinics, one in Courtenay, Comox Valley Midwifery with 5 midwives and another in Comox, Plum Midwifery, with 4 midwives. In our 2009 Quality of Life report we noted that there were 334 nurses employed at St. Joseph's Hospital. The hospital's strategic plan for 2011 notes that 314 registered nurses worked at the hospital. According to the Hospital's 2013 annual report, 1078 people work at St. Joseph's Hospital including doctors, registered nurses, licensed practical nurses and student nurses. A number of nurses (over 200 according to our last report) also work at clinics in the Valley including the Comox Valley Nursing Centre. (St. Joseph's Hospital, 2013) See more on St. Joseph's Hospital below in 5.14.

5.12 Number of Physicians Accepting New Patients (+)

The BC Health Professionals Regulators website noted above provides information on which family and general practitioners are accepting new patients, but Comox Valley physicians have come together to form the Comox Valley Division of Family Practice. (CV Family Practice, 2013) On the Division's website[23] you will find an up-to-date list of physicians accepting new patients. According to the website, at this moment there are 5 physicians accepting new patients in the Valley. (CV Family Practice, 2013)

23 https://www.divisionsbc.ca/comox/home

5.13 Number of Walk-in Clinics (+)

Our 2009 report noted that there were 2 'walk-in' clinics in the Comox Valley, one on Cliffe Avenue in the Safeway Plaza and the other in the Washington Plaza over the Superstore. It seems that there are now 3 walk-in clinics[24] in the Valley and 13 overall. (CVSPS, 2009, p. 54) The Crown Isle Medical Clinic is now open at the new Crown Isle Shopping Centre in East Courtenay.

5.14 Hospital Use (=/+)

In our 2009 report (CVSPS, 2009, p. 55) we noted that St. Joseph's Hospital is autonomous and is owned by the Bishop of Victoria. It is affiliated with Island Health (VIHA) and is contracted to provide regional acute care services, complex care and a number of day and outreach programs. The hospital was accredited in 2007 and again in 2013. (St. Joseph's Hospital, 2013). The hospital has an open (24/7) emergency department with 8 physicians on staff with a range of diagnostic imaging tools. As noted earlier, St. Joseph's Hospital's 2013 annual report states that the hospital has a staff of 1078 people. The staff includes 150 doctors and, from the 2011 strategic plan, 314 registered nurses, 564 support staff (HEU) and 166 paramedical staff. (St. Joseph's Hospital, 2011) That's 20 fewer nurses than we reported in 2009, 19 fewer support staff and about the same number of paramedical staff. Operating with fewer staff has not meant a reduction in services. Table 5.1 outlines the more significant parts of the hospital's operational profile taken from the 2011 strategic plan.

Table 5.1 St. Joseph's General Hospital Operational Profile

Inpatient Activity	06/07	07/08	08/09	09/10	10/11 Projected
Inpatient days acute	34,094	35,806	35,523	35,671	37,658
Residential	45,341	45,599	45,409	45,150	45,288
Total	79,435	81,405	80,932	80,821	82,946
Admissions Total	6,214	6,266	5,947	5,918	6,229
Births Newborn	562	666	592	636	624
Ambulatory Activity					
Emergency Room Visits	22,990	24,018	23,919	24,484	24,582
Visits/Day	63	66	66	67	67

Source: Modified Table from Appendix 4: St. Joseph's Hospital 2011 Strategic Plan

The numbers are quite consistent over time. Our 2009 report contained the same table but only from 2004/05 to 2008/09 (projected). The actual numbers in 08/09 are slightly lower than the projected numbers for the same fiscal year, but the difference is not statistically significant. In 05/06 there were only 60 ER visits a day on average, the lowest number on the 2009 table. The 2012/2013 operating budget was $82.2 million. (St. Joseph's Hospital, 2013) In 2007/08 it was $65.3 million and that was a record at the time. (CVSPS, 2009, p. 55)

The Cumberland Health Centre is attached to the Cumberland Lodge, a subsidized senior's residence with 66 units and features an Adult Day Program, retail Pharmacy, Renal Dialysis Unit, Library, Hair salon, Meeting room, Laboratory, and a Private Surgical Day Care Suite. See the Island Health website for more information: http://www.viha.ca/hcc/residential/locations/cumberland_lodge.htm

24 The Comox Valley Medical Clinic at 3199 Cliffe Avenue at the entrance to Walmart has an advertisement in the Echo's Health and Wellness Directory 2013 advertizing urgent and walk in care.

5.15 Community and Family Care (=)

In 2009 we reported that Community Care was a part of the Health Protection Division of the Ministry of Health. From its website, it seems that Home and Community Care (as it's now called) is part of Island Health. (Island Health, 2014) It offers many services including an acquired brain injury program, adult day services, case management, choice of supports for independent living, community nutrition, convalescent care, equipment and supplies, health services for community living, home care nursing, home health monitoring, home support, hospice, palliative and end-of-life care, physiotherapy and occupational therapy, respite care, seniors at risk integrated health network and social work. It also refers people to other Island Health services especially related to housing. Except for administers and support personnel, the staff works mainly out in the community.

5.16 Loss of Work Days Due to Injury (-/+)

April 28th has been designated as a day of mourning for the workers who have lost their lives on the job in the past year. In 2013, 128 workers lost their lives on the job in BC. (Work Safe BC, 2014) In BC there were 29 million days lost from injury. There were 1,320 claims in the Comox-Strathcona Regional District (Work Safe BC, 2013), down from the 1,620 reported in 2007.[25] (CVSPS, 2009, p. 56) However, the $40,819,000 paid in short-term, long-term and fatal claims is substantially higher than the $30,020,000 we reported in 2009 for 2006. Injuries and deaths on the job, often preventable, cause a lot of personal hardship and negatively impact the quality of life for all of us.

5.17 Hospice and Palliative Care – End-of-Life Care (n)

With the aging population in the Comox Valley, hospice and palliative care are becoming more and more important. It's not true that hospice and palliative care are reserved for the elderly but the greater number of elderly will put added pressure on the health care system, particularly on end-of life-care. The construction of a new hospital in Courtenay scheduled for completion by the fall of 2017 will create the possibility of re-focusing St. Joseph's Hospital partly for hospice and palliative care. Hopes are high. The Comox Valley Hospice Society has been in existence for 25 years and offers many end-of-life services.[26] They include assistance with care co-ordination, one-to-one companioning, respite, vigil services, after-hours support, a bed-loan program, support groups and counseling, among others. (Comox Valley Hospice Society, no date) "Over 1,000 local residents use the Comox Valley's Hospice services every year and the society relies on the generosity of local businesses and individuals to fund those services." (Comox Valley Record, 2014)

To summarize this section of the report, it's important to note that on most indicators the Comox Valley has excellent health services. There's always room for improvement, but we have low infant mortality rates, very low incidences of infant death, lower than average suicide rates, healthy birth weights, high breast feeding rates, a great hospital, good mental health and addictions services, and crisis support services. People are getting heavier on average, but as long as that's good for the GDP there is little likelihood that anything will change on that front. We would have to radically change our eating habits, and in the process put a number of corporations out of business, to effect meaningful change in our diets.

Related indicators: Food security, education, population

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25 Work Safe BC is still using the 2006 census divisions in its calculations. There are no data specific to the Comox Valley Regional District.

26 Comox Valley Hospice Society: http://comoxhospice.com/