

# **The State Of Brain Injury In British Columbia - 2014 -**

prepared by



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### **What is the current population of brain injured persons in British Columbia?**

Due to no provincial standard for brain injury data collection or tracking system, an exact number is not known. However, a conservative estimate of the current brain injured population of British Columbia is well over a quarter of a million citizens\*. The number of citizens directly affected by the survivor's injuries is far greater.  
 (\*figures extrapolated from CDC rates of Canadian brain injury)



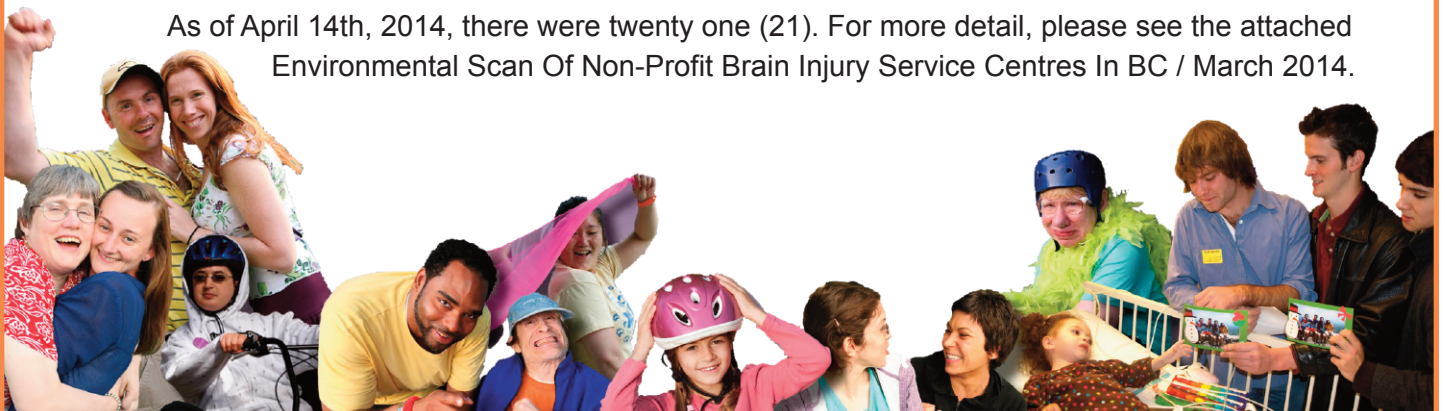
### **What is the incidence of brain injury, versus other life-altering issues?**

Brain injury in British Columbia occurs at a rate 44 times that of spinal cord injury, 30 times that of breast cancer, and 400 times that of HIV / AIDS. (source: Brain Injury Association of Canada)

In fact, brain injury occurs at a rate greater than that of all known cases of Multiple Sclerosis, Spinal Cord Injury, HIV / AIDS and Breast Cancer per year combined. (source: Brain Injury Association of Canada)

### **Currently, how many non-profit brain injury service providers are there in BC?**

As of April 14th, 2014, there were twenty one (21). For more detail, please see the attached Environmental Scan Of Non-Profit Brain Injury Service Centres In BC / March 2014.





## What is the existing funding model for brain injury services and projects in British Columbia?

There is currently no dedicated annual brain injury service and project funding in British Columbia.

Community based service provider budgets are currently provided by:

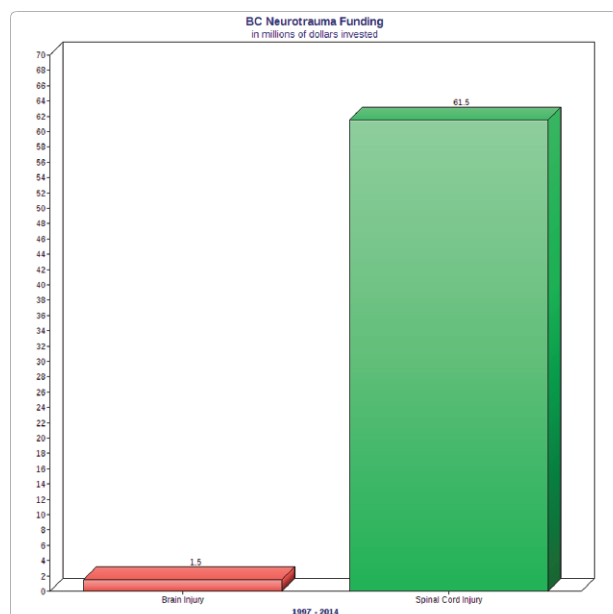
- Grants from provincial gaming monies - must apply for grants - amounts vary
- Grants from regional health authorities - must apply for grants - amounts vary
- Service contracts from regional health authorities, and third party funders (Worksafe BC, ICBC, etc.)
- Corporate grants
- Fundraising and Donations - United Way and private - amounts vary
- There is no annual government investment in the development of innovative post-medical brain injury rehabilitation programs and services to improve the lives of survivors, and their families.
- There is no government investment toward building a much needed northern rehabilitative centre to assist survivors and their families, train students, and conduct rehabilitative research.

## How much has the province invested into neurotrauma?

It is well documented that from the year 1997, to the year 2014, the government of British Columbia has invested at least \$61,150,000.00 into spinal cord injury research and services.

Over the same period (1997 to the year 2014), less than \$1.5 million has been invested into all community based brain injury services and projects.

This means that though brain injury occurs at a rate of 44 to 1 when compared to spinal cord injury (SCI), spinal cord injury is funded at a rate of over 60 to 1 when compared to brain injury.





## Does British Columbia have legislation to provide neurotrauma funding?

Yes, Bill 8 - British Columbia Neurotrauma Contribution Fund Act of 1997. However, to date brain injury services and projects have received less than \$1.5 million from the administrator of the Act, which has received over \$34 million. Brain injury has not received any money from the Fund since 2010.

## Time for a change.

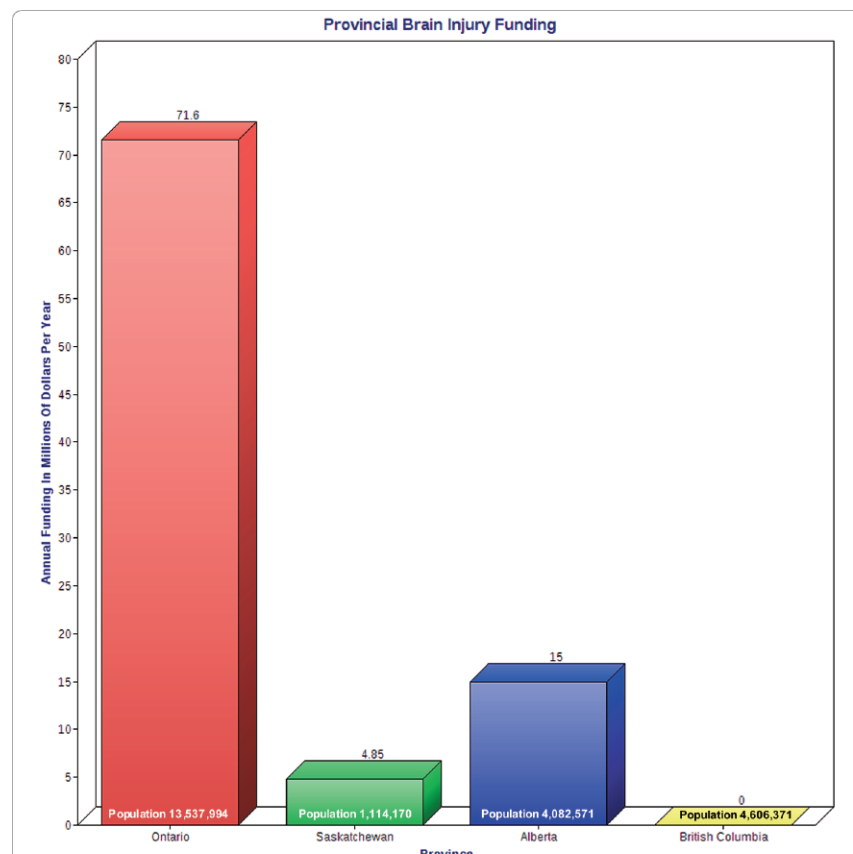
When compared to far less catastrophic health issues, even in the year 1997 neurotrauma in British Columbia was underfunded by at least half. It has now been seventeen years since the British Columbia Neurotrauma Contribution Fund Act was established, and the amount made available from the fund has never increased, despite an increase in costs. For example, what a million dollars could purchase in the year 1997, cost \$1,457,725.95 in the year 2013.

## What are other provinces doing to fund brain injury services and projects?

The current North American trend is to follow Saskatchewan's community based funding model. Its model combines money from its provincial auto insurance agency with funds from the Ministry of Health, and administers them through an appointed board of advisors, comprised of stakeholders. The model has been extremely successful, so much so, that it is widely acclaimed as a world leader in successful community based brain injury funding. In fact, many US states and Canadian provinces (such as Alberta and Ontario) now base their funding models on Saskatchewan's.



## Where does British Columbia rank in annual brain injury funding provided?



The province of Ontario has a population of 13,537,994 (July 1, 2013), and provides \$71.6 million a year to per year in secure funding to its community based brain injury service providers.

The province of Saskatchewan has a population of 1,114,170 (as of Dec. 31, 2013), and provides just under \$5 million per year in secure funding to its community based brain injury service providers.

The province of Alberta has a population of 4,082,571 (January 1, 2014), and provides an estimated \$15 million per year in secure funding to its community based brain injury service providers.

The province of British Columbia has a population of 4,606,371 (as of Dec. 31, 2013), and provides zero dollars per year in secure funding to its community based brain injury service providers.



## **Does British Columbia need to revisit ways to fund brain injury services and projects?**

Yes. A change has been long overdue, and today there are many very successful brain injury funding models operating in other North American jurisdictions, where it is recognized that additional sectors should also be required to financially contribute toward the medical and post-medical costs of brain injury treatment, rehabilitation services and research.

### **Given current brain injury service and project funding, we respectfully suggest that:**

WHEREAS of all types of injury around the world, injuries to the brain are among the most likely to result in death, or, permanent disability;

WHEREAS brain injury is the number one cause of seizures in the world;

WHEREAS brain injury in British Columbia occurs at a rate greater than that of all known cases of Multiple Sclerosis, Spinal Cord Injury, HIV/AIDS and Breast Cancer per year combined;

WHEREAS brain injury is the leading cause of death and disability among children, with 50 per cent of all fatalities the result of brain injuries;

WHEREAS motor vehicle crashes are the number one cause of neurotraumatic injury in British Columbia;

WHEREAS violence against persons is a major cause of neurotraumatic injury in British Columbia;

WHEREAS sport accidents, strokes, surgery, disease and tumors are a major cause of neurotraumatic injury in British Columbia;

WHEREAS addressing the complex needs of neurotrauma survivors and their families is fundamental to the future of British Columbia;

WHEREAS a fair, non-partisan and equitable provincial neurotrauma funding and distribution mechanism needs to be established to meet the complex needs of neurotrauma survivors and their families;

WHEREAS there is great need for comprehensive, coordinated, post-medical rehabilitative and case management services for neurotrauma survivors and their families;

WHEREAS the continued development of innovative neurotraumatic educational materials, rehabilitative programs and research will restore British Columbia as a world leader in neurotraumatic research, treatment and services;

WHEREAS there is a great need for research and practical training opportunities for medical students in fields such as physiotherapy, occupational therapy, speech therapy, kinesiology, psychology, etc. in the northern part of British Columbia;

WHEREAS the current British Columbia Neurotrauma Contribution Funding Act is non-specific and poorly worded;

WHEREAS the government of British Columbia contributes tens of millions of dollars to brain research, but contributes virtually nothing to assist brain injury survivors and their families;

The Northern Brain Injury Association respectfully proposes the following changes to the wording of the British Columbia Neurotrauma Contribution Funding Act in order to make the fund fair, efficient, and sufficient to meet the needs of brain injury survivors and their families, currently, and into the future:

## **Suggested amendments To Bill-8, the British Columbia Neurotrauma Contribution Funding Act 1997;**

1. 1 In this Act:

"British Columbia Neurotrauma Fund" means the British Columbia Neurotrauma Fund established by government of British Columbia for the purposes of funding services and projects respecting neurotraumatic injury, and victims of neurotraumatic injury;

"fiscal year" means the period from April 1 in one year, to March 31 in the next year;

"special account" will include a newly established Neurotrauma Trust Account, which combines monies from the Victim Surcharge Special Account continued under section 9 of the Victims of Crime Act, Motor Vehicle Act Regulation violations, points and fines, driver penalty point premium tax, motorcycle helmet/passenger violations and fines, seatbelt violations and fines, and fines levied by courts, and the Ministry of Health.

"Neurotrauma Advisory Board" means a board of 12 directors that will be established to replace the current administration model of the British Columbia Neurotrauma Contribution Fund, and to forthwith take responsibility for the administration and distribution of all funding paid into a Ministry of Finance Neurotrauma Trust Account. The board will be comprised of regional representation by brain and spinal cord injury survivors, brain and spinal cord service providers, brain and spinal cord injury professionals, and representation from funders, designed so that no one region, or combination of regions are able or allowed to collude to monopolize decision making/funding.

2. (2) On or before the end of each fiscal year after March 31, 2014, the Attorney General must pay to the British Columbia Neurotrauma Trust Account, out of the special account, a grant in an amount that is the lesser of the following:

- (a) \$2 million;
- (b) 20% of the money paid to the government in that fiscal year under section 8.1 of the Victims of Crime Act.

2. (3) On or before the end of each fiscal year after March 31, 2014, the Insurance Corporation Of British Columbia must pay to the British Columbia Neurotrauma Trust Account, in ways to be established, a grant in an amount that is the lesser of the following:

- (a) \$2 million;
- (b) 10% of the money paid to the Insurance Corporation Of British Columbia in that fiscal year for all Motor Vehicle Act Regulation violations, points and fines, driver penalty point premium tax, motorcycle helmet/passenger violations and fines, seatbelt violations and fines, and fines levied by courts.

2. (4) On or before the end of each fiscal year after March 31, 2014, the British Columbia Ministry of Health must pay to the British Columbia Neurotrauma Trust Account, in ways to be established, a grant that is the lesser of the following:

- (a) \$2 million;
- (b) 10% of the money paid to the Ministry of Health in that fiscal year for all medical services plan premiums for the purposes of funding brain injury prevention, and the development of innovative rehabilitative methods and programs to serve survivors of neurotrauma, and their families.

There are further amendments and additions to the Act regarding reporting, annual adjustment for inflation, etc., that will also need to be changed in order to bring the Bill up to date, and to insure that it is clearly worded.

### **Why an increase in the amount?**

The proposed funding increase is simply to bring neurotrauma funding levels into line with existing progressive and successful neurotrauma funding models into line with other Canadian and North American jurisdictions.

## **Where will the money go?**

- We propose \$2 million per year be paid to the Rick Hansen Foundation to distribute to spinal cord injury services and projects.
- We propose \$3 million per year be distributed by the Ministry of Finance to the BC Neurotrauma Advisory Board, which will use the funds to fund community based neurotrauma services and projects, based on criteria the BC Neurotrauma Advisory Board establishes and adopts to insure optimum service and value.
- We propose \$1 million a year be contributed toward the creation of a northern neurotrauma research and rehabilitation centre for five (5) years, which will provide valuable training opportunities for UNBC and College of New Caledonia students in a number of occupations and disciplines. After five years, a fund will be created for the facility's maintenance and repair, with the balance allocated to neurotrauma research.

## **How will this benefit the public?**

In just a few words: Properly funding neurotrauma services, research and training will result in an enormous reduction of government expenses, and improve the quality of life for hundreds of thousands of British Columbians.

For instance, in 1998, preventable injuries cost the people of British Columbia \$2.1 billion, or \$513 for every citizen (source: Smartrisk 1998, The Economic Burden of Unintentional Injury In Canada, p.9). That amount has since increased by a minimum of 20%. By reducing preventable injuries by just 1%, using innovative neurotrauma prevention strategies, hundreds of lives will avoid tumultuous tragedy, and \$20 million per year will be saved, an outstanding return on the province's annual six million dollar neurotrauma investment!

It is estimated that 60-80% of all inmates have suffered at least one brain injury, and most have never received help to rehabilitate and cope with their injury(ies). The current estimated cost of provincial incarceration is \$1,197,875,200 per year. A mere 5% reduction of inmates would result in a savings of just under \$25 million per year, and a significant reduction in the annual number of victims of crime. Again, another outstanding return on the province's annual six million dollar neurotrauma investment!

A Health and Housing in Transition study found 69% of the homeless surveyed in Vancouver had suffered a traumatic brain injury. Research also found homeless brain injury survivors are more likely to visit emergency rooms, be arrested or jailed, or be victims of physical assault. Given the high costs of emergency department visits, and the burden of crime on society, these findings indicate that adequate investment in neurotrauma services and projects will dramatically reduce government service expenses, giving an additional outstanding return on the province's annual six million dollar neurotrauma investment!

## **Thank You**

We are sincerely grateful to you for listening to our concerns, and the opportunity to propose desired solutions.



Doug Jones  
President of the Northern Brain Injury Association  
On behalf of the Board of Directors



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