



## HEALTH ADVISORY COMMITTEE AGENDA

DATE: 2024.09.23

LOCATION: Council Chambers – City Hall

TIME: 6:00 p.m.

413 Fourth Street, Kaslo

### 1. **Call to Order**

*We respect and recognize the First Nations within whose unceded lands the Village of Kaslo is situated, including the Ktunaxa, Sinixt, and Sylix People, and the Indigenous and Metis Residents of our community.*

The meeting was called to order at \_\_\_\_ p.m.

### 2. **Adoption of the Agenda**

2.1 Adoption of the Agenda for the 2024.09.23 Health Advisory Committee Meeting.

### 3. **Adoption of the Minutes**

3.1 Adoption of the Minutes of the 2024.05.13 Health Advisory Committee Meeting.

### 4. **Delegations** – Nil

### 5. **Information Items**

#### 5.1 Member Reports

5.1.1 2024.06/07 Seniors Coordinator Report – E. Brandrick

5.1.2 2024.08.20 Primary Health Update – L. Ross

5.1.3 Hospital at Home Program – D. Borsos

#### 5.2 Correspondence

5.2.1 2024.06.16 from Victorian Hospital of Kaslo Auxiliary Society

5.2.2 2024.07.02 BCEHS re BCAS schedule

5.2.3 2024.08 BCRHN August Edition

5.2.4 2024.09 BCRHN September Edition

5.2.5 2024.09.05 BCRHN re Emergency Room Closures

5.2.6 2024.09.07 from Victorian Hospital of Kaslo Auxiliary Society

### 6. **Question Period**

*An opportunity for members of the public to ask questions or make comments regarding items on the agenda.*

### 7. **Business** – Nil

### 8. **Late Items**

*Consideration of any late items added to the agenda.*

**9. Next Meeting**

*November 18<sup>th</sup>, 2024 at 6:00 p.m. in City Hall.*

**10. Adjournment**

The meeting was adjourned at \_\_\_\_\_ p.m.





## HEALTH ADVISORY COMMITTEE MINUTES

DATE: 2024.05.13

LOCATION: Council Chambers – City Hall

TIME: 6:00 p.m.

413 Fourth Street, Kaslo

---

PRESENT: Chair: Mayor Hewat  
Members: Councillor Bird, Elizabeth Brandrick, Victoria McAllister  
Regrets: Liz Ross, Deb Borsos, Leni Neumeier  
Staff: CO Allaway, LA Stroshein  
Public: Nil

---

### 1. Call to Order

*The meeting was called to order at 6:07 p.m.*

### 2. Adoption of the Agenda

Moved, seconded and CARRIED

***THAT the agenda for the 2024.05.13 Health Advisory Committee meeting be adopted as presented.***

### 3. Adoption of the Minutes

Moved, seconded and CARRIED

***THAT the minutes of the 2024.03.11 Health Advisory Committee meeting be adopted as presented.***

### 4. Delegations - Nil

### 5. Information Items

#### 5.1 Member Reports

5.1.1 Bird 2024.04.06

5.1.2 Kaslo Community Acupuncture Society Patient Summery Report 2023

5.1.3 Kaslo Community Services Report May 2024

#### 5.2 Correspondence

5.2.1 Kootenay Emergency Response Physicians Association CAMTS

5.2.2 Kootenay Emergency Response Physicians Association Accreditation

5.2.3 BC Rural Health Network 2024.03.15

5.2.4 BC Rural Health Network 2024.04.01

5.2.5 BC Rural Health Network 2024.04.15

5.2.6 BC Rural Health Network 2024.04.30

5.2.7 BC Rural Health Network 2024.05.01

5.2.8 Kootenay Boundary Regional Hospital Health Foundations

5.2.9 Simon Fraser University - Recruitment for Qualitative Study on Cancer Experience

5.2.10 Minister of Housing

6. **Question Period** - Nil

7. **Business**

7.1 **Dialysis Service in Nelson**

Moved, seconded and CARRIED

***THAT the Committee recommend to Council that a follow up letter be sent to Interior Health Authority requesting an update about potential dialysis services in Nelson.***

7.2 **Engagement with BC Rural Health Network**

8. **Late Items** - Nil

9. **Next Meeting**

The next meeting is scheduled for 6:00 p.m. on July 15, 2024.

10. **Adjournment**

The meeting was adjourned at 7:09 p.m.

CERTIFIED CORRECT:

\_\_\_\_\_  
Corporate Officer

\_\_\_\_\_  
Mayor Hewat



## **June - July 2024 - Senior Co-ordinator Report (Kaslo Community Services)**

1. Fifty simple meals for 'The Healthy Aging' \*Therapeutic Activation Program\* (TAPS) are prepared at our Food Hub. Six meals are picked up by participants at the Food Cupboard in the Lardeau Valley Hall on Wednesdays, forty-four are delivered in person on Fridays in Kaslo and Area D.
2. A 'Drop-In Social Walking Group' begins on Tuesdays at 10:00 at the Front Door of Abbey Manor. Any Seniors are welcome to join in the walk.
3. Digital Support is available with Angela by appointment at the Kaslo Public Library,
4. Volunteers continue to carry on with the Water Monitoring of bodies of water in our area through the TAPS Program and under the direction of Patrick Steiner. For more information contact Patrick at < [patricksteiner@kaslo.services](mailto:patricksteiner@kaslo.services)> or @ ph. # 250-353-7691.
5. Senior Exercise took place every Friday morning at the Heritage Hall from November 3, 2023 to April 26, 2024. It was a well attended and beneficial program. Consider joining the group when it begins again in the fall of this year.
6. Medical and Non-Medical Rides for Seniors can be arranged through 'The Kootenay Seniors Volunteer Drivers Program', phone #778-463-5247. Volunteers or those needing rides can contact the K.S.V.D.P.
7. Kootenay Seniors Light Housekeeping Support is available now in Kaslo. Subsidized rates are available for low-income seniors. For more information contact the Program Coordinator by phone or email at: phone # 778-868-1308 or email: [kaslocoordinator@nelsoncares.ca](mailto:kaslocoordinator@nelsoncares.ca).
8. 'West Kootenay Nav-CARE' – is a friendly visitor's program in Kaslo. Volunteers visit a senior once or twice a week for a time of social interaction. Contact Audrey Salazar Calvo if you would like to be a volunteer or know someone who would benefit from being paired with a friendly visitor at: ph.#778-689-6832 or email <[kaslo@westkootenaynavcare.org](mailto:kaslo@westkootenaynavcare.org)>.
9. The TEETH Clinic is accepting new patients and a Kaslo Community Services Counselor Arielle Shuman, and I, can verify registrations for the TEETH Program.
10. The new 'Canadian Dental Care Plan' can be reached at <[Canada.ca/dental](https://Canada.ca/dental)>. To qualify you must be a Canadian resident, have an adjusted family net income under \$90,000, not have access to employer/pension-sponsored or private dental insurance, and need to have filed your tax return in the previous year. Letters should have been sent in phases by age group between December 2023 and March 2024 until all potential eligible seniors who are 70 years of age or older have been invited to apply for the CDCP. Online applications will begin for other eligible categories from May 2024 onward.
11. Contact the Seniors' Coordinator with questions about the above information at: [elizabethbrandrick@kaslo.services](mailto:elizabethbrandrick@kaslo.services)

---

## Primary Health update

---

**From** Elizabeth Ross [REDACTED]

**Date** Tue 2024-08-20 11:30 AM

**To** Village of Kaslo <admin@kaslo.ca>; Catherine Allaway <allaway@kaslo.ca>

**Cc** Mayor Hewat <mayor@kaslo.ca>

Suzan has asked me to forward a summary of my discussion re a Primary Health update with Dr. Musaji on July 11/24 to Village staff to include on the agenda for the next meeting of the Health Select Committee on September 23rd since I will be away for that meeting .

- Dr. Taylor Martin started working at Primary Health @.75 FTE on July 8th. He will see patients with complex needs first who were "attached" to Dr. Johannsen or Dr. Smit, then those with less complex needs. Patients who have been "unattached" will eventually be taken on by one of the physicians at Primary Health, hopefully within the next 6 months.
  - Public Health-Trish Turner is working .6 FTE in this position and has completed her orientation and is fully functioning in the role.
  - LTC/Home Care- Brittany Blackmore
  - Primary Health Physiotherapist- Laura Martens works full-time- .5 for IH clients post joint replacement and .5 for LTC residents and those with no extended coverage. Can self refer but can only be seen for ~3 appointments due to lack of time.
  - ER- only deficit currently. 2 lines- only one is filled currently by Kaitlyn Zilkie. The other line is being backfilled by RN's Paula, Georgie and Nicola. Only have RN on duty Monday to Friday in ER due to shortage- occasionally have to go on diversion if no RN.
  - Hope to start weekend clinic again after Thanksgiving but will depend on having enough Nurses.
- Dr. Musaji said I could share this info with the Committee with the stipulation that time frames not be shared with the greater community due to people's hopes being disappointed if they weren't met. Liz

## Hospital at Home Program

<https://news.gov.bc.ca/releases/2024HLTH0036-001330>

### Facts about HaH program



- There are seven HaH programs operating in B.C., with two recently launched in Vancouver in January 2024.
- In July 2024, 192 patients received care through HaH programs in B.C.
- Data from B.C.'s first HaH program, launched in 2020 at Victoria General Hospital and expanded to Royal Jubilee Hospital in 2021, in Island Health has been able to save more than 19,777 bed days, providing care for as many as 20 patients at a time.
- An evaluation after the first year of Island Health HaH service found:
  - 99% of patients would recommend HaH to family and friends;
  - 98% of caregivers would recommend HaH and felt confident as a caregiver; and
  - 100% of staff would recommend HaH to friends and family.
- Demonstrated outcomes of HaH include, but are not limited to:
  - improved patient comfort, privacy and independence;
  - improved caregiver satisfaction and involvement; and
  - decreased risk of hospital-acquired delirium, infections and mortality.





## Victorian Hospital of Kaslo Auxiliary Society

June 19, 2024

To: Dr. Martin Lavoie, Chief Medical Officer  
Interior Health Authority  
505 Doyle Ave.  
Kelowna, BC V1Y 0C5

From: Val Koenig, Sheila Roberts, and Tyler Dobie, representing the Victorian Hospital of Kaslo Auxiliary Society, Hospital Expansion Committee

Regarding the Victorian Community Health Centre in Kaslo

Dear Dr. Lavoie:

We write to request an in-person meeting with you to finally have a meaningful dialogue about the dire need for expansion of the extended care facility in Kaslo, BC. This extension was promised a quarter of a century ago, but the government changed and its new priority for health care was “centralization.” Lately, IHA and the NDP Provincial Government appear to be acknowledging the unsustainable inequalities that policy has created for rural health care. As the Chief Medical Officer of Interior Health Authority, you have inherited a mess. We believe a positive response to our need, to expand a facility that provides quality “closer to home” care for Kaslo and citizens within a large rural area, would demonstrate that your concern is real.

Here is a summary of background information, for all of which we can provide full documentation [excerpt from a March, 2024 letter to the BC Seniors Advocate, Isobel McKenzie]:

- In the 1990s, a group of local citizens successfully lobbied the NDP government for an expansion of the Kaslo residential care facility. A government-commissioned study indicated that, based on demographics and community residents’ stated needs, Kaslo required 20 to 30 more units.
- Architectural plans were drawn up for 20 residential care units, and the first 10 were completed in 1999-2000. Ten more were promised for the next year.



- When the Provincial government changed the next year, that promise was, predictably, not kept.
- The capacity of residential-care beds for Kaslo and Area D has stayed at a number that was not considered adequate even a quarter century ago. The need has only grown more desperate as many of our friends and loved ones are placed in facilities away from Kaslo instead of "Closer to Home."
- In 2018, we renewed the expansion effort, first with a community meeting and survey (summary of results available on request), followed by multiple attempts to contact IHA and government officials. We have pursued the effort with the support of the Senior Citizens Association of British Columbia, Branch 81, Hospice Society of North Kootenay Lake, Health Care Select Committee of Kaslo and Area D, Kaslo Village Council, Kaslo Housing Society, Victorian Hospital of Kaslo Auxiliary Society, Kaslo and District Senior Citizens Shelter Society, and many other community members.
- In the past six years we have unsuccessfully attempted to address this situation with Minister Adrian Dix and/or officials at IHA. This committee and our village council, along with our MLA and our Area D director, have attempted to communicate with IHA several times, requesting a meeting. The only brief response to any of these inquiries has been that Kaslo does not need additional residential care beds (but citing no supporting evidence for that conclusion).

We will be in Kelowna on July 17 for a medical appointment and would be available for a meeting with you any time in the morning or before about 2 PM, or any time on July 16 or 18, if necessary to accommodate your schedule. We would also consider meeting with a senior decision maker from your office.

We would be happy to send you further documentation of this situation, although some of our efforts to communicate with IHA and the Provincial Government over the last several years may also be in your files.

Sincerely,

Val Koenig - [valkoenigkaslo@gmail.com](mailto:valkoenigkaslo@gmail.com) - 250-353-2168

Sheila Roberts - [kaslosheila@gmail.com](mailto:kaslosheila@gmail.com) - 250-353-7775

Tyler Dobie (Society President) - [tdobie@kaslo.org](mailto:tdobie@kaslo.org) - 250-777-4511

**From:** Thomas, Sara J EHS:EX <Sara.Thomas@bcehs.ca>  
**Sent:** Tuesday, July 2, 2024 11:38 AM  
**To:** Mayor Hewat <mayor@kaslo.ca>  
**Subject:** BCEHS > new shift pattern

Good morning, Suzan

It has already been 3 months since BCEHS introduced a new mix shift pattern in Kaslo that replaces the previous SOC/ 24 hr model. I am following up to see if you have any questions or comments, and/ or would like to meet to discuss?

I am happy to chat by phone, in person or arrange a meeting with local stakeholders. Please let me know what works for you.

I look forward to catching up with you,  
Best, Sara

*Sara Thomas, B.PE*

**Manager, Clinical Operations**

**Kootenay West** (Riondel, Kaslo, Nelson, Castlegar, Winlaw and New Denver)

C: 250.265.8011

E: [Sara.Thomas@bcehs.ca](mailto:Sara.Thomas@bcehs.ca)



*I am humbled and privileged to work, play, live and learn in the traditional and unceded territories of the Sinixt and Ktunaxa nations*

---

## A Letter from our President

Dear Readers,

Well, another month has gone by... time sure flies! I hope this finds you safe and well! The fire situation is so worrisome and such a stressful time. My heart goes out to all those who are affected by the need to evacuate but also to all who are worried about those that are in danger of evacuation. It can be a feeling of such helplessness when there is nothing more you can do but send good thoughts, and help wherever you can.

I can't say enough about the courageous and committed men and women firefighters that are working so hard and in such extreme conditions to battle the fires. Our sincere thanks go out to each and every one of you! I also want to give a shout-out to all the volunteers who are supporting the firefighters with donations, meals, and other much-needed items such as socks to make the fight a bit easier. To the individuals and businesses that go the extra mile in providing places for evacuees and their animals to stay, while the fires are being fought, thank you. People and communities banding together to help each other remind me of what being a part of a community is all about!

My month was a bit of here but a lot of Saskatchewan. So now a bit of a rant... It was an amazing time to get together with family to celebrate the lives of those who had gone before us. It was also a time to provide support to a family member who was having serious heart surgery the next day. Unfortunately, that support is having to be put on hold for a bit. Living rurally and remotely, no matter what province it seems, we have all either been in or aware of a situation where the appointment has been cancelled or postponed. Everyone knows of all the planning that goes into making arrangements when someone is scheduled for a serious procedure, or operation, or

just living rurally and having to travel to a regular appointment. We all understand that there are times when things have to be cancelled or postponed, as someone in greater need than you must be slotted in, or an emergency, but that understanding doesn't make it less stressful. In this situation, we only found out a day and a half before the surgery that it was postponed. We were then scrambling as people had to see if they could cancel their days off and try to rebook them for the next scheduled time. (Not an easy task to do in prime holiday time in summer.) Rebooking bloodwork as it has to be completed within a certain time before surgery and perhaps another ultrasound, and appointment with the GP, while waiting for more information from the specialist. The worry of both patient and family, about what this delay may mean for the surgery or the recovery. There are of course increased costs with more hotels, meals etc. for all of those travelling. I have a friend here on the East Shore who had a scheduled appointment in Kelowna cancelled twice. Both times were last minute and they were already on their way when they were cancelled. It is just a fact of life, but stressful for all involved. I always hope that people are notified of a change of appointments as quickly as they are known and if possible, discussed with the patient prior and the reasoning behind it. To me, this is just as much about access as getting the appointment in the first place!

Being President of the BCRHN certainly has perks! One of the best ones is the amazing people you meet, who are trying to increase equity in health care in rural and remote communities. Hope Air, Angel Flight, Dan Levitt, the Seniors Advocate, Leanne Heppel, Chief Ambulance Officer, the Foundry, and all the others we as a Network partner with and support, and of course your board, liaisons and staff. It also affords opportunities to discuss and impact the way Health Services are developed and delivered in rural and remote areas. It is so important to have all voices at the table and listened to. I believe this is the strength of the BCRHN and one of the reasons I joined in 2019!

With this in mind,- I am very pleased to share the opportunity to become involved by sharing your ideas, comments, and insights through the Rural Voices Gathering. Please see the information below.

I also am very excited to welcome Dea Lewsaw to our Network as a part time contract worker. I had the opportunity to meet briefly with Dea by Zoom and was very impressed with her personable manner and the knowledge she will bring to our team! So with that, I will sign off for now.

Only my best

Peggy

---

**We are sending the following opportunity on behalf of The Rural Coordination Centre of British Columbia (RCCbc):**

The Rural Coordination Centre of British Columbia (RCCbc) is hosting the Rural Voices Gathering in November 2024. The Gathering is an opportunity for rural, remote, First Nations and Métis communities to have their voices amplified relative to:

- The Rural and Remote Framework being developed by the BC Ministry of Health
- Transportation for health services
- Education and training for health care providers in rural communities
- Hybrid health care including peer-to-peer virtual support, in-person and virtual patient consultations

The Rural Voices Gathering will occur virtually on November 20 and 27th, with in-person community discussions to happen between the virtual dates.

RCCbc is looking for individuals interested in facilitating the in-person community discussions and/or the virtual, province-wide sessions. Training will be provided to facilitators in Vancouver with travel and expenses covered by RCCbc.

Community discussion groups can include but are not limited to, new or existing groups who share geography, interests, practice, circumstances and/or objectives. The facilitator will be responsible for bringing together the group. Facilitators will be provided an honorarium for participating in training and for time spent facilitating dialogue.

If you are interested in facilitating, please select 'yes' on the form linked below:

[Register for the Rural Voices Gathering \(jotform.com\)](https://jotform.com)

Please reach out to Alice Muirhead at [amuirhead@rccbc.ca](mailto:amuirhead@rccbc.ca) you have any questions or concerns.

---

## From the Desk of the Executive Director

Greetings Members and Supporters,

BC forest fires and ER closures have dominated the news in July, highlighting the ongoing rural healthcare crisis. Physician and nurse shortages are affecting many communities, with some, including mine, facing the simultaneous loss of multiple doctors. These fires and ER closures impact many of us at the BC Rural Health Network, reminding us of the numerous challenges our members and rural communities face.

During these incredibly tough times for rural residents in BC, we are surrounded by heroes. Our firefighters, paramedics, nurses, and doctors are the faces we see on the front lines, and we are truly grateful for each one of you! Behind the scenes, there is a dedicated group of caring and hardworking individuals who strive to keep us safe during these challenging times. Every day, I am reminded that people do care, even though it's easy to forget sometimes. It is not easy managing a broken system, and people often get blamed for issues beyond their control. To everyone working in health and emergency response fields, thank you!

This month, the BC Rural Health Network has been busy fulfilling contracts, expanding our team, and promoting rural-focused healthcare changes.

### **Oncology Transfers and Media Highlights**

Following our June Board meeting, I was interviewed by CBC and Katie DeRosa about the oncology transfers to the USA for radiation treatment. Thanks to Lorraine Gerwing, we shared the story of Richard Mearow from Fort Nelson First Nation, who expedited his treatment by traveling to the USA. This program, though lifesaving, is costly and highlights the continued lengthy waitlists in BC.

Richard remains in contact, concerned about the Emergency Room closures and the air quality impacts on his health due to the ongoing forest fires in his region. You can read more about this at [BC Rural Health](#).



I was also interviewed by Moose FM about ER closures in rural areas, providing a comprehensive overview of our positions on various healthcare issues. You can watch the interview [here](#).

Our work on Long-Term Care led to an interview with "BC Code Blue," a mini-documentary series. I ensured a non-partisan presentation of our challenges and solutions. You can watch the episode [here](#).

### **Implementation Committee**

Jude Kornelsen has been exemplary in her work with the Implementation Committee (IC). We have now finalized our position paper on Agency Nursing in BC and you can view that [position paper here](#). We have also been working on and nearing completion of a position for "Aging with Dignity – Rural Health Solutions", resulting in valuable insights on long-term care and expanded discussions on in-home palliative and hospice care for rural residents. Our next IC meeting will finalize this position paper and we will be moving on with the next topic which will be determined by a vote of the committee.

Jude is also leading our application for the Intersectoral Action Fund, which aligns well with our mission and will hopefully provide the funds needed to expand our reach. I attended a webinar on this fund, and we are collaborating with UBC Centre for Rural Health Research on the application. I feel honoured to work with such an esteemed member of the research community and proud to have such a powerhouse in our corner!

### **Developing a New Rural Health Strategy**

During a visit to Victoria in June, we learned about Kelly Gunn's role in creating a new framework for rural healthcare in BC. To date we have met twice with Kelly and her team, discussing the BCRHN's work and future collaborations. We believe that the work being done can lead to significant improvements in rural healthcare provision in our province and the potential to create a system that is responsive and reflective of rural community needs and lived experience. We are committed to working with Kelly and her team moving forward.

Additionally, the Rural Coordination Centre of BC (RCCbc) will provide training for our Board and staff in Vancouver this November, covering travel and accommodation costs.

### **New Team Members and Ongoing Projects**

We are excited to welcome Dea Lewsaw to our team, who joined us on July 19th. Dea's addition comes as Phoebe starts her master's degree in psychology, reducing her availability. We are grateful Phoebe remains part of our team and confident Dea will be a great asset.

### **Advocacy and Success Stories**

Christina Derkson-Urau's journey as a lung transplant patient continues to highlight the financial barriers faced by rural residents seeking care. Her story has brought attention to our advocacy efforts and secured generous donations for her post surgery care, allowing her to return to the transplant list and she has now received life-saving surgery with a double lung transplant! Christina is recovering well and is a testament to the impact of our work and the resilience of rural residents!



### **Housing is Healthcare Initiative**

Our "Housing is Healthcare" initiative, led by Councillor Pete Fry of the City of Vancouver, has progressed to the Union of BC Municipalities (UBCM) agenda. This resolution, likely to pass without debate, opens more opportunities for us to engage with UBCM. With appreciation to an invite from Mayor Sarrah Storey (Committee Chair), I presented our work to the UBCM Health and Social Services Committee, garnering great interest and securing a speaking opportunity at the fall convention. We are currently finalizing our panel for the [UBCM event](#) and will provide more details as we move closer to the convention in September.

### **Looking Ahead**

We look forward to continuing our impactful work and engaging with all of you in our upcoming meetings and initiatives. Your dedication and support are invaluable to our mission.



Yours in health and wellness,

Paul Adams  
Executive Director  
BC Rural Health Network

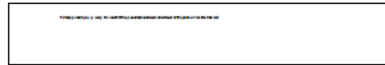
---

## Community Connect: An Update on Our Outreach Initiatives

Hi everyone!

For those I haven't had the pleasure of connecting with yet, please allow me to extend a warm introduction. My name is Phoebe and I am the Community Outreach Coordinator with the BC Rural Health Network.

As many of you know, in my role with the BCRHN as the community outreach coordinator, I have been engaged in a Community Outreach Initiative in collaboration with the [BC Association of Community Health Centres \(BCACHC\)](#) and the Innovations Solutions Unit (ISU) at UBC, [Hope Air](#) and [United Way BC \(UWBC\)](#), and other key stakeholders over the past year.



As I continue with outreach work, I am immensely grateful for everyone who has taken the time to speak with me and share their insights and personal experiences related to accessing care in their community. We sure have some incredible individuals across the province working tirelessly to make positive change!

I spent most of July in Nelson, where I grew up, spending time with my family. While I was home, the fires in the Slocan Valley and at the north end of Kootenay Lake near

Argenta and Johnsons Landing. With many friends and family members faced with evacuation orders and uncertainty, I am reminded of the importance of staying up-to-date on weather changes, fires, and alerts in your area. I also want to reiterate what Paul said in his update: we are so incredibly lucky to have such amazing front-line workers across the province. Challenging times and uncertainty can take a significant toll on our mental health. Remember, you are not alone in these feelings and it is important to check in on each other. We are thinking of all those who are affected.

I have had the pleasure of working with Dr. Jude Kornelsen in facilitating regional focus groups regarding rural community engagement in healthcare decision-making. These focus groups are in response to the Gap Analysis that the UBC Centre for Rural Health Research and the BCRHN did, which found a massive disconnect in engagement between rural communities and healthcare decision-makers. We have now completed all seven of our regional focus-group sessions across the province. We completed two sessions in the Interior, two in the North, two on the Island and one in the Vancouver Coastal region. I know that I speak for Jude as well when I say we are so incredibly impressed by the insights and innovations that came out of these groups. We are working hard to analyze and report all of the rich data and we look forward to sharing the findings with you.

Finally, I'm so pleased to have Dea join me in the BCRHN's community outreach initiative. We are fortunate to have received a Climate Equity and Resilience grant through SPARC BC. Dea will be working on community outreach regarding climate resilience in rural communities. If this is a conversation you would like to be a part of, please reach out to me or to Dea at [dea.lewsaw@bcruralhealth.org](mailto:dea.lewsaw@bcruralhealth.org).

Thank you for reading! As always, I am continuing my community outreach work and would love to hear from you. Please feel free to send me an email at [phoebe.lazier@bcruralhealth.org](mailto:phoebe.lazier@bcruralhealth.org).

Best,  
Phoebe

# July Member of the Month: Pouce Coupe

Pouce Coupe is a small village located in Northeastern BC, in the heart of the Peace River Region. With approximately eight hundred residents, Pouce Coupe has created a balance between rural living and urban amenities, located a short distance from the City of Dawson Creek.



Pouce Coupe residents enjoy a quiet rural setting, with a family feel. Often, during the summer months, you will see families and residents walking in local green spaces throughout the community. Residents and visitors may be seen playing in one of five local parks or participating in baseball games and community events at the McNabb Recreational Park, located west of the Pouce Coupe Elementary School. Beside the school is the well-used skate park and an outdoor ice rink which is enjoyed by skaters and ice hockey players when weather permits.



Pouce Park, located just outside of the boundaries of Pouce Coupe, is a day-use park for families and nature enthusiasts. In the summer, the park is the destination for weddings and family gatherings, and in the winter, it is enjoyed by cross-country skiers. There is a playground, a bandstand, picnic tables, outhouses, and garbage and recycling bins. The green space is approximately 20 acres of maintained grass, trees for shade, and the Pouce River running through the east boundary.

With approval by the Village of Pouce Coupe Council, members of the Dawson Creek Disc Golf Club set up a Disc Golf course in Pouce Park in 2018. The main 9-hole course is fun for all skill levels, while the Super 6 layout is more of a challenge for

stronger arms and advanced players. The MVP portal baskets catch and sound great for users.



For more than 50 years the Village has been celebrating Canada Day in a BIG way and PoucePark was the host location for most of these celebrated events. Every year the community comes together and hosts the Canada Day parade and finishes off with a celebration. In recent years, due to logistics, the event has been held at McNabb Park. Canada Day in Pouce Coupe starts with a pancake breakfast at our local Royal Canadian Legion and finishes off with food, vendors, and live music at McNabb Park. This historic event is a family and a community favourite!



Pouce Coupe enjoys the support of the Village Service groups which include the Pouce Coupe Seniors Association, the Pouce Coupe Food Bank, the Royal Canadian Legion, Pouce Coupe Community Church, and South Peace Bible Missionary Church. These groups all reach out to the public and offer a variety of services and programs to, and for, area residents. Constructed in 1931, the Pouce Coupe Trestle Bridge has become a historic tourist stop to those travelling the Alaska Highway and is located just outside the boundaries of Pouce Coupe. It is a fascinating piece of history and a majestic view.



A main attraction of Pouce Coupe is the Museum which houses much of the history of the region in the Old Train Station, and many other magnificent historical structures. It is a must-see, open in the summer months and again for major events such as the Pouce Coupe Old Fashioned Christmas Celebration held on an annual basis on Main Street.

Another great aspect of Pouce Coupe is its affordability, making it a great community to raise a family or make this your community for retirement. In 2019, Pouce Coupe was recognized by BC Assessment as one of the top three most affordable communities in the Peace Region.



With affordability being a big focus in the community, we understand that families often come to stay, with many calling Pouce Coupe home for generations. With that in mind, the Village has been focusing on aging in place. We want our residents to know that as a community we care about them, and their families, well into retirement.

With all that Pouce Coupe has to offer, we are hoping to be able to offer more services to the community especially the Seniors who have been active and involved in forming the Village.

The Seniors Aging in Place Program (SAIP) helps seniors to stay in their own homes more comfortably with the assistance of services they may find difficult in their golden years. This program has been provided successfully in the Peace River Regional District (PRRD) and Dawson Creek. Throughout the past year, the Village of Pouce Coupe has been working closely with related agencies that cultivate the services for the Village of Pouce Coupe Seniors. From September to December 2023, the Village provided an extremely popular trial period of the Seniors Aging in Place Program for Pouce Coupe senior residents. Since then, we have been advocating for support to help make this program a permanent feature in Pouce Coupe.

The Seniors Aging in Place Program (SAIP) offers meals, housekeeping, snow clearing, and general yard maintenance for seniors in the community. By working with local and provincial partners, we are hoping to close the gap in our community when it comes to seniors care and aging one's own home for as long as possible. The model that was used was also affordable for our seniors.

Over the past three years, the municipality has been working closely with North Winds WellnessCentre and Northern Health on the new proposed North Winds Wellness Centre in Pouce Coupe. This centre will bring hope to many individuals and families in the area who are struggling with addiction and recovery.

This centre will bring care to the forefront through the ARCH Programing Model (AddictionsRecovery Community Housing) which offers an opportunity for individuals in the community to stay engaged and receive local substance use disorder treatment, recovery support, and supportive housing. The ARCH project will provide a complete range of care, incorporating best practices and learnings that combine traditional Indigenous healing and Western medicine practices. The new facility will serve as a culturally safe living space for individuals who wish to address their substance use and create a future of wellness for themselves. We as a community have seen the challenges the North is facing around addictions and have taken steps to be part of the solution!

Pouce Coupe has continued to work with local area partners to meet the needs of its residents, and those in the surrounding area. With our local Post Office, Municipal Public Library, PouceCoupe Elementary School, Community Centre, and Volunteer Fire and Rescue Service, PouceCoupe works to serve not only our community but also our rural neighbors as well. The post office serves residents of Pouce Coupe and the PRRD community. The Library and Elementary School have students from the Village and PRRD community, and the Community Centre set in the school is available for local events and rentals to all. The Pouce Coupe Fire Department administers Fire Protection to the Village of Pouce Coupe, and a Fire Protection area in the PRRD.

The Village has an industrial base located at the west entrance of town. There are businesses located on Highway 2 and many home-based businesses dotted throughout the Village. With wellness being such an important topic, there are businesses in the Village which offer people assistance with their health and well-being. The Pouce Coupe website has a list of all businesses that are registered within the Village.

If you're in the area be sure to stop in and say hello! The community welcomes you!



[See more members of the month here](#)

---

## Introducing our new Staff Member: Dea Lewsaw!

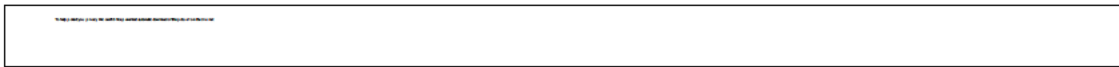
We are so pleased to introduce our new staff member, Dea!



Dea lives in Salmo BC and has recently attended Excel Career College and received a diploma as a Social

Community Support Worker. She has been living in BC for the past 5 years and is originally from the States. She moved here from Alaska. She lives very rurally and loves it! She is very passionate about helping others in any way that she can. As a support worker, she looks for resources and small ways to take big steps to help those who need support in the community.

---



**Purpose:** To provide an opportunity for researchers to apply for up to \$3,000 in funding to support the development of a new multidisciplinary research team that will work towards the advancement of knowledge in the field of rural health.

**Use of Funds:** We are open to considering new and innovative ideas for using the funds in the context of rural research building. Eligible expenses include (but are not limited to):

- Activities involved with recruiting team members;
- Facilitation of group meetings (whether in person or virtual);
- Hosting a symposium or other knowledge translation event;
- Conducting a preliminary literature review;
- Preparing resources to apply for a larger grant;
- Team building exercises or workshops;
- Purchase of knowledge dissemination/translation tools.

\* Expenses related to alcohol will not be permitted.

**Conditions:** The team building funding is allocated for a one-year period (September 2024 – 2025), after which a final report must be submitted to RHSRNbc. A midterm report will also be due in February 2025. Midterm and final report templates will be provided by RHSRNbc. All unused funds must be returned at the end of the one-year period.

Learn more

Application form

---

Prescription drug therapy is a key element of medical care. The UBC Therapeutics Initiative's goal is for drug therapies to be used wisely in the best interests of patients, based on a thorough and accurate understanding of scientific evidence. Their motto, Better Prescribing, Better Health, inspires everything they do.

The UBC Therapeutics Initiative has reviewed over 300 drug and drug classes, published over 150 [therapeutics letters](#), have over 550 articles published in peer-reviewed journals, and hosted over 750 educational events!

The information that the Therapeutics Initiative shares is relevant to clinicians and patients alike. Their [YouTube channel](#) has several patient-friendly videos including recordings of past educational events. Upcoming events and webinars are listed on their website [here](#).

Here are a few Therapeutics Letters that cover topics that may be top of mind for a lot of us:

- [How useful is Paxlovid in 2024?](#)
- [ADHD in Adults](#)
- [Physical activity is medicine: Prescribe it](#)



- [Reducing polypharmacy: A logical approach](#)
- [Reducing the adverse environmental impacts of prescribing](#)
- [How well do you know your dopamine antagonists?](#)
- [Empiric Antibiotic Therapy for Uncomplicated Lower Urinary Tract Infections](#)
- [Rethinking Medication Adherence](#)
- [Serious harms with long-term PPI use in older adults](#)
- [Shingrix: A New Vaccine for Shingles](#)

Sign up for notifications and new releases from the TI

---

## Ready for Resilience

Resilience is the ability to recover quickly.

Everyone deals with difficulties sometimes. Finding the essential resources and information during unexpected situations can be a challenge. This online index for resilience resources is a place to start.

[Readyforresilience.ca](#) was created by Merritt local, Jean Kiegerl in response to an exceptionally challenging time for Nicola Valley residents with the Covid-19 pandemic and several climate change-related disasters including the fire that swept through the community of Lytton, and the atmospheric river resulting in the destruction of the Coquihalla Highway and the mass-evacuation of the community as a whole, as well as grappling with daily challenges.

Jean says, “Time after time, I found that we could not easily find the information to manage everything without panic. Eventually, my acquired resources and knowledge

began to spill over to others facing similar issues. However, these might not be one-off situations and we might need to find the information again. This website is an effort to organize essential and useful information that may help us cope with unexpected challenges and life changes.”

Although some of these resources are specific to Thompson-Nicola residents, this resource contains many resources that are beneficial to all rural BC residents including information on mental and physical health, emergency preparedness, financial health, and countless community resources including resources addressing the social determinants of health.

This page is a wealth of information and works to fill a vital gap in information sharing that we see across rural BC.

[Readyforresilience.ca](http://Readyforresilience.ca)

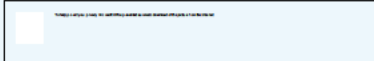
---

## Travel Assistance with Kindness and Compassion!

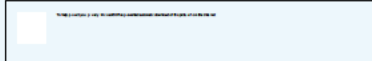
Hope Air is doing more than many know to help people reach medical treatment and appointments In BC and across Canada. Their “no patient left behind” policy is inspiring and greatly needed by many rural residents in our province. Hope Air provides not only air travel where needed but also helps many with out-of-pocket costs associated with accessing the care they need. Hotels, meals and ground transportation are all aspects of service that Hope Air not only provides but coordinates for those in need. [Visit Hope Air!](#)

---

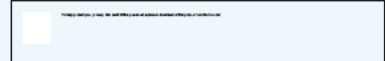
# Popular Posts and News from July 2024



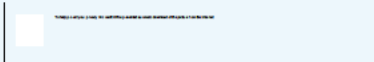
['They are not taking this decision lightly': Wildfire forces Williams Lake, B.C., seniors homes to move residents](#)



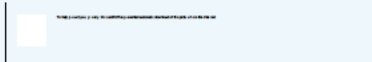
[Northern B.C. city buys medical clinic to prevent its closure](#)



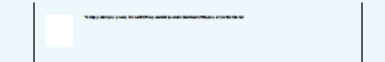
[Largest city in northeast B.C.'s ER closed 5 nights in one week'](#)



[B.C.'s top doctor ends four-year COVID-19 public health emergency](#)



[Four B.C. Interior hospitals temporarily close emergency services citing staff shortages](#)



[CANADA'S FIRST PUBLIC LONG-TERM CARE HOME BASED ON THE CONCEPTS OF A DEMENTIA VILLAGE OPENS ITS DOORS TO BC SENIORS](#)

We look forward to connecting with you.



*Copyright (C) 2024 BC Rural Health Network. All rights reserved.*

You are receiving this email because you opted in via our website.

Our mailing address is:  
BC Rural Health Network PO Box 940 Princeton, BC  
VOX 1W0 Canada

Want to change how you receive these emails? You can [update your preferences](#) or [unsubscribe](#)

[View In Browser](#)





**BCRHN**  
British Columbia  
Rural Health Network

September 2024  
Edition

---

## [A Letter from our President](#)

Dear Readers

And just like that summer is gone! Here we are in September and the start for many of us, back to a bit more of a routine, and many activities return from the summer hiatus. For me, August was a time of travelling and of hosting those who made the trek to visit us. So many good times and so many good conversations!

Funny, or perhaps not so funny, the conversations often come around to feeling our age, or concerns over health and the availability of health care in their home area. The unsettling feeling that you may have to move away from the life and people you have in it, in order to get appropriate services. These are not new conversations, we have had them over the years, but seem a little more intense now, as we get older. However, some of the conversations were not focused on us older folks. Many spoke of their grandkids needing services and really having none available unless mom or dad was able to take time off of work to travel for the services, and then there was the rest of the family who were called in to meet the needs of those at home...and the extra cost... and what happens for those families that are not lucky enough to have that support locally. I probably mentioned these examples before, and the topics seem to repeat, and that tells me they are important. The cornerstones of the BCRHN is that of the need for health equity in rural and remote communities. Those of us who live

rurally know that we have to travel for some health services but do need access to good Primary Health Care locally.

There are so many things that affect providing health care in rural and remote areas that is not direct service. The lack of transportation remains a real issue. The reality of Emergency Room closures hindering the ability to get timely appropriate care. The cost of the travel, the lack of infrastructure or upkeep to provide the services needed. There are great programs and services that can support good health care that can be delivered virtually, as long as you have access to a computer and the reliability of your internet. The ability to recruit and retain health care providers to rural and remote areas is always a challenge.

As with all conversation there is a certain amount of negativity about these things, and realistically there is much room for improvement. Yet, call me an optimist, but I do feel a certain amount of hope in that there is so many people and organizations committed to improving these situations.

Certainly, we at the BCRHN are! The focus on the issues surrounding rural residents in need of transplants (I must extend a special shout out to Paul and Jude who have worked tirelessly on this issue). The issue around Aging with Dignity that are being discussed with the Implementation Committee, with recommendations to be put forward in a Policy Paper. We have been very fortunate to have had Dan Levitt, the Seniors Advocate present to our board and our Implementation Committee to help inform these discussions. There is the increased funding for Hope Air general travel assistance and the Canadian Cancer Society new funding to improve access for those dealing with a cancer diagnosis and treatment. Our DEIB committee continues to work to bring forward the issues of people who face marginalization within the health care system so their stories can be used to drive positive and respectful changes in their interactions with the system. And of course, there is more but perhaps for another newsletter!

I do though want to highlight that UBCM Convention is being held in September. For those of you who don't know about UBCM (which was me up until a few years ago), it is a conference for BC municipalities that provides "a common voice for local governments". It allows for the sharing of information about issues, and believes there is strength in numbers when looking to initiate positive changes. (This is so true for us at the BCRHN as well!) Health is a topic at the convention and I am more than pleased to announce that Paul will be making a presentation at the Convention.

Speaking of presentations and information sharing, again I need to highlight the wonderful work Paul does in representing the issues of rural and remote throughout media interviews and presentations. He always represents us so well, as does Phoebe, Dr Jude Kornelsen, and other members when they are called upon...many thanks!

As mentioned last month we are so pleased with the addition of Dea Lewsaw to our staff, she is a quick study, very personable, and is learning the ins and outs of our Network very quickly!

So with that I will sign off. Please enjoy the rest of the newsletter. I love reading the Paul's and Phoebe's reports as they are always so informative! And the Member of the Month articles remind me that Rural and Remote BC communities are so unique and amazing and we are so proud to have them with us on this journey! I, as always thank you for your support

Only my best,

Peggy

---

## **From the Desk of the Executive Director**

Greetings Members and Supporters,

The BC Rural Health Network remains steadfast in its apolitical and non-partisan stance. Our board of directors represents a spectrum of political beliefs, unified by a single objective: ensuring that every BC resident has reasonable and equitable access to healthcare. This is not a privilege; it is a right guaranteed to all insured residents in our province. As we look ahead, and our election approaches, it is crucial that whichever party forms our next government recognizes the urgent need to prioritize rural health and wellness.

This month, we are intensifying our efforts to raise awareness about the inequities rural residents face in accessing healthcare. We encourage you to ask your candidates how they intend to address the healthcare crisis in rural BC. Over decades, our rural healthcare systems have been in decline, and it's imperative to ask

candidates specific, open-ended questions about their plans for improving health and wellness in rural communities.

Before engaging with candidates, take a moment to reflect on what you want and expect from your BC Government:

- **What does reasonable access to healthcare mean to you?**
- **What does equitable access look like in your community?**
- **What are your expectations for the BC Government regarding rural health?**

As an organization, we strive to find solutions that resonate across all political platforms, advocating for universal approaches to healthcare that benefit everyone. Healthcare should be above politics, focusing on creating universal support for evidence-based policies that truly address the needs of all residents.

Rural residents typically do not expect the same level of services as those in urban areas, but we do expect services that allow us to live well—raising our families, working our jobs, enjoying our retirement, and leading fulfilling lives. Urban residents should also expect to travel anywhere in the province without fearing that the nearest emergency room might be closed. Furthermore, they should expect that rural populations are not overly reliant on urban systems for basic emergency and primary care, which only strains the resources of those urban centers.

The BC Rural Health Network is committed to developing policy positions driven by the lived experiences of rural residents. We back these positions with robust scientific evidence and current research, and where evidence is lacking, we advocate for the necessary research to fill those gaps. We urge you to scrutinize the policies of political parties through the same lens, ensuring they are evidence-based and reflective of the lived experiences of those they seek to serve.

### **Updates from the BC Rural Health Network**

Here are some key highlights on developments in health issues for rural BC:

1. **Partnerships and Collaborations:** We've been continuing our work with Dan Levitt and the Office of the Seniors' Advocate and had the pleasure of Dan presenting to our Board and taking questions. We thank Dan and appreciate his work and that of his office. Our position paper on Aging with Dignity will align well with the positions of SAO and we hope will provide additional rural insights into aging populations that live in rural and remote communities.



Our work has also continued with discussions and collaboration with Kelly Gunn and her team that is currently working on a new rural health strategy for BC. This work will hopefully create a new start for rural health and wellbeing and we will keep you posted as we learn more about the strategy and how we can further contribute.

Northern Health has also demonstrated a desire to collaborate and we are working closely with their team to start a new relationship that will result in meaningful engagement and inclusion of rural community voices. The initial discussion demonstrate a true desire to solve problems in collaboration and with meaningful participation of rural communities. This relationship is still being developed but off to a good start on transportation. The new conversations with Northern Health has gained both our interest and that of the authority and we hope this is the mark of a meaningful engagement moving forward.

2. **Support for Hope Air:** We were initially concerned when Hope Air faced potential reductions in their services. However, we are pleased to report that the Provincial Health Services Authority (PSHA) has provided the necessary funding to ensure Hope Air can continue offering comprehensive services through the fiscal year 2024. This includes support for oncology patients, which is critical for rural residents who rely on these services.
3. **Cancer Care Funding:** The Canadian Cancer Society (CCS) received an additional \$20 million to expand oncology travel and accommodation services, further ensuring that no patient is left behind. This funding is a significant win for rural patients, and we are advocating for a broader application of this model to cover all out-of-community travel needs, which would represent just 0.17% of the current healthcare budget.
4. **Upcoming UBCM Panel:** We are preparing for a panel at the UBCM convention in September, focusing on access to care challenges for rural residents. The panel will feature discussions on topics ranging from patient lived experiences to the essential services provided by Hope Air and Helicopters without Borders. Dr. Jude Kornelsen will highlight her recent research on access to transplant care for rural residents in BC and this work at UBC Centre for Rural Health Research. The Lung Transplant Housing Support and Chris Unrau (Patient Partner see below) will highlight the lived experiences of our rural residents and the gaps in services that exist. ***Our goal is to secure commitments from all political parties to support comprehensive rural healthcare travel assistance and supports.***

5. **Media Engagement:** The continued closures of emergency rooms across BC have garnered significant media attention. I had the opportunity to discuss these issues in a live interview with [CKNW](#), reaching a large urban audience. We are using this momentum to push for changes in healthcare models to keep doors open and ensure safe, sustainable care for all residents. We have also recently been interviewed by a variety of other media and were featured in the [Vancouver Sun article](#) on the 5 ER closures in the Interior this weekend. This was then followed by articles in [Castanet](#) (note a quote in this article attributed to me was not mine in regard to an independent review of Interior Health), another article this evening in [City News](#) and finishing with a segment aired on the [Global National News](#) this evening which speaks to the ER closures again and the fact that we are in a true state of emergency for emergency care in rural BC. Towards the end of each newsletter we highlight the 6 most clicked news items posted on our blog, it is telling that 4 or the 6 most clicked items last month were all on ER closures, this summer is over but the closures will likely continue, we need action!

We will continue to advocate for rural health, engaging with partners, the media, and political leaders to ensure that the voices of rural residents are heard loud and clear.



### Some good news!

My friend and our Patient Partner Chris Derksen-Unrau is home in Princeton! Chris has made amazing progress and thanks to the donor, and the amazing transplant team at VGH, she has a new set of lungs, a new lease on life and will be a force to be

reckoned with! Chris intends to share her story and the incredible journey she has been on and we intend to help Chris change the system to ensure nobody has to face the inequities she has. We are so happy for Chris and her husband Arlen and wish them both many years of good health and new journeys! Welcome home Chris! Watch her first interview after being discharged [here](#) and look for more to come!

Yours in health and wellness,

Paul Adams  
Executive Director  
BC Rural Health Network

---

## Community Connect: An Update on Our Outreach Initiatives

Hi everyone!

For those I haven't had the pleasure of connecting with yet, please allow me to extend a warm introduction. My name is Phoebe and I am the Community Outreach Coordinator with the BC Rural Health Network.

As many of you know, in my role with the BCRHN as the community outreach coordinator, I have been engaged in a Community Outreach Initiative in collaboration with the [BC Association of Community Health Centres \(BCACHC\)](#) and the Innovations Solutions Unit (ISU) at UBC, [Hope Air](#) and [United Way BC \(UWBC\)](#), and other key stakeholders over the past year.



As I continue with outreach work, I am immensely grateful for everyone who has taken the time to speak with me and share their insights and personal experiences related to

accessing care in their community. We sure have some incredible individuals across the province working tirelessly to make positive change!

I have had the pleasure of working with Dr. Jude Kornelsen in facilitating regional focus groups regarding rural community engagement in healthcare decision-making. These focus groups are in response to the Gap Analysis that the UBC Centre for Rural Health Research and the BCRHN did, which found a massive disconnect in engagement between rural communities and healthcare decision-makers. We have now completed all seven of our regional focus-group sessions across the province. We completed two sessions in the Interior, two in the North, two on the Island and one in the Vancouver Coastal region. I know that I speak for Jude as well when I say we are so incredibly impressed by the insights and innovations that came out of these groups. We are working hard to analyze and report all of the rich data and we look forward to sharing the findings with you.

Last month, I mentioned that we are fortunate to have received a Climate Equity and Resilience grant through SPARC BC and that we have brought on a new staff member, Dea. She will be working on community outreach regarding climate resilience in rural communities and will be continuing my community outreach work as I step back from some of my responsibilities with the Network to focus on my Masters. I will still be around and I am more than happy to connect with any of you or make an introduction to Dea. In the first few weeks we have worked with her, she has demonstrated an incredible ability to connect with people. If you would like to connect, please reach out to me or to Dea at [dea.lewsaw@bcruralhealth.org](mailto:dea.lewsaw@bcruralhealth.org).

You will also be hearing from Dea more in the newsletter as she continues her work!

Thank you for reading! As always, I am continuing my community outreach work and would love to hear from you. Please feel free to send me an email at [phoebe.lazier@bcruralhealth.org](mailto:phoebe.lazier@bcruralhealth.org).

Best,  
Phoebe

---

# September Member of the Month: Dave Smith

Recently, the BC Rural Health Network has been very busy, growing rapidly and making tangible change in equitable access to rural health care. All of this would not be possible without the tireless efforts of our Board of Directors and their commitment to rural healthcare improvement.

This month, we would like to highlight the hard work of one of our long-standing and valued board members: Dave Smith. Dave joins the BC Rural Health Network from Chase, BC. He is a multifaceted individual with a rich background in arts, broadcasting, and community service.



Graduating from Prince Charles Secondary School in Creston, he pursued his passion for theatre at the University of Victoria's Phoenix Theatre Program on a scholarship. Dave's education continued with writing courses at Douglas College, broadcasting studies at the Columbia School of Broadcasting, courses in video production, equestrian studies, farm management, stream restoration and habitat enhancement and more.

Dave's work experience is diverse and ongoing with time spent at the Ministry of Mental Health working on their BC Boarding Home Program as an Activity Therapist and Volunteer Coordinator and the Ministry of Agriculture as an Equine Member Director. Additionally, he has contributed to cultural enrichment through television appearances and a lengthy career in community television.

Dave has a long-standing ecological connection. He has worked in Salmon enhancement and sat on the Salmon Enhancement Habitat Advisory Board for 15 years as their provincial and national director. Dave is also deeply rooted in BC's equestrian world. He has been the co-founder and chair of The Haney Horseman Association for over 38 years. For his work, he was awarded a Queen's medal and was part of the Trans Canada Trail Team. Dave's work in trail building with the has had a massive positive impact on the health and wellbeing of several communities in the Lower Mainland including Maple Ridge and Pitt Meadows. Dave was part of the planning and building of many of the expansive multi-use trail networks in the area. These trails are accessible to all and promote getting outside and exercising!

Beyond his professional endeavours, Dave has demonstrated an extensive commitment to community service and volunteering including spending 6 years with the Chase Community Services Society, six years as the Vice President and Director for the Adams River Salmon Society, and an ongoing commitment to the BC Rural Health Network as a valued board member for the past five years. Dave and his wife have dedicated over a decade to caregiving, inspiring his advocacy for long-term care facilities in his community after a promise he made to his wife's aunt to do everything he can to bring a full-care facility to Chase.

Dave's welcoming attitude and friendly smile is just the start of why we value him so much at the Network. His insights and perspectives into all areas of rural health foster rich discussion at our meetings. Thank you for your passion and service, Dave!

[See more members of the month here](#)

---

# RCCbc presents: the Rural Voices Gathering



The Rural Coordination Centre of British Columbia (RCCbc) is hosting the Rural Voices Gathering in November 2024. The Gathering is an opportunity for rural, remote, First Nations and Métis communities to have their voices amplified relative to:

- The Rural and Remote Framework being developed by the BC Ministry of Health
- Transportation for health services
- Education and training for health care providers in rural communities
- Hybrid health care including peer-to-peer virtual support, in-person and virtual patient consultations

The Rural Voices Gathering will occur virtually on November 20 and 27th, with in-person community discussions to happen between the virtual dates.

RCCbc is looking for individuals interested in facilitating the in-person community discussions and/or the virtual, province-wide sessions. Training will be provided to facilitators in Vancouver with travel and expenses covered by RCCbc.

Community discussion groups can include but are not limited to, new or existing groups who share geography, interests, practice, circumstances and/or objectives. The facilitator will be responsible for bringing together the group. Facilitators will be provided an honorarium for participating in training and for time spent facilitating dialogue.

If you are interested in facilitating, please select 'yes' on the form linked below:

[Register for the Rural Voices Gathering \(jotform.com\)](https://www.jotform.com)

Please reach out to Alice Muirhead at [amuirhead@rccbc.ca](mailto:amuirhead@rccbc.ca) you have any questions or concerns.



## New opioid treatment access line provides same-day access to care

The Province has launched the Opioid Treatment Access Line to make it faster and easier for people to get life-saving medication to treat opioid-use disorder and get connected to same-day care.

“When people struggling with opioid addiction decide to reach out for help, they need access to treatment and care quickly, free from barriers,” said Jennifer Whiteside, Minister of Mental Health and Addictions. “This new confidential access line will help people across B.C. start on a path to recovery right away. It’s part of our work to expand access to treatment and recovery so people can get the care they need, where and when they need it.”

The Opioid Treatment Access Line is a provincewide telephone-based health service. People struggling with opioid addiction can call 1 833 804-8111 toll-free for immediate assistance from a dedicated team, including doctors and nurses, who can prescribe life-saving opioid agonist medications. Callers will also be directly connected to regional health-care teams for ongoing treatment and support within their community. Dedicated nurses will help make sure people are getting the longer-term care they need. The service is confidential, the treatment is covered under BC PharmaCare, and it is available seven days a week from 9 a.m. until 4 p.m.

It is estimated that there are at least 125,000 people living with opioid-use disorder in B.C., and there are approximately 24,000 people currently on opioid agonist



treatment. The Opioid Treatment Access Line will help many people, especially those in smaller communities, who find it challenging to find a local clinic or prescriber.

The Opioid Treatment Access Line supports the expansion of the Road to Recovery program across all regions of B.C., and serves as an immediate measure to improve access to opioid-addiction treatment. This is part of the Province's comprehensive effort to ensure individuals receive the treatment and recovery care they need, prevent overdose deaths and keep people and communities safe.

"Opioid agonist treatments can reduce the harmful symptoms of opioid use and support long-term recovery, but too often people face challenges with getting a prescription when they need it," said Dr. Penny Ballem, the Premier's special adviser on health care. "Through this new telephone service, people from anywhere in B.C. can quickly and easily get an assessment and be prescribed the treatments they need to start their healing journey."

Opioid agonist treatment uses medications such as buprenorphine/naloxone, methadone and slow-release oral morphine, prescribed by a trained doctor or nurse to prevent withdrawal symptoms and reduce the risk of overdose. Opioid agonist treatment is an evidence-based approach used widely across Canada and around the world. It is the recommended first-line treatment for people with opioid addiction and has been shown to help people stabilize their health and life, stay in treatment, stay away from toxic opioid use and start a path to recovery.

The toxic-drug crisis continues to devastate families across B.C. and North America, and men working in the trades are over-represented in the number of deaths from overdose. A BC Coroners Service report from 2022 found that of the 35% of people who were employed at the time of their death, 52% of them worked in the construction, trades or transport industry. The Province has been working with the sector to expand Tailgate Toolkit, a harm-reduction program that aims to educate employers and employees about the risks and supports available to them. The Opioid Treatment Access Line is another tool to add to that toolkit.

"It can be especially hard for people in the construction industry to overcome stigma and ask for help with an addiction. There is a need to remove further barriers that cause people to turn away," said Vicky Waldron, executive director of the Construction Industry Rehabilitation Plan. "We are hopeful that the Opioid Treatment Access Line will improve access to treatment and care for construction workers who are struggling."

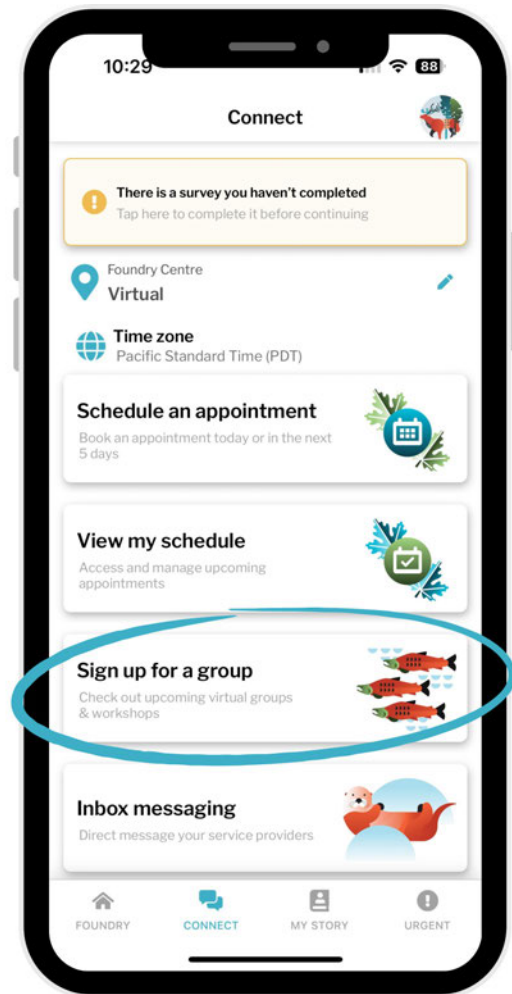
In addition, the Province is supporting the Construction Industry Rehabilitation Plan with the expansion of the BuildStrong App, an app for construction workers that provides on-demand access to mental-health and addiction support, including tools and techniques for managing stress and anxiety, tips for overcoming addiction challenges, and information about treatment options.

More details about B.C.'s work to address the toxic-drug crisis and expand treatment and recovery services is available on a new website: <https://gov.bc.ca/BetterCare>

Find more information here

---

# Foundry Virtual BC: Free Mental Health and Wellness Support for Youth and Caregivers



At Foundry, we know that the back-to-school transition can bring up challenges and difficult feelings for youth. With this in mind, we want to remind providers of [Foundry Virtual BC's](#) free services that any young person aged 12-24 living in BC (and their caregivers!) can access:

- [Counselling](#)
- [Peer Support](#)
- [Substance use services](#)
- [Groups & Workshops](#)
- [Primary Care](#)
- [Employment & Education services](#)

This month, we hope to feature a few groups, should you have young people in your care that are looking for some extra support and connection. To learn more, [visit our groups webpage](#) or download the app and register directly!

**Queer Cafe:** Queer Cafe is a virtual-led social group for youth who identify as 2SLGBTQ+. Any young person who identifies as 2SLGBTQ+ or is questioning can join virtually and take part in activities, crafts, workshops, games and more! This space will be a safe virtual space for youth to come together and ask questions, learn, and connect with other youth living in BC.

**Mindfulness 101:** Take a break from the stress of life or your busy schedule and find a moment of peace with peers! Join Foundry Virtual BC for weekly drop-in mindfulness sessions, designed specifically for young people aged 12-24. These virtual sessions provide a peaceful space to practice mindfulness, through quick exercises and guided meditations.

**Don't forget- we offer services for caregivers, too!**

Recognizing mental health and wellness challenges impact families as a whole, we want to remind caregivers of youth aged 12-24 of our Family Peer Support, Caregivers Support Group, Family Counselling and Emotion-Focused Family Therapy workshops.

Have a young person in mind who could benefit from Foundry's services? Encourage them to Download the Foundry BC app and book an appointment for the same day or in advance.

Hours: Monday – Friday, 10:00am-9:00pm // Saturday-Sunday 10:00 am-6:00 pm  
To learn more please visit [www.foundrybc.ca/virtual](http://www.foundrybc.ca/virtual) or email [online@foundrybc.ca](mailto:online@foundrybc.ca)

Visit Foundry Virtual!

# Seeking Rural Mental Health-Related Service Providers for an Online Study!

**Do you provide mental health-related support or services in rural BC?**

**We want to hear from you!**



Researchers at UBC Okanagan would like to learn more about **your** experiences providing support to rural community members, and how climate-related events (e.g., wildfires & floods) have impacted you personally and professionally.



- **Have you...** Provided mental health services or support (primarily in-person) to rural BC community members for at least 6-months?
- **Are you...** 19+ years of age and a BC resident?

*Exploring the Professional and Personal Experiences of Mental Health-related Service Providers in Rural Communities*



Eligible and interested in participating? Please follow the link to complete the 20-30 min. survey: [https://ubc.ca/qualtrics.com/jfe/form/SV\\_5mzNU5RRkeAjmM6](https://ubc.ca/qualtrics.com/jfe/form/SV_5mzNU5RRkeAjmM6)

Participants can enter the draw to win a prize!

Questions? Email Kendra Corman at [kmcorman@student.ubc.ca](mailto:kmcorman@student.ubc.ca)



Little is known about the individuals who provide mental health-related services in rural communities. A number of challenges have been identified for rural mental health service providers as they try to meet the needs to their communities, resulting in burnout and high turnover rates. In recent years, rural communities have also been disproportionately impacted by climate-related events, such as wildfires and floods. This may further add to the demands on mental health service providers.

To improve our understanding of mental health services in rural communities, our study explores the experiences of those providing these services. We are interested in learning about the professional and personal experiences of service providers, especially in regards to recent climate-related events. This study will help to increase knowledge and awareness regarding the individuals providing mental health services

and how they can be better supported. We hope our findings will be used to enhance the well-being of both those providing mental health services and those in need of these services in rural communities.

Participation involves a single online survey. You will be asked questions about your personal and professional experiences providing mental health-related services to rural community members. Additionally, you will be asked to share your personal and professional experiences with climate-related events.

To take part in this research, you must:

- be 19 years of age or older.
- live in BC.
- have worked in the same BC rural community for at least 6 months. Note: you can work in more than one community, but you must have worked in at least one of the communities for a minimum of 6 months.
- work in a position in which you provide some type of mental health-related services or support to rural community members. The majority of the services that you provide must be in-person. Your training is not important. For example, you may be a doctor or a social worker, or you may work for a family or social service agency. What is essential is that you provide mental health-related services to community members.

If you are interested in participating, please follow this link to take the survey:

[https://ubc.ca1.qualtrics.com/jfe/form/SV\\_5mzNU5RRkeAimM6](https://ubc.ca1.qualtrics.com/jfe/form/SV_5mzNU5RRkeAimM6)

Participants will have the opportunity to enter a draw to win a prize!

If you have any questions, please contact Kendra Corman at [kmcorman@student.ubc.ca](mailto:kmcorman@student.ubc.ca)

---

## Grant Opportunity: New horizons for Seniors

# Program - Community-based projects

**Funding amount:** Up to \$25,000

**Application period:** August 01, 2024 at 10:00 am to September 12, 2024 at 3:00 pm, Eastern Daylight Time (EDT)

**Who can apply:** Eligible organizations can apply for up to \$25,000 for projects that are led by seniors and are volunteer based.

**What this program offers:** The New Horizons for Seniors Program (NHSP) community-based stream is a federal grant. It supports projects that are designed by seniors and for seniors in their communities. This program funds projects that empower seniors in their communities and contribute to improving their health and well-being.

[Find more information here!](#)

---



# RURAL PEER SUPPORT FUNDAMENTALS TRAINING



17 & 24, SEPTEMBER, 2024



8:30 AM - 3:00 PM PDT  
10:30 AM - 5:00 PM CDT



**SR training**



We are excited to let you know about a unique opportunity to open up the conversation around mental health in rural communities.

Rural Peer Support Fundamentals Training is offered by Stigma-Free Mental Health Society and Sara Riel Inc to equip participants with the skills they need to facilitate peer support programs, reduce mental health stigma, and become a leader in their community. Participants will also have the opportunity to engage and collaborate with others who understand the rural way of life.

The next training sessions will be offered September 17 & 24, 2024, running from 8:30 am - 3:00 pm PDT/10:30 am – 5:00 pm CDT over the two days.



Registration Admin Fee: \$50

More information about Peer Support Fundamentals Training can be found at [www.ruralmentalwellness.com](http://www.ruralmentalwellness.com). Click on the button that says “Peer Support – A Program In Your Community” to retrieve details on topics covered and training format and access the registration link.

We hope you take advantage of this incredible opportunity to open up the conversation about mental health within rural communities!

More generalized information about Peer Support Fundamentals Training can be found here:

<https://ruralmentalwellness.com/peer-support/>

<https://ruralmentalwellness.com/rural-mental-wellness-peer-support/>

---

## Travel Assistance with Kindness and Compassion!

Hope Air is doing more than many know to help people reach medical treatment and appointments in BC and across Canada. Their “no patient left behind” policy is inspiring and greatly needed by many rural residents in our province. Hope Air provides not only air travel where needed but also helps many with out-of-pocket costs associated with accessing the care they need. Hotels, meals and ground transportation are all aspects of service that Hope Air not only provides but coordinates for those in need. [Visit Hope Air!](#)



**BOARDING PASS**

**Passenger:**  
Atticus, 5 years old

**Reason for travel:**  
Battling neuromuscular disease

**Travel route:**  
Kelowna to Vancouver

**Started travelling with Hope Air:**  
2022

**Number of trips:**  
5 lifetime trips

**HOPE AIR**

**BOARDING PASS**

**Hope Air's commitment** is to ensure that no patient in need is left behind when it comes to accessing vital medical appointments.

We achieve this by offering four core programs to assist patients and their escorts with free Airline Travel, Hotel Accommodations, Meal Vouchers and Ground Transportation.

**We only have two main criteria for assessing applications for the travel request:**

- Confirmed medical appointment covered under the provincial health plan and supporting documentation
- You are in financial need to cover the cost of travel to medical appointments far from home

**HOPE AIR**

Learn more at:  
**hopeair.ca**



## Popular Posts and News from August 2024



[Grieving families struggle to find funeral services in B.C.](#)



[More emergency rooms closed in B.C. over weekend due to staffing shortages](#)



[Despite staffing incentives, Masset, B.C., ER closures continue](#)



[B.C. throwing 'everything and the kitchen sink' to fill health-care gaps](#)



[Head of psychiatry at UHNBC calls for a 'renewal' of the system](#)



[B.C. working on filling health-care gaps every day: Dix](#)

[kitchen sink' at ER  
closures: Dix](#)

[northern B.C. mental  
health hospital](#)

We look forward to connecting with  
you.



*Copyright (C) 2024 BC Rural Health Network. All rights reserved.*  
You are receiving this email because you opted in via our website.

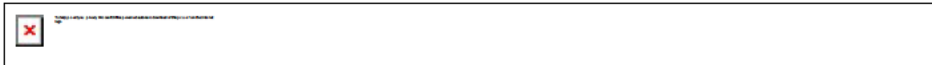
Our mailing address is:  
BC Rural Health Network PO Box 940 Princeton, BC  
V0X 1W0 Canada

Want to change how you receive these emails? You can [update your preferences](#) or [unsubscribe](#)

[View In Browser](#)



**BCRHN**  
British Columbia  
Rural Health Network



# Clarifying Our Position on Emergency Room Closures in BC

Paul Adams – [BCRHN](#) – September 5th, 2024

The BC Rural Health Network (BCRHN) is an apolitical, non-partisan, non-profit organization that works tirelessly to address healthcare challenges in rural communities. With a growing membership base of over 60 non-profit organizations, 31 municipalities, two regional districts, and numerous individuals, our mission is to improve health and wellness in rural BC. We collaborate with all levels of government and political parties, relying on community experiences and evidence-based research to create solutions.

Our work often involves raising awareness of critical healthcare issues, including rural emergency room (ER) closures. As a volunteer-driven organization with limited resources, media exposure is vital to sharing our message. However, recent media reports, including an [article in the Vancouver Sun](#), have been misused by political entities to misrepresent our position. We stand by the Vancouver Sun's balanced reporting and appreciate their fair coverage of our views. We did not appreciate the manipulation of their article by others.

ER closures are one of many issues we address, and it is critical that the public understands our approach. These closures have escalated in frequency, affecting numerous communities across the province. We believe this situation is a public health emergency requiring immediate action to ensure rural residents are not left without access to emergency care.

ERs in BC are strategically placed to serve their surrounding populations, and closures pose significant risks to those needing life-saving care. Over the years, the centralization of healthcare services has led to fewer rural ERs and diminished services at existing facilities. While investments in healthcare infrastructure and workforce training are welcome, these solutions do not provide immediate relief to rural communities facing ER closures today.

We commend the efforts of healthcare professionals and support ongoing investments in the sector, including new medical schools, expanded nursing programs, and increased recruitment of physicians and paramedics. However, we urge the provincial government to implement short-term measures to keep ER doors open while longer-term solutions are developed. This may require innovative approaches such as expanding the role of physician assistants, reducing barriers for internationally trained healthcare workers, deploying rapid-response units, and utilizing students in healthcare professions to support rural care.

One partial solution is the implementation of virtual ERs in every rural hospital, providing immediate access to care through telehealth and remote diagnostics. Virtual care can help ensure that patients receive timely treatment, even in situations where staff shortages make it difficult to keep the physical ER fully operational. Less medically qualified but care-oriented staff, 'system navigators', could be used to bolster support for patients and providing better service-oriented care.

Additionally, we must reduce the number of non-emergency cases—such as those related to mental health or primary care—that currently overload ERs. Through education, outreach, and community resources like community paramedics and mental health support services, we can redirect these cases to more appropriate

settings, easing the burden on emergency departments. This approach ensures that ERs are available for true emergencies; while providing patients with the care they need in a more suitable environment.

Another issue that cannot be overlooked is the out-of-pocket costs that rural residents face when accessing care. High travel expenses and other costs often prevent people from seeking early treatment, leading to more severe, chronic conditions that ultimately increase ER visits. Addressing these barriers is crucial to reducing the revolving door of emergency care and improving health outcomes overall.

Ultimately, we must shift toward a proactive system that promotes health and wellness rather than a reactive system that simply responds to sickness and illness. Small investments in preventative care, community resources, and virtual services can lead to significant savings and better outcomes over time. The key is acting now to make strategic changes that will help rural communities immediately and for years to come.

The healthcare challenges facing rural BC are complex, but we believe a new model of care that reflects rural realities is essential. Our goal is to ensure that no community is left without access to emergency services, even if that means temporary solutions that may not meet the ideal standards of care. The priority must be keeping the doors open and saving lives. Creating healthy communities will reduce burdens and slash costs and immediate investment in that will show rapid returns on investment with dividends!

Regardless of who forms the government in BC, we strongly urge all political parties to refrain from politicizing our healthcare system or our organization. The BC Rural Health Network is committed to advocating for solutions that serve the needs of rural communities, regardless of the political landscape. Our consistent approach, rooted in the lived experiences of our members, will continue to guide our engagement with any government. We remain steadfast in our mission to improve rural healthcare and will not allow our organization or its goals to be used as a political tool during election cycles.

Recent events highlight the need for us to clarify that while we hold no political allegiance, we offer valuable insights that can help shape sound health policies across party lines. With deep connections in rural communities, we have the ability to distribute good information and resources from the grassroots level. This collaborative, community-driven approach is crucial in ensuring that rural BC receives the attention and support it desperately needs.

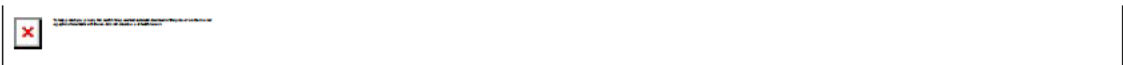
--30--

For media inquiries [info@bcruralhealth.org](mailto:info@bcruralhealth.org) or 250-295-5436

[View email in browser](#)

BC Rural Health Network · PO Box 940 · Princeton, BC V0X 1W0 · Canada

[update your preferences](#) or [unsubscribe](#)



UBCM, rural health issues, and connecting with the Village Health Advisory Council.

---

From TD [REDACTED]

Date Sat 2024-09-07 8:54 AM

To Village of Kaslo <admin@kaslo.ca>; Catherine Allaway <allaway@kaslo.ca>; Mayor Hewat <mayor@kaslo.ca>

Mayor Hewat, village staff, and members of the Health Advisory Council,

I am curious if any representatives from the village will be meeting with anyone from the ministry of health at the ubcm conference, and whether the issue of rural Long term care can be brought up.

There have been some excellent papers from the BC Rural health Network, and from the BC Seniors Advocate published this year, which are relevant to Kaslo's needs.

I am interested to know if the Village Health Advisory Council have engaged anyone at Interior Health about expanding LTC in Kaslo?

I would be interested in attending a meeting of the Health Advisory Council as a delegation, to represent the Hospital Expansion Committee of VHKAS.

Best wishes.

Warm regards,  
~ Tyler Dobie

President, VHKAS.  
The oldest hospital auxiliary in BC, since 1902.

Kaslo BC, V0G 1M0  
[REDACTED]