



HEALTH ADVISORY COMMITTEE AGENDA

DATE: 2023.09.25

LOCATION: Council Chambers – City Hall

TIME: 6:00 p.m.

413 Fourth Street, Kaslo

1. Call to Order

2. Adoption of the Agenda

2.1 Adoption of the Agenda for the 2023.09.25 Health Advisory Committee Meeting.

3. Adoption of the Minutes

3.1 Adoption of the Minutes of the 2023.07.17 Health Advisory Committee Meeting.

4. Delegations

5. Information Items

5.1 Member Reports

5.1.1 Senior Coordinator's Report - Brandrick

5.2 Correspondence

5.2.1 Hemodialysis Services in Nelson – Bird 2023.07.21

5.2.2 British Columbia Rural Health Matters – Mid Summer Update

5.2.3 British Columbia Rural Health Matters – August 2023 Edition

5.2.4 British Columbia Rural Health Matters – Mid Month Update

5.2.5 British Columbia Rural Health Matters – September 2023 Edition

5.2.6 Radon in BC: Does your community need to test?

5.2.7 British Columbia Rural Health Network – Ground-Breaking Recommendations

5.2.8 British Columbia Rural Health Matters – Mid Month Update

6. Question Period

7. Business

7.1 West Kootenay Boundary Regional Hospital District Update

7.2 Radon Testing Program

8. Late Items

Consideration of any late items added to the agenda.

9. Next Meeting

November 20th, 2023 at 6:00 p.m. in City Hall.

10. Adjournment

DATE: 2023.07.17

LOCATION: Council Chambers – City Hall

TIME: 6:00 p.m.

413 Fourth Street, Kaslo

PRESENT:	Chair	Mayor Hewat
	Members	Councillor Bird, Elizabeth Brandrick, Leni Neumeier, Liz Ross, Deb Borsos
	Absent	Kate O’Keefe
	Staff	CO Allaway
	Public	2

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 6:03 p.m.

2. Adoption of the Agenda

2.1 Adoption of the Agenda for the 2023.07.17 Health Advisory Committee Meeting.

Moved, seconded and CARRIED

THAT the agenda for the 2023.07.17 Health Advisory Committee Meeting be adopted as presented.

3. Adoption of the Minutes

3.1 Adoption of the Minutes of the 2023.05.15 Kaslo and Area D Health Care Select Committee Meeting.

Moved, seconded and CARRIED

THAT the minutes for the 2023.05.15 Health Advisory Committee Meeting be adopted as amended.

4. Delegations – Nil**5. Information Items**

5.1 Member Reports

5.1.1 Erika Bird – The committee discussed the draft letter to Lannon de Best regarding the need for improved access to dialysis services.

5.2 Correspondence

5.2.1 British Columbia Rural Health Matters – June 2023 Edition

5.2.2 British Columbia Rural Health Matters – July 2023 Edition

5.2.3 British Columbia Rural Health Matters – Urgent Call for Transparency

5.2.4 British Columbia Rural Health Matters – Keeping It Rural Conference

5.2.5 Interior Health – Lannon DeBest 2023.05.01

5.3 UBCM Meeting Request – Minister of Health

6. **Question Period** – Nil

7. **Late Items** – Nil

8. **Next Meeting**

The next Health Advisory Committee meeting will be held on September 25, 2023 at 6:00 p.m. in Council Chambers at City Hall.

9. **Adjournment**

The meeting was adjourned at 6:46 p.m.

CERTIFIED CORRECT:

Corporate Officer

Chair Hewat





July - 2023 - Senior Co-ordinator's Report

1. Simple meals for 'The Healthy Aging' *Therapeutic Activation Program* (TAPS) are prepared at our Food Hub. Some of the 45 meals this summer are picked up by clients at the Food Cupboard in the Lardeau Valley Hall on Wednesdays, some are delivered enroute to the L.V.H., and in Kaslo and Area the other packages are delivered in person on Fridays. This delivery process provides an excellent opportunity to share information with Seniors, and creates a time of social interaction and check-ins.
2. Free activities for the TAPS group of clients continues:
 - a) A 'Rain or Shine Walking Group' begins at 10:00 am. Tuesdays at the Front Door of Abbey Manor. These walks will now be followed with a simple shared lunch.
 - b) Christine Parton and Kathy Allaire have been leading sessions of 'Creative Journalling' in the Common Room at Abbey Manor.
 - c) Bowling has begun once a month at the Lardeau Valley Hall at Meadow Creek for the fall months of September, October, and November.
 - d) Volunteer participants collected water samples during the summer months at lakes near Kaslo and in Area D.
3. Barb Szuta of The Columbia Basin Alliance of Literacy (CBAL) is available for Digital Support by appointment. Phone 250-353-2289 to book an appointment.
4. Lynda Beddow continues as a volunteer assisting people with the filing of their income tax returns. Lynda prepares returns for low-income clients, some of whom are seniors.
5. Medical and Non-Medical Rides for Seniors can be arranged through 'The Kootenay Seniors Volunteer Drivers Program', phone #778-463-5247. Much needed volunteers are welcome to contact the K.S.V.D.P.
6. The Kaslo Community Paramedics presented an excellent series of 'Self-Care & Well Being Workshops' in the Spring. The last session was held on June 14th at: The Heritage Hall. The participants look forward to the next sessions of this excellent program which was beneficial to adults with or without compromising health conditions.
7. Notes from the Kaslo Seniors:
 - The Seniors 'In-Person' meetings are held at the Kaslo Seniors' Hall at 11:00 am. on the first Tuesday of each month from September until June. The meetings are followed by a delicious lunch served at noon, at a cost of \$15.00 for members, and \$20.00 for visitors.
 - The cost for Senior Annual Memberships is \$15.00.
 - A drop-in fee of \$3.00 is suggested for the Friday morning Senior Coffee get-togethers from 9:30-11:30 at the Seniors Hall.
 - On June 2nd a 50th Anniversary, and Open House at the Kaslo Senior Hall was held at the Kembal Gardens, with a BBQ, entertainment, and a happy time of celebration to mark the occasion.
 - Community members look forward to making use of the newly renovated outdoor Raquet Club Courts for (Pickleball and Tennis), whose grand-opening was held on Saturday July 15th from 4:00 – 6:00 pm. The courts are located beside the Kaslo Arena.
 - Additional Seniors' Programing will resume in the fall, for example the Seniors' Exercise Program at the Heritage Hall, and Carpet Bowling at the Legion.
8. - The Seniors' Coordinator can be contacted at <elizabethbrandrick@nklcss.org>, or by leaving a message at KCSS. ph.#250-353-7691

From: [Erika Bird](#)
To: lannon.debest@interiorhealth.ca
Cc: [Karissa Stroshein](#); [Mayor Hewat](#)
Subject: Hemodialysis services in Nelson and Area
Date: Friday, July 21, 2023 7:55:47 AM

Dear Mr. DeBest,

I am hoping you could give me an update on Interior Health's plans regarding establishing a community hemodialysis unit in Nelson. There is ample evidence of the need, especially since the termination in May of the medical transport line from Nelson to Trail that was operated by Nelson CARES.

Christine Freyta, who has been advocating for a hemodialysis clinic in Nelson for almost 4 years now, wrote to me recently: "When I go for dialysis on Saturdays, out of 9 dialysis stations in Trail, 6 of them are patients from Nelson and beyond (Six Mile, Ainsworth, Woodbury Creek.) I see that there are 10 patients from Nelson and north of Nelson, on a weekly basis. Some go 3xs and some 2xs weekly, depending what they require. This proves a very real need for dialysis unit in Nelson."

I'm going to guess that you are not in a position to divulge the discussions that go into your 5-year strategic planning. But perhaps you can identify for me the barriers that the Interior Health Authority is facing, as yet another year goes by without any hint that Nelson and Area patients have a hope for dialysis services closer to home.

Is it lack of sufficient data? A lack of trained personnel? Lack of appropriate space? Funding?

Finally, I am wondering if, as part of your strategic planning, you have investigated other models of hemodialysis delivery. One of the nurses looking after renal patients in Trail mentioned that he used to work for Ontario Renal. There was a mobile system established there. He used to travel from clinic to clinic in his rural area. Here's a link to the Ontario Renal Network. <https://www.ontariorenalnetwork.ca/en/local-services>

I thank you in advance for your time and consideration of this matter,

Erika Bird
Councillor, Village of Kaslo and member of Kaslo's Health Advisory Committee

(CC Mayor Suzan Hewat and the Village of Kaslo)

From: Paul <newsletter@bcruralhealth.org>
Sent: Tuesday, July 18, 2023 1:34 PM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: Mid Summer Update



BCRHN

British Columbia
Rural Health Network

Mid Month Update

Summer is in full swing, so is the BC Rural Health Network!

Welcome Phoebe Lazier!

As you will see below, the BC Rural Health Network has engaged in two new outreach projects. Last week we hired Phoebe to assist in these projects. Phoebe will be reaching out to many of you over the next few weeks and months.

We have engaged with the BC Association of Community Health Centres to help promote their services and to inform communities about them. We see CHCs as a model of excellence for rural communities.

In addition, we will be working closely with Hope Air to promote their valuable services! Hope Air provides travel assistance to those who are more than 80km from the treatment they need. They have been providing services to rural and remote



Here is an introduction from Phoebe:

communities for decades and have the capacity to do more!

We will start this project in August. We look forward to telling communities across the province about their valuable services (much more than just air transport!)

Hello! My name is Phoebe Lazier. I grew up in Nelson, BC and I have recently relocated to Merritt after graduating from UBCO with my bachelor's degree in psychology. Growing up in the Kootenay region fostered my love of all things outdoors including but not limited to skiing, biking, camping and hiking. I love to read and cook and I am passionate about promoting mental and physical health and wellness. I am thrilled to be joining the BC Rural Health Network as a community outreach contractor.

BC Association of Community Health Centres

The Community Health Centre model works for rural communities but not all Community Health Centres (CHCs) are equal!

The CHC model championed by the BC Association of Community Health Centres (BCACHC), is the model that we need! This model creates a means to effectively engage the community's voice in their health, healthcare and wellbeing.

True CHCs are community governed and create team-based care that truly supports residents with wrap-around services and longitudinal care. They enhance the recruitment and retention of healthcare workers and connect the community to their healthcare providers.



Creating a CHC in your community can be challenging! It requires the dedication of the health champions in your community to succeed. Some don't know about the model and some just need some help to get started. The BC Rural Health Network is here to assist!

If you are interested in learning more about Community Health Centres or need assistance in creating your CHC please let us know! We also want to know more about your community and your community needs.

Phoebe's email is phoebe.lazier@bcruralhealth.org

wait there is more....



For many Canadians facing serious health issues, getting the care they need isn't as easy as you'd expect. Vital medical appointments and treatments are often far from home.

How do patients efficiently access far-away care?

How do they afford the travel costs?

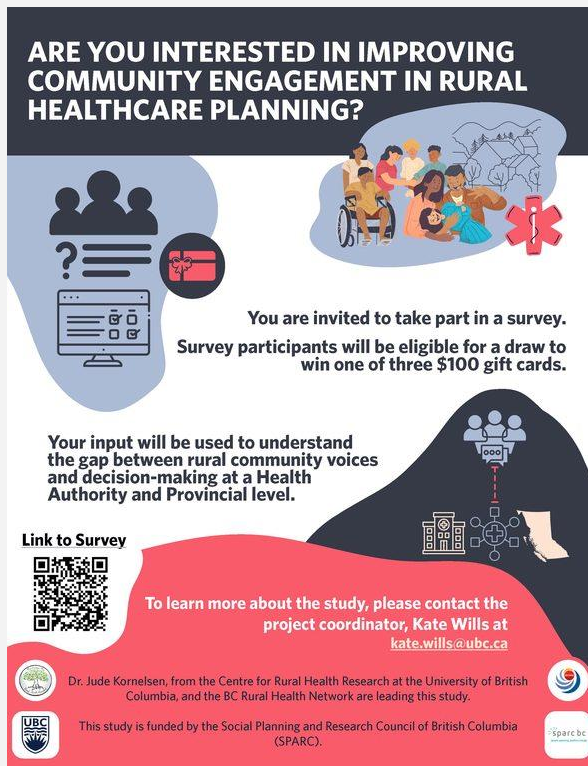
These are things that those suffering from an illness shouldn't have to worry about when they're trying to focus on their health.

Hope Air

Starting in August we will begin our outreach project with Hope Air.

- Some folks think Hope Air is an airline (it's not.)
- Some think they only provide flight services (they don't.)
- Some think they only provide services to those with a specific illness (they help anyone who qualifies that has a medical appointment!)

Hope Air also wants to learn more about your community and your travel challenges. We will be reaching out to provide more information and inform rural communities about their incredible services and how they can help you!



Improving Community Engagement in Rural Healthcare Planning

This is a critical research project that the UBC Centre for Rural Health Research and BC Rural Health Network are leading.

We need to hear from you and your networks to understand the gaps between community engagement and rural healthcare planning. This requires 30 minutes of your valuable time and we recognize that there are many requests for surveys but this one is critical!

Please click on the poster to the left to complete the survey. If you have questions, [please click here to contact our project coordinator Kate Wills.](#)

Saying that we are not heard in policy decisions is one thing, having the evidence to support that position is crucial!

The lived and living experience of rural communities and their residents has been missing from the conversation and we would love to hear from you!



Seeking Volunteers

Here is more information on the opportunity we mentioned in the July Newsletter. We are looking for a few new members!

You are invited to join a group of individuals from rural, remote and Indigenous communities to share your experience and perspective on topics relating to health care in British Columbia.

We at the BCRHN are pleased to co-lead this important group with the Health Quality Council.

Aim

The group consists of rural, remote and Indigenous citizens whose perspectives will help guide the work of the provincial Rural and First Nations Partnership Table on specific topics, along with additional focus areas identified by the group. Priorities for discussion will include, but are not limited to, the following:

- **Co-creating culturally safe and humble primary care**
- **Designing, planning for and implementing Team-based Care**
- **Increasing citizen and community involvement in healthcare transformation processes**
- **Improving access and transitions for patients in rural, remote and indigenous communities**

The involvement is an opportunity to voice your opinions to ensure ideas or concerns are considered and reflected in alternatives and recommendations to the Health Care partners of the Pentagonam

Eligibility

- Open to members from across the province who:
- Reside in a rural, remote or Indigenous community in BC
- Have a passion for improving health services in BC
- Have an interest in providing individual and community perspectives on rural, remote and Indigenous health issues

An effort will be made to have representation from all geographic regions of the province and ensure a variety of perspectives and experiences are represented, inclusive of race, ethnicity, age, ability, language, nationality, socio-economic status, gender identity, religion and sexual orientation.

Please note: As connection and relationship building is important, we would like to meet with short-listed members as part of our selection process.

Date and Time: minimum of four times per year virtual and in-person. Adjustments to this expectation will be determined by circumstances surrounding the COVID-19 pandemic.

Commitment: one year

Reimbursement

Pre-approved travel and accommodation expenses will be covered for face-to-face meetings, as per the Health Quality Council Policy.

Background

Charles Boelen authored a paper for the World Health Organization in 2000 on the partnership Pentagon/Pentagram. This has subsequently become the foundational model accepted by all medical schools in Canada as a framework for socially accountable health education. We have adapted this by adding a 6th partner to use this framework for socially accountable health system change. The partners involved in this work include:

Citizens: The people of BC at a provincial level that would include a coalescence of groups looking at supporting health in rural, remote and Indigenous communities.

From an equity perspective, we need to ensure Indigenous representation.

Health Administrators: In our context Health Authorities, both geographic and First Nations Health Authority /self-governing Nations.

Policy Makers: Ministry of Health initially, but one can quickly see the potential for other ministry involvement.

Academia: Educators and learners.

Providers: The perspective of those providing healthcare services.

The 6th group we have added to this model is:

Linked sectors: this includes any industry that has a vested interest in the health of the people working for them and the impact of their work on health, as well as nonprofits working in areas related to the social determinants of health e.g. environment, housing etc.

All of the above groups meet individually and then representatives from each group connect together.

The Citizens group has been meeting since 2020.

Please email info@bcuralhealth.org if you are interested in providing your perspective!





BCRHN

**British Columbia
Rural Health Network**

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From: BCRHN <newsletter@bcruralhealth.org>

Sent: Tuesday, August 1, 2023 8:00 AM

To: Karissa Stroshein <admin@kaslo.ca>

Subject: Rural Health Matters August Edition



BCRHN

British Columbia Rural Health Network

Rural Health Matters

August 2023 Edition

Letter from the President

Dear Readers,

I hope you are enjoying your summer! I just returned from a family vacation and although it was very enjoyable, it's always good to be home!



I know that July is a month when things usually slow down, but this is certainly not the case for the BCRHN!

Numerous exciting things have been happening!

We continue to work closely with the Dr. Jude Kornelsen, not only with the Implementation Committee, but with the [UBC Centre for Rural Health Research](#) as co-sponsors of the research funded by the SPARC grant. This grant provides funding to engage with communities, public government, and health authorities, looking at how to bridge the gap between community engagement and policy development. Kate Wills is working hard getting the surveys out and gathering the information. I encourage you to [fill out the survey](#) and encourage everyone you know to do the same! It's so important to be able to use real information from rural and remote residents and communities to support changes in rural healthcare delivery. I know that some areas are having issues accessing the survey as not everyone can go online. Communities have come up with some innovative solutions to deal with this such as setting the survey up on a community or clinic computer so people could do it there, or printing out the survey and filling it out then sealing it up in an envelope to keep it confidential. As always, communities know best what might work for them!

We, at the BCRHN, have been extremely pleased Phoebe Lazier has been hired to facilitate the grant deliverables with [BC Association of Community Health Centres \(BCACHC\)](#), [Hope Air](#) and the [BC United Way](#). I know personally, from having conversations with her, she is a great listener and excellent at asking questions to find out the information needed. Paul, you did us proud in finding such a great addition to the team!

It's also been a real joy working with the [BC Association of Community Health Centres](#) (BCACHC.) I have been very lucky to attend the quarterly Educational Meetings set up by BCACHC to share information and learnings from those who have a Community Health Centre operating, are currently setting one up, or thinking about how it would work in their community. It has been so informative! This coupled with the information that the BCRHN will provide from our contract with them, will help rural and remote communities all over our province.

We are all aware that there are many problems in our healthcare system. Each rural area has unique needs but there are some common issues. In order to make positive changes, we must involve the people whom the systems are there to serve.

That being said, I think we also must acknowledge some positives we have initiated and been involved in.

We have highlighted before that Leanne Heppell, BC's Chief Ambulance Officer meets with the Board of the BCRHN quarterly. She informs us of the initiatives that [BCEHS](#) are implementing or considering, as well as the frustration and difficulties they face. She is very open to hearing our suggestions to improve services.

This kind of commitment to transparency and openness is truly appreciated and so necessary to make improvements!

I would also like to give a shout out to Diane Shendruk (VP of Operations) and her team at Interior Health. Interior Health has been meeting with our Executives for a little over a year and is committed to quarterly meetings. This allows us to share information and clarify issues, dispel rumours and pass on this information to our members.

We are hopeful that we can use these meetings as a template to engage other Health Authorities and develop a great conduit of information for all our members.

These types of discussions start to open the doors for positive change!

I would also like to welcome Aidan Mouellic , Communication and Engagement Officer, Primary Care Division, of the Ministry of Health to our board. Aiden attended our last board meeting and following, accepted our invitation to join our board as a liaison between our board and the Ministry of Health. We look forward to Aidans input and involvement!

I will sign off for now, please enjoy the rest of the newsletter and the information it contains!

The fire situation is always a concern in our province, and this year is no exception. Please know if you are dealing with these fires, wherever you are, we are keeping you close in our thoughts and hearts.

Take good care and stay safe!

Only the best
Peggy

Peggy Skelton, President
email: info@bcruralhealth.org

[Visit Our Site](#)

From the Desk of the Executive Director

Hello to all!

I hope this message finds you healthy and in good spirits. It's been quite a busy month for us since our July newsletter, and I'm excited to update you all on what's been happening behind the scenes. Our mid-month update made you aware of some of our work, but lots has also happened since!

First off, we've been working hard on solidifying our partnerships with Valerie St. John from

BCACHC (also our Member of the Month!) and Mark Rubenstein from Hope Air. The good news? All contracts are now signed, and work is underway!

In the mid-month news, I informed you to the newest member of our team, Phoebe Lazier. Phoebe has jumped right in and started learning about our various projects. She's already working on the BCACHC initiative and is helping with our upcoming Hope Air project. Many of you will be hearing from Phoebe as she reaches out to community groups over the next few months. Welcome, Phoebe! If you want to reach Phoebe directly, she can be emailed at phoebe.lazier@bcruralhealth.org.

We have also been finalizing the details for the Emergency Preparedness Grant from [BC United Way](#). I'm delighted to report that we've been approved for this grant, which provides us with \$25,000 for comprehensive outreach work. This funding will allow us to extend support to many communities, particularly to aid senior populations in times of emergency, improve our database on communities and enhance our connections across the BC landscape. This project is set to conclude at the end of October, so we're working swiftly. We will be enhancing our [resource portal](#) and reaching out to community groups across BC to ensure that people have access to resources, information, and a connection point when in need. Our work will primarily be to enhance the work being carried out by the many existing recipients of the BC United Way grant and ensuring that seniors in communities throughout rural BC have access to help when needed! [The Healthy Aging CORE at BC United Way](#) is an excellent resource and great information is available for our seniors.

In terms of collaborations, we've been engaged with a wide range of organizations including the [Canadian Association of Physician Assistants](#), [Pender Island Community Health Society](#), [BC Community Response Network](#), [Preparing Our Home](#), and a newly formed advocacy group in the East Kootenays, Help with Healthcare. Plus, we're expanding our network as [The Village of Fraser Lake](#) has joined our ranks, and we're hopeful that [Selkirk College](#) (who we presented to last month) will join us soon!

We're also excited to have caught some attention in the media. We've had an interview with [Radio NL](#) in Kamloops and another opportunity with the [Valley Voice](#) in the Slocan on the Community Gap Analysis project. In addition, we talked with [Coast FM \(Vista Radio\)](#) and some follow-up is happening with all that I have previously mentioned. We will be putting out a press release on our gap analysis on policy and community engagement this week, so we anticipate much more exposure to follow.

In other news, Jude is back, and our SPARC grant team met to discuss our progress and how we can encourage a higher response rate to our survey. Your continued encouragement of participation is much appreciated! We look forward to holding an Implementation Committee meeting soon!

We have now received over 160 responses to the gap analysis survey, but we want many more! This is a rare opportunity to put evidence behind what we believe, and **we need all your voices to be heard!** Please take the time to complete this survey, it is critical, and it will help everyone in understanding the challenges of rural health engagement. We also recognize that folks get tired of being asked to complete surveys and that they are often seen as a waste of time as the

results from them and how they are used, often are either not understood or not known. I can guarantee that the UBC Centre for Rural Health Research team and the BC Rural Health Network will not only be using the information supplied but we will ensure that you are kept informed and engaged in the process as we transform research into policy! Your time is valuable, and we ask because we need it, thank you!

[Click the image below or follow this link to the survey.](#)

ARE YOU INTERESTED IN IMPROVING COMMUNITY ENGAGEMENT IN RURAL HEALTHCARE PLANNING?



You are invited to take part in a survey.
Survey participants will be eligible for a draw to win one of three \$100 gift cards.

Your input will be used to understand the gap between rural community voices and decision-making at a Health Authority and Provincial level.

Link to Survey



To learn more about the study, please contact the project coordinator, Kate Wills at kate.wills@ubc.ca



Dr. Jude Kornelsen, from the Centre for Rural Health Research at the University of British Columbia, and the BC Rural Health Network are leading this study.



This study is funded by the Social Planning and Research Council of British Columbia (SPARC).



Another significant achievement for us was the renewal of our agreement with [RCCbc](#). This ensures the continuation of our funding and co-chairing for the Rural Citizens Perspective Group (RCPG.) We're actively seeking new members, so spread the word! If you are interested in learning more about the RCPG, please [send us an email by clicking here](#).

We had a productive meeting with the Interior Health Authority (IHA) this month, which was attended by Kirsten Youngs, the new Director for Stakeholder Engagement with the Primary Care Division of the Ministry of Health. The discussion revolved around nursing staff

recruitment/retention and infrastructure development.

Following this meeting, I had another meeting with Ms. Youngs and was introduced to her colleague Aidan Mouellic (Communications and Engagement Officer, Primary Care Division), who was invited to attend our Board meeting and will be a regular guest at our Board and our Implementation Committee meetings. The Board welcomes Aidan and the Ministry to our discussions and to hear solutions driven by community voices. We must be working with the government if we intend to make inroads into policy change!

I am happy to have been invited to join the [Hospice Care Alliance of BC \(HCABC\)](#) Steering Committee and I will be attending a conference with them in Vancouver in early October. Over the years our rural hospice membership has risen and we have two active leaders in hospice on our Board of Directors as well as several directors with past experience. I am delighted to discuss how the Network can help support the incredible work of our hospices and to further include their voices in ours!

Lastly, I attended the [Real-Time Virtual Support](#) conference (virtually) and was joined by Director Jane Osborne. This conference facilitated a rich discussion on the RTVS initiative.

Concerns continue to be raised regarding radiation and oncology planning in the province. We're still seeking clarity from BC Cancer Agency and the Ministry with regard to radiation transfers to Bellingham - a complex issue we hope to be able to get better information on soon. We appreciate your patience!

Let's keep up the great work!

Yours in health and wellness,
Paul

Paul Adams
Executive Director
BC Rural Health Network
paul.adams@bcruralhealth.org

The BCRHN is the healthcare voice of the rural residents of British Columbia and seeks better health outcomes for all people, through solutions-based approaches with governments, and information provision to residents.

The BCRHN is grateful to live, work, and be in relation with people from across many traditional and unceded territories, covering all regions of British Columbia. We are honoured to live on this land and are committed to reconciliation, decolonization, and building relationships in our communities.

[Visit Our Site](#)

Member of the Month



BCACHC

BRITISH COLUMBIA ASSOCIATION OF COMMUNITY HEALTH CENTRES

The BC Rural Health Network Member of the Month for August 2023
is
The BC Association of Community Health Centres

The team at the **BC Association of Community Health Centres (BCACHC)** is excited to be profiled as the BC Rural Health Network's 'Member of the Month' for August!! Here is a bit about who we are, and what we do to support BC communities to provide health and wellness services for their citizens.

BCACHC has been a non-profit society since 2017 when a group of **Community Health Centre (CHC)** executives got together to start a movement supporting the development of more CHCs in communities across the province. At that time, there were approximately 10 CHCs in operation.



Since then, our membership has grown to include 31 operational CHCs, 10 CHCs about to open their doors, and another 12 communities planning CHCs as ‘emerging’ members of our association. We have a strategic plan, a website that houses our advocacy stories and resources for community use, and profiles of some of our CHC members. We publish a quarterly Newsletter, also available on our website, detailing work underway to support the CHC movement in the province.

Some of our current priorities include:

- Developing a sustainable CHC funding model – working with government
- Participating in a national research study looking at the outcomes of Team-Based Care
- Participating in research to identify a community engagement model to support communities with the development of their own CHC plan
- Developing multiple services for our member CHCs and emerging communities such as a job posting board on our website, a new pathway for CHC development and approval and an outreach strategy working with partners like the BC Rural Health Network and the BC Health Coalition.



So what is a CHC you may be asking?

It's a health centre created by the community to focus on the delivery of primary care and a variety of wellness services that support the social determinants of health such as food security, mental health, housing and any number of other services supporting the well-being of the ‘whole person’.

CHCs are usually non-profit or cooperative societies that are governed by a community-oriented Board of Directors. Services provided by a CHC are those that are needed by the community and can often focus on the most vulnerable members of a community, ensuring equitable access to healthcare and wellness services. CHCs provide longitudinal primary care and provide patients with access to physicians and nurse practitioners along with a multidisciplinary team specializing in social work, counselling, occupational therapy, outreach, seniors' care, and much more!

The team at a CHC is made up of a variety of healthcare practitioners who work together with their patients in the centre, providing the services needed to support each patient as an individual.

Take a look at this video that has practitioners talking about team-based care at one of our CHCs!



We are excited about what the future brings and would love to hear from any community group interested in learning more about the CHC health and wellness model. Check out our website and resources by visiting www.bcachc.org. We would be pleased to chat with you to share the ways in which a Community Health Centre could meet the needs of your community and how the team at BCACHC can support your journey in developing a CHC.

[Visit all our recent Members of the Month here...](#)

Do you need help reaching your medical appointment? Please click on the image below...



[Below are some of July's most popular posts, click here for more](#)



Canadian-Born Doctor Gets Licence To Practise Here After 17-Month Fight

Dr. Stephanie DeMarchi was licensed two days after CBC News profiled her quest to practise in Canada

A Canadian-born doctor who has been in a protracted battle with medical licensing authorities has finally received the documents she needs to practise medicine in Canada.

[Read more....](#)



UBC Nursing Student Dies Battling Wildfire: Devyn Gale Remembered

UBC's Okanagan campus community is saddened to learn of the sudden death of Devyn Gale, a third-year [School of Nursing](#) student. Devyn, working as a B.C. wildland firefighter this summer, lost her life battling a wildfire near Revelstoke on Thursday, July 13. She was 19 years old.

[Read more...](#)



Boy, 9, Died Of Asthma Attack Made Worse By Wildfire Smoke, Parents Say

A nine-year-old boy from B.C. died from an asthma attack that the parents say was made worse by the oppressive wildfire smoke in the

region. The B.C. government says the smoke blanketing large parts of the province should be taken seriously.

Grieving parents say their nine-year old son died last week after a severe asthma attack made worse by wildfire smoke engulfing parts of British Columbia.

[Read more...](#)



Hot, Dry Weather Hitting B.C. Hard – All Of Us Should Pay Attention

It's time to pay attention to climate change. B.C. is in the midst of its worst-ever fire season, we're in an extreme drought and our waterways are at all-time lows. There's no rain in the forecast, the grass is all dried out and our trees are suffering. The level and extent of drought in B.C., this early in the summer, is "very concerning," says Bowinn Ma, B.C.'s minister of Emergency Management and Climate Readiness.

[Read more....](#)



Ontario Firefighter Dies While Helping Battle Biggest Wildfire In B.C. History

A wildland [firefighter](#) from Ontario was fatally injured on Friday while

helping battle the largest wildfire in B.C. history.

“He was transported by helicopter to the Fort St. John airport,” said RCMP, “but sadly succumbed to his injuries while en route.”

[Read more...](#)

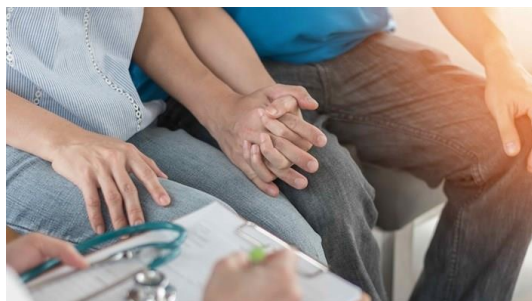


Merritt Mayor Urges Province To Solve Hospital Staffing Issues After Ill Senior Found Outside Closed ER

Merritt Mayor Mike Goetz says his frustration with closures at the city's only emergency department has reached boiling point.

The facility at Nicola Valley Hospital in Merritt, about 127 kilometres west of Kelowna in the province's Interior, has been shuttered nine times already this year due to staffing shortages, according to the health ministry.

[Read more...](#)



BC Expected To Hit New Highs In Syphilis Outbreak

While COVID-19 has been understandably hogging all the headlines, there's been another outbreak spreading throughout B.C. since 2019.

Syphilis has been spreading throughout the province and the country for over a decade, spiking in 2019 when the province declared an outbreak.

[Read more...](#)



HOPE AIR

Do You Need Assistance Reaching Medical Care?

Listen to our interview on Radio NL which is all about travel assistance and the great work of Hope Air. Air transfers, accommodations, meals and ground transport are all available for those in need. Learn more on this and [listen to the interview here.](#)

[Read more](#)

The above articles are just a small sample of what is available on our site each month. Most months, we have dozens of timely and in-depth articles that we have sourced from all over the internet to house them in one place for your ease of reading. We are so glad to have you as a member of our mailing list and please don't hesitate to reach out with any suggestions you may have. [Talk to us anytime, click here](#)



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British Columbia
Rural Health Network

From: Paul <newsletter@bcruralhealth.org>
Sent: Wednesday, August 16, 2023 6:00 AM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: Rural Photo Contest and Research Update



BCRHN

British Columbia
Rural Health Network

Mid Month Update

**Time for a bit of fun and a chance to win some prizes!
Help us update our look and showcase BC rural residents!**



Capture the Heart of BC: A Rural Portrait Photo Contest

Prizes:

1. First Place: \$100 + Feature on our website and marketing materials
2. Second Place: \$75 + Feature on our website
3. Third Place: \$50 + Feature on our website
4. Fourth Place: \$30 + Feature on our website

PLUS! All entrants receive a FREE membership* to our charity as a thank-you for supporting our mission.

****All pictures submitted may be used for marketing purposes by the BC Rural Health Network****

Contest Criteria:

- Showcasing residents of diverse ages and cultures against rural backdrops.
- Prominent facial shots suitable for button designs and website placement.
- High-resolution images fit for various marketing pieces.



How to Enter:

1. Snap your best shot fitting the contest criteria.
2. Send your photo via email to info@bcruralhealth.org (high resolution not to exceed 10MB)
3. Like our Facebook Page <https://www.facebook.com/bcruralhealthnetwork/>
4. Sign up for our newsletter <https://bcruralhealth.org/newsletters/>
5. Share your entry on social media with #RuralBCPortraits for bonus points!
6. One photo per entry, enter as many times as you like.

All steps must be completed to qualify.

Deadline: September 15th, 2023

Why Enter? Apart from the exciting prizes, your photo could become a cornerstone of our rebranded website, helping to promote better healthcare solutions in BC's rural communities. Let's celebrate the diverse and dynamic tapestry of BC together!

Don't miss out on this opportunity to showcase the beauty of ruralBC and support a worthy cause. Share this contest with your friends and family, and let's put the spotlight on our province's amazing residents!

* 1-year non-voting individual membership

Outstanding Survey Response!

Thank you to everyone who has taken the time to complete our *Improving Community Engagement in Rural Healthcare Planning Survey*! We have had a great start with 400 responses so far! Hearing about your lived experiences as rural residents and of anyone you know is critical to this research project! Our collective voice is creating change!

Please share this survey far and wide and with as many rural communities, groups and networks as you can.

Thank you!



Saying that we are not heard in policy decisions is one thing, having the evidence to support that position is crucial!

The lived and living experience of rural communities and their residents has been missing from the conversation and we would love to hear from you!

Improving Community Engagement in Rural Healthcare Planning

This is a critical research project that the UBC Centre for Rural Health Research and BC Rural Health Network are leading.

We need to hear from you and your networks to understand the gaps between community engagement and rural healthcare planning. This requires 30 minutes of your valuable time and we recognize that there are many requests for surveys but this one is critical!

Please click on the poster to the left to complete the survey.

If you have questions, [please click here to contact our project coordinator Kate Wills.](#)



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From: Paul <newsletter@bcruralhealth.org>
Sent: Friday, September 1, 2023 8:04 AM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: Rural Health Matters September Edition

"The voice for rural health solutions"



BCRHN
British Columbia
Rural Health Network

September 2023
Edition

Letter from the President

Dear Readers

I hope this finds you safe and well! These fires have certainly taken their toll on people across the province, and certainly our hearts and thoughts go out to all affected. Firefighters, first responders and health care professionals all responding and so committed to keeping people safe. The difficulties in fighting the fires, helping and supporting those displaced, and moving patients and clients from acute care hospitals and long-term care is daunting. It has been done exceptionally well across the province! Kudos and many heartfelt thanks to all!

Here at the Network, our work on our initiatives continues!

As we have mentioned previously, we have a contractual relationship with Hope Air to provide information about their much-needed services. I'd like to give a quick personal comment about [Hope Air](#). I am aware of a situation where someone struggling financially, and the cost of attending a necessary appointment would be putting a great strain on the family. On checking with Hope Air, the accommodation and food vouchers are able to be supplied. This is a great relief to the family, and taking some of the worry out of this already stressful situation. We are very pleased to be affiliated with such a wonderful support for rural residents. We are delighted to have Hope Air as our Member of the Month!

Phoebe and Paul continue to work hard at the contracts with not only Hope Air, but also the [BC Association of Community Health Centres](#), and the [BC United Way](#) Emergency Response and Preparedness grant. This, in addition with working with Dr Jude Kornelsen on the Gap Analysis Research, media interviews, community engagement keeps them pretty busy!

I would encourage you to [participate in the survey!](#) The research being done is important so that the solutions we propose are based on the needs of the rural communities from their perspective. We are very lucky to have people who are so dedicated to furthering the BCRHN goal to provide positive solutions based on rural research to gain health equity. Saying that, I would also mention that if you have the opportunity to [speak with Phoebe](#) about health care in your communities, it would be a very good investment of your time. She is very easy to talk to and a great listener!

The Implementation Committee met in early August and the next Policy Paper on Rural Surgery Enhancements has been initiated. I am always so appreciative of these meetings and the members of the committee. I always leave wiser and energized!

On a further note, Paul and I are very pleased that we will be meeting with the Minister of Health Adrian Dix in September to discuss solutions and seek answers on questions previously raised through our ongoing correspondence with the Ministry of Health. We will be reporting back in the October edition if not sooner!

As you can see we have a new look! The Marketing Committee were so pleased to meet with Marketing Specialist, Larry Taylor, to discuss ideas to update the BCRHN brand. Although the logo that has been used has served us well since our inception, it was felt that we also wanted to recognize our growth as an organization. The Board believes that Larry was able to design a logo to represent the pan-provincial strength of our membership working together. Larry's ideas were presented at the last Board of Directors and the new logo was passed. Sincere thank you to Larry for all his work!

So those are my highlights of the last month. I know that Paul's Executive Director report will have lots more information so enjoy his report and indeed the rest of the newsletter!

September is always such a busytime with school starting but please take time to enjoy the last of the warm weather, and stay safe!

Only the best!

Peggy

[From the Desk of the Executive Director](#)

Greetings, BCRHN Community!

August has been a month of collaborations, and community outreach, all pointing towards one direction - enhancing the rural health narrative in British Columbia.

Starting with the [REDIP](#) grant - an exciting development for us! While charities don't qualify, our status as a registered society in BC allows us to apply. The grant application's essence is to probe deeper into the economic impacts of healthcare in our rural and remote communities. How does healthcare employment affect these areas? How does healthcare resources impact recruitment and retention of workers? How does the lack of rural healthcare resources impact employers from a cost of doing business perspective? How do communities attract new business with declining healthcare systems in their communities? While this type of study is an uncharted territory for REDIP, they see the potential and have shown a keen interest. We're pitching for a grant of \$100k for 2024 and in partnership with UBC Centre for Rural Health Research. If this application is successful and it brings about the expected benefits, there's a bright chance for similar funding in 2025.

Our community outreach efforts, championed by Phoebe and me, are scaling new heights. No longer limited to mere excel spreadsheets, our database is getting a secure digital home. Individual community pages are being built on the backend of our website. This effort will provide an easy point of access to data collected for our outreach partners and will create a database that we hope can be used more broadly as we continue gathering critical community data. We envision this as an invaluable asset, bridging the information gap and fostering a better understanding of rural health. Information that is sensitive to the outreach contracts can be kept confidential while general information can become a significant public resource for anyone interested in specific community dynamics in rural BC. This is a living project that will continue to develop over the course of 2023 and into the future.

[The Gap Analysis survey](#) on rural community engagement on healthcare policy is another major highlight. We have almost 600 responses to the survey so far! The UBC Centre for Rural Health Research is actively engaged in the interview aspect of this process. The heartening response is a testament to the community's active participation and the media's role in highlighting our work. From the prime slots on Global TV to local radio stations, our outreach has been diverse. A recent interview on CBC radio in Kamloops will also highlight this research project and our desire is to see even more voices recorded. We intend to keep this survey open into late September and again encourage you to participate if you haven't already. Please continue to spread the word as this work is unique, meaningful and needed!

We are participating on the steering committee for the ["Putting Patients First" Conference](#) being hosted by the [BC SPOR Unit](#) and will be held both virtually and in person in October. This conference is free to attend and will bring together many health professionals, patients, partners and leaders pan-provincially and nationally. Jude Kornelsen and I will be presenting on a panel and bring in the need of a return to community engagement in research, policy and healthcare operations. The need of a return to effective community engagement will ensure patients are put first!

Our Vice President, Colin Moss, and Director, Leonard Casley will be attending [UBCM](#) in Vancouver on September 18-22. This annual event allows municipal leaders from every corner of the province to come together and gain valuable face time with each other, political leaders, policy makers and many other leaders from across BC. Colin and Leonard represent their community of New Denver as a council member and mayor but also hold the torch for the BC Rural Health Network and have many in

person meetings in the works. Our liaison Directors, Valerie St John and the BC Association of Community Health Centres and Jude Kornelsen, UBC Centre for Rural Health Research, will also be in attendance. The voice and interests of the BC Rural Health Network will be in good hands!

August also paved the way for other collaborative avenues. Conversations with Andrea Paquette of [Stigma Free Society](#) opened doors to potential outreach opportunities. The Stigma Free Society is an amazing resource for rural mental wellness, and I encourage you to visit them and participate in their ongoing programming and training sessions. Similarly, our interaction with Audrey Guay at the [BC Health Coalition](#) threw light on promoting Community Health Centres and deriving synergies. We look forward to meeting with BCHC and a round table of CHC champions in September and will update in our October newsletter.

The BC Health Coalition was also very generous and gave the BCRHN their “Member Spotlight” and their newsletter the State of BCHealth. Please sign up for updates and information from [BCHC here](#).

On the branding front, we're looking at a fresher, more invigorated BCRHN and a logo that speaks to our goals as a welcoming, pan-provincial, solutions-based group, is most welcome! Larry Taylor, a marketing maestro, brought refreshing insights into rebranding, including the tantalizing new logo. A nod of approval from the Marketing Committee and further approval from the Board has created a new image to help move the BC Rural Health Network into a new era. We are the voice for rural health solutions in BC!

Our photo contest that was announced mid month will also play a role in our image development and marketing. Your photos are wanted! Prizes are available! We really appreciate the folks who have sent their best shots in so far but we do need more. We want to highlight our members, their communities and bring the diversity and mosaic of the rural tapestry to life on our website and outreach materials. You can see more details in the poster below or [by clicking here](#).

Amidst these developments, we cannot overlook the grave fire situation that continues to rattle rural BC. Recognizing the urgent need for consolidated resources, we swiftly put together an [emergency response post](#), this information sheet provides many points of contact for accurate information and good advice. The overwhelming 3,000 visits over a single weekend underlined the community's trust in us, something we cherish deeply. In the same spirit we are currently engaged in creating other resource information sheets for protecting our most vulnerable senior residents in heat events, floods and other natural events. Phoebe will also be crafting a similar piece for overdose awareness, speaking of which yesterday was International Overdose Awareness Day and I was saddened to read the deaths continue to grow and we now have 6 people die everyday in BC from overdose!

On a personal note, the fires hit close to home with my family members evacuating from Kelowna. Though they're safe, the incidents underscore the impermanence of life and the importance of community support. We housed the masses, their dogs and their chickens, all of whom have now safely returned home. Many were not as lucky and the devastation in the Shuswap region has been hard to see and must have been

terrible to witness. My thoughts and best wishes go out to all impacted in every fire so far this season. Rain has been welcome in the interior over the last few days but more heat in the forecast, stay safe, stay informed and check on your neighbours!

I look forward to sharing more enriching updates in the coming months.

Stay safe, stay connected.

Yours in health and wellness,
Paul



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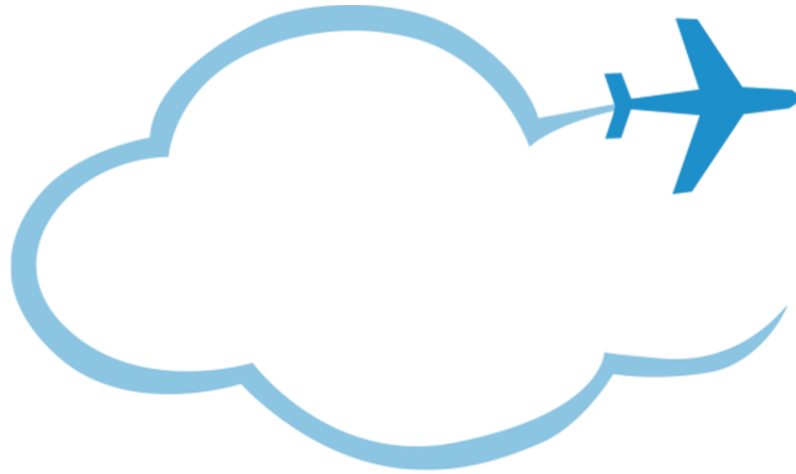
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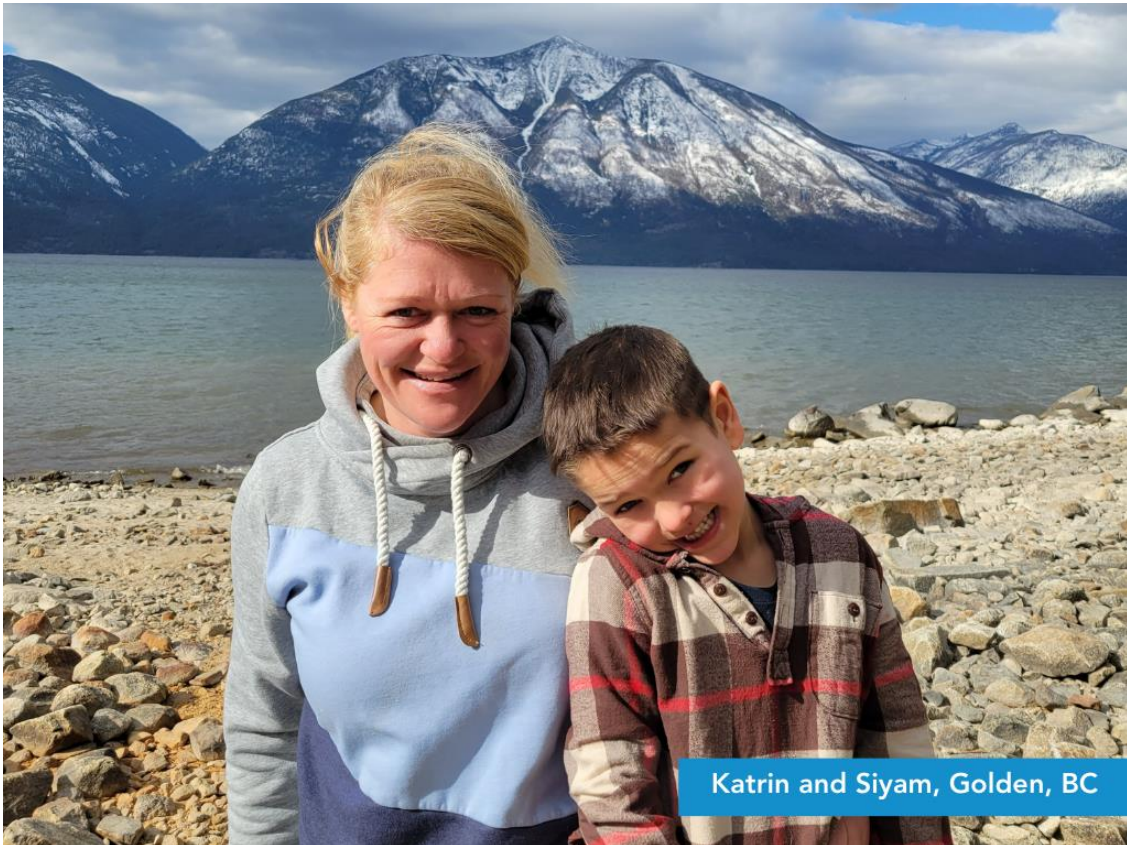
"The voice for rural health solutions™"



Member of the Month for September is



HOPE AIR



Katrin and Siyam, Golden, BC

Hope Air is not an airline, we're a lifeline.

Canada's universal healthcare system comes with a caveat: you may need to travel great distances to reach care. For low-income Canadians, including children, single mothers, and seniors, the cost is a huge barrier.

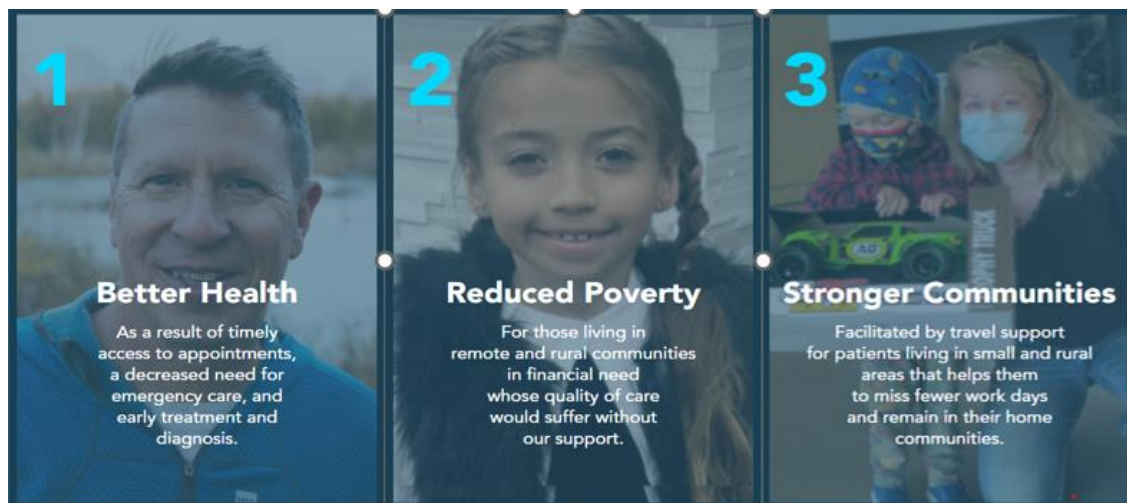
Hope Air is the only national charity providing free flights, accommodations and travel supports for Canadians in need. With a nationwide reach through our strong network of partners we have the ability to solve the unique needs presented by individual patient circumstances and our diverse geography.

Our services are intentionally barrier free ensuring that anyone who needs help will receive it in their time of need. Any patient who must travel for medical care, has an appointment covered through their provincial health plan, and demonstrates financial need is eligible for Hope Air support. Hope Air is proud to be available whenever, and wherever we are needed to get people to the care they need and deserve.

We provide flights, accommodations, meals and rides to more than 2,000 patients in 420+ communities across Canada each year and Northern BC from Fort Nelson to Fort St. John, Dawson Creek, Prince George, Terrace to Golden, Cranbrook, Kamloops, Kelowna, Quesnel, Trail, Masset and beyond.

All Hope Air programs are 100% free for the patients who need them.

Better Health. Reduced Poverty. Stronger Communities.



Through our dedicated community of community and corporate partners, donors and volunteers, Hope Air's services have seen a significant increase in demand for help. With each interaction we provide our patients with the help they need to navigate the challenges in our healthcare system and we do this with a very high level of compassion, empathy and care.

We provide direct access to medical care that patients may otherwise postpone, cancel, drive upwards of 16 hours each way to receive, or go into unmanageable personal debt to secure. Our direct impact on health outcomes for Canadians in need is just one of three impact areas Hope Air focuses on with our work.



[Contact Hope Air](#)

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

Capture the Heart of BC: A Rural Portrait Photo Contest



Prizes:

1. **First Place:** \$100 + Feature on our website and marketing materials
2. **Second Place:** \$75 + Feature on our website
3. **Third Place:** \$50 + Feature on our website
4. **Fourth Place:** \$30 + Feature on our website

PLUS! All entrants receive a **FREE** membership* to our charity as a thank-you for supporting our mission.

****All pictures submitted may be used for marketing purposes by the BC Rural Health Network****

Contest Criteria:

- Showcasing residents of diverse ages and cultures against rural backdrops.
- Prominent facial shots suitable for button designs and website placement.
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3. Like our Facebook Page <https://www.facebook.com/bcruralhealthnetwork/>
4. Sign up for our newsletter <https://bcruralhealth.org/newsletters/>
5. Share your entry on social media with #RuralBCPortraits for bonus points!
6. One photo per entry, enter as many times as you like.

Deadline: September 15th, 2023

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Don't miss out on this opportunity to showcase the beauty of rural BC and support a worthy cause. Share this contest with your friends and family, and let's put the spotlight on our province's amazing residents!

* 1-year non-voting individual membership



ARE YOU INTERESTED IN IMPROVING COMMUNITY ENGAGEMENT IN RURAL HEALTHCARE PLANNING?



You are invited to take part in a survey.

Survey participants will be eligible for a draw to win one of three \$100 gift cards.

Your input will be used to understand the gap between rural community voices and decision-making at a Health Authority and Provincial level.

Link to Survey



To learn more about the study, please contact the project coordinator, Kate Wills at kate.wills@ubc.ca



Dr. Jude Kornelsen, from the Centre for Rural Health Research at the University of British Columbia, and the BC Rural Health Network are leading this study.



This study is funded by the Social Planning and Research Council of British Columbia (SPARC).



**Popular Posts and News from August
2023**



[Your guide to staying informed during wildfire season](#)



[Carter Didn't Have To Die': Vancouver Island Family Speaks Out Against Hospital After Death Of 9-Year-Old Boy](#)



[Longest Heat Wave Of The Year Heading To B.C.](#)



[Shuswap Doctor Appalled With State Of Local Hospital](#)



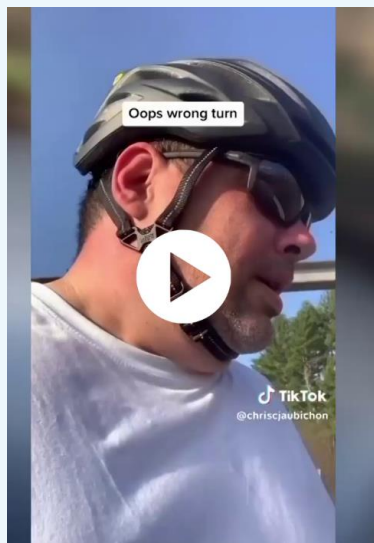
[Physician Assistants Want Off The 'Sidelines' Amid B.C. Health-Care Staffing Crunch](#)



[Up To 200 Buildings Estimated Destroyed By Okanagan Wildfires, Fire Chiefs Say](#)



[Victoria-Made Immunotherapy Gives Man New Life – 'Amazed I'm Still Here'](#)



[Capture The Heart Of BC: A Rural Portrait Photo Contest](#)

[To Change His Life, Nanaimo Man Cycles 4,000 Km From New Brunswick](#)



[Common Cause For 4 Major Childhood Allergies Revealed In B.C. Study](#)



[Safer Supply Delivery Service In Northern B.C. Aims To Help Reduce Deaths](#)



[New Study Aims To Collect, Amplify Rural Voices In B.C. Health Care 'Crisis'](#)

We look forward to connecting with you.



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Radon in BC: Does Your Community Need to Test?



BC LUNG
FOUNDATION

Executive Summary

All homes should be tested for radon. However, some communities have much higher radon than others. We think it is important for BC residents to know how much radon there is where they live, and encourage local governments to conduct sample community testing. In this report, we explain why sample community testing for radon is important and why communities should ensure they have a good sample size of radon tests to have confidence in local radon levels.

The good news is that for many of BC's larger cities, such as Vancouver, Victoria, Prince George and Kelowna, there are enough radon tests to give high confidence in radon prevalence. However, we found many communities which need more testing to have confidence in radon levels.

We think the highest priority for radon testing should be given to the following communities:

Communities likely to have over 10 percent of homes over Canada's Radon Guideline, but for which more testing is needed.

100 Mile House, Armstrong/Spallumchean, Arrow Lakes/Nakusp, Enderby, Golden, Kootenay Lake/Kaslo, Lumby, McBride/Valemount, Osoyoos, Princeton, Quesnel, Vanderhoof, Williams Lake, Windemere/Radium Hot Springs

Communities with insufficient radon data, but situated in local health areas (LHAs) or health service delivery areas (where the LHA has insufficient data) where at least 10% of homes tested are over the Guideline:

Fort St. James, Grand Forks, Keremeos, Lillooet, Mackenzie, Merritt

We also recommend further community testing to improve sample sizes in the following locations:

BC Communities with insufficient data or require more testing to have a good sample size:

Bella Coola Valley, Burns Lake, Central Saanich, Chetwynd, City of Langley, Dawson Creek, Duncan, Esquimalt, Fort Nelson, Fort St. James, Gibsons, Haida Gwaii, Hope, Kitimat, Ladysmith, Maple Ridge, Metchosin, New Westminster, North Saanich, Oak Bay, Parksville, Pitt Meadows, Port Coquitlam, Port Moody/Annemore/Belcarra, Powell River, Prince Rupert, Sechelt, Sidney, Smithers, Sooke, Southern Gulf Islands (Pender/Galiano/Saturna/Mayne), Tumbler Ridge, View Royal, White Rock

The following communities have decent sample sizes which show there is clearly a radon problem, but still not enough to meet our threshold of confidence (for a given percent of homes over 200 Bq/m³ a 90 percent confident level of plus or minus three percent).

Cranbrook, Creston, Fernie, Kamloops, Kimberley, Penticton, Summerland

In the body of this report, we explain how we define 'community' and obtained the relevant data and the statistical analysis performed. For each community we identify we provide the current sample size, the number of homes tested over 200 Bq/m³ in that sample, the uncertainty range given the sample size, and what an appropriate sample size would be to have 90% confidence in the results with a margin of error of plus or minus 3% (See Table 2, starting on page 11). Our methods could not capture some of BC's smaller communities and rural areas. This does not remove the need for testing in those places, especially where high radon prevalence is found at the larger regional scale.

Authors: Noah Quastel, Director, Law and Policy, Healthy Indoor Environments, British Columbia Lung Foundation.

Date: August 1, 2023

To cite: Quastel, N. 2023 Radon in BC: Does Your Community Need to Test? British Columbia Lung Foundation.

Other credits: This project would not have been possible without the provision of data, data analysis, and extensive help of Dr. David McVea and Jeffrey Trieu of the British Columbia Centre for Disease Control. Additional review was provided by Menn Biagtan and Dr. Anne-Marie Nicol.



To find project documents, visit BC Lung's website on Community Radon Testing: <https://bclung.ca/radon-community-testing-bc>

About our program. The BC Lung Foundation's Healthy Indoor Environments program is focused on providing education, resources, and policy options for addressing priority indoor air pollutants in British Columbia. Canadians spend 90% of their day indoors, with about 70% at home and 20% at work or school. The air we breathe indoors can contain particulates, gases, allergens and fumes that can significantly affect our health in both the short and long term. Knowing the main indoor air pollutants, their sources, and how to reduce them are key to reducing harm to our health. Radon has been identified as the leading environmental carcinogen in Canada. For more information visit our website at <https://bclung.ca/programs-initiatives/healthy-indoor-environments-program>

Funding for this project was made possible by:

vancouver
foundation



Table of Contents

WHAT IS RADON?	5
RADON AND LUNG CANCER.....	5
WHY LEARN LOCAL RADON LEVELS?	5
WHY TEST HOMES?.....	6
METHODOLOGY	6
<i>DELINEATING COMMUNITIES</i>	6
<i>FINDING THE RIGHT SAMPLE SIZE</i>	8
LIMITATIONS	10
APPENDIX 1: DEFINING COMMUNITIES	15
ENDNOTES	19

List of Figures

FIGURE 1: BC HEALTH ADMINISTRATIVE BOUNDARIES IN OKANAGAN.....	7
FIGURE 2: UNCERTAINTY CURVES	9

List of Tables

TABLE 1: SAMPLE SIZES ON THE BASIS OF HSDA.....	8
TABLE 2: RESULTS BY COMMUNITY.....	11
APPENDIX 1, TABLE A: DEFINING COMMUNITIES	15
APPENDIX 1, TABLE B: EXCLUDED CHSAS.....	18

What is Radon?

Radon is an odorless, tasteless, and colorless radioactive gas. It is released through the natural process whereby uranium in soil and rocks decays. Radon emanates from soil and is quickly diluted in air. However, it can build up inside homes and other buildings, and creates a lung cancer risk. While almost all buildings have some radon, some have much more than others. While exposure to any amounts of radon can increase risks of lung cancer, the risks increase at higher radon concentrations. The World Health Organization chose the risk adverse action level of 100 Bq/m³ while Health Canada opted for the compromise of 200 Bq/m³. For new construction, radon levels can be lowered by 50% or more through building in “passive” radon systems—a vent pipe that moves air from under the building slab. Once new occupants move in, they can also test for radon and if elevated levels persist, call in radon mitigation professionals to add a fan. This almost always reduces radon to under 100 Bq/m³.

Radon and Lung Cancer

Currently in Canada, lung cancer makes up 24% of all cancer deaths.¹ For the past thirty years there has been a strong focus on reducing tobacco smoking. We now think there are significant inroads in the fight against cancer to be had from avoiding radon.

Radon is the leading cause of lung cancer after smoking and the leading cause amongst non-smokers. Radon emits alpha particles that can damage lung cells. Approximately 16% of lung cancer deaths can be attributed to radon exposure. According to the Canadian Cancer Society, these numbers result in over 3,300 people a year dying of radon related lung cancer. It is estimated that 1 in 20 Canadians exposed to high radon levels (800 Bq/m³) over a lifetime will develop lung cancer. There is also an increased risk for developing lung cancer for those who smoke combined with long term

exposure to radon. It is estimated that 1 in 3 smokers who live a lifetime in 800 Bq/m³ radon environments will develop lung cancer.² These numbers are not natural and this situation can be changed through testing and fixing existing buildings and putting proper systems into new construction.

Why Learn Local Radon Levels?

Health Canada recommends that every home be tested. As well, there is an increasing push to have passive radon systems installed in all new single family or low rise residential buildings. We think community testing is still important.

People are more likely to act when they can see local radon levels. Testing initiatives in BC have found very high radon prevalence in some parts of BC such as the District of Lake Country (52%)³, Barriere (63%)⁴ and Castlegar (49%).⁵ However, even within regions there can be considerable difference from town to town. In our experience, people are more likely to test their homes and workplaces if they see that there are many homes and other buildings in their community with elevated radon levels. When policy makers know local radon levels, it can be much easier to act. We have seen repeatedly that the press reports on the results of community testing and these efforts improve local knowledge of the problem.⁶ We think the first step should be making sure there is a good sample size of radon tests in all BC communities.

Government can focus attention on higher radon regions. Government dollars are more wisely spent focusing on high radon areas.⁷ If half of homes have radon, we can predict that for each two homes tested, one will be discovered to have high radon. But if only 1 percent of homes have high radon, chances are that for each hundred homes tested, only one will have high radon. For these reasons, it is much more cost effective to address radon in areas with higher prevalence of indoor radon.⁸ Health economists have found that in higher

radon prone locations in BC such as Kelowna, paying for radon testing and mitigation of older homes is a cheaper way for governments to save lives and ensure a good quality of life than many routine hospital procedures.⁹ Ensuring a community has a good sample size showing high radon levels is a first step in garnering attention from higher levels of government.

A better provincial database and map will help expand knowledge

Knowledge of radon exposure of a population can help researchers to understand risk factors for cancer at a local level. The last decade has seen a vast improvement in knowledge of local radon levels in BC. The British Columbia Radon Data Repository (BCRDR) collects data from diverse sources, such as Health Canada's country-wide survey in 2012, data from test kit manufacturers and radon mitigators, and results of testing initiatives from non-profits such as the Donna Schmidt Lung Cancer Memorial Society, BC Lung Foundation and Take Action on Radon. This data can be used by health researchers, and is also fed into the BC Radon Map (available online at <https://bccdc.shinyapps.io/bcradonmap/>). We have analyzed the BCRDR data and found many communities do not have a large enough sample size to have confidence in radon levels.

Why Test Homes?

There is a strong correlation of elevated radon in buildings with underlying geography (such as uranium in the soil and bedrock).¹⁰ As well, researchers have found a strong correlation of indoor radon with radon in soil.¹¹ That said, testing indoor air in homes is considered more reliable because this also incorporates dwelling characteristics and user behaviours-- important factors in determining indoor radon levels.¹²

Canada's Radon Guideline applies to all indoor spaces regularly occupied for four or more hours a day, so workplace testing remains important. That said, most radon exposure occurs in homes.¹³ As well, the vast majority of

radon data collected in BC is of radon levels in homes.

Methodology

BC Lung Foundation requested and received radon data from the BCRDR, updated to November 3, 2022. BCRDR uses the British Columbia Health Administrative Boundaries¹⁴ for data classification purposes. The smallest units are Community Health Service Areas (CHSAs).

Local communities may have conducted further testing after that date. For instance, community testing initiatives were held in Saltspring Island, Kimberley, Mission, Chilliwack, Aggasiz/Harrison and Hope in 2022-2023 which we were not able to include here. These communities may already or soon have much better sample sizes than this report indicates and we also expect the BCRDR and BC Radon Map to be regularly updated.

Sources of radon data remain anonymous, but these measurements are typically results of long-term (ninety-one day plus) alpha track radon detector measurements. To account for variable precision among radon monitors, values were rounded to the nearest 10 Bq/m³. Data was limited to unique residential measurements –if a building had multiple measurements, only the concentration value from the lowest unmitigated space was used.

Delineating Communities

Because of the mismatch between political jurisdictions (e.g. municipalities) and health boundaries we had to create an appropriate unit to reflect 'community' from the data classified by health administrative boundary. In larger cities, such as Vancouver, there are several CHSAs, but which taken together fit within the municipal boundary, but in some other towns the CHSA can extend well beyond or cut across municipal borders. Moving up to the next larger unit, the Local Health Area often extends too far beyond municipal boundaries. For instance, the BC

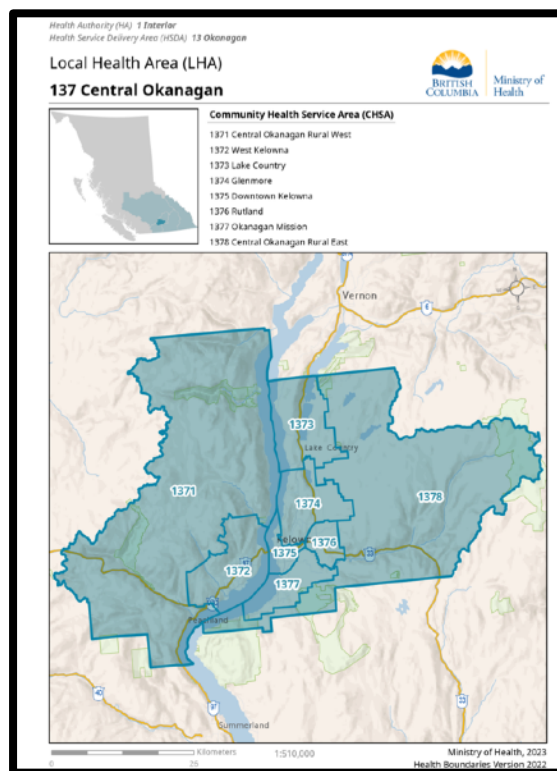
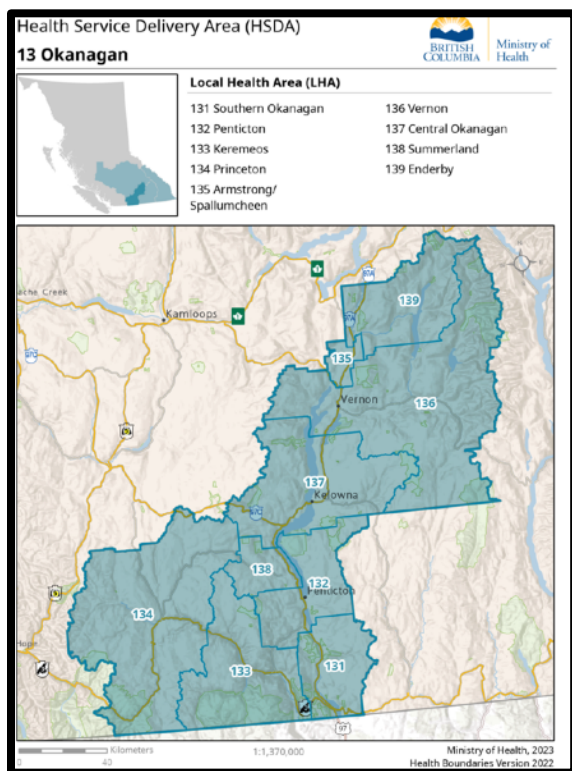


Figure 1: BC Health Administrative Boundaries in Okanagan

Health Administrative Boundaries aggregates 7 CHSAs to form the Local Health Area (LHA) “Central Okanagan” but that LHA encompasses the distinct political boundaries of multiple municipalities (see Fig.1). We created a unique delineation of ‘community’ by aggregating Community Health Service Areas (CHSAs) through visual comparison of health boundary and municipal boundary maps. For “Kelowna” we aggregated numbers for the CHSAs of Glenmore (1374), Downtown Kelowna (1375), Rutland (1376), and Okanagan Mission (1377) (see Fig 1 a and b). We eliminated some CHSAs in remote rural locations, as covering very large geographical areas, and so unlikely to represent the small towns that fell within them. In

Appendix 1, Table A we list communities with links to the underlying CHSAs. We also had to eliminate some CHSAs as predominantly rural or covering a very large geographical area (See Appendix B, Table B).

As such, some smaller communities in BC will not be represented on our list. This does not remove the need for testing, especially in locations where high radon prevalence is found at the larger scale such as LHA or Health Service Delivery Area (HSDA). Persons who do not recognize their community in our list should check the Health Administrative Boundaries to locate their CHSA and refer to Appendix 1 to see if they fall within communities we have included or excluded.

Finding the Right Sample Size

First, the existing data for each community was graphed. Even in communities with a small number of initial tests, radon data typically fits to a log-normal distribution.

Second, an estimation was made of how uncertainty decreases with number of samples. Simulations were made using radon measurements from the larger HSDA within which communities were located. By using the HSDA, with many more measurements, it was possible to examine how different sample sizes were affected by random chance (see Figure 2). For each community, a random set of radon measurements was taken from the HSDA, of size equal to the existing sample size of the community. The summary statistic (e.g. number of homes over 200 Bq/m³) was calculated. This random sampling and summary statistic calculation was repeated 100 times for each community, to give a wide range of percentages of homes over 200 Bq/m³. We treated the 5th to 95th percentile range as a proxy 90% confidence interval of the distribution for each community.

Figure 2 compares different Okanagan and South Vancouver Island communities, showing

variation in sample size between communities and how uncertainty decreases with sample size. It also shows how it is possible to move along the x axis (e.g. number of samples) to find a sample size that would reduce the uncertainty in the percentage of homes over 200 Bq/m³ to an acceptable level. Specifically, we sought the minimum number of tested homes that would yield a distribution of percentages of homes over 200 Bq/m³ whose 90th percentile range was no wider than 6%. Note that for South Vancouver Island, the lower radon concentrations means fewer tests are needed for a sufficient sample size. A similar analysis was done for all HSDAs (see Table 1). In this manner, we generated for each community a sufficient sample size for 90 percent confidence for a percentage over 200 Bq/m³ plus or minus 3 percent. Ultimately, the choice of confidence level and allowable margin of error is a judgment call and we chose this on the basis of combining pragmatic considerations of cost and effort in testing with intuitions as to how precise knowledge of local radon prevalence needs to be.

Table 2 list all the communities we could define using CHSA data, provides the existing

Table 1: Sample Sizes for 90% Confidence plus or minus 3% on the basis of HSDA

HSDA the Community Falls In	Desired sample size	HSDA the Community Falls In	Desired sample size
Central Vancouver Island	20	Northeast	115
East Kootenay	280	Northern Interior	335
Fraser East	70	Northwest	100
Fraser North	60	Okanagan	380
Fraser South	20	Richmond	20
Kootenay Boundary	470	South Vancouver Island	45
North Shore-Coast Garibaldi	20	Thompson Cariboo Shuswap	340
North Vancouver Island	20	Vancouver	30

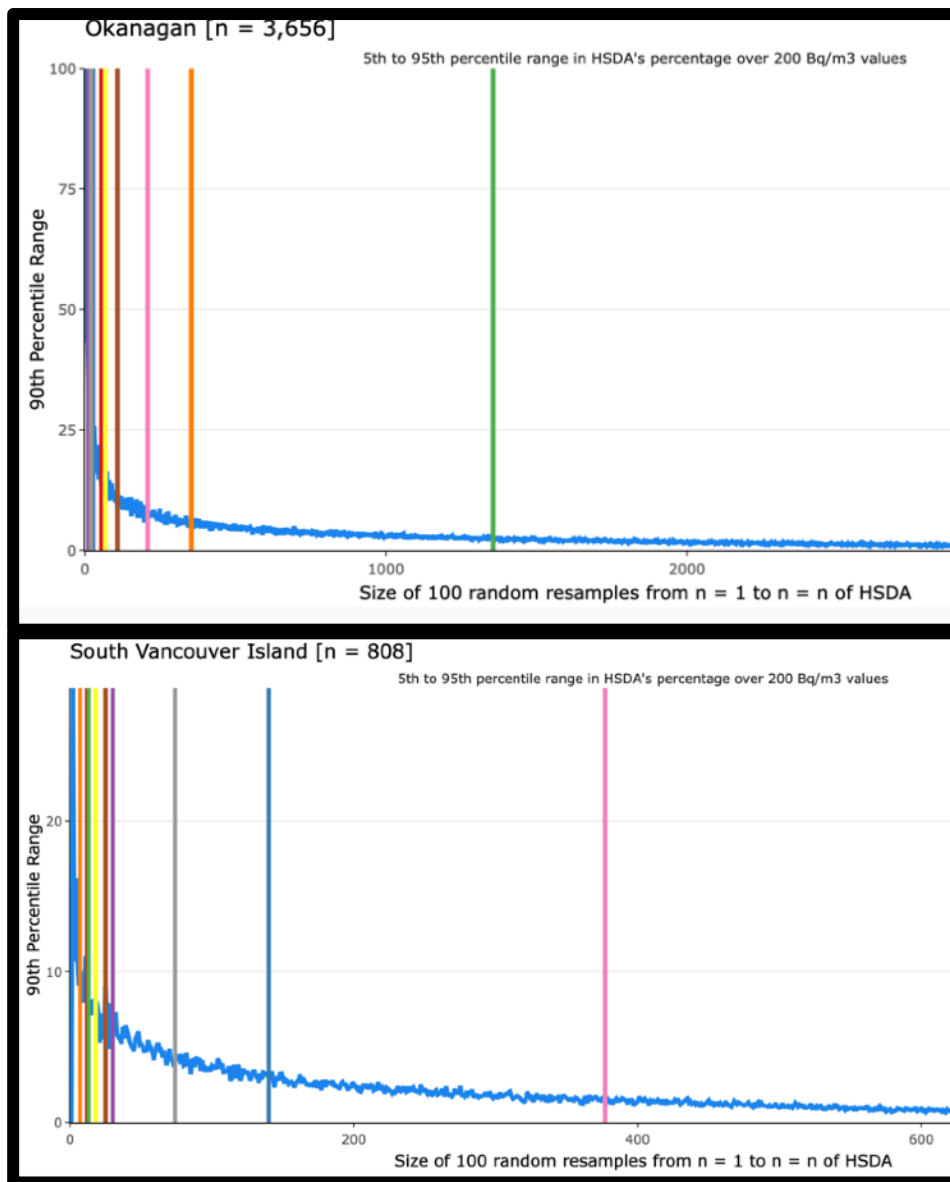


Figure 2: Uncertainty Curves. Vertical coloured lines show readings for particular communities. For Okanagan: Green–Kelowna, orange–Lake Country, pink–Penticton, brown–Osoyoos, yellow–Lumby, red–Armstrong-Spallumchean, blue–Enderby, grey–Princeton. For South Vancouver Island: Pink–Central Saanich, dark blue–Colwood, grey–Saltspring Island, purple–Langford/Highlands, brown–Oak Bay, yellow–North Saanich, green–Esquimalt, orange–Southern Gulf Islands, red–Sooke, light blue–View Royal. Courtesy of BCCDC.

sample size, the current estimated margin of error, and the desired sample size for 90 percent confidence in results plus or minus 3%. Communities with under 20 radon readings are listed as having insufficient data to have meaningful results.

Results and Discussion

We could quickly see that required sampled size for confidence varies with radon concentration. In communities with a lower percentage of homes above 200 Bq/m³, fewer samples were needed to reach a given level of certainty. This means that there are some communities in BC with a small percentage of

homes over 200 Bq/m³ and a small number (such as under 30) readings, but sufficient sample size. There are also communities with fairly large samples (into the few hundred) but for which more readings are needed for certainty.

We have many communities in BC for which we have high certainty that at least 10 percent of homes are over 200 Bq/m³, but for which the low sample size means the margin of error is over plus or minus 5%: **100 Mile House, Armstrong/Spallumchean, Arrow Lakes, Enderby, Golden, Kootenay Lake/Kaslo, Lumby, McBride/Valemount, Osoyoos, Princeton, Quesnel, Vanderhoof, Williams Lake,**

Windemere/Radium Hot Springs (dark blue on Table 2).

We also identified communities with an insufficient sample size for reporting results but for which the larger Local Health Area (LHA) or HSDA have at least 10 percent of homes tested over 200 Bq/m³: **Fort St. James, Grand Forks, Keremeos, Lillooet, Mackenzie, Merritt** (dark orange). These first two groups should be prioritized for testing.

We also found a large number of BC communities not included in the above groups, but which require more testing to have high confidence (90% confidence plus or minus 3%) in radon numbers. **Bella Coola Valley, Burns Lake, Central Saanich, Chetwynd, City of Langley, Dawson Creek, Duncan, Esquimalt, Fort Nelson, Fort St. James, Gibsons, Haida Gwaii, Hope, Kitimat, Ladysmith, Maple Ridge, Metchosin, New Westminster, North Saanich, Oak Bay, Parksville, Pitt Meadows, Port Coquitlam, Port Moody/Annemore/Belcarra, Powell River, Prince Rupert, Sechelt, Sidney, Smithers, Sooke, Southern Gulf Islands (Pender/Galiano/Saturna/Mayne), Tumbler Ridge, View Royal, White Rock** (light orange if insufficient data, light blue otherwise).

One outcome to note is that for communities with higher radon levels, a higher number of tests are needed to be confident of numbers of homes over the Guideline. For instance, Windemere/Radium Hot Springs (n= 54), would need 280 tests to estimate 90 percent confidence in number of homes over 200 Bq/m³ with a margin of error of plus or minus 3 percent. However, the analysis suggests good confidence that between 25% and 38% of homes have radon over Guideline, which is certainly enough information for homeowners and local governments to take the issue seriously.

We used as threshold a margin of error of plus or minus 5% for whether to prioritize further testing in such high radon communities. As such, we listed Windemere/Radium Hot Springs

as a priority for testing (at plus or minus 6.4%), but created a separate group for which we felt there was less urgency for improving the sample size. Communities in this group included **Cranbrook, Creston, Fernie, Kamloops, Kimberley, Penticton, Summerland** (light green). We would still encourage more testing in these communities to increase the accuracy of radon knowledge and because there is a clear need for all homes in these locations to be tested.

In deciding whether to conduct further community testing in such situations, it is worth noting additional benefits of such testing—spreading education and awareness on radon, increasing the numbers of people who have tested, and encouraging yet more people to take the initiative to test on their own.

Limitations

Most radon testing is initiated by homeowners taking the initiative. This creates a possibility of selection bias, and overestimates risk compared to a randomized sample. That said, the degree to which this skews the results is not known and we think it is unlikely that people who chose to test have any special indicia that their homes have higher radon. In order for us to arrive at sample sizes that would give certainty, we needed to assume that the spread of radon levels in buildings in each community would look similar to the broader HSDA (e.g. a uniform distribution). We know this is not always the case. We expect more radon testing in the future will lead to a more nuanced analysis.

These analyses examine the proportion of homes above the 200 Bq/m³ guideline. For more information about the magnitude and range of radon levels in specific communities or regions, please see the BCCDC Radon Map. While rural regions and some smaller towns are not included in these analyses, there is still a need to test homes in these areas. Numbers reported by the BCCDC Radon Map for local health areas can be an entry point in estimating likely radon levels at smaller scales.

Table 2 Legend

	Insufficient data, but in LHA or HDSA with over 10% of homes tested over 200 Bq/m ³
	Current sample size shows over 10% of homes tested over 200 Bq/m ³ , more testing needed for good sample size (90% confidence in results, plus or minus 3%)
	Insufficient data, in LHA or HDSA with 10% or less of homes tested over 200 Bq/m ³
	Current sample size shows 10% of homes or less tested over 200 Bq/m ³ , more testing needed for good sample size
	Current sample size shows over 10% of homes tested over 200 Bq/m ³ , but margin of error falls between 3% and 5%
	Sufficient sample size for 90% confidence in results, plus or minus 3%

Table 2: Results by Community

Community	Sample Size	Percent of homes over 200 Bq/m ³	Current margin of error (plus or minus x %)	Estimated Sample size for 90% confidence in results, plus or minus 3 %, based on HSDA
100 Mile House	43	13.05	8.82	340
Abbotsford	190	4.66	1.18	70
Armstrong/Spallumcheen	55	24.43	7.62	380
Arrow Lakes/Nakusp	141	31.23	5.69	470
Bella Coola Valley	Insufficient data			20
Bowen Island/Lions Bay	51	11.06	1.02	20
Burnaby	115	2.25	1.43	60
Burns Lake	21	0.76	7.4	335
Campbell River	34	0.02	0.9	20
Castlegar	1261	48.34	1.19	470
Central Saanich	insufficient data			45
Chetwynd	insufficient data			115
Chilliwack	53	4.29	2.5	70
City of Langley	insufficient data			20
Colwood	140	3.86	1.54	45
Comox	23	0.79	1.3	20
Coquitlam	289	3.17	0.87	60
Courtenay	24	0.01	0.89	20

Table 2: Results by Community

Community	Sample Size	Percent of homes over 200 Bq/m ³	Current margin of error (plus or minus x %)	Estimated Sample size for 90% confidence in results, plus or minus 3 %, based on HSDA
Cranbrook	211	10.44	3.87	280
Creston	97	17.91	4.58	280
Dawson Creek	72	4.07	3.7	115
Delta	58	0.52	0.69	20
Duncan	35	8.8	2.12	35
Enderby	26	19.12	11.88	380
Esquimalt	Insufficient data			45
Fernie	122	33.96	4.73	280
Fort Nelson	71	6.71	3.56	115
Fort St. James	Insufficient data			335
Fort St. John	147	5.5	2.03	115
Gibsons	Insufficient data			20
Golden	53	21.31	7.05	280
Grand Forks	insufficient data			280
Haida Gwaii	79	0.48	1.82	100
Hope	insufficient data			70
Kamloops	158	12.3	4.56	340
Kelowna	1356	21.67	1.11	380
Keremeos	insufficient data			380
Kimberley	179	32.42	3.45	280
Kitimat	35	0	2.35	100
Kootenay Lake/Kaslo	27	33.65	11.11	470
Ladysmith	insufficient data			35
Lake Country	353	44.47	2.68	380
Langford/Highlands	30	1.29	2.26	45
Langley Township	25	0.53	0.81	20

Table 2: Results by Community

Community	Sample Size	Percent of homes over 200 Bq/m ³	Current margin of error (plus or minus x %)	Estimated Sample size for 90% confidence in results, plus or minus 3 %, based on HSDA
Lillooet	insufficient data			340
Lumby	67	23.94	7.25	280
Mackenzie	Insufficient data			335
Maple Ridge	41	0.98	2.02	60
McBride/Valemount	77	14.5	6.35	335
Merritt	Insufficient data			340
Metchosin	Insufficient data			45
Mission	Insufficient data			70
Nanaimo	237	0.94	0.71	35
Nelson	909	37.26	1.67	470
New Westminster	Insufficient data			60
North Saanich	Insufficient data			45
North Vancouver	253	1.55	0.23	20
Oak Bay	25	8.74	4.51	45
Osoyoos	107	31.77	5.16	380
Parksville	Insufficient data			35
Penticton	207	21.67	3.44	380
Pitt Meadows	Insufficient data			60
Port Coquitlam	43	0.69	1.79	60
Port Moody/Anmore/Belcarra	44	4.77	2.52	60
Powell River	Insufficient data			20
Prince George	2245	32.04	0.5	335
Prince Rupert	63	0.2	1.92	100
Princeton	20	32.57	12.07	380
Quesnel	66	9.88	6.61	335
Revelstoke	371	40.38	2.7	340

Table 2: Results by Community

Community	Sample Size	Percent of homes over 200 Bq/m ³	Current margin of error (plus or minus x %)	Estimated Sample size for 90% confidence in results, plus or minus 3 %, based on HSDA
Richmond	99	0.04	0.02	20
Saanich (District of)	377	0.73	0.68	45
Salmon Arm	321	17.57	2.68	340
Saltspring Island	74	8.21	2.03	45
Sechelt	Insufficient data			20
Sidney	Insufficient data			45
Smithers	62	4.26	3.68	100
Sooke	insufficient data			45
Southern Gulf Islands (Pender/Galiano/Saturna/Mayne)	Insufficient data			45
Squamish	63	4.55	1.01	20
Summerland	143	30.87	4.13	380
Surrey	82	0.31	0.49	20
Terrace	127	11.52	2.72	100
Trail	472	30.36	3	470
Tumbler Ridge	Insufficient data			115
Vancouver	343	1.98	0.08	30
Vanderhoof	21	20.82	14.14	335
Vernon	598	29.97	2.28	380
Victoria	65	3.07	2.15	45
View Royal	Insufficient data			45
West Kelowna	486	31.76	2.23	380
West Vancouver	34	1.71	1.23	20
Whistler	47	1.82	0.84	20
White Rock	Insufficient data			20
Williams Lake	60	10.41	8.26	340
Windermere/Radium Hot Springs	54	31.52	6.4	280

Appendix 1: Defining Communities

Table 1, Appendix 1 Defining Communities		
Community Name	Underlying CHSA	CHSA Number(s)
100 Mile House	100 Mile House	1440
Abbotsford	Abbotsford Rural, Central Abbotsford, East Abbotsford, West Abbotsford	2134, 2132, 2131, 2133
Armstrong/ Spallumcheen	Armstrong/Spallumcheen	1350
Arrow Lakes/ Nakusp	Arrow Lakes	1240
Bella Coola Valley	Bella Coola Valley	3360
Bowen Island/ Lions Bay	Bowen Island/Lions Bay	3322
Burnaby	Burnaby Northeast, Burnaby Northwest, Burnaby Southeast & Burnaby Southwest	2221, 2222, 2223 & 2224
Burns Lake	Burns Lake Town Centre	5221
Campbell River	Campbell River	4321
Castlegar	Castlegar	1230
Central Saanich	Central Saanich	4132
Chemainus	Chemainus	4233
Chetwynd	Chetwynd	5312
Chilliwack	North Chilliwack & South Chilliwack	2121 & 2122
City of Langley	City of Langley	2311
Colwood	Colwood	4121
Comox	Comox	4311
Coquitlam	North Coquitlam, South Coquitlam & Southwest Coquitlam	2241, 2242 & 2243
Courtenay	Courtenay	4313
Cranbrook	Cranbrook	1120
Creston	Creston	1150
Dawson Creek	Dawson Creek	5311
Delta	Ladner, North Delta & Tsawwassen	2321, 2322 & 2323
Duncan	Central Cowichan	4212
Enderby	Enderby	1390
Esquimalt	Esquimalt	4119
Fernie	Fernie	1110
Fort Nelson	Fort Nelson Population Centre	5331
Fort St. James	Fort St. James North	5233
Fort St. John	Fort St. John	5321
Gabriola Island	Gabriola Island	4247
Gibsons	Gibsons	3331

Table 1, Appendix 1 Defining Communities		
Golden	Golden	1160
Grand Forks	Grand Forks	3331
Haida Gwaii	Haida Gwaii North & Haida Gwaii South	5101 & 5102
Hope	Hope	2110
Hudson's Hope	Hudson's Hope	5322
Kamloops	Kamloops Centre North & Kamloops Centre South	1431 & 1432
Kelowna	Downtown Kelowna, Glenmore, Okanagan Mission & Rutland	1374, 1375, 1376 & 1377
Keremeos	Keremeos	1330
Kimberley	Kimberley	1130
Kitimat	Kitimat	5150
Kootenay Lake/ Kaslo	Kootenay Lake	1210
Ladysmith	Ladysmith	4231
Lake Country	Lake Country	1373
Langford/ Highlands	Langford/Highlands	4123
Langley Township	Brookwood/Murrayville, North Langley Township & Willoughby	2313, 2314 & 2316
Lillooet	Lillooet	1470
Lumby	North Okanagan/Lumby	1362
Mackenzie	Mackenzie	5247
Maple Ridge	Haney, Maple Ridge Rural	2231, 2233
McBride/ Valemount	McBride/Valemount	5246
Metchosin	Metchosin	4122
Merritt	Merritt	1490
Mission	South Mission	2141
Nanaimo	Cedar/Wellington, Departure Bay, Downtown Nanaimo, Downtown Nanaimo, Nanaimo North/Lantzville, Nanaimo South	4241, 4242, 4243, 4244, 4246
Nelson	Nelson	1220
New Westminster	New Westminster	2210
North Saanich	North Saanich	4133
North Vancouver	North Vancouver City - East, North Vancouver City - West, North Vancouver DM - Central, North Vancouver DM - East & North Vancouver DM - West	3311, 3312, 3313, 3314 & 3315
Oak Bay	Oak Bay	4114
Osoyoos	Southern Okanagan	1310
Parksville	Parksville	4251
Peachland	Okanagan Rural West	1371
Penelakut and Thetis Islands	Penelakut and Thetis Islands	4234

Table 1, Appendix 1 Defining Communities		
Penticton	Penticton	1320
Pitt Meadows	Pitt Meadows	2232
Port Coquitlam	Port Coquitlam	2244
Port McNeill/ Sointula	Port McNeill/Sointula	4342
Port Moody/ Anmore/Belcarra	Port Moody/Anmore/Belcarra	2245
Powell River	Powell River City	3341
Prince George	Prince George City - Central, Prince George City - North & Prince George City - Southwest	5241, 5242 & 5243
Prince Rupert	Prince Rupert City Centre	5121
Princeton	Princeton	1340
Quesnel	Quesnel City Centre	5211
Revelstoke	Revelstoke	1410
Richmond	Blundell, Broadmoor, Gilmore/Shellmont/East/Hamilton, Steveston & Thompson/Seafair	3112, 3113, 3114, 3115, & 3117
Saanich (District of)	Gordon Head/Shelbourne, Quadra/Swan Lake, Interurban/Tillicum, Royal Oak, Cordova Bay, Prospect	4115, 4116, 4117, 4131
Salmon Arm	Salmon Arm	1420
Saltspring Island	Salt Spring Island	4141
Sechelt	Sechelt	3332
Smithers	Smithers Town Centre	5141
Sooke	Sooke	4124
Southern Gulf Islands (Pender/Galiano/Saturna/Mayne)	Gabriola Island, Pender/Galiano/Saturna/Mayne & Salt Spring Island	4142
Squamish	Squamish	3351
Summerland	Summerland	1380
Sidney	Sidney	4134
Surrey	Cloverdale, East Newton, Fleetwood, Guildford, North Surrey, Panorama, South Surrey & Whalley	2331, 2332, 2333, 2334, 2335, 2336, 2337, 2341
Terrace	Terrace City Centre	5171
Trail	Trail	1250
Tumbler Ridge	Tumbler Ridge	5313
Vancouver	Cedar Cottage, Downtown Vancouver, Fairview, Grandview-Woodland, Hastings-Sunrise, Kensington, Killarney, Kitsilano, Mount Pleasant, Oakridge/Marpole, Renfrew-Collingwood, Shaughnessy/Arbutus Ridge/Kerrisdale, South Cambie/Riley Park, Sunset, University of British Columbia, Victoria-Fraserview, West End & West Point Grey/Dunbar-Southlands	3231, 3211, 3213, 3223, 3232, 3251, 3261, 3244, 3252, 3262, 3233, 3241, 3253, 3263, 3243, 3264, 3212 & 3242
Vanderhoof	Vanderhoof	5231
Vernon	Vernon Centre/Coldstream	1361

Table 1, Appendix 1 Defining Communities		
Victoria	Downtown Victoria/Vic West, James Bay/Fairfield, Oaklands/Fernwood,	4111, 4112, 4113
View Royal	View Royal	4118
West Kelowna	West Kelowna	1372
West Vancouver	West Vancouver - Lower & West Vancouver - Upper	3321 & 3323
Whistler	Whistler	3352
White Rock	White Rock	2342
Williams Lake	Williams Lake/East Cariboo	1462
Windermere/ Radium Hot Springs	Windermere	1140

Table 2, Appendix 1 CHSAs excluded as primarily rural and covering a large geographical area	
Agassiz/Kent	2150
Campbell River Rural	4322
Comox Valley Rural	4312
Cowichan Valley West	4220
Burns Lake North	5223
Burns Lake South	5222
Fraser Lake	5234
Houston	5143
Howe Sound Rural	3353
Juan de Fuca Coast	4125
Kettle Valley	1270
Ladysmith Rural	4232
Lower Thompson	1433
Nanaimo Rural	4245
North Thompson	1450
North Mission	2142
Oceanside Rural	4253
Okanagan Rural East	1378
Peace River North Rural	5323
Peace River South Rural	5314

Table 2, Appendix 1 CHSAs excluded as primarily rural and covering a large geographical area	
Prince George North Fraser Rural	5245
Prince George Southwest Rural	5244
Qathet Rural	3342
Quesnel Rural	5212
Smithers Rural	5142
Snow Country	5110
South Cariboo	1480
Stikine	5160
Sunshine Coast Rural	3333
Telegraph Creek	5190
Terrace Rural	5172
Upper Skeena	5130
Vanderhoof Rural	5232
West Cariboo	1461

Endnotes

- ¹ Canadian Cancer Society, 2022. Lung and bronchus cancer statistics. <https://cancer.ca/en/cancer-information/cancer-types/lung/statistics>
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- ³ Take Action on Radon, 2020. Lake Country BC 100 Test Kit Challenge Results. <https://takeactiononradon.ca/wp-content/uploads/Lake-Country-BC-Community-Report-June-2021-final.pdf>
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- ⁵ Results for Castlegar, municipality layer, BC Radon Map. <https://bccdc.shinyapps.io/bcradonmap/>
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- ¹⁰ Radon Environmental Management Corp. 2019. Mapping the Geological Radon Potential in Canada. <https://static1.squarespace.com/static/5b993fe05cfd798a41d5ad02/t/5d0bc5d261b95000011fd626/1561052639552/mappingMethodology%2BLicense2019.pdf>
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- ¹⁴ British Columbia Government, Ministry of Health, 2023. Health Boundaries. <https://www2.gov.bc.ca/gov/content/data/geographic-data-services/land-use/administrative-boundaries/health-boundaries>

From: Paul <newsletter@bcruralhealth.org>

Sent: Friday, August 4, 2023 6:00 AM

To: Karissa Stroshein <admin@kaslo.ca>

Subject: Groundbreaking Recommendations: BC's 2024 Budget Consultation Embodies BC Rural Health Network's Vision for Rural Health Care

[View this email in your browser](#)



BCRHN

British Columbia
Rural Health Network

Ground-breaking Recommendations For Rural Health and Wellness!

Budget 2024



Budget 2024 Consultation Reinforces BC Rural Health Network's Advocacy for Equitable, Community-Centered Health Care

BC Rural Health Network - August 4, 2023

At the BC Rural Health Network (BCRHN), we are both excited and encouraged to see our core vision for community-centric, equitable health care echoed in the BC Government's report on the 2024 Budget Consultation.

The Standing Committee on Finance's recommendations, particularly those focused on rural and remote communities, mirror our organization's key messages. Executive Director of the BCRHN, Paul Adams, shared his optimism, stating, "The Committee's recognition of the unique challenges in rural health care and their proposed solutions pave a promising path towards a more inclusive health care system in BC."

One section of the report stands out: a stark illumination of the financial burdens experienced by rural residents when accessing health care services. In 2021, Dr. Jude Kornelsen conducted a study with the UBC Centre for Rural Health Research. The report says rural residents pay an average of \$2,044 for travel-related health care expenses.

Dr. Kornelsen commends the recognition of the experiences of rural residents in the report, saying, "It's gratifying to see the pressing findings from our 2021 study being acknowledged. This recognition amplifies the urgent call for tailored health care solutions for rural and remote communities."

Peggy Skelton, President of BCRHN, lauds the report's alignment with our organization's goals. "These recommendations underscore the need for community-driven health care planning, which is integral to our advocacy. It's particularly heartening to see our call for community-operated health centres being reinforced in the report."

Indeed, the Committee's key recommendations for rural and remote communities include:

1. Funding for community-operated health centres
2. Expanded funding for, and access to, medical travel for rural and remote residents
3. Implementing recruitment and retention incentives for healthcare workers
4. Investment in digital health solutions
5. Funding to expand services for patient navigators
6. A shift towards community-driven planning
- 7.

These recommendations underscore a crucial recognition of the distinct needs of BC's rural communities and embody a commitment to ensure equitable access to health care services across the province.

At the BCRHN, we are eager to collaborate with the BC Government to implement these recommendations effectively. As Skelton articulates, "Together, we can usher in a new era of rural health care in BC, where every community, irrespective of its geographical location, has access to the services they need."

This report represents a significant milestone in our mission. We look forward to the journey ahead and to forging a health care system that caters to all BC residents. We look forward to working to bringing these recommendations to life and continuing to advocate for the diverse needs of our rural communities.

Read the full report from the Standing Committee on Finance and Government Services by visiting their site [here](#).

Have you completed our survey on "Bridging the Gap" we need your voice! Please [click here](#) or on the poster below to participate and please share with your own networks! We are making a difference!

ARE YOU INTERESTED IN IMPROVING COMMUNITY ENGAGEMENT IN RURAL HEALTHCARE PLANNING?



**You are invited to take part in a survey.
Survey participants will be eligible for a draw to win one of three \$100 gift cards.**

Your input will be used to understand the gap between rural community voices and decision-making at a Health Authority and Provincial level.

Link to Survey



To learn more about the study, please contact the project coordinator, Kate Wills at kate.wills@ubc.ca



Dr. Jude Kornelsen, from the Centre for Rural Health Research at the University of British Columbia, and the BC Rural Health Network are leading this study.



This study is funded by the Social Planning and Research Council of British Columbia (SPARC).





BCRHN

**British Columbia
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From: Paul <newsletter@bcruralhealth.org>
Sent: Thursday, September 14, 2023 4:47 PM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: DEIB, Travel Assistance, Conferences, Survey Update.



BCRHN

British Columbia Rural Health Network

Mid Month Update

Creating Equity for all Rural Residents! Celebrating Diversity and Inclusion!

Call for Membership BCRHN Diversity, Equity, Inclusion and Belonging Committee

We are looking for volunteer committee members who are passionate about meaningful participation for all rural residents in inclusive and affirming health care services. We need more diversity of identity and lived experience on our team.



Background

As an organization representing issues of relevance to rural residents across BC, commitment to DEIB is a foundational part of our mandate in order to fully address health disparities, which are often rooted not only in geography but structurally related to race, ethnic, gender, sexual orientation, socioeconomic status and other social determinants of health. When geography intersects with these other influences, the effects may be more pronounced. Conversely, by creating awareness of the effects of intersectionality, we can more effectively promote health equity.

Current Opportunity

We have a core team of 3 privileged white settler folk who have been working on our allyship knowledge and skill development:



We have our board-approved DEIB framework and we are beginning to develop an implementation plan

- **Jane Osborne** is a 6th generation settler British & Portuguese ancestry and a queer senior who is living and working humbly and gratefully on unsundered Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw Territories. As a 6th generation settler, her responsibility is to unlearn and challenge the colonizing principles and systems that have been designed solely to benefit the colonizers. She is a voice for the underserved.
- **Theresa Hamilton** is a new mom of Irish descent, originally from Ontario and passionate about bringing death care into her community. She describes herself as a kind-hearted anarchist.
- **Jude Kornelsen** is a third generation settler of Russian and German ancestry who currently lives and works with gratitude every day on the unceded and traditional territory of the Hl'q'um'num and SENĆOŦEN speaking peoples, also known as Salt Spring Island. She has a fierce commitment to equity and justice in health care.

Commitment

1 to 2, one hour meetings per month and willingness to share your stories and expertise and explore how your identity and location impact the quality of your health care service. We cannot develop policies and training resources that lead to a more decolonized advocacy organization and more meaningful representation of rural BC residents without you. In particular, we are looking for:

- First Nations / Metis / Inuit people
- Gender & sexual minority people
- Recent immigrants - indigenous to non-Western European countries
- Lived experience of marginalization

If you want to join us, please contact Committee Chair, Jane Osborne (jane_osborne@telus.net).

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

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



Learn more at:
hopeair.ca



Upcoming Conferences and Events

September and October as busy months for conferences and events pertaining to health.

Next week (September 18-22) many of our municipal members and partners will be in attendance at the **Union of BC Municipalities (UBCM) in Vancouver.** The BC Rural Health Network will be represented by our Vice President Colin Moss and Director Leonard Casley, they look forward to meeting you there! In addition, we have liaison representatives from the BC Association of Community Health Centres (Valerie and St John) and UBC Centre for Rural Health Research (Jude

Kornelsen) in attendance. This important annual conference provides an opportunity for community leaders from across BC to interact with all political parties, Ministries and decision-makers. If you are attending, please drop by the BC Community Health Centre booth and learn more about their amazing model of team-based, community-centric care!

On October 13th our President Peggy Skelton will be a panelist at the International Leadership Association conference in Vancouver. This event attracts a global audience and will help shine a light on the state of healthcare in rural BC. Please click the image below to learn more and to register.



On October 17th our Executive Director Paul Adams will be a panelist at the Greater Vancouver Board of Trade to discuss health equity in BC. This conference is presented by the Pacific Blue Cross and has two panels that will discuss both Challenges and Opportunities in health equity. Registration information and conference details are available by clicking the image below.



Health Care Forum | Health Equity
Presented by Pacific Blue Cross

Last but certainly not least, **on October 24th** we are delighted to be invited to form a panel at the Putting Patients First Conference. This conference is hosted by the Michael Smith Foundation and the BC SPOR Unit. It is a **FREE** conference and can be attended in person or virtually. Jude Kornelsen will lead our panel and be joined by Paul Adams, Jane Osborne, Valerie St John and Leanne Heppell. This is an opportunity to create awareness of the need for community engagement in healthcare planning and research. It is also an opportunity for our membership and the public to provide your wisdom and insights through an interactive engagement across BC. Please mark your calendars and register below for this **FREE event!**

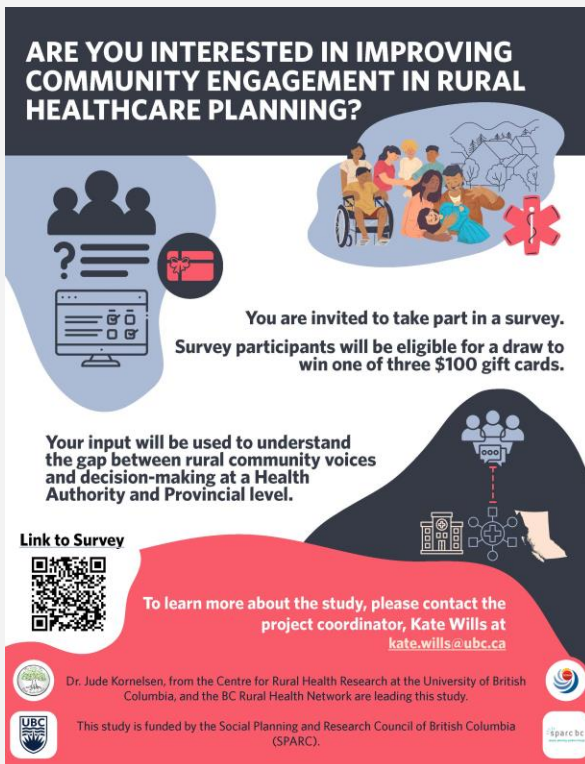


Still time to complete this critical survey!

Thank you to everyone who has taken the time to complete our *Improving Community Engagement in Rural Healthcare Planning Survey*! We have had a great start with well over 600 responses so far! Hearing about your lived experiences as rural residents and of anyone you know is critical to this research project! Our collective voice is creating change!

Please share this survey far and wide and with as many rural communities, groups and networks as you can.

Thank you!



Improving Community Engagement in Rural Healthcare Planning

This is a critical research project that the UBC Centre for Rural Health Research and BC Rural Health Network are leading.

We need to hear from you and your networks to understand the gaps between community engagement and rural healthcare planning. This requires 30 minutes of your valuable time and we recognize that there are many requests for surveys but this one is critical!

Please click on the poster to the left to complete the survey. If you have questions, [please click here to contact our project coordinator Kate Wills.](#)

Saying that we are not heard in policy decisions is one thing, having the evidence to support that position is crucial!

The lived and living experience of rural communities and their residents has been missing from the conversation and we would love to hear from you!



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From: Noah Quastel <nquastel@bclung.ca>
Sent: Thursday, September 14, 2023 9:38 AM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: Radon testing program

Dear Karissa,

You previously showed interest in our radon testing program, and signed up with Take Action on Radon (TAOR). BC Lung runs its community testing program through TAOR.

We were really encouraged by your interest and hope you will continue to have testing in your community.

TAOR has informed us that Kaslo has been provisionally accepted for the program. However, TAOR will only proceed once municipal representatives attend an online information session. This lasts about 45 minutes and covers physics, health, and building science of radon, details of testing and mitigation, available programs and the logistical details of the radon kit giveaway for local communities. TAOR operates as a turn-key operation and has streamlined the presentation for all participating local governments across Canada.

To continue with the program, please arrange a time to attend the online information session with Pam Warkentin p_warkentin@carst.ca.

We really hope you will continue with the radon testing initiative.

Yours,

Noah

Noah Quastel LLB LLM PhD
Director, Law and Policy, Healthy Indoor Environments

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