



HEALTH ADVISORY COMMITTEE AGENDA

DATE: 2023.11.27

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 2023.11.27 Health Advisory Committee Meeting.

3. Adoption of the Minutes

3.1 Adoption of the Minutes of the 2023.09.25 Health Advisory Committee Meeting.

4. Delegations

4.1 Leane Blancher BC Emergency Health Services

5. Information Items

5.1 Member Reports

5.1.1 Kaslo Acupuncture Society Report

5.1.2 Kaslo Community Services – Senior Co-ordinator's Report

5.1.3 Dialysis Service in Nelson – Bird 2023.11.20

5.1.4 Staff Report – Radon 2023.11.23

5.2 Correspondence

5.2.1 Letter to Minister Kahlon – Village of Kaslo

5.2.2 British Columbia Rural Health Matters – 2023.10.16

5.2.3 British Columbia Rural Health Matters – 2023.10.18

5.2.4 British Columbia Rural Health Matters – October Edition

5.2.5 BC Lung Foundation – Radon 2023.10.26

5.2.6 British Columbia Rural Health Matters – 2023.11.01

5.2.7 British Columbia Rural Health Matters – 2023.11.07

5.2.8 British Columbia Rural Health Matters – 2023.11.15

5.2.9 BCRHN Frailty Strategy Survey – 2023.11.21

5.2.10 2024 West Kootenay Boundary Regional Hospital District Board Meeting
Schedule

5.2.11 Interior Health & Regional Hospital Districts Partnership Agreement

6. Question Period

7. Business

7.1 Interior Health – Victorian Community Health Centre 2023.10.26

7.2 2024 Health Advisory Committee Meeting Schedule

8. Late Items

Consideration of any late items added to the agenda.

9. Next Meeting

Unless otherwise specified the next meeting will be held at the call of the Chair.

10. Adjournment



DATE: 2023.09.25

LOCATION: Council Chambers – City Hall

TIME: 6:00 p.m.

413 Fourth Street, Kaslo

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

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 6:00 p.m.

2. Adoption of the Agenda

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

Moved, seconded and CARRIED

THAT the agenda for the 2023.09.25 Health Advisory Committee Meeting be adopted as presented.

3. Adoption of the Minutes

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

Moved, seconded and CARRIED

THAT the minutes for the 2023.07.17 Health Advisory Committee Meeting be adopted as amended.

4. Delegations – Nil**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

Moved, seconded and CARRIED

THAT the Committee recommend to Council that the request for dialysis service at the Nelson hospital be forwarded to the West Kootenay Boundary Regional Hospital District Board.

- 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 – Nil

7. Business

- 7.1 West Kootenay Boundary Regional Hospital District Update
Mayor Hewat reported on the WKBRHD meetings with the Premier and Housing Minister at UBCM.
- 7.2 Radon Testing Program
The Village of Kaslo has been accepted to participate in the program and training sessions for staff are being scheduled.

8. Late Items – Nil

9. Next Meeting

The next Health Advisory Committee meeting will be held on November 20, 2023 at 6:00 p.m. in City Hall.

10. Adjournment

The meeting was adjourned at 6:40 p.m.

CERTIFIED CORRECT:

Corporate Officer

Chair Hewat



KCAS Patient Summary Report 2023 - AGM

Between January 6th and October 27, 2023, Kaslo Community Acupuncture Society held a total of 22 clinics at the Heritage Hall of St. Andrew United Church, every second Friday from 1 – 5 pm. COVID regulations from the Ministry of Health and the BC Centre for Disease Control were lifted most of the year and only in the last two clinics, practitioners started to wear masks to meet public health standards.

The total number of treatments given in 2023 from January to October was 295; 51 treatments were given to new patients and 244 to repeat patients. Since we started community acupuncture in 2020, we have treated a total of 255 individual patients between the ages of 8 to 93. This results in a total of 1192 individual treatments from January 2020 until October 2023 in 89 clinic days with an average of 13 patients per clinic.

In 2023, we treated a variety of ailments with acupuncture, gua sha, tuning forks and TCM herbal medicine. Here is a summary of all diseases and ailments we attended to in 2023:

- Acne
- Acute cholecystitis/gallbladder attack
- Acute and chronic digestive dysfunction, i.e. stomach pain, GERD, Acid Reflux
- Anxiety
- Addiction
- Allergies
- Hashimoto
- Mental Health
- Intercostal Pain
- Pain Management: back pain, shoulder pain, frozen shoulder ankle pain and strain, foot pain, hip pain, wrist and elbow pain, knee pain, hypochondrial pain, tailbone pain, jaw pain, headaches, painful neck tightness, ovarian pain, piriformis syndrome, sciatic pain, thumb pain,
- Trauma Response
- Balance Issues after accident with brain injury
- Brain injury after overdose with motor and sensory sense dysfunctions
- Constipation
- Stress Reduction and emotional support due to trauma
- Depression
- Skin problems due to night drooling, hives, eczema
- Eye Problems: eye infections, posterior Vitreous detachment
- Fibromyalgia
- Numbness and Tingling in the fingers and hands
- General Health Support



- Heart Burn
- Heart and Chest Pain
- Heat Intolerance
- Fatigue
- Menopausal symptoms like hot flashes
- Hypertension
- Infertility
- Injury from a fall with edema in the feet
- Poor Sleep and insomnia
- Benign Lipoma
- Long Covid
- Chronic Fatigue Syndrome and Low energy
- Post arm fracture
- Dizziness
- Post Chemotherapy support
- Post Concussion Syndrome
- Support to stop smoking
- Post bone fracture treatment
- Post Surgery treatment after Cholecystectomy
- Pregnancy support
- PTST
- Restless Leg Syndrome
- Rheumatoid Arthritis
- Rotator Cuff Inflammation
- Sinus Congestion
- Sleep Apnea and snoring
- Heart Palpitations
- Tendinitis in finger and elbow
- Trigeminal Neuralgia
- Urinary Retention
- UTI Infection

Summary:

To date, approximately 11% of Kaslo and Area D's population (total number of citizens = 2,311) has utilized community acupuncture and the need for acupuncture is high, especially in the areas of mental health, pain management, digestive health, addiction, and chronic illness management. The clinic is in high demand and the maximum number of patients we had to turn away was 7 people which was very hard to see.

Community acupuncture has shown to be an integral part of our community in Kaslo and we have not met our budget with grants and private funding. At this point we are 42% short but we are aiming to look for ongoing funding to achieve financial



KASLO Community
Acupuncture Society

sustainability. Ultimately we are striving to be an integral part of the Ministry of Health and so that our budget is covered by government funds.

In conclusion, I want to thank our volunteers, sponsors, practitioners and the KCAS board for making this invaluable clinic a success and we feel honored to offer barrier-free acupuncture to all citizens in Kaslo and Area D. Health is our priority!

With gratitude,

A handwritten signature in black ink, appearing to read 'Leni Neumeier', is placed on a light grey rectangular background.

Leni Neumeier R.TCM.P, R.A
KCAS Clinic Supervisor



Oct./Nov. - 2023 - Senior Co-ordinator's Report

1. Simple meals for 'The Healthy Aging' *Therapeutic Activation Program* (TAPS) are prepared at our Food Hub. The 50 meals are distributed between Meadow Creek and Fletcher Falls. The 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) Bowling has begun once a month at the Lardeau Valley Hall at Meadow Creek for the fall months of September, October, and November.
 - c) A luncheon with Guest Speakers was enjoyed by TAPS participants on Nov. 6th at the Heritage Hall.
 - d) The Kaslo Quilters sewed over 120 reusable cloth lunch bags for the meal delivery program.
3. Angela at the Kaslo Public Library is available for Digital Support by appointment. Phone the Library 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 of all ages. Resuming after April 2, 2024
5. Medical and Non-Medical Rides for Seniors can be arranged through 'The Kootenay Seniors Volunteer Drivers Program', phone #778-463-5247. Volunteers please contact the K.S.V.D.P.
6. 'West Kootenay Nav-Care' - a new friendly visitor's program has begun in Kaslo. Volunteers visit a senior once or twice a week for a time of social interaction. Contact Audrey Salazar Calvo if you would like to be a volunteer or know someone who would like to be a client paired with a friendly visitor. Contact Audrey at: ph.#778-689-6832 or <kaslo@westkootenaynavcare.org>
7. Seniors Programing that has resumed this fall:
 - 9:30 am. Seniors' Exercise Program at the Heritage Hall. Contact Liz Ross @250-353-2465, or Elizabeth Scarlett at 250-353-2563. Cost is \$60.00 from Nov. 3rd to Apr. 26th or \$5.00 each time.
 - Carpet Bowling takes place at the Legion on Wednesday mornings.
 - Fri. am. 'Sr. Coffee Drop-In' from 9:30-11:30 at the Seniors Hall for a suggested cost of \$3.00.
8. Current notes from the Kaslo Seniors:
 - The Seniors Monthly 'in-person' meetings are held at the Kaslo Seniors' Hall at 11:00 am. on the 1st Tuesday of each month from Sept. until June. Meetings are followed by lunch at a cost of \$15.00 for members and \$20.00 for visitors. (Annual Memberships cost \$15.00).
 - The Annual Christmas luncheon will be held on-Tuesday, December 5th at the Kaslo Legion Hall. Doors open @11:30 am. The luncheon will be at noon. Contact Mabel Russell @ phone 250-353-2258 or <mia1@kaslo.org> to confirm tickets.
9. - The Seniors' Coordinator can be contacted at < elizabethbrandrick@kaslo.services >.

Update on HAC recommendation to Council to write to the West Kootenay Boundary Regional Hospital District Board and Interior Health explaining the need for dialysis services in Nelson.

Kaslo Council passed the motion unanimously at the Sept 29 council meeting. A letter was sent and was on the WKBRHD board meeting agenda. Mayor Hewat is the Vice chair and can speak to how it was received.

Local media picked up on this action and there were articles in the Valley Voice, MyNelsonNow and Mayor Hewat was interviewed on CBC radio. Unfortunately the radio reviewer asked all the wrong questions - he was focussed on the lack of public transportation between Nelson and Trail.

Nelson City Council took a cue from Kaslo and, on Nov 7 unanimously passed the following motion:

THAT the City of Nelson send a letter to the West Kootenay Boundary Regional Hospital District Board with copies to IHA and Kootenay Lake Hospital Foundation explaining the need for dialysis service in Nelson and advocating for the creation of such a service.

New information: (from research done by dialysis patients) There were two dialysis chairs at KLH in 1966, until the Social Credit (otherwise known as the BC Liberals) took them away. These dialysis treatment chairs, I'm told, were funded by the people of Nelson. I've also seen a letter from IHA denying that there were ever dialysis chairs in Nelson, so who to believe?

In June 2019, a letter from Adrian Dix' office noted that " the BC Provincial Renal Agency is responsible for determining how to allocate resources in the province...and maintains a database that tracks kidney function in the Chronic Kidney Disease population to predict upcoming needs... **the BCPRA has developed clear and consistent guidelines around expanding new dialysis units in the province. It is necessary to have a minimum of six to eight patients currently requiring dialysis to start a renal unit that will be sustainable.** (My emphasis) This has been agreed upon between BCPRA and the Ministry of Health."

Brittney Anderson's office has sent a request to the Ministry of Health to see if any response was ever made to Michelle Mungall's request in 2019 for a

community dialysis clinic in Nelson. MLA Anderson's office is keeping a file of all information and correspondence relating to establishing dialysis services in Nelson.

Note: A common response from IHA that gets reported in the papers is to highlight all the alternatives to in-hospital dialysis that are available to patients. Some dialysis patients who have experience with at-home dialysis are going to put out information countering the narrative that at-home dialysis works for most patients.



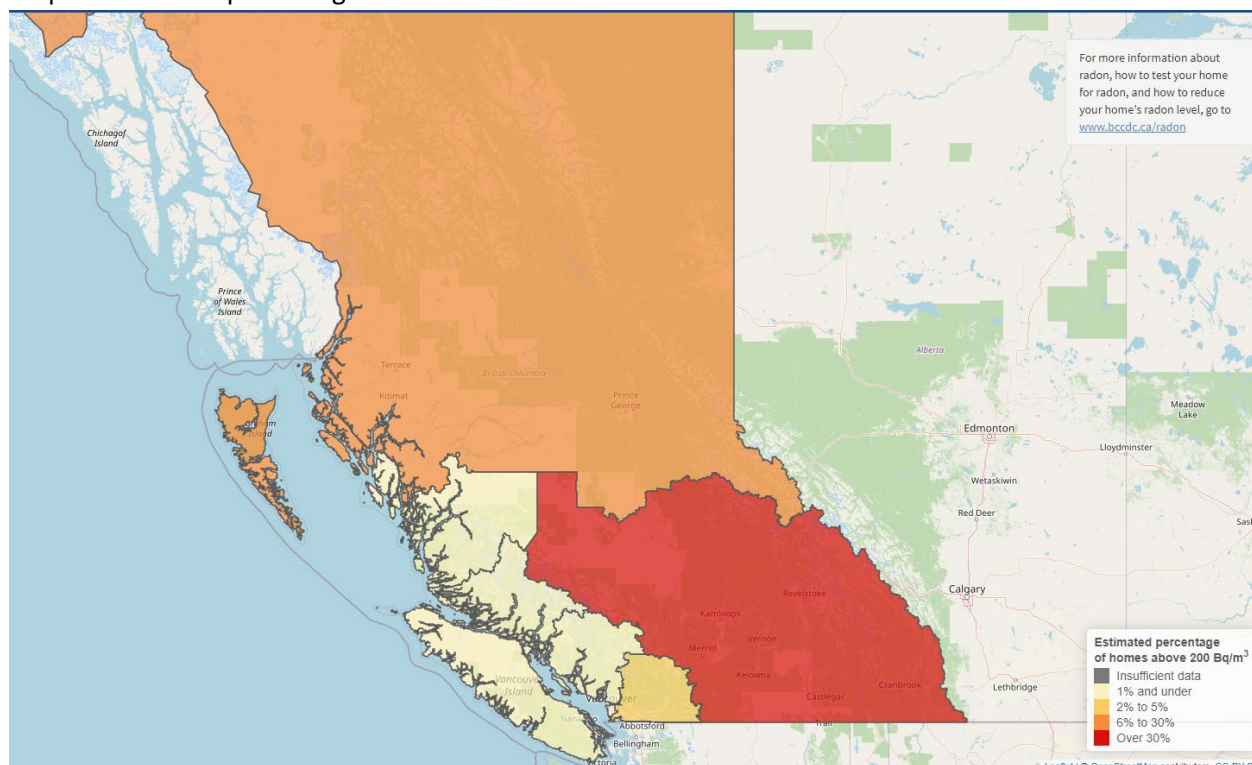
VILLAGE OF KASLO HEALTH ADVISORY COMMITTEE

100 RADON TEST KIT CHALLENGE NOVEMBER 23, 2023 UPDATE

Summary:

- The BC Lung Foundation has been addressing health risks of Radon for many years.
- Radon is one of the leading causes of lung cancer.
- Southeast BC has been identified as a high-risk area.
- Health Canada recommends remediating any home with radon over 200 Bq/m³ within two years and remediating any home with radon over 600 Bq/m³ within one year.
- Radon is prevalent in Kaslo and surrounding area.
- Staff have taken one Radon Test Kit orientation webinar, and another is scheduled for December.
- 100 Radon test kits have been ordered to distribute free throughout the Village of Kaslo.

Map of estimated percentages in British Columbia:



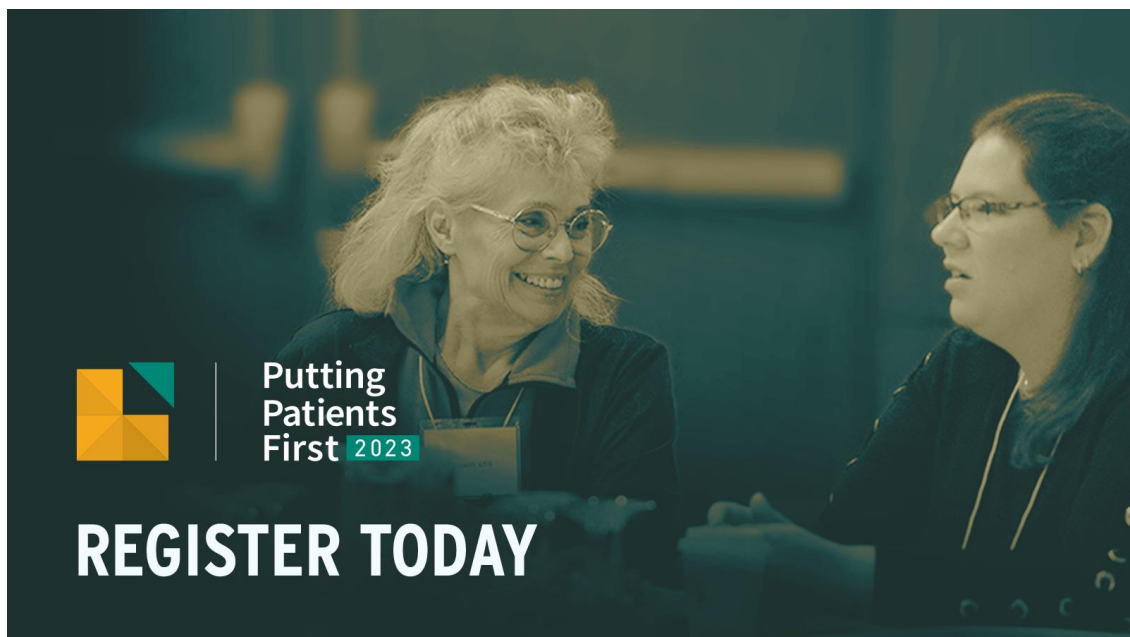
From: Paul <newsletter@bcruralhealth.org>
Sent: Monday, October 16, 2023 12:10 PM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: Register for the Putting Patients First Conference Today!

[View this email in your browser](#)



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Registration for the Putting Patients First Conference Closes TODAY!

We are delighted to be invited to form a panel at the Putting Patients First Conference on October 24th, 2023. This annual conference fosters collaboration and learning about patient experiences in the health system. It is hosted by the Michael Smith Foundation and the BC SPOR Unit. The theme of this year's conference is: changing landscapes and learning together for sustainable patient-oriented research. Jude Kornelsen will lead our panel and will be joined by Paul Adams, Jane Osborne, Valerie St John and Leanne Heppell.

This is an excellent 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 wisdom and insights through an interactive engagement across BC. The participation of rural residents is imperative in ensuring rural voices and perspectives are heard and included in the conversation.

The event is FREE and offered both in-person and virtually. In-person attendance is currently at capacity and the deadline to register to attend virtually is TODAY, October 16th. Please mark your calendars, share this event with anyone who may want to attend virtually, and register below for this FREE event. We look forward to seeing you there!

[Register Here Today!](#)

Register Here Today!



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Mid Month Update

Rural Resilience: Navigating the Network of Senior Resources in Rural BC

In rural British Columbia, the senior population faces challenges related to several factors including geographic isolation, extra costs and financial burdens associated with living rurally, and limited accessibility to services due to a lack of local specialized services in rural communities across BC. We created a document that provides an overview of the resources available to seniors in rural BC, addressing critical areas of concern including safety, financial support, accessibility, well-being, and protection.

The goal of this document is to bridge the gap between the needs of the senior community in rural BC and the available resources, ensuring that every individual has the opportunity for a safe, healthy, and fulfilled life. United Way Healthy Aging administers grants and manages programs that provide exceptional quality-of-life benefits to seniors, helping them stay Active, Connected and Engaged in their home communities! Some of the programs offered through United Way BC include Better at Home, Social Prescribing and Family & Friend Caregiver Supports. Please click the button below to see our document highlighting some of the incredible resources available to Seniors in Rural BC.

[Rural BC Seniors Resources](#)

Rural BC Seniors Resources

Recent Conferences and Events

September and October are busy months for conferences! Peggy and Paul have been busy representing the BC Rural Health Network at Several conferences in Vancouver.

On October 13th our President Peggy Skelton was a panelist at the International Leadership Association conference in Vancouver. This event attracts a global audience and helps shine a light on the state of healthcare in rural BC.

On October 17th our Executive Director Paul Adams was a panelist at the Greater Vancouver Board of Trade to discuss health equity in BC. This conference was presented by the Pacific Blue Cross and had two panels that discussed both Challenges and Opportunities in health equity.

Upcoming: Putting Patients First 2023: Changing landscapes and learning together for sustainable patient-oriented research

On October 24th, we are delighted to be forming a panel at the Putting Patients First Conference in Vancouver. This is an annual conference that fosters collaboration and learning about patient experiences in the health system. It is hosted by the Michael Smith Foundation and the BC SPOR Unit. Jude Kornelsen will lead our panel and be joined by Paul Adams, Jane Osborne, Valerie St John and Leanne Heppell.

This is an excellent 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. The participation of rural residents is imperative in ensuring rural voices and perspectives are heard and included in the conversation.

We look forward to seeing everyone who is attending both in-person and virtually there!



A Community Outreach Initiative Update

To date, Phoebe has completed 85 outreach interviews with community champions, elected officials, healthcare workers and community members in over 40 communities across rural BC. She would like to extend her sincere thanks to every single person who has taken the time to speak with her. The insights and experiences you have shared have proven to be incredibly valuable to the successful outcome of this project.

Phoebe is continuing her outreach to build representative, comprehensive and accurate community profiles for as many communities across rural BC as possible. If you would like to have a conversation with her about your community, your experiences accessing healthcare in rural BC or the work that you or your organization is doing to improve the health and wellbeing of your community, please do not hesitate to reach out to her at phoebe.lazier@bcruralhealth.org

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

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



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October 2023 Edition

Letter from the President

Dear Readers,

I'm writing this letter on a flight to Newfoundland to attend a wedding! So exciting ... and it's given me a bit of time to reflect on how busy a month can be!

Yesterday I attended both our Implementation meeting and our Board of Directors meeting. It is truly amazing to me the amount of progress that is being made in putting forth the agenda of health equity for all, and am so thankful to all those working towards it!

The BCRHN was well represented at the UBCM (Union of BC Municipalities): Colin Moss (our VP), Leonard Casley (Director), Jude Kornelsen (Liaison Director UBC Centre of Rural Health Research), Val St John (Liaison Director BC Association of Community Health Centres) and many of our rural municipal and regional district members! They met with numerous government officials, and as well as representing their home area, they represented the BCRHN admirably! We thank them for always keeping the health care needs of the rural population in their discussions! I know the changes that they support positively impact not only their jurisdiction but also positively effect those of us who don't have municipal governments ... Our Regional District representatives also provide a voice for our rural folks who don't have a municipal government and the everyone working towards changes becomes a powerful voice!

It is always our wish here at the BCRHN to make positive changes to health care policy and service delivery models based on good sound RURAL research evidence.

The surveys that have been sent out makes this possible and relevant, The surveys have been well received with over 650 submitted at the time of my writing with a few more days to go!

We welcome the exciting announcement that PAs (Physician Assistants) will be licensed herein BC to provide their professional services in initially emergency care. These health care professionals have been providing services in other provinces and to the Canadian Military and will certainly enhance our health care system. It is hoped

I am writing this column on our National Truth and Reconciliation Day. I write from the traditional and beautiful lands of the Sylix peoples in the Upper Similkameen region of BC, home to the Upper Similkameen Indian Band.



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. These words are a part of my signature line, they are meant and not just written.

To make that statement meaningful and purposeful our Diversity, Equity, Inclusion and Belonging committee has started our long journey of internal growth and increased awareness. This work will be highlighted by Phoebe in her new monthly article “Community Connect” Phoebe will be sharing insights she is gathering from across BC on health and wellness solutions, some challenges and the work she has been deeply engaged in since joining us.

Phoebe is leading community engagement on many fronts and has managed to speak to many community champions on rural health who have both appreciated and continued the conversations. Her direct ongoing engagements are creating rich data sets while informing communities of programs and models of care specifically intended for help them. It is surprising how many communities have not been informed on many of the programs, tools and services that are available to them and the need to rebuild bridges back to rural and remote areas is more apparent than ever.

Outreach for [Hope Air](#) has also resulted in informing many of services that exist but not broadly known. In addition, the announcement at UBCM has significantly improved services for oncology patients in rural and remote BC! [\\$20 million has been allocation to travel assistance for oncology patients needing to travel](#). This money is over a 3 year period and is split between the Canadian Cancer Society and Hope Air. Having worked with Mark Rubenstein (Chief Hope Officer) and his team for a few months now, I am so impressed with their purpose, the pride in their work but most importantly the impact on the patient receiving help! They are a group of caring and compassionate people who really touch the hearts of those they work with and those who learn about them. The oncology funding is a small step towards equity in accessing care for rural residents and a very welcome one!

UBCM produced some other significant outcomes for rural and remote BC. The doubling of funding for regional transport campaign that was introduced by the community of Nelson and supported by many was endorsed and perhaps the most significant resolution for rural health was SP1 below:

Special Resolution 1 Health Equity for Rural and Remote Communities

Whereas rural and remote communities in BC experience significant health care challenges, including a lack of access to emergency services, on-demand mental health and addictions facilities, physicians, paramedics, and other health professionals;

And whereas the long distances, limited public and private transportation options to travel to the nearest health care service, and high costs for accommodations to stay near those sites while receiving treatment, are substantial barriers for people living in rural communities across the Province:

Therefore be it resolved that the provincial government introduce metrics and policy to identify reasonable travel distances from each community to health care services and facilities, to ensure transparent, accountable, and equitable health care access for those living in rural and remote communities in BC;

And be it further resolved that the provincial government move quickly to increase the health care workforce in rural and remote communities by:

- creating additional licensing and training opportunities for internationally-trained medical graduates;
- establishing recruitment and retention programs for health care professionals willing to work in rural areas;
- approving physician assistants to work alongside physicians and other health professionals; and
- expanding the use of nurse practitioners and pharmacists to increase access to health services.

UBCM Resolutions Committee recommendation: **Endorse**

Not only was this resolution endorsed but it was endorsed unanimously by the voting delegation, that delegation represents urban and rural municipalities and regional districts and speaks to the universal recognition of our broken rural system.

Progress has been a theme over the last month and last week marked another step forward for Physician Assistants and the move to license PAs for emergency room application and inclusion in BC. Great news! This step is another partial victory for improving team-based care but initially it appears that PAs will not be licenced to practice in Primary Care settings. Comments are open to the College until early October and providing feedback that inclusion of PAs in Primary Care and health centre teams in rural BC is also needed. [Read more and send your feedback here.](#)

Tools for rural communities and means to access them effectively are lacking and I learnt of some new ones in development just over the past few weeks. Valerie St John has been working with many groups on promotion of Community Health Centres

and one of these organizations I was recently introduced to by Val is the Saunders Family Foundation. I have met virtually President, Dave Saunders and have learnt about a new project the “Community Playbook” that seeks to inform and assist communities in building and rebuilding robust rural health services and rethinking rural healthcare through a team based approach. This work is still in development but the [Saunders Family Foundation](#) has been doing some amazing work for communities and people on Vancouver Island and are looking to expand their work and help all of BC with better health and wellbeing. We look forward to our collaborations and truly appreciate the introduction to this progressive thinking and action driven organization.

Lots of conferences and steering committee work ahead for me in October and it starts next week with [HCABC](#) steering committee meeting in Richmond where the BCRHN has been invited to provide the Network’s perspective and contribute to the discussion on improving hospice services for all BC residents and we are delighted to be included in the conversation.

The following week takes me back down to a Hope Alr reception and celebration in Vancouver that celebrates over 35 years of service and one of the founding partners Ms. Jinnie Bradshaw. This function is going to be an opportunity to meet people I have been working with and have yet to meet in person, that includes the Chief Hope Officer Mark Rubinstein but also our own President Peggy Skelton, who like most members of my team, I have only ever met virtually!

On October 17th I will be speaking on a panel at the [Greater Vancouver Board of Trade Healthcare Forum](#). This panel “Challenges to Health Equity” is a significant opportunity to enhance the understanding of rural health challenges and to speak on the social determinants of health with an informed panel of experts. I look forward to this opportunity!

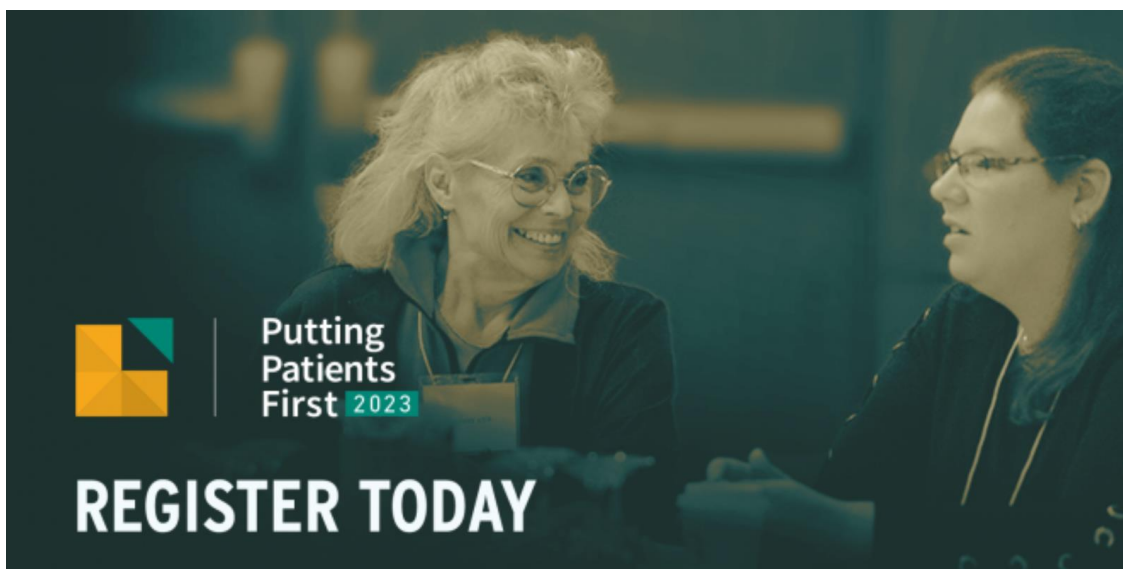
An amazing opportunity to present at the [Putting Patients First conference](#) in Vancouver on October 24th has happened and will be led by our friend Jude Kornelsen (co-lead [UBC Centre for Rural Health Research](#)). The opportunity has also been created through Jude Kornelsen and the BC SPOR Unit of the Michael Smith Foundation. Jude approach event organizers and suggested a discussion to shift the focus of research engagement from that solely on patients and to expand to focus and conversations to include community. We were then invited to their steering committee and have been creating a great panel to have the discussion. Jude, myself, Val St John and Leanne Heppell, This event is not only an opportunity to shift the conversation but also to directly participate. This conference will be fully hybrid (online and in person) and is free to attend. We will have Kate Wills (Research Assistant UBC) and Phoebe Lazier (Community Engagement BCRHN) as our online moderators and plan an interactive session and include rural residents in the conversation. [Please join us on October 26th and register by clicking here.](#)

The Gap Analysis project that we are partnering with Jude on for the Gap Analysis is wrapping up with tremendous response and 670 surveys completed as of Friday with a few more incoming. Interviews with many leaders and policy influencers have also been conducted and continue. We hope to have insights to share into some initial insights soon! Thank you Jude, Kate and Phoebe for spreading the word and getting the data we need to support new policies on rural healthcare in BC.

Our photo contest is now closed but lots of pictures to go through and I expect we will announce our winners in the next edition.

Stay safe, stay connected.

Yours in health and wellness,
Paul



Community Connect: Health and Wellness in Rural BC

Hello and happy fall! For those I haven't had the pleasure of connecting with yet, please allow me to extend a warm introduction. I'm thrilled to share my ongoing collaboration with the BC Rural Health Network (BCRHN) and eagerly anticipate our connection moving forward.

My name is Phoebe and I am a recent psychology grad from the University of British Columbia Okanagan. I have spent the majority of my life in rural BC, growing up in Nelson and relocating to the Nicola Valley with my partner after finishing my degree. I love the outdoors, cooking and reading. I have an interest and passion in identifying and



addressing the social determinants of health.

I am the community outreach contractor with the BCRHN and we are currently working on a Community Outreach Initiative in collaboration with the BC Association of Community Health Centres (BCACHC) and the Innovations Solutions Unit (ISU) at UBC, Hope Air and United Way BC (UWBC).

Through these avenues of collaboration, I am working to create community profiles for as many rural BC communities as possible that accurately represent the current healthcare systems, healthcare gaps and needs, mental health care, maternity and reproductive care, indigenous-centred care, LGBTQ2S+ care, travel information for accessing care in other communities, emergency preparedness and safeguarding vulnerable populations and more. This information is gathered through interviews with community members, local leaders and healthcare champions such as yourselves. The data drawn from this project will be used to inform the BCACHC model of care and inform our advocacy for better healthcare in rural communities.

Community Health Centres

This project aims to address the healthcare challenges faced by rural communities in British Columbia by creating better models of care that are driven by the community. This is done through the promotion and establishment of Community Health Centres (CHCs). The initiative aims to raise awareness about the CHC model as an effective method for providing team-based, community-driven care that integrates community resources. BCACHC also seeks to identify and understand the unique health needs of rural communities, facilitate community-led needs assessments and planning, and provide the necessary support for the creation of CHC proposals. This initiative is a step towards improving rural healthcare and strengthening the overall health and well-being of the rural residents of British Columbia. To learn more about BCACHC and the CHC model of care, please visit the [BCACHC website](#).

Hope Air

Did you know?

1. Hope Air has a no patient left behind policy.
2. Hope Air is not an airline, but rather a charity that books flights and accommodations for patients who must travel to access care in larger urban centres.
3. Hope Air has a Volunteer Pilot Program (VPP) in which private pilots, approved by Hope Air, fly patients in small private planes rather than on commercial flights. This makes Hope Air much more accessible to rural residents who are not near a commercial airport!
4. If you must drive more than 70 km to a medical appointment, Hope Air can assist in providing accommodations for you and a companion.



Hope Air provides four programs to assist patients in accessing care outside of their communities. These programs include free airline travel and free hotel accommodation for those travelling by ground or air. Free meal vouchers and ground transit options are currently available within several communities and the program details are developing and expanding as I type. These amazing services not only serve patients but are also available for an escort or support person to travel with you! Please visit [Hope Air's website](#) to learn more about how their valuable travel assistance programs can help you or a loved one in a time of need.

United Way BC

October 1st is National Seniors Day! This is an excellent opportunity to reflect on the challenges older adults in rural BC are facing and shed light on some of the incredible senior resources that are made possible by UWBC.



United Way
British Columbia

[United Way BC Healthy Aging](#) is currently working towards the implementation of a new program and service design. This new design will focus on increased collaboration among organizations within the Community-Based Seniors' Services (CBSS) sector. Part of the focus will be on making UWBC Healthy Aging grants more accessible and reflective of community needs. This is excellent news for seniors' resource organizations across rural BC!

Keep an eye out in the near future for a piece I am currently working on which highlights some of the incredible resources that are available to support seniors in their aging process in rural BC. UWBC Healthy Aging provides grants and manages programs that provide exceptional quality-of-life benefits to seniors, helping them stay active, connected and engaged. Two of their most successful senior initiatives are their Better at Home and Social Prescribing programs. Better at Home is a program committed to helping seniors manage day-to-day tasks, enabling them to maintain their independence within the comfort of their homes while staying closely connected to their communities. Social prescribing connects seniors with non-medical resources and activities in their community. Check out the [BC Healthy Aging Core](#) website to learn more about the network of news and organizations for seniors in BC.

Now for a project update...

As of the end of September, I have had the pleasure of interviewing 68 individuals in 32 rural communities across BC. I would like to extend my sincere thanks to each and every one of you who have taken the time to speak with me and share your personal and professional experiences in your community. Learning about your communities and connecting with individuals who are on the ground driving positive change is my favourite part of this project! If we have not spoken and this is something you would be interested in, please do not hesitate to reach out to me via email at phoebe.lazier@bcruralhealth.org.

I truly believe that this project can have a lasting impact on healthcare in rural BC. That being said, we recognize that there are other projects and initiatives both pan-

provincially and within specific communities that may have similar goals and outcomes. I would like to assure you that we are doing everything we can to ensure we are minimizing duplication of efforts. What makes our project unique is that we are not focused on any specific demographic group within a community, rather we are focused on engaging with a diverse range of individuals and piecing together each of their specific experiences and insights to create these community profiles that are representative of the community from several points of view. We are also focused on making meaningful connections through our conversations and connecting groups or individuals within the community who may be working towards a similar goal.

I understand that many communities have organizations that do incredible community outreach work that is representative of the community and its needs, however, this is not the case in all communities across BC. If you feel as though there is already excellent representative community data available for your area and you feel as though additional outreach is unnecessary, please do not hesitate to share this information with me. I want to ensure that we are supporting and referring people back to information that is already available.

BCRHN's Diversity Equity Inclusion and Belonging Committee

I have recently had the pleasure of working with the BCRHN's Diversity Equity Inclusion and Belonging (DEIB) committee. This board represents issues that are relevant to rural residents and highlights the intersectionality of many of the inequities and disparities rural residents face. DEIB is looking for volunteer committee members who are passionate about meaningful participation for all rural residents in affirming and inclusive health care services. If this is something you are interested in, please reach out to Jane Osborne (jane_osborne@telus.net).

I would like to express my sincere gratitude for the opportunity I have been given to meet with so many incredible individuals across rural BC through this project. I look forward to continuing my outreach and meeting more of you. If you have any questions or feedback, or if you would like to set up a meeting, please reach out at any time. Thank you for reading and happy October!

Warmest regards,

Phoebe



BCRHN
British Columbia
Rural Health Network



Member of the Month for October is the

BCHealth Coalition



The BC Health Coalition champions a strong public healthcare system that is there for all of us when we need it. We are a democratic, non-partisan, and consensus-based coalition of individuals and organizations that span the province of British Columbia. Together we advocate for evidence-based improvements to our public health care system, stimulate public education on health care issues, and drive positive change to our health care system through campaigns across the province. Our ongoing priorities include: defending our health care system against privatization, expanding Medicare and improving access to quality health care for all, and advancing evidence-based public solutions to health care issues.



The HealthCoalition is led by the Steering Committee, which consists of labour unions, community groups, public policy organizations, and health care non-profits. The Steering Committee guides the governance of the coalition on behalf of our members. Current Steering Committee members represent the following organizations:

- BC Association of Community Health Centres
- BC Crisis Lines Network
- BC Federation of Labour
- BC Federation of Students
- BC General Employees Union
- Canadian Centre for Policy Alternatives - BC
- Community Action Initiative
- Council of Senior Citizens Organizations of BC
- Canadian Union of Public Employees BC
- Hospital Employees Union

- Health Sciences Association
- United Food and Commercial Workers 1518



As an advocacy organization, the coalition works with community groups, labour unions, and coalitions across BC to strengthen and defend public health care. Some of our past victories have included: winning legislation in B.C. to protect the public voluntary blood donation system and successfully advocating to scrap unfair MSP fees in BC by 2020. Our current work is focused on three major areas: seniors care, anti-privatization, and Community Health Centres.

In the seniors' care area, we campaign to improve and expand publicly funded home support and end for-profit long-term care. This includes transparency on how public funds are used by for-profit long-term care facilities as well as eliminating financial barriers to home support such as a co-payment. Last year, the coalition brought together over 174 organizations representing thousands of workers, seniors, and families in an Accountability Assembly to hold the BC government accountable to their mandate in seniors' care.



In the area of anti-privatization, we monitor and respond to threats of privatization in the public health care system. This includes the Cambie case, which ended earlier this year after 14 years in the courts. The case was a constitutional challenge by the CEO of a for-profit surgical clinic chain, which threatened the basic principles of the Canada Health Act. In short, the for-profit surgical clinic wanted the public to subsidize their profits and unlawfully charge patients directly at the same time. The BCHC intervened in the case on the side of public health care. After fighting the case for 14 years in the court, the coalition and its partners successfully fought off the challenge with the courts reaffirming that access to health care should remain based on need and not on wealth.

BC is experiencing a primary health care access crisis which is continually attributed to a family physician shortage. However, BC currently has more family physicians per capita than at any other time. The actual crisis is that our current primary health care model is unsustainable for health care practitioners to work in. Community Health Centres offer a sustainable model of primary care, in which physicians work alongside a team to provide care for their community. Meanwhile, a community board governs the community health centre letting physicians focus on providing care as opposed to doing administrative tasks. Our work on community health centres has focused on education on the benefits of community health centres through community roundtables, organizing lobby days in Victoria, and speaking up in the media on the primary health care access crisis. We are currently in the planning phases of a public education campaign about Community Health Centres, and are excited to be working

closely with the BCRHN to ensure the needs of rural and remote communities are highlighted in this campaign.



If you'd like to learn more about any of this work, you can go to our [website](#).

Nationally, we work with provincial health coalitions across the country and the Canadian Health Coalition to push for improvements to our public health care system. This includes advocating for a national pharmacare program and increased federal health funding to the provinces that comes with accountability.

If you'd like to volunteer with us, you can sign up on our [Volunteer page](#). Make sure you're subscribed to our [mailing list HERE](#) as well for future updates! Any questions or feedback can be directed to info@bchealthcoalition.ca.

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

Being There: An Online Psychoeducational Program

We all want to be a good friend, sibling, child, or grandchild to our loved ones. Our friends and family members are critical parts of our lives. That's why it can be very hard for us when our loved ones are feeling down or going through a rough patch, and need to lean on us. We want to help, but sometimes, helping or supporting them can lead to us feeling stressed, tired, or burned-out. It can be really hard to provide this support to our loved ones when we are experiencing our own ups and downs. If this sounds like something you relate to, keep reading – you might want to participate in this study!

Researchers at UBCO have developed Being There, a six week online psychoeducational program for friends and family members of adults 50 and over with mental health concerns in rural BC. The goal of this program is to provide a resource

for supporters to help lessen feelings of burden and distress associated with providing support. At this time, we are looking for participants to A) complete the program, and B) provide feedback about their experiences in the program.

Being There consists of information about mental health such as anxiety and depression, ways to improve one's mental health and manage stress and emotions, and teaches communication skills. Participants will be asked to share their thoughts about the program, and will be asked questions regarding their personal experiences in providing support, including stress, psychological distress, and burnout.

To take part in this research:

- You must be a friend or family member (spouse, sibling, child, etc.) of someone who is at least 50 years of age and who has some type of mental health concern. For example, the person may struggle with symptoms of depression, anxiety, or substance abuse. This person must live in a rural community within BC.
- You must live in the same rural BC community (or within approximately a 1-hour drive)
- You must also be at least 19 years old, and able to speak and read English

Unfortunately, you are not able to participate if you or the supported individual have some kind of health problem that seriously affects either of your cognitive abilities, such as memory or language, or if either of you live in a long-term, residential care home.

If you think you might be eligible, and are interested in accessing this program for free and earning up to \$70 by helping the researchers evaluate the program, please contact Carley Paterson at carley.paterson@ubc.ca to learn more!



PARTICIPANTS NEEDED

For Online Program and Research Study

"Being There: An Online Psychoeducational Program"

- Do you have a **friend or a family member 50 years of age or older** who lives in **rural British Columbia** and struggles with **mental health concerns**?
- Do you regularly **provide support** to them in some form? (e.g., emotional support, practical support?) Do you sometimes find it **difficult** to be there for them?
- If you answered **YES** to the above questions, you **may** be eligible to participate!
- *Being There* is a *free* 6-week online program designed to help family and friends cope with the demands of providing support to those with mental health concerns and improve well-being.

In the 'Being There' program...

Learn how to improve communication

Learn about accessible resources in your area for mental health

Learn about mental health concerns and how they impact relationships

Learn about stress and emotion management

Earn up to \$70 by completing two surveys and attending a focus group!

For more information, contact Carley Paterson (UBC Okanagan) at carley.paterson@ubc.ca

Popular Posts and News from September 2023



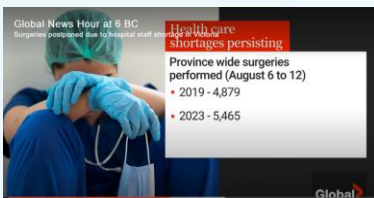
[Haida Elder In 'Extreme' Appendicitis Pain Was Allegedly Released From B.C. Hospital Without Treatment](#)



[Masking Returning To B.C. Hospitals, Clinics As Respiratory Illnesses Rise](#)



[Leading With Purpose: BC's Rural Revolution](#)



[Hundreds Of Surgeries Postponed As Vancouver Island Hospital Closes Operating Room](#)



[B.C. Health Minister Warns High Emergency Medical Care Demand May Be New Normal](#)



[Outcry And Pushback Against B.C.'S 'Outrageous' Spending On Health-Care Temp Agencies](#)



[North Island Residents Getting 2nd Class Hospital](#)



[ER Closures Putting Added Pressure On Paramedics](#)



[Caregiver Calls For 'Culture Change' In Nursing After](#)

Care, Advocates Say



B.C. Pledges \$20M For Travel Costs Of Cancer Patients Who Live Far From Treatment



Dr. Bonnie Henry Urges Patience As Delegates Vote On Drug Crisis Resolutions This Week

Indigenous Man's Death



Hundreds Rally In Surrey, B.C., As Health Minister Under Fire For Continued ER Closures Across Province

We look forward to connecting with you.



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BCRHN
British Columbia
Rural Health Network



BRITISH COLUMBIA LUNG FOUNDATION
2675 OAK STREET
VANCOUVER, BC V6H 2K2
604.731.5864
1.800.731.5864
www.bc.lung.ca

October 26, 2023

Dear Teachers, School Administrators,
Superintendents, and Staff,

Re: The Importance of Testing for Radon in Your Home

The British Columbia Lung Foundation has for many years been addressing the health risks of radon—the leading cause of lung cancer for non-smokers and the second-leading cause for smokers.

BC Lung Foundation has emphasized the need for schools to be tested for radon through our *Radon in Schools Project* (<https://bclung.ca/radon-in-schools>). We are thrilled that Interior Health is working with schools in its region to support this project. We are also honoured to be collaborating with Interior Health in launching the *Student Radon Skill Testing Contest*. (www.bclung.ca/radoncontest).

One of our goals behind these efforts is to help spread the message about the importance of testing for radon at home using a three month (91-day) long-term detector. The goal is to get radon to as low as reasonably achievable below the Canadian Guideline of 200 Becquerels per cubic metre (Bq/m³). The British Columbia radon map (<https://bccdc.shinyapps.io/bcradonmap/>) shows a third of homes in the Interior Health region have radon levels over 200 Bq/m³, yet a vast majority of homes still remain untested.

We hope school administrators, teachers and staff can use the Interior Health school radon testing initiative and the Student Radon Skill Testing Contest as opportunities to spread the word about the importance of home radon testing with parents and guardians. Please consider including reminders about home radon testing and available resources in newsletters or other communications to staff or parents. Feel free to circulate this letter among parents and guardians, or post on your website.

How to obtain a home radon test kit

There are currently a number of initiatives to help people test their homes:

- Take Action on Radon's 100 Test Kit Challenge (<https://takeactiononradon.ca/resources/100-radon-test-kit-challenge/>), with support from the BC Lung Foundation,

has programs for free kit distribution scheduled while supplies last, for Lumby, Lillooet, Keremeos, Radium Hot Springs, Invermere, and Enderby.

- You can purchase a 91-day long-term radon test kit through Take Action on Radon (<https://takeactiononradon.ca/provinces/british-columbia/>). BC Lung Foundation sells 91-day long-term radon test kits also (<https://thelungassociationbc.squarespace.com>).
- Many libraries in the Interior Health region participate in the Radon Detector Library Lending Program (<https://bclung.ca/radon-detector-library-lending-program>). They have electronic radon monitors available for loan that are suitable for short-term radon testing (see note below). Participating public libraries are located in: Armstrong, Ashcroft, Barriere, Beaver Valley, Blue River, Cache Creek, Castlegar, Chase, Cherryville, Clearwater, Clinton, Cranbrook, Creston, Elkford Enderby, Falkland, Fernie, Golden, Grand Forks, Greenwood, Hedley, Invermere, Kaleden, Kamloops, Kaslo, Kelowna, Keremeos, Kimberley, Lake Country, Logan Lake, Lumby, Merritt, Midway, Mission, Nakusp, Naramata, Nelson, North Kamloops, North Shuswap, Okanagan Falls, Oliver, Osoyoos, Oyama, Peachland, Penticton, Radium, Revelstoke, Rossland, Rutland, Salmo Salmon Arm, Savona, Sicamous, Silver Creek, South Shuswap, Sparwood, Summerland, Thompson-Nicola Mobile Library, Trail, Vernon, and Westbank.

Note: Electronic monitors should be used as a screening tool to provide a snapshot of radon levels. A short-term test can provide a false low result. We therefore recommend that homeowners follow-up with a 91-day long-term radon test for a more comprehensive assessment.

We hope you will test your homes as well, and help share this important health information.

Yours,



Noah Quastel
Director, Law and Policy, Healthy Indoor Environments
Email: nquastel@bclung.ca
Phone: 778 709 4496

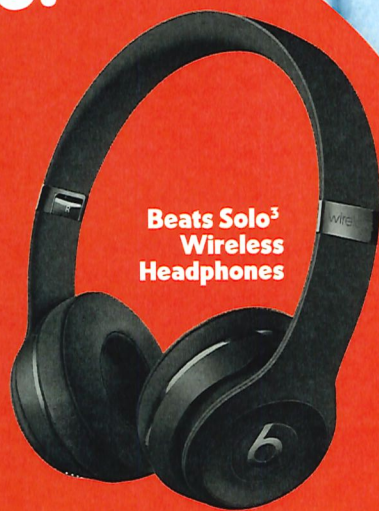
How do you conduct a Radon test?

Send us your
answer for a
chance to win.

Prizes include:



Beats
Studio
Earbuds



Beats Solo³
Wireless
Headphones



A home
radon
test kit

For more details visit:
<https://bclung.ca/radoncontest>



Contest Rules:

Open to all students in grades 4-12
in the Interior Health region.

300 word limit per entry.

Entrants will be judged on writing, grammar,
accuracy, and ideas.

Must be in your own words. Entrants may be required to
answer a further skill testing question by telephone.

Different posters have different questions. You may answer any of the
questions (and even all of them). Follow the URL and QR code links on the left to find all
the questions.

Send one entry per question and send each entry as a separate email to
healthyindoor@bclung.ca with Skill Contest in the subject line. In the body of the email
please state your name, telephone number, grade, your school (or if you are
homeschooled, the name and contact details of who teaches you) and which
question you are answering.

Limit of one prize per person.

There will be separate contests for grades 4-8 and 9-12.

Contest closes January 31, 2024.

Radon

is a radioactive gas that can
linger inside your home,
school or workplace. It can
cause lung cancer.





BCRHN
British Columbia
Rural Health Network

November 2023 Edition

A Letter from our President

Hello Readers,

What a busy but amazing month October has been!

I believe I mentioned in a previous letter that I would be a part of a panel discussion on the Pentagram Partnership Plus table at the International Leadership Association Global Conference. Our presentation was called 'Leading from the Edge'. Very simply put, The Pentagram Partnership Plus is a framework that engages multiple perspectives of healthcare leaders without the usual hierarchy and allows members to share their perspectives. It allows for those who attend to discuss topics without the pressure to commit to something immediately but presents perspectives to consider. We meet as a group quarterly. It has been endorsed by the World Health Organization and most medical schools as a best practice.

The members of the Partnership who presented are Dr. Ray Markham, Executive Director of Medicine at RCCbc (representing rural providers), Roger Harris, BC Forest Safety Ombudsman, (representing the Linked Sector,) John Mah, from the First Nations Health Authority, (a Healthcare Administrator and Decision Maker), Ted Patterson, the Assistant Deputy Minister of the Primary Care Division, (Health Policy,) Paul Winwood (representing Academia,) and myself, (representing the Rural citizens perspective).

We did go over our allotted time with our group with the many questions that were posed. It was an incredibly interesting conference that covered many subjects including health and education to name a few!

Certainly, by the end, my brain was full but also excited by all that is happening across the globe!

I would also like to again thank RCCBC for sponsoring my attendance.

While in Vancouver, I was able to attend the 25-year celebration of Hope Air. I was honoured to meet Mark Rubenstein "Chief Hope Officer" of Hope Air, his staff, and volunteer pilots and hear from one of the clients that use Hope Air's services to access care.



I was so impressed by the passion and commitment of everyone I met! I know that we have met a great partner in providing service to Rural and Remote BC!

I must also say that I was so happy and excited to meet with our Executive Director Paul Adams and Dr. Jude Kornelsen IN PERSON!!

We have worked together for several years now and technology has afforded us with the incredible ability to connect and work together, but I can say for sure that meeting in person was amazing, and being able to spend time together was the best.

Paul and I were also honoured to be hosted by Mark for dinner which included Parliamentary Secretary of Rural Health, Jennifer Rice. Through great conversation, it was unmistakable that her commitment to her work is not only as a politician but also as a rural resident.

The East Shore, my home area is presently hosting some facilitated Town hall meetings to encourage residents to discuss what kind of health care would be beneficial and realistic to have in our area . If you have the opportunity to have a voice at your local level whether municipal or in a regional district, your input is essential as to what is needed but also the how it should work in your community. CHC models certainly can be a worthwhile option for healthcare delivery in rural areas.

Our whole team, Your Board of Directors, liaisons and staff were invited to a meeting with Health Minister Dix and his staff. This allowed us to outline the great impact we have had in being the voice for rural and remote communities on their healthcare solutions and how we can support those positions with our partnerships as well as our research. We have done all of this on a shoestring budget and many volunteer hours. It is so important to note that our staff give so much volunteer time and must be commended Our board, our members, and our staff, are so committed to health equity! Certainly makes me proud!

With that, I will sign off for now. Happy November !

Peggy

From the Desk of the Executive Director

Dear Readers and Supporters,

I'm delighted to share some pivotal updates with all of you.

Prior to working with the BC Rural Health Network, I spent 2 decades travelling to and from the Upper Similkameen to Vancouver, Victoria and Kamloops for work in advocacy within industry and environmental groups in the non-profit sector. October reminded me a lot of those days! The rewards of these travels have continued to be realized up to the point of writing this newsletter and will continue to be realized into the future!

The major highlight this month was the significant meeting we had with our Board of Directors and the Minister of Health, Adrian Dix on October 30 (our new annual day of recognition in BC for non-profits!) This engagement wasn't just between ourselves and the minister but included our esteemed liaisons, Valerie St John from BC Association of Community Health Centres and Jude Kornelsen from UBC Centre for Rural Health Research. Their presence was instrumental in the conversation, emphasizing our organization's collective drive for health and wellness advocacy.

Encouragingly, Minister Dix has extended an invitation to Peggy and myself to present a budget for potential core funding in Victoria this coming November. We were also delighted to have Parliamentary Secretary Jennifer Rice, Ted Patterson (ADM Primary Care), Karin MacMillan (Chief of Staff) and several of the minister's staff members, present on this call and be able to showcase the significance of our mission to such an esteemed group was most welcome!

A highlight I must mention was our recent presentation at the [Putting Patients First Conference in Vancouver](#). Our panel, which included Jude Kornelsen, Jane Osborne, Leanne Heppell, Valerie St John, and me, saw the highest attendance of all break-out sessions and our panel was exceptionally well-received, I thank SPOR BC and the Michael Smith Health Research BC for including our panel and perspectives. Events like these further cement our organization's influence in the health sector and the importance to shift the conversation from patient engagement to community engagement.

If we truly want effective change we must move to the inclusion of residents' lived and living experiences. These experiences will create workable solutions during the decision-making process and must be included.



The [HCABC](#) round table in Richmond on hospice services was another avenue of learning and networking. Engaging with various stakeholders has not only expanded our understanding of the challenges faced by hospices, but also fostered connections with organizations like the Canadian Cancer Society, United Way, and several hospice groups I have not met with until attending this session.

Media was slow this month but I did have conversations with Emma Hautecoeur from CBC/Radio Canada on the new role of Physician Assistants and we received some air on Radio Canada from this. Physician's Assistants have now been included by the College and their placement in emergency care in BC has been accepted. We appreciate all of you who have written in support of the PA role in BC. We hope that the next step will allow them to be included in primary care in BC.

Our collaboration with universities throughout BC has included [UBCO's nursing program](#) and their current work is paving the way for a better understanding of the unique rural mental health challenges faced by our youth. As you will see in this newsletter, we continue to promote the research activities of a variety of organizations and ensure that we capture rural voices in the important work of many research organizations in BC.

Our own efforts in working with Jude and the UBC Centre for Rural Health Research on the SPARC grant to perform the gap analysis between community engagement and policy creation has created a wealth of information. Over 700 surveys were completed during this engagement! Thank you to all! This work will be a major tool in our belt for advocacy and **initial results show that 90% of rural residents do not feel they are adequately engaged**

with! This result isn't surprising to us but should be a wake-up call to all those who think existing mechanisms of engagement are working!

Phoebe will highlight our continued outreach activities and our engagements with various organizations, including [BCACHC](#), and [Hope Air](#), and in promoting seniors' resources through our [United Way](#) project. New discussions with [Angel Flight](#), the [Canadian Cancer Society](#), and a variety of new leads continue to be productive and create knowledge that we can share during our existing outreach.



Speaking at the [Greater Vancouver Board of Trade Health Conference](#) on the “Equity” panel was also an amazing opportunity and experience. I presented to a room of over 400 of Vancouver's most influential business leaders and had the opportunity to share the stage with Dr. Nel Wieman (First Nations Health Authority), Amanda Alexander (YWCA) and Shirley Weir (Menopause Chicks.) Minister Dix opened the conference virtually from Victoria and the keynote addresses were winners of Canada's Amazing Race Dr. James Makokis and Anthony Johnson. Another great networking opportunity and another worthwhile trip to Vancouver!

Looking ahead, I'm optimistic about the opportunities created this month and see a much brighter future for rural health in 2024!

Thank you for being an integral part of our mission and journey!

Yours in health and wellness,

Paul.

Community Connect: An Update on Our Outreach Initiatives

Hello and happy November!

For those I haven't had the pleasure of connecting with yet, please allow me to extend a warm introduction. I'm thrilled to share a bit about the ongoing community engagement work I am doing and eagerly anticipate connecting with you moving forward!

As many of you may recognize me by now, I will keep my introduction short and sweet. My name is Phoebe and I am a recent psychology grad from the University of British Columbia Okanagan. I have spent the majority of my life in rural BC, growing up in Nelson and relocating to the Nicola Valley with my partner after finishing my degree. I love the outdoors, cooking and reading. I have an interest and passion in identifying and addressing the social determinants of health.



I am the community outreach contractor with the BCRHN and we are currently working on a Community Outreach Initiative in collaboration with the BC Association of Community Health Centres (BCACHC) and the Innovations Solutions Unit (ISU) at UBC, Hope Air and United Way BC (UWBC).

I am currently working on an outreach initiative which focuses on meaningful engagement and connection with rural BC communities to gain insight into the current healthcare resources that are available in the communities, the gaps in care, the challenges and barriers in accessing care, successes and innovations related to healthcare access, mental health care, Indigenous-centred care, maternity care, how the community safeguards vulnerable residents during emergencies and more. The information is used to create comprehensive community profiles representing the community's voice. The data collected in these community profiles will be used to inform the BCACHC model of care as well as the BCRHN's advocacy work.

I am also working to make connections and share solutions and resources within and between rural BC communities including the extensive network of senior resources offered through United Way BC and the incredible travel assistance programs offered through Hope Air and the Community Health Centre model of care.

Making these meaningful connections within communities has allowed me to not only gather information and share resources, but I have been able to make connections within communities between groups or individuals that may be working towards similar goals whether those goals are better mental health care, implementing a Community Health Centre Model, or fundraising for new hospital equipment.

To date, I have had the pleasure of connecting with more than 97 rural BC community members in over 45 communities! I want to extend my sincere thanks to every single individual who has taken the time to meet with me and share insights into their community and the incredible work they do as healthcare workers, community champions, local leaders, and more! I look forward to continuing this outreach work and connecting with more of you moving forward. This work truly does fill my cup!

If you would like to connect with me, please feel free to send me an email at phoebe.lazier@bcruralhealth.org. I look forward to hearing from you!

All the best,

Phoebe.

October 30th is BC Non-Profit Day!

October 30th has been proclaimed BC Non-Profit Day to honour the impactful work of non-profit organizations and gain a deeper understanding of the vital role nonprofits have in supporting BC communities. Our member base includes numerous Non-Profit Organizations and from the BC Rural Health Network, we would like to say thank you for the work that you do in supporting rural BC!

The non-profit sector's inherent strength is its grassroots proximity and responsiveness to community needs by delivering essential programs and services and as a result, non-profits are well-positioned to help inform government policies, programs and resource allocation.

There are approximately 31,000 non-profit organizations in BC and the community non-profit sector employs 87,000 people and contributes \$4.39 billion to BC's economy.

The positive impact that non-profit organizations have on BC and its residents is absolutely incredible!

Happy BC Non-Profit Day from the BCRHN to you!



**Member of the Month for October is the
Slocan Community Health Care Auxiliary**



During the COVID pandemic, many hospital auxiliaries in Canada were shutting down, not only because of the pandemic restrictions but in most cases, it was because the dedicated members who had been running them for years were just getting tired and wanted to pass the reins along to the next generation. This was the case at the Slocan Community Health Centre, in New Denver, BC, a small community on Slocan Lake, in the West Kootenay region of southeastern British Columbia, serving a population of approximately 1,000 – 3,000 people depending on who you talk to.

In November 2021 an article in the village's Valley Voice community newspaper appealed to those interested in seeing the auxiliary continue, asking them to attend a meeting to decide its fate. When the word got out into the community a number of ladies stepped up to make sure the auxiliary continued its good work, and a new executive was formed.

These ladies got off to a running start by first meeting with the Health Centre's Manager to get ideas for things they could raise money to purchase for the Health Centre or the Assistive Living home called the Pavilion.



They started to come up with ideas for a number of fundraisers, the first one for the new executive was an Easter raffle. Auxiliary members donated items for the Adult and Youth Gift Baskets that were raffled, and a crafter created a beautiful Easter Wreath that was also one of the lovely prizes. Four hundred raffle tickets were sold by membership, and \$800 was raised.

Two other fundraisers in 2022 were the traditional Hot Dog & Bake Sales. The sales were a big hit (even a couple of overdone dogs were popular with folks), and all the delicious, donated baking sold out each time. It was a terrific fundraiser with each day raising over \$1,100. The proceeds at the first sale went to floor alarms for the residents at the Pavilion, and the second sale proceeds went towards an IV chair for the Health Centre's Emergency Room.

In the summer of 2023, two slider chairs were purchased for the Pavilion Residential Care Unit. These chairs are used for ambulatory residents who don't usually use a wheelchair but require occasional assistance. They swivel so the staff can easily move the residents, especially at mealtimes. They are sturdy, well-made, and comfortable for the residents.

In addition to purchasing equipment, the auxiliary also made a \$2,500 donation in 2023, to the Kootenay Boundary Regional Hospital's Tier 3 Neonatal Intensive Care Unit.

The hospital auxiliary rented a table last November at the Christmas Fair held at the Bosun Hall in New Denver. They had a raffle for three lovely gift baskets loaded with cheeses, chocolates, teas, nuts, cookies, and an array of other goodies. They also had a table full of baking and crafts for sale that were made by the auxiliary members. They made over \$900

from the sale and the proceeds went towards hospital equipment and the resident's needs at the Pavilion. The Hall was packed all day long and it was a great way to get into the Christmas Spirit!

Fundraising got off to a good start in February 2023 with a Valentine's 50/50 draw of 500 tickets at \$2 each. It went exceptionally well! Tickets were so popular that they sold out early. The winning ticket was drawn at the local grocery store, and the very happy winner of \$500 was notified.

In April 2023, the Slocan Community Health Care Auxiliary cohosted with the Pavilion Bluebird volunteers, an inaugural Pavilion Art Show and Tea at Knox Hall, in New Denver. It was planned as a community-wide event and was indeed well attended by town folk. The junior school classes also attended and mingled with the Pavilion residents (who had been bussed up to the hall) which was lovely to see. A general happy din of conversation and exclamations of admiration for the display of beautiful art prevailed. The auxiliary served tea and cookies by donation. It was a resounding success with plans to make it an annual spring event.





The auxiliary celebrates the Pavilion resident's birthdays each month with an afternoon Birthday Tea Party. They sing Happy Birthday to the residents celebrating their birthdays that month and they enjoy a delicious birthday cake made by a local baker. It is a fun afternoon visiting with the residents, and the auxiliary looks forward to this event held on the second Thursday of each month.

Each year the Slocan Community Health Care Auxiliary is proud to award a \$1,000 bursary to a Lucerne Secondary School graduate who plans to attend a post-secondary school in the field of health or medicine.

This year it was awarded to Keyah van Engelen, an amazing young woman, who is now attending the University of Victoria, taking Social Sciences for the first 2 years so that in year 3 she can begin her undergraduate in Social Work. Her plan is to complete her master's in social work or counselling. Last April, at age 16, she took the New Denver Hospice Society Volunteer Training, being one of their youngest-ever volunteers.

With this training, she sat two vigils with Pavilion residents this past summer. Pursuing her interest in Hospice work, her current favourite course at university is Death & Dying.

Congratulations once again Keyah, you are indeed a deserving recipient!



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

Digital Readiness in Rural Canada: Pathways Towards Digital Equity

Rural or remote-living British Columbians 19+ years are needed for a 15-minute online survey.

This study is being done by researchers from UBC. The study is called “Digital Readiness in Rural Canada: Pathways Towards Digital Equity”. Through this study, we hope to gain insight into communities and people's personal experiences with digital technology in terms of access and engagement.

Criteria:

- Are you over the age of 19 years old?
- Do you currently live in a rural B.C. community?

If you answered yes to these questions, you are eligible to participate! Survey participants will have the opportunity to enter a draw for a chance to win one of 3 \$100 CAD or one \$400 CAD gift cards!

If you have any questions or would like more information, you can contact the Research Coordinator, Cherisse Seaton. Email: cherisse.seaton@ubc.ca.

To complete the survey, please click the following link:

Digital Readiness in Rural Canada

Digital Readiness in Rural Canada



THE UNIVERSITY
OF BRITISH COLUMBIA

VOLUNTEERS NEEDED

Digital Readiness in Rural Canada

Objective

We are looking for rural living adults to tell us about their digital access and engagement experience

Eligibility

- ✓ Are you 19+ years old
- ✓ Do you currently live in a rural B.C. community

If yes, you are eligible to participate!

Participants have a chance to win a Canadian gift card!

Survey link

bit.ly/ruraldigitalreadiness

Questions? Please contact:

Cherisse.seaton@ubc.ca



Rural and Remote Participants Needed for Online Survey: Social networks of adults 50

years and older with mental health concerns in BC

Who is in your social circle?

Researchers from UBC Okanagan are interested in learning more about the social networks of adults 50 years and older who struggle, at times, with their mental well-being. We hope to gain insight into the social connections that make up social networks to help us better understand how to improve the quality of these relationships and, hopefully, enhance people's well-being.

Participation Criteria:

- Are you 50 years of age or older?
- Do you frequently feel down or blue, unmotivated? Worried or anxious? Or do you have concerns about your use of alcohol or drugs?
- Do you live in BC? We are looking for people who live in rural/remote AND urban/semi-urban communities within BC.

If you answered yes to these questions, you are eligible to participate.

Please note: you do not need to have been diagnosed with a mental health disorder to participate.

Survey participants will have the opportunity to enter a draw for a chance to win one of five prizes!

Most people are able to complete the survey in about 1.5 hours. The exact time will depend upon how many people are in your social network.

If you have any questions or would like more information, please contact: Siu Lin Rodriguez (siulin2@student.ubc.ca)

Please click the following link to participate:

Social Networks Study

Social Networks Study

PARTICIPANTS NEEDED FOR ONLINE RESEARCH STUDY

Tell us about your social circle!

Are you-

- 50 years of age or older?
- Do you have a mental health concern, such as symptoms of depression, anxiety, or problems with drug or alcohol use?
- Do you live in BC?

If you answered “yes” to the above questions, you are eligible to take part in our online study- Social networks of adults 50 years and older with mental health concerns in BC



SOCIAL NETWORKS OF ADULTS 50 YEARS AND OLDER WITH MENTAL HEALTH CONCERNS IN BRITISH COLUMBIA

Participants will have a chance to win one of five \$100 prizes!

Interested in participating? Please follow the link or scan QR code:
<https://bit.ly/SocialNetworks2023>





Have any questions? Contact Siu Lin Rodriguez at siulin2@student.ubc.ca OR Carolyn Szostak at carolyn.szostak@ubc.ca

Popular Posts and News from October 2023



[Proposed B.C. Law Would Make Drug Use Illegal In Almost All Public Spaces](#)



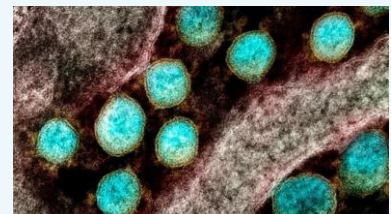
[New SFU Medical School Moves Forward To Train Family Doctors Of Tomorrow](#)



[Foreign Doctors Take Up More Medical Residency Spots As Canadians Struggle To Get In](#)



[5 Years Of Legal Cannabis: Fewer](#)



[New Research Offers Clues To What Causes](#)

[Charges, Many Hospitalizations And More Than A Few Questions](#)

[Persistent Doctor Shortages Prompt More Closures Of Kitimat Emergency Department](#)

[Long COVID — Fuelling Hope For Eventual Treatments](#)

We look forward to connecting with you.



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From: Paul <newsletter@bcruralhealth.org>
Sent: Tuesday, November 7, 2023 10:00 AM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: End Profit in Long-Term Care

[View this email in your browser](#)



BCRHN

British Columbia Rural Health Network



END PROFIT IN LONG-TERM CARE

For-profit facilities earned 7 times as much profit as not-for-profit facilities in 2021-2022. They're not going to give that up easily.

Minister of Health Adrian Dix needs to see the public supports his plans to increase transparency and accountability for how public funds are used in long-term care.

Sign up to send a postcard to Minister Dix.

Dear BCRHN members,

The BC Health Coalition (BCHC) is seeking support for long-term care funding reform.

At their recent campaign call, the BCHC heard from the BC Seniors Advocate, Isobel Mackenzie, and other members, seniors, and healthcare workers that we need to ensure that public money is spent on a consistent and high level of care in long-term

care homes across BC. Now is the time to share your priorities for long-term care funding reform with the Minister of Health, Adrian Dix!

Share your concerns regarding for-profit long-term care by signing up for a postcard by November 14th. Click the button below to sign up.

[Click Here to Sign Up to Receive a Postcard!](#)

[Click Here to Sign Up to Receive a Postcard!](#)

1. Once you sign up you will receive a free specially designed postcard in the mail.
2. Write your personal story on the postcard or your concerns about for-profit long-term care and its impacts on seniors.
3. Mail it directly to the Minister of Health. No postage is required, you can just drop it in the mailbox!

You can send a clear message to Minister Dix that you support funding reform that guarantees funding for care is spent on care. Let's work together to have our collective voice heard!

[Watch the Campaign Call for LTC Funding Reform Here](#)

[Watch the Campaign Call for LTC Funding Reform Here](#)

ARRC BC Seeks Written Support for a B.C. Long-term Care Advisory Forum

ARRC (Action for Reform of Residential Care) has partnered with the BC Association of Social Workers on a letter-writing campaign to improve the quality of life for residents in long-term care (LTC) through comprehensive system reform. They are seeking letters of support from individuals and organizations to make a lasting impact.

The first phase of the campaign, an online letter-writing campaign has been completed with over 700 individuals asking Health Minister Adrian Dix, the Assistant Deputy Minister of Health for Seniors and the Parliamentary Secretary for Seniors Services and LTC, and their MLAs, to strike a multi-sectoral advisory forum to develop and guide implementation of an action plan for system change, informed by those who live, visit, and work in LTC facilities.

We also need concerned organizations to demand that the BC government strike a multi-sectoral advisory forum to develop and guide the implementation of an action plan for system change. We are asking you to sign the letter to Minister Dix with the name of your organization, the name and position of the signer, and your logo, and then send to maccourtp@gmail.com. ARRC plans to give all the letters received to Minister Dix at one time, at the Legislature.

Thank you for your commitment to improving the quality of life for residents in LTC and your ongoing support of ARRC. As more actions are taken on this campaign we will keep you informed.

Many thanks,
Penny.

Penny MacCourt MSW, PhD
Chair, Action for Reform of Residential Care (ARRC) Maccourtp@gmail.com
<http://www.rrcbc.ca/>

Please find the letter of support template below.

Please note: the deadline for sending letters of support to Penny is November 10th. However, after the deadline, you are more than welcome to use the template to send a letter directly to Minister Dix.

Dear Honourable Minister Adrian Dix,

We, the undersigned, ask you to create a diverse and inclusive multi-sectoral Long-term Care (LTC) advisory forum to develop and support the implementation of a comprehensive and evidence-informed action plan that will improve the quality of life for long-term care residents.

COVID-19 revealed glaring gaps, deficiencies, and weaknesses in the LTC system. Pandemic-related mortality in facility care was high, and evidence of institutional neglect and abuse became public knowledge. However, the pandemic did not create these problems – the current/continuing inability of many BC LTC facilities to provide safe and person-centred care is a result of decades of underfunding, failure to address serious, systemic issues, and lack of oversight and monitoring of standards.

The advisory forum would be non-partisan and work collaboratively with the government. Members would include residents, family councils, health authorities, facility owners/operators, healthcare staff and unions, seniors' organizations, professional healthcare associations, researchers, educators, and gerontologists. This diverse group would work together to support and advise the government as it develops and implements a plan for a re-designed LTC system that all British Columbians can embrace.

Addressing current challenges will require a whole system approach – a reactive, piece-meal approach to change will not suffice. Bringing together the combined experience, expertise and wisdom of all involved parties, the advisory forum would have a singular focus: ensuring that the LTC system of the future offers both quality of care and quality of life.

B.C.'s LTC system needs reform from the ground up. Full-scale transformation is necessary not only for the well-being of current residents but also because the status quo will be wholly unacceptable to those needing care in the future.

If we don't start now, taking advantage of the momentum and energy that the pandemic generated, we will have lost an excellent opportunity to create a new environment – one where people can thrive, enjoying their last years without fear of neglect or abuse.

The ARRC and its members look forward to an opportunity to meet with you to discuss this matter.

Regards,
[Your name]
[Your organization]
[Your logo]



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From: Paul <newsletter@bcruralhealth.org>
Sent: Wednesday, November 15, 2023 1:27 PM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: November mid-month update!

[View this email in your browser](#)



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Mid Month Update

The BC Rural Health Network Annual General Meeting is Coming Up!

Our AGM will be held on **December 13th at 4 pm** and members will be receiving an invitation to the video conference next week. In addition to updates from the BCRHN team, we will be joined by Parliamentary Secretary for Rural Health Jennifer Rice as our keynote speaker.

PS Rice is a resident and MLA of Prince Rupert and has represented the constituency of the North Coast since 2013. Premier David Eby assigned Jennifer with the role of Parliamentary Secretary of Rural Health in January of 2023. PS Rice will speak to her role and her responsibilities in this new position and will take questions from those joining our call.



Our AGM is for members only and we encourage you to join us as a member and to participate in our organization. Every voice counts at the BCRHN.

Join us today by clicking here!

Join us today by clicking here!

Calling all advocates of public health care - health care workers, patients, seniors, researchers, and the public - to stick together for health care solutions, not privatization.

Our healthcare system is in crisis. We're in urgent need of reform, innovation, and brave conversations about what the future must look like for public health care. While some are ready to give up on public health care, we think it's time we invest in bold public solutions that can improve quality and access for everyone.

Join the BC Health Coalition in Vancouver for an in-person town hall meeting on **November 20, from 7:00 pm - 9:00 pm**. Go to bchealthcoalition.ca/stickuptownhall or click the button at the bottom to register and secure your spot today.

We're extremely concerned that the Canadian Medical Association (CMA) is sponsoring a cross-country conversation about the role of private health care. They'll be in Vancouver on November 23rd, at a Globe & Mail-hosted event focused on "new players" (read: for-profit companies) in the healthcare landscape. We can't afford to revisit this old, tired argument about the role of private health care when we need to urgently focus on fixing our public system.

The good news? We have decades of evidence and the wisdom of frontline healthcare workers pointing us in the right direction. At the Townhall, we will hear about the many possibilities for improving access and quality of health care within the public system.

The bad news? Proponents of privatization keep distracting us from fixing our health system by claiming private providers can do it better for profit.

We're pushing back. [Join the BC Health Coalition](#) for an evening of learning and organizing, where we will examine the overwhelming evidence against growing the role of private for-profit providers. We'll learn about alternative public solutions that strengthen the public system most of us rely on.

We'll make a plan together to organize a delegation to stick up for public healthcare solutions at the CMA event later that week.

We can't afford to give up on public health care. It's time to make our public system better and ensure it works for everyone.

Register for the Town Hall Here!

Register for the Town Hall Here!

YOU'RE INVITED TO OUR TOWNHALL: STICKING UP FOR PUBLIC HEALTH CARE

Register today to secure your spot!

WHEN:

November 20, 2023
7:00 - 9:00 PM

WHERE:

Segal Centre Room, SFU Harbour
Centre, 555 W. Hastings Street,
Vancouver, BC



RSVP: bchealthcoalition.ca/stickuptownhall

**BCHealth
Coalition**

Register for Weaving the Threads, a dialogue-based event on BC healthcare silos and collaboration

Do you want to join a discussion about bridging silos to build impactful change in BC's health system?

UBC Health invites you to engage in conversation and build connections with people from across British Columbia's regions and sectors at Weaving the Threads: Bridging Silos, Building Impact on Thursday, January 25, 2024, from 12:30-4:30 p.m.

This virtual event will bring together people from diverse perspectives to discuss how we can better bridge healthcare silos across roles, teams, organizations, and regions to heighten the impact of our collective efforts to improve BC's health system. This event builds on the 2023

Breathe and Weave health summit and feedback from participants about emerging top-priority themes.

Date: Thursday, January 25, 2024

Time: 12:30-4:30 pm

Location: Virtual on Zoom

Save the date and register online now.

Why is this cross-sector dialogue happening?

In January 2023, UBC Health hosted the *Breathe and Weave: Talking Across Silos to Enable Health System Improvement* health summit. The summit brought together people from diverse roles, sectors, and regions across BC to discuss shared priorities for improving BC's health system and how working together could be better enabled across the system.

One of the strategic actions UBC Health committed to undertake following the summit was to facilitate further discussion among participants around prevalent themes to foster understanding and collaborative action. Participants were invited to select a top-priority topic to continue the dialogue; the topic of Silos and Collaboration emerged as the basis of the first of future cross-sector dialogues.

What will this cross-sector dialogue achieve?

The objectives of this facilitated dialogue are to:

- Heighten participants' shared understanding of the impacts of silos in BC's health system and the opportunities to counteract the negative impacts.
- Ground the dialogue with theory and evidence pertaining to silos and collaboration in healthcare.
- Catalyze collaborative action among participants toward the goal of bridging silos better.

SILOS predominate in the health system



DOWNSIDERS to SILOS and UPSIDES

- SOME EXAMPLES:
- ✗ Silos divide health professions and regulatory practices
 - ✗ Uphold inequities and colonial practices
 - ✗ Limit data custody, control and data governance
 - ✗ Prevent access to technology and information
 - ✗ Fragmentation from funding silos
 - ③ Can help us move quickly
 - ③ Give us deep expertise and specificity
 - ③ Can align professional training

HOLDING THIS TENSION

WHAT IF... IT WAS MORE

OPEN BREATHABLE PERMEABLE PORDUS



'Breathe and Weave' Findings: Talking Across Silos to Enable Health System Improvements

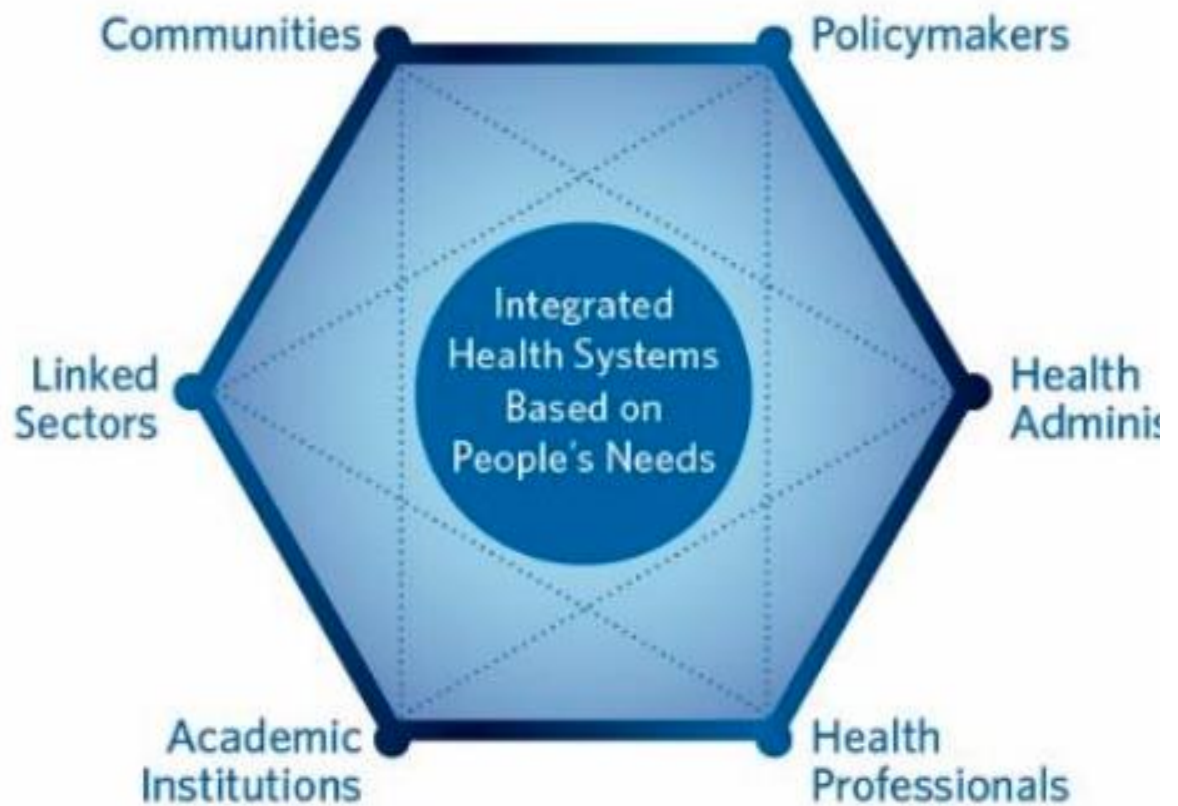


Who will participate?

Participants will represent a variety of perspectives including healthcare policymakers, administrators, care providers, community members, academics, and partners from other sectors, such as industry, not-for-profit organizations, and other organizations interested in health.

The dialogue will bring together people from many levels of authority, such as leaders from grassroots efforts, clinical care settings, and provincial organizations.

Partnership Pentagram Plus



How will the cross-sector dialogue take place?

Weaving the Threads: Bridging Silos, Building Impact will be a half-day virtual event. The developing agenda is as follows:

- Welcome & Opening Remarks
- Guest Interview with Dr. Charles Friedman: Dr. Friedman is the Josiah Macy Jr. Professor of Medical Education and Chair of the Department of Learning Health Sciences at the University of Michigan Medical School. He has transcended silos to build the University of Michigan's Learning Health Systems Collaboratory, a hub for advancing interdisciplinary research & development in learning health systems to facilitate improvements to the health system.
- Breakout Room Discussion: Develop a shared understanding about working within and across silos and their impacts on BC healthcare.
- World Café: Identify common interests and build more collaborative efforts to bridge healthcare silos as individuals, teams, and organizations. Discussion questions will be selected by participant input prior to the session, based on options developed from the Breathe and Weave summit dialogue and a review of the literature.
- Wrap-Up & Closing: Participants will be able to communicate to other participants the areas in which they want to build further common understanding and collaborative action across silos.

If you have any questions, please reach out to health.summit@ubc.ca

Click here to register

Click here to register

**A Warm Welcome to Stephanie Aldridge, Hope Air's
New British Columbia Executive Director!**

Prior to joining Hope Air, Stephanie served as the Executive Director for the Capilano Community Services Society, a social services organization serving communities on the North Shore of Vancouver.

Stephanie has also served in various executive roles with BC Cancer, including leadership in the development of BC Cancer's new strategic plan for the delivery of cancer services in British Columbia. Stephanie has also worked as a



Radiation
Therapist
and
Practice
Leader.

Stephanie holds a Masters of Education from Simon Fraser University and multiple certifications in project and change management.

In this role with Hope Air, Stephanie will lead all Hope Air programs and partnerships within British Columbia. This includes expanding Hope Air's impact for patients in need, who must travel long distances to reach medical care.

Her portfolio of responsibilities includes the deepening of Hope Air's stakeholder relationships. This includes collaboration and engagement with Hospitals, health authorities, government, social workers, patient advocates, volunteers, program delivery partners such as airlines and airports, and others. Building on the dedication and commitment of our Hope Air team and community, Stephanie will provide innovative leadership, ensuring ongoing growth and impact for Hope Air's work.

"We are delighted to welcome Stephanie to the Hope Air team," said Mark Rubinstein, Chief Hope Officer. "Her vast experience in healthcare and social service agencies in British Columbia aligns perfectly with the mission of Hope Air. We are confident that Stephanie will contribute significantly to our growth and impact in British Columbia".

"I am excited to be joining the passionate team at Hope Air and grateful for the opportunity to help individuals and families, living in remote and rural communities, gain access to essential medical care." said Stephanie Aldridge.

A warm welcome to Stephanie from the BCRHN! We look forward to working with you and wish you the best in your new role.

Visit Hope Air's Website Here

Visit Hope Air's Website Here

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



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From: Paul <newsletter@bcruralhealth.org>
Sent: Tuesday, November 21, 2023 9:36 AM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: Participation Reminder: Frailty Strategy Survey

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BCRHN
British Columbia
Rural Health Network

Calling all organizations and individuals who serve older adults and have an understanding of frailty!

The BC Ministry of Health (the Ministry) is developing a strategy to support frailty prevention and reduction among community-dwelling adults (i.e. living independently, receiving home care services, or in assisted living homes) 50 years of age and older.

The strategy will be informed by consultations to gain perspectives on:

- Current barriers to aging in the right place
- Meaningful actions to prevent and reduce frailty (e.g. policies, services, programs)

An online survey is a core component of the consultation.

You are invited to participate in this confidential survey which will take 15 to 20 minutes to complete. The survey will close on Friday, December 1, 2023.

This is an excellent opportunity to bring forward your perspective as caregivers and share challenges and insights that may be unique in rural and remote BC!

Thank you for your participation in the survey; your input is greatly appreciated.

[Complete the Survey Here!](#)

Complete the Survey Here!



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Mayors Report

October 25th

Live interview with Chris Walker on CBC Daybreak South regarding the Village's letter to WKBRHD regarding dialysis.

Sinixt Office Opening Event in Nelson

Thank you for allowing me opportunity to attend this event. There were approximately 200 people who attended, which was far more than had been expected.

Part of the event included a signing of a Memorandum of Understanding between the Nelson Museum and the Confederated Tribes of the Colville Reservation. The Museum will be the repository of Sinixt artifacts. James Baxter also outlined some of the work that would be done by the staff members at their office.

West Kootenay-Boundary Regional Hospital District Meeting (Virtual)

Lannon DeBest attended as the delegation for IHA and gave an update on clinical operations. During the update, he outlined the changes at the Victorian Community Health Centre in Kaslo. Director Watson and I expressed our displeasure that the IHA communications team had done a poor job in this instance as the changes had not been publicized in advance.

The letter written by the Village of Kaslo regarding the dialysis service at Kootenay Lake Hospital was received. Donna Jansons, Regional Director of Renal Services from IHA was in attendance and the many questions posed by directors. Questions regarding the different types of dialysis services provided in the Region was explained. Staff from BC Renal will be asked to attend the next board meeting in January.

The schedule of meeting set for 2024 is as follows:

Wednesday, January 24th

- The election of the Chair, Acting Chair and Executive Committee members occurs at the first meeting of the year.
- The IHA funding request letter will be received for discussion and consideration.

Wednesday, March 27th

- The Capital Expenditure Bylaws are discussed and are given three readings and adopted (if agreed by the directors).

Wednesday, June 26th

- If warranted, this meeting typically be focused on discussing the issue(s) that the Board wishes to raise at UBCM in September.

Wednesday, October 23rd



For Immediate Release | November 23, 2023

IH and Regional Hospital Districts strengthen partnership with new agreement

KELOWNA – A new memorandum of understanding between Interior Health (IH) and the seven Interior regional hospital districts (RHDs) will strengthen existing partnerships dedicated to improving care for people in the Interior.

As part of the capital planning process, IH submits a funding request letter to the RHDs each December outlining the equipment, capital improvement projects and digital health investments for each region. The memorandum of understanding strengthens information sharing, transparency and collaboration between Interior Health and the regional hospital districts and outlines additional expectations regarding updates on funded and proposed capital projects. Interior Health has committed to share annual capital plans and forecasts for future priority investments, as well as provide detailed information for major projects over \$5 million.

The memorandum of understanding will be reviewed every two years by IH and the RHDs.

IH is responsible for health-care services and develops an annual capital plan outlining the capital investment needs. As per the *Hospital District Act*, regional hospital districts provide funding to Interior Health for capital costs associated with the construction, acquisition and maintenance of health-care facilities and major equipment in the local area as identified in the annual capital plan. Regional hospital districts may fund up to 40 per cent of the investment.

The seven regional hospital districts in IH include: Cariboo Chilcotin Regional Hospital District, Thompson Regional Hospital District, North Okanagan Shuswap Regional Hospital District, Central Okanagan Regional Hospital District, Okanagan Similkameen Regional Hospital District, West Kootenay Boundary Regional Hospital District and Kootenay East Regional Hospital District.

Quotes:

“Our regional hospital districts are key partners when it comes to capital projects in our regions. Their financial support to build, renovate and update our health-care facilities is integral to improve patient care and this agreement provides better clarity about the Interior Health planning and funding process,” said Susan Brown, IH President and Chief Executive Officer. “We value the feedback and information provided by the local representatives and this agreement lays out clear expectations regarding sharing information on the projects we are planning and have underway.”

Susan Brown, IH President and Chief Executive Officer

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Däkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and Tsilhqot'in Nations where we live, learn, collaborate and work together.

"The seven Regional Hospital Districts of the interior, working together with Interior Health, have come to an agreement on a framework which will guide the budgeting process for annual capital planning and subsequent investment in health-care facilities throughout our region. This agreement is exciting news and addresses a number of concerns which were the focus of negotiations over the past few months. We are confident this memorandum of understanding is a positive step forward in terms of accountability and will serve to create a better working relationship between Interior Health and the Regional Hospital Districts."

Al Richmond, Chair, Cariboo Chilcotin Regional Hospital District
Mike O'Reilly, Chair, Thompson Regional Hospital District
Kevin Acton, Chair, North Okanagan Columbia Shuswap Regional Hospital District
Loyal Wooldridge, Chair, Central Okanagan Regional Hospital District
Martin Johansen, Chair, Okanagan Similkameen Regional Hospital District
Frank Marino, Chair, West Kootenay Boundary Regional Hospital District
David Wilks, Chair Kootenay East Regional Hospital District

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For Immediate Release | October 26, 2023

Change to weekend scheduled appointments at Victorian Community Health Centre

KASLO – Physicians at the Victorian Community Health Centre are no longer able to provide scheduled physician appointments on Saturdays.

This temporary change will not impact current weekday daytime emergency department coverage or weekday primary care appointments.

Physicians will also continue to support care at Victorian Community Long-Term Care.

Anyone requiring emergency care in Kaslo after hours or on weekends should call 9-1-1 or visit the emergency department at Kootenay Lake Hospital in Nelson.

We recognize this change will inconvenience some residents in Kaslo and area. Interior Health remains committed to addressing current challenges and working with the Kootenay Boundary Division of Family Practice to bring additional physicians to support services in Kaslo. We appreciate your understanding and patience during this time.

Interior Health will provide updates to the community when new information is available.

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2024 HEALTH ADVISORY COMMITTEE SCHEDULE

Health Advisory Meetings

6:00 pm at City Hall

Zoom Meeting Link: <https://us02web.zoom.us/j/4857930110>

January 15th

March 12th

May 13th

July 15th

September 9th

November 18th