Agenda
Health Advisory Committee
Monday, July 14, 2025

Council Chambers - City Hall
413 Fourth Street, Kaslo

Page

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 is called to order at _____ p.m.

2. ADOPTION OF THE AGENDA

2.1 Addition of late items

2.2 Adoption of the agenda

Recommendation:

THAT the agenda for the July 14, 2025 Health Advisory Committee Meeting be adopted as presented.

3. ADOPTION OF THE MINUTES

3 - 6

2024.05.13 Minutes DRAFT

2024.11.18 Minutes DRAFT

Recommendation:

THAT the minutes of the May 13 and the November 18, 2024 Health Advisory Committee Meetings be adopted as presented.

4. DELEGATIONS

4.1 Suzanne Lee, Interior Health
Update on the Kaslo Primary Health Centre

4.2 Tyler Dobie, Victorian Hospital of Kaslo Auxiliary Society

7 - 8

VHKAS Response 2025-01-15.pdf

5. INFORMATION ITEMS

5.1 Member Reports 9 - 11

2025.05.06 Kaslo Community Acupuncture Society

Kaslo Community Services Society

5.2 Correspondence 12 - 113

2025.04.01 BC Rural Health Network April Edition

2025.06.01 BC Rural Health Network April Edition

2025.07.01 BC Rural Health Network April Edition

2024.10.01 National Institute on Ageing - Health Care Access Among Older Canadians

6. QUESTION PERIOD

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

7. BUSINESS

7.1 2025.07.14 Update on the Primary Health Centre 114 - 115

8. LATE ITEMS

9. Next Meeting

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

10. ADJOURNMENT

Recommendation:

THAT the meeting be adjourned at _____ p.m.

HEALTH ADVISORY COMMITTEE MINUTES

DATE: 2024.05.13		LOCATION:	Council Chambers – City Hall
TIME: 6:00 p.m.			413 Fourth Street, Kaslo
PRESENT:	Chair:	Mayor Hewat	
	Members:	Councillor Bird, Elizabeth Brandrick, Victoria McAllister	
	Regrets:	Liz Ross, Deb Borsos, Leni Neumeier	
	Staff:	CO Allaway, LA Stroshein	
	Public:	Nil	

1. Call to Order

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

2. Adoption of the Agenda

Moved, seconded and CARRIED

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

3. Adoption of the Minutes

Moved, seconded and CARRIED

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

4. Delegations - Nil

5. Information Items

5.1 Member Reports

5.1.1 Bird 2024.04.06

5.1.2 Kaslo Community Acupuncture Society Patient Summery Report 2023

5.1.3 Kaslo Community Services Report May 2024

5.2 Correspondence

5.2.1 Kootenay Emergency Response Physicians Association CAMTS

5.2.2 Kootenay Emergency Response Physicians Association Accreditation

5.2.3 BC Rural Health Network 2024.03.15

5.2.4 BC Rural Health Network 2024.04.01

5.2.5 BC Rural Health Network 2024.04.15

5.2.6 BC Rural Health Network 2024.04.30

5.2.7 BC Rural Health Network 2024.05.01

5.2.8 Kootenay Boundary Regional Hospital Health Foundations

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

5.2.10 Minister of Housing

6. <u>Question Period</u> - Nil

7. <u>Business</u>

7.1 **Dialysis Service in Nelson**

Moved, seconded and CARRIED

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

7.2 **Engagement with BC Rural Health Network**

8. <u>Late Items</u> - Nil

9. <u>Next Meeting</u>

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

10. <u>Adjournment</u>

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

CERTIFIED CORRECT:

_____ _____

Corporate Officer Mayor Hewat

HEALTH ADVISORY COMMITTEE AGENDA

DATE: 2024.11.18		LOCATION:	Council Chambers – City Hall
TIME: 6:00 p.m.			413 Fourth Street, Kaslo
PRESENT:	Chair:	Mayor Hewat	
	Members:	Councillor Bird, Jana Gmur, Liz Ross	
	Regrets:	Elizabeth Brandrick, Victoria McAllister, Leni Neumeier, Patrick Steiner	
	Staff:	CO Allaway	
	Public:	0	

1. Call to Order

The meeting is called to order at 6:16 p.m.

2. Adoption of the Agenda

2.1 Adoption of the Agenda for the 2024.11.18 Health Advisory Committee Meeting.

Moved, seconded and CARRIED

THAT the Agenda for the 2024.11.18 Health Advisory Committee Meeting be adopted as presented.

3. Adoption of the Minutes – Nil

4. Delegations

4.1 Audrey Calvo – North Kootenay Lake Nav-CARE Coordinator

Ms. Calvo presented information about the Nav-CARE program locally including the referral process, the services provided to eligible residents in need and the training provided to volunteers.

5. Information Items

5.1 Member Reports

5.1.1 2024.11.18 KCS Seniors Coordinator Report – E Brandrick

5.1.2 Mayor Hewat provided a verbal report about understanding the process for determining future capital projects in the region.

5.1.3 Councillor Bird advised that there is a new doctor in the community who might be interested in local work.

5.2 Correspondence

5.2.1 2024.09.24 T. Dobie re Nelson Dialysis

5.2.2 2024.09.13 BCRHN Mid-Month Update

5.2.3 2024.11.01 BCRHN Rural Health Matters

6. Question Period – Nil

7. Business

7.1 Dialysis Service in Nelson – Request for update

Moved, seconded and CARRIED

THAT the committee recommend to Council that staff contact IHA to request an update on the availability of dialysis services in Nelson.

7.2 Kaslo Victorian Community Health Centre – Hours of operation

Moved, seconded and CARRIED

THAT the committee recommend to Council that staff contact IHA to inquire about resuming Saturday service at the Kaslo Victorian Community Health Centre now that the full complement of physicians (2.5 FTE) has been achieved.

7.3 Long Term Care Expansion – Request for update

Moved, seconded and CARRIED

THAT the committee recommend to Council that staff contact IHA to request an update on the Village's inquiry regarding additional long-term care beds for Kaslo.

7.4 Request for Committee Liaison from IHA

Moved, seconded and CARRIED

THAT the committee recommend to Council that IHA be asked to designate a liaison to attend meetings of the Health Advisory Committee and provide updates to the committee.

8. Late Items – Nil

9. Next Meeting

The next meeting will be held at the call of the Chair.

10. Adjournment

The meeting was adjourned at 7:04 p.m.

CERTIFIED CORRECT:

_____ _____

Corporate Officer Mayor Hewat

Interior Health

Health and well-being for all

Quality | Integrity | Compassion | Safety

January 15, 2025

Tyler Dobie, President
Victorian Hospital of Kaslo Auxiliary Society
PO Box 607, 409 A Avenue
Kaslo BC V0G 1M0

Sent via email: [redacted]

Dear Mr. Dobie:

Thank you for your letter on behalf of the Victorian Hospital of Kaslo Auxiliary Society. Interior Health is deeply appreciative of the work your organization has achieved for the benefit of seniors and elder residents in the Kaslo and surrounding local area. I want to start by apologizing for the delay in responding to you in writing.

I can reassure you that Interior Health is continually focused on the future of long-term care across the region. Decisions on adding beds are made based upon local and regional demographics, wait times for admissions, and population projections for individuals who require this level of service. This includes the specific needs of the populations including complex medical needs and for young adults, which are reviewed on a case-by-case basis for each individual.

In the Kootenay Boundary (KB) area, there are currently 558 long-term care beds, which will increase to 633 once new beds in Nelson open this year. New long-term care homes are part of a longer-term strategy for our region, focused on where there are the largest demands for long-term care services.

Interior Health's priority is to provide each individual the right care in the right location, which could include hospitals, long-term care or at home in the community with supports from our home care teams.

Please see the responses below to your specific questions.

***Q 1.* What is the average wait time for admission to the Kaslo Victorian Hospital facility – once the request is filed?**

A 1. The average wait time is approximately three to six months. This information is available on the Interior Health website through the Current Wait Times for Long-term Care homes in IH link.

***Q 2.* What are the average wait times for other regional sites?**

A 2. Wait times for other care homes are also included in the link above (Current Wait Times for Long-term Care homes in IH).

***Q 3.* What is the average cost/day of a hospital stay in Nelson and Trail (or, if available, for hospital stay of people who are simply awaiting placement in residential care?).**

A 3. The cost/day of a hospitalization varies by hospital but is on average approximately $1,830.

…/2

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PHONE 250.469.7070 Ext. 12807 EMAIL susan.brownCEO@interiorhealth.ca

***Q 4.* What is the average cost/day of residential care stay? It might also be useful to compare cost/day at the different IHA sites noted above.**

A 4. The standard rate for a long-term care bed is approximately $300/day.

***Q 5.* In the last 10 years:**
a. How many residents of Kaslo and Area D have been sent to residential care in another IHA facility?
b. How many have returned to Kaslo from other sites?
c. How many have been sent to Kaslo from other communities not in Kaslo or Area D?

A 5. This historical data is not available. Currently, there are six people waiting for a Long-term Care bed in Kaslo: two are waiting from home and four are waiting in Long-Term Care facilities in surrounding Kootenay Boundary communities. It is important to note when an individual is placed into an interim LTC site outside of their home community and they express a preference to return to that community they remain on the waitlist for that preferred site – this is the same process for all care homes including those awaiting beds in Kaslo.

***Q 6.* What information [has] IHA compiled to determine that the Kaslo Victorian Hospital be prioritized for increased capacity in its residential care facility? For example, what demographics were used, are distance and transportation issues considered, etc?**

A 6. This information is regularly reviewed, and new beds are prioritized based on the greatest need. The demographics of communities and regions including projections of people who will need this level of service in the future; pressures on current services – including waitlists - and other considerations are all part of this process.

***Q 7.* Finally, and perhaps most importantly, how can communication be improved (regularity, transparency, inclusiveness, etc) between IHA and the communities that authority serves?**

A 7. Interior Health is committed to building strong relationships with leaders and health partners in the communities we serve, including rural areas. Interior Health leadership are available to communities, I've asked Lannon De Best, Executive Director Clinical Operations to follow up on my letter to provide any other information you may require. He can also be reached at lannon.debest@interiorhealth.ca.

I again apologize for the delay in responding to your request.

Sincerely,

Susan Brown
President & CEO

Cc: Diane Shendruk, VP, Clinical Operations IH North
Dr. Martin Lavoie, Chief Medical Health Officer, IH
Dr. Shallen Letwin, VP Human Resources & Professional Practice, IH
Lannon De Best, Executive Director Clinical Operations, IH

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KASLO Community Acupuncture Society

May 6, 2025

KCAS Patient Summary: 2024 Highlights

Hello to everyone,

Just wanted to give you a rundown of what we've been up to at the Kaslo Community Acupuncture Society (KCAS) this past year.

A Busy Year of Healing

We ran 26 clinics at the Heritage Hall, those regular Friday sessions, and overall, we provided 416 treatments. We welcomed 94 new patients, and it was great to see 322 returning for more care. Since we started back in 2020, we've now helped 328 individuals, which adds up to nearly 1,600 treatments! We averaged about 13 folks at each clinic.

Responding to the Argenta Wildfires

An important part of our year was responding to the Argenta wildfires. We set up Trauma Response Clinics (TRCs) quickly, providing much-needed support to evacuees. We held three clinics in Kaslo, and then moved to Argenta itself, delivering 53 treatments to 45 people. What we saw was that those treatments really helped: people slept better, experienced less pain, and felt more grounded. It really highlighted the importance of immediate support after trauma.

Increased Demand and Expanding Services

We definitely saw an increase in demand this year. Unfortunately, we had to turn away 35 patients, which really drove home the need to expand our capacity. We're thrilled that Amanda and Keshia have joined us to help meet that demand starting November 2024, and we're working on securing funding to fairly compensate them. This increase has also made us consider how we can better serve different patient groups, like seniors, new mothers, or those dealing with mental health challenges.

What We've Been Treating

We've been addressing a wide range of health issues, including:

- **Pain Management:** Everything from arthritis and back pain to headaches and sciatica.
- **Mental Health:** Anxiety, depression, trauma and addicion
- **Sleep Issues:** Insomnia and disrupted sleep.
- **Various other conditions:** Digestive issues, skin problems, menopausal symptoms, post-operative care, care during chemotherapy, and much more (see Appendix I)

The Impact We're Making

We've reached a significant portion of our community, with about 11% of Kaslo and Area D having used our services. We're seeing a clear need for accessible acupuncture, particularly for mental health, pain management, and chronic conditions.

Community acupuncture has become a vital part of our local healthcare landscape, offering an affordable and holistic approach. We're proud to be contributing to the goals outlined in the WHO's Traditional Medicine Strategy.

Financial Realities

As we're not yet part of the public health system, funding remains a challenge. We faced a 25% shortfall this year, highlighting the need for more sustainable funding models, including increased government support.

Looking Ahead

Our goal is to continue providing high-quality acupuncture services to our community. We're committed to working towards greater integration with the public health system.

Finally, a huge thank you to all our volunteers, sponsors, practitioners, and the KCAS board. We couldn't do it without you!

Thank to all for trusting me as your ED in our organisation.

Leni Neumeier R.TCMP, R.Ac

KCAS Executive Director

Appendix I

Treatment Details

In 2024, 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 2024:

- Pain Management for arthritis, ankle, arm, shoulder, neck, lower back, facial, Finger, foot, post fracture symptoms, groin, hamstrings, headaches, heart pain, hip, menstrual pain, plantar fasciitis, rotator cuff pain, sciatica

- Balance Issues after brain injury, Chemo support for breast cancer
- Mental Health: depression, anxiety, emotional dysregulation, trauma from wildfire
- Central Nerve System support due to trauma
- Addiction
- Cervical Dystonia
- Digestive Dysfunctions
- Dizziness
- Dry Cough
- Ear Congestion
- Sleep Problems: insomnia, disrupted sleep, nightmares
- General Health Support
- Hashimoto's
- Palpitations
- Skin Problems like acne, heat rashes
- Menopausal symptoms: hot flashes
- Induction of labour
- Fatigue and low energy
- Memory loss
- Neuropathy, Numbness and Tingling
- Parkinson's
- Post Concussion Syndrome
- Post Covid Syndrome
- Postpartum Syndrome
- Pregnancy Support
- Post surgery care
- Prostate Cancer Support
- Recovery from fentanyl exposure
- Restless Leg Syndrome
- Rheumatoid Arthritis
- Respiratory dysfunction due to scoliosis
- Sinus congestions
- Stop smoking support
- Potential multiple myeloma with spinal fractures and scoliosis
- Edema
- Tremors

From: BC Rural Health Network
To: Village of Kaslo
Subject: April Edition: Rural Health Matters
Date: April 4, 2025 6:01:11 PM

April 2025 Edition

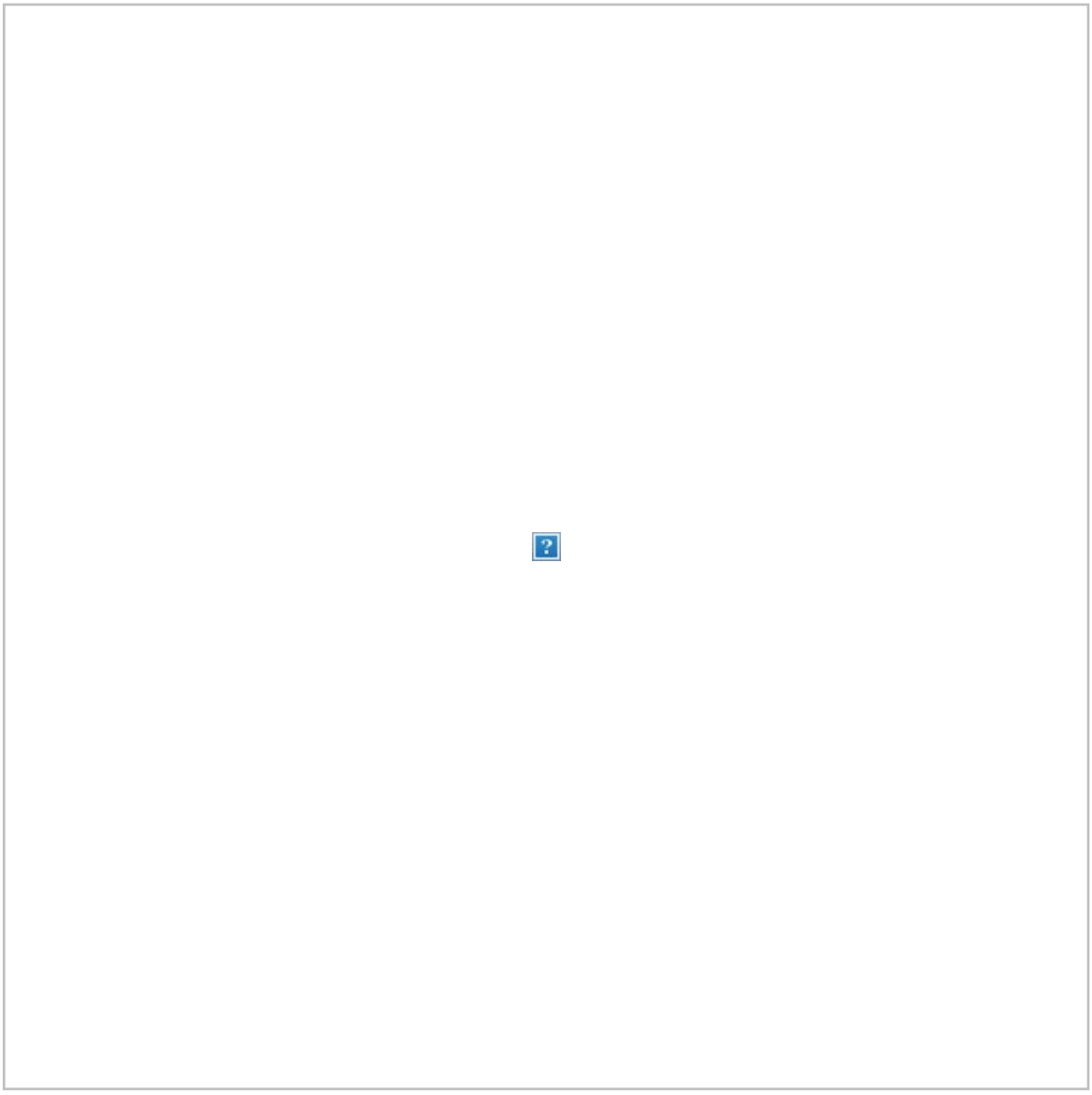
A Letter from our President

Dear Readers,

Hello Hello! I must come clean and tell you that this will be a short President Report as I have just returned from a 14-day family holiday with my son, daughter in law, three grandkids, our other son and his girlfriend. We had been saving up for a few years and really felt that we had to do it as we aren't getting any younger and as with many families, we have had several losses in the last year. Life gets so busy so it was a joy to spend time together without the usual distractions … and we wanted to do it while we can still have enough energy to keep up with the grandkids !

Prior to leaving I was very pleased to attend a learning event as a patient partner in Vancouver sponsored by RCCbc. This was regarding the Personal Health Record Initiative I have written about before in the newsletter. I believe it is a needed option for people to have total access to all their health care information. This would include not only test results, but doctor's records and other professional reports, and

treatment plans. This would allow a person to communicate effectively with all members of their health care team. It would allow you to share this information with who you choose, to ensure that they can be aware of your team, and latest up to date information in case there is a need for them to help you manage your care. This is important for all residents, but especially useful for those of us who live rurally and travel for appointments with different doctors, or services, or those of us who are not attached to a physician. When you have access to all your own information it can ensure that your health care team has all the latest information and can prevents the errors or gaps when information hasn't reached all the providers in the timeliest of fashion. This gives you the ability to ensure you are receiving the best care. I'm attaching the short YouTube video here that a patient partners group were involved in creating in case you missed it last time.



The Implementation Committee met on March 10th. It's always an interesting and informative discussion that attracts people from all over the province and a variety of professions and interested parties. Dr Micheal Christian provided an in-depth presentation about a new proposed initiative Med Response, which utilizes physicians to fly in to attend emergency situations and provide pre hospital care.

There was much information presented and I'm looking forward to hearing how this initiative develops. I'm sure there will be further information shared in the coming months.

I am also pleased to say that the East Shore Kootenay Lake Community Health Society is the Member of the month! I am very proud to be a part of this special group!

It's always such a pleasure to recognize the hard work of the volunteers who work all over this be province that make such a difference in the lives of those in their community!

Thank you to all who go above and beyond on behalf of your community!

April 28, 2025 will be our Federal Election. Federal Health Care will be debated and discussed. I encourage you to be aware of all parties' policies and intentions and to vote for the one you believe aligns most with your thoughts. Its important to vote and have your voice counted!

April is also the traditional start of the fiscal year. We are grateful for any funding we receive, but I am always blown away about how your Network is able to do so much with the limited resources we have. This is a great reflection on Paul, Phoebe and Dea, and your board and liaisons who do so much with what we have, and log many volunteer hours . I also must admit it also makes me dream of what more we could do in the pursuit of our mandate with more funding. Following our initial zoom meeting with Minister Osborne, Parliamentary Secretary Toporowski, Acting Deputy Minister Mark Armitage, attended by our Board members Jane Osborne, Jude Kornelsen, (in person) Paul Adams our ED, and myself, Paul and Jude represented us in person in Victoria. They met with not only our government but also with the opposition parties to ensure they are aware of the good work being done by the Network! Here's hoping that there is more funding in our future!

So, although I have been away with family, the BCRHN family has been busy as always!

Please read about all what has been happening and enjoy the rest of the newsletter and Happy Easter! Happy Spring!

Only my best
Peggy

From the Desk of the Executive Director

March has been a month full of connection, collaboration, and continued commitment to improving rural healthcare across British Columbia.

We were delighted to welcome Joe McCulloch to our Board of Directors. Joe comes to our board as an experienced CAO who lives with the reality of frequent ER closures and rural health challenges in Lillooet. His lived and professional experience also spans provinces and continents with work experience originating in Scotland and additional experience across BC and from Alberta. Welcome Joe!

While we shared a detailed report mid-month on our recent visit to Victoria, I want to take this opportunity to highlight the breadth of activity we engage in and our ongoing commitment to rural health in BC.

Housing is Healthcare
The Housing is Healthcare initiative, is an effort rooted in the Canada Health Act and the Province's requirement to provide equitable access to care for all residents in BC. Many people cannot afford care in Vancouver (or other large urban centres) and have no supports for extended stays outside of their home communities. We work diligently to bring change to this growing challenge that rural residents face in seeking the care they need and are entitled to. Throughout March, we have worked hard to promote the funding of stable travel assistance programming and to ensure people can afford to receive the care they need to save their lives!

This initiative is being designed to reduce financial and logistical barriers for rural residents who face immense challenges when seeking specialized treatment away from home. Our conversations with the Premier's Office and MLAs across party lines have been promising, and we're now focused on developing a viable deployment strategy for provincial implementation. The end goal of this iniative is to build a "Hotel of Hope" that would provide temporary accommodations for patients and families

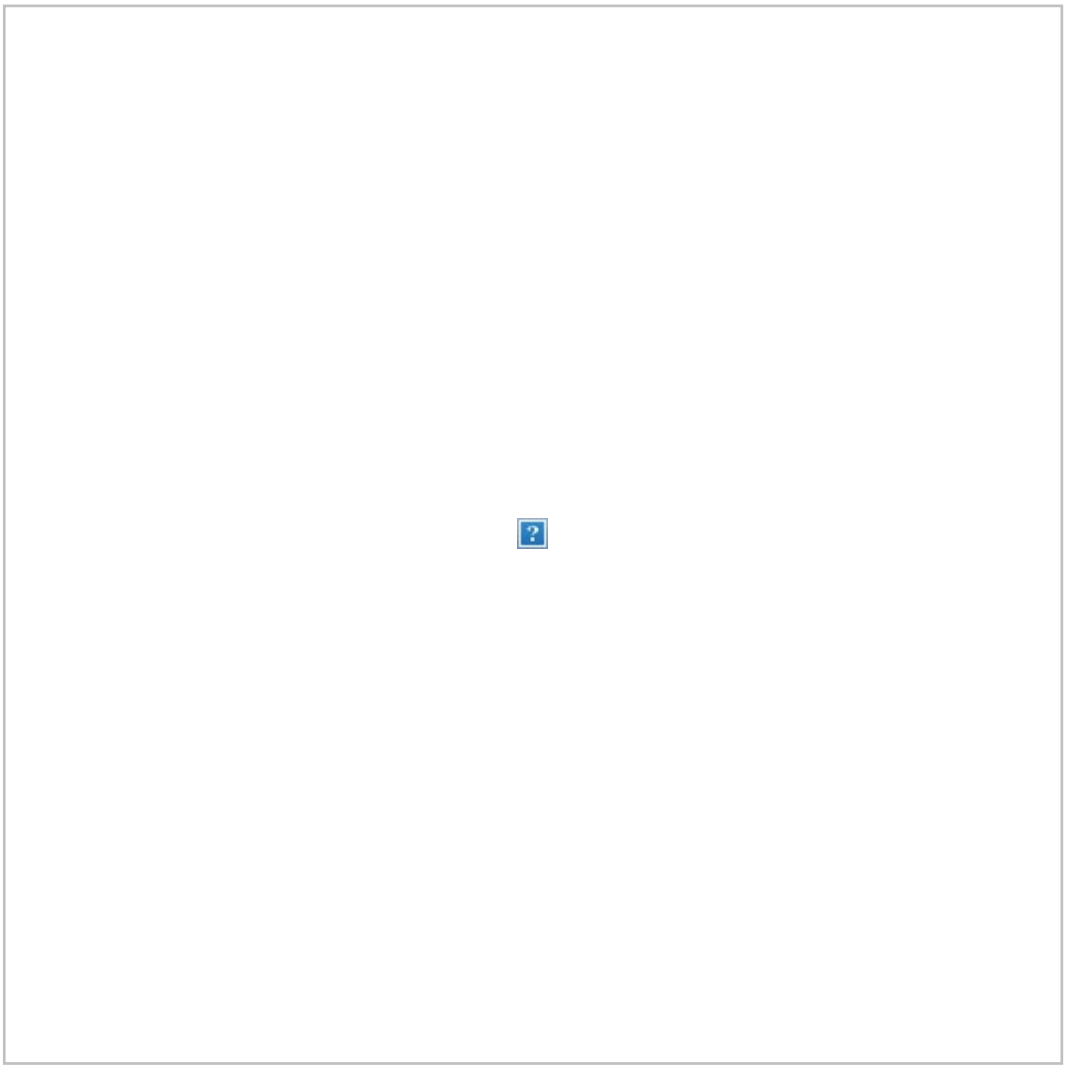
required to travel for care. The next step is developing the business case and we continue to work closely with many partners to bring this dream to reality.

This initiative is being designed to reduce financial and logistical barriers for rural residents across BC. The interest in our work on this initiative has created support from the UBC School of Public Policy and Global Affairs, Human Rights course where we have a committed group of 3rd and 4th year students working to support the intiative through investigation of existing human rights standards and legal frameworks apply to access to health care in rural, remote, and underserved communities.

Rural Climate Health Symposium Planning
Our participation in the Rural Health Services Research Network (RHSRN) Symposium Planning Committee continued this month, with meetings on February 28 and March 14. The upcoming symposium, led by Dr. Grzybowski, will address the growing impact of climate change on rural health.

Community Engagement
Our work on the Climate Equity and Resilience project has been advancing quickly. We finalized engagement plans and Dea has been actively capturing data from interviews in rural communities across BC. These efforts will inform detailed community profiles, add lived experience to research and support long-term climate impact planning across BC.

Rural Long-Term Care
With the invitation to particpate from members of the community of Chase, we enagaged in important discussions with Interior Health and the Seniors Advocate, Dan Levitt, alongside our board director Dave Smith and local community members. These conversations are helping shape strategies to support rural communities in building local long-term care that meets small town needs across BC.



Partnership Development

We've had the opportunity to build and deepen several key partnerships:

- **UBC Healthy Aging and Social Prescribing** – Continued advocating for rural inclusion in social prescribing efforts, highlighting communication and transportation gaps.

- **Options for Sexual Health** – Met with new ED Tiffany Melius to align on shared values and support for sustainable funding options for rural sexual health clinics.

- **United Way** - Continuing to provide insights and reflections on rural and remote challenges faced in transportation availability across BC.

- **Hope Air** – Reinforced the need for ongoing support for medical travel services

in rural areas.

- **Health Research BC (SPOR Unit)** – Discussed the critical need to prioritize community voices in health system planning, complementing patient-oriented research for clinical research projects.

- **Doctors for Safer Drug Policy** – Initial meeting with this dedicated group of physicians to explore public education strategies on evidence-based drug policies.

- **Travelling Hygienist** – Introduced this mobile dental provider to BCACHC and Children's Hospital Dental Services. Their approach aligns well with our interests in improving access to care and bringing care to communities that otherwise don't have services available locally

- **Vancouver Foundation** - Ongoing discussions with the Donor Services group at the Vancouver Foundation in the need for philanthropic support for the Housing is Healthcare initiative and the creation of the "Hotel of Hope".

- **UBC Centre for Rural Health Rearch - Health Beyond 2020 -** Report currently being finalized on Strategic Directions for Community Engagement in Rural Health Planning.

Strategic Collaboration & Representation

- **Med Response BC** – Through our Implementation Committee, we continue evaluating this emergency transport initiative and its rural implications.

- **BC Emergency Health Services** – Engaged in dialogue about rural ambulance services and recruitment strategies, with further meetings to come.

- **Canadian Alcohol Use Disorder Society (CAUDS)** – Welcomed them as members and discussed opportunities to support expansion of their programming.

- **Ministry of Health – Patient Care Quality Program** – Connected with Nicole Pal regarding our mapping tools and rural engagement strategies. We work to provide an outreach mechanism to proactively improve systems and improve efficiency in hospital systems.

- **Northern Rockies Child Development Association** – Raised concerns about

lack of developmental assessments for children in NRRM/Fort Nelson and its impact on educational support. We are expanding our understanding of this issue and how it impacts this community and other rural and remote communities needing assessments for their children.

- **Canadian Cancer Society** – Ongoing participation in the Cancer Travel and Accomodation Services table. Direct discussions with Jennifer Saunders and her team about grassroots-informed solutions for oncology travel access.

- **North Central Local Government Association** - Working with the NCLGA team to arrange a presentation to all members next month to raise awareness about the BCRHN and our work across the north and all regions of BC.

Looking Ahead

As we begin this new fiscal year, we recognize the path ahead comes with uncertainties. While we continue our efforts to secure essential core funding, the strength and value of our work remain clear and undeniable. Our financial goal has always been straightforward: to have the necessary resources to fairly compensate a dedicated team, to effectively connect people with vital healthcare resources, and to foster meaningful communication across diverse communities. The actual goal being to ensure rural residents have consistent and equitable access to health information, and healthcare systems designed for them. Though stable funding has not yet been achieved, the resilience and purposefulness of our collective efforts continue to shine brightly. In these uncertain times, what remains steadfast is the goodness of people around us: community champions, volunteers, and everyday individuals who consistently choose action over indifference, creating positive change across British Columbia.

The BC Rural Health Network is not simply an organization, it is a reflection of that spirit. We are connected by purpose, not by politics. We are driven by a shared belief that access to care should never depend on geography or circumstance. The truth we carry in our work is grounded in the lived experiences of our communities and the unwavering commitment of those who show up day after day to build something better.

Whether it is Dea capturing community voices across BC. Phoebe providing space in her schedule to connect people with resources while building lasting connections across organizations. All those in our Network who move forward with patience and insight, our board members advocating with compassion and persistence, or volunteers quietly supporting neighbours in need, this is what real leadership looks like. It is calm in the storm. It is light in the dark. It is people willing to stand up for what is right.

We live in challenging times. The weight of uncertainty is heavy for many. But what

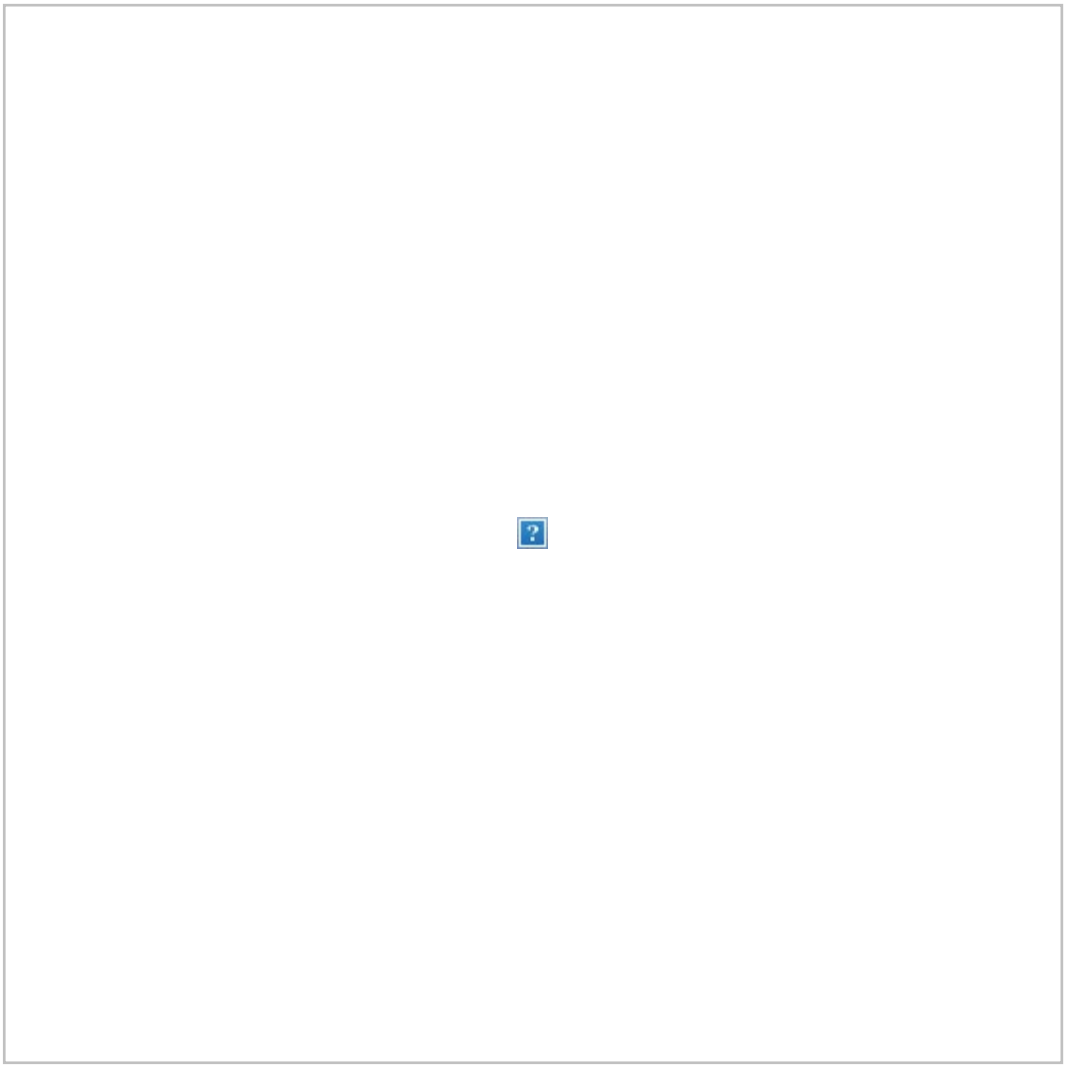
lifts us is the collective courage of those who act with heart, who offer help before it's asked for, and who believe that small actions in small places can change the world for the better.

I am grateful for every person who has lent their time, their energy, and their hope to this work. The BC Rural Health Network is stronger because of you, and because of the belief that better is not only possible, it’s already happening.

Thank you!

Yours in health and wellness,

Paul

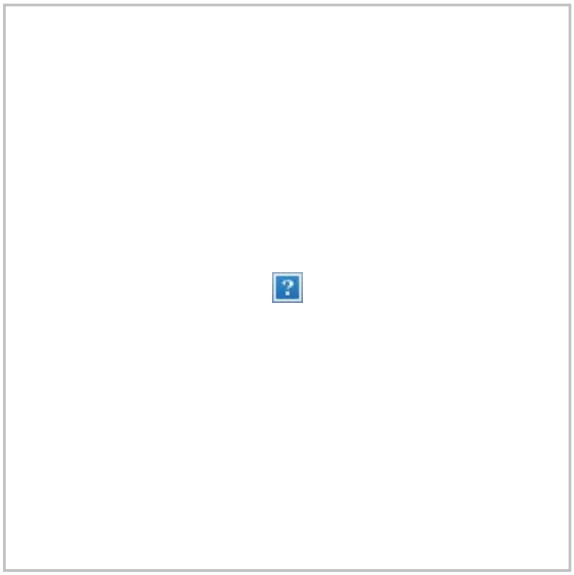


Community Connect: An Update on Our

Outreach Initiatives

Hello everyone,

I hope this message finds you well. With the snow beginning to melt around my home, I'm reminded that spring is just around the corner and with it comes the excitement of gardening season!



I'm also eager to share an update on the interviews I've recently conducted. It has been truly inspiring to hear how community members have come together, drawing strength from one another and showing an incredible willingness to support their neighbors through various challenges.

One interview that stood out was with a community champion from Logan Lake. His words were deeply moving as he reflected on the events that shaped his community's resilience. He shared powerful insights into how these experiences led to proactive preparation and meaningful conversations about adapting to a changing climate. His story is a testament to the strength and dedication within our communities.

Thank you for taking the time to read this. If you have any thoughts, questions, or experiences to share, please don't hesitate to reach out to me or Phoebe.

We are always interested in hearing about lived experiences in rural BC and would love to hear from you. Please feel free to send us an email at dea.lewsaw@bcruralhealth.org or phoebe.lazier@bcruralhealth.org

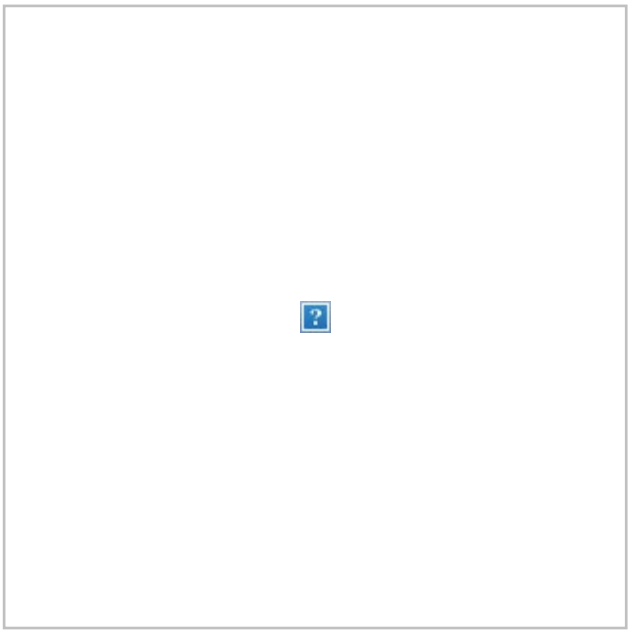
Looking forward to the conversation!

Kind regards,
Dea

April Member of the Month: East Shore Kootenay Lake Community Health Society

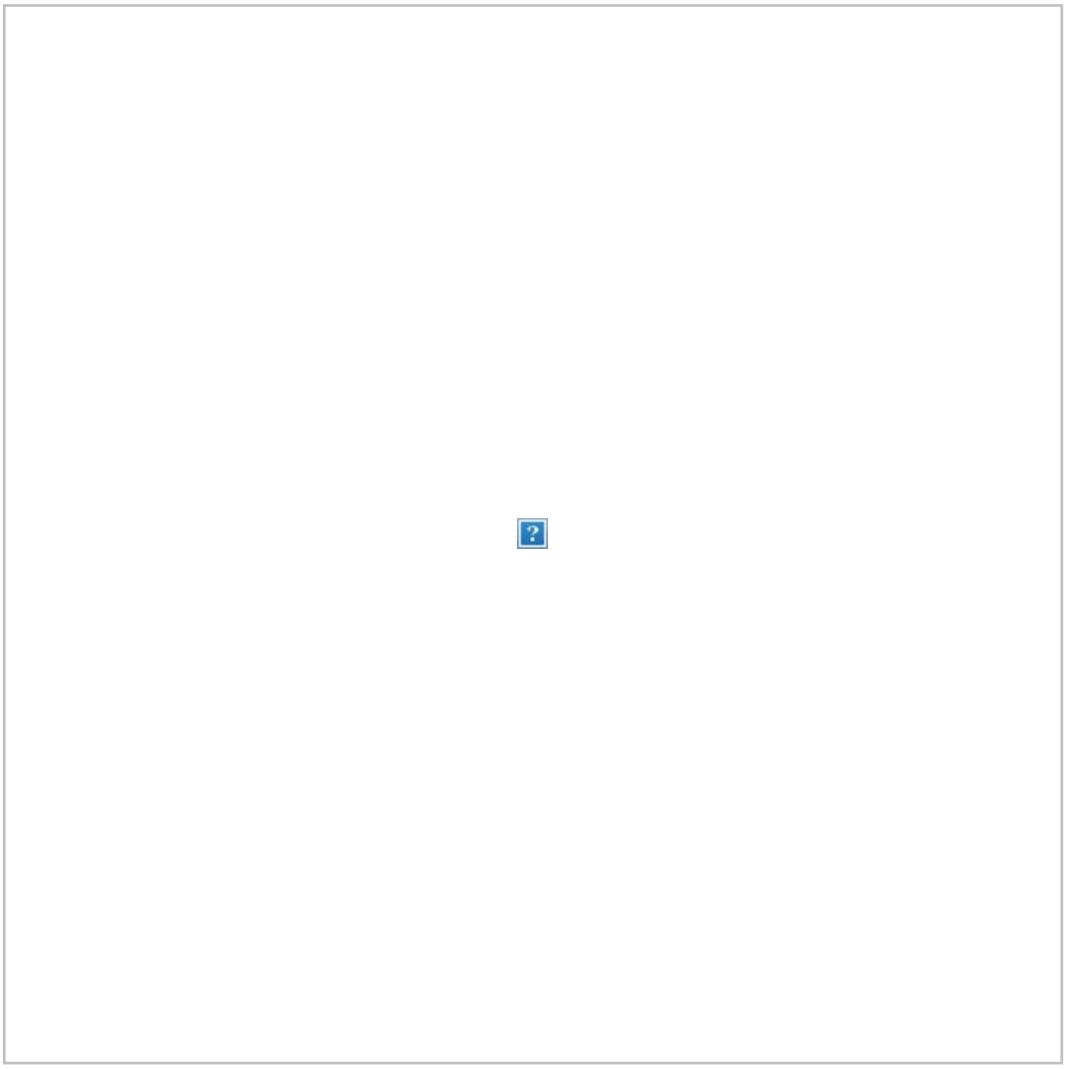
The East Shore Kootenay Lake Community Health Society have been busy since July 2023, when we were featured as member of the month in the July BCRHN Newsletter!

As a quick recap, there are seven communities spread along the East Kootenay Lake shoreline for 80 kilometres, from Wynndel to Riondel. A small community health clinic, located in Crawford Bay, provides some primary and community care services for a permanent population of 2,241 (according to the 2021 Census). To access health services not provided locally, residents have to travel to Nelson or Creston and beyond. Access is by ferry and then a 34 kilometre drive by highway to Nelson on the northern end. Access to the town of Creston on the southern end is a 20 to 90 kilometre drive via a narrow, winding highway.



The community health clinic has funding for a full-time physician, but currently has a permanent physician only one day per week, with additional part-time locum coverage by phone or a small number of in-office days each month. A nurse practitioner is available 5 days per week. Community health nursing services are available 3 days per week, managed from Nelson, and a laboratory tech travels from Nelson one day per week. A social worker from Kaslo is available 2 days per week. Emergency Health Services are provided by one community-based paramedic, and two other paramedics travelling to the area. Additionally, there are volunteer first responders in

both Riondel and Boswell.



During the fall of 2023, with a grant from the Regional District of Central Kootenay, the Board members with the assistance of a local consultant, set out to ‘take the pulse of our community’. To gather input from members of our community we used a two pronged approach: four town hall events were organized and an online survey was released after the four town hall meetings were completed. The online survey provided another avenue for community members to share their perspectives with the Society.

The town halls were organized with open-ended questions, with both small group and large group discussions. The small group discussions were organized using the BC Patient Safety & Quality Council’s Quality Matrix – 5 Health Areas, asking participants to identify what activities in that area were valuable, their perspective on the major challenges – and ideas for improvement. The larger group discussion was centred on

what priorities should the Society focus on over the short term.

After analyzing the feedback the following themes were identified:

The Crawford Bay Clinic building is overcrowded, lacks privacy as its walls are not sound proof, and is too small to house a primary care team. 40% of respondents receive their care at the Clinic and more would like to have access. The currently services are very much appreciated.

Coordination of care was a big challenge, the realities of the ferry service schedule, and winter road conditions. Most times procedures are scheduled at hours that make it impossible to be there without an overnight stay, expectations of attending in-person pre-procedure, procedure, and follow-up appointments on multiple days, and a lack of knowledge regarding what is available in the community for rehabilitation or post-procedure therapy. The East Shore clinic has telehealth facilities in place, but there were questions as to whether these are being utilized to the extent that they could be.

Supportive health and social services are predominantly volunteer run. Community services, such as Better at Home and East Shore Hospice are seen as important, providing meaningful assistance, especially for those with chronic and/or life limiting health conditions. Underfunding and revenue uncertainty for these programs, as well as volunteer burnout were major concerns.

Information and online services, many residents expressed frustration with knowing where to locate the information they need. Interest was expressed in some form of listing or resource page that could help individuals navigate. Keeping in mind that there is a mix of confidence in using technology to access information and resources online, and the strength and reliability of Wi-Fi can be variable across the East Shore.

Transportation and housing options were two other strong themes raised in all forums. With the East Shore population spread out along the lakeshore over substantial distances, transportation is needed to access even local services and programs. There is very little by way of apartments or seniors housing on the East Shore.

These themes we feel have been echoed in the research undertaken by the BCRHN and other rural jurisdictions. Being a member of the BCRHN provides multiple opportunities to come up with unique solutions.

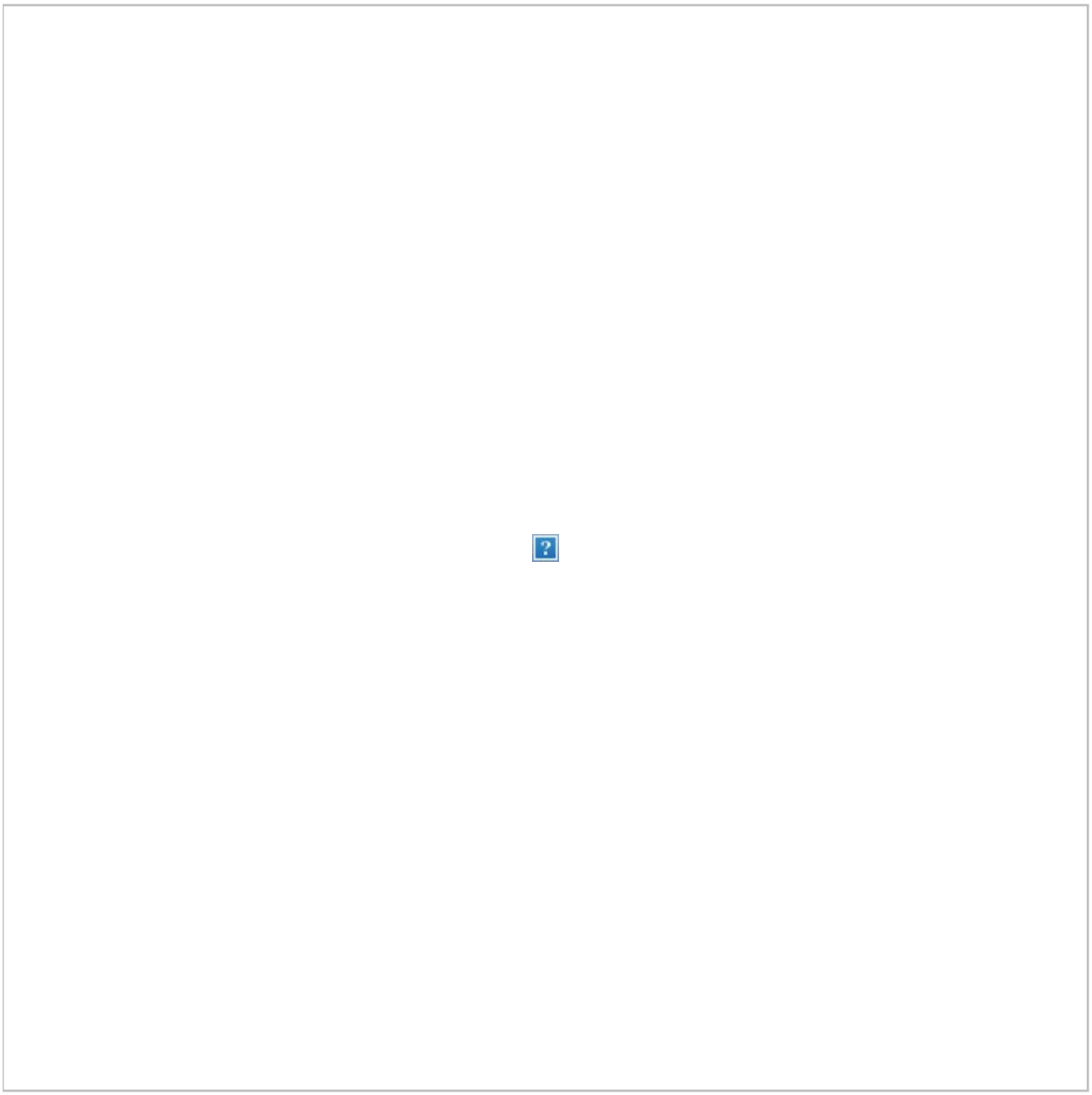
The Board of the East Shore Kootenay Lake Community Health Society has made some progress in providing information on available health resources in our community. In 2022, the Society hosted the first annual Health Fair! This event provides an opportunity for a range of health practitioners to share information about their services and details on how to access them. The Health Fair was so well-received that it has become an annual event. Our next one is scheduled for June 21st, 2025. If you wish to be an exhibitor, want more information or just want to attend please send an email to eshealthsociety@gmail.com

We have also made some inroads with the coordination of care. The Board has regular scheduled meeting with Interior Health where we are able to bring forward the most urgent matters, including the need for increased services and more transparent communication with our communities and their members. This relationship has resulted in an increase in some vital services at the clinic, as well as a growing understanding between the health authority representatives and our board. Most recently we were invited to join the Kootenay Boundary Family Physician Division Patient Advisory Committee. Belonging to this Committee will be a valuable resource and support as we explore the potentials of a Community Health Centre model to resolve some of our major challenges.

To provide clarity of focus for our small and mighty Board, we recently revisited our report from the community consultations.With the assistance of our consultant, we developed a renewed vision and mission statements. This will guide us, as we work towards attaining stronger connections and relationships in our communities, and with other groups and agencies that have a shared interest in improving services and access on the East Shore.

Our vision: “A vibrant rural community with robust, innovative health services that support the well-being of all community members, regardless of age, state, and means”.

See more members of the month here



You are invited to join BC's rural medical community at the BC Rural Health Conference, taking place June 6–8, 2025, in Prince George. This annual gathering, hosted by RCCbc, goes beyond professional development—it's about building connections and celebrating the spirit of rural healthcare.

The conference's hands-on workshops are back for 2025, with even more options to choose from. The program will also showcase dynamic speakers and engaging topics that address the unique challenges and rewards of rural practice. Attendees will enjoy valuable networking opportunities with peers who share a passion for this work. Connect with colleagues and leave the conference feeling enriched, empowered, and energized.

Event Highlights:

All-new format! This year's schedule includes a full day of hands-on workshops and an expanded line-up of rapid-fire lectures—offering more ways to stay current on emerging trends in rural and family medicine.

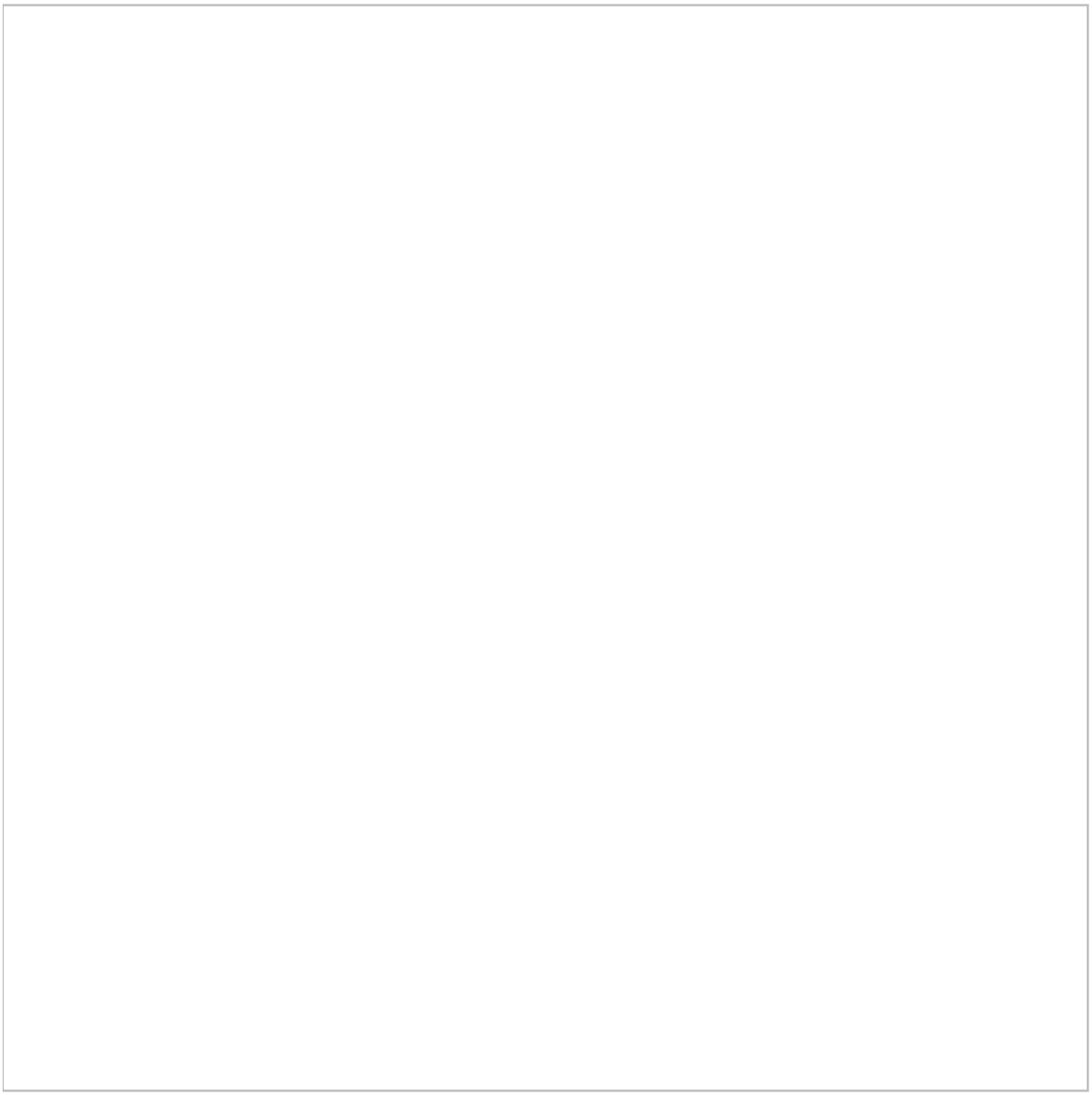
Celebrate the BC Rural Health Awards

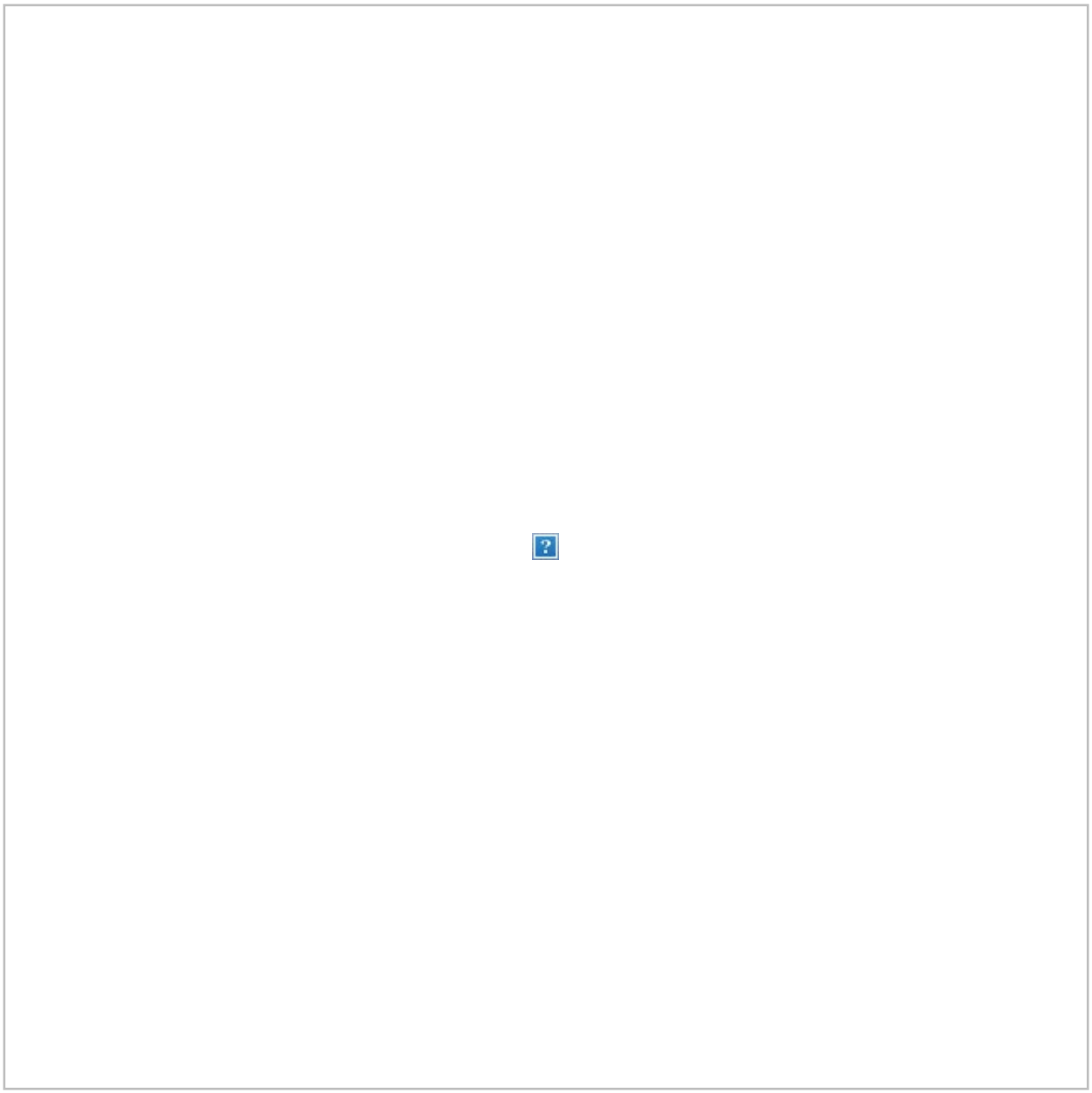
Enjoy wellness activities, outdoor excursions, supervised childcare and more
Connect and network with rural peers from across BC and beyond

Pre-conference courses: The CARE Course, CASTED: Emergency and myoActivation

Register now at: bcrhc.ca

Early bird rates end April 15, 2025.

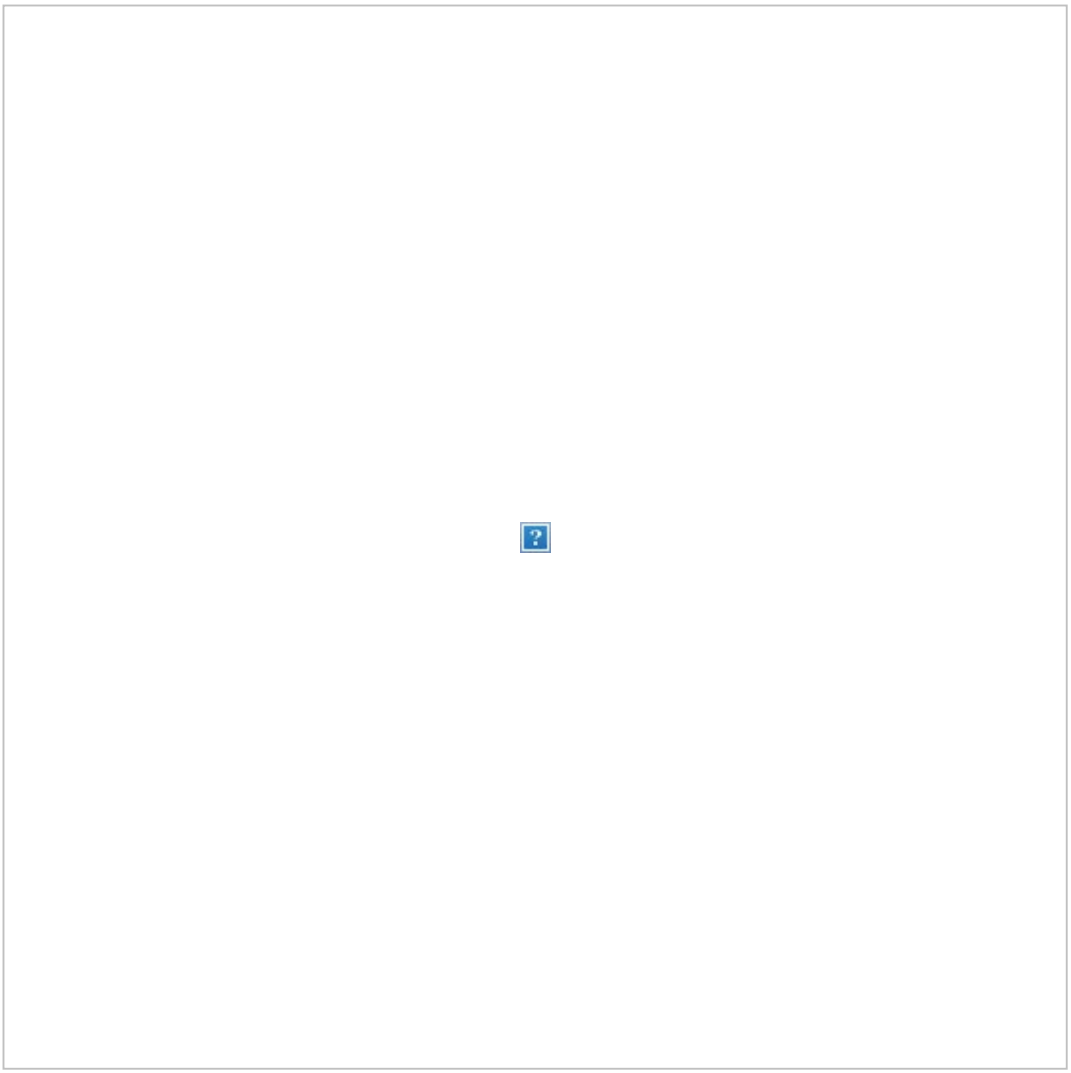




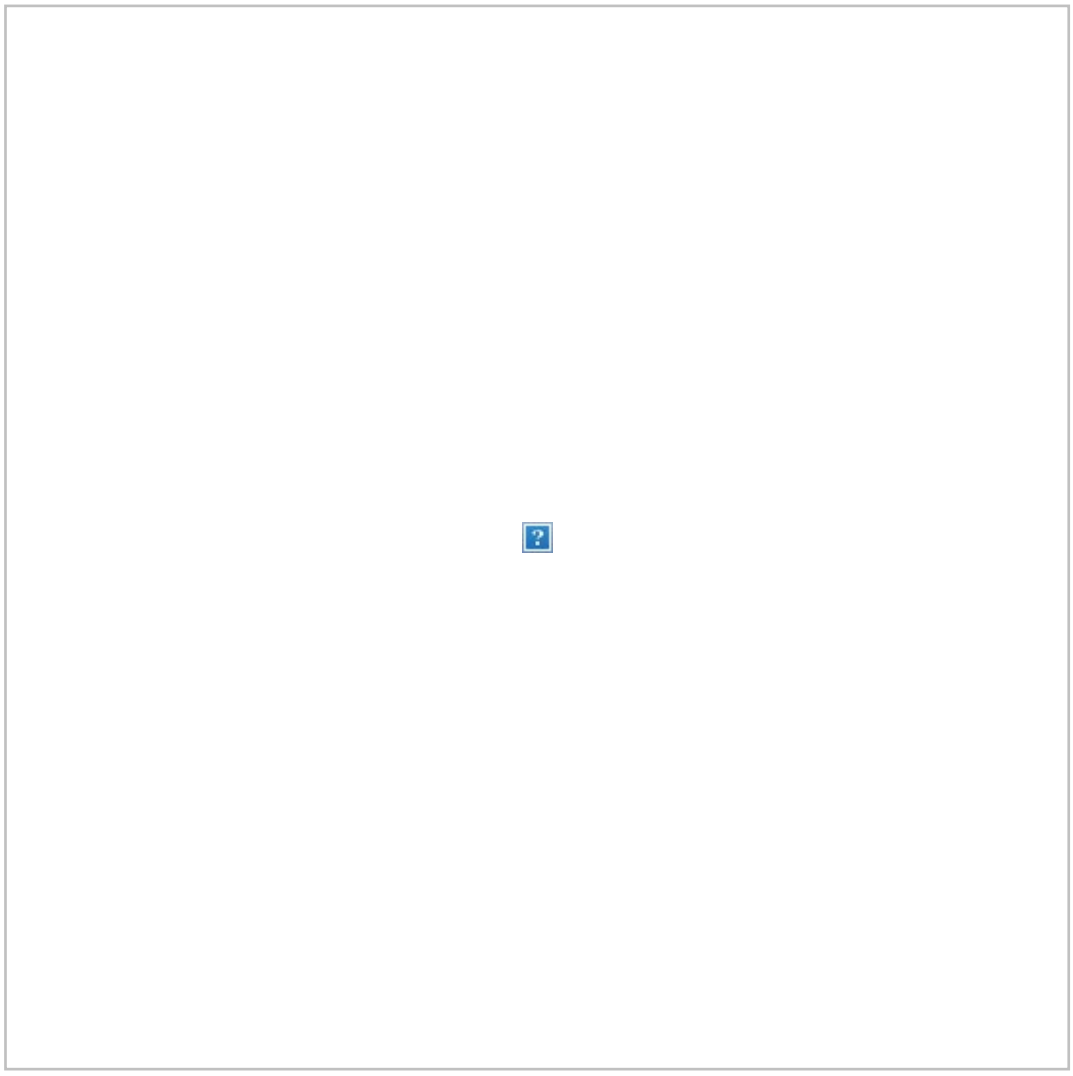
Travel Assistance with Kindness and Compassion!

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!**



We look forward to connecting with you.



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

Logo

From: BC Rural Health Network
To: Village of Kaslo
Subject: Rural Health Matters June Edition
Date: June 5, 2025 8:20:06 AM

June 2025 Edition

A Letter from our President

Dear Readers,

Over the past few weeks, you may have heard Paul speaking in the media about the growing number of emergency room closures across the province and the serious impact this is having on the health of British Columbians. In 2025 to date, over 200 ER closures have occurred in rural B.C., with a few more in urban areas (3 in total). These closures are deeply concerning, especially in rural communities where the distance and limited travel options to the next emergency facility can be life-threatening.

While there are long-term solutions being explored, there is a clear and pressing need for immediate action to keep emergency rooms open. The recent closure of the Pediatric Unit at Kelowna General Hospital is another major concern. Although emergency pediatric services and the NICU are still operating, children needing ongoing care must now be transferred to other facilities or sent home, adding to the burden of travel and uncertainty for families during incredibly stressful times.

When emergencies arise, travel introduces many transition points and potential delays. That’s why I strongly believe in the importance of a Personal Health Record.

Having immediate access to your up-to-date health information empowers both you and your care team to make the best decisions quickly. It enables you to actively contribute to your care and share relevant information with anyone involved in your health journey, both now and into the future.

As a patient partner, I had the privilege of attending the 2025 BC Health Information and Management Systems Society (BCHIMSS) Conference. The concept of the "digital highway" truly made sense to me, it's a lifeline for patients, providers, and families. I was incredibly impressed by the dedication of the individuals working to create the most effective, secure, and user-friendly systems for health information sharing.

These experts manage system intricacies, privacy concerns, usability, and more (often behind the scenes) and are genuinely committed to improving care for everyone. The presentations were engaging, informative, and made so understandable, even for someone like me, who's just beginning their journey into the digital world. A heartfelt thank you to BCHIMSS and its members for a wonderful conference and for all the incredible work you do!

At our most recent Board of Directors meeting, we were fortunate to receive a presentation from the Real-Time Virtual Support (RTVS) team at Rural Coordination Centre of BC (RCCbc). Many people associate virtual care with Telehealth, but RTVS offers so much more. RTVS is a physician-to-physician support program that connects rural and remote doctors with experienced colleagues via Zoom or phone in real time. It provides crucial support in areas like Emergency Medicine, Pediatrics, Critical Care/Internal Medicine, and Maternity Care. For a physician facing a challenging or unfamiliar situation, having an experienced colleague available in the moment can make a world of difference. This program not only supports physicians and nurses but also helps ensure patients can receive high-quality care in their own communities, reducing the need for stressful travel.

Importantly, RTVS also plays a role in recruiting and retaining physicians in rural areas. Knowing that support is just a call away boosts confidence and builds a stronger, more resilient health workforce. For more information about RTVS, please visit **RCCbc.**

I'd also like to recognize the ongoing efforts of our Implementation Committee, who continue to spotlight innovative and vital services as well as developing informed Policy Papers , A recent highlight was a presentation from **Helicopters Without Borders**, an organization that provides life-saving transportation and logistics support across the province. Their work is truly commendable, kudos to the entire team!

While there are many promising developments, challenges remain. In addition to the ER and service closures I mentioned earlier, funding constraints continue to limit services that could greatly benefit rural, remote, and indeed all B.C. residents. One example is **Hope Air**, an incredible program that has long supported rural and remote residents who must travel for medical care. Due to increased demand and no increase in funding, they've announced they are no longer able to provide

accommodation for clients. This is a significant loss.

I've previously told you about our neighbour who must travel two hours for surgery. She can't drive the day of the operation, and typically relies on Better at Home or volunteer drivers to get there. She had counted on Hope Air to cover one night of accommodation (as they did for her first surgery) but now faces the difficult decision of how to pay for it herself or possibly delay care. Situations like this highlight how gaps in support can seriously affect access to essential services for rural residents.

At the Network, we continue to provide crucial communication and support for rural and remote communities. We are deeply appreciative of the limited funding we receive from membership and contracts (including RCCbc) but need to find core funding sources in order to build out our team and communications across BC. Our collective voices need to be heard and although we have become a well known presence in the media (and on the political stage), we can't travel without sponsorship, so we miss many important events where the voices of rural and remote residents are needed to develop critical, meaningful solutions that reflect the needs of our varied and diverse communities.

Finally, a heartfelt thank you to all the volunteers who make life in our communities richer and more connected. Your efforts are appreciated, and invaluable!

With that, I wish you all a safe, joyful, and healthy month of June.

Only my best!

Peggy Skelton
President

From the Desk of the Executive Director

Dear readers,

As a solutions-based organization committed to working collaboratively with government, health authorities, and communities, we are becoming increasingly concerned about the lack of urgency being applied to our rural healthcare crisis.

Following the 2024 election, there was genuine hope for a new direction in rural healthcare planning. Promises of a dedicated rural health strategy, improved travel assistance and supports, and greater community involvement in policy development gave us optimism for meaningful change. We continue to support many of the government's key healthcare investments. The establishment of a new medical school, expanded oncology centres, new hospitals, recruitment and retention initiatives, youth mental health programs, cultural safety efforts, and strengthened

community living supports are all essential and long overdue. We acknowledge this progress and thank the government for these important steps. At the same time, we remain hopeful that the full range of pre- and post-election commitments will be realized, particularly those focused on addressing the urgent needs of rural communities.

Yet for rural British Columbians, the crisis is immediate, and the frustration across our communities is growing. In too many areas, there is no urgent action to address the service gaps that are putting lives at risk every day. Without immediate steps to stabilize care, even the valuable long-term investments that have been made are overshadowed. What rural residents need is clear evidence that their concerns are understood and that emergency measures are being taken address these concerns now.

The BC Legislature has concluded the spring sitting and our new MLAs have now had an opporutnity to gain their footings and understand the challenges in changing systems. We hope that the summer will provide ample time for MLAs within all political parties to reflect on the need to remove politics from healthcare and to come together to create meaningful, long-lasting improvements to rural wellbeing and to improved access for all.

Hard truths remain and many uncertainties continue:

- Emergency room closures continue in many rural regions. Our latest tracking indicates **over 200 rural ER closures so far in 2025**! These disproportionately affect smaller communities and where distances to alternative care can mean life-threatening delays, the dangers compound. Although data may demonstrate a decrease year-to-date (stated but we haven't seen this data), the issue remains that when an ER is closed lives are put at risk and when this occurs repetitively in a community in a short time period, those risks are beyond unacceptable!

- Primary Care Networks have not produced measurable benefits for rural residents. Attachment to primary care remains elusive for many, and travel for basic healthcare is becoming normalized. This is an inequity that should never be accepted. Primary care review and reform is underway, and we intend to ensure rural voices are heard in that process.

- Rural populations are aging faster than urban populations, placing mounting strain on the existing limited services. Many healthcare professionals are also approaching retirement, which will only increase the risk of future workforce shortages. Data transparency remains a persistent challenge. While attempts to model projections based on public data are ongoing, the reality is that government reporting is often unavailable, unclear, fragmented and incomplete. This makes it difficult to fully assess trends or verify progress on commitments made or to forecast service levels for the longterm. Transparency should not need to be requested it should be mandated, and public services should be

accountable to the people they serve.

- Closer to home care and service provision is not effectively happening in most rural communities.

- Transportation and accomodations remain huge barriers to many people living outside of urban communtiies.

- Long-term care needs to be built through a rural lens for rural communities, seperating families in the late stages or life is not acceptable.

- Mental Health supports are needed and unavailable across rural populations and within rural healthcare settings (for both healthcare professionals and patients).

- Equity is based on health outcomes and not on dollars spent per diem. The longterm cost of supporting people will far exceed a deliberate and focused effort and investment in rural access to care. Austerity measures will not save money for anyone but will make a bad situation worse, focused rural health investments must increase.

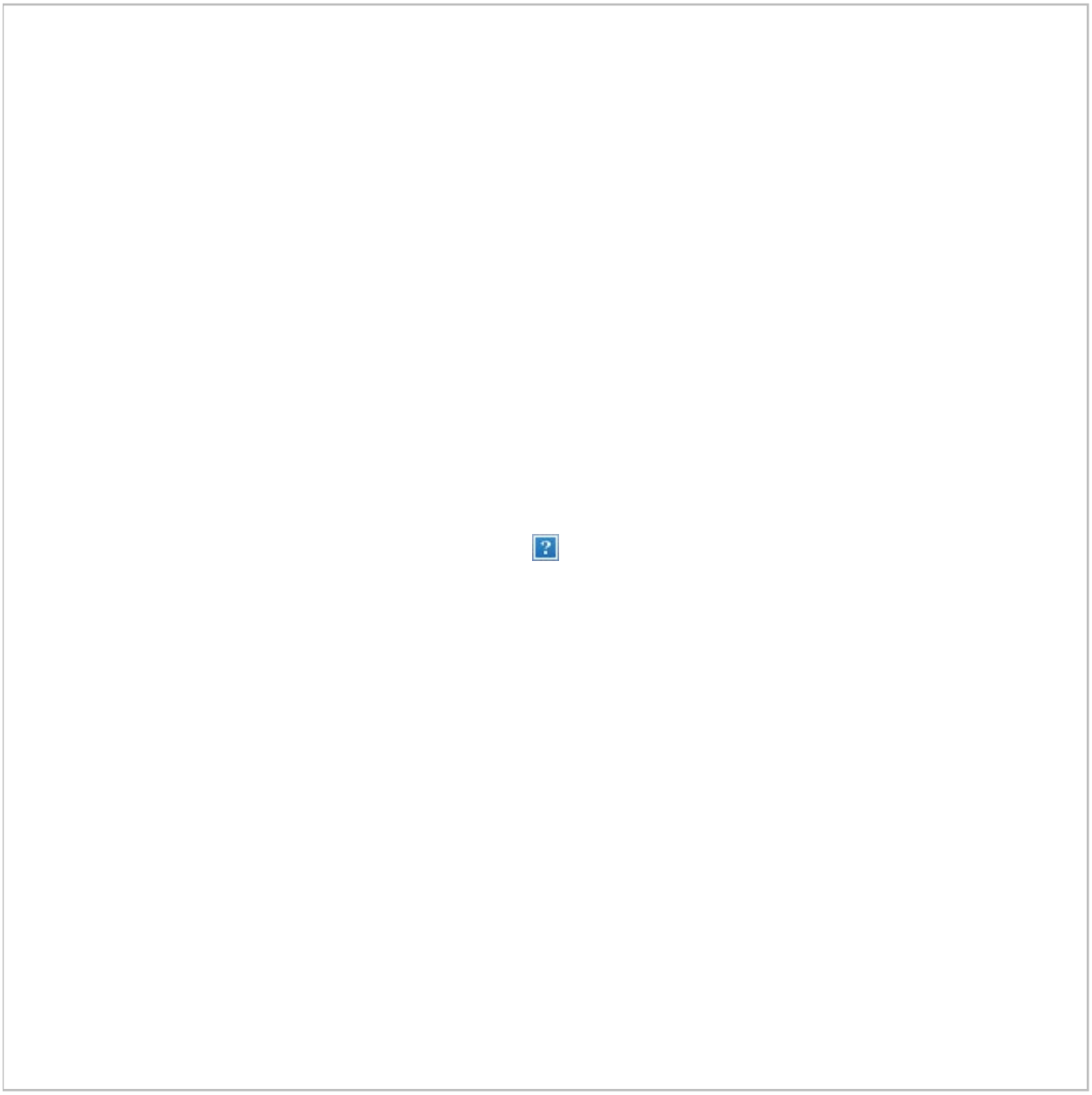
- Communication with rural communities is sorely inadequate. Top down styles of communication fail to reach the intended recipients. Out dated models for engagement with no accountability and no known deliverables are time consuming and ineffective. We continue to provide evidence to our need for effective engagement that reaches communities and engages with them meaningully; yet the continued ineffective approaches and investments in them continue.

In short, business as usual must not continue. Without coordinated, outcome-focused, and transparent action, the inequities in access to care for rural residents will only deepen. The frustration mounts and the anger is apparent in our conversations with people all over BC. Making repeated announcements on the good work that has been done (and it has been done,) does not address the immediate needs of our community. The lack of urgency may just be a perception problem but that too speaks to the inadequate communication and marginalization that residents continue to endure.

In response, the BC Rural Health Network continues to push forward with practical solutions. Last month, we released our **9+1+1 Recommendations** to address ER closures, these suggested approaches are driven from voices we hear from across BC. These community-driven recommendations offer immediate and longer-term actions that could help improve emergency care access across BC.

Media attention continues. In May, I participated in several major media engagements, including **live interviews with CKNW and BC Today with Michelle Elliott.** Additional coverage from **CTV** and other media outlets were also greatly

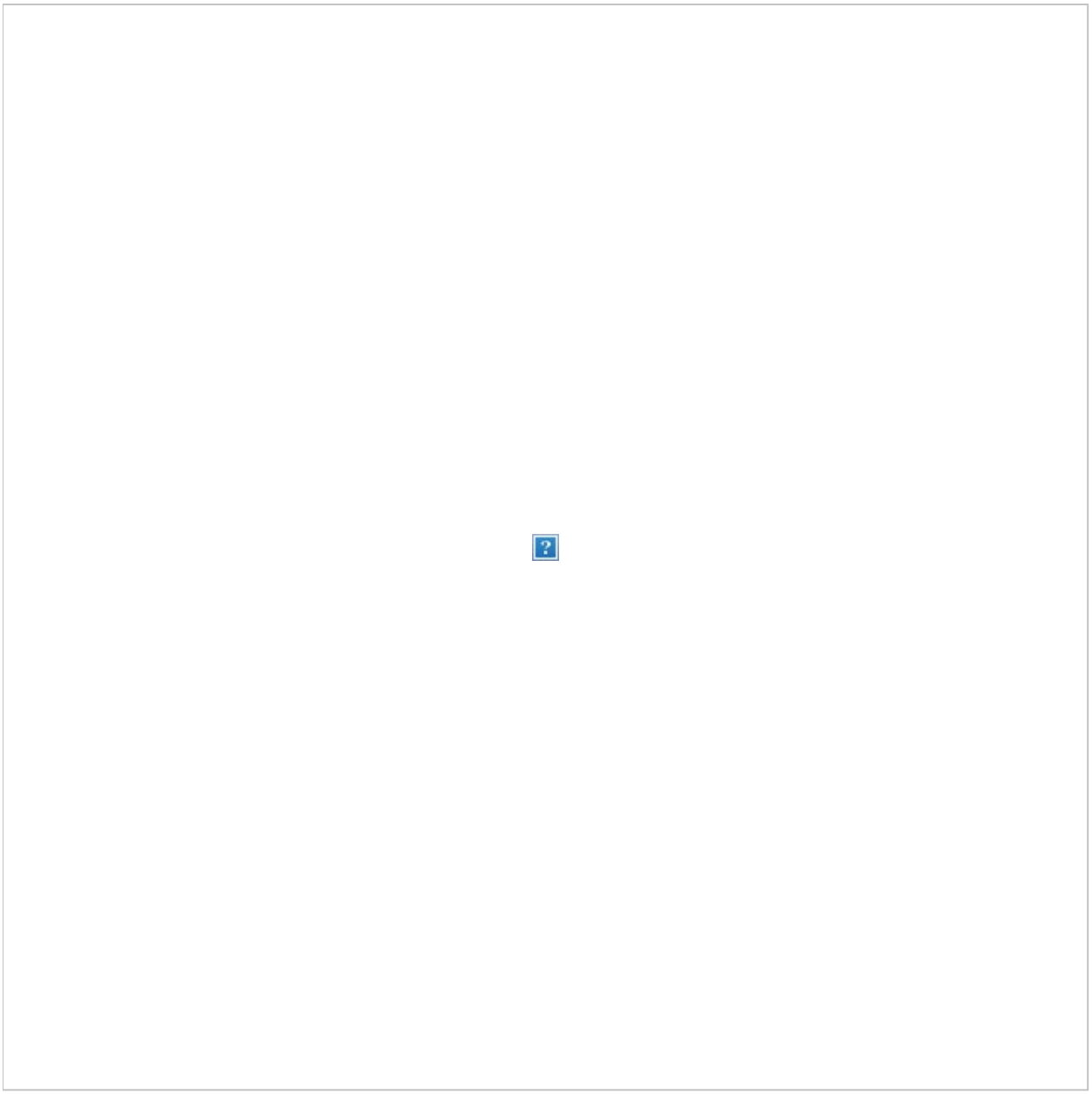
appreciated. These appearances help raise public awareness of the rural healthcare crisis within urban centres. Our message remains clear. Urgent action is needed now to keep emergency rooms open and to restore public confidence in rural healthcare.



Looking ahead, we encourage our members and communities to participate in Hope Air Day on June 6. Hope Air's mission remains vital. The program helps rural patients travel to urban centres for care. Unfortunately, recent funding constraints have forced the program to discontinue its accommodation support, which creates new barriers for many rural families. By supporting Hope Air Day and by advocating with your local MLAs, you can help strengthen the case for restoring these critical services. Resources for promoting Hope Air Day can be found at hopeair.ca/hadresources.

Canadians are already facing evacuations and impacts from fires across the west and

although we hope for the best we must prepare for the worst. I encourage everyone to register for the upcoming and free RHSRNbc Symposium, Weathering the Storm: Rural Communities on the Road to Resilience, taking place on June 14 on Zoom. This event will explore climate impacts on rural and remote communities, with voices from across BC and beyond. The symposium will include discussion of heat dome scenarios, wildfire readiness, and broader climate-health connections. You can register at rhsrnbc.ca or by scanning the QR code below or by clicking the image.



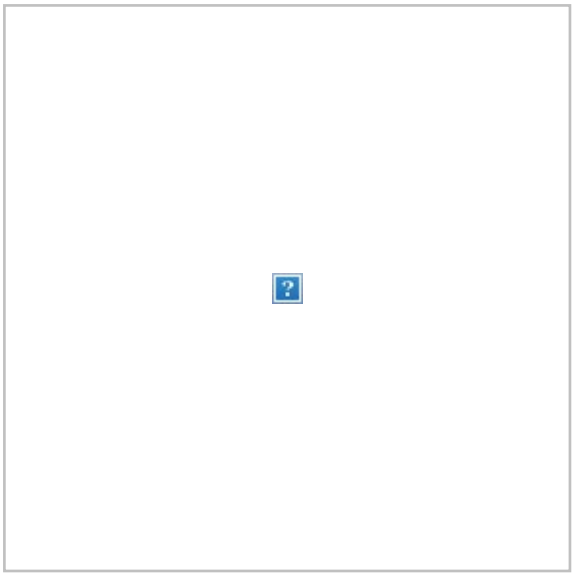
As always, we remain committed to giving rural communities (of all types and sizes) a strong and constructive voice on health and healthcare reform. The challenges we face require not just long-term strategies, but also immediate action. We will continue to work with government, health authorities, community groups, and nonprofit partners to push for the solutions that rural BC urgently needs.

Thank you for standing with us, we need the support of all British Columbians!

Yours in health and wellness,
Paul

Paul Adams, Executive Director

Community Connect: An Update on Our Outreach Initiatives



Hello everyone,

Can you believe how quickly May flew by. And now here we are, stepping into June, a month that tends to get busy for many of us. Whether you're traveling, working on a project, enjoying time at the beach, or simply taking it easy, I hope your plans include plenty of joy, connection, and time to recharge. Whatever you're up to, please stay safe and take care of yourselves.

I'm excited to share a few updates with you all! May was full of meaningful conversations. I had the chance to interview several amazing Community Leaders, and their insights were truly inspiring. One conversation that stood out came from Kimberley, BC. The person I spoke with was deeply passionate about making sure their community is prepared for whatever may come. They emphasized how important it is to have plans and provisions in place, and how simply acknowledging that emergencies can happen is a key step toward organizing and reducing anxiety. It was really encouraging to hear how seriously some are taking these precautions out

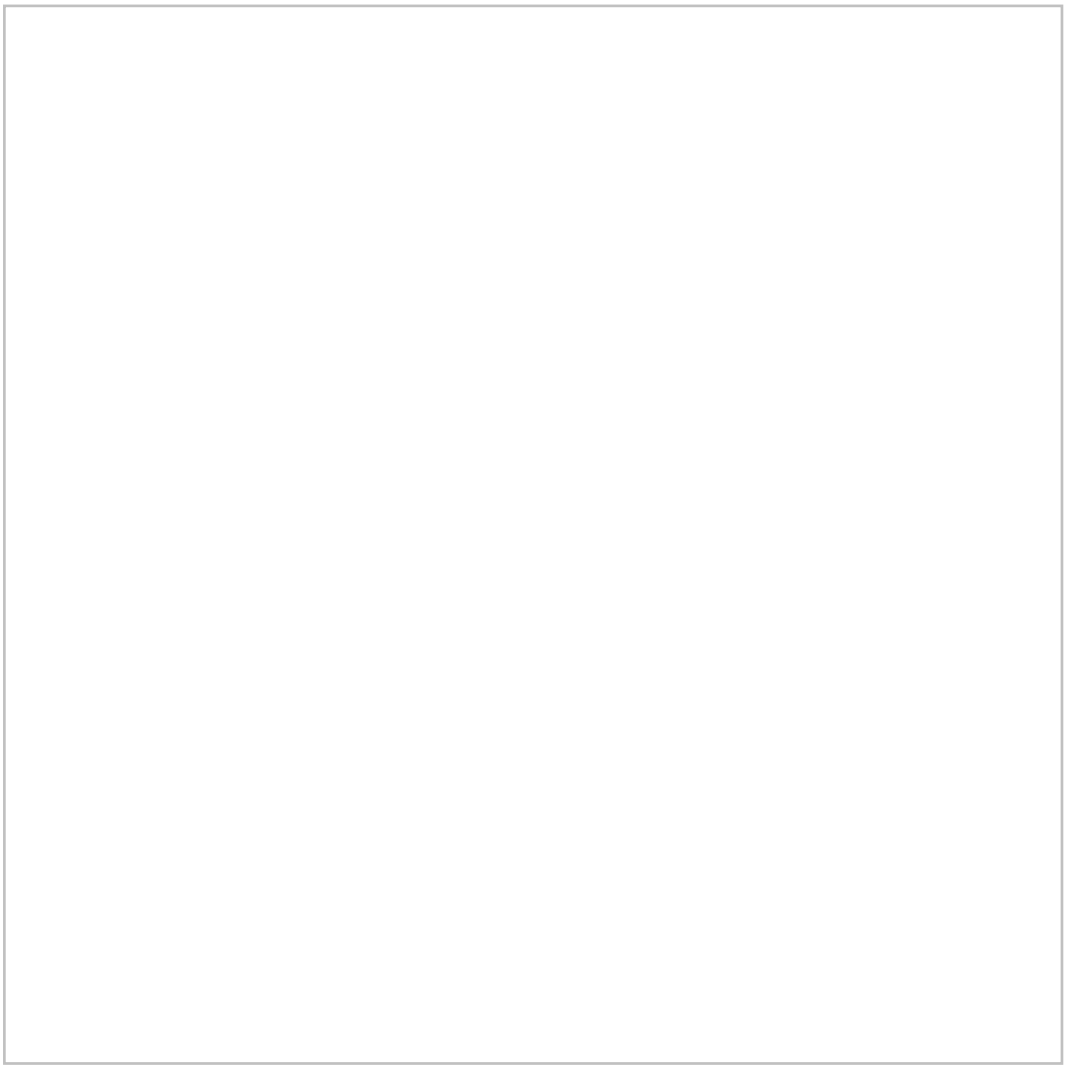
of genuine care for their neighbors. I've also been enjoying learning more about how rural communities are responding to climate-related changes.

From raising awareness to updating emergency plans and getting organized in advance, these proactive steps are making a real difference. I've picked up some great ideas from folks who live in more remote areas strategies that can help all of us be a little more prepared.
If this is a topic that interests you and you have insights to share, I would love to hear from you! You can reach me at dea.lewsaw@bcruhealth.org.

Thank you and wishing you all a joyful and safe June!

Warmly,
Dea

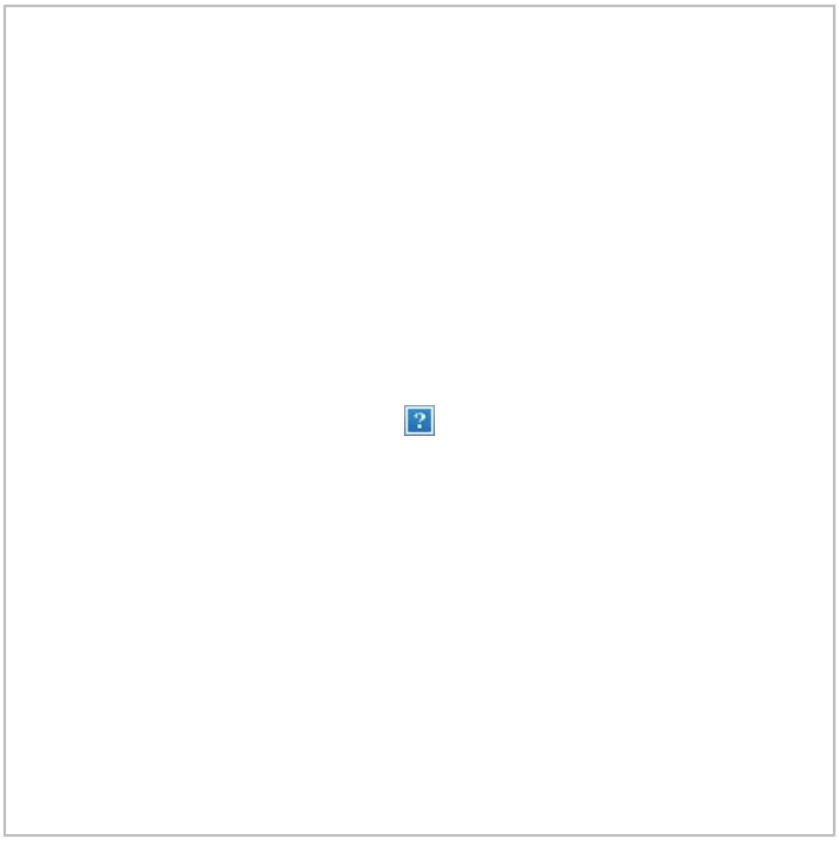
June Member of the Month: The Village of Nakusp



Nakusp is nestled on the picturesque shores of the Upper Arrow Lakes and is home to the renowned natural hot springs. The Village has a municipal population of approximately 1,600 residents, with another 1,700 living in the surrounding rural areas. We are extremely fortunate to have the Arrow Lakes Hospital—our very own Level 1 community hospital. Serving a population of about 5,000 people, the hospital provides essential healthcare services to Nakusp and its neighboring communities. In addition to acute care, the facility also houses Minto House, a long-term care center. Nakusp is also home to Halcyon House, which offers assisted living units. Our rural community benefits greatly from the dedication and expertise of our incredible healthcare staff, including doctors, nurses, and support teams who make it all possible.

The Arrow Lakes
Hospital benefits
greatly from the strong
support of two

dedicated volunteer organizations: the Arrow Lakes Healthcare Auxiliary Society (ALHAS) and the Arrow Lakes Hospital Foundation (ALHF). These groups provide essential funding for modern medical equipment and services that would not be possible through standard government resources.

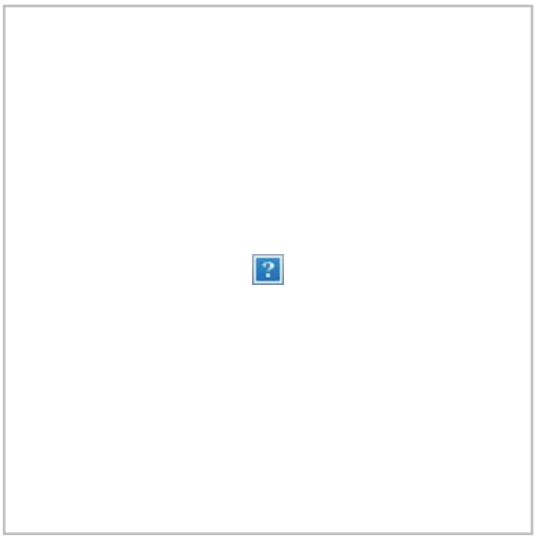


ALHAS generates funds primarily through the operation of their local Thrift Store, from generous donations from the community. Their support extends beyond the hospital to include long-term care and seniors' facilities, such as Minto House and Halcyon House. Over the past decade, ALHAS alone has raised more than $2 million to support healthcare in our region—an incredible testament to the power of community spirit and volunteerism.

Nakusp has recently transitioned to a 24/7 Alpha paramedic service model, ensuring continuous emergency medical coverage for the community. This model includes full-time staffing at the local ambulance station, providing around-the-clock response capability. In addition, Nakusp is supported by two full-time Community Paramedics who focus on non-emergency care—particularly for seniors and individuals living with chronic health conditions. This expanded model enhances both emergency response and proactive healthcare support in our rural region.

Nakusp’s newest addition to the community is Integrated Health Inc., a multidisciplinary health and wellness facility conveniently located on Broadway. This innovative clinic brings a variety of healthcare practitioners together under one roof, creating a collaborative space designed to improve accessibility and continuity of care.

The facility offers a broad range of services, including Massage Therapy, Physiotherapy, Chiropractic Care, Manual Osteopathy, Athletic Therapy, Registered Clinical Counselling, Naturopathic Medicine, Foot Care Nursing, Reiki, Traditional Chinese Medicine & Acupuncture, Fitness & Nutrition Counselling, and Optometry. Integrated Health Inc. aims not only to enhance local healthcare services but also to attract skilled health professionals to the area, strengthening Nakusp’s reputation as a hub for rural wellness.

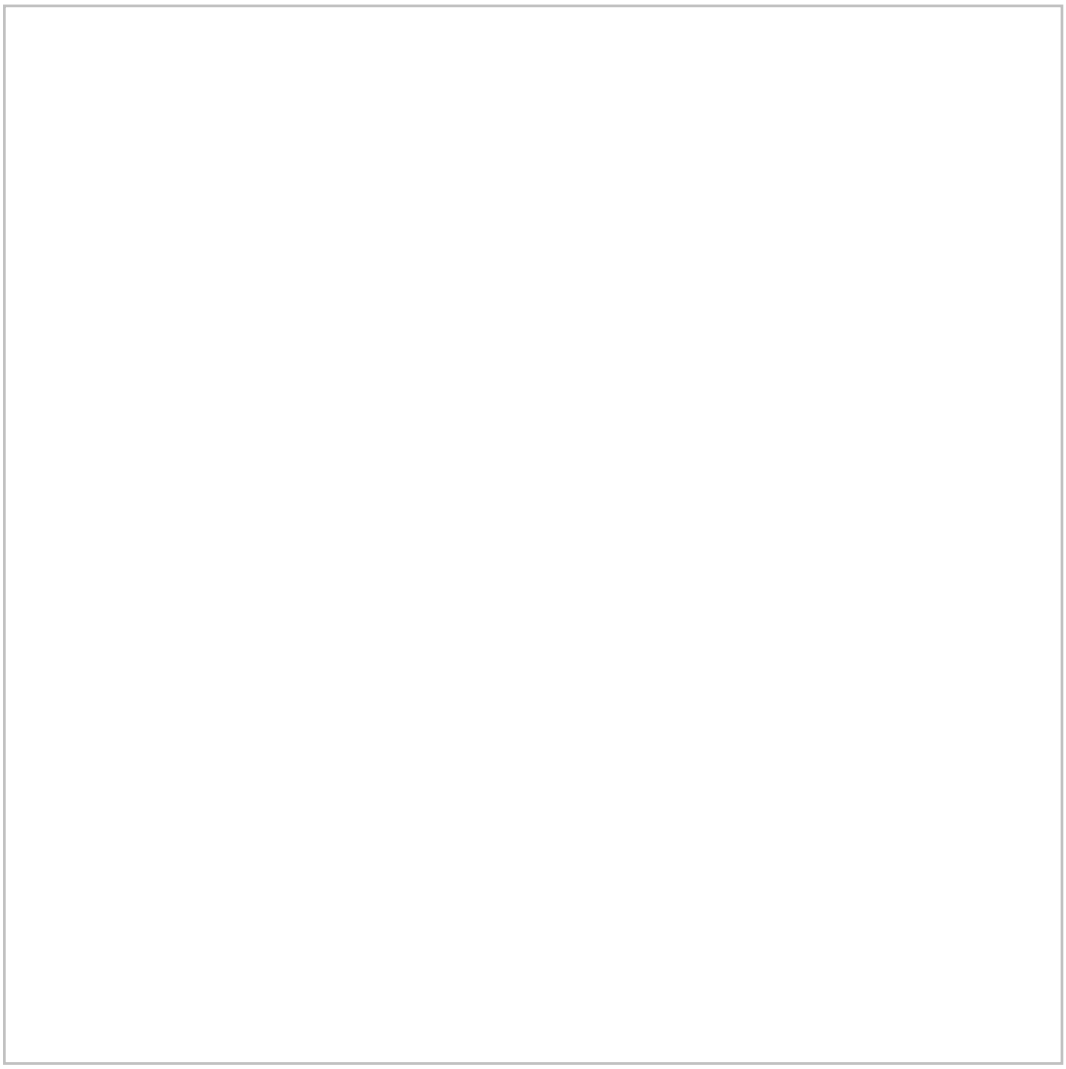


Seniors play a vital role in the fabric of our rural community, having contributed immensely to its development—both past and present. One outstanding organization dedicated to supporting our senior population is the Arrowtarian Senior Citizens Society, originally established through the Nakusp Rotary Club. Since its formation in 1971, the Arrowtarian Society has made a significant impact by building 52 units of senior housing, helping local seniors remain safe, independent, and rooted in the community they helped shape

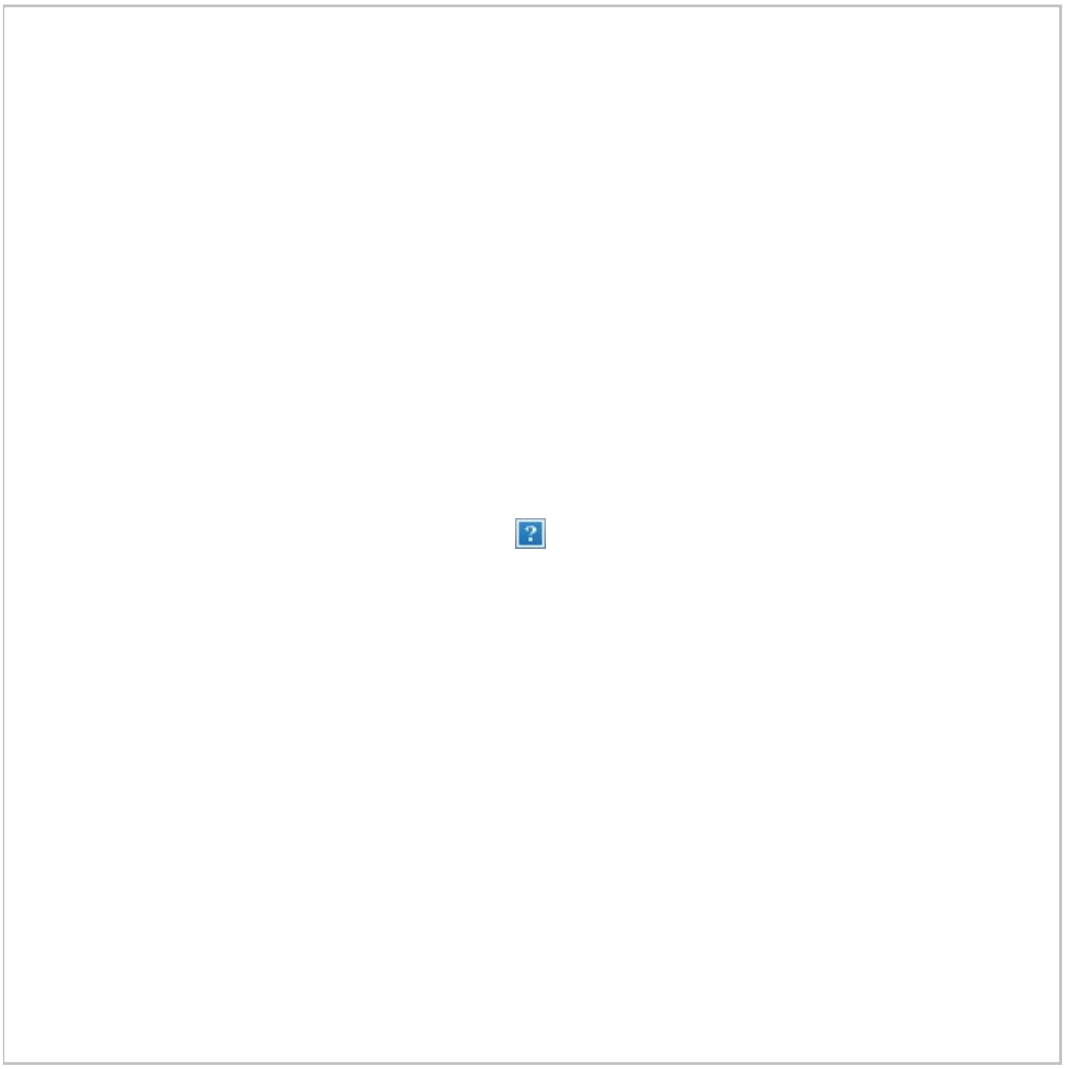
In rural communities like ours, healthcare is not just a necessity—it's a lifeline, a promise that no matter the distance or isolation, every life matters, and every person elderly or young deserves care, dignity, and hope close to home. https://www.nakusp.com/

See more members of the month here

If you are an ocology patient or know someone in BC who is, Canadian Cancer Society and Hope Air offer amazing services and supports. Please visit their websites to learn more.



Travel Assistance with Kindness and Compassion!



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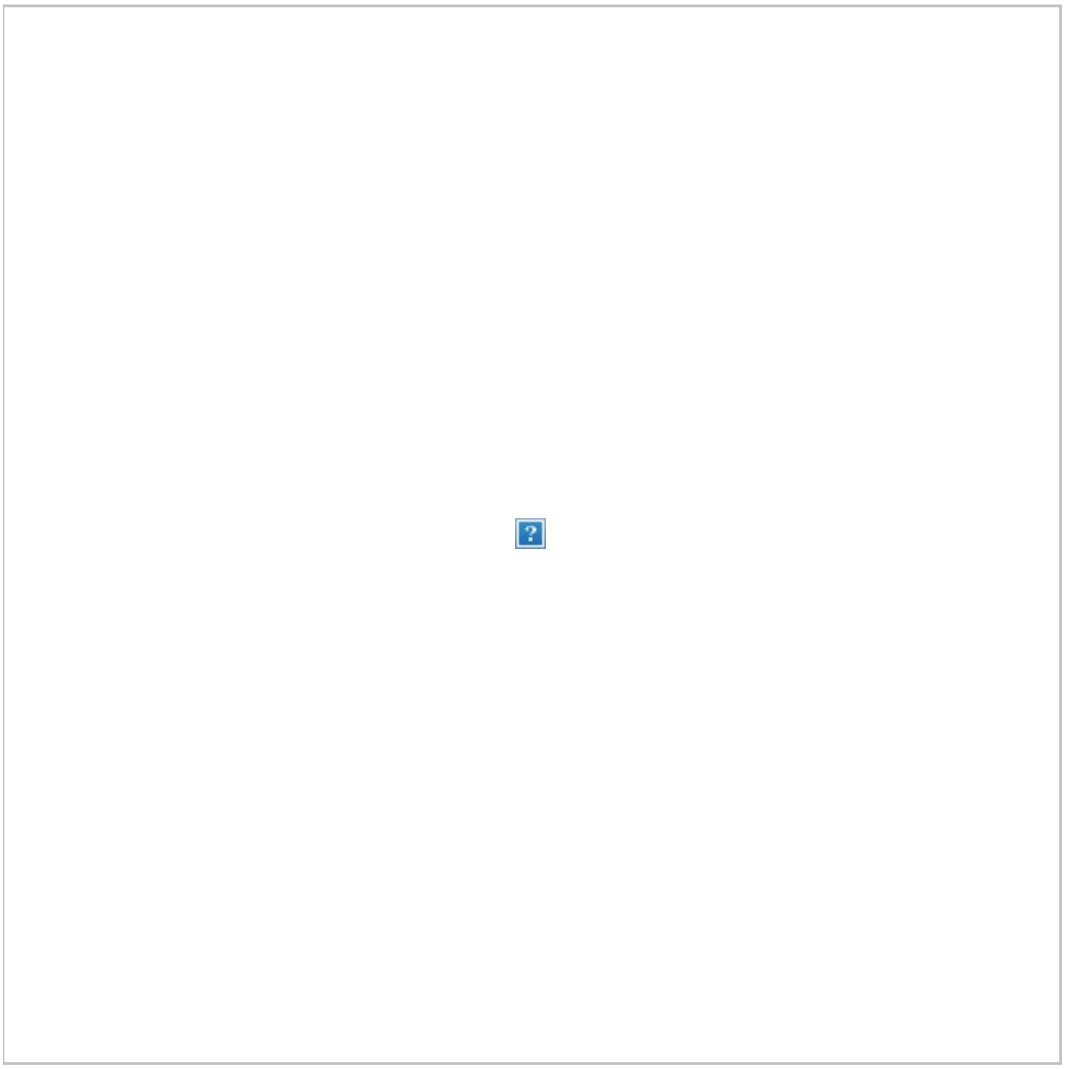

Our mailing address is:
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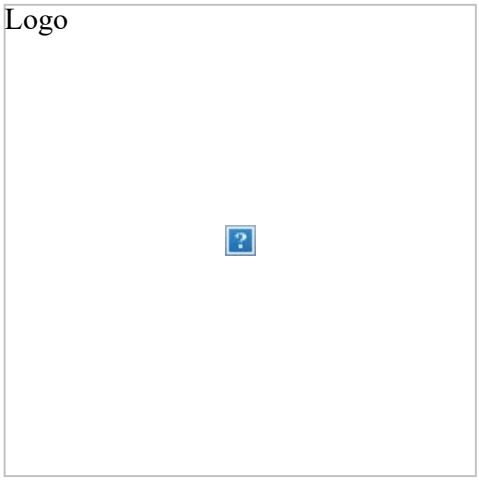


From: BC Rural Health Network
To: Village of Kaslo
Subject: Rural Health Matters July Edition
Date: July 7, 2025 6:24:58 AM

July 2025 Edition

A Letter from our President

Happy Canada Day!

What a joy it is to celebrate our beautiful country, from sea to sea to sea! I was lucky enough in June to travel from Victoria to Newfoundland, with a stop in Saskatchewan to visit family and friends. As always, I was struck by the breathtaking beauty of our country and, even more so, by the warmth and strength of the people who call it home.

Much of our journey took us through rural communities, and as often happens, conversations turned to the topic of healthcare, specifically the ongoing challenges of access in these areas. Recruitment and retention remain key concerns, as does the lack of reliable public transportation and the strain on emergency services. Unfortunately, these appear to be common themes across the country.

There are several initiatives here in BC that are aimed at addressing these challenges.

We had a very informative presentation at our last Board of Directors meeting by the President of the BC Union of Nurses, Adriane Gear, discussing the importance and

benefits of the patient-to-nurse ratio. The implementation of this initiative will definitely not only positively impact patient care but also support the recruitment and retention of nurses.

Of course, recruitment and retention efforts need to extend beyond physicians and nurses to include all healthcare workers and professionals. Healthcare is a team effort. No single provider should be expected to carry the burden alone. A team-based approach, where the patient is at the centre, not only eases the load on professionals but ensures patients receive well-rounded care.

A big congratulations to Dr. Jude Kornelsen and her team on the publication of their research in the prestigious Canadian Journal of Surgery! Jude's work is highlighting the effectiveness of rural hospitals in performing routine surgeries. The study shows outcomes in smaller hospitals are equal to those in larger centres. This is great news for initiatives like the Rural Surgical Obstetrical Networks (RSON). This made-in-B.C. model uses clinical coaching and remote-presence technology to empower rural sites, reducing both patient travel and wait times.

This month, I had the privilege of attending the Rural, Remote and First Nations Partnership Meeting, where the presentation was on the Real Time Virtual Support program. The Real Time Virtual Support team continues to make a real difference, providing essential support to rural and remote physicians, nurses, and health posts. Having a second set of eyes and clinical experience at your fingertips can be a game-changer, not just in patient care but in creating an environment where professionals feel supported and are more likely to stay.

Our Vice-President, Bob Storey, also represented us at RCCbc's Drone Symposium, where exciting ideas were discussed about using drone technology to deliver medical supplies to hard-to-reach areas. Bob networked with many new contacts and the contiues to grow the Network in Northern BC.

I attended the Transportation Partnership Committee meeting, sponsored by RCCbc. This is another group of individuals working to find better ways to connect rural and remote residents to the care they need, whether emergency or routine. Transportation continues to be a barrier to equity, but the momentum is building.

This work ties in closely with our *Travel and Access to Care Position Paper*, developed by our Implementation Committee and approved by the Board of Directors. I've shared it proudly with various partners, and encourage you to do the same.

Next on the agenda for the Implementation Committee is the Primary Care Review. This important initiative will discuss all aspects of primary care with an aim to provide positive recommendations in this area.

On the funding front, provincially we continue to press for sustainable and meaningful support for rural and remote residents. As Paul outlined in his mid-month report, we submitted a proposal to the provincial Standing Committee on Finance and Government Services, recommending a $50 million annual fund to support rural

programs and travel for healthcare. The proposal suggests a nimble mechanism for funding rural programs and projects that currently rely on unpredicitable funding streams, layers of bureaucracy and with funding provide immediate and meaningful benefits to rural communities.

The BCRHN continues to look for funding opportunities to increase our Network's ability to continue to provide conduits for good two-way communication between rural communities, the government, and other appropriate agencies, as well as share information and positive solutions across rural and remote regions. Looking ahead, a special Board meeting will be held on July 3 to discuss several promising funding possibilities. We remain hopeful and focused.

With that, I'll sign off by wishing you a joyful, safe, and healthy July. Thank you for all you do to make our work possible.

Only my best,

Peggy

Peggy Skelton
President

Click here

From the Desk of the Executive Director

Dear readers,

I celebrated Canada Day with family, and as I enjoyed our time together, it struck me just how diverse my own family has become. When generations come together, they bring a great wealth of wisdom, cultural difference, insight, and new ideas. For me, this is Canada, a true mosaic of peoples forming a collective voice of balance, reason, and understanding. Strong and free, but also humble and aware of the inequities faced by many, and our collective need to address them.

We don't agree on all things. We approach problems from different angles, but in the end, we are family and come together when it matters most.

Peggy's report has highlighted our asks and work in relation to Budget 2026, and the significant and urgent need to support people in accessing care. The gaps in care, and the gaps in knowledge and awareness between community and decision-makers, remain wide and seem to be growing, especially in rural and remote communities. The challenges we face in rural and remote healthcare delivery, healthcare access,

and inequitable health outcomes are massive and, at times, daunting. Ongoing efforts to create change using broken tools and systems are unlikely to succeed. We must begin the process of building new systems while maintaining existing services. All of this requires major investment in both capital and human resources at a time of economic uncertainty.

Additional complications come from the politicization of issues that should be rooted in shared purpose, not partisan motivation. If we are serious about making our healthcare system sustainable, then we must focus on creating health and wellness across the population. That is the only way to stop our healthcare budget from continuing to spiral out of control.

I have the privilege of working with a diverse group of game changers who believe our collective voices will be heard. Although we may be small in terms of structure and funding, we are rich in determination and unity. It is this strong collective of community champions who will create real change. We are not motivated by power or a desire to control. We are motivated by lived experience and the challenges we all face together.This past month has reinforced for me the need for non-partisan collaboration to change the system, rather than continuing the "whack-a-mole" response to crises.

That model is broken. We must build a new system while continuing to operate the old one to prevent further harm to people. It is, undeniably, a massive undertaking. It is easy to be distracted by local issues, particularly those in larger urban centres, which tend to attract greater attention from government, media, and the public. The recent resignation of IHA CEO Susan Brown over the Kelowna pediatric ward is an example. I am not in a position to say whether or not Susan Brown should be held accountable for staffing challenges in Kelowna, but I can say with certainty that removing any one individual will not fix the problems we face.

Across all Health Authorities and the Ministry of Health, I encounter good people doing their best with the tools they’ve been given. Most are working within roles designed by the system and are reimbursed based on parameters set by that same system.It is often said that administrative costs are too high, but in truth, BC’s healthcare administration costs remain low by international standards. Yes, they have increased by 25 percent over the past five years, but that shift only brings the overall proportion from 9.5 percent to 11 percent of the total healthcare budget. During that time, we have lived through a pandemic, suffered a staffing collapse, and reached the inevitable outcome of decades of doing the same thing while hoping for different results.

System change is hard.

In a recent conversation with a neurologist who practices in BC, we discussed how difficult it is to make meaningful change in large systems. One comment stood out. This physician noted that unless you are a sociopath, when you enter a new leadership role and are surrounded by people with one perspective, you will almost inevitably adopt that perspective within a short period of time. That is an important

observation and a warning to all of us and especially to leaders.

Opportunities exist.

Changing a system from within, while it continues to deliver life-saving care, is no easy task. It requires collective effort and a shared will to act. Primary care reform is underway, and it is a good place to begin transforming a broken model.

The BC Rural Health Network will be working alongside many partners in the hope of seeing meaningful change in how primary care is delivered. We know that many people still lack a primary care provider. While investments are being made to attract new providers to the province, our aging healthcare workforce means we are likely to lose as much as 40 percent of the current workforce to retirement in the next decade. Data is hard to come by, but many experts suggest that service gaps will continue to grow even with increased ongoing recruitment and training investments. Our position continues to evolve through the inclusion of diverse rural voices. The Implementation Committee will focus on primary care at its next meetings and continue with system-focused discussions in the months ahead.

Some key items we plan to engage with include:

- **P**rimary care provision in rural settings
- **E**ffective models of team-based care
- **A**ccess to care
- **C**ommunity-led governance
- **E**stablishing what “attachment” means in a rural context

We will be extending invitations to MLAs and political staff with a role in health from all official parties to participate in these discussions. The first of these meetings will be held on July 17. These sessions will not be a platform for political messaging. They are intended as an opportunity for political parties to listen, ask questions, and engage with community leaders who live and breathe the challenges of rural health every day.

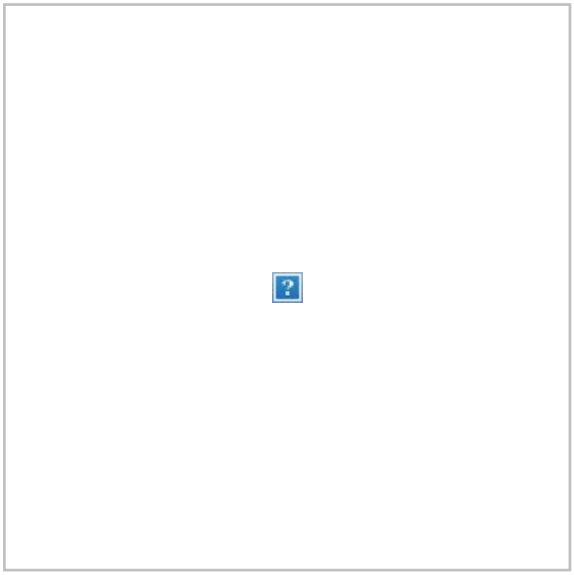
"The secret of change is to focus all of your energy not on fighting the old, but on building the new." – Socrates

Yours in health and wellness,

Paul

Paul Adams
Executive Director

Community Connect: An Update on Our Outreach Initiatives



Hello everyone,

I hope this note finds you well and enjoying the start of July. I've been feeling the shift in the weather as the heat is coming in, and so is the beauty of summer. On a recent walk through my garden, I was thrilled to see the Saskatoon bushes budding, red twinberries ripening, and even discovered a berry I'd never seen before, a soapberry, and I've been having a lot of fun learning about its many traditional and practical uses. As the days get warmer, my family and I are doing our best to stay cool, hydrated, and safe. And naturally, this shift in seasons has me thinking more and more about Climate Resilience and Emergency Preparedness especially in rural communities.

Over the past few months, I've had the privilege of conducting interviews with community members across the region. These conversations have kept emergency preparedness and local adaptation efforts front of mind. As this project winds down, July will be my final month of conducting these interviews.

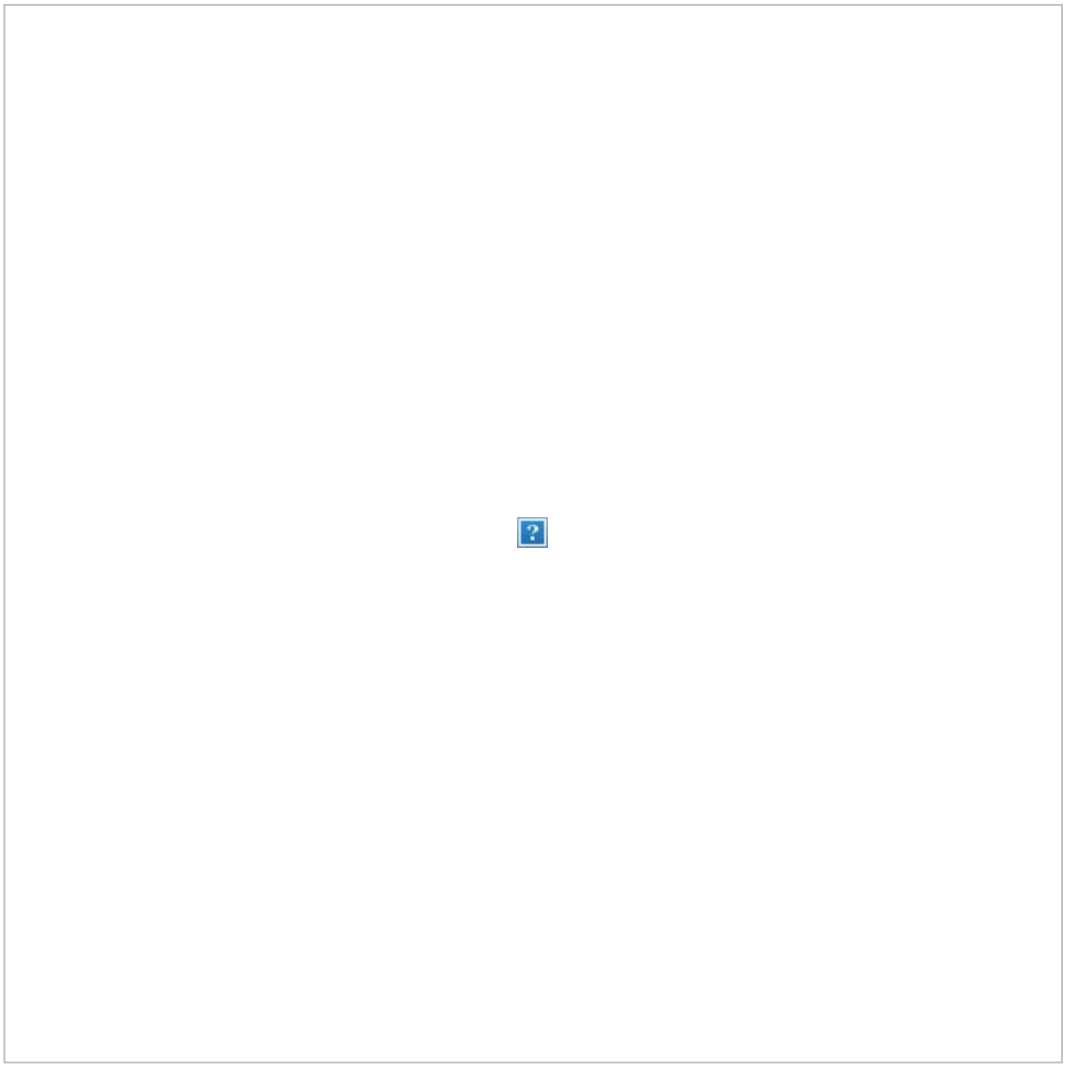
It's been an honor to speak with so many community champions, people who care deeply about where they live and often take on multiple roles to support others. One recent highlight was a conversation with a passionate leader from Salmon Arm, who shared inspiring progress and plans to expand support for their community. Moments like these remind me just how much dedication and innovation exists in rural areas and how much we can learn from each other.

While I'll be transitioning to a new project in August, I'm looking forward to connecting with even more local leaders throughout this final month. These stories and insights will stay with me as I move forward, and I'm so grateful to be a part of this work. If you

have a story to share, please don't hesitate to reach out to me at dea.lewsaw@bcrurahealth.org

Wishing you a joyful and safe summer!
Dea Lewsaw

July Member of the Month: Canadian Alcohol Use Disorder Society (CAUDS)



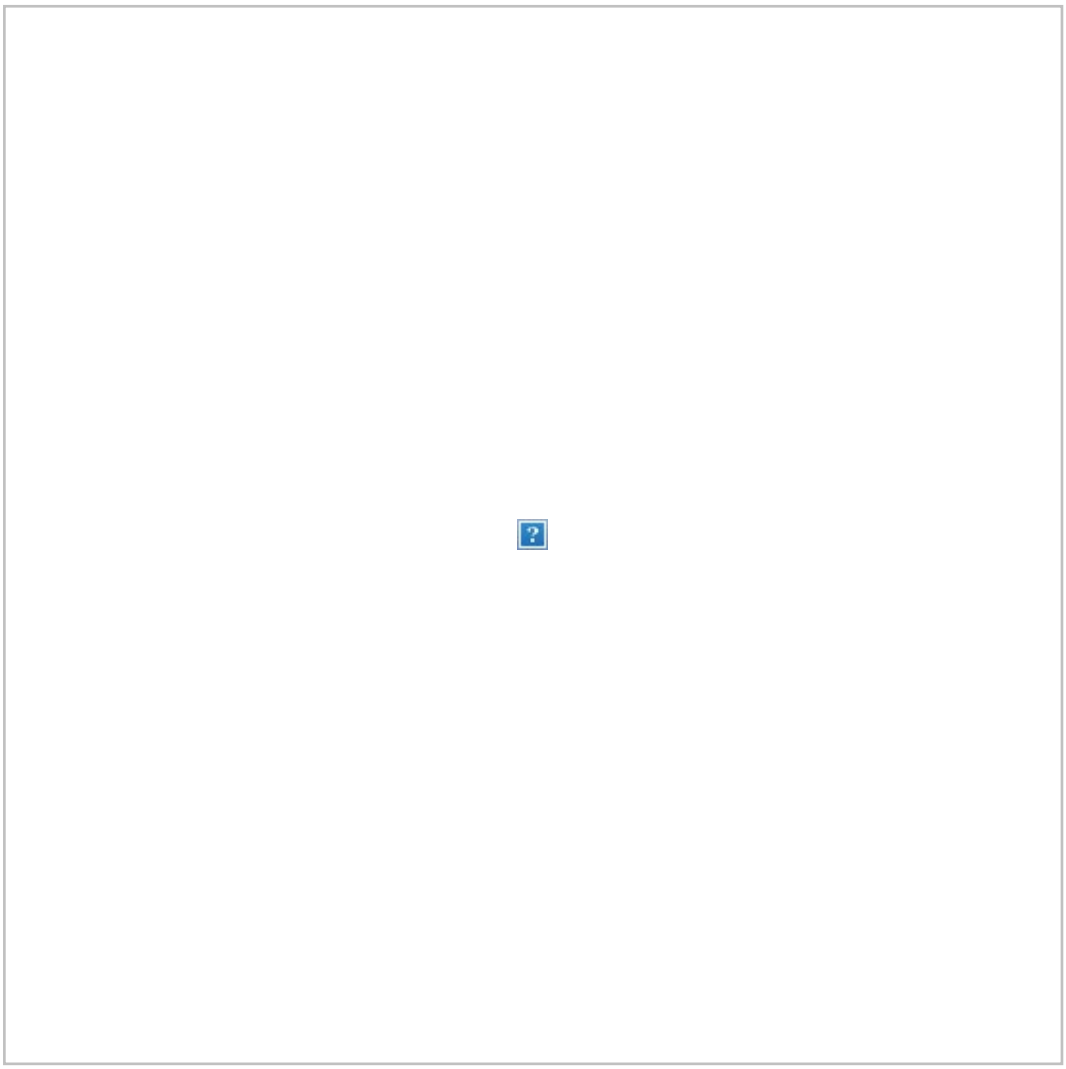
Alcohol Use Disorder:

A Treatable Health Condition Too Often Overlooked

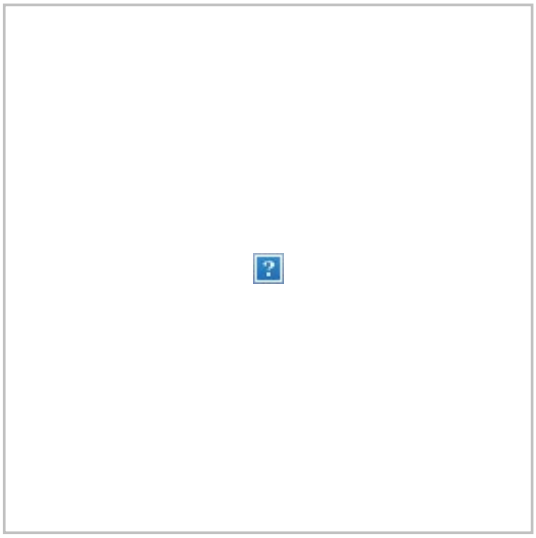
Alcohol Use Disorder (AUD) is one of the most common—but least recognized—health conditions in Canada. Nearly 1 in 5 Canadians will experience AUD in their lifetime, yet fewer than 5% of those who could benefit ever receive effective, evidence-based treatment. In British Columbia alone, the annual health system cost linked to AUD is estimated at more than $785 million.

For years, medical care in Canada failed to reflect what science had long confirmed: AUD is a treatable medical condition, not a moral failing. There are effective medications and care models that can support recovery for most people.

Family physician Dr. Jeff Harries, based in Penticton, was among the first in BC to put this knowledge into action. By combining medications with a compassionate, patient-centered approach, he saw significant improvements in his patients' lives. But in 2017, at a national health conference, he was struck by a troubling realization: most of his peers had never been taught about these tools.



In response, Jeff began a nationwide effort to share what he had learned. Over the next several years, he presented to thousands of clinicians, policymakers, and community leaders. He helped create BC's clinical guidelines for AUD, influenced care pathways in emergency settings, contributed to prescribing tools and research, and worked tirelessly to shift public perceptions.



His efforts led to the founding of the Canadian Alcohol Use Disorder Society (CAUDS) in 2020. Jeff passed away from ALS in 2021, but CAUDS continues to carry forward his mission: to expand access to compassionate, evidence-based care for all Canadians.

How CAUDS Works

1. Supporting People with Lived Experience

CAUDS works in partnership with people who have lived and living experience of AUD. Together, we co-develop resources that help individuals and families understand the condition and access effective treatments. Our website offers personal stories, educational videos, and downloadable guides that provide hope and practical support.

2. Engaging Health Practitioners

We equip primary care teams with the skills and tools they need to deliver effective AUD care.

- The **APPLAUD Action Series** (Approaches and Pharmacotherapies for Patients Living with AUD) is a CME-accredited learning program co-led with Health Quality BC. It provides practical strategies for screening, prescribing, patient communication, and referral pathways. Since 2024, APPLAUD has reached over 50 care teams across all BC health regions, including First Nations Health Authority-supported sites.

- Our **Medication Selection Tool** distills national prescribing guidelines into a fast, user-friendly format, helping clinicians make clear, tailored treatment decisions.

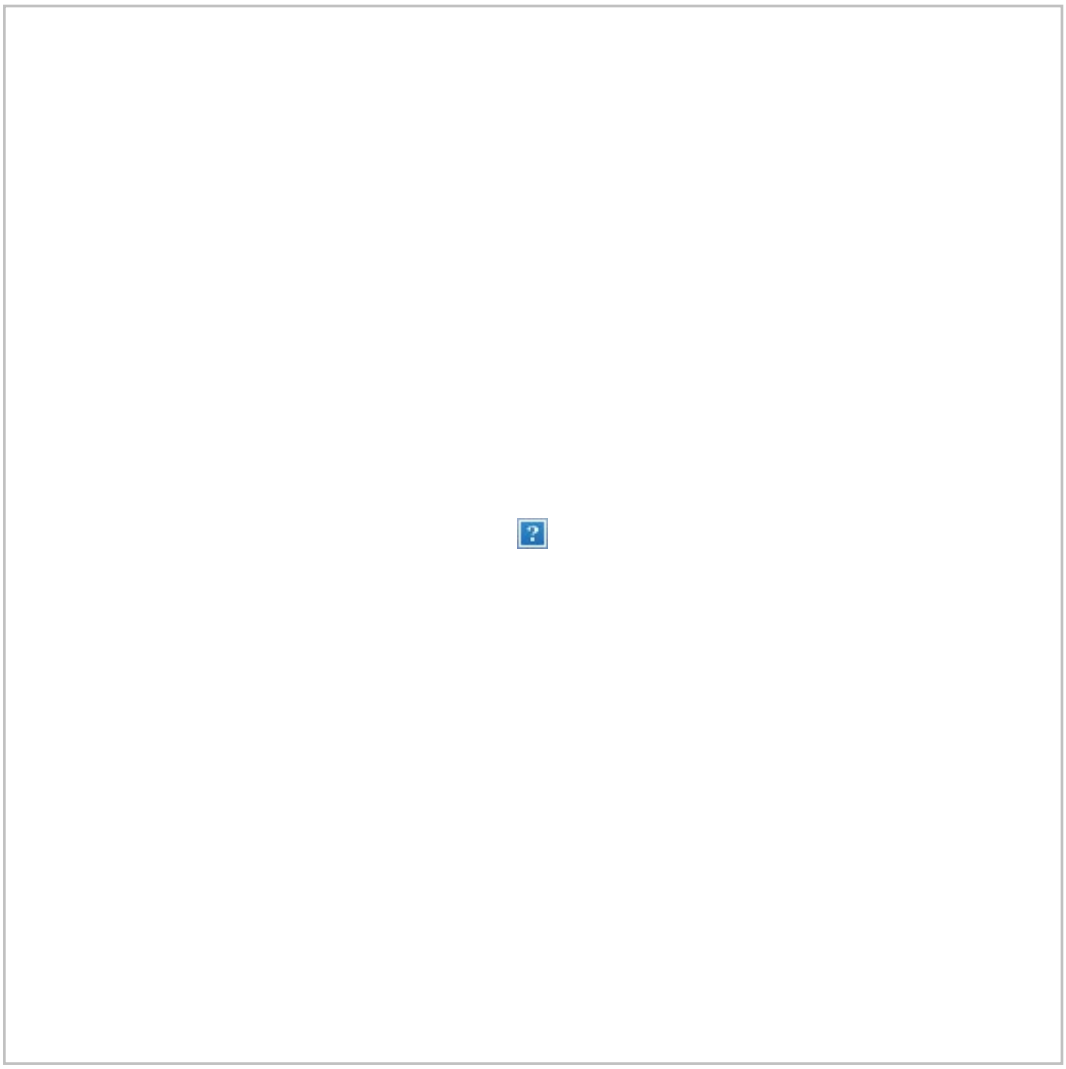
3. Advancing Knowledge & Policy

CAUDS collaborates with leading organizations—including the BC Centre on Substance Use, Canadian Centre on Substance Use and Addiction, Health Excellence Canada, CISUR, and CAPE—to promote science-informed care and influence policy.

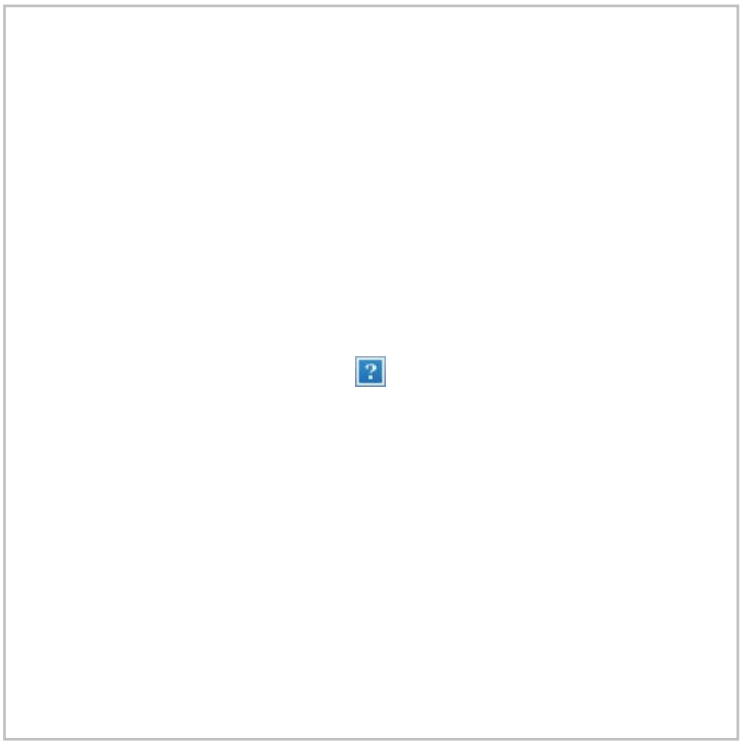
4. Empowering Communities

We support locally-led efforts to reshape how communities relate to alcohol. Each year-long initiative begins with a public workshop, followed by action teams that deliver awareness campaigns and events. These

grassroots efforts aim to raise awareness of AUD as a health condition, improve access to treatment, and promote healthier norms and more informed culture around alcohol use. Communities engaged so far include Princeton, South Okanagan, Kamloops, Campbell River, Prince George, Nanaimo, and the Comox Valley—with more to come.



Whatever your connection to alcohol—whether you're supporting a loved one, providing care, or navigating your own journey—CAUDS exists to help you find what works. Visit www.cauds.org to access tools, stories, and ways to get involved.



See more members of the month here

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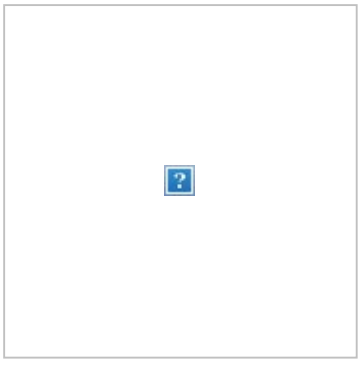
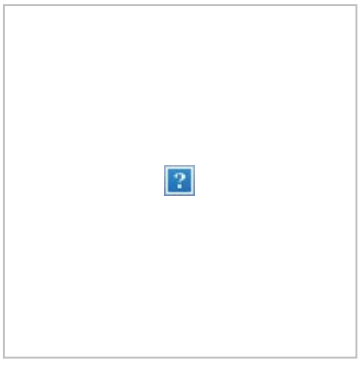


Travel and Access to Care in Rural and Remote B.C. – BC Rural Health Network Postion Paper



BC Budget 2026

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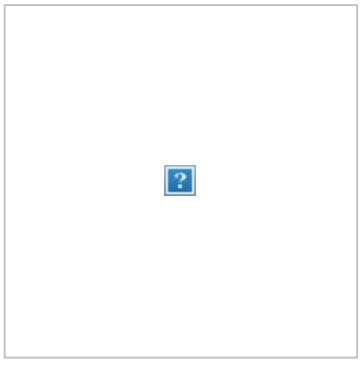


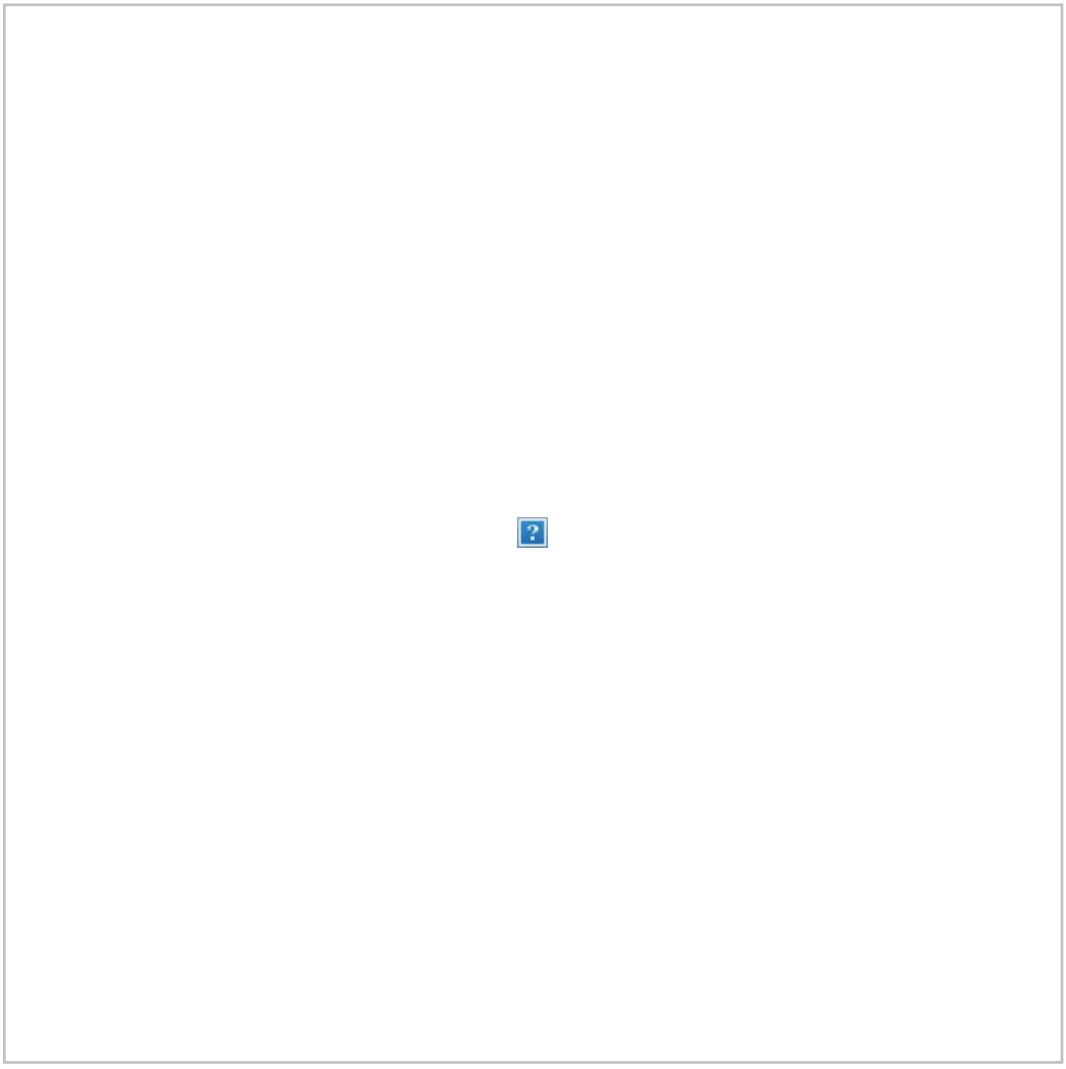
UBC Research Confirms: Rural Surgery Isn't Second Best – It's High-Quality Care

Click here

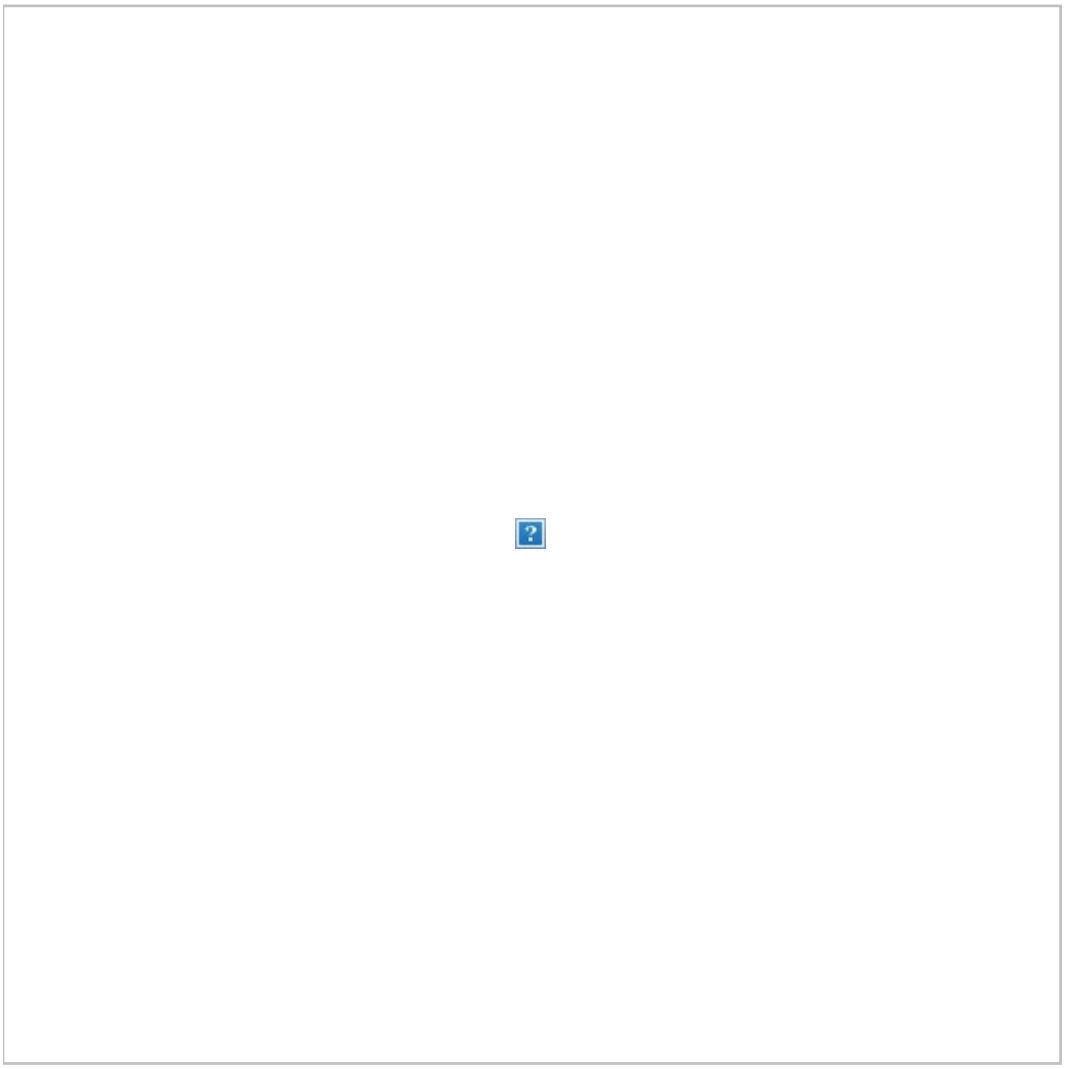
Click here

Oncology Travel and Supports

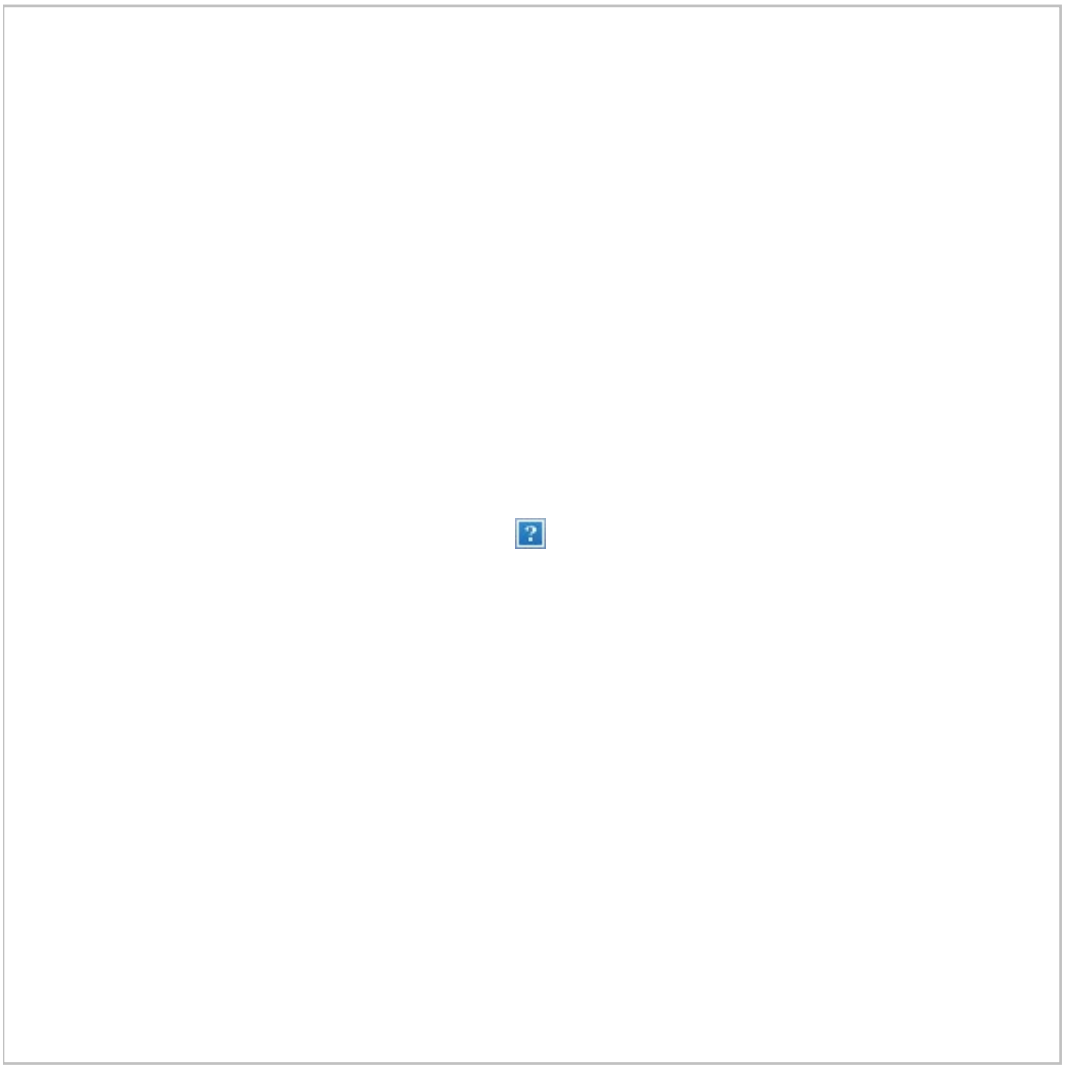
If you are an ocology patient or know someone in BC who is, Canadian Cancer Society and Hope Air offer amazing services and supports. Please visit their websites to learn more.



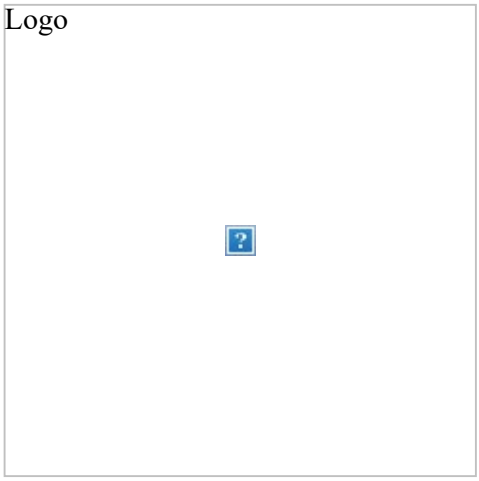
Travel Assistance with Kindness and Compassion!



We look forward to connecting with you.



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



Health Care Access Among Older Canadians: Findings from the NIA's Ageing in Canada Survey

October 2024

NATIONAL INSTITUTE ON AGEING

National Institute on Ageing

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About the National Institute on Ageing

The National Institute on Ageing (NIA) improves the lives of older adults and the systems that support them by convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision is a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

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Executive Summary

Canada's population is ageing rapidly, and with that comes an even greater demand on Canada's already overburdened health care system. The Canadian health care system was not designed to meet the complex needs of an older population, leaving gaps in support for older adults. The COVID-19 pandemic further exacerbated challenges to access by causing staff shortages, delayed care and increased wait times. Against this current backdrop, it is important to understand how older adults are accessing Canada's health care systems.

Using data from the NIA's 2023 Ageing in Canada Survey, this report documents the recent experiences of older adults within Canadian health care systems. Specifically, it examines the extent to which Canadians aged 50 years and older appear to have access to primary health care services, as well as their ability to access needed health care services and treatments throughout the year before the survey.

Despite the fact that older Canadians require more frequent use of health services due to chronic conditions and multi-morbidity, a substantial portion struggles to obtain the care they need.

One of the more concerning findings emerging from the NIA's survey is that only 65% of Canadians aged 50 years and older report having a regular primary care provider, such as a family doctor or nurse practitioner. This suggests that nearly five million Canadians aged 50 years and older might be without a regular health care provider they can rely on — even higher than was previously believed.

The NIA's 2023 survey also reveals that millions of older Canadians may have unmet health care needs: among Canadians aged 50 years and older who needed health care services in 2023, one third (32%) reported that they could only access them sometimes, rarely or never.

This report also examines the challenges or barriers older Canadians face when navigating the health care system, and the extent to which having unmet needs was disruptive to their lives. Appointment-related issues are by far the most common type of barrier older Canadians face and the inability to get appointments when needed was the most frequently reported

reason for not being able to access care. Location-related issues and affordability were less prevalent but were also identified as a barrier among Canadians aged 50 years and older.

Lack of access to necessary health care services has profound implications for the day-to-day lives of older Canadians. Three quarters of Canadians aged 50 years and older who experienced inadequate access to health care reported that it disrupted their daily lives. Canadians aged 80 and older, as well as those who report poor health or inadequate incomes, were the most affected.

Finally, this report reveals that the experiences of Canadians aged 50 years and older within the health care systems differ by key socio-demographic characteristics, such as gender, region and racial background.

Despite differences in experiences among various population groups, the report's findings highlight a striking consistency in the way older adults interact with the Canadian health care system. For Canadians aged 50 and older, a persistent lack of access to care is evident. The findings of the NIA's 2023 survey underscore the urgent need for federal, provincial and territorial governments to implement solutions that enhance Canada's health care systems, better support the rapidly ageing population and ensure long-term sustainability.

Background

Canada's population is rapidly ageing. Its life expectancy, now among the highest in the world, exceeds 82 years. Furthermore, the proportion of Canada's population comprised of individuals aged 65 years and older is expected to surpass 20% in the near future, meaning it will soon be considered a "super-aged" nation.[1,2]

As Canadians continue to live longer, the number of older people living with complex medical and health needs will also increase and so, too, will their need for health care services.

The foundational 1966 Medical Care Act and the more recent 1984 Canada Health Act guarantee all resident Canadians with access to publicly funded universal health care coverage, which gives them access to medically necessary hospital and physician services without having to pay out-of-pocket for them through their provincial and territorial health systems. Known more familiarly to Canadians as "Medicare," not only is Canada's overall publicly funded health care system a source of national pride, but it is often viewed as the leading symbol of Canadian identity.[3]

The Canada Health Act established national standards for the provision of health care by Canada's provinces and territories, and ensures residents in Canada have coverage for "essential services" ranging from primary care and specialist physician consultations to hospital stays and any diagnostic tests performed. While the federal government has established the overall framework and standards for the delivery of publicly funded health care services in Canada and contributes funding towards its provision, Canada's provincial and territorial governments hold responsibility for the planning and delivery of health care services.

Outside of the public health care system, individuals in Canada can also access health care services not covered by the public system, provided they have the means to do so. As services such as dental, vision and hearing care, therapy and counselling, prescription drugs and physiotherapy are not necessarily covered for resident Canadians by their provincial and territorial health systems, these services are still available to them as out-of-pocket expenses or through private insurance plans that provide coverage for them.

To adequately support its growing and ageing population, Canada's provincial and territorial health systems will need to ensure that they are capable of supporting and providing care for millions of more older adults over the coming decades, whose need for health care services will naturally increase as they

age. However, Canada's health systems are currently facing significant access to care challenges that are also calling into question their overall sustainability and ability to care for their growing and ageing populations.

For one, Canada's publicly funded health care systems were not originally designed to meet the demands of an ageing population. Medicare programs across Canada began to be established in 1966 when the median age of Canadians was 25.5 years of age and most Canadians didn't live beyond their late 60s or early 70s.[4] While Medicare was designed to meet the "essential" health care needs of primarily younger Canadians, our modern health care system was not designed to anticipate the unique health and long-term care needs of older persons. Furthermore, despite the fact that the 1984 Canada Health Act continued to enshrine the universal provision of free hospital and physician services, it still did not address the need to enshrine the universal provision of long-term care, including home- and community-based care, palliative care, prescription drugs and dental care. Indeed, although the patients being served by the Canadian health care systems have changed, these systems haven't adapted to Canada's rapidly changing demographics in the nearly sixty years since Canada established its universal healthcare system. As a result, Canada's health care systems are now under significant and growing pressure to keep up with the specific health and long-term care needs of its ageing populations.

The recent COVID-19 pandemic intensified concerns around the ability of Canada's publicly funded health care systems to provide timely access to care. The pandemic contributed to greater burnout among already overstretched health care workers and spurred an unprecedented wave of early retirements,[5] resulting in more critical staffing shortages across health care systems as well as delayed care and a backlog of surgical and other procedures. For example, recent reports reveal that between April 2022 and March 2023, over 1.3 million Canadians left hospital emergency departments without being seen after trying to access care.[6] Canada's health workforce is also ageing along with the population as a whole, meaning staff shortages will worsen around the same time as demand for care increases due to the retirements of the existing workforce.[7],[8] Moreover, the current economic climate may be further exacerbating challenges and making health care less accessible for Canadians, and particularly older adults.

Against this current backdrop, it is important to understand how older adults are experiencing access to Canada's health care systems. Canada's ageing population has led to a greater demand for health and long-term care services, and this demand will only intensify in the future as the number of older Canadians continues to rise. There are existing evidence and reports of the challenges Canadians in general are facing today when accessing health care but, to date, there is little

information available on the unique experiences of older adults, especially after the start of the recent COVID-19 pandemic, and their ability to access health care services. Reliable evidence into the experiences and circumstances of older adults, in particular, is needed.

Using data from the NIA's 2023 Ageing in Canada Survey, this report documents the recent experiences of older adults within Canadian health care systems. Specifically, it examines the extent to which Canadians aged 50 years and older appear to have access to primary health care services, as well as their ability to access needed health care services and treatments throughout the year before the survey. It then also examines the challenges or barriers older Canadians may face when navigating the health care system and the extent to which having unmet needs was disruptive to their lives. Finally, it also considers how their experiences differ by key socio-demographic characteristics.

In an age where Canada's public health care systems are in need of urgent transformation, particularly in the context of rapid population ageing, the findings of the NIA's 2023 Ageing in Canada Survey, highlighted in this report, can help inform service delivery and program reforms and policies needed to strengthen the system.

About the NIA Ageing in Canada Survey

The NIA undertakes an annual survey of ageing in Canada to track Canadians' perspectives, experiences and expectations of growing old in Canada over the course of a decade. First launched in 2022, the NIA Ageing in Canada Survey captures the perspectives of older Canadians across three dimensions of ageing: social wellbeing, financial security, and health and independence.

The 2023 NIA Ageing in Canada Survey was conducted in partnership with Environics Institute for Survey Research. The survey took place online between June 27 and August 6, 2023, with a representative sample of 5,875 Canadians aged 50 years and older living in the country's 10 provinces and primarily in the community. The survey, comprised of 83 questions, was administered using standard survey industry recruitment and confidentiality protocols.

The target population for this research is Canadians aged 50 years and older living in their communities (such as those living in their own homes or in the homes of family members or friends), rather than in institutional long-term care settings. This population was chosen to gain insights into how Canada can best support older adults to age in their own homes and communities for as long as possible.

The survey sample was designed to provide robust representation and analysis opportunities across a number of relevant subgroups of the target population, including age cohorts in five-year increments (from 50–54 to 80+). The sample was also stratified to ensure representation by region, age, gender and educational attainment.

The final data were weighted by age, gender, region and educational attainment to ensure the national results are proportionate to the country's population aged 50 years and older, based on Canada's 2021 census.

The target population covered in this survey encompasses well over 95% of Canada's population aged 50 years and older but does not include two specific subpopulations. First, it does not include Canadians living in Canada's three northern territories because this population cannot be effectively sampled through panel-based online research methods. The survey also significantly underrepresents the approximately 200,000 Canadians living in long-term care homes,[9] who make up about 1.3% of the population aged 50 years and older.[10] As a result, the research does not account for the experiences of this key segment of Canada's older population, which is comprised largely of individuals aged 80 years and older.

However, a primary goal of this research program is understanding what must be done to ensure older adults can continue ageing in their own homes and communities for as long as possible. As such, the NIA's large sample of mostly community-dwelling Canadians aged 50 years and older provides highly reliable and useful insights into how we can better support Canada's ageing population, which includes more than 15 million individuals aged 50 years and older.[11]

Part One: Where Do Things Stand Regarding Access to Health Care in Canada?

The NIA's annual Ageing in Canada Survey explores the experiences of older adults within Canadian health care systems to better understand the extent to which the current system is meeting the needs of our ageing population. This section looks at two key measures of access to health care included in NIA's 2023 Ageing in Canada Survey: (1) whether Canadians aged 50 years and older had a primary care provider, and (2) their ability to access needed health care services and treatments within the year preceding the survey.

Primary care is an essential part of Canada's health care systems. Primary care providers are typically the first point of access to medical care for most.[12] They provide Canadians comprehensive and individualized care by diagnosing and treating illnesses, promoting health and managing chronic conditions and coordinating care with various specialists.[13] Having regular access to a primary care provider increases the likelihood that one will receive high value care (such as cancer screenings),[14] and health systems with robust primary care services tend to have better health outcomes.[15] However, existing figures reveal that many Canadians lack access to primary care. According to Statistics Canada, 14% of the population 12 years and older, equivalent to 4.6 million Canadians, did not have access to a regular health care provider in 2022.[16] Another national survey by OurCare from 2022 puts the proportion without a primary care provider in Canada as high as one in five Canadians.[17] Moreover, recent reports suggest that access to primary care may only be worsening in Canada.[18]

Primary care is especially important for older adults due to their unique, and often complex and inter-related, health and social care needs. As people age and the presence of chronic conditions increases, medical history familiarity, continuous monitoring, ongoing management and preventative care become crucial to receiving adequate care. Indeed, prior research confirms that individuals with close access to a primary care provider are more likely to receive the care they need to help them manage living with multiple chronic conditions.[19]

In addition to primary care, timely access to comprehensive health care services and treatments is also essential for older adults, given their unique and complex care needs. As individuals age, they are generally more likely to require services provided by dedicated health care professionals. Conditions such as hearing and vision loss, hypertension, osteoarthritis, coronary artery disease, chronic obstructive pulmonary disease, diabetes and dementia are more common among older adults and require a greater

use of physician services and specialized health care services. In addition, because they facilitate better detection and treatment and help prevent existing health conditions from deteriorating further, access to more specialized health care services is especially beneficial for older adults.[20]

But, while older adults continue to require access to timely medical care as they age, a comprehensive system that can meet the health care needs of an ageing population must also include, and emphasize, the provision of services such as long-term care services, including home and community-based care, home-based primary care, rehabilitation services and palliative care. However, Canada's health care systems continue to focus on the provision of physician-based services and the treatment of primarily acute issues within hospital-based settings.

Given the recent challenges with access to primary care in Canada, the continued focus on providing physician and acute care services and addressing care backlogs caused by the COVID-19 pandemic, this section aims to better understand whether the experiences of older Canadians when accessing care have been shaped by these factors. In particular, it provides key insights into the realities of accessing health care among Canadians aged 50 years and older by looking at their access to primary care, as well as their access to needed health care services and treatments more generally. Moreover, given the key role of primary care providers in facilitating access to other care, this section also examines whether having a primary care provider contributes to better access to needed health care services and treatments more generally.

Access to Health Care Among Canadians Aged 50 Years and Older

When 2023 NIA Ageing in Canada Survey respondents were asked whether they currently had a primary care provider they saw on an ongoing basis for their general health needs (such as a family or primary care doctor or nurse practitioner), only about two-thirds (65%) of Canadians aged 50 years and older reported that they did.

This means that, although most Canadians aged 50 years and older appear to have a regular health care provider and adequate access to health care, a significant portion reported having inadequate access to care.

To determine whether Canadians aged 50 years and older were able to access needed health care services more generally, the survey asked respondents to think about their need for health care services and treatments over the past 12 months and assess how often they were able to get the care or services they needed, when they needed them. Respondents could answer all or most of the time, some of the time, rarely, never or that they did not require any health care

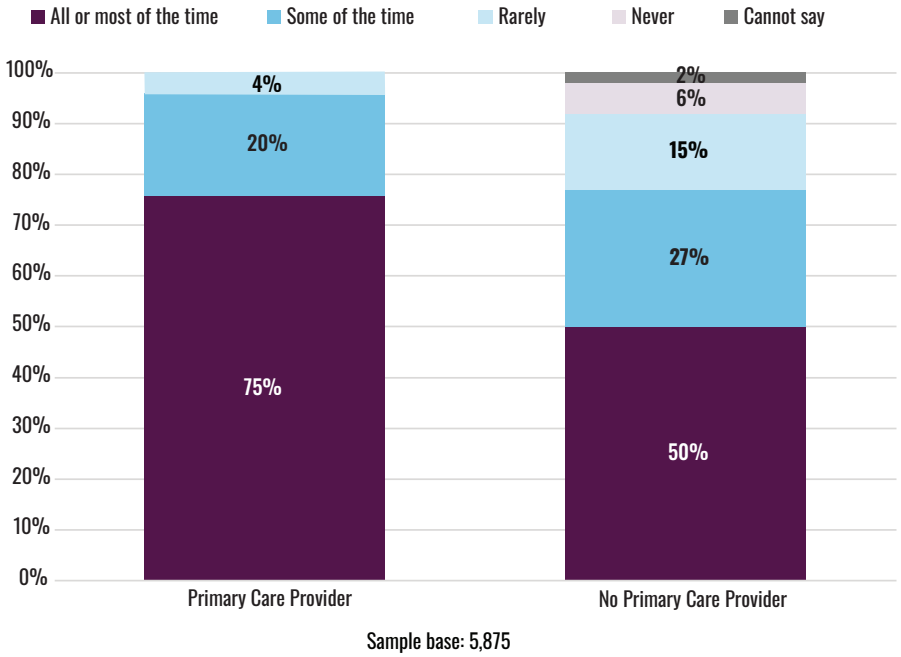
services or treatments in past 12 months. The survey found that 87% of Canadians aged 50 years and older reported needing health care services and treatments in the 12 months before the survey.

Among Canadians aged 50 years and older who needed health care services and treatments in 2023, the majority (67%) reported that they were able to access the care or services they needed, when they needed them, all or most of the time. However, one in three (32%) Canadians aged 50 years and older reported having inadequate access to needed health care services in 2023, saying they were only able to access the health care services they needed, when they needed, some of the time (22%), rarely (8%) or never (2%) over the past year.

Finally, the NIA's 2023 Ageing in Canada Survey also confirms the important role of primary care providers in facilitating access to needed health care services more generally. The findings reveal that Canadians with a primary care provider were much more likely to have adequate and timely access to needed health care services and treatments. Of note, among Canadians aged 50 years and older who reported having a primary care provider, 75% said they were able to access the health care services they needed all or most of the time over the past year, compared to only 50% of those who said that they did not have access to a primary care provider (Figure 1).

Figure 1. Access to Needed Health Care Services over Past 12 Months (%)

By Access to a Primary Care Provider, 2023



Sample base: 5,875

"Thinking about your need for health care services and treatment over the past 12 months, how often were you able to get the care or services you needed, when you needed it?"

Overall, the findings of the NIA's survey on older Canadians' access to primary care and all health care services, more generally, are concerning. Primary care can significantly enhance a person's quality of life and overall health outcomes for older adults by maintaining continuity of care and fostering strong patient-provider relationships. Moreover, access to a regular health care provider is very important for preventative health care and the management of ongoing medical conditions.

Yet, NIA's 2023 survey shows that one in three Canadians aged 50 years and older do not appear to have access to a regular primary care provider they can rely on for their general health needs.

The results of the NIA's survey are also especially concerning when they are compared to previous estimates on access to primary care among older adults in Canada. The Canadian Institute for Health Information (CIHI) reports that older adults are the age group most likely to have a regular doctor, and that nearly all older Canadians have a regular care provider.[21] Indeed, according to Statistics Canada, the share of Canadians aged 50-64 years and 65 years and older without a regular health care provider was roughly 11% and 7% in 2022, respectively.[22] The NIA's findings therefore suggest that the share of Canadians in older age with unmet needs may be considerably higher than previously believed.

One possible explanation for the finding of a higher share without a primary care provider is the wording used in the NIA's survey question on primary care, which not only asked respondents whether they had a primary care provider, but also specified that it be one they saw on an ongoing basis for their general health needs. Focusing on access to a primary care provider that is regularly available could potentially explain why the NIA's survey revealed a much higher proportion of Canadians aged 50 years and older without access to a regular health care provider. Indeed, previous estimates suggest that, among Canadians who have a regular health care provider, it is not uncommon to wait upwards of three days to get an appointment for a non-emergency health problem.[23]

Therefore, it is possible that the NIA's survey findings at least partially reflect the challenges Canadians experience when trying to access their primary care providers, despite having someone they can, and do consistently, see. Regardless, the NIA's findings still imply that adequate access to reliable primary care provider is lacking for older adults in Canada, which has significant implications for the country's rapidly ageing population.

The NIA's 2023 survey findings, which also show that a significant portion of older Canadians have unmet health care needs, are even more concerning when compared to other existing Canadian estimates.

The survey revealed that about one in three (32%) Canadians aged 50 years and older reported having inadequate access to needed health care services and treatments in 2023. This is considerably higher than estimates from Statistics Canada, which place the proportion of Canadians 50 years and older with unmet health care needs in 2022 somewhere between 6.5% and 11%.[24]

However, the NIA's findings are in keeping with recent reports of significant challenges in accessing health care among Canadians due to increased wait times and residual backlogs following the COVID-19 pandemic. Moreover, the results may also reflect the fact that Canada's health care system currently lacks the capacity to cater to the diverse range of needs of its ageing population.

Taken together, the NIA's Ageing in Canada Survey results suggest that older Canadians are doing worse off when it comes to accessing health care than previously believed. The implications of these findings are that it may become increasingly difficult for our ageing population to manage their health care needs in the coming years. This is especially true when one considers existing evidence showing that individuals who have close access to their primary care providers are more likely to receive care that helps them manage multiple chronic conditions.[25] The findings on unmet health care needs among older adults are also concerning given emerging research showing that simply increasing the number of physicians will still not meet the anticipated demands of Canada's rapidly ageing population.[26] In this regard, the NIA's findings confirm that policy changes are urgently needed as the share of the population over 50 increases in coming years.

How the Experiences of Older Canadians in Accessing Health Care Differ by Age

To date, there is a gap in the existing literature on health care access regarding the relationship between health care access and age, specifically among older adults. This section looks at reported access to both primary care and needed health care services across three distinct age cohorts of Canadians: people aged 50-64 years, people aged 65-79 years, and people aged 80 years and older. Overall, the NIA's survey findings suggest that the oldest Canadians are in the greatest need of health care services, but also report having the best access among those aged 50 years and older.

In terms of access to a primary care provider, while more than half of individuals aged 50-64 years (60%) reported having access to a primary care provider, the percentage was noticeably higher among those aged 65-79 years

(69%) and 80 years and older (73%), among whom more than two-thirds reported having access to a primary care provider (Figure 2).

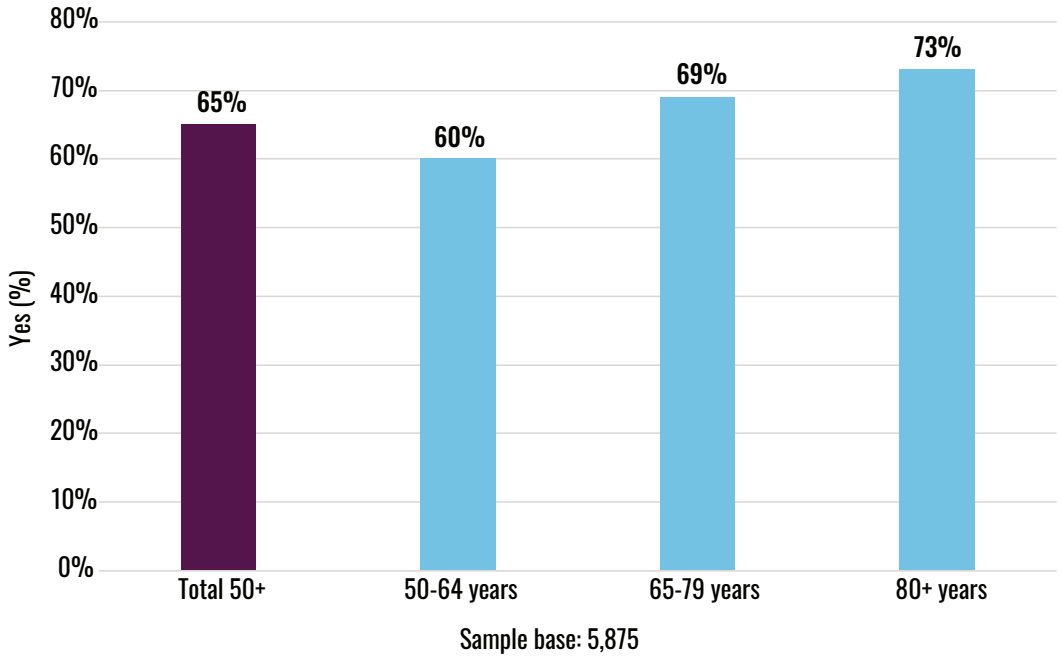
Notably, both the need for, and access to, health care services and treatments increase across age groups. As a result, those aged 80 years and older who are also most likely to report needing health care over the past 12 months, are also the most likely to report that they could reliably access it. The NIA's Ageing in Canada Survey reveals that among those aged 80 years and older, 91% reported needing health care services and treatments in the past 12 months, compared to 86% of those aged 50-64 years and 88% of those aged 65-79 years.

In terms of being able to access needed health care services, 80% of Canadians aged 80 years and older who needed care said that they could access the health care services they needed all or most of the time, compared to 59% for those aged 50-64 years and 73% for those aged 65-79 years.

These findings largely reflect other existing evidence, from both Canada and other developed countries, that having a primary care provider differs across age cohorts and that the oldest age groups are most likely to have access to a regular health care provider.[27] Similarly, they are also consistent with other estimates showing that Canadian health care systems appear to be doing a better job of

Figure 2. Access to a Primary Care Provider (%)

By Age Group, 2023



"Do you currently have a primary care provider who you see on an ongoing basis for your general health needs (such as a family or primary care doctor or nurse practitioner)?"

meeting the needs of older Canadians.[28] The health problems that arise with older age usually necessitate a greater demand for more frequent and diverse health care services to address these concerns. It is, therefore, promising that both the NIA's findings and other Canadian estimates[29] show that the proportion of Canadians with unmet health care needs decreases as their age increases.

However, in line with the findings of the previous section, the fact remains that the findings of the NIA's 2023 Ageing in Canada Survey suggest that the proportion of older Canadians with inadequate access to health care may be more significant than previously believed. While Canadian health care systems appear to be doing a better job of currently meeting the needs of the oldest Canadians, it remains a cause for concern that, among the demographic with the greatest needs for care, one in four older Canadians still report having inadequate access to needed health care services and treatments. A further implication of this finding concerns the declining supply of health care providers we are seeing across Canada in tandem with the ageing of the population. Given that individuals seek health care services more frequently as they grow older, the decreasing supply of health care providers is likely to result in a growing number of older Canadians without access to needed health care services in the coming years.

How Access to Health Care Differs for Canadians Experiencing Poor Health and Inadequate Incomes

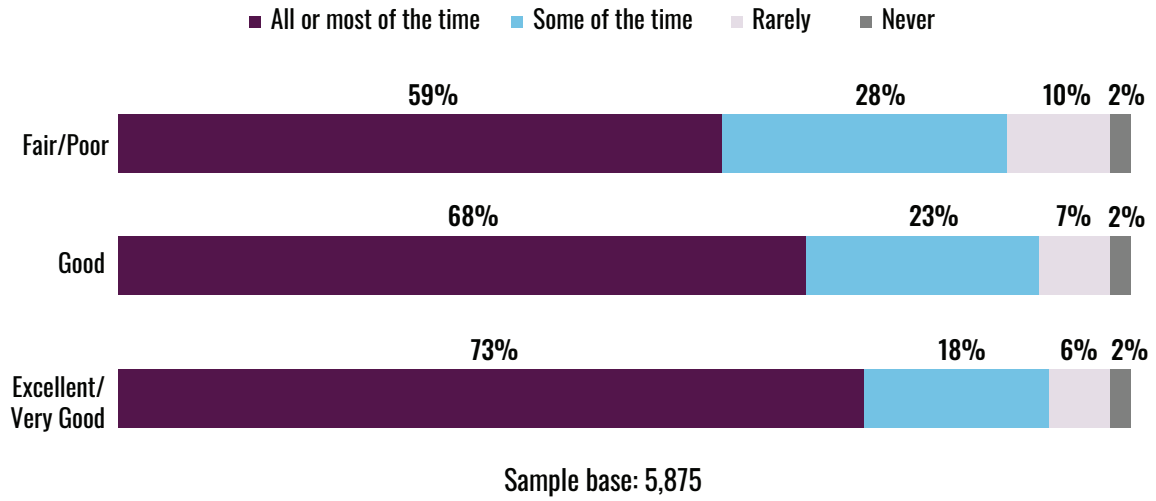
A notable finding that has consistently emerged every year from the NIA's Ageing in Canada Survey is the vulnerability of older Canadians experiencing poor health and inadequate incomes. Every year, the NIA's Ageing in Canada Survey includes measures of health status and the perceived adequacy of one's income, and in doing so, highlights the critical role that both these factors play in shaping older Canadians' overall experiences of ageing. The NIA's 2023 survey confirms that these factors play a significant role in shaping the access to health care experiences of older Canadians, leading to considerable differences in reported access. More specifically, the survey's findings show that older Canadians who report fair or poor health and/or inadequate incomes struggle to access the health care services they need. The implications of these findings for Canadians are widespread when the proportion who falls into either of these vulnerable groups is considered: 40% of Canadians aged 50 years and older are either not in good health or have inadequate household incomes, translating to roughly six million individuals aged 50 years and older.[30] This section takes a closer look at the discrepancies in access to health care faced by those experiencing poor health and inadequate incomes.

Not surprisingly, the NIA's 2023 Ageing in Canada Survey reveals that a higher proportion of Canadians aged 50 years and older who report being in fair or poor health (93%) said they needed health care services and treatments in the past 12 months than among those who reported good health (87%) and very good or excellent health (83%). Despite having a greater need for health care services, Canadians aged 50 years and older who reported being in fair or poor health were less likely to report that they had adequate access to the care they needed.

More specifically, 73% of those who reported being in excellent or very good health (and needing care) indicated that they could access the health care services they needed all or most of the time over the past year, compared to only 59% of those who reported being in fair or poor health (and needing care) said the same thing (Figure 3).

Figure 3. Access to Needed Health Care Services over Past 12 Months (%)

By Health Status, 2023



"Thinking about your need for health care services and treatment over the past 12 months, how often were you able to get the care or services you needed, when you needed it?"

While the NIA's survey results reveal that Canadians aged 50 years and older with better self-reported health were more likely to claim that they could access the health care services they needed in the past year, this trend did not hold up when examining access to primary care. In fact, Canadians aged 50 years and older who reported fair to poor health were actually slightly more likely to report that they had a primary care provider they saw on an ongoing basis for their general health needs. Among those who reported excellent, very good or good health, 64% said they had a primary care provider, compared to 67% among those who reported fair to poor health.

The findings of the NIA's 2023 Ageing in Canada Survey, therefore, suggest that although Canadians aged 50 years and older who report fair to poor health are equally likely to have a regular health care provider to assist with their general health needs, they face considerable barriers to accessing needed health care services when compared to Canadians aged 50 years and older in better health. Notably, they are much less likely to successfully access the full range of specialized health care services and treatments they may need despite having a greater need for care.

In terms of income adequacy, access to health care also varies, and just as in the case of health status, those who are more vulnerable have less access to the health care services and treatments they need.

Comparing those with the highest and lowest levels of income adequacy reveals that Canadians aged 50 years and older are just as likely to require care regardless of their income: 87% of those who said that their income is good enough for them reported needing health care services and treatments over the past 12 months, the same proportion as among those who said their income is not enough for them and that they are struggling.

However, the ability to access needed health care declines noticeably as income adequacy decreases. Among those who reported their income being "good enough" (the highest level of perceived income adequacy) and who required health care in 2023, over three-quarters (77%) reported being able to access it all or most of the time. By comparison, among those who reported their income being not enough for them and that they are struggling (the lowest level of perceived income adequacy) less than half (46%) reported being able to access the health care services they needed all or most of the time.

The NIA's 2023 Ageing in Canada Survey reveals that income adequacy also plays a role in whether Canadians aged 50 years and older have access to a primary care provider. Access to primary care consistently improves as levels of income adequacy increase. However, even among those who are the best off financially, comprehensive access to primary care appeared to be lacking. Among Canadians aged 50 years and older who reported

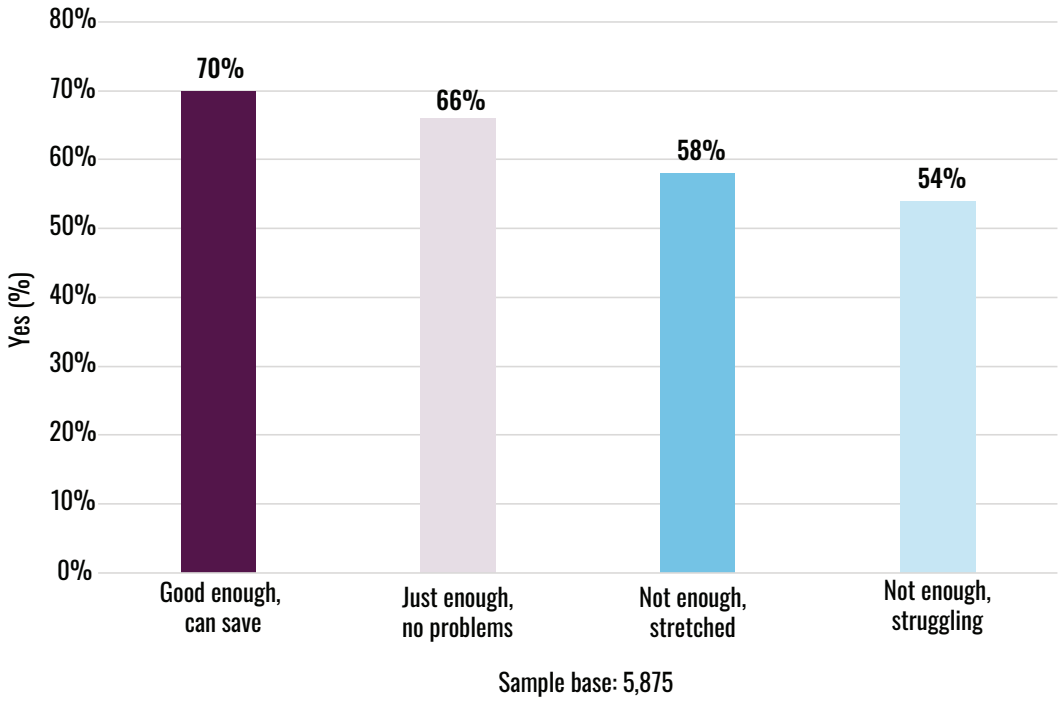
their income being good enough for them (the highest level of perceived income adequacy), 70% reported having a primary care provider they see on an ongoing basis for their general health needs. By comparison, among those who reported that their income was not enough for them and that they were struggling (the lowest level of perceived income adequacy), slightly more than half (54%) reported having a primary care provider (Figure 4).

Given the findings on the role of health status and income adequacy on Canadians' ability to access health care, the NIA's 2023 survey also examines how these factors interact to shape access to health care. Health and income are also strongly linked, in that those with poor health are also much more likely to have low incomes. In fact, the 2023 findings show that about 10% of Canadians aged 50 years and older are both not in good health and have inadequate household incomes. This encompasses at least 1.5 million Canadians aged 50 years and older who are especially vulnerable, in terms of experiencing both fair to poor physical health and insufficient household incomes.

The NIA's 2023 survey findings reveal that the most vulnerable older adults, namely those who are in poor health and who report having an inadequate income, are struggling the most when

Figure 4. Access to a Primary Care Provider (%)

By Income adequacy, 2023



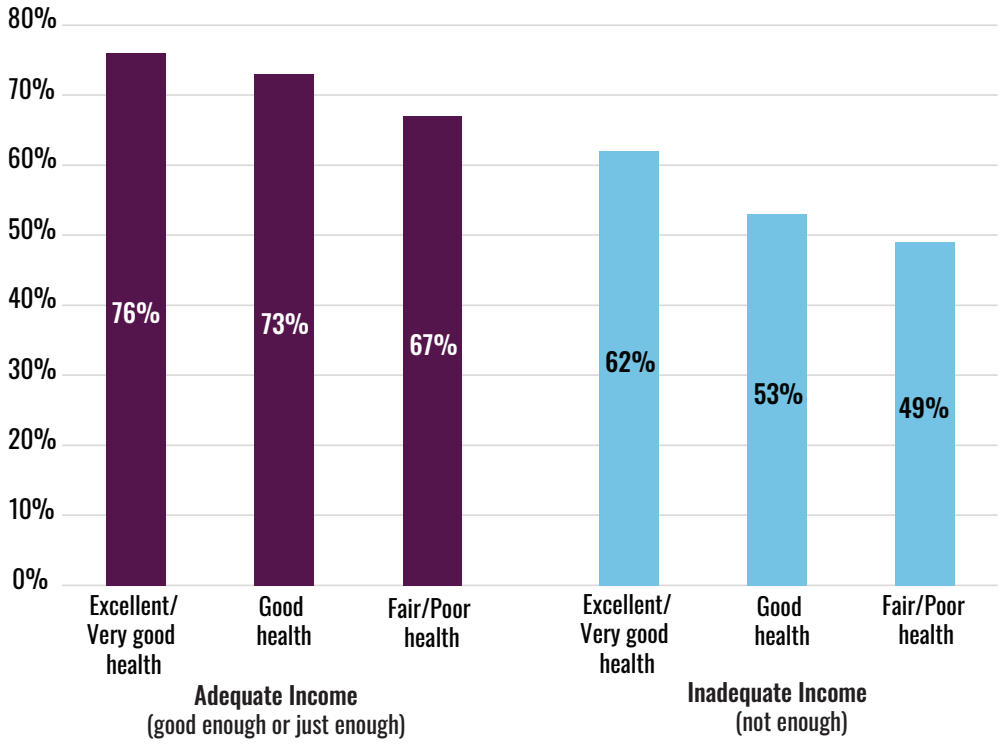
"Do you currently have a primary care provider whom you see on an ongoing basis for your general health needs (such as a family or primary care doctor or nurse practitioner)?"

accessing needed health care services and treatments. For example, only about half (49%) of Canadians aged 50 years and older who reported both having an inadequate income and fair to poor health say they were able to access the health care services they needed all or most of the time in the year before the survey. In comparison, 76% of individuals who reported both that they have excellent or very good health and an adequate income say they were able to access the health care services they needed all or most of the time (Figure 5).

Canadians aged 50 years and older who reported fair to poor health and inadequate incomes (62%) also reported having worse access to primary care providers than those with excellent to very good health and adequate incomes (67%). However, they are not the group who are the least likely to have a primary care provider among Canadians aged 50 years and older when looking at both health and income status together. In fact, it is Canadians aged 50 years and older reporting having excellent to very good health but inadequate incomes (53%) who were the least likely to report having a

Figure 5. Access to Needed Health Care Services All or Most of the Time Over Past 12 Months (%)

By Health Status & Income Adequacy, 2023



"Thinking about your need for health care services and treatment over the past 12 months, how often were you able to get the care or services you needed, when you needed it?"

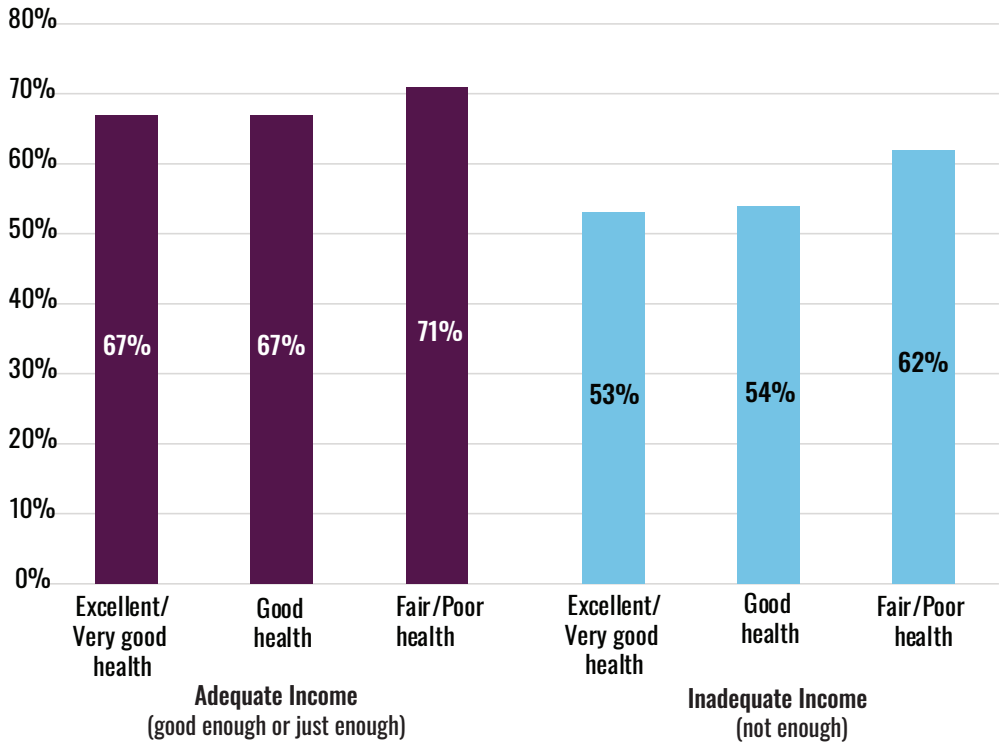
primary care clinician, highlighting the important role of income status when it comes to primary care access in Canada (Figure 6). Consistent with the previous findings, Canadians aged 50 years and older with fair to poor health were more likely to have a primary care provider than those with excellent to very good health among both those with adequate and inadequate incomes. However, Canadians aged 50 years and older who reported having adequate incomes were more likely to have a primary care provider than those reporting having inadequate incomes regardless of their health status.

The NIA's 2023 survey findings highlight that both poor health and income status function as significant barriers to health care access among Canadians aged 50 years and older.

These results are consistent with past findings which show that those who report being in poor health or individuals who report being worse off from an economic perspective struggle with accessing health care.[31] The survey results also confirm that Canadians aged 50 years

Figure 6. Access to a Primary Care Provider (%)

By Health Status & Income Adequacy, 2023



"Do you currently have a primary care provider who you see on an ongoing basis for your general health needs (such as a family or primary care doctor or nurse practitioner)?"

and older who report being in poor health and having inadequate incomes are especially vulnerable, particularly when it comes to adequate access to needed health care services and treatments. These findings are concerning because, not only are these individuals more likely to be suffering from health conditions that require care, the results suggest they are also likely to struggle accessing the health care services they need to address these health concerns.

Looking at health status and income together also reveals the critical role of an individual's economic status in shaping their access to health care. This becomes especially evident when looking at access to primary care among Canadians aged 50 years and older: although those with fair to poor health are more likely to have a primary care clinician than those with excellent, very good or good health, those who report having an adequate income are consistently more likely than those without to report having one regardless of their self-reported health status. Moreover, despite differences in access to primary care between those with adequate and inadequate incomes being notable, the differences in access across health status were less meaningful. Despite Canada's publicly funded health care systems, Canadians aged 50 years and older appear to have drastically different experiences seeking out the care they need based on whether they have adequate incomes.

The NIA's survey findings on access to primary care being better among Canadians aged 50 years and older with poor or fair self-reported health does, however, diverge from other recent Canadian research.[32] This result may reflect a priority to get individuals who are struggling with their health and economic position access to primary care providers. More research is needed to understand why Canadians with poor or fair self-reported health were more likely to report having access to a primary care provider.

Part Two: What are the Barriers to Accessing Needed Health Care Among Canadians Aged 50 Years and Older?

In addition to asking Canadians if they were able to access needed health care services and treatments, the NIA's 2023 Ageing in Canada Survey asked respondents who reported having inadequate access a follow-up question on the reason(s) *why* they were not able to access the services they needed. This section focuses on the 16% of Canadians aged 50 years and older who reported struggling to access the care they needed and examines the reasons why they were unable to access needed health care services in 2023. It focuses on individuals who, when asked how often they could access needed health care services and treatments over the past year, reported that they could only do so some of the time, rarely or never.*

The NIA's 2023 survey asked these respondents to identify one or more reasons why they were unable to access the health care services they needed. Possible responses included "could not get appointments when I needed it," "appointments, treatments or services were canceled, delayed or rescheduled," "difficulty getting a referral," "difficult to travel to service location," "services not available in my area," "cost or unable to afford," "other" and "cannot say."

For the purposes of this analysis, when reference is made to "appointment-related issues," the following responses categories are being considered: "could not get an appointment when I needed it," "appointment, treatment, or services were cancelled, delayed or rescheduled," and "difficulty getting a referral." Location-related issues are also at times examined together when referring to both "difficult to travel to service location," and "service not available in my area." Finally, the analysis then considered a third category of issue, which related to cost and affordability, by examining responses to "cost or unable to afford."

Two major trends arose when analyzing barriers to health care access among Canadians aged 50 years and older. Firstly, appointment-related issues appear to be a significant barrier to accessing health care services for older adults in Canada. Second, for Canadians aged 50 years and older who report struggling with their incomes or health, both cost and transportation barriers appeared to be more prevalent.

* The NIA's survey question asked respondents who struggled to access either health care or home care services a single follow-up question on the extent to which this lack of access to health care or home care was disruptive to their lives. While it is not possible to identify challenges respondents may have experienced in relation to accessing home care services, for the purposes of this analyses, responses were only considered if respondents had previously answered that they were unable to access needed health care services all or most of the time.

Barriers to Care Among Canadians Aged 50 Years and Older

Reasons related to appointments were the most common type of issue that led Canadians aged 50 years and older to struggle in accessing needed health care services and treatments (Table 1). In particular, not being able to get an appointment when needed was by far the most common reason why Canadians aged 50 years and older reported not being able to access needed health care during the 12 months before the survey. Nearly half (46%) of older Canadians who reported having inadequate access to health care indicated that "not being able to get appointments when needed" was the reason why they were not able to access the care they needed (Table 1).

Comparatively, location-related issues and affordability were less prevalent, but were also identified as barriers among Canadians aged 50 years and older when asked about why they struggled to access needed health care. It is notable, however, that one in five (21%) Canadians aged 50 years and older reported that they could not say why they were not able to get all or most of the health care services.

The NIA's 2023 Ageing in Canada Survey confirms that Canadians face significant appointment-related barriers to accessing health care, consistent with prior research on the main barriers to accessing health care in Canada.[33,34] However, when compared to earlier Canadian studies, the NIA's findings also suggest that appointment-related issues may be getting worse in Canada, at least among older adults and when it comes to

Table 1. Reasons Canadians Aged 50 Years and Older Could Only Access Needed Health Care Services Only Some of the Time, Rarely or Never

Appointment-related issues	**64%**
Could not get appointments when I needed it	46%
Appointments, treatments or services were cancelled, delayed or rescheduled	18%
Difficulty getting a referral	15%
Location-related issues	**17%**
Service not available in my area	9%
Difficult to travel to service location	11%
Cost; unable to afford	**13%**
Cannot Say	21%
Other	1%
Weighted Sample	**1,589**

getting a needed appointment. This trend is consistent with reports of backlogs following the COVID-19 pandemic and a system stretched to capacity being unable to meet the needs of its ageing population.

While less significant, the NIA's survey highlights that location-related issues also function as a barrier to accessing needed health care among older Canadians. It is concerning that accessibility remains a challenge for Canadians aged 50 years and older, particularly given that the majority live in urbanized areas where specialized services and adequate transportation options are most readily available.

The fact that older Canadians are still struggling to find a needed health care service in their area or have trouble traveling to a service location confirms that Canada's communities and health care system continue to struggle in providing integrated and community-based care for older adults. The findings become even more concerning when one considers the additional disparities in access to care that geographic location creates, particularly impacting older adults living in rural and remote communities. Estimates from prior research indicate that 23.3% of older adults in Canada live in rural and remote communities with limited social and physical health infrastructure.[35]

How Barriers to Health Care Differ by Age

The NIA's 2023 Ageing in Canada Survey reveals that Canadians aged 50 years and older consistently reported experiencing difficulties in accessing needed health care services regardless of age, and that the types of difficulties most often reported differed only slightly across age cohorts. In particular, although the Canadians aged 80 years and older are less likely to experience appointment-related issues compared to their younger counterparts aged 50-64 years and 65-79 years, they are more likely to have experienced location-related issues.

The NIA's 2023 survey shows that, across age cohorts, appointed-related issues were the most common type of reason provided among Canadians for not being able to access needed health care services and treatments all or most of the time. Canadians aged 80 years and older (61%) were, however, the least likely to report reasons related to appointments when compared to those aged 50-64 years (65%) and 65-79 years (62%).

Regardless of age, the single most common reason why older Canadians experienced difficulty accessing needed health care services was not being able to get an appointment when needed.

Again, however, Canadians aged 80 years and older (44%) were slightly less likely to indicate that being unable to get an appointment when needed was a barrier than those 50-64 years (46%) and 65-79 years (47%).

In addition, across age cohorts, location-related issues were again less commonly provided as a reason for struggling to access needed health care. However, location-related issues were slightly more common among Canadians aged 80 years and older, with nearly one in four (22%) identifying location-related issues, than among those aged 50-64 years (18%) and those aged 65-79 years (16%).

One possible explanation as to why the oldest Canadians, which are those aged 80 years and older, were the least likely to report appointment-related challenges follows from the previous finding that they are also the most likely to report having a primary care provider. As the first point of contact with the health care system for most, primary care providers often facilitate access to coordinated and specialized care, thus making it more likely that individuals receive the care they need. Indeed, over the last decade or so, efforts have gone into improving access to health care through the availability of primary health care networks.[36] Moreover, under Canadian health care systems, seeing a medical specialist often first requires a referral. Therefore, because the oldest Canadians, or those aged 80 years and older, are most likely to report having a primary care provider, this may help mitigate appointment-related issues and facilitate subsequent care. This would be consistent with a recent analysis from Statistics Canada, which showed that older Canadians with a regular doctor were more likely to have received non-emergency tests or visited with a medical specialist.[37] Regardless, however, it remains that appointment-related issues are a significant barrier that older Canadians experience when trying to access needed health care, regardless of age.

On the other hand, while location-related issues are generally less common among older adults, they may be more frequently reported among Canadians aged 80 years and older due to both unmet transportation needs and the limited availability of appropriate health care services to meet the health care needs of older adults.

For example, recent research has indicated that the transportation needs of older adults in Canada are often unmet.[38] Similarly, as Canadians get older and their need for care increases, the lack of appropriate and specialized care options that are delivered across a variety of accessible settings inevitably becomes more of a challenge. For example, as of 2021, only 3.2% of Canadians used a home health care service.[39] As a result, these factors may be limiting the ability of the oldest Canadians to access the care they need.

Comparing Barriers to Care Across Health Status and Income Adequacy

The NIA's 2023 Ageing in Canada Survey reveals that Canadians aged 50 years and older who report being in poor to fair health were more likely to report having experienced every type of challenge when trying to access needed health care compared to those with better self-reported health.

For example, whereas 67% of those who reported being in fair to poor health indicated that they experienced an appointment-related issue, the share was 59% among those who reported being in excellent or very good health. In addition, Canadians in fair to poor health were more likely than their counterparts in better health to report that they could not get an appointment when needed, that their appointments were cancelled, delayed or rescheduled, and that they struggled to get the referrals they needed (Table 2).

A similar pattern emerged when looking at location-related issues. While 23% of Canadians who reported being in fair or poor health indicated that they had experienced a location-related issue, the share was only 11% of those in excellent or very good health. When considering the specific types of location-related issues, 17% of those who reported being in fair to poor health indicated they experienced difficulty traveling to the service location compared to only 4% of those being in excellent or very good health.

Table 2. Reasons Canadians Aged 50 Years and Older Could Only Access Needed Health Care Services Only Some of the Time, Rarely or Never by Health Status

Reasons	Self-reported health		
	Excellent/ Very Good	Good	Fair/Poor
Appointment-related issues	**59%**	**65%**	**67%**
Could not get appointments when I needed it	42%	47%	48%
Appointments, treatments or services were cancelled, delayed or rescheduled	16%	17%	21%
Difficulty getting a referral	11%	14%	19%
Location-related issues	**11%**	**17%**	**23%**
Service not available in my area	8%	9%	11%
Difficult to travel to service location	4%	10%	17%
Cost; unable to afford	**9%**	**9%**	**19%**
Cannot Say	28%	21%	15%
Other	2%	1%	2%
Weighted Sample	**479**	**594**	**513**

Finally, the affordability of health care services was also more likely to be a challenge for those who reported being in fair to poor health. While the percentage of Canadians aged 50 years and older who reported cost as a barrier to accessing needed health care services was 19% among those reporting being in fair or poor health, it was only 9% among those reporting being in excellent or very good health.

Turning to the role of income adequacy on the barriers experienced, the same percentage of Canadians aged 50 years and older reported an appointment-related issue among those with adequate and inadequate incomes. Although appointment-related issues remained the most common type of challenge experienced, among those reporting having inadequate incomes, 65% indicated a problem that had to do with getting an appointment, compared to 64% among those reporting having adequate incomes (Table 3).

On the other hand, the percent of Canadians aged 50 years and older that reported location-related issues and affordability challenges when accessing health care services varied depending on their income adequacy (Table 3). Both location-related issues and affordability were more prevalent among Canadians aged 50 years and older with inadequate incomes.

Understandably, issues with cost were also much more prevalent among aged 50 years and older who reported having inadequate incomes. Despite a significant

Table 3. Reasons Canadians Aged 50 Years and Older Could Only Access Needed Health Care Services Only Some of the Time, Rarely or Never by Income Adequacy

Reasons	Income Adequacy	
	Adequate Income	Inadequate Income
Appointment-related issues	**65%**	**64%**
Could not get appointments when I needed it	47%	45%
Appointments, treatments or services were cancelled, delayed or rescheduled	17%	20%
Difficulty getting a referral	13%	17%
Location-related issues	**15%**	**23%**
Service not available in my area	9%	10%
Difficult to travel to service location	8%	17%
Cost; unable to afford	**7%**	**23%**
Cannot Say	23%	16%
Other	1%	1%
Weighted Sample	**1,010**	**528**

portion of health care costs being covered under Canada's publicly funded Medicare programs, certain extended services, and especially those that older adults require, must be paid for out-of-pocket. CIHI estimated that in 2023, 14.8% of spending on health care in Canada would come from Canadians' out-of-pocket spending.[40] It is, therefore, not surprising that the NIA's 2023 findings show that Canadians aged 50 years and older reporting having inadequate incomes (23%) were more likely to report that cost was a reason they could not access needed health care services than those reporting having adequate incomes (7%).

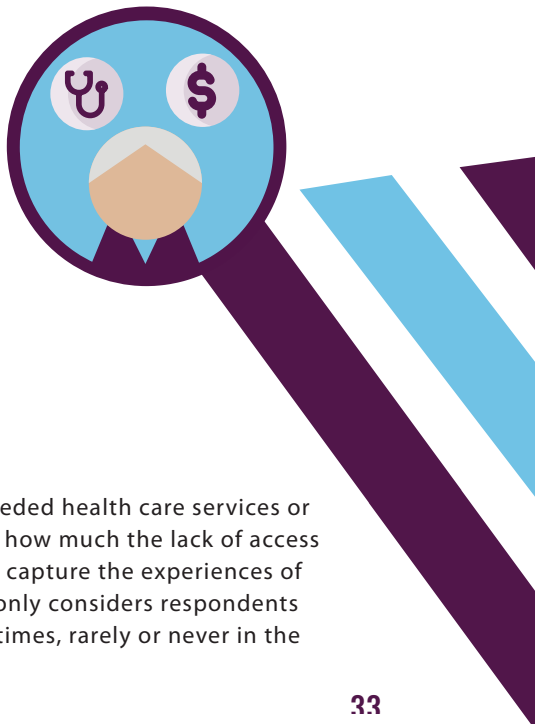
The NIA's 2023 survey results highlight that older Canadians who are struggling when it comes to overall health and income levels face significant barriers to accessing the health care they need. The findings showing that Canadians aged 50 years and older in worse health are more likely to face barriers that interfere with their ability to access health care services are in alignment with prior research highlighting the relationship between health status and utilization of health care among older adults.[41,42] When it comes to income adequacy, the NIA's findings showing that cost-related issues are more prevalent among older Canadians who reported that their incomes are inadequate, highlighting that despite "medically necessary" health care services being provided through a publicly funded health insurance program in Canada, expenses for non-covered services make essential care unaffordable for older adults with poor incomes. For example, services like prescription medications, dental care, vision care, and home care — all of which are needed in greater demand as people age — are often not fully covered in Canada. As a result, out-of-pocket non-insured health services likely strain their limited financial resources, contributing to more cost-related barriers.

Part Three: How Has a Lack of Access to Health Care Impacted Canadians Aged 50 Years and Older?

This section explores what kind of impact inadequate access to needed health care services has had on the day-to-day lives of Canadians aged 50 years and older. Difficulty accessing adequate and timely health care services can have significant implications on health, particularly for high-risk populations such as older adults. Difficulty accessing needed services can result in a lack of detection and treatment for health problems, continued deterioration of existing health conditions and an increased risk of complications due to delayed diagnoses.[43,44] Similarly, a lack of access to needed health care can lead to a number of disruptions in the day-to-day lives of older adults, such as interference with their regular employment or limiting time spent with family and loved ones. Disruptions can also include the physical pain and mental health consequences that many Canadians experience when managing chronic health conditions.[45]

The NIA's 2023 Ageing in Canada Survey also examined the consequences of inadequate access to needed health care. Individuals who reported only being able to access needed health care services some of time, rarely or never in the 12 months prior to the survey were also asked a follow-up question regarding how much this lack of access had disrupted their life.** Respondents were able to report the lack of access as being very disruptive, somewhat disruptive, only a little disruptive or not disruptive at all.

Overall, Canadians with the worst access to care were also the most likely to find that their lack of care disrupted their lives. Older Canadians, Canadians who are struggling due to their financial situation and Canadians in poor to fair health were more likely to have their lives disrupted due to a lack of access to care.



** The 2023 NIA survey asked respondents who reported inadequate access to needed health care services or home care services over the past 12 months a single follow-up question asking how much the lack of access to health care or home care services disrupted their lives. In an attempt to best capture the experiences of respondents in relation to accessing needed health care services, this analysis only considers respondents if they answered that they could only access needed health care services sometimes, rarely or never in the past 12 months.

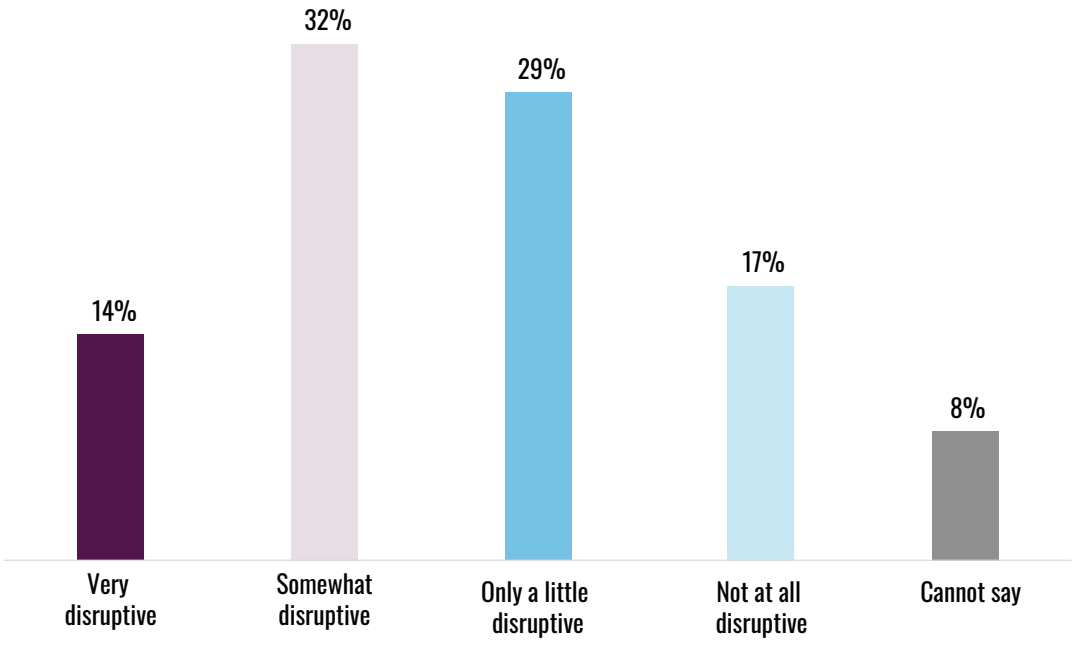
To What Extent is Lack of Access to Needed Health Care Disruptive to the Lives of Canadians Aged 50 Years and Older?

The NIA's 2023 survey findings reveal that, when looking at the overall population aged 50 years and older, a lack of access to needed health care services has consequences for the lives of many older Canadians. Overall, three in four (75%) Canadians aged 50 years and older who reported having inadequate access to needed health care felt that this lack of access was disruptive to their lives. More specifically, 14% felt that their lack of access to needed health care services was very disruptive, 32% felt that it was somewhat disruptive and 29% felt it was a little disruptive (Figure 7).

The fact that among older adults in Canada who report inadequate access to needed health care three-quarters also indicate that it has interfered with their lives is concerning. These findings confirm that not only do older adults face a number of barriers to health care access, but that the lack of equitable access to health care in Canada has significant consequences for the health and well-being of our ageing population.

Figure 7. Extent to Which Lack of Access to Needed Health Care Services has Disrupted Life (%)

Canadians 50+, 2023



Sample base: 1,589

"How much has this lack of access to needed health care or home care services over the past 12 months disrupted your life?"

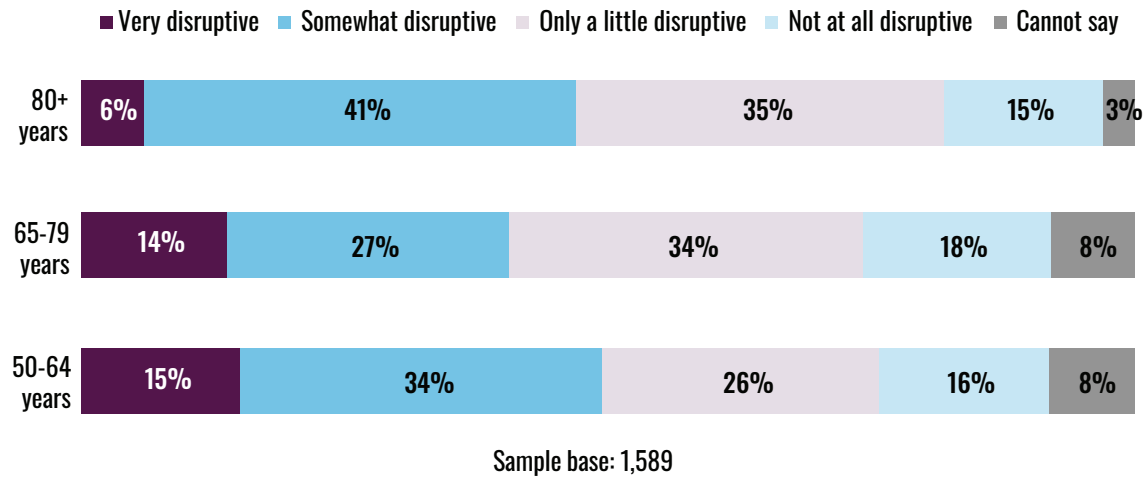
Does Lack of Access to Needed Health Care Have Different Consequences Across Age Cohorts?

The NIA's 2023 survey findings reveal that, compared to their younger counterparts aged 50-64 years and 65-79 years, Canadians aged 80 years and older were more likely to report that their lack of access to needed health care services and treatments disrupted their lives (Figure 8). Specifically, 82% of those aged 80 years and older reported that their inability to access needed health care all or more of the time was disruptive to their lives, compared to 75% of those aged 50-64 years and 74% of those aged 65-79 years. The findings also confirm that regardless of age, inadequate access to needed health care evidently has ramifications for the majority of older Canadians who experience barriers to access.

These findings suggest that Canada's health care system is especially affecting the segment of our ageing population that is most in need of care. Compared to their younger counterparts, the oldest Canadians aged 80 years and older are most likely to report that inadequate access to care had implications for their lives. While the NIA's results do not indicate in what way their lives were disrupted, drawing on existing evidence helps to shed light on the ways in which a lack of access to health care is particularly problematic for individuals of very advanced ages.

Figure 8. Extent to Which Lack of Access to Needed Health Care Services has Disrupted Life (%)

By Age Group, 2023



Sample base: 1,589

"How much has this lack of access to needed health care or home care services over the past 12 months disrupted your life?"

The inability to access needed care is likely more disruptive for older individuals by virtue of the fact that there is a greater need for, and reliance on, care. As people age, there is a greater reliance on care due to the higher prevalence of chronic conditions and physical limitations. A lack of timely and appropriate care can become especially disruptive as preventable conditions become more complex and difficult to treat, which then also only further increases the demand for additional care. For instance, research shows that a lack of access to care results in an increased likelihood of being hospitalized for chronic conditions.[46] Moreover, chronic conditions are known to have several physical, mental and social consequences that can affect the day-to-day lives of those who are affected.[47]

The factors straining Canada's health care system, such as a backlog of care, high administrative burden and long wait times,[48] which are making care more inaccessible for Canadians in general, are therefore likely have a greater impact on the oldest Canadians. Canadians aged 80 years and older are more likely to have multiple comorbidities, requiring frequent and comprehensive medical attention, which, when lacking, is bound to impose greater limitations on their day-to-day lives. It is also likely that, due to the health care system's continued emphasis on providing institutionalized care and treating acute conditions, there are a lack of available care options to meet their complex care needs. These unmet health care needs then, in turn, further disrupt the lives of the oldest Canadians. These findings reinforce the urgent need for Canada's health care system to be redesigned in a way that better meets the current and future needs of its rapidly ageing population. Improving access to home and community-based care, and shifting the focus towards better chronic disease management can help ensure more equitable and higher-quality care for *all* Canadians.

Does Lack of Access to Needed Health Care Have Different Consequences for Canadians Aged 50 Years and Older with Worse Health and Inadequate Incomes?

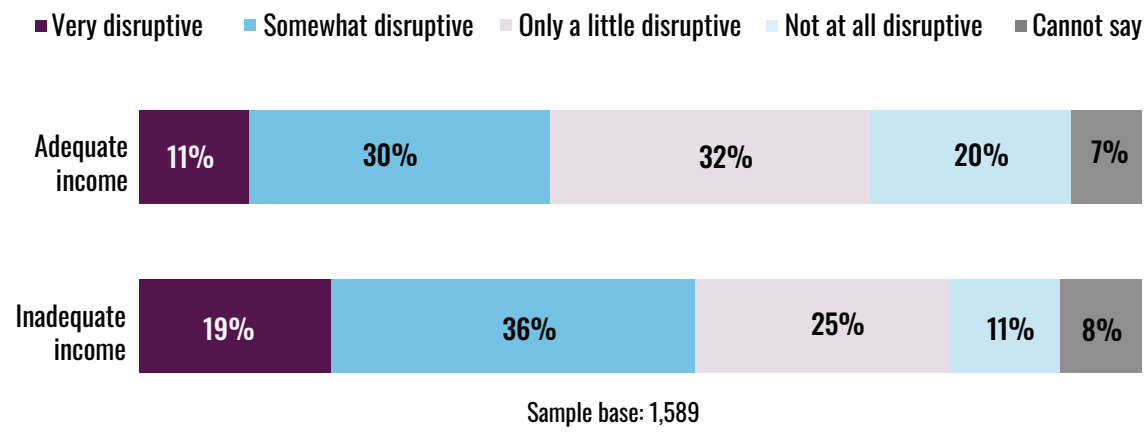
Looking at differences across health status revealed that, compared to those who reported better health, Canadians aged 50 years and older who reported being in fair or poor health were more likely to report that their lack of access to needed health care services disrupted their lives over the past 12 months. Overall, 85% of Canadians aged 50 years and older who reported being in fair to poor health indicated that a lack of access disrupted their life in some way, compared to 75% of older Canadians who reported good health and 64% of older Canadians who reported excellent or very good health. Those who reported fair or poor health (21%) were also more likely to indicate that their lives had been very disrupted by a lack of access to needed care than those who reported good health (10%) or

excellent or very good health (10%). These findings also confirm that a lack of access to needed health care is largely disruptive and has implications for older adults in general, even if they report good health.

Income adequacy, again, also stood out as being a factor that shaped the extent to which a lack of access to needed care was disruptive in the lives of Canadians aged 50 years and older. Those who said that their income is not enough for them (81%) were more likely to say that a lack of access to care disrupted their lives than those who said their incomes are enough for them (73%). Furthermore, Canadians aged 50 years and older reporting having inadequate incomes (19%) were more likely than older Canadians with adequate incomes (11%) to report that their inability to access needed health services in the 12 months prior to the survey was very disruptive to their lives (Figure 9).

Figure 9. Extent to Which Lack of Access to Needed Health Care Services has Disrupted Life (%)

By Income Adequacy, 2023



Sample base: 1,589

"How much has this lack of access to needed health care or home care services over the past 12 months disrupted your life?"

The NIA's 2023 Ageing Canada Survey reveals the cumulative implications that a lack of equitable access to care has for older adults who report fair to poor health and inadequate incomes. Not only are Canadians aged 50 years and older with poor or fair health or with inadequate incomes more likely to experience difficulties when trying to obtain needed care, but the lack of care proves to be more disruptive to their lives.

These findings confirm that, despite efforts to strengthen the system, Canada must do more to support the vulnerable groups within its older population when working to make health care more accessible and affordable.

To date, Canadian health policy has largely focused on removing financial barriers to health care.[49] However, inadequate incomes continue to function as an access barrier for Canadians aged 50 years and older.

Part Four: What Are Other Notable Differences in Access to Health Care Across Older Population Groups?

This section explores what other notable differences exist in access to health care across other demographic characteristics or segments of the older population captured in the NIA's Ageing in Canada Survey, namely gender, region and immigration status. These groups represent historically underserved populations that experience more complex and significant access to care issues in Canada.[50] It is, therefore, crucial to further understand the experiences of these groups when interacting with Canadian health care systems from the perspective of older persons. This section provides an overview of how older adults among these populations may differ in terms of their access to needed health services, barriers to access and the extent to which a lack of access to needed care is disruptive to their lives. Ultimately, the NIA's findings reveal that there concerning differences in the experiences of older adults across gender, geographic location and immigration status.

Gender***

Existing research suggests that there are gendered differences when it comes to accessing health care services.[51] The NIA's 2023 survey reveals, however, that among Canadians aged 50 years and older, men (69%) were only slightly more likely than women (66%) to report being able to access needed health care services all or most of the time in the 12 months prior to answering the survey. This was true, despite that the same proportion of men and women aged 50 years and older reported needing care in 2023.

Among Canadians aged 50 years and older who struggled to access needed health services in 2023, those who identify as female were also slightly more likely to experience certain barriers. Women (20%) were more likely to report experiencing a location-related challenge when accessing needed health services than men (15%). Difficulty traveling to a service location was the type of location-related issue responsible for the discrepancy, with 13% of women indicating that difficulty traveling to service locations was a barrier, compared to 7% of men.

The slight differences in access to needed care and barriers experienced did not, however, translate into differences in feelings of disruption. Among Canadians aged 50 years and older who could only access needed health care some of the time, rarely or never, about three-

*** The NIA's survey asked about their gender identity, with respondents able to select male, female or another gender identity. Those selecting another gender identity constitute less than 1% of respondents (25 cases in total), making the sample size too small to compare.

quarters of both men (74%) and women (76%) indicated that the lack of access was disruptive to their lives (either very, somewhat or a little disruptive). Women (16%) were, however, more likely to report feeling that the lack of care was very disruptive to their lives than men (11%).

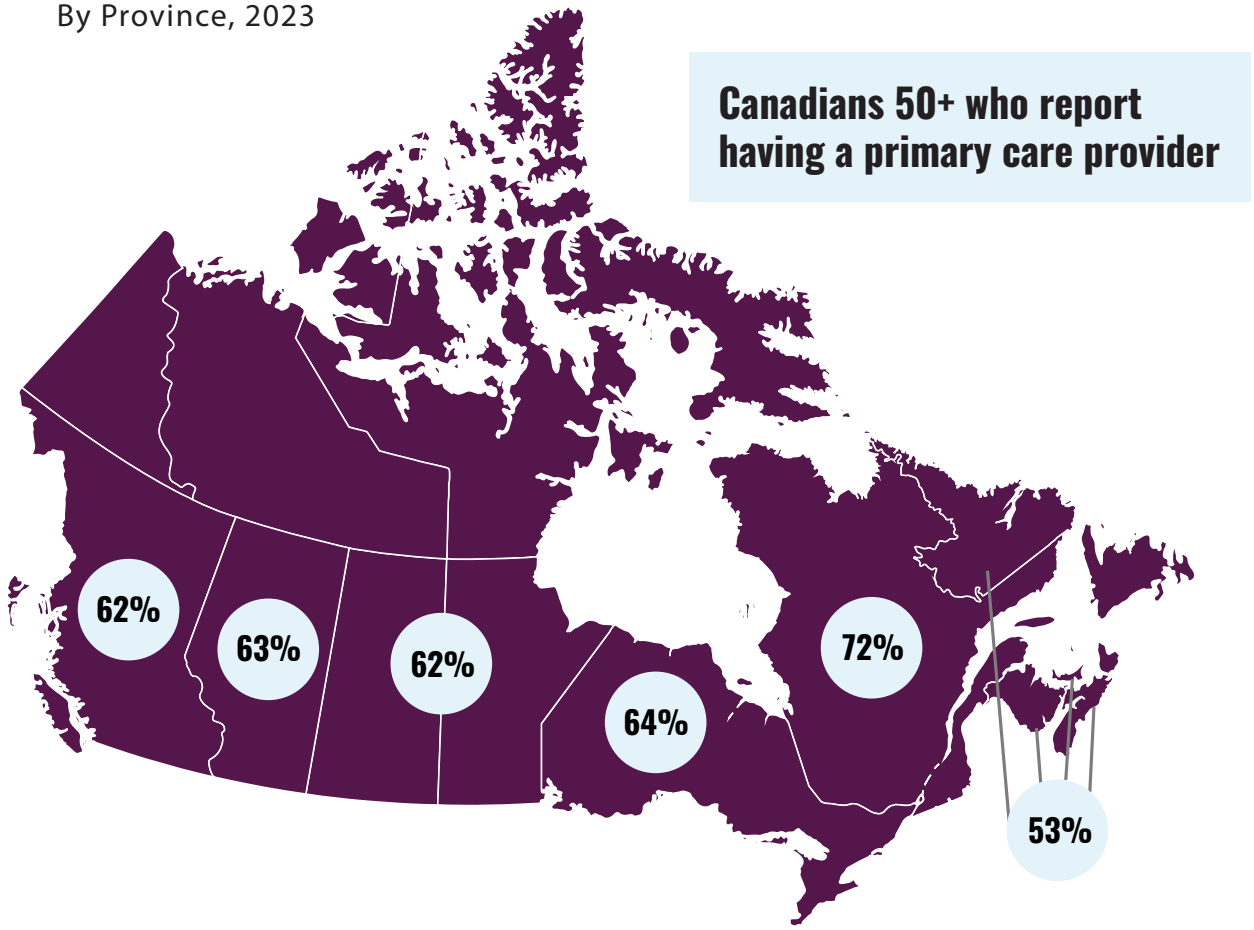
Region and Community Size

The NIA's 2023 Ageing in Canada Survey also revealed that, across Canada, there are a number of concerning provincial and regional differences in access to health care services among older adults.

There is also considerable variation across the country in reported access to primary care among Canadians aged 50 years and older. Compared to the national average, the Atlantic provinces had the lowest proportion of residents reporting having a primary care provider, with just over half (53%) claiming to have a primary care provider they could see on an ongoing basis. On the other hand, residents of Quebec reported the best access to primary care across Canada, with nearly three-quarters (72%) of those 50 years and older reporting that they had a regular primary care provider (Figure 10).

Figure 10. Access to a Primary Care Provider (%)

By Province, 2023



"Do you currently have a primary care provider whom you see on an ongoing basis for your general health needs (such as a family or primary care doctor or nurse practitioner)?

Despite reporting the best access to a primary care provider, individuals from Quebec did not also report the best access to needed health care services, more generally. In fact, in the case of access to needed health care services and treatments, those in Quebec reported the worst access across Canada in 2023: only 59% of those who needed health care services said they were able to access them all or most of the time, while the proportion was around 70% in almost every other region. These findings are consistent with previous research showing that individuals in Quebec were more likely to report difficulty accessing specialized health services such as specialist care, non-emergency surgery and selected diagnostics tests.[52]

Together, the NIA's findings on access to health care signal that the primary care system in Quebec may be overburdened. Although older adults are more likely to have a primary care provider in Quebec, it is possible that they have limited access and struggle to see their primary care providers.

Older adults in Atlantic Canada were also less likely to report having adequate access to needed health care services, with only 64% saying they could access them all or most of the time. Another concerning finding that emerged from the Atlantic provinces had to do with the types of barriers older adults encounter when trying to access needed health care.

Among individuals aged 50 years and older who reported difficulty accessing needed health services, those from the Atlantic provinces (82%) were more likely to say they had experienced an appointment-related issue than in the rest of Canada (64%). The higher proportion reporting having experienced appointment-related issues in the Atlantic provinces seems to be the result of their inability to get appointments when needed: 68% of those in the Atlantic provinces reported this as a reason for not being able to get all or most of the health services they needed, whereas the national average was 46%.

In line with these findings, older adults living in the Atlantic provinces were also the most likely to report that a lack of access to care was disruptive to their lives. Of note, 86% of those living in the Atlantic provinces said that the lack of access to needed health care was either very, somewhat or a little disruptive, while the national average was 75%. The only other province where individuals were just as likely to say that a lack of access was disruptive to their lives was British Columbia, where 85% of older adults said it was either very, somewhat or a little disruptive. By comparison, 65% of individuals in Quebec, 77% of individuals in Ontario, 80% of those in Manitoba or Saskatchewan, and 74% of individuals in Alberta felt the same way.

In terms of differences based on community size, the NIA's 2023 survey revealed that Canadians aged 50 years and older living in rural communities (61%) were somewhat less likely to report having a primary care provider than those

living in larger communities such as a town or village (67%) and city or suburb (65%). With that said, the NIA's results did not identify meaningful differences based on community size when it comes to accessing needed health care services and treatments.

However, not surprisingly, a notable finding that emerged from the survey was that among Canadians aged 50 years and older who had difficulty accessing needed care, those living in rural communities were more likely to report a location-related issue as a reason for not being able to get all or most of their needed care. Notably, the proportion who reported location-related issues (such as difficulty traveling to service location or that the needed service was not available in their area) increased as community size decreased. Whereas 14% of those living in a city or suburb reported experiencing a location-related issue, the proportion was 19% among those living in a town or village, reaching 26% among those living in a rural area.

Immigration Status and Ethnic-Racial Background

Existing research indicates that immigrants and individuals from racialized communities have different experiences with Canadian health care systems when compared to those born in Canada or who are white.[53]

The NIA's 2023 Ageing in Canada Survey confirms this, revealing several discrepancies in reported access to health care. For one, access to primary care differed based on race/ethnicity. Non-white Canadians aged 50 years and older (59%) were less likely to report having a primary care provider than white Canadians aged 50 years and older (65%). There were no meaningful differences across immigration status identified when it came to primary care, with Canadian-born older adults (65%) only slightly more likely to report having a primary care provider than those who immigrated to Canada (63%).

In terms of access to needed health care, racialized older adults (58%) were less likely like than white older adults (69%) to report being able to access needed health care services all or most of the time in 2023. On the other hand, immigrants (66%) were just as likely to report being able to access needed health care services all or most of the time as their Canadian-born counterparts (67%).

The NIA's survey findings align with existing research which shows that immigrants often face difficulties when interacting with Canadian health care systems. For example, language barriers, a lack of information and culturally safe and appropriate care and socioeconomic standing are barriers immigrants often experience which, in turn, prevent them from accessing the care they need.[54] This is concerning, given that the consequences of inadequate access become particularly severe for high-risk populations such as older adults.

Conclusion and Discussion

The NIA's 2023 Ageing in Canada Survey provides an in-depth look at the use of health care services among Canadians aged 50 years and older. The study findings show that in the post-pandemic era, older Canadians are struggling to access the health services they need. Although older adults require more frequent use of health care services due to a higher prevalence of chronic disease and multi-morbidity in advanced age, in the Canadian context, many are struggling to access the care they need.

Older Canadians report inadequate access to both primary care and needed health care services and treatments. Only about two-thirds (65%) of Canadians aged 50 years and older said they have a primary care provider they see on an ongoing basis for their general health care needs, while 35% did not. This translates to nearly 5 million Canadians aged 50 years and older[55] who may be without a regular health care provider they can rely on.

This suggests that even more older Canadians may be without a primary care doctor than previously believed. Similarly, millions of older Canadians may have unmet health care needs: among Canadians aged 50 years and older who needed health care services in 2023, one-third (32%) reported that they could access them only sometimes, rarely or never.

This report demonstrates the inequities experienced by older Canadians with poor incomes and health. These groups are especially vulnerable and lack access to the services and care they require. For older Canadians who are unable to get the care they need, the biggest struggle is getting an appointment. Finally, this report confirms that a lack of access to health care services is disruptive to the lives of older Canadians, highlighting the consequences that access issues impose upon Canadians in need of care.

Despite some variation in experiences across population groups, the report's findings also reveal that there is remarkable consistency in the experiences of older adults when interacting with the Canadian health care system. For Canada's population aged 50 years and older, there exists a consistent lack of access to care. The results of the NIA's 2023 survey make clear that federal, provincial and territorial governments must find solutions to improve Canada's health care systems to better support their rapidly ageing populations and ensure their overall sustainability.

There are many possible solutions to address the ongoing challenges plaguing Canada's health care systems

and expanding access to needed care for Canadians, which require careful consideration in future analyses. Given that robust primary care is the cornerstone of a well-functioning health care system and that Canada faces a growing shortage of primary care professionals, initiatives that support recruitment and retention within the primary care sector would be an obvious place to start. This could help fill gaps for Canadians who do not have access to a regular health care provider, while also reducing the patient load on individual practitioners, thereby reducing burnout.

Another opportunity is to better consider the value of team-based primary, as well as home and community-based care delivery models. This could help enhance access to care by increasing the range of health care providers and services that can be made available to community-dwelling patients, improve care coordination by promoting direct communication and cooperation among health care providers and help make our health care system more resilient and responsive to the needs of Canadians — especially as they age.

The provision of virtual care, care by non-physician providers like nurse practitioners, pharmacists and physician assistants, and the associated user fees to access them, has been emerging as a new opportunity to meet the growing need for care in Canada. However, this has sparked debate within and between federal, provincial and territorial governments over the role of both non-physician care providers and private insurers in offering medically necessary care outside the confines of the Canada Health Act and what is currently covered by provincial and territorial health care systems.[56] In response, the federal Health Minister has announced that they will soon issue a letter clarifying how the Canada Health Act applies to medically necessary care delivered virtually and by health professional other than doctors. Nevertheless, it is clear that more research and consideration are needed to better understand the extent to which virtual care and non-physician health care providers can best support meeting the health needs of Canadians, and how best to provide it within Canada's publicly funded health care systems.

Effective solutions will not only require agreement on the goals among federal, provincial and territorial governments, but also coordinated efforts for quick implementation because, for many older Canadians, the issue today is not only a need for timely access to care, but also getting any access to care at all. It is, therefore, critical that any approaches to enhancing Canada's health system take into account the unique needs and perspectives of Canada's ageing population.

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NATIONAL INSTITUTE ON AGEING

Karissa

From: Shelina Musaji
Sent: July 14, 2025 1:04 PM
To: Village of Kaslo;
Subject: Re: Health Advisory Committee 2025.07.17

Hi Karissa,
Unfortunately neither Dr. Martin nor I will be able to attend so below is an email update of new activity that is happening at VHK:

- Meadow Creek outreach clinic will occur once/month, staffed by Dr. Martin - can be accessed by all residents, regardless of who their regular doctor is, and is going well,
- IH Physiotherapy position is active, 2 days/week for LTC residents and for those who qualify for IH services - post-operative, neurological disorder, etc.; the PCN physio position still remains unfilled
- Another RN for the ER line has been hired so we should have full staffing in the months to come
- Public health nurse has expanded their hours to 4 days/week - will offer STI screening as well as assistance at the JVH health hub that is run twice monthly staffed by physicians during school months
- Lab hours have increased to 3 days/week - which has improved waiting times and access

I think that is it. Hope the meeting goes well.
Shelina

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Village of Kaslo

From: Shelina Musaji <smusaji@hotmail.com>
Sent: July 11, 2025 12:47 PM
To: Village of Kaslo <admin@kaslo.ca>; 'taylorkmartin@hotmail.com' <taylorkmartin@hotmail.com>
Subject: Re: Health Advisory Committee 2025.07.17

Hi Karissa,
Unfortunately I have another meeting that evening so I won't be able to attend.
I have copied Dr. Martin in case he is available to attend. If not, I will send you an update.
Thanks,
Shelina

From: Village of Kaslo <admin@kaslo.ca>
Sent: July 7, 2025 9:48 AM
To: smusaji@hotmail.com <smusaji@hotmail.com>
Subject: Health Advisory Committee 2025.07.17

Hello Dr. Musaji,

The Health Advisory Committee is hoping to get an update on the Kaslo Primary Health Centre. They are interested in information on increased hours for public health, doctor outreach in Meadow Creek and anything else new. Would it be possible to get a report for the meeting on July 14, 2025 or would you be able to attend the meeting either in person or online and give an update?

I look forward to hearing back from you.

Sincerely,

Karissa Stroshein
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