



HEALTH ADVISORY COMMITTEE AGENDA

DATE: 2023.03.13

LOCATION: Council Chambers – City Hall

TIME: 6:00 p.m.

413 Fourth Street, Kaslo

1. **Call to Order**

2. **Adoption of the Agenda**

2.1 Adoption of the Agenda for the 2023.03.13 Health Advisory Committee Meeting.

3. **Adoption of the Minutes**

3.1 Adoption of the Minutes of the 2023.01.23 Kaslo and Area D Health Care Select Committee Meeting.

4. **Delegations**

4.1 Lannon DeBest – Interior Health Authority

5. **Information Items**

5.1 British Columbia Rural Health Matters – March 2023 Edition

5.2 BC Rural Health Network

5.3 Advancing Rural Health in British Columbia

5.4 Open Letter – Parliamentary Secretary of Rural Health

5.5 Kaslo Community Acupuncture Society Annual Report 2022 – Leni Neumeier

5.6 Health Advisory Report – Erika Bird

5.7 Kaslo Community Services Report – Elizabeth Brandrick

5.8 Victorian Hospital of Kaslo Auxiliary Society – Kate O’Keefe

6. **Question Period**

7. **Business**

7.1 **Replacement of 4th Physician**

To discuss the replacement of the 4th physician at the Victorian Community Health Centre of Kaslo.

7.2 **Meeting Schedule**

To discuss the time of the scheduled meetings.

7.3 **Kaslo Community Services – Erika Bird**

To discuss connecting with Kaslo Community Services.

8. Late Items

Consideration of any late items added to the agenda.

9. Next Meeting

May 15, 2023 at 6:00 p.m. in City Hall.

10. Adjournment



DATE: 2023.01.23

LOCATION: Council Chambers – City Hall

TIME: 6:00 p.m.

413 Fourth Street, Kaslo

PRESENT: Chair Mayor Hewat
Members Councillor Bird, Deb Borsos, Elizabeth Brandrick, Liz Ross
Staff CO Allaway
Public 2

1. Election of Chair

The Corporate Officer called three times for nominations from the floor.

1.1 Liz Ross nominated Mayor Hewat

No other nominations were received.

1.2 The Corporate Officer confirmed Mayor Hewat as Chair of the Health Advisory Committee for 2023.

2. Call to Order

The meeting was called to order at 6:03 p.m.

3. Adoption of the Agenda

3.1 Adoption of the Agenda for the 2023.01.23 Health Advisory Committee

Moved, seconded and CARRIED

THAT the Agenda for the 2023.01.23 Health Advisory Committee Meeting be adopted as presented.

4. Adoption of the Minutes

4.1 Adoption of the Minutes for the 2022.07.18 Kaslo and Area D Health Care Select Committee

Moved, seconded and CARRIED

THAT the Minutes of the 2022.07.18 Kaslo and Area D Health Care Select Committee Meeting be adopted as presented.

5. Delegations

Nil

6. Information Items

6.1 **2022.07.28 MLA Response re: Residential Care Capacity**

6.2 **Aging Populations and Health Services in the WKBRHD (August 2022)**

6.3 **September 2022 Committee Reports**

6.4 **Healthy Workforce Institute Quarterly Best Practice Magazine Announcement**

6.5 Interior Health Mayors & RHD Chair Roundtable Presentation (December 9, 2022)

6.6 2022.11.04 letter from Ambulance Paramedics of BC

6.7 Seniors Coordinator Report – January 2023

Items 6.1 – 6.7 were received for information.

7. Question Period

Nil

8. Business

8.1 Health Advisory Committee Terms of Reference

The committee reviewed the Terms of Reference.

8.2 2023 Meeting Schedule

Moved, seconded and CARRIED

THAT Health Advisory Committee meetings for 2023 will be held at 6:00 p.m. on the following dates:

- ***March 13***
- ***May 15***
- ***July 17***
- ***September 25***
- ***November 20***

8.3 2023 Strategic Planning

8.3.1 Discussion regarding priorities for 2023

The following priorities were identified for 2023:

- a) Restore 24/7 health services at VCHC
- b) Promote access to remote medical appointments
- c) Improve rural access to services (Lardeau Valley)
- d) Support ambulance and community paramedicine services
- e) Monitor dental and optometry services in the community
- f) Promote availability of visiting service providers (internist)
- g) Advocate for maintaining and expanding specialist services at Kootenay Lake Hospital
- h) Advocate for additional residential care beds for VCHC
- i) Advocate for additional assisted living beds in Kaslo

8.3.2 Discussion topics for IHA

- Optometry
- Locum accommodation
- Physio space



- Residential care beds – what does IHA need to know about our community in order to follow through on the historic request? Is there a study/report required? What data do they need? Can we collaborate on gathering the required information?
- 24/7 emergency services
- How do we work with IHA towards meeting the anticipated need, so we are ready 10 years from now?
- How do we get statistics for Kaslo separated out from the Nelson data?
- Availability of bloodwork/lab services – can wait times be reduced?
- Staffing updates – has there been any progress on replacing Dr. Smit?

8.3.3 Discussion topics for MLA

- Residential care beds – what does IHA need to know about our community in order to follow through on the historic request? Is there a study/report required? What data do they need? Can we collaborate on gathering the required information?
- 24/7 emergency services – what statistics are available to support this decision? (compared to New Denver?)
- Can dialysis services be made available in Nelson?

9. Late Items

Staff is directed to request an update on local service capacity from Sara Rainford-Thomas, BC Ambulance.

10. Next Meeting

The next meeting of the Health Advisory Committee is scheduled for 6:00 p.m. on Monday, March 13, 2023 in Council Chambers.

11. Adjournment

The meeting was adjourned at 7:42 p.m.

CERTIFIED CORRECT:

Chair

Corporate Officer





Rural Health Matters

March 2023 Edition

Letter from the President

Hello readers!

We have welcomed new members again this month. More and more municipalities, as well as other health organizations see the benefit of being a part of a Network that is based on sound research and provides positive solutions to meet rural and remote unique health care needs. That shares information and approaches that have worked well in other locations.

Our approach has been getting more recognition from not only rural agencies but also government officials.

We welcome the appointment of Jennifer Rice as Parliamentary Secretary of Rural Health and applaud the creation of this necessary position. It's been said many times before but I will mention again that Rural and Remote health issues are not small urban issues, but have unique difficulties such as travel, cost, and availability of sometimes even basic Primary Health Care service.

It is felt that this position, and Jennifer Rice will bring a much-needed spotlight on the needs of rural residents.

It is also with much pride I want to highlight that Ms. Rice recognises the strength of the BCRHN and of the Implementation Committee and invited both our Executive Director, Paul Adams, and Dr. Jude Kornelsen, Chair of the Implementation Committee, to the Throne Speech in Victoria. They were announced in the BC Legislature and had an opportunity to present to the NDP Rural Caucus.

Thank you for representing us so well!

Your Board of Directors were also very pleased to have a very informative presentation from Stacey Ashton, Chair of the BC Crisis Line Network. The BC Crisis Line is a relatively new member of the BCRHN. The focus of their Network is 24/7 phone line gives support to callers focusing on crisis de-escalation, suicide risk assessment

and services around climate emergencies or natural disasters. This service is available to anyone who has a phone. She also explained that they will be reaching out further to rural and remote communities, cross training crisis responders so rural and remote responders can take calls from urban responders and vice versa. Please feel free to contact them if this is an area that you are interested in. This is such a worthwhile service!

I feel the need to again say how much I am humbled by and in awe of the work that rural and remote communities do daily, mostly as volunteers. That same feeling of amazement is towards our Board of Directors and Implementation Committee members. Again, my thanks to all, and so looking forward to what is ahead as we go forward.

Only the best
Peggy

Peggy Skelton, President
email: info@bcruralhealth.org

Visit Our Site

From the Desk of the Executive Director

Hello everyone,

I believe I am becoming a broken record on how busy we are and February has beaten all records on being busy! As Peggy mentioned, membership has continued to rise and in addition to the recruitment of more municipalities, we have seen new members join due to the exposure we have gained through the media and have seen additional individual members and new groups join the Network without request. This graphic says it all:

Our Members

- Adams, Paul – Individual
- Aimability**
- Ashcroft (Village of)
- BC Association of Community Health Centres
- BC Association of Community Response Networks
- BC Child Line Network
- BC Health Coalition
- Bill Day – Individual
- Burns Lake (Village of)
- Castlegar & District Hospital Foundation
- Castlegar (City of)
- Central Okanagan Hospice Association
- Chase & District Health Services Foundation
- Chehwynd Chamber of Commerce
- Cortes Community Health Association
- C. Firestone – Individual
- Dawson Creek (City of)
- Fort St. James (District of)
- Doug Blackie Consulting
- E. Demers – Individual
- East Shore Kootenay Lake Community Health
- Enderby (City of)
- Fernie – Elk Valley Hospice Society
- Fort Nelson & District Chamber of Commerce
- Fort St. John Save Our Northern Seniors
- Golden (Town of)
- Greater Trail Hospice Society
- Hornby & Denman Community Healthcare Society
- Hospice Society of the Columbia Valley
- J. Brunelle – Individual
- J. Kimmel Consulting
- Jane Osborne – Individual
- Jim Little – Individual
- John Grogan – Individual
- Johanna Trumble – Individual
- Justin Baumgardner – Individual
- Kaslo (Village of) and Area D
- Keremeos (Village of)
- Kurien Thomas – Individual
- Margaret Little – Individual
- Merritt & District Hospice Society
- Masset (Village of)
- March of Dimes Canada
- Marcy Cohen – Individual
- Moir McClain – Individual
- Nakusp (Village of)
- Nelson Age Friendly Community Initiative
- Nelson Area Society for Health
- Nelson Community First Health Co-op
- New Denver Slokan Chamber of Commerce
- New Denver Hospice Society
- New Denver (Village of)
- New Denver Bluebirds
- Northern Rockies Regional Municipality
- Nuu-chah-nulth Tribal Council Nursing Services
- Oliver (Town of)
- Oliver Desert Valley Hospice Society
- Pender Harbour Health Centre
- Pender Island Health Care Society
- Pouce Coupe (Village of)
- Powell River Voices
- Princeton Support Our Health Care Society
- Quadra Island Health Society
- Radium Hot Springs (Village of)
- Regional District of the Central Kootenay
- Revelstoke Hospice Society
- Rural Coordination Centre of BC
- Salmo (the Village of)
- Salmon Arm Shuswap Hospice Society
- Salt Spring Island Community Health Society
- Squamish (District of)
- Squamish Eagle Valley Community Support Society
- Silverton (Village of)
- Slocan (Village of)
- Smithers (Town of)
- Sorrento & Area Community Health Centre Society
- South Shuswap Health Services Society
- Spallumcheen (Township of)
- Sparwood (District of)
- Stigma-Free Society
- Son Peaks Municipality
- Sunshine Coast Resource Centre
- Terrace (City of)
- Tofino (District of)
- Trail Society for Protection & Care of Seniors
- UBC Centre for Rural Health Research
- University of Victoria – ILAH
- WE Graham Community Service Society
- West Kootenay Nav-care
- Williams Lake (City of)

14 Individual Members

49 Organizations

27 Municipalities

1 Regional District

Growing Rapidly!

Our most recent member is also our first Regional District to join via resolution and we are delighted to welcome the Regional District of the Central Kootenay! All of our municipal members and now our regional district member have joined through vote at council or at the board and this speaks to their need. Our Provincial Government needs to recognize the unique challenges faced by rural regions and their cries for help!

Speaking of help, the creation of the new role of Parliamentary Secretary for Rural Health (PSRH) provides us with some optimism for the future. MLA Jennifer Rice has been appointed to this critical portfolio and we are hopeful this marks a change in direction from the Government and a recognition of the need to address rural healthcare with a rural focus. We hope this role will be effective and will start repairing a neglected and damaged system rural healthcare system.

We thank Premier Eby for creating this role and we will now ensure that we use the PSRH to increase the voice of rural residents and hold the government to account in providing service to rural residents. For this position to be effective, and not just window dressing, the PSRH needs tools, a budget and support, we also hope this will follow and ensure the appointment is a meaningful one for the future. We are cautiously optimistic but want to state that our support of this new portfolio is not one based in politics but in a need for this position. If funded appropriately and given the support necessary, we believe the PSRH will provide benefits to rural communities no matter who is in power.

Our Implementation Committee continues to do incredible work under the leadership of Dr. Jude Kornelsen and each meeting impresses me to the quality of the work produced, the team effort in producing the outputs and the dedication of volunteers who have provided many hours each month to engage in this work. Thank you Jude and thank you to all our committee participants.

At the beginning of the month both Jude and I were invited by PS Rice to attend the Throne Speech and make a presentation to the NDP rural caucus. This was an amazing opportunity to work directly with the Government rural MLAs and meet many folks on both sides of the aisle. Two intense days were spent in Victoria and that

opportunity continues to create opportunities to represent rural wellness with the policy makers in our capital. We look forward to continued presentations to the BC Liberals and to the BC Greens and to ensure our positions remain apolitical and beneficial to all of rural BC. .

I am writing today on Budget Day 2023 and have yet had chance to go through all the details, however, at first glance, rural health care seems to have been forgotten. In spite of 29 references to rural in the budget document none of them refer specifically to the recognition of the need to create rural focused solutions on rural healthcare and none of them provide us with confidence that a sea-change is afoot. I do see some positives for rural BC but they don't appear to have a focus on the rural healthcare crisis specifically. I will spend tomorrow going through details in the hopes of finding good news for our members and rural communities throughout BC. We will also be providing an overview of our findings later this week and again we will highlight the need to engage with rural communities and listen to the local grassroots on community driven solutions. Our membership growth should be viewed as an opportunity for Government to engage with residents through our organization and we will continue to push forward to ensure rural voices are heard.

Our voice is also becoming more diverse and more inclusive. Jane Osborne (Director) is the chair of our Diversity, Equity, Inclusion and Belonging Committee (DEIB) and has begun the work of reaching some of the most isolated and vulnerable populations in rural BC. Jane has spent many years building connections to communities across BC and we are truly grateful for Jane, her wisdom and her ability to bring people together and to hear them. Thank you Jane!

Our growth is only limited by our capacity and we need funding to continue to expand effectively. We seek that support from the Government but also from grants, donations and through fundraising as a charity. All of those requests require resources and this often leaves us in a catch-22 situation. This paradox is a challenge and some of our team believe the lack of resource provision is intentional and designed to limit our voice. With continued persistence, we will be recognized for what we are and will continue to be, which is a solutions based, apolitical asset to the health and wellbeing of rural residents and communities across our Province. Premier Eby has several Billion dollars he intends to spend this month and we hope he will recognize the need to invest in the voice of rural communities that so desperately need to be heard! I look forward to that day!

Yours in health and wellness,
Paul

Paul Adams, Executive Director
paul.adams@bcruralhealth.org

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

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

Visit Our Site



Member of the Month

The BC Rural Health Network Member of the Month for March 2023

is the

Autumn Services Centre

Website: autumnservices.org

Submitted by Executive director Elaine Storey

Fraser Lake village

Fraser Lake is a community which sits geographically in the centre of the province of BC on the lands of the Nadleh Whut'en and the Stellat'en First Nations. The village population is approximately 1,000 with a draw of 2,000 from the surrounding communities of Endako and Fort Fraser, Glennan, North Shore, Stellat'en and Nadleh. This catchment area covers about 1000 square kilometers. We are known for our beautiful scenery, endless backroads, great hiking trails, camping and fishing. There are 170 lakes in a 50-mile radius of town and in fifteen minutes you can be waist deep on the Stellako River -a world-class fly-fishing destination.



Currently with a Coastal GasLink project base camp 5 kilometers east of town that's accommodating between 300 and 700 workers, the community is experiencing an unusual lack of rental spaces. With the rumours swirling of impending 'twinning' of the pipeline, house prices are also on the rise. Just a few years ago, most house prices were between \$150,000 to \$200,000, now most are selling between \$250,000 and \$350,000.



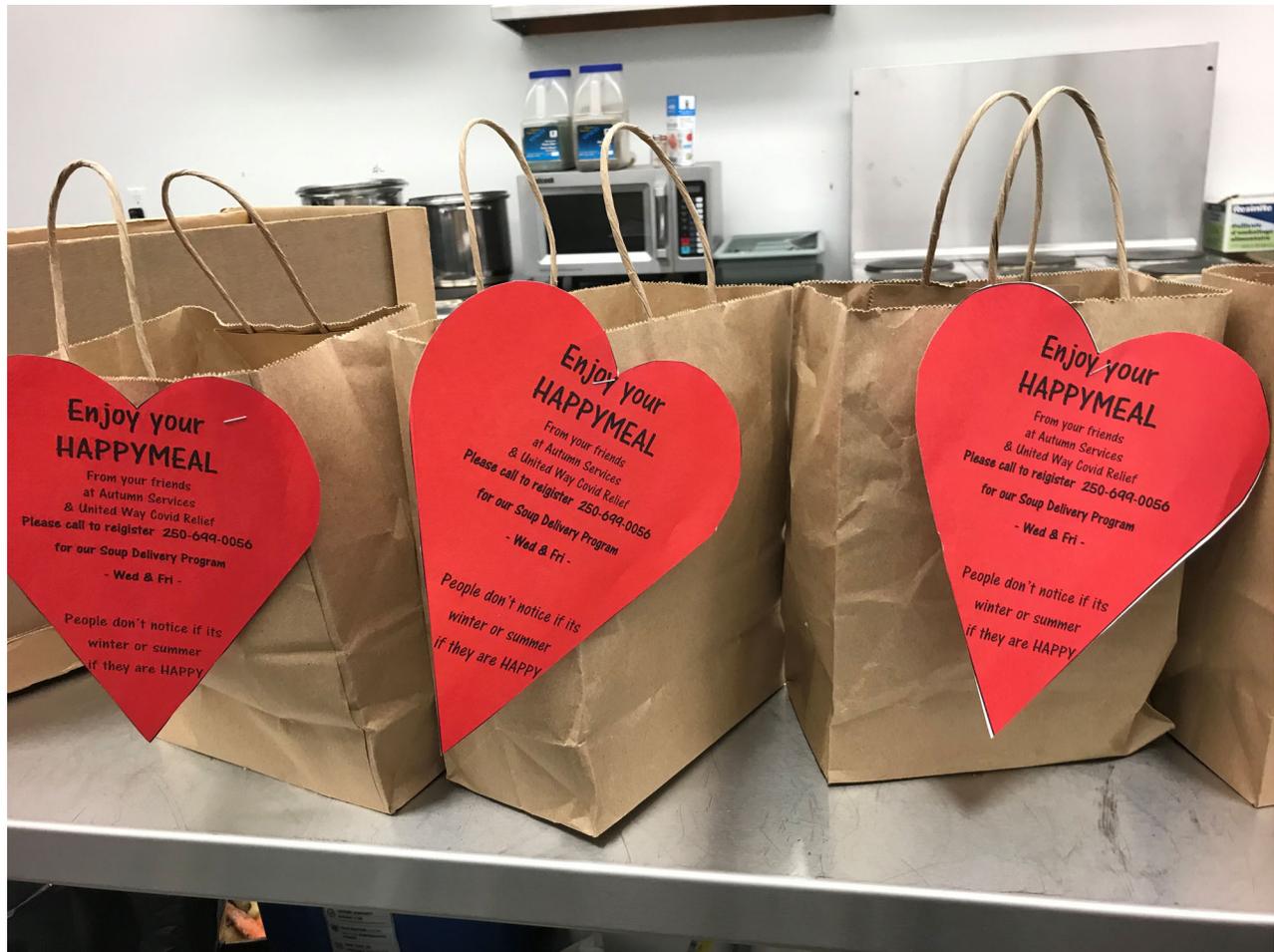
A former mining town, the local economy is driven by one sawmill which is experiencing a diminishing wood supply like all mills in the province. The Artemis Gold property which is four hours south west of town will be pouring gold and silver by 2024, and with a life of 22 years, holds the promise to employ many of the local population. The village of Fraser Lake is undergoing many improvements to its infrastructure and has recently upgraded to a fiber optic network which is considered a necessary upgrade for today's demands for internet, phone and television.

Autumn Services-Society for Senior Support

We formed Autumn Services Society in 2010 and have been providing community support services for over twelve years. Our drop-in centre is situated in an enviable spot right beside the Post Office and with a complete row of large windows, is well-lit and easily accessible for those with mobility issues. We are open for drop-in support services between 9:00 am to 4:00pm Monday to Friday.

We renovated this space in 2019 and offer a commercial full-service kitchen, a Zoom room, offices, lock-up cupboards for storing UPS packages, multiple shelving units for our Food Share program and a huge space for visiting. Considered the hub of the community, we average over 300 visits a month. Those visits are clients seeking technology supports, folks dropping in for a light breakfast, or Soup & a Bun twice a week, bingo on Wednesday afternoon or to enquire about our senior supports or our Get Up & Go transportation services. Adding to our regular clients are hundreds more who visit long enough to pick up a UPS package or to pick up

their weekly food hamper.



In December we prepared a full-course Seniors Christmas dinner for two sittings of 40. We fed all the volunteers as well and delivered some meals to a few who had to cancel at the last minute. West Fraser funded the dinner which made it a free meal for participants. They also buy chocolates for all the seniors in town and we get high school students to go door to door to deliver them. The Fire truck attends with Santa on board and this year at minus 27 it seemed to take forever to get around to those 188 houses.

Our United Way funded programs sustain the work of eleven part time and two full time employees. We offer a Better at Home program, Navigation & Peer Support program and a Therapeutic Activation program. While each program has its unique set of expectations, they meld together nicely as one continuous wrap-around service that is prevention orientated and built to nurture independence and dignity in aging. With a goal of delaying the functional decline of aging adults, our support services are a meaningful investment in the lives of many who choose to remain in their community among family and friends.



These United Way funded programs are everything to us. Before we were granted this line of funding we managed three part time staff – I did everything day to day including granting and reporting, washing walls, and making soup, Debbie did the books, and we had a part time BAH funded housecleaner. Since receiving the TAPS funded 2.5 year pilot, we have grown all the services I refer to above. And now we are in a position to lose all of this IF the BC Government doesn't continue to support United Way with another year of this line of funding. We've been told its very likely to continue, but I am writing grants like crazy to keep us operational just in case. Marcy Cohen and others continue their assault on government to give us this year and follow-up with multi-level funding in the future. But what we know for a fact is all our United Way funded programs must be expensed by March 31st, 2023.



Thanks to an 80% / 20% funded partnership through the Northern Communities Shuttle Program, we received a 6-passenger van in April 2022. The Get Up & Go Van transports clients to medical procedures, specialist appointments, x-rays, dental and eye appointments in Prince George, Vanderhoof, Burns Lake and Smithers. Through our partnership with the Village of Fraser Lake, our travel group organized trips to the Ancient forest, the local salmon run, the Christmas Tree of lights with future plans to go to the Pool in Vanderhoof. In nine months, the van has been driven 45,000 km – some weeks, its on the road every day. We charge a nominal fee of \$20 which is waived for medical clients with chronic illnesses who make several trips a week. Some are transported daily for intravenous therapy in town during and to the closest hospital on weekends. With the ambulance staffing shortages, we are getting more and more requests from staff at the medical clinic to transport patients to hospital or to get patients to the clinic for a medical check-up. We've been asked to drive a young patient with a mental health issue to hospital (50 minutes away) at 4:00 am and return to pick her up a few hours later. We were five weeks into a six week daily intravenous therapy program for a diabetic client only to find him deceased one morning in his trailer. Our volunteer driver has no medical training and its not an expectation that a non-profit providing community-based services would be put in this situation. Yet it speaks to the dedication and commitment of our staff and volunteers – we step up to help people when doing otherwise feels like we are failing them.

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FRASER CONNECTOR

United Way
British Columbia
SOCIETY FOR SENIOR SUPPORT

AUTUMN SERVICES MONTHLY UPDATE – NOVEMBER 2022

Autumn Services
your
Community
and
Senior Support Centre

*Hours: Monday – Friday 9-4pm
Unit 10, 111 Chowunket Street
Fraser Lake BC V0J 1S0
Phone: 250-699-0056
Email: autumnservicescentre@gmail.com*

*November update
from Board Chair
John (Jan) Fennema*

Thank you to the servers and staff that made the Seniors Christmas Dinner happen Dec 3rd.
NOON VOLUNTEERS: Judy, Greg, Mike, Janet, Debbie, Tom, Wendy, Judith, Darel, Karen // **Kitchen Staff:** Diana Briggs, Ciara & Rahf, // **Sawmill staff:** Darlene, Geoff and Tan
6PM VOLUNTEERS: (below) Lisa, Greg, Mike, Janet, Kat, Tyrel, Roberta, Amie Cochran // **Kitchen staff** Diana Briggs, Ciara & Rahf

The Seniors Christmas Dinner was a huge success. Over 80 seniors signed up for the supper and if you missed out this year –call the Centre at 250-699-0056 and ask to be put on the list for next year. Thank you to sponsors Fraser Lake Sawmill and MHAAC for their financial donations

The kitchen at Autumn Services is now cooking a “Senior’s Breakfast” – one egg, toast and sausage or ham for \$5. We are now open at 9:00 am to accommodate the breakfast traffic.

Autumn Services has officially become a member of Food Banks BC. Hamper schedule will remain the same. They are prepared Wednesday to Thursday and are ready to be picked up Friday between 10&+ pm.

Look for the Seniors Christmas card and gift drop on Sunday Dec 18, AND we are hosting a Christmas dinner on DEC 25@3 pm-please sign up in advance, or call 250-699-0056. We wish everyone a Merry Christmas and all the Best for 2023!!

Mike ready to enjoy his turkey dinner....

CHRISTMAS DINNER
 On Christmas Day at
 Autumn Services Centre
 Dinner at 3:00 pm.
 Please call and sign-up at
 250-699-0056
 Limit of 40
 (if you can help with prep,
 please come early)

Thank you to TC Energy, pipeline managers, staff and employees at CCL Nadleh-Macro for donating to the Food Bank

- * We truly appreciate your community spirit and how much you have assisted families in need this holiday season
- * Your donations of food have been appreciated by vulnerable families and seniors in the Fraser Lake and catchment area.

BIG.G.G. THANKYOU!!!!

ORGANIZATION MANDATE

The purpose of the society is: (a) To increase the quality of life for older adults and their families in a holistic, ethical and honourable manner. (b) To assist older adults to live comfortably and independently in their own homes by providing service programs. (c) To develop and maintain a Community Social and Service Centre for Fraser Lake and area to educate and support all members of the community and surrounding catchment area.



Autumn Services Centre

Unit 10, 111 Chowsunket Street,
Fraser Lake BC
250-699-0056

Website: autumnservices.org

Submitted by Executive director Elaine Storey

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

Below are some of February's most popular posts, click here for more



Concerns Raised After Local Man Dies On Nakusp's Hospital Doorstep

Interior Health and BC's ambulance service say they are reviewing an



Doctors Of B.C. President Heads To Port Hardy To Help Out, Urges Others To Do The Same

incident where a Nakusp man died late last month on the doorstep of Arrow Lakes Hospital.

“Whenever an event like this occurs, the staff and administration will review to learn if there was anything that we could do to improve, and that is occurring in this situation,” says Lannon De Best, executive director of clinical operations for the Kootenay-Boundary district of Interior Health.

[Read more....](#)

Dr. Joshua Greggain, who lives in Victoria, volunteered to take ER shifts Saturday through Monday at Port Hardy Hospital to assist with an acute staffing shortage that worsened when one physician lost his ER privileges this month.

Greggain said physicians are needed as locums in the community for the next three to six months to help stabilize the situation. He wants to hear from local health-care staff while he’s in the community. “There’s a level of desperation in the nurses, the physicians, the entire team, where there just simply aren’t enough people here to provide their service.”

[Read more...](#)



Open Letter To Premier David Eby – BC Throne Speech And Parliamentary Secretary For Rural Health

Dear Premier Eby,

The BC Rural Health Network and the Centre for Rural Research at UBC were delighted to have been invited to the Throne Speech on February 6th, where we had the opportunity to exchange information with the members of your Rural Caucus, including your newly



Local doctor says patients who need urgent care won’t survive hours-long trip to next nearest hospital

The mayor of the Village of Masset on the northern coast of Haida Gwaii says their local hospital serves four communities, and she’s worried about what could happen if an ongoing shortage of nurses and locum physicians forces the temporary closure of its emergency room.

On Friday, members of the community who shared Sheri

appointed Parliamentary Secretary for Rural Health, Jennifer Rice and the Parliamentary Secretary for Rural Development, Roly Russell.

[Read more...](#)

Disney's concerns demonstrated outside the Northern Haida Gwaii Hospital (NHGH), in support of health-care workers and to call on the province to step in

[Read more....](#)



B.C. Paramedics Ratify New Contract With Over 96% Support

British Columbia's paramedics have voted overwhelmingly to ratify a new three-year contract, after months of tough bargaining and the help of a mediator.

The Ambulance Paramedics of British Columbia, which represents 4,600 paramedics and emergency medical dispatchers, voted 96.1 per cent in favour of the three-year deal, the union said Tuesday.

[Read more...](#)



Merritt ER Closed For Third Time This Month

For the third time this month, the emergency room at Nicola Valley Hospital in Merritt is closed due to what Interior Health is calling an "unexpected physician vacancy." As Travis Prasad reports, residents are fed up and are demanding an explanation.

[Watch here...](#)



New Denver's Spark in the Dark Lantern Festival 2023 – It's Not All Doom and Gloom!

Here in New Denver "the village that sparkles" on a frosty January evening the Spark in the Dark lanterns circled our beloved health centre so our staff and extended care residents might also enjoy the spectacle.

[Pictures and Video](#)



Bluebirds In February

Here in New Denver at the Slocan Community Health Centre's extended care facility, the Pavilion, the Bluebird volunteers with our residential buddies have been reading stories, sharing live music and making art. Winter with its attendant illnesses and vacations has diminished our (already) limited numbers but that hasn't stopped us bringing smiles to elderly faces. And to ours!

[Photos](#)

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

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BC Health Budget Breakdown – BC Rural Health Network – Budget 2023

Budget Highlights

The BC government has allocated \$28.6 billion, more than a third of the provincial budget, for healthcare spending in 2023. This represents an increase of almost \$6.4 billion over three years. The investments aim to improve cancer care, the health-care workforce, mental health facilities and resources, urgent primary care centers, pay for physicians, maternity care, and the parliamentary secretary for rural health.

An initial investment of \$440 million in cancer care will expand cancer-care teams and service hours, introduce revised pay structures, improve screening programs, and support cancer research. Moreover, \$270 million will be added to the BC Cancer's budget to expand access to imaging, treatments, and radiation therapy.

For the health-care workforce, the government has allocated almost \$1 billion to recruit, train, and retain workers, adding 1,700 health care staff and training 3,000 more graduates.

The government has earmarked more than \$1 billion for mental health supports, including capital investments. This funding means that over the next three years, the Province will add \$1 billion in new resources on mental health and substance use care.

To expand urgent and primary care centers, the province will spend \$4 billion over the next three years.

The government has also increased pay for physicians under a new three-year Physician Master Agreement, with a full-time family doctor being paid about \$385,000 a year, up from the current average of \$250,000.

The expansion of maternity care adds 20 new seats to UBC's midwifery program, including 12 new seats in the bachelor of midwifery program and 8 new seats in the Internationally Educated Midwives Bridging Program (IEMBP).

The creation of a new position of Parliamentary Secretary for Rural Health (PSRH) is significant and acknowledges the need for a rural focus on rural health. The mandate letter for the PSRH

to improve access to medical appointments.

Comments

The BC Rural Health Network notes that there is no mention of any rural-specific investments in rural healthcare systems outside of the PSRH position and some assistance in travel for oncology needs. The lack of any rural focus to new healthcare worker positions is concerning, as rural areas face closures to emergency rooms and the transfer of patients for routine care due to a lack of staff. The network recommends allocating some seats for rural students, which could result in higher returns of medical staff to rural life.

The budget is criticized for continuing to invest in urban solutions for urban health benefits and ignoring the need for system change in rural areas. The UPCC model, although having benefits for gap coverage in urban and small urban populations, has not been effective in addressing the needs of rural residents. The network recommends team-based care and longitudinal care, which are essential to rural health systems and desperately needed in all communities that have only one point of access to primary and emergency care.

In conclusion, the BC Rural Health Network commends the government for investing in the future health of British Columbians and acknowledging the need to improve healthcare and mental health access across the province. However, it urges the government to allocate rural-specific investments in rural healthcare systems and to prioritize team-based care and longitudinal care to address the needs of rural residents.

We respectfully remind the Premier and the Minister of Health that we are all afforded equitable access to healthcare under section 12 of the Canada Health Act. Rural specific investment in new systems will be the only way we will achieve this. We would like to help in improving the system.

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

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

[Visit our Website](#)





BCRHN

British Columbia
Rural Health Network

ADVANCING RURAL HEALTH IN BRITISH COLUMBIA: POSITION PAPERS FROM THE BC RURAL HEALTH NETWORK

Addressing Challenges in Community Participation in
healthcare planning, Access to health services and
Maternity Care

Abstract

The BC Rural Health Network presents three position papers addressing key issues affecting rural healthcare in British Columbia. The papers propose solutions-based approaches to improve community participation in healthcare planning and decision-making. The papers aim to bring about positive change for all rural residents of BC through collaboration with the government and other stakeholders.

BC RURAL HEALTH NETWORK
info@bcruralhealth.org

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THE BC RURAL HEALTH NETWORK APPLYING RESEARCH AND EVIDENCE TO RURAL HEALTH POLICIES AND PRACTICE

Introduction:

The BC Rural Health Network is dedicated to advocating for the health interests of all the rural residents of British Columbia.

Our organization is solutions based and champions sound science and policy positions that are supported by research and evidence.

As part of this effort, we have developed three position papers on key issues affecting rural health care in our province. The first paper, "Optimizing Community Participation in Healthcare Planning, Decision-Making and Delivery," addresses the need for greater involvement of rural communities in local healthcare planning and delivery. The second paper, "Travel Subsidies for Rural Residents Who Are Required to Travel for Health Care," addresses the financial burden placed on rural residents who must travel long distances to access medical care. The third paper, "Ensuring Access to Quality Care for Rural Birthers," addresses the challenges faced by rural residents who give birth and the need for improved access to obstetric care in rural areas.

In each position paper, we propose solutions-based approaches that will work in collaboration with the BC government to improve access to and quality of healthcare for rural residents. We recognize the importance of community and regionally based health councils, the need to harness the knowledge and experience of lay individuals and rural community organizations, and the importance of culturally sensitive approaches to health planning in the transformation of the healthcare system.

As we present these position papers, we look forward to engaging in constructive dialogue with government organizations and other stakeholders to bring about positive change for the rural residents of British Columbia.

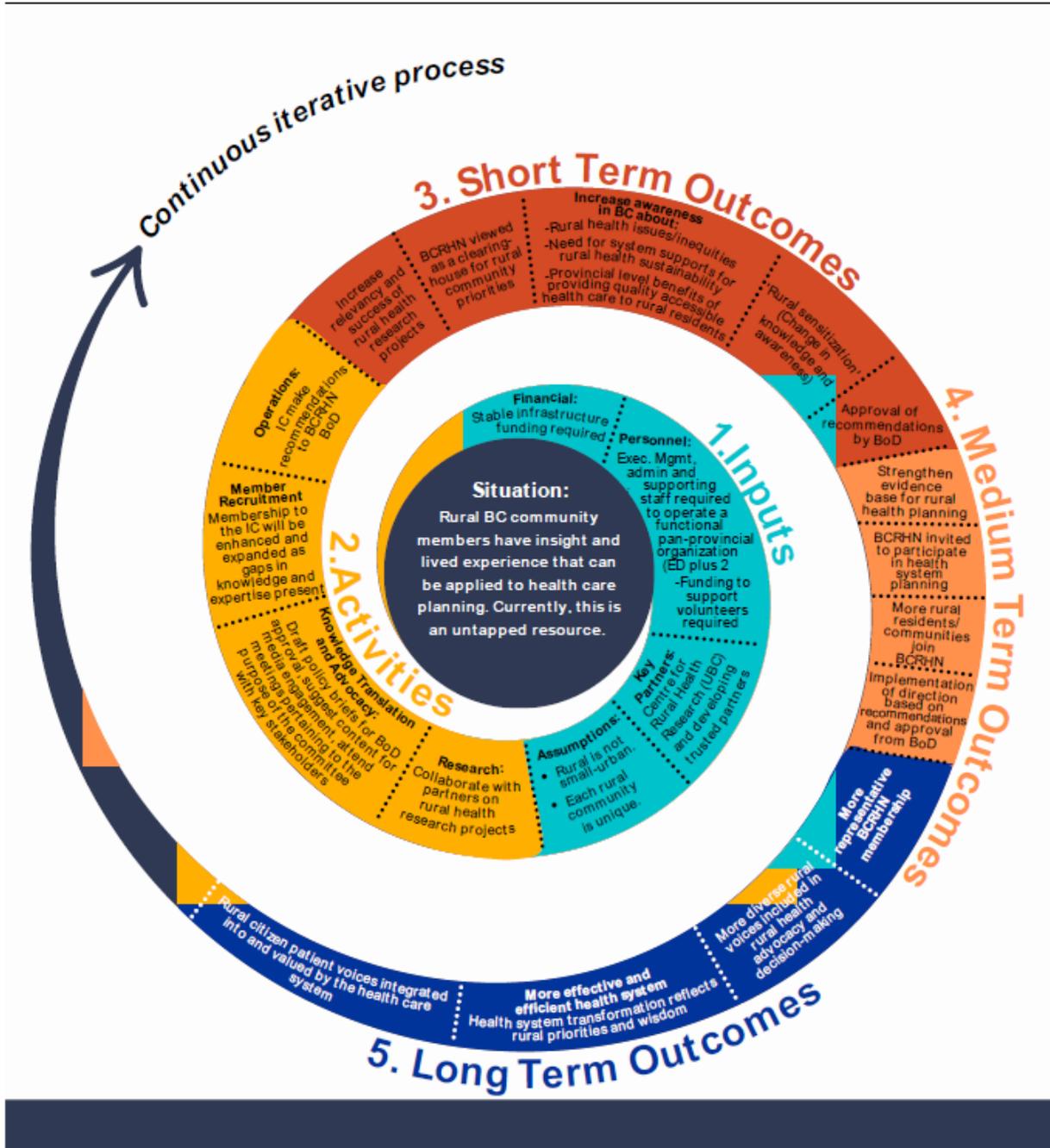
LOGIC MODEL



BCRHN Implementation Logic Model

IMPACT:

Thriving rural communities with stable health services rooted in the reality of local conditions



Optimizing Community Participation in Healthcare Planning, Decision-Making and Delivery

A Position Statement from the BC Rural Health Network

Rural community involvement in local healthcare planning and local healthcare delivery is a key priority for rural residents across British Columbia. It is widely recognized that meaningful involvement of residents in decisions, investment, and innovation, ensures results that are appropriately patient centered, locally relevant and aligned with local care experiences and expectations.

As an umbrella organization representing the health interests of 1.5 million rural residents across BC, the BC Rural Health Network recognizes that rural communities continue to disproportionately experience the negative effects of a health system under stress. As a solution driven group, we advocate for equitable rural representation in health planning and implementation. This position is based on the growing evidence on the value of community and regionally based health councils and from the voices of our membership. We advocate for a two-step process to work towards optimizing rural residents' voices:

- (1) Based on best available international evidence and pan-provincial community consultation, that the BC Government work with the BC Rural Health Network to co-create an implementation plan tailored to British Columbia's geography and rural health service realities.
- (2) Recognize that innovation is driven from within rural communities and occurs at the grassroots level across rural BC. Local knowledge, local cultures, indigenous priorities and cultural sensitive approaches, need to be the foundation in health planning and healthcare practice. This foundation will create the models that will inform an overall, BC-relevant approach to the residents' voice in their health and healthcare planning.

We propose this work be provincially funded and occur in collaboration with the BC Rural Health Network.

These first steps in ensuring representation of the residents' voices in health planning is an up-stream response to the continued attrition of rural health services across BC. We must recognize and appreciate the experience and knowledge of lay individuals and rural community organizations which can be harnessed for health system transformation. The BC Rural Health Network is well-positioned to be the conduit between provincial processes and rural communities.

BC RURAL HEALTH NETWORK POSITION PAPER: TRAVEL SUBSIDIES FOR RURAL RESIDENTS WHO ARE REQUIRED TO TRAVEL FOR HEALTH CARE

Access to care is dealt with in Section 12 of the Canada Health Act, which states that "Every province or territory shall provide for the insured services on a basis that does not impede or preclude, either directly or indirectly, whether by charges made to insured persons or otherwise, reasonable access to those services for insured persons."

British Columbia (BC) has infrastructure for emergency patient transport through the BC Emergency Health Services (BC Ambulance Service). Yet, rural British Columbians and their families are often required to bear the costs to access urgent and routine medical care sometimes hundreds of kilometers away. We believe that those costs should be the responsibility of the health care system. The removal of the expense for rural residents to access care (especially for the most vulnerable), will help ensure equity and contribute towards reducing health disparities for rural residents.

Rural residents are particularly vulnerable to the effects of health human resource shortages. For example, a vacant position for a physician, nurse, medical laboratory technician, ultrasound technician, physiotherapist or occupational therapist in a community, will transfer the cost burden to rural residents when they have to leave the community for care. There is a risk that the significant out of pocket cost for travel may lead to rural residents foregoing care thereby increasing the risk of long-term detrimental impacts of care-seeking when the disease or condition has progressed. When rural residents are transported by ambulance in acute situations, they are often left to secure their own transport back to their communities. These out-of-pocket costs include expenses for care that are not reimbursed by any insurance providers (MSP or private,) as well as patient-specific costs such as travel to the referral site, food, accommodation, and travel-companion costs.

A survey undertaken by the Centre for Rural Health Research 2019-2020 found that among the 381 rural respondents, average expenses per course of care outside the community was \$2,044 (with an average of \$856 spent on travel and \$674 on accommodation). Among those who responded, close to 80% reported they had difficulty paying for their costs and 60% reported traveling to access care negatively affected their health.

Compounding the impacts to rural residents accessing care out of community are lost wages, childcare challenges, unnecessary repeated travel, appointment times that do not reflect the reality of out-of-town travel and absence of public transportation options. This is further exacerbated for residents who lack access to a vehicle or may not have social support to facilitate transportation. For many rural respondents, the challenge of out-of-community travel to access health care led to delayed or diminished care provision, particularly among those who relied on others to access care.

These challenges all may have a trickle-down effect on health status. Beyond this is the potential for additional health care costs when health conditions are not address expediently.

Although there is provincial funding for patient travel through the Travel Assistance Program (TAP), it is limited in scope. Additionally, current practices in booking rural residents for diagnostics over numerous visits increase the burden on the patient and the burden on the system, which further increases the cost

to the taxpayer. Improvements to streamlining and reducing administrative overhead would also increase efficacy and decrease costs involved in re-imbursing expenses to the resident.

Given the challenges for rural residents to access health care outside their communities and within the context of the right to accessibility enshrined in the Canada Health Act, **the BC Rural Health Network is advocating, on behalf of rural residents, for increased government funding for those who are required to travel from their community to access health care.** Specifically, we advocate for:

- Full coverage for travel and accommodation expenses;
- Escort coverage;
- That coverage be available either in advance of the required treatment or at point of treatment to ensure treatment is sought;
- Expanded and coordinated public transit options such as BC Bus that enable rural residents to have same-day appointments in the larger centres (and avoid overnight stays);
- Develop a sustainable and coordinated rural non-emergency patient transport system to support interfacility transfers and to enable rural residents to get home after an out-of-town hospital stay;
- Development of strategic partnerships with car-sharing organizations to provide affordable options for rural residents;
- Expansion of sustainable and effective virtual care services so rural residents do not have to travel to routine consultations (e.g., psychiatry, pre-surgical consults, etc.);
- Expansion of a sustainable virtual pharmacy service for remote rural communities so residents don't have to travel to fill routine prescriptions;
- Engage with community organizations, service clubs and travel sector organizations to explore options for discounted accommodation or other options (e.g., Bultery House, Dawson Creek) to remove barriers for patients and families who must travel for medical care.

Link to full paper: Kornelsen J, Khowaja A, Av-Gay G, Sullivan E, Parajulee A, Dunnebacke M, Egan D, Balas M, Williamson P. [The rural tax: comprehensive out-of-pocket costs associated with patient travel in British Columbia](#). BMC Health Services Research. 2021;21(1). doi:10.1186/s12913-021-06833-2

RELOCATION SUPPORT FOR RURAL BIRTHERS

The maternity care needs of rural birthers, their families and communities have been well documented. Universal recommendations include access to safe care as close to home as possible¹. There is consolidated evidence on the health, psycho-social and cultural consequences of not providing this care. Our position context, starting with the Canada Health Act and including BC-specific issuances such as the Royal Commission on Health Care and Costs (1991) and successive Ministry of Health service plans (2005, 2013, 2014, 2015) emphasize the need for such care. Our national obstetrical organization (Society of Obstetricians and Gynecologists of Canada) endorses this through two Policy Statements (Returning Birth to Rural, Remote and Aboriginal Communities and the Joint Position Paper on Rural Maternity Care). More recently, both the national Truth and Reconciliation Commission and the provincial Health Partnership Accord have paved the way for actioning local birth as a cultural mandate and a part of the reconciliation process. Finally, BC has recently completed a provincial Maternity Services Strategy that recommends care close to home.

However, there are instances when rural population density cannot safely support local maternity services due to the low volume of deliveries and birthers will be required to travel to access care. There have also been increasing instances of rural maternity services going on diversion due to staffing and emergency transportation issues. In these cases, birthing families are required to travel from their communities to the intended place of delivery before the onset of labour. This may be 2-3 weeks prior to their due date and if follow up care is required after the birth, families may spend a month – or longer – outside of their community. Although travel and accommodation expenses may be covered for status First Nations families, expenses are not covered for others, leading to substantial out of pocket costs for many rural residents. This creates an undue burden on rural families and effectively limits access to care.

The BC Rural Health Network represents the voice of rural communities across BC and is committed to ensuring health service planning responds to the needs of communities; that all key-stakeholders are involved in decisions regarding local services; that service planning be done through a rural lens, appreciating the unique and varied conditions of rural communities and that we honor our policy commitment of returning birth to Indigenous communities.

In alignment with BC's provincial Maternity Services Strategy, we advocate for the Ministry of Health to partner with the BCRHN to determine appropriate system supports needed to access intrapartum care in rural communities across BC. Specifically, we advocate for financial and social supports for accommodation and travel in instances when care is not available locally. This should include:

- Full coverage for travel and accommodation expenses;
- Escort coverage, and;
- That coverage be available in advance of relocation.

We recognize this as an urgent need for birthing families across rural BC and urge immediate consideration of this evidence-informed position.

¹ Access includes five key areas: availability, accessibility, accommodation, acceptability, and affordability. Availability refers to the presence of services and resources, accessibility refers to the physical and geographic proximity of services, accommodation refers to the ability of services to meet the needs of diverse populations, acceptability refers to the cultural and linguistic appropriateness of services, and affordability refers to the financial accessibility of services. From: Levesque J-F, Harris MF, Russell G. Patient-centred access to health care: conceptualizing access at the interface of health systems and populations. *International Journal for Equity in Health*. 2013; 18. doi:10.1186/1475-9276-12-18

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BCRHN

British Columbia
Rural Health Network

Open Letter to the Parliamentary Secretary of Rural Health

Attn: Jennifer Rice

Parliamentary Secretary for Rural Health

Ministry of Health

Via: email

Re: Physician Assistants

Dear Ms. Rice,

We are writing on behalf of the BC Rural Health Network and the Canadian Association of Physician Assistants to request clarity from the government on the licensing of Physician Assistants (PAs) to practice in British Columbia.

The rural communities in our province have been hit hard by emergency room closures, transfers, and inequitable access to healthcare, and we believe deploying PAs could help address these issues. We are confused by the government's messaging on this issue and urge you to use your role as Parliamentary Secretary for Rural Health to push for immediate action.

The BC Rural Health Network has faced criticism for being partisan in its support of the creation of the Parliamentary Secretary for Rural Health position. However, we want to clarify that our support for this position is not based on partisan politics, but rather on the importance of ensuring that the voices of rural communities are heard within the Ministry of Health, regardless of who is in power. Our network will both utilize and hold the Parliamentary Secretary for Rural Health accountable to ensure that this position is effective in addressing the healthcare needs of rural residents across the province.

Unfortunately, we have been unable to obtain clarity from the Ministry regarding their position on Physician Assistants. We have received mixed messages and confusion, which is why we are requesting direct communication from the Ministry. We were

Practitioners and other future healthcare workers, these announcements do not address the immediate need for the deployment of Physician Assistants who are fully trained and ready to serve. If work opportunities were available, many more Physician Assistants would be able to come to BC and help address the healthcare needs of rural residents.

We acknowledge the complexity of team-based care and understand the importance of adding the right tools in the correct way. However, we must emphasize that we are in an emergency situation where many rural residents are unable to receive care due to lack of personnel and exhausted teams. We are not duplicating existing skill sets, but rather addressing the urgent need for support in many rural communities where healthcare teams are overworked and in need of assistance to keep facilities open. Physician Assistants skills are not a new skill, their skills are recognized and known, and they are actively being sought out by healthcare teams to work in collaborative environments. The Doctors of BC have expressed their support for their inclusion since 2013.

While we recognize the need to establish a regulatory framework for Physician Assistants, we urge the Ministry to urgently request the College of Physicians and Surgeons to commence this process. In the meantime, emergency measures should be put in place to allow for their temporary inclusion in the BC healthcare system, whether through Order in Council or any other means that will enable immediate deployment in understaffed communities across the province. This is a reasonable and necessary response to an urgent situation.

We have been provided with mixed messages regarding licensing, we have reached out to the College of Physicians and Surgeons of BC to clarify their position on PAs. The response was immediate and direct. Dr. Oetter, CEO, writes on February 27th, 2023 **“The College is prepared to do licensing and regulation of PAs if that becomes a priority of the Ministry of Health. And please tell all your friends. We are getting tired of the false accusations that the CPSBC is a barrier.”**

We have consensus from the BC Liberals, the BC Greens, the rural communities of BC, the Doctors of BC and the body who will be entrusted with the licensing framework in the CPSBC and many other professional bodies! What else does the Ministry need to act?

We write to you with respect and understanding of the major challenge you face with the crisis in rural health in BC, which predates the pandemic. Unfortunately, both our organizations feel unheard and shut out from the conversation, and we hope you can assist us.

We appreciate your ability to meet with the Minister, the Premier, and with senior staff, and unfortunately, to date, that opportunity has not been offered to us. The BC Rural Health Network represents rural residents pan-provincially and is a solutions-based organization. We encourage you to look at our membership map and members and understand the extent of the network's support. The Canadian Association of Physician Assistants is a national organization that advocates for and supports physician assistants across Canada.

We request a full response from you and ask for the Ministry's official position on Physician Assistants being deployed in BC. We are also happy to meet with you and

Thank you for your time and attention to this matter. We look forward to hearing from you soon.

Yours in health and wellness,

Paul Adams
BCRHN

Lisa Stewart
CAPA

Cc: Premier Eby, Minister Dix, MLA Bond, MLA Fursteneau, Peggy Skelton, Eric Demers, Colin Moss, Bcc: Media, all rural MLAs.



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KASLO Community Acupuncture Society

Patient Summary Report 2022

By Leni Neumeier KCAS Clinic Supervisor

Since 2020 8.82% of Kaslo and Area D's population (total number of citizens = 2,311) has utilized community acupuncture clinic and the need for acupuncture is high, especially in the areas of mental health, pain management, digestive health, addiction, and chronic illness management. Between January 7th and December 9, 2022, Kaslo Community Acupuncture Society (KCAS) offered a total of 25 clinics at the Heritage Hall at 500-4th Street in Kaslo, BC, every second Friday from 1 – 5 pm. The total number of treatments given in 2022 was 327; 65 treatments were given to new patients and 262 to repeat patients.

During most clinics, we operate with one registered TCM practitioner, one registered acupuncturist, one administrative assistant and one volunteer. Since the start of COVID, we treat 5 patients at a time (instead of 8) to support two meter social distancing plus face masks were mandatory at all times. In addition COVID regulations from the Ministry of Health and the BC Centre for Disease Control were implemented as developed in 2020.

Since the beginning of KCAS in 2020, we have treated a total of 204 individual patients between the ages of 9 to 88 and a total of 884 treatments have been given to the citizens of Kaslo and the surrounding area once every 2 weeks all year around.

In 2022, we treated a variety of dysfunctions with acupuncture, Gua Sha (TCM technique to increase blood circulation in stagnant tissues), tuning forks and TCM herbal medicine. Here is a summary of all diseases and ailments we attended to:

- Pain: abdominal, ankle, foot, neck, chest, whole body, groin, knee, heel, hip, hypochondrial, upper and lower back jaw, thumb
- Palpitations
- Digestive dysfunctions
- Insomnia and sleeping problems
- Numbness and Tingling in the extremities



KASLO Community Acupuncture Society

- Mental Health: anxiety, fear, suicidal tendencies, PTST
- Balance Issues after brain injury
- Menopausal and peri-menopausal symptoms
- Cancer Support
- Post Covid Symptoms
- Chronic Dry Cough
- Stress
- Endometriosis
- Eczema
- Fibromialgia
- Gout
- Fatigue
- Hamstring injury
- Hypothalamic amenorrhea
- Infertility
- Hashimoto
- Macular Degeneration
- Dizziness
- Migraine headaches and headaches
- Pregnancy support and induction support prior to birthing
- Post Surgery Care
- Post bone fracture care
- Respiratory Dysfunction
- Smoking Cessation Support
- Rheumatoid Arthritis
- Sequela after Stroke
- Severe skin laceration from dog bite
- Sinus pain
- Edema of feet
- Tennis Elbow
- Warts on foot
- Tinnitus



KASLO Community Acupuncture Society

- Trigger Finger
- Trigeminal Neuralgia

Summary:

Though we try to meet demand, we frequently have to turn patients away once our capacity of 16 patients over the four hours of clinic time has been reached. Due to the higher demand, KCAS has been discussing the next phase of our organisation and our vision is:

- to have weekly clinics available for the community of Kaslo and area to support more citizens with an alternative public health service,
- to offer child care for parents who don't have access to family or friends to look after their children.
- to offer an addiction clinic which focuses primarily on addiction and mental health.
- to secure funds as a charitable organization (Reference Number CH 202541431508) to support our growing organization and create financial sustainability and longevity.

It has been a pleasure to design this adjunct health model for the community of Kaslo and Area D and we hope we can be an example and inspiration for the Ministry of Health to support a more holistic healthcare system.

Best regards,

Leni Neumeier R.TCM.P, R.A

KCAS Clinic Supervisor

Report from Erika Bird to the Health Advisory Committee

March 13, 2023

I've been gathering information about a recent initiative to advocate for a community dialysis clinic at Kootenay Lake Hospital. I figure that this effort fits with a couple of the Health Advisory Committees priorities for 2023, especially *g. Advocate for improving and maintaining Specialist Services at Kootenay Lake Hospital*. Currently, people who depend on dialysis for their very lives must travel to Trail 3 times a week. The procedure takes about 4 hours and one is too exhausted afterward to safely drive oneself home.

I've been communicating with Christine Freyta, who, a dialysis patient herself and Ainsworth resident, began a petition to persuade Interior Health that a dialysis clinic in Nelson would be a life-changer for a number of people in Nelson, the Slocan and North Kootenay Lake areas. She promises to send me the minutes of meetings she and others have had with elected officials and Interior Health staff and others.

According to Interior Health, a hemodialysis machine for Nelson would cost approximately \$30,000 plus staffing and space. It's not as expensive a proposition as some specialist services, so I think it's in the realm of the possible.

I would like the blessing of this committee to continue to gather information with a view to finding appropriate ways we can advocate on behalf of people in our area who are suffering from renal failure. One thing is pretty clear to me after corresponding with Christine Freyta: the process of advocating for themselves is made much more difficult by the fact that, for at least 3 days of the week, they do not have the energy to do much more than travel and get dialysis.

On another topic, I am interested to connect with Kaslo Community Services about their ideas on using, or finding the funding to build a commercial kitchen that would make simple low-cost meals for seniors and others who could use a "Meals on Wheels" type program. And to find out who in our area is working towards the eventual creation of an assisted living facility – something that would bridge the "needs" gap between Abbey Manor and the Long Term Care currently available at the Victorian Health Centre.

Cheers

Erika



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*Serving the communities of
North and Central Kootenay Lake and the Lardeau Valley*

- The Healthy Aging 'Therapeutic Activation Program' (TAPS) includes the preparation and delivery of 50 simple meals. The meals are distributed at the Lardeau Valley Hall Food Cupboard on Wednesdays, and in Kaslo and Area D in person on Fridays.
- Free activities for the TAPS group of clients continues with a 'Rain or Shine' walking group on Tuesday mornings beginning at Abbey Manor, and a Journalling group that meets at Abbey Manor on Fridays. Indoor bowling will begin again in April at the Lardeau Valley Hall. To register please phone Kathy at the KCSS Office 250-353-7691.
- Lynda Beddow is continuing as a volunteer to assist people with the filing of their Income Tax. Last year she gave assistance to 171 people.
- Medical and non-medical 'Rides for Seniors' can be arranged through 'The Kootenay Seniors Volunteer Drivers Program', phone 778-463-5247.
- Barb Szuta of The Columbia Basin Alliance of Literacy (CBAL) is teaching Beginner iPad classes at the Seniors' Hall on Mondays from 1:00 – 2:30. Laptop classes are held at the Seniors' Hall on Wednesday afternoons with John Addison as the instructor. Please contact Louise DePape the Senior President for further information and to register.
- The Kaslo Seniors A.G.M. meeting, the election of officers, and the monthly luncheon will begin at the Seniors' Hall on Tuesday March the 14th at 11:00 am. The luncheon begins at 12:00 noon, and the charge for lunch is \$15.00. The cost for the Annual Senior Membership fee is \$15.00. Nominations can be given to Jean Cousins or Elizabeth Brandrick who are on the Nominating Committee for the Election.
- A drop-in fee of \$3.00 is suggested for the Friday morning Senior Coffee get-togethers that take place from 9:30 – 11:30 at the Kaslo Seniors Hall on Friday mornings.
- The Seniors' Coordinator can be contacted at <elizabethbrandrick@nklcss.org> , or by leaving a message at KCSS. Phone # 250-353-7691.

From: Kate O'Keefe
Sent: Thursday, March 9, 2023 5:27 PM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: Re: 2023.03.13 Health Advisory Meeting

I'd like to add a report regularly from VHKAS (Victorian Hospital of Kaslo auxiliary Society).

VHKAS March report

- President - Dianna Parker, VP - Kate O'Keefe, Treasurer - Wanda Ammon, Secretary - Donna Middlemiss
- Mandate: to support the life-long health and well-being of the community.
- VHKAS is transitioning from a membership driven society and charity to a mixed board only and membership model.
- Board meets monthly on the first Monday of the month, 11:30, grateful to use the Kaslo christian Alliance (formerly Community Church) for our meetings.
- Full membership meetings are planned for 3 times yearly - Christmas, AGM (Spring), June before closing for summer.
- AGM to be held April 3, 11:30, with light lunch provided. Presently there are 7 nominees.
- Kaslo Thrift Store (TS) is the main fundraiser operating 4 days weekly, (Wednesday-Saturday), 11:30-2:00. In December we extended hours to include Tuesdays when the food Hub is open, and until 6:00 on Wednesdays.
- Other fundraisers, such as teas, sales, entertainment events, were curtailed through covid. Recently the Thrift Store Fashion Show was held to an enthusiastic, sold out crowd. and raised approximately \$2000. We anticipate resuming other events.
- Donations are received from the estates of residents at VCHCK, and from the public. We do not apply for grants, with the exception being the 2019-2020 renovation of the TS, which is housed in a Village owned historic building.
- All monies raised are funnelled back into the community through bursaries, requests from groups, and are used to provide needed items for the health centre and the residents, primarily the Activity Program.
- Recent funding included
 - AEDs at the Seniors Centre, Ace Hardware, Kaslo fitness. Ace Hardware has a system in place to provide for any need to all the businesses and persons in that area.
 - Paramedic training
 - Several bursaries for medical studies
 - Nutrition for JVH and Youth Centre
 - Hair salon furniture for residential care.
 - Christmas appreciation hampers and events for the staff at VCHCK
 - Christmas presents and food items for the residents at VCHCK.
- A need brought to our attention recently is the lack of rental accommodation for casual and locum doctors and nurses at the hospital. We are in the process of exploring solutions.