



HEALTH ADVISORY COMMITTEE AGENDA

DATE: 2023.05.15

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 2023.05.15 Health Advisory Committee Meeting.

3. Adoption of the Minutes

3.1 Adoption of the Minutes of the 2023.03.13 Kaslo and Area D Health Care Select Committee Meeting.

4. Delegations

4.1 Sara Thomas – BC Emergency Health Services

To speak on upcoming staffing model changes for rural/ remote stations – timeline and benefits for Kaslo.

5. Information Items

5.1 Member Reports

5.1.1 Erika Bird

5.1.2 Leni Neumeier

5.1.3 Elizabeth Brandrick

5.1.4 Kate O'Keefe

5.2 Correspondence

5.2.1 British Columbia Rural Health Matters – April 2023 Edition

5.2.2 British Columbia Rural Health Matters – May 2023 Edition

5.2.3 Interior Health – Lannon DeBest 2023.05.01

5.2.4 Interior Health – Kaslo ED Stats

6. Question Period

7. Business

7.1 Request for funding

To consider making a recommendation to Council about using Village funds to update blueprints for the possible expansion of the Kaslo hospital.

8. Late Items

Consideration of any late items added to the agenda.

9. Next Meeting

July 17th, 2023 at 6:00 p.m. in City Hall.

10. Adjournment



DATE: 2023.03.13

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, Kate O’Keefe, Leni Neumeier
	Regrets	Director Watson
	Staff	CO Allaway
	Guests	Lannon de Best (IHA)
	Public	0

1. Call to Order

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

The meeting was called to order at 6:00 p.m.

2. Adoption of the Agenda

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

Moved, seconded and CARRIED

THAT the agenda for the 2023.03.13 Health Advisory Committee Meeting be adopted as amended to include the following late items:

- ***Agenda format – Kate O’Keefe***
- ***Canadian Institute of Social Prescribing – Deb Borsos***

3. Adoption of the Minutes

3.1 Adoption of the Minutes of the 2023.01.23 Health Advisory Committee Meeting.

Moved, seconded and CARRIED

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

4. Delegations

4.1 Lannon de Best – Interior Health Authority

Mr. de Best, Executive Director of Clinical Operations for Kootenay Boundary region, provided information about Interior Health Authority operations in the area.

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
- Items 5.1-5.8 were received for information*

6. Question Period

Nil

7. Business

7.1 Replacement of 4th Physician

At this time, there is no update available.

7.2 Meeting Schedule

Daytime meetings aren’t possible for several committee members, due to their work schedules. The meetings will continue to be held starting at 6:00 p.m.

7.3 Kaslo Community Services

Erika Bird shared information about the need for a community kitchen and additional assisted living units.

8. Late Items

8.1 Agenda Format

The membership has requested that the committee’s identified priorities be circulated with the call for reports and agenda items. At the request of the committee, draft minutes will be circulated to the membership once approved by the Chair.

8.2 Canadian Institute of Social Prescribing

Deb Borsos shared information about the activities of the Canadian Institute of Social Prescribing.

9. Next Meeting

The next Health Advisory Committee meeting will be held on May 15, 2023 at 6:00 p.m. in Council Chambers at City Hall.

10. Adjournment

The meeting was adjourned at 7:54 p.m.

Corporate Officer

Chair Hewat



Kaslo Administration

Subject: Invitation to Kaslo Health Advisory Committee Meeting

From: Thomas, Sara J EHS:EX <Sara.Thomas@bcehs.ca>
Sent: February 6, 2023 9:52 AM
To: Catherine Allaway <allaway@kaslo.ca>
Subject: RE: Invitation to Kaslo Health Advisory Committee Meeting

Good morning Catherine,

This should work....I'll put it in may calendar.

Thank you,

Sara Thomas, B.PE

Manager, Clinical Operations

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

C: 250.265.8011

E: Sara.Thomas@bcehs.ca



From: Catherine Allaway <allaway@kaslo.ca>
Sent: February 3, 2023 10:04 AM
To: Thomas, Sara J EHS:EX <Sara.Thomas@bcehs.ca>
Subject: RE: Invitation to Kaslo Health Advisory Committee Meeting

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hi Sara,

The next meeting is scheduled for Monday, May 15th at 6:00 p.m. Can you let me know if that works for you?



Catherine Allaway

Corporate Officer

Village of Kaslo

250-353-2311 x105

From: Thomas, Sara J EHS:EX <Sara.Thomas@bcehs.ca>
Sent: February 2, 2023 3:52 PM
To: Catherine Allaway <allaway@kaslo.ca>
Subject: RE: Invitation to Kaslo Health Advisory Committee Meeting

Hi Catherine,

I hope you are keeping well too. I would be more than happy to participate, however I'll be away this week in March (spring break).

When would next meeting be? It maybe be better timing anyways for an update. The union is in process of ratifying agreement....I may have more clarity on changes to remote staffing model come April or May.

Please let me know. Happy to meet informally prior to March meeting as well.

Best, Sara

From: Catherine Allaway <allaway@kaslo.ca>
Sent: February 2, 2023 2:34 PM
To: Thomas, Sara J EHS:EX <Sara.Thomas@bcehs.ca>
Subject: Invitation to Kaslo Health Advisory Committee Meeting

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hi Sara,

I hope all's well in your world. I've been asked by Mayor Suzan Hewat to reach out to you and find out if you would be willing to appear at an upcoming Health Advisory Committee meeting to provide an update on the current ambulance service levels/capacity in our area. The next meeting is scheduled for 6:00 p.m. on Monday, March 13th and remote participation is always an option.

Please let me know if this falls within the scope of your duties and whether you might be available. If it's a possibility we can connect about the details.

All the best,
Catherine



Catherine Allaway
Corporate Officer
Village of Kaslo
250-353-2311 x105

Report from Erika Bird

Update on my efforts to advocate for dialysis patients, May 8, 2023

Note: Any person suffering renal failure or chronic kidney disease needs dialysis to keep living. Dialysis filters the blood, although not nearly as efficiently as functioning kidneys. It takes almost 4 hours for the dialysis machine to do its work.

Current Situation:

The only In-Centre Hemodialysis Units (ICHD) is at the Trail Regional Hospital because it can offer the full spectrum of renal services.

Grand Forks and Creston each have a Community Dialysis Unit (CDU). CDUs provide an option for medically stable and relatively independent outpatients.

Public Transportation Options: Patients in Area D have no public transportation options. For Nelson Area patients the Kootenay Seniors Transportation Program will cease to provide services at the end of May.

Renal Advocacy Team for Nelson: Since 2018, a group of dialysis patients who live in Area D and the Nelson Area (including the Slocan) have been advocating for Community Dialysis Clinic to be established at Kootenay Lake Hospital in Nelson. For Chris Freyta, a resident of Ainsworth and formerly the leader of the Advocacy Team, being dependent on dialysis means driving to Trail 3 times a week – she basically loses 3 days out of every 7 because of all the driving – not to mention the 4 hours she is hooked up to the blood filtering machine. Chris is a senior and was very active in trying to persuade Interior Health to open up a CDU in Nelson. She has given me all her files which include case histories, letters to Interior Health, John Horgan (then premier), the Minister of Health, and Brittney Anderson. The date of her last correspondence is June, 2022.

IHA Guidelines for Community Hemodialysis Units : This document explains the conditions that are necessary before the province will consider funding a Community Dialysis Unit. Crucial is the demand (number of patients), staffing, and the availability of appropriate clinic space.

Actions undertaken by Erika

- Reviewed the IHA Guidelines for Community Hemodialysis Units.
- Reviewed all of Chris Freyta's correspondence, which includes a petition that was sent to Brittny Anderson and tabled at the Third Session, 42nd Parliament (2022) Wednesday, May 18, 2022: *"B. Anderson: I rise to table a petition from Robin Wood regarding the need for dialysis machines at the Kootenay Lake Hospital in Nelson."*
- Reviewed the correspondence of the Advocacy Team
- Emailed Donna Jansons, Program Director, Renal Services, Interior Health, and spoke on the phone.
- Emailed Dr. Marie Michaud, renal medical director for Interior Health, based in Kelowna. No reply.
- Emailed Britny Anderson. The following pages are her reply to me, and some information that was passed to her and the Advocacy Team last year, at the time that Brittny tabled it in parliament.
-

Hi Erika,

The Ministry of Health responded to Robert Wood, who was the author of the petition. I believe there were some issues with the process of the petition. I will see if I can locate and release a copy of that letter to you.

That being said, we are continuing to advocate for this from our office every chance we get. I have asked the Ministry of Health for an update and will get back to you when I hear back from them. We are being told that home dialysis is being offered, although our position is that this doesn't work for everyone, particularly seniors. They also said they don't have the numbers to justify staffing another dialysis unit at other locations (such as KLH).

This is going to become a bigger issue for many with the Kootenay Seniors Transportation Program stopping services at the end of May (we just found this out last week).

I'll let you know what we hear back.

In your service, Sarah Wasilenkoff, constituency Assistant to Brittny Anderson, MLA for Nelson-Creston

(Letter from Interior Health to Advocacy team in 2022 and forwarded to me by Brittany Anderson, edited for length by me. Brittany did not tell me who the author of this letter was.)

I was recently made aware of your petition regarding access to dialysis treatment in Nelson and am pleased to respond on behalf of the Ministry of Health (the Ministry).

The Ministry and BC Renal acknowledge the impact of travelling to another community for dialysis on both patients and their families. BC Renal, in cooperation with health authority renal programs, coordinates kidney care services across the province for people with chronic kidney disease.

CDUs provide an option for treatment closer to home for medically stable and relatively independent outpatients. These units are staffed and equipped for this level of care only, and patient safety is the main consideration in deciding whether dialysis at a CDU is appropriate.

The dialysis unit in Trail is an ICHD. The possibility of adding a CDU at Kootenay Lake Hospital in Nelson has been raised in the past, but Interior Health Authority has no imminent plans to do so. For staff to maintain their clinical competency, a steady volume of patients is needed. Although dialysis is administered by a nurse with specialized training, a CDU must also have a dedicated renal physician on active duty at the facility.

In British Columbia, the process for renal care facility and equipment planning is a collaborative one and involves both BC Renal and the health authority renal programs. Proposals outlining the needs based on patients currently receiving dialysis, as well as those with progressive kidney dysfunction who are likely to require dialysis, are submitted to BC Renal's Facilities and Planning Committee. These proposals are then ranked by the Committee based on objective and equitable criteria. This planning process is done annually on a five-year cycle.

Best practices in kidney care today emphasize early intervention and a focus on independent dialysis options, which have proven health and quality of life benefits.

While the growth of facility-based dialysis is decreasing provincially, work is ongoing to explore ways to offer safe and sustainable transportation options to support patients travelling for medical services.

In addition to continuing to provide province-wide, high quality kidney care services, a primary goal of BC Renal and the health authorities is to improve early diagnosis of kidney disease and work with patients to maintain their kidney function at a level that does not require dialysis.

BC Renal regularly reviews kidney service delivery throughout the province and would consider expanding service if facility and equipment needs are identified through their planning process.



KASLO Community Acupuncture Society

To:

Kaslo and Area Health Select Committee

Meeting May 15, 2023

From:

Kaslo Community Acupuncture Society (KCAS)

PO Box 818

Kaslo, BC, V0G1M0

RE: Advocating to IH for the financial support to operate a financially sustainable community acupuncture clinic in Kaslo

Dear member of the Kaslo and Area Health Select Committee:

KCAS's was founded to provide what we consider an essential health service in Kaslo. We are filling a critical gap in health service for many community members. Our mission is to provide a socio-economical barrier-free acupuncture service. Since 2020 we have offered over 1000 treatments and spent thousands of volunteer hours to provide this service for Kaslo and area. Our goal is to establish a financially sustainable non-profit organization that can offer this invaluable health service for many years to come. Our long-term hope is that we can include our community acupuncture model in the regular health care system offered by the Ministry of Health.

To date, 8.82% of the Kaslo and area population have been treated with acupuncture by our charitable society. Our local practitioners are also very busy attending to their private clients. This shows that acupuncture and Chinese Medicine in Kaslo is in high demand especially for chronic illnesses where Western Medicine relies mostly on pharmaceuticals to treat. Since Chinese Medicine is a private service and only available free of charge to patients with extended care insurance, low-income patients could not afford a one-on-one treatment session therefore our clinic is in high demand. We are attending to a very diverse range of health complaints including pain management, addiction and mental health and many others which are listed in our 2022 Patient Statistical Data Report from last meeting (see Appendix B)

At this point, our organization has only been able to raise 50% of our total budget with private, municipal and provincial grants. In the KCAS's survey 2023 (see Appendix A), our patients recognize that community acupuncture should be a public service especially in rural communities and in times of a significant addiction and mental health crisis where acupuncture has been scientifically proven to help



KASLO Community Acupuncture Society

minimize symptoms. For further details on the effectiveness of acupuncture and addition, please watch "Dope is Death" a documentary by Cinema Politica.

Our current focus, to support and improve health care in Kaslo, is to secure financial sustainability so we can offer weekly community acupuncture as a public service, available to every citizen no matter of the socio-economic status. Our experience so far has been that most funders support new projects but there is very little founding available to maintain operational costs especially for health care services. Consequently, we need a partner that is reliable, integral and has a similar vision to improve health care and to help us provide community acupuncture as an effective and integrative adjunct medicine to the current medical system.

In addition, we recognize that the current system is very good at addressing urgent and acute health care needs and community acupuncture has the ability to reduce the pressure on the public health care system by attending to patients with chronic illnesses where pharmaceuticals are often the only solution in Western Medicine. Often the root cause of disease is not recognized and treated. We believe that it would be very beneficial for our community, province and even across Canada if community acupuncture could be supported by the Ministry of Health as an adjunct health service to all citizens of Canada. We would like to offer our community acupuncture model as a pilot project within the Ministry of Health and Interior Health and we are very interested in a successful mutual relationship with current publicly funded health service providers to improve health care with community acupuncture.

Please don't hesitate to contact us for any further information to discuss the next step to develop a more comprehensive and diverse health model like other countries in the world.

Best regards,

Leni Neumeier R.TCMP, R.Ac
KCAS Clinic supervisor

Laura Douglas
KCAS Chair/Director



KASLO Community Acupuncture Society

Appendix A

KCAS Survey Analysis and Commentary

Based on 46 responses

In general responses were overwhelmingly positive

Q1 – Are you a new or repeat patient?

Yes – 43

New – 3

Q2 # of visits by patients who were returning

– the range was from 2 – 50 times

Q3 – Is the community acupuncture clinic beneficial for your health concerns?

Yes – 45

No – 1 (this respondent found it challenging to stay still enough for the treatment and had to discontinue.)

Comments: patients highlighted that they liked it was locally accessible, good for a range of physical and emotional issues, appreciate the on-going treatment for chronic conditions, affordable, “I feel like you guys honor “Healing”.

Q4 Do you notice improvement in your overall wellbeing?

Yes – 38 -

No – 1

N/A – 7 – one of these shared that they needed to find a way to get there more regularly for a chronic condition.

Q5 Do you have any concerns about COVID in the clinic setting?

Yes – 3 (Concerns were about patients who don't wear medical masks (bandana), worried about the risk in general in being around others indoors, the information and science is still emerging)

No – 43

Q6 – Do you feel that the space is a healing environment?

Yes – 44 – words used to describe the space (peaceful, welcoming, friendly, peaceful, comfortable, relaxing, kind, caring, nurturing, soft music, loving, hands, people who help the patients relax.)



KASLO Community Acupuncture Society

No – 2 (the choice of music – instruments were out of tune, it\’s be better without masks)

Q7 – Do you feel safe and included in the clinic setting? How do you perceive privacy in our clinic?

Yes – 45 (the space offers as much privacy as possible, although it’s possible to hear others there is healing in knowing we are all suffering and none of us is alone in that, I do feel exposed in this setting but that has to do more with where I am at than the setting)

No- 1 (without some sort of ritual to focus the energy of all the attendees it feels a bit scattered)

“At first I was hesitant about the group setting, I realized that I can still have a private cat with the practitioners, which helps me feel secure. I have come to enjoy the group setting and feel a sense of community in the quiet healing space of the treatment room .In that space we are together as we heal our own individual imbalances.”

Q8 Do you think community acupuncture treatment should be a part of our public health service?

Yes – 43 (this modality of healing is most powerful for me, the financial arrangement allows a wide range of clients to access the service, making it more of a mainstream option would increase overall community health.

No - 1

No Answer – 2

“For about 25 years acupuncture has been a significant part of my personal health care. This helps me to maintain good health, which, of course, means that I require less from other medical doctors and this saves money for our current medical system”

Q9 Is there anything you feel we could do to improve or add to the clinic?

- Have it more often
- Improve the music(! respondent)
- Difficult to get an appointment
- Portable screens
- Longer hours
- Lots like the music
- Thanks to funders and volunteers
- Add Reiki back



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"I feel like this clinic is a great service, but it strays from the community clinic model. I don't appreciate someone taking a lot of time when only a set number can be seen in a day and people get sent away. My guess is that everyone's reason for coming is as important as anyone else's.

Q10 – Favorite things about the clinic

- The acupuncturists and the way they work – professional, caring, competent and gentle.
- The soft blankets
- The heating pads
- Just lots of gratitude for the service

Take aways:

Overall the patients are finding a lot of benefit. They are happy with the clinic and the practitioners. There is obviously room to expand and have community clinic more often. We noted that addiction treatment was not mentioned so our movie will help with that knowledge. It was nice to see that lots of patients identified physical and well as emotional and mental health support from acupuncture.



KASLO Community Acupuncture Society

Appendix B

Patient Summary Report 2022

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
- Mental Health: anxiety, fear, suicidal tendencies, PTST
- Balance Issues after brain injury
- Menopausal and peri-menopausal symptoms
- Cancer Support
- Post Covid Symptoms



KASLO Community Acupuncture Society

- 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
- 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.



KASLO Community Acupuncture Society

- 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,

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

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

The Kaslo Community Services Senior Coordinators Report – May 2023

- 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 at homes in Kaslo and Area D on Fridays.
- Free activities for the TAPS group of clients continues with:
 - o a 'Rain or Shine' social walking group on Tuesday mornings beginning at 10:00 at Abbey Manor. Walking for all abilities, scooters are welcome.
 - o an Open Art Studio group with Christine Parton will meet on Friday May 19th, June 9th, + July 21st at Abbey Manor Common Room from 1:00 – 3:00 pm. materials and snacks are provided free of charge.
 - o indoor bowling has begun again once a month at the Lardeau Valley Hall. The next two sessions will take place on May 15th, and June 19th. To register please phone Kathy at the KCSS Office #250-353-7691, ext. 204.
- Medical and non-medical 'Rides for Seniors' can be arranged through 'The Kootenay Seniors Volunteer Drivers Program', phone 778-463-5247.
- Individuals can contact Barb Szuta of The Columbia Basin Alliance of Literacy (CBAL) to arrange a lesson time and place for I-pad and cell phone usage at: bszuta@cbal.org.
- The Seniors weekly coffee drop-ins take place on Friday mornings at the Kaslo Seniors Hall. Donation of \$3.00 a time are suggested. Monthly luncheon/meetings begin at the Kaslo Seniors' Hall on the first Tuesday of each month at 11:00 am. excepting July and August. The cost for lunch is \$15.00. The Annual Senior Membership fee is also \$15.00.
- The 29th Annual Seniors Appreciation Dinner took place at the Lardeau Valley Hall from 4:30 – 7:00 on Sunday April 30th. Many seniors from Kaslo and Area D attended, and enjoyed a special social time of Fun, Food, and Fellowship. The time of reconnecting with friends and acquaintances, some they had not seen since the days of pandemic isolation, was greatly appreciated.
- The Seniors' Coordinator can be contacted at elizabethbrandrick@nklcss.org, or by leaving a message at KCSS. Phone # 250-353-7691.



VHKAS Victorian Health Centre of Kaslo Auxiliary Society

May 2023 report

At the April AGM the new Board Members were elected by acclamation: Dianna Parker - President, Kate O'Keefe - Vice-President, Wanda Ammon-Treasurer, Annalisa Reynold - Secretary, and 3 members at large - Linda Kelly, Andy Shadrack, Tracey Quillian.

We will again be holding our meetings in the VCHC Boardroom. This enables long-term care residents to attend.

One of the new volunteers at the Thrift Store is a person with disabilities who is settling in well, working under supervision of a suitable mentor.

The Thrift Store continues to serve the community through our recycling/repurposing program available for a donation, and by funding both residents' activities at the hospital and community needs via grants and bursaries. Whenever possible we purchase items

Last fiscal, we funded:

- bursaries - \$14000 +.
- 2 community meals (Christmas dinner and Teddy bear's picnic) that were a huge success.
- ongoing funds going to VCHC residents activities - cats in care, music in care, special meals, the gardens and plants, new equipment for the Hair Salon. appreciation baskets for staff and more as needed
- JVH - school meals and diabetic meals.
- Legion
- Food Hub
- 3 AEDs for community (at Seniors Hall, Ace Hardware, Kaslo Gym).
- education for VHKAS members.
- support local businesses by purchasing locally whenever possible.



BCRHN

British Columbia
Rural Health Network

Rural Health Matters

April 2023 Edition

Letter from the President

Dear Readers,

Welcome to Spring! I have just returned from a lovely two-week family vacation. We still have a bit of snow here, and night temperatures are still below zero, but the promise of warmer weather and new growth is certainly here.

Speaking of growth, the BCRHN continues to add membership from across the province, with numerous individuals and community agencies recognizing the importance of having a united voice in advocating for rural health equity. To do this effectively we listen to our members and bring forth pertinent information both to and from our members to government and other services and agencies.

We have recently met with the Canadian Association of Physician Assistants to discuss the positive impact their members could have on enhancing health care in rural and remote BC. They currently are not able to practice in BC, although they successfully practise in other provinces and federally in the Canadian Armed Forces. The Doctors of BC have publicly stated their support for this profession. The ability to practice as a PA, as with any professional body, licensure must be recognized and approved by the Ministry of Health. In order to clarify the BC Governments position on the licencing of PA's an open letter to the Parliamentary Secretary of Rural Health was jointly put forth by the BCRHN and the Canadian Association of Physician Assistants, to ask the government to outline their position on PA's. We await her response.

Exciting news! The BCRHN partnered with UBC's Centre for Rural Health Research in applying for a grant to further identify gaps in services in rural and remote areas. We have been notified that we have been successful! Further information will be forthcoming.

With that I will sign off for this month. Please enjoy the newsletter ...I wish you health and happiness!

Only the best,
Peggy

Peggy Skelton, President
email: info@bcruralhealth.org

Visit Our Site

From the Desk of the Executive Director

Hello BC Rural Health Network members and supporters!

Welcome to our April 2023 newsletter. We've been working hard to advocate for rural health care in British Columbia, and we're excited to share our recent progress and upcoming initiatives with you.

Grant Applications and Research Projects

Our Implementation Committee has been focusing on grant applications led by Dr. Jude Kornelsen. Two grants are in progress for research projects that will strengthen our advocacy on community engagement, backed by evidence and research. As mentioned by Peggy one of these grants has been approved and we are meeting with the Implementation team next week to discuss this opportunity. The second grant is still in the LOI stage but hopefully we will be approved to proceed to the full application. We will update as we learn more. We are so grateful to have Jude working with the BC Rural Health Network and owe her and her team at the UBC Centre for Rural Research great appreciation for providing the information we desperately need to support rural residents and their communities in advocating for their health and wellness.

BCAHC Collaboration and New CHC/UPCC Model

We recently learned about the new hybrid Community Health Centre (CHC) and Urgent and Primary Care Centre (UPCC) model and the first one will be in Sooke, and was recently announced by Minister Dix. Valerie St John (Executive Director of [BC Association of Community Health Centres](#) and Liaison to the BCRHN Board) was in attendance at the announcement and has been instrumental in this development and we thank her for being a true leader on team based care in BC. We're keen to hear more about this development and the progress made by Val and her team as this project turns into reality over the course of the next year(s). In the meantime, we'll be following up on our meeting with BCAHC to discuss promoting CHCs and community engagement further. Val has also engage with Jude to provide a study on the CHC model which will be very helpful to anyone advocating for CHC's moving forward.

Political Engagement and Advocacy

We've been busy engaging with politicians from various parties to raise awareness of rural health issues. Jude and I met with Dr. Sanjiv Gandhi, the second deputy leader of the BC Green Party, to discuss our work and the need for system change in BC health care. Dr. Gandhi is supportive of change and will spearhead the BC Green Party's health agenda in the next provincial election.

In our ongoing efforts to collaborate with the Ministry of Health, we've been working closely with Jennifer Rice, Parliamentary Secretary for Rural Health. Our recent discussions with the [Canadian Association of Physician Assistants](#) (CAPA) have led us to cooperate with them on an active engagement campaign, requesting a formal position on Physician Assistants from the Ministry. We'll continue to advocate alongside CAPA and ensure a response is received.

Our advocacy work has been recognized by Dr. Josh Greggain, President of the Docs of BC, who tweeted his support. We are also very grateful for the work of Dr. Greggain and the [Docs of BC](#).

We've remained active in the media, discussing issues such as maternity challenges in Williams Lake, North Island protests and ER closures in Merritt.

Membership and Regional Expansion

We're delighted with the progress of our membership drives and renewal requests. Municipalities, a Regional District, individuals and organizations have joined or renewed their memberships, and we'll continue to reach out to municipalities and regional districts to expand our community government membership. [Join us here](#).

Budget Review and Funding

We're keeping a close eye on budget allocations for rural health, and we'll continue to push for adequate support and funding from Government. We have made a request to present in person to the Standing Committee on Finance and we hope do so in Penticton (closest location to my residence.) It will be interesting to see what happens in the next few weeks in the Legislature as the final details are worked through on estimates and allocations.

New Technology and Grant Work

We've invested in new computers and software to improve communication and collaboration among our leadership team. This was made possible by a \$10k grant received through the The Federation of Community Social Services of BC. We thank them as well.

RCCbc Funding

Peggy has been in contact with the [Rural Coordination Centre of BC \(RCCbc\)](#) to discuss the potential re-funding of the Rural Citizens Perspective Group (RCPG) and the BCRHN through the Michael Smith Foundation. We'll update you as soon as we have more information. We met yesterday morning with the RCPG group and some new faces have joined and a good conversation had. The Weave and Breathe event that was attended in Vancouver and virtually by RCPG members released their first report on the Summit and you can view that paper [here](#). A further paper on the rural aspect of this conference will be shared out when received. RCCbc were the co-creators of this workshop/conference and we continue with our gratitude to their work in rural healthcare and with rural physicians. Dr. Stuart Johnston is the RCCbc Liaison to the BCRHN Board and one of the original founders. We learnt yesterday that RCCbc was created while friends shared a bottle of red, cheers Stu!

April is Parkinson's Awareness Month

Every year, [Parkinson Society British Columbia \(PSBC\)](#) dedicates the month of April to raising awareness of the unique experiences of people with Parkinson's, and the needs of their community. Parkinson's Awareness Month is an opportunity to engage the public in expanding their understanding of Parkinson's,

and the profound effects it has on the lives of over 15,000 British Columbians living with the disease. [Please visit them](#) and donate to the cause if you can.

Last but not Least

Thank you for your continued support of the BC Rural Health Network. We're committed to advocating for better rural health care in British Columbia, and we couldn't do it without you. Stay tuned for more updates in the coming months!

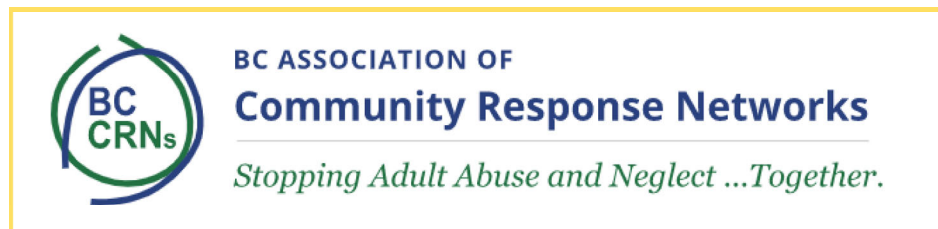
Gratefully yours in health and wellness,
Paul

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

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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 April 2023
is the

BC Association of Community Response Networks (BCCRN)

Website: www.bccrns.ca

Submitted by Sharon Johnson, CPA

Director of Administration

BC Community Response Networks

BC Community Response Networks (BC CRN) is a provincial organization dedicated to creating awareness of and preventing the abuse, neglect and self-neglect of vulnerable adults in British Columbia. Started as a pilot project in 1994, BC CRN now serves [86 grassroots community organizations, known as community response networks](#) (CRNs) serving 260 communities. An action-oriented not-for-profit, BC CRN works with CRNs to provide a coordinated community response to vulnerable adults through referrals, education, public awareness campaigns, resources, promotional materials, small project funding and advocacy.

CRNs do not provide direct service to individuals. Each convenes a table of service providers and has the know-how to provide coordinated responses within the community. CRNs respond to the requests of community members when they or a person they know is concerned about possible neglect or abuse. Depending on the issue involved, referrals may include medical care, meal programs, activities or a number of other resources. When the CRN cannot provide a local community referral, they may direct the person to Seniors First BC or to a designated agency (the local Health Authority or Community Living BC) who may investigate.

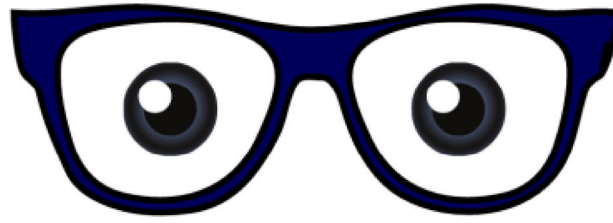
CRNs also assist with identifying common themes, barriers, and issues that require work at the regional, provincial or national level. Local CRN Coordinators are supported by a Regional Mentor and materials, programs and supports provided by the provincial BC CRN.

Signature Programs

BC CRN has two established signature programs that are designed to educate community members and to provide outreach information about adult abuse, neglect, and self-neglect awareness, and prevention. Several new programs are under development. These complimentary programs are offered in-person and virtually to best accommodate attendees' needs. Groups and individuals can follow the links to learn more and to register for these programs.



The [It's Not Right! Neighbours, Friends & Families for Older Adults](#) program is geared towards everyday individuals, residents, neighbours, family members, and friends of adults and older adults. The program is conveniently offered in three different presentation formats and multiple languages.



See Something, Say Something!

Reducing Risk for Older Adults

The [See Something, Say Something! Reducing Risk for Older Adults](#) is an engagement program geared towards any individual, agency, business, or community service provider who has regular, ongoing contact with adults as part of their daily routine.

The program is designed to help people identify high-risk, vulnerable adults, particularly those who are isolated, living alone and would benefit from some type of assistance to maintain their independence. Several new programs are under development including ageism, hoarding, intergenerational and the updated decision tree (where to go for help).

In March, the Decision Tree workshop was beta tested. It is designed to help those working with vulnerable adults to decide if a person can be cared for by the community and is able to make their own decisions. If this is not the case, then they may need to be referred for help from a provincial provider or a designated agency. The Decision Tree helps service providers make effective referrals when they witness abuse or neglect. It guides practitioners through a series of questions to help make decisions and outlines various agencies to guide appropriate referrals. This practical workshop was also useful for members of the public. A summary of the Decision Tree workshop can be found on the [BC CRN news page](#).

Learning Opportunities

BC CRN holds a monthly provincial learning event of relevance to community members and practitioners. April's learning event, Social Prescribing, is a community referral framework that enables healthcare professionals to refer clients to a range of local, non-clinical services. This framework is based on the determinants of health, namely social, economic and environmental factors. Social prescribing engages the person in influencing their own healthy outcomes. Examples include group activities, exercise, volunteering, creative pursuits, gardening and more. It may also provide meal delivery, mental and emotional support and financial assistance. Readers are welcome to [register for the Social Prescribing workshop](#) to be held April 18th or watch our news page for a summary.

[Learning events](#) take place on the third Tuesday of each month except June, July, August and December. Past events are archived on our website.

Key Events



[World Elder Abuse Awareness Day \(WEAAD\)](#), designated as 15 June, was initiated by the International Network for the Prevention of Elder Abuse (INPEA) in 2006, and was recognized as a United Nations Day by the General Assembly in 2011. The UN resolution asks all member states and citizens to recognize this day “in an appropriate manner.”

WEAAD is BC CRN's hallmark awareness and advocacy event, when all British Columbians are asked to stand up for the rights of older people. Campaign activities include lighting public buildings across the province in purple, wearing purple shirts, public information kiosks, webinars and other community activities. A national webinar will be co-hosted this year by BC CRN, Elder Abuse Prevention Ontario, the Canadian Network for the Prevention of Elder Abuse and CanAge. Watch our [events page](#) for webinar registration.

Local CRNs hold their own events to provide awareness, such as WEAAD events, workshops and information tables, and connect with vulnerable adults through food delivery, photo contests, mobility device checks and much more.



Events aren't limited to WEAAD. CRN volunteers around the province hold fun social events for seniors and other vulnerable adults. For example, on Valentine's Day, CRN volunteers around the province visited seniors' centres, affordable housing complexes and remote and rural locations to deliver cupcakes, cookies and messages of love. We hear about St. Patrick's Day celebrations, bingo, carpet bowling, and myriad other activities to engage local citizens. These events are opportunities to keep seniors and vulnerable adults active, feed them healthy meals (and treats!), play games, or to just sit and socialize.

Resources

BC CRN's website offers resources on many topics relative to the work of building safe communities free of abuse and neglect. Advanced care planning, ageism, financial abuse and fraud, LGBTQ2S+ issues (where seniors who identify are disproportionately affected due to lifelong discrimination and stigma), mental health and people with disabilities are just a few of the topics we cover. Visit our [BC CRN resource page](#) to access articles, referrals and downloads.

Elder Abuse

Safekeeping for vulnerable adults

Recognize
Learn
Support



Abuse and neglect can happen to anyone...
You are not alone

Order printed materials to share in your community, including the Elder Abuse information booklet, topical rack cards and a wallet card to locate resources, by contacting info@bccrn.ca.

Stay up to date with our events and updates by visiting the [events](#) page and signing up for the monthly newsletter (bottom of the website page). You can also follow us on social media:

[Facebook](#)

[Blog](#)

[Website](#)

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

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



Canadian Cannabis Company Retracts Claim Of License To Sell Cocaine

A Canadian cannabis company initially stated that it had been granted permission to sell cocaine but has since withdrawn its statement.

Adastra Labs, a cannabis company based in British Columbia, announced on February 22 that it had received a license to legally possess, produce, and sell coca leaf, cocaine, and psilocybin after Health Canada, the department responsible for national health policy, granted the company's approval for an amendment under its controlled substance dealer's license on February 17.

[Read more...](#)



Thousands Sign Up For B.C.'S New Doctor Pay Model, But Many Others Still On The Fence

The organization that represents B.C. doctors says it's pleased at the uptake to B.C.'s new family doctor payment model, but many physicians appear to still be taking a wait-and-see approach.

Doctors of BC says more than 2,000 physicians have signed up for the Longitudinal Family Practice pay scheme in the five weeks since it took effect, representing about 45 per cent of longitudinal family doctors.

[Read more...](#)



BCRHN
British Columbia
Rural Health Network

What Is The Ministry Of Health’s Position On Physician Assistants?

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.

[Read more...](#)



North Island Residents Rally For Better Health Care – BC Rural Health Network In The News

[Click here to Watch Global News at 6](#)

Residents in [Northern Vancouver Island](#) held a rally Saturday, demanding that the province needs to answer staffing issues at their local hospitals and facilities.

“The people are needing to be heard,” said Fran Jenkins.

“The event is about the people of the North Island and surrounding areas, standing up for our doctors so Island Health knows that we want some changes. It’s time we support our doctors.”

[Read more....](#)

-



Premier Eby Outlines Plans For Mental-Health And Addiction



North Island Health-Care Crisis Gets Shot In The Arm As 4 Nurses Hired, But Port Hardy ER Closures Remain

Services Amid Complaints Of ‘Three-Tiered System’

As the provincial government rolls out new details of its plans to expand mental-health and addiction services, it’s facing accusations of creating a “three-tier system.”

Premier David Eby said at a news conference Thursday that the B.C. government will create four new community recovery sites with aftercare support, as part of the \$1 billion set aside in Budget 2023 to expand mental-health and addiction services that have been plagued by long waiting lists.

[Read more...](#)

Island Health has announced the hiring of 18 new health-care and support workers, including four nurses, to bolster care on northern Vancouver Island — a small step toward tackling the region’s ongoing staffing crisis.

The new nurses are the result of a national hiring blitz launched by Island Health to attract health-care workers to the region, which has been plagued with staffing shortages and frequent overnight closures at facilities like Port Hardy Hospital’s ER.

[Read more...](#)



Sicamous Community Health Centre Continues To Put Patients First

Centre receiving Rural Health award for working with community’s needs

The Sicamous Community Health Centre remains ready to serve residents in need of medical care.

In February, Dr. Carol Connick announced her retirement, which is effective June 1. Health care centre manager Karen Eastland confirmed



Bluebirds In March

Bluebirds present and counted!

It really is finally Spring!

Real Mountain Bluebirds have been spotted in the Pavilion garden taking a migration break on their way to grassier places. They don’t linger sadly here; just touch our hearts and move along.

at the March 22 committee of the whole meeting that Dr. Connick will continue to practice medicine upon her move to Edmonton and will keep her licence active until 2024 to assist her former patients with accessing lab tests and other continuing results.

[Read more...](#)

But we, the tiny human Bluebird band don't migrate. We are dedicated every week to lifting the spirits of our Pavilion seniors in a similar manner.

They love Story Hour on Thursday morning. Who doesn't enjoy being read to?

[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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BCRHN
British Columbia
Rural Health Network

Rural Health Matters

May 2023 Edition

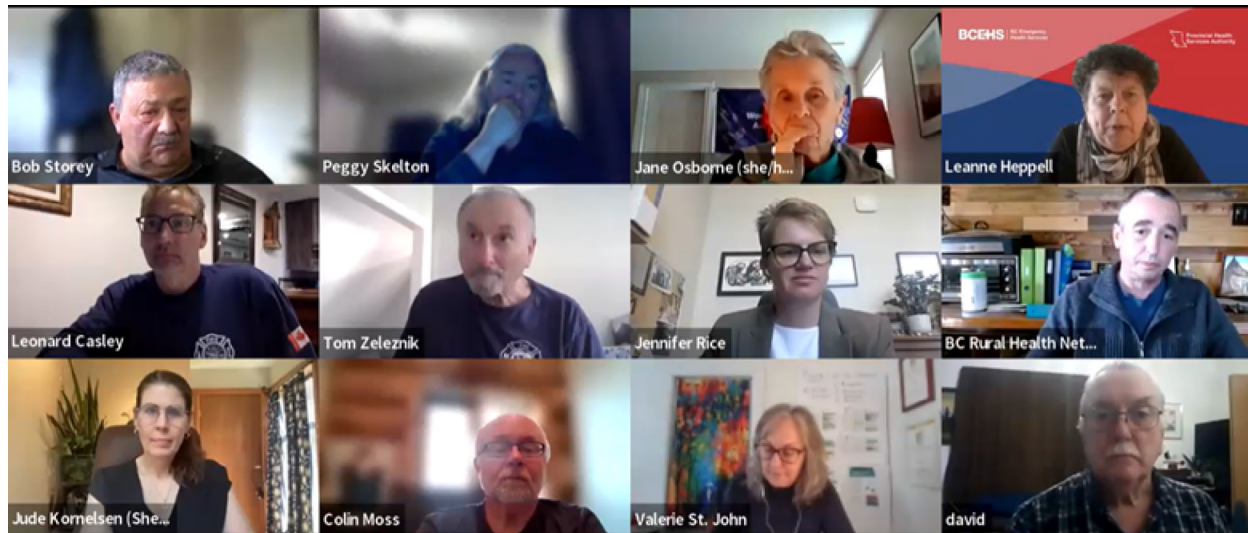
Letter from the President

Dear Readers,

May is here! Snowdrops and crocuses are the only flowers at our house so far but daffodils are next!

The BCRHN continues to be very busy! Paul and the Board have been working hard to bring the health care issues facing rural and remote communities to the attention of those who are in a position to make positive changes.

I am so proud of our board ! These individuals give countless hours of volunteer time to bring concerns and possible solutions forward! Their willingness to share their time, talents and expertise never ceases to amaze me! We are also very pleased that we are informed by the highest level of decisions makers in the province. (Below is a screen shot from our last Board meeting.)



We meet quarterly with Leanne Heppell (Executive Vice President BCEHS and Chief Ambulance Officer) to discuss how the BCEHS is working towards the improvement of ambulance services throughout rural and remote communities . Good discussions and positive solutions result! Jennifer Rice (Parliamentary Secretary for Rural Health) attended our last board meeting and has said she will attend further meetings and we look forward to those engagements as well!

We have also been asked to participate.in both provincial and federal summits to discuss rural and remote issues, such as, the Keeping it Rural Conference and the National Summit on Rural Patient Transfer.

A committee made up of 2 of our Directors Theresa, Jane and our liaison Dr Jude Korlerson are presently working on our Diversity, Equity, Inclusion and Belonging (DEIB) policy to ensure we include all residents of rural and remote communities.

Colin Moss and Paul continue meeting with interest municipalities , Regional Districts, and other services in regards membership with positive results.

So with those highlights I will sign off and leave you to enjoy the rest of the newsletter!

Happy May!

Only the best,
Peggy

Peggy Skelton, President
email: info@bcruralhealth.org

Visit Our Site

From the Desk of the Executive Director

Hello BC Rural Health Network members and supporters!

Not to be competitive but here in the Upper Similkameen I can happily report our first Daffodil! (I can hear my family on Vancouver Island snickering as they reported the same in February!)



Here is an overview of our recent activities and accomplishments:

UBC Medical Students' Political Advocacy I had the privilege of participating in an interview that focused on rural health challenges, particularly surgical wait times, offering crucial insights to the medical students.

Enhanced Communication and Collaboration We have been diligently working to set up internal computer systems and satellite internet for the executive team, aiming to improve communication, collaboration, and security through the Microsoft Teams platform.

Canadian Rural Revitalization Federation Conference I am honored to be invited to speak on a panel discussing health and mental health challenges in rural communities at this Lethbridge conference, highlighting

the importance of rural wellness. Unfortunately travel cannot be covered for this event and our budget cannot accommodate my expenses to attend this conference this year. This is one of the only national conferences on rural issues and if you can I attend I would encourage you to do so. [Click here for more details.](#)

Expanding Opportunities Our organization has received additional speaking and attendance opportunities, I will be attending the [Keeping It Rural conference in Kelowna on June 1st](#) and speaking on a panel regarding rural health. This conference is being hosted by the [BC Rural Centre](#) and I look forward to speaking at this event along with the Parliamentary Secretary for Rural Health Jennifer Rice, Okanagan Indian Band Councilor & IHA Board Member Allan Louis, Mayor of Merritt his Worship Mike Goetz, and Dr. Jude Kornelsen as Moderator. Peggy is heading to Ottawa to discuss rural transportation and transfer at the National Summit on Patient Transfer. Additional speaking opportunities and invitations have also been received and we will attend as many of these events as possible.

Partnership Opportunities Following a productive meeting with the Rotary Club in Nelson, we are exploring collaboration opportunities and promoting pre-medical programs and medical initiatives with Selkirk College.

Securing Funding While our gaming grant application was initially rejected, we have submitted an appeal to emphasize our direct community impact and benefits. We remain cautiously optimistic and focused on establishing our value for future grant applications. Additionally, we have secured our annual funding of \$24,000 through the Michael Smith Foundation for the administration and work supporting the Rural Citizens Perspective Group (RCPG) that we chair which is an initiative of the RCCbc. .

Other Grants We still wait and remain hopeful for success on our application to the Vancouver Foundation and the Federal Community Resilience Fund both of which are due to make decisions soon.

Fundraising Prioritization To enable growth and amplify rural residents' voices, our focus must shift to fundraising through our charitable status. This will allow us to hire additional staff and expand our initiatives, better serving the communities we represent.

Masset Health Committee Meeting I attended this meeting to learn about northern Haida Gwaii communities' challenges and share information about the BC Rural Health Network. This meeting provided more direct insight into the challenges folks face on Haida Gwaii which as in all communities are unique to their location but also share common issues that many of our member organizations face. This meeting has led to a further engagement with the Health Services Administrator for Haida Gwaii and the Northern Coast, Julia Pemberton that is set for later in May.

Physician Assistants [A press release was issued this morning](#) marking the initiation of the licencing of Physician Assistants (PAs) to practice in BC! The budget estimates process provided an opportunity for both Shirley Bond (Health Critic, BC United) and Sonia Furstenau (Leader of the BC Green Party) to ask the Minister regarding PAs and this resulted in acknowledgment that the licensing has now initiated with the College of Physicians and Surgeons of BC. This has superseded the response we were awaiting from Jennifer Rice but we are happy to see that PAs are finally being recognized in BC!

As our organization continues to gain recognition and requests for participation in various events, it is crucial that we secure additional funding and resources to support our mission. In order to expand our capacity for meaningful engagement and to better serve the rural communities we represent, we must find additional financial support soon!

Thank you for your continued support and commitment to the BC Rural Health Network.

Yours in health and wellness,

Paul

Paul Adams, Executive Director

paul.adams@bcruralhealth.org

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Visit Our Site

Member of the Month



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

is the

Community First Health Co-Op, Nelson, BC

Website: www.healthco-op.com

Submitted by Debby Zeeben

Chair for Community First Health Co-op

Building Solutions with Community for Wellness

Community First Health Co-op is celebrating its 20th year of community service work for wellness. The journey is, “How can we work together to achieve better health in our community?” Multi-sectoral wellness projects can have the greatest impact.



COMMUNITY FIRST HEALTH CO-OP & NELSON STAR

THANK YOU

for sharing the journey to bring 10,000 Steps into action on April 7th, World Health Day, 2018 for Nelson and Area residents and visitors.

“Community creating solutions for a healthier community for us all.”

- Eric Lawson, Adam Mandseth, Tyler Harper, Marc -Andre Hamelin, The Nelson Star Team & Black Press
- Bronwyn Larsen & The Hall Printing Team
- Kevin Cormack, Joanna Markin and Ginger Lister - City of Nelson
- City of Nelson Public Works Team
- Jodi Vousden & Staff of Nelson and District Community Complex
- Nelson and District Credit Union
- Dawn Tomlin & Interior Health
- Tracey Therrien, Anne De Grace, Shirley Reimer and Heather Dahlgrin - Nelson
- Public Library Pedometer Lending Team
- Tom Thomson - Nelson and District Chamber of Commerce
- Cathy Potkins – Figure 11 Consulting
- Vanessa Finnie, Jesse Anast, Tamara Malloff - Kootenay Lake School District
- Dianna Ducs, Janneke Guenther - Nelson Kootenay Lake Tourism
- Caitlin Hay - Jungle Body
- Brittnee Wallin & The Royal Canadian Air Cadet Squadron
- Kim Barker & Mary Hall Gym Team
- Jennifer Lehman, Bill McDonnell, Lisa Lowther & KidSport Nelson
- Kaila Kaufmann -Bambu Hot Yoga
- Julia Roberts & The Nelson Scottish Country Dancers
- Blair Weston & The Nelson Squash Club
- Dean Siminoff & The Kootenay Martial Arts Club
- Tricia Timmermans & The Nelson Pickle-ball Club
- Natacha Perez - Zumba in the Kootenays
- Marion Hunter
- Cathy Foxcroft
- Sarah Popoff
- Madeline Collins
- Debby Zeeben
- And the many individuals, organizations and businesses that helped to share the invitation.

How many steps have you done today?



Community knows that Wellness is a Mind, Body, and Soul journey. Through the shared values of co-operation, connectedness, compassion, education, inclusion, and kindness, Community First Health Co-op builds relationships to serve wellness. Living the World Health Organization’ Social Determinants for Good Health has provided unlimited possibilities and adventures to create more opportunities for wellness for all in our community. Social connection to others and community is a key determinant for good health. The Social

Determinant's of Health recognizes that health services alone can only account for 25% of our wellness, 75% is attributed to the other determinants- community has much to contribute to the quest for the wellness of all in our communities.



Our health centre, purchased with support from Nelson and District Credit Union's community investment program, is home to many services and supports for wellness. Over 50 practitioners, several volunteer boards of partners and 17 volunteer community organizations work together to respond to emerging community wellness issues through support, education and services at the Wellness Centre and across Central Kootenay and Kootenay Boundary Regional Districts without additional financial burden on the participants.



The collaboration between volunteers, practitioners of the centre and community offers support groups, education and resources for chronic conditions including: outreach programs, services, and educational sessions including multidisciplinary self-management chronic pain programs, drug awareness, addictions treatment and support, counselling, street outreach, breast cancer survivors, Alzheimer's' and their Caregivers, prenatal care, new mom and babe care, breastfeeding support, postpartum support, services for hearing loss, nutrition, care giver support and hospice. Accessibility, prevention and health promotion activity, client and family-centeredness and chronic disease management contribute to community enthusiasm and satisfaction. Success is continuing to grow the number of people engaged in wellness.

Our tracking indicates that there are 70,000 + visits to the centre annually. While we were able to stay open during the pandemic, virtual visits and programming enabled clients to stay connected.

Members of the CFHC board of volunteers, established a network of volunteers across the regional districts of Central and Kootenay Boundary to operate a not for profit, low-cost dental program to serve regional residents of three months or more with an annual adjusted income of \$42,000 or less, access quality dental care to break the cycle of ER visits and more importantly- fix the toothache /sore mouth to stop the use of pain medication. The clinic currently has more than 1500 clients.

In 2018 Community First Health Co-op received \$ 110,000 in transitional funding from the current government, to be available over three years as part of their commitment to invest in Community Health Centres. In the first 6 months of funding, the Regional Perinatal Mental Health and Breastfeeding Support Program created through a

network of volunteers and health practitioners, saw 153 families supported to improve breastfeeding rates and support the transition to parenting with 10 mental health visits, 46 breastfeeding support groups adding best outcome health benefits to mother and child including improved moods, maintenance of healthy weight, increased immunological response (Only 51% of children in our population have up to date immunization at 2 years of age – Interior Health 2018 Community Profile) decreased allergies and rates of obesity (a current health issue in our population) and increased attachment of the dyads-reducing mental health issues in the future. This program is an upstream investment in early detection through screening and community connection while building ongoing community-based supports for wellness and mental health. This program is at the heart of supporting a healthy community for the future.

Community First Health Co-op Health promotion is ongoing. With the consensus of community experiences, volunteers and practitioners support for mental wellbeing and physical activity is high on the community priority list. Activity is a positive for managing chronic conditions which increases as we age, and managing stress and anxiety.

Over 1.5 million minutes of activity were gathered through over 500 events and activities and the 1000 sponsored give away pedometers enthusiastically taken by residents excited to join the “Every Step Counts” movement grew the conversations promoting community connections and inclusion. The centre is a community collaborative for quality of life and wellness programs to be created.



The Nelson and Area Wellness and Education Centre is a local economic engine in our rural community with an

annual operating budget of \$200,000 plus, contributing to: city taxes, water and sewer infrastructure, city Solar Garden Project, providing employment opportunities for Mentally Challenged through WK Supported Employment, HVAC, Electrical, Plumbing, elevator maintenance, general maintenance, snow shoveling and plowing with removal, cleaning, accounting, banking, Fire Safety and insurance. Since Community First Health Co-op purchased the building in 2006, approximately \$ 2.4 Million has been reinvested in the community. Additionally, over \$1.5 Million has been invested by the partners in this community endeavor, to repurpose an abandoned government building, "the old forestry building," using local contractors and local materials bought through local businesses. Renovations and adaptations are ongoing to meet the needs identified by the community.

Community continually creates new working relationships, partnerships and programs to support their quest for Wellness in its vibrant, rural community. The whole of community work is far greater than the sum of its parts.

For more information contact:

Debby Zeeben Chair for Community First Health Co-op

518 Lake Street

Nelson, B.C. V1L 4C6

E-mail: cfhcoop@shaw.ca

Website: www.healthco-op.com

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

The Centre for Rural Research Needs Your Help!

This important research project needs more participants to help with Chronic Pain and understanding the issues and challenges faced by those with Chronic Pain in Northern BC. If you are someone you can provide insight or know someone who might, please help UBC on this important research!

Are you suffering from chronic pain ? Do you want to talk about your experiences?

We are looking for individuals who live in Northern British Columbia and are waitlisted for comprehensive chronic pain treatment.

You can participate if you:

- reside in Northern Health Authority
- have experienced pain lasting longer than 3 months in the past year
- are currently waitlisted to receive care at an integrated pain clinic, i.e. a clinic where pain is managed using different approaches, like physio-therapy, medication, counselling etc.

What to Expect:

- Participate in a 1 hour zoom interview
- Receive a \$35 gift card

WANT TO PARTICIPATE?

Scan the code below or email
Dr. Jude Kornelsen at
jude.kornelsen@familymed.ubc.ca

Rural Chronic Pain Study

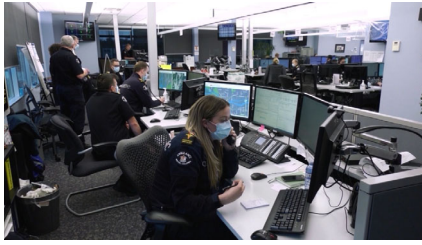
Primary Investigator:
Dr. Jude Kornelsen



THE UNIVERSITY
OF BRITISH COLUMBIA



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



A B.C. family called 911 for an ambulance. A recorded message told them to try again.

Nearly two years after the health minister announced an [overhaul of British Columbia's Emergency Health Services](#), delays for dispatch and ambulance service continue and an upsetting message greets some callers to 911.

Throughout the course of the pandemic, provincial statistics show that calls for emergent and critical medical attention have grown, and while the government has poured millions of dollars into B.C.

[Read more....](#)



'Stunned And Devastated': Okanagan College Faculty React To Loss Of Nursing Program

The Okanagan College Faculty Association is lamenting the loss of the school's Bachelor of Science in Nursing Program.

The provincial government decided last week the program, which previously saw its first two years delivered at both Okanagan College and UBC Okanagan, would be consolidated at UBCO as of September.

[Read more...](#)



Potential Diversion Expected Again At Chetwynd General Hospital

Chetwynd General Hospital may be put on diversion for the third time in 2023.

CHETWYND, B.C. — Chetwynd General Hospital may be put on diversion for the third time in 2023.



Doctors Are Slammed With Non-Medical Cases. Some Say Social Prescribing Could Ease The Burden

Suggestion of non-medical treatment shifts focus from, 'What's the matter with you?' to 'What matters to you?'

When a Toronto doctor sent out a tweet earlier this year of the

The service interruption will occur in the emergency department due to limited staff on Tuesday and in the coming days, according to Northern Health.

[Read more...](#)

prescription she'd just handed to a patient, she had no idea the impact it would have

[Read more....](#)



'Vindication' Says Minister After Supreme Court Rejects B.C. Private Health Care Appeal

Ruling against BC for-profit surgery centre is a victory for public health care system: Dix

Minister of Health Adrian Dix has hailed Thursday's Supreme Court of Canada decision against a Vancouver surgical centre a "vindication" of the public health care system.

"It's a great victory for public health care," Dix told reporters at the provincial legislature Thursday (April 6) morning.

[Read more...](#)



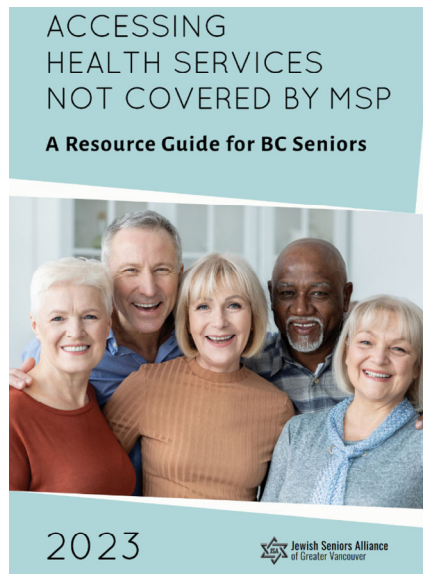
B.C. Nurses Ratify New Deal With More Than 13% In Wage Increases Over 3 Years

[Nurses in British Columbia](#) officially have a new deal with their provincial government employers.

The ratified collective agreement, shared Thursday, includes key commitments to more than 13 per cent in wage increases over three years, and in a Canadian first, [minimum nurse-to-patient staffing ratios](#).

The deal is retroactive to April 1, 2022, and will expire March 31, 2025.

[Read more...](#)



ACCESSING HEALTH SERVICES NOT COVERED BY MSP

A Resource Guide for BC Seniors

Jewish Seniors Alliance of Greater Vancouver (JSA) recognizes that in BC, our Medical Services Plan (MSP) specifically excludes coverage of dental, vision, hearing, and other services such as physio, massage, podiatry and assistive devices. As a result, many do not receive necessary care and are subject to high out-of-pocket costs.

[Read more...](#)



Bluebirds In April

The Changes A Year Can Bring.

Reflecting back to last spring when a couple of heart-warmed volunteers were walking back from a volunteer session at our extended care facility, the Pavilion. As our paths separated, a pair of Mountain Bluebirds dropped down nearby as though they'd been waiting for us! The female perched on top of a funky old world directions sign. It felt a scalp-tingling, breath-stopping moment. Arriving home I texted my friend and said "We should call ourselves the Bluebird volunteers! So we did.

[Read more and 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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Karissa Stroshein

Subject: KHAC Follow-up

From: De Best, Lannon <Lannon.DeBest@interiorhealth.ca>

Sent: Monday, May 1, 2023 1:51 PM

To: Mayor Hewat <mayor@kaslo.ca>

Cc: McGregor, Gilda <Gilda.McGregor@interiorhealth.ca>

Subject: KHAC Follow-up

Good Morning Mayor Hewat,

Gilda was kind enough to share with me your request for your upcoming KHAC meeting. I recorded two takeaways from our meeting.

Data related to the use of KLH; and
Information about lab services.

Unfortunately, data requests in our organization take quite a while, and I do not have that information yet.

I can provide you some bullet points from my conversation with the lab director:

Permanent position for a Kaslo MLA – The site is covered by a full time Lab Assistant based out of KLH. They are continuing to recruit for the position in Kaslo. If there is a known staff available, please let me know so I can inform the lab director.

Potential for a lab clinic in the Lardo Valley – The staffing challenges in the lab make this improbable to offer at this time.

Please let me know if I have missed anything.

Regards,
Lannon

Lannon de Best

Executive Director – Clinical Operations, Kootenay Boundary & IH Cancer Care Network

Interior Health

813 10th Street

Castlegar, BC V1N 2H7

p: 250-309-8251

e: Lannon.debest@interiorhealth.ca

www.interiorhealth.ca

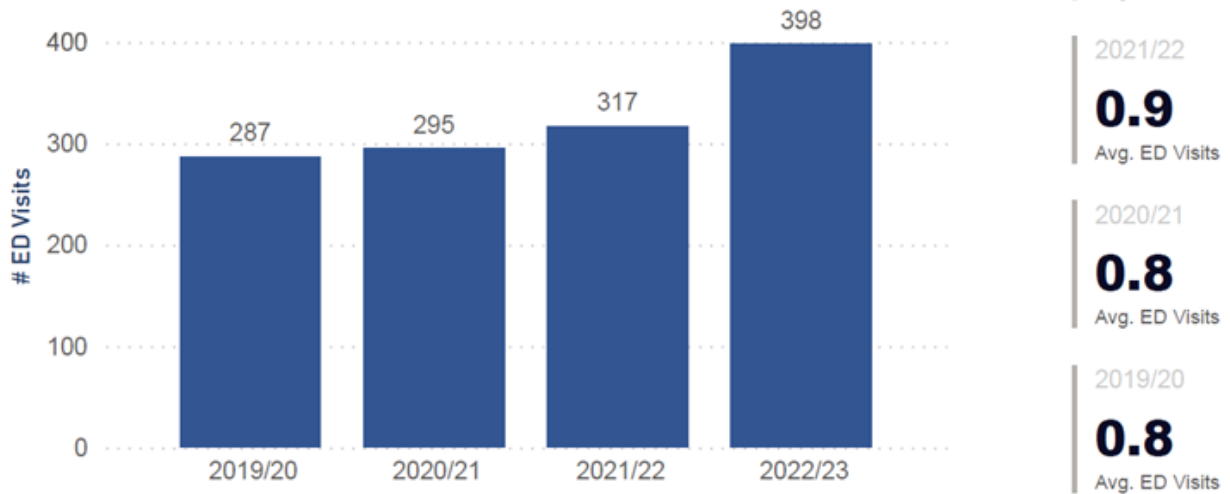
I respectfully acknowledge my workplace is situated within the ancestral, traditional and unceded territory of the Ktunaxa, Sinixt, Secwepmc and Syilx people.

From: De Best, Lannon <Lannon.DeBest@interiorhealth.ca>
Sent: Monday, May 8, 2023 8:56 AM
To: Mayor Hewat <mayor@kaslo.ca>
Subject: ED Visit Data

Good morning Mayor Hewat.

As a follow-up to the meeting in March, below is a graphic showing the KLH ED utilization for residents of Kaslo. The data was pulled cross referencing postal code information. Our data systems do not have the ability to determine if you were vacationing in Kaslo, so the quality of data is limited to residents only. The visits are consistent Monday-Sunday with Wednesday being the lowest and Monday & Thursday being the highest. The vast majority of visits are between the hours of 0800-1600hrs.

Figure 1: Total ED Volumes, Fiscal Years 2019/20 to 2022/23



Please let me know if you have any questions.

Regards,
Lannon

Lannon de Best

Executive Director – Clinical Operations, Kootenay Boundary & IH Cancer Care Network

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May 6, 2023

To: Kaslo and Area D Health Advisory Committee

From: Hospital Expansion Committee

Re: Opportunity for funding architectural blueprints for expansion of residential care at Victorian Community Health Center of Kaslo

A series of recent public communications have made our community aware that the Village of Kaslo has been granted over \$900,000 to support important infrastructure projects. The money is to be allocated at the discretion of "local elected officials," which, in this case, is the Kaslo Village Council.

In 2022, just prior to the local election, there was an all-candidates meeting, at which the individual candidates were given time to describe what they felt were the most pressing priorities for the Village. After that, the meeting was opened to questions from the audience. As anyone at that meeting will recall, the audience questions were almost entirely about how Council might promote improving health-care services at the Community Health Center. Most were related to expansion of residential-care capacity and increasing the number of doctors and emergency care hours.

The community was obviously most concerned about issues that none of the candidates had addressed in their opening remarks. Given the centralized nature of Interior Health Authority, it is perhaps understandable that the Council candidates did not think health care was within their power to influence.

But the perceived powerlessness of the Council has taken a sudden turn, because for once there are discretionary funds to allocate toward important infrastructure projects.

Council has already designated part of the Provincial infrastructure grant to redesign the Kemball Building. That grant money could also assist one of the stated priorities of the Health Advisory Committee – residential care expansion.

In attempts to gain the attention of IHA about the inadequate number of residential care slots, we have provided copies of blueprints for a planned 20-bed expansion that were drawn up in 2000, before the 2001 ten-bed expansion. Those blueprints document an unfulfilled governmental promise, but they are outdated and need to be revised. IHA has even noted that blueprints would be a necessary preliminary to action by that authority.

Council has chosen to spend a part of the Provincial infrastructure grant to redesign the Kemball Building. That discretionary grant money could also assist one of the stated priorities of the Health Advisory Committee by funding a formal plan for the hospital expansion.

The Health Advisory Committee has a rare opportunity. We hope you will advise the Kaslo Village Council to designate a portion of the Provincial infrastructure grant to obtain

architectural blueprints for expansion of residential care at Victorian Community Health Center of Kaslo.

We intend to be present at the May 15 meeting to answer any questions the Committee may have about this request.

Sincerely

Sheila Roberts and Val Koenig