



## HEALTH ADVISORY COMMITTEE AGENDA

DATE: 2023.01.23

LOCATION: Council Chambers – City Hall

TIME: 6:00 p.m.

413 Fourth Street, Kaslo

### 1. Election of Chair

- 1.1 Call for Nominations (3 times)
- 1.2 Vote by secret ballot
- 1.3 Confirmation of Chair
- 1.4 Destruction of ballots

### 2. Call to Order

### 3. Adoption of the Agenda

- 3.1 Adoption of the Agenda for the 2023.01.23 Health Advisory Committee Meeting

### 4. Adoption of the Minutes

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

### 5. Delegations

### 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**

### 7. Question Period

### 8. Business

- 8.1 **Health Advisory Committee Terms of Reference**  
*Review of Terms of Reference.*
- 8.2 **2023 Meeting Schedule**  
*Resolution required to adopt 2023 meeting schedule.*

**8.3 2023 Strategic Planning**

8.3.1 Discussion regarding priorities for 2023

8.3.2 Discussion topics for IHA/MLA

**9. Late Items**

*Consideration of any late items added to the agenda*

**10. Next Meeting**

*Set date for next meeting*

**11. Adjournment**





# Village of Kaslo

## Kaslo and Area D Health Care Select Committee MINUTES

**Date:** 2022.07.18  
**Time:** 6:00 p.m.

**Location:** Microsoft Teams  
413 Fourth Street, Kaslo

**Present:** CHAIR: Mayor Suzan Hewat, Elizabeth Brandrick, Kate O'Keefe, Elizabeth Ross, Phyllis White, Deb Borsos  
Doug Yee (ex-officio), Leanne Blancher (ex-officio)

**Regrets:** Rob Lang, Jace Lamoureux  
**Staff:** CO Allaway  
**Public:** Nil

### 1. Call to Order

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

*The Chair called the meeting to order at 7:02 p.m.*

### 2. Delegations/Special Presentation

- a. Kootenay Boundary Divisions of Family Practice webinar:  
Prima Community Health Centre Network
- b. Draft executive summary

*The Committee observed the Zoom webinar regarding the Community Health Centre staffing model from 6:00 until 7:00 p.m.*

### 3. Addition of Late Items

*Nil*

### 4. Adoption of the Agenda

- a. 2022.07.18 Kaslo & Area D Health Care Select Committee

*Moved and CARRIED*

***THAT the agenda for the 2022.07.18 the Kaslo & Area D Health Select Committee meeting be approved as circulated.***

### 5. Adoption of the Minutes

- a. 2022.05.09 Kaslo & Area D Health Care Select Committee

*Moved and CARRIED*

***THAT the minutes of the meeting held 2022.05.09 be adopted as amended to reflect a next meeting date of 2022.07.11.***

### 6. Business Arising from the Minutes

- a. Letter to MLA Brittney Anderson

*Moved and CARRIED*

***THAT the June 14, 2022, correspondence sent to MLA Anderson be received for information.***

**7. New Business**

- a. Status of medical support services

*Moved and DEFEATED*

***THAT the Health Care Select Committee recommend to Council that a letter be sent to the Ministry of Health, Provincial Health Officer, Interior Health Authority, BC Emergency Health Services and the media requesting that vaccine mandates be lifted to address the critical situation in health care and medical support services.***

**8. Correspondence for Information**

- a. BCRN June 7, 2022, email
- b. BCRN June 21, 2022, email
- c. BCRN June 24, 2022, email
- d. June 27, 2022, letter from BCRHN re: UBCM Health & Social Development Committee
- e. BCRN June 27, 2022, email re: UBCM resolution
- f. Copy of news article – link forwarded by Liz

*Moved and CARRIED*

***THAT the correspondence be received for information.***

**9. Reports**

- a. Hospice Society of North Kootenay Lake - submitted
- b. Seniors Coordinators Report – Elizabeth Brandrick - submitted
- c. Lardeau Valley Links report – submitted
- d. Connected Communities – Liz Ross

*No information has been received.*

- e. Kaslo Community Acupuncture Society

*Moved and CARRIED*

***THAT the reports be received for information.***

**10. Review of 2022 Priorities – for discussion and/or update**

- a. Restore 24/7 Health Services at VCHC
- b. Promote Remote access for medical appointments
- c. Improve rural access to services (Lardeau Valley)
- d. Support Ambulance services
- e. Monitor dental services in the community
- f. Promote availability of visiting service providers (Internist)
- g. Advocate for maintaining Specialist Services at Kootenay Lake Hospital
- h. Advocate for additional Residential Care beds for Victorian Community Health Centre

*Moved and CARRIED*

***THAT the priorities for 2022 remain unchanged.***

**11. Late Items**

*Nil*

**12. Next meeting**

*Monday, September 19, 2022 @ 6:00pm*

**13. Public Question Period**

*Nil*

**14. Adjourn**

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

CERTIFIED CORRECT:

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Corporate Officer

## Kaslo Administration

---

**From:** Anderson.MLA, Brittney <[Brittney.Anderson.MLA@leg.bc.ca](mailto:Brittney.Anderson.MLA@leg.bc.ca)>

**Sent:** July 28, 2022 10:47 AM

**To:** Kaslo Administration <[admin@kaslo.ca](mailto:admin@kaslo.ca)>

**Subject:** RE: Kaslo & Area D Residential Care Capacity

Hi Karissa and Mayor Hewat,

Sorry for the delay in response, we are struggling to keep up with the volume of correspondence MLA Anderson receives along with other duties (and holidays for staff).

Thank you for letting MLA Anderson know of the challenges in Kaslo around potential issues in your residential care capacity. This is something MLA Anderson and our office has already been working on in our area. We are speaking with the Ministry of Health and Interior Health Authority about this.

We recently received some stats from Interior Health, but Kaslo was included in Nelson's stats, so it may not be that useful to you. I can reach out to the Ministry of Health and IHA on your behalf or find out who at Interior Health would be the best person to speak with about this.

I'll attach that document to this email for your reference. It will show how they gather their statistics. We've learned that they are doing work around projections and working to increase capacity in our area where needed.

I'm happy to set up a meeting for you and MLA Anderson when you're both able to fit it into your schedules.

In your service,



### **Sarah Wasilenkoff (she/her)**

Constituency Assistant to Brittney Anderson, MLA for Nelson-Creston

1-877-388-4498 | 433 Josephine St. Nelson V1L 1W4


[Brittney.Anderson.MLA@leg.bc.ca](mailto:Brittney.Anderson.MLA@leg.bc.ca)

Stay up to date on COVID-19 by following MLA Anderson on



Sign up to MLA Anderson's Newsletter [HERE](#)

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LHA	Facility	Owned or Partner	# of LTC beds	Pop. 75+	Beds per 1,000 pop 75+
Castlegar			99	1,333	74
	Castlevievw Care Centre	CP	45		
	Talarico Place	O/O	54		
Cranbrook			176	2,506	70
	F.W. Green Memorial	O/O	49		
	Joseph Creek Care	CP	97		
	Kootenay Steet Care	CP	30		
Greston			114	1,672	68
	Crest View Care	CP	30		
	Swan Valley Lodge	O/O	84		
Fernie			56	697	80
	Rocky Mountain Village	CP	56		
Grand Forks (incl. Kettle Valley)			114	1,799	63
	Hardy View Lodge	O/O	74		
	Silver Kettle Village	CP	40		
Nelson (incl. Kootenay Lake)			140	2,188	64
	Mountain Lake Seniors	CP	83		
	Nelson Jubilee Manor	O/O	39		
	Victorian Hosp. Kaslo	O/O	18		
Trall			163	1,682	97
	Columbia View Lodge	O/O	70		
	Poplar Ridge	O/O	48		
	Rose Wood Village	CP	45		
Windermere			65	1,099	59
	Columbia Garden Village	CP	32		
	Columbia House	O/O	33		

**Note:** Population 75+ for Grand Forks LHA includes Kettle Valley LHA 75+ population, and Nelson LHA includes Kootenay Lake LHA 75+ population.

**Source:** HCC LTC AL Bed Report\_31March2022 by Carrie Winter  
PEOPLE2021 population data used as of July 1, 2021.



June 14, 2022

MLA Brittny Anderson (Nelson-Creston)  
Via email: [Brittny.Anderson@leg.bc.ca](mailto:Brittny.Anderson@leg.bc.ca)

Dear MLA Anderson:

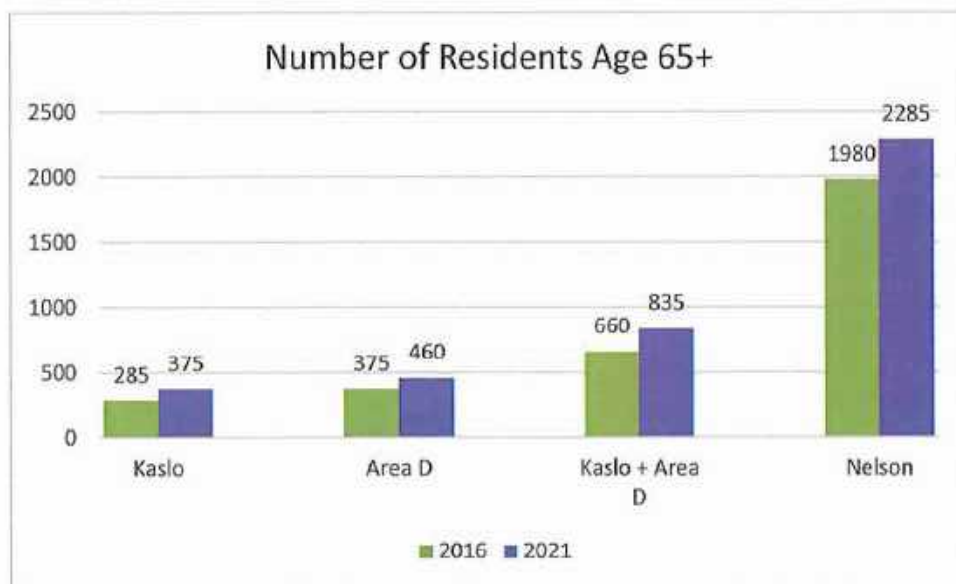
**RE: KASLO AND AREA RESIDENTIAL CARE CAPACITY**

I am reaching out at the request of the Village of Kaslo Council and its Health Select Committee. We hope you are enjoying springtime in this beautiful Kootenay country as much as we are, and that you will be able to find time in your busy schedule to assist us. Our issue remains the need for additional residential care capacity at the Victorian Community Health Centre in Kaslo.

Recently released 2021 census data regarding the age distribution of the local population adds compelling weight to our concerns that Kaslo and Area D are underserved with respect to our local (close to home) residential care facility. We believe that this deserves your attention and we ask that you encourage Minister Dix and Interior Health Authority to work with us to fill this serious and growing gap in services.

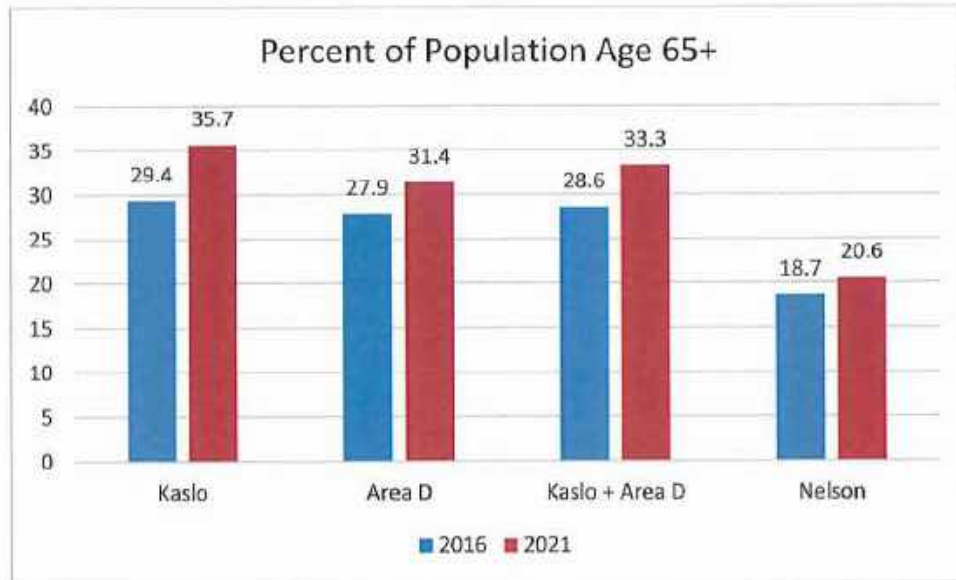
Here is what we have learned from the census data:

- In Kaslo and Area D, both the total population and the number of residents aged 65+ have increased significantly



**Box 576, Kaslo, BC V0G 1M0**  
Tel. 250-353-2311 Fax. 250-353-7767  
E-mail: [admin@kaslo.ca](mailto:admin@kaslo.ca)  
<http://www.kaslo.ca>

- The percentage of residents aged 65+ is increasing in Kaslo and Area D at a much greater rate than in Nelson
- The percentage of residents aged 65+ is much higher in our region (over 30%) than the provincial or national averages (around 20%)
- The percentage increase in the population of seniors (age 65+) was greater in Kaslo than in any other municipal unit in your riding!



Faced with these facts, we request your assistance in determining the following:

- How can we ensure that Kaslo is well positioned to receive additional care beds in the future?
- What evidence is required to confirm the need?
- What planning can be completed in advance?
- Are there any known or anticipated challenges?
- Who are the appropriate contacts at the Ministry of Health or Interior Health Authority that can work with us to address these issues?

We would be pleased to meet with you at your convenience, in person or remotely, to further explore this topic. We look forward to your response and hope we can work together to ensure access to care for the rapidly growing population of local seniors.

Sincerely,

Mayor Suzan Hewat

2022 UPDATE

# Aging Populations and Health Services in the West Kootenay Boundary Regional Hospital District



This report is funded through the Regional District of Central Kootenay at the request of the West Kootenay Boundary Regional Hospital District Board.

**Project Team:** Jayme Jones (Researcher), Tracey Harvey (Researcher), Robert Macquarrie (Researcher),  
Leeza Perehudoff (Research Intern), Beatriz Barddal Fantini (Research Intern), Faith O'Neill (Research Intern),  
James Shaw (Research Intern)

**Publication Date:** August 2022



*On behalf of Selkirk College, I (we) acknowledge that we operate and serve learners on the unceded traditional territories of the Sinixt (Lakes), the Syilx (Okanagan), the Ktunaxa, and the Secwépemc (Shuswap) peoples.*

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## Executive Summary

The demographics in the West Kootenay Boundary Regional Hospital District (WKBHRD) have an influence on the need for a variety of health service infrastructure. As of the 2021 Census, there are approximately 89,000 residents living in the WKBHRD. Of those, the age cohorts of 60- to 64-year-olds and 65- to 69-year-olds have the largest percent of the population. However, the age cohort of 70- to 74-year-olds grew the most between the 2016 and 2021 Census years, with an increase of 34.1%. The population in the WKBHRD is projected to grow 6.7% between 2021 and 2041. The percent of the population 65 years old and older has been and continues to increase across the Local Health Areas (LHA) within the WKBHRD. In 2040, the percent of the population 65 years old and older is projected to reach 51% in the Kootenay Lake LHA and 54% in the Kettle Valley LHA.

There are various types of health facilities throughout the WKBHRD. These range from the regional hospital in Trail to laboratory outpatient services in the small communities. The availability of a selection of health services throughout the region is examined. While laboratory services are most commonly available throughout the region, specialized services such as dialysis are only available in limited locations (Kootenay Boundary Regional Hospital, Boundary District Hospital, and Creston Valley Hospital & Health Centre). The drive time to a selection of health services is also mapped. Up to 95% of houses in the Regional District of Central Kootenay are within a one-hour drive of a 24-hour emergency room.

The number of fully staffed hospital care beds and long-term care beds is explored. The number of hospital beds, not including long-term care beds located in hospitals, is 1.4 per 1000 people within the WKBHRD. This is fewer beds per 1000 people than found in the Interior Health Authority, Okanagan, BC, and Canada. Of the hospitals within the WKBHRD, when not counting long-term care beds, the Kootenay Boundary Regional Hospital has the most hospital beds at 2 beds per 1000 people, and the Boundary Hospital has the least at 0.9 beds per 1000 people.

The number of long-term care beds in the WKBHRD has decreased 21% since 2002. As of 2021, there are 730 long-term care beds in the WKBHRD, with an additional 75 announced for Nelson and scheduled to be completed by September 2024. The number of long-term care beds varies across the region, with no long-term care beds available in the Kettle Valley LHA and the most located in the Trail LHA. When examining the number of people over 85 years old who may require care against the number of long-term care beds available, most LHA have enough beds. However, this does not take into consideration those under 85-years old who may require care.

Public transportation options within the region are explored to understand accessibility of health services for those without a personal vehicle or ability to drive. While there are BC Transit routes available throughout the region, there are some areas that are disconnected from the regional hospital in Trail (i.e., Boundary and Creston Valley). There are also limited days and times where residents from certain locations could feasibly attend a health appointment when using public transportation.

# Introduction

## Background

In January 2022, the West Kootenay Regional Hospital District (WKBHRD) Board, through the Regional District of Central Kootenay (RDCK), requested Selkirk Innovates to update the 2015 report: *Aging Populations and Health Services in the West Kootenay Boundary Regional Hospital District*.<sup>1</sup> The scope of this update is to share updated demographic data and health services data, as available, and improve data visualization. Some additional data points are shared based on identified interest by the WKBHRD Board, such as including information about service areas to Magnetic Resonance Imagery (MRI) diagnostic services and dialysis services.

## Objective

The objective of this research is to analyze the population demographics and health services within the WKBHRD to help evaluate the infrastructure in place to accommodate the changing population demographics.

## Study Area

This research is focused on the WKBHRD, located in the southern-interior of BC. It encompasses 78,000 km<sup>2</sup> and has a population of approximately 89,000 residents.<sup>2</sup> The WKBHRD includes the entirety of the Regional District of Kootenay Boundary (RDKB) and most of the RDCK.<sup>i</sup> The WKBHRD is in the Interior Health Authority (IHA) region and encompasses all or part of eight Local Health Areas (LHA): Arrow Lakes, Castlegar, Creston, Grand Forks, Kettle Valley, Kootenay Lake, Nelson, and Trail.

For much of the analysis in this report, data is available and organized by LHA. The aggregation of LHAs within the WKBHRD produce a study area boundary that differs slightly from the true WKBHRD boundary (**Figure 1**). For the purposes of this report and simplicity, this aggregation of LHAs is also referred to as the WKBHRD throughout the report. A summary of the municipalities and unincorporated communities within each LHA are shown in **Table 1**.

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<sup>i</sup> Only RDCK Electoral Areas B and C are not part of the WKBHRD.

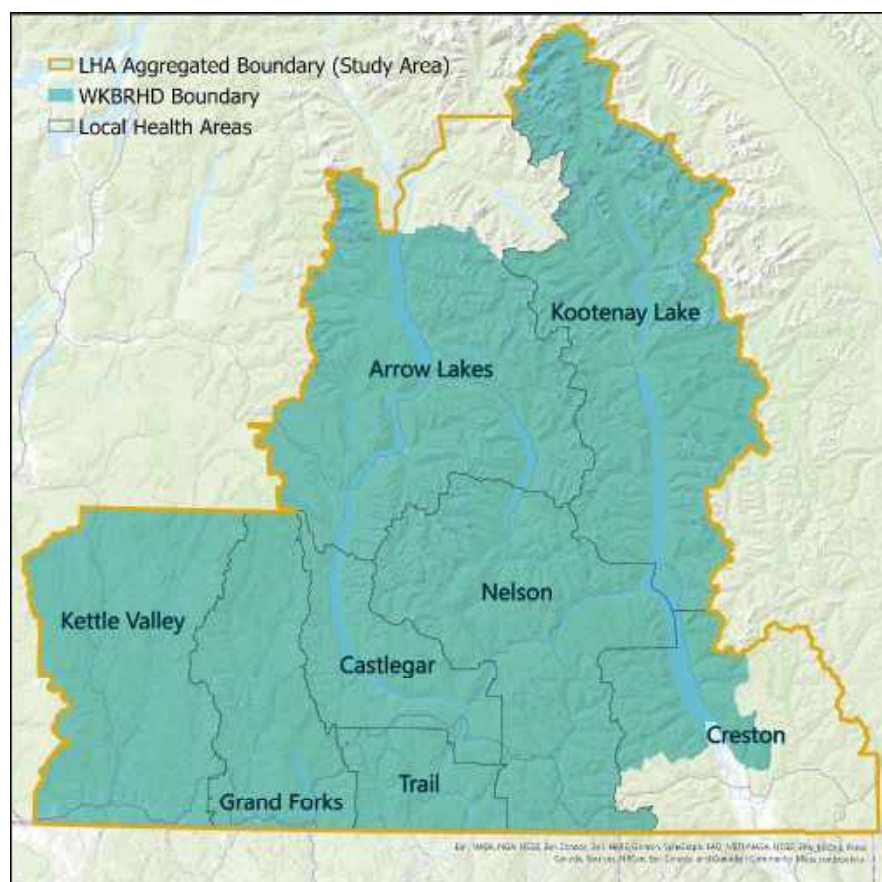


Figure 1: Study area showing LHAs, LHA aggregated boundary, and WKBHRD boundary

Table 1: List of municipalities and unincorporated communities within each LHA

Local Health Area	Municipalities	Unincorporated Communities	
<b>Arrow Lakes</b>	Nakusp New Denver Silverton	Edgewood Fauquier Burton	Trout Lake Hills
<b>Castlegar</b>	Castlegar	Robson Ootischenia Deer Park	
<b>Creston</b>	Creston	Yahk Kitchener	Boswell Wyndel
<b>Grand Forks</b>	Grand Forks	Christina Lake	
<b>Kettle Valley</b>	Greenwood Midway	Rock Creek Bridesville	Westbridge Beaverdell
<b>Kootenay Lake</b>	Kaslo	Meadow Creek Crawford Bay Riondel	Ainsworth Hot Springs Argenta Gray Creek
<b>Nelson</b>	Nelson Slocan Salmo	Balfour Winlaw Ymir	
<b>Trail</b>	Trail Rossland Warfield Fruitvale Montrose	Genelle	

## Methods

Data for this research was acquired from multiple sources and analyzed using summary statistics and/or geospatial analysis. The sources of the data and information are included as references found with each analysis.

Demographic analysis for current population uses the recently released Census 2021 data and is analyzed to the true WKBHRD boundary. All other demographic analyses (including population projections) use data from BC Stats, which is available by LHA. Presenting demographics by LHAs allows for comparison against various health service situations. See the **Study Area** section above for a detailed description of the area used for analysis.

Health facility data was acquired from numerous sources based on availability. The IHA was a key source of information. The Manager of Research Data at IHA confirmed the best sources for health facilities data. Footnotes are included as needed to add any additional information about information sources.

Spatial data were acquired from the Regional District of Central Kootenay, BC Transit, BC Data Catalogue, and ESRI. Geospatial analysis was conducted for sections of this report using ESRI's ArcGIS Pro software. This software was also used to generate all maps included in this report. The ArcGIS Network Analysis extension was used to calculate the travel time needed to access health services (i.e., service areas) across the WKBHRD. ArcGIS Online routing service data were utilized for these calculations.<sup>3</sup> All maps in this report use the topographic basemap from the Community Map of Canada.<sup>4</sup> The true WKBHRD boundary was visualized using census subdivision boundaries and the aggregated LHA study area uses LHA boundaries.<sup>5,6</sup> The community points used across several maps were published by GeoBC.<sup>7</sup>

## Results

### Demographics

#### CURRENT DEMOGRAPHICS

With a population of approximately 89,000 residents, the current demographics of the entire WKBHRD are shown in **Figure 2**.<sup>ii,2</sup> When looking at 5-year age cohorts, the age cohorts of 60- to 64- year-olds and 65- to 69-year-olds have the largest percent of the population. The population aged 60-years old and older make up 36% of the total population in the WKBHRD.

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<sup>ii</sup> These demographics are for the true WKBHRD area, not the larger aggregated LHA study area. Gender is presented in two categories – 'men+' and 'women+', which includes non-binary and transgender persons. These gender + additions are not expected to have a significant impact on data analysis and historical comparability due to the small size of the transgender and non-binary populations.

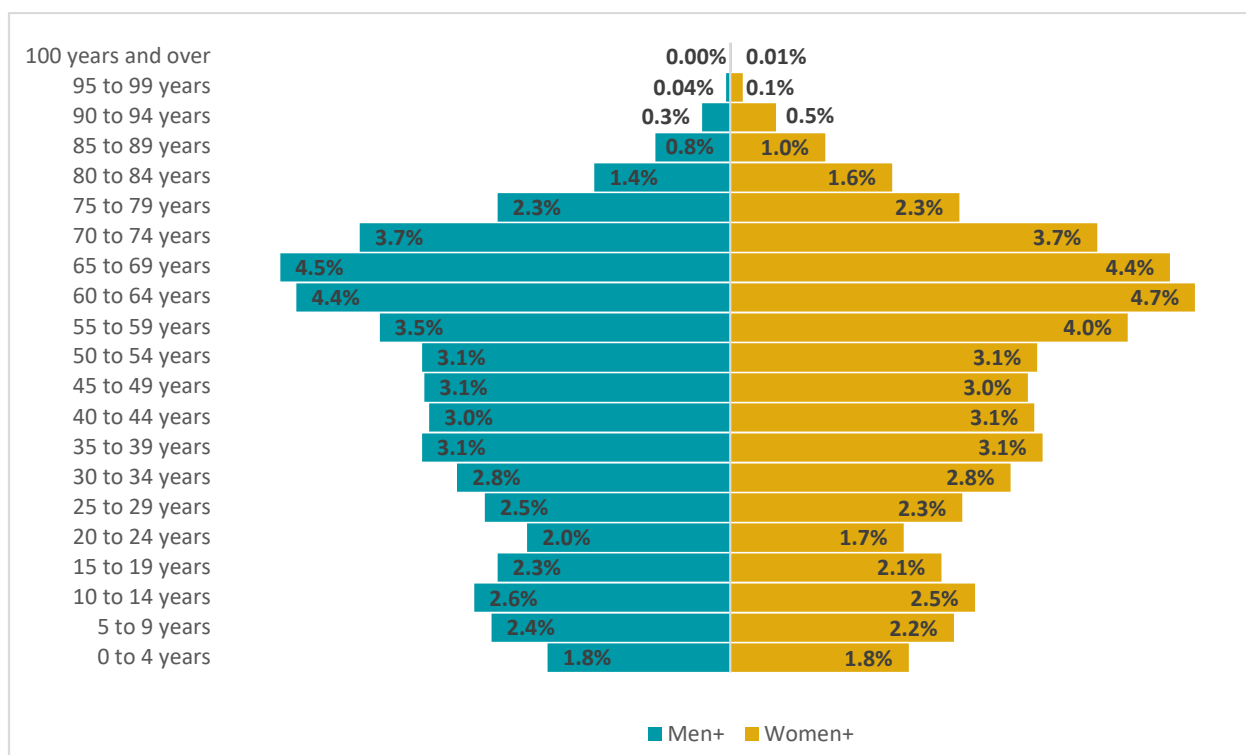


Figure 2: Population pyramid for men+ and women+ by age cohorts in the WKBRHD, 2021 Census

**Table 2** summarizes the Census 2016 and 2021 population of the WKBRHD by age cohort, with a focus on the older cohorts.<sup>2,8</sup> Between the 2016 and 2021 Census years, the age cohort that increased the most is 70- to 74-year-olds (+34%), followed by 75- to 79-year-olds (+22%). When looking at the population aged 65-years old and older, that demographic grew by 17% between 2016 and 2021.

Table 2: WKBRHD population by age cohort, with focus on older cohorts, for Census years, 2016 and 2021

Age Cohorts	2016 Census Population	% of Total Population, 2016	2021 Census Population	% of Total Population, 2021	% Change 2016-2021
<b>Under 50</b>	42,340	50.1%	45,105	50.5%	6.5%
<b>50-54</b>	6,295	7.5%	5,530	6.2%	-12.2%
<b>55-59</b>	7,610	9.0%	6,725	7.5%	-11.6%
<b>60-64</b>	7,880	9.3%	8,095	9.1%	2.7%
<b>65-69</b>	7,130	8.4%	8,000	9.0%	12.2%
<b>70-74</b>	4,945	5.9%	6,630	7.4%	34.1%
<b>75-79</b>	3,420	4.1%	4,180	4.7%	22.2%
<b>80-84</b>	2,390	2.8%	2,675	3.0%	11.9%
<b>85-89</b>	1,545	1.8%	1,555	1.7%	0.6%
<b>90-94</b>	705	0.8%	675	0.8%	-4.3%
<b>95-99</b>	175	0.2%	150	0.2%	-14.3%
<b>100+</b>	15	0.02%	15	0.02%	0.0%
<b>65+</b>	<b>20,330</b>	<b>24.1%</b>	<b>23,870</b>	<b>26.7%</b>	<b>17.4%</b>
<b>85+</b>	<b>2,440</b>	<b>2.9%</b>	<b>2,400</b>	<b>2.7%</b>	<b>-1.6%</b>

## POPULATION PROJECTIONS

The percent of the population aged 65-years old and older has been increasing over time; however, it is projected to level out. Using BC Stats population estimates for past years and population projections for future years, **Table 3**, **Table 4** and **Figure 3**, show the change in the population 65-years old and older over time.<sup>9</sup> When looking at the aggregated LHA study area, the population 65-years old and older was only 18% of the population in 2005. This is expected to jump to 28% by 2025 and 30% by 2030, leveling out after that for the ensuing decade.

The population aged 65-years old and older varies depending on the LHA. The Kettle Valley LHA is expected to have the highest percentage of the population aged 65-years old and older, ranging from 47% in 2025 to 54% in 2040. This is followed by Kootenay Lake LHA ranging from 44% in 2025 to 51% in 2040.

**Table 3: Percent of total population 65-years old and older by Local Health Area, 2005, 2015, 2025, 2030, 2035, 2040**

Local Health Area	% of Total Population Aged 65+					
	2005	2015	2025	2030	2035	2040
Arrow Lakes	19%	31%	41%	45%	42%	38%
Castlegar	16%	18%	22%	24%	25%	24%
Creston	24%	27%	33%	34%	33%	32%
Grand Forks	22%	32%	41%	45%	45%	44%
Kettle Valley	18%	33%	47%	52%	53%	54%
Kootenay Lake	18%	28%	44%	49%	50%	51%
Nelson	14%	16%	22%	23%	23%	24%
Trail	18%	19%	25%	28%	29%	29%
Aggregated LHAs	18%	22%	28%	30%	30%	30%

**Table 4: Population 65-years old and older by Local Health Area, 2005, 2015, 2025, 2030, 2035, 2040**

Local Health Area	Population Aged 65+ (#)					
	2005	2015	2025	2030	2035	2040
Arrow Lakes	886	1,442	1,995	2,186	2,067	1,841
Castlegar	2,041	2,585	3,435	3,886	4,174	4,306
Creston	2,887	3,502	4,426	4,590	4,505	4,289
Grand Forks	1,943	2,817	3,614	3,764	3,562	3,236
Kettle Valley	626	1,182	1,653	1,723	1,620	1,474
Kootenay Lake	638	927	1,533	1,608	1,544	1,462
Nelson	3,258	4,301	6,273	7,139	7,561	8,163
Trail	3,469	3,836	5,219	5,929	6,176	6,237
Aggregated LHAs	15,748	20,592	28,148	30,825	31,209	31,008

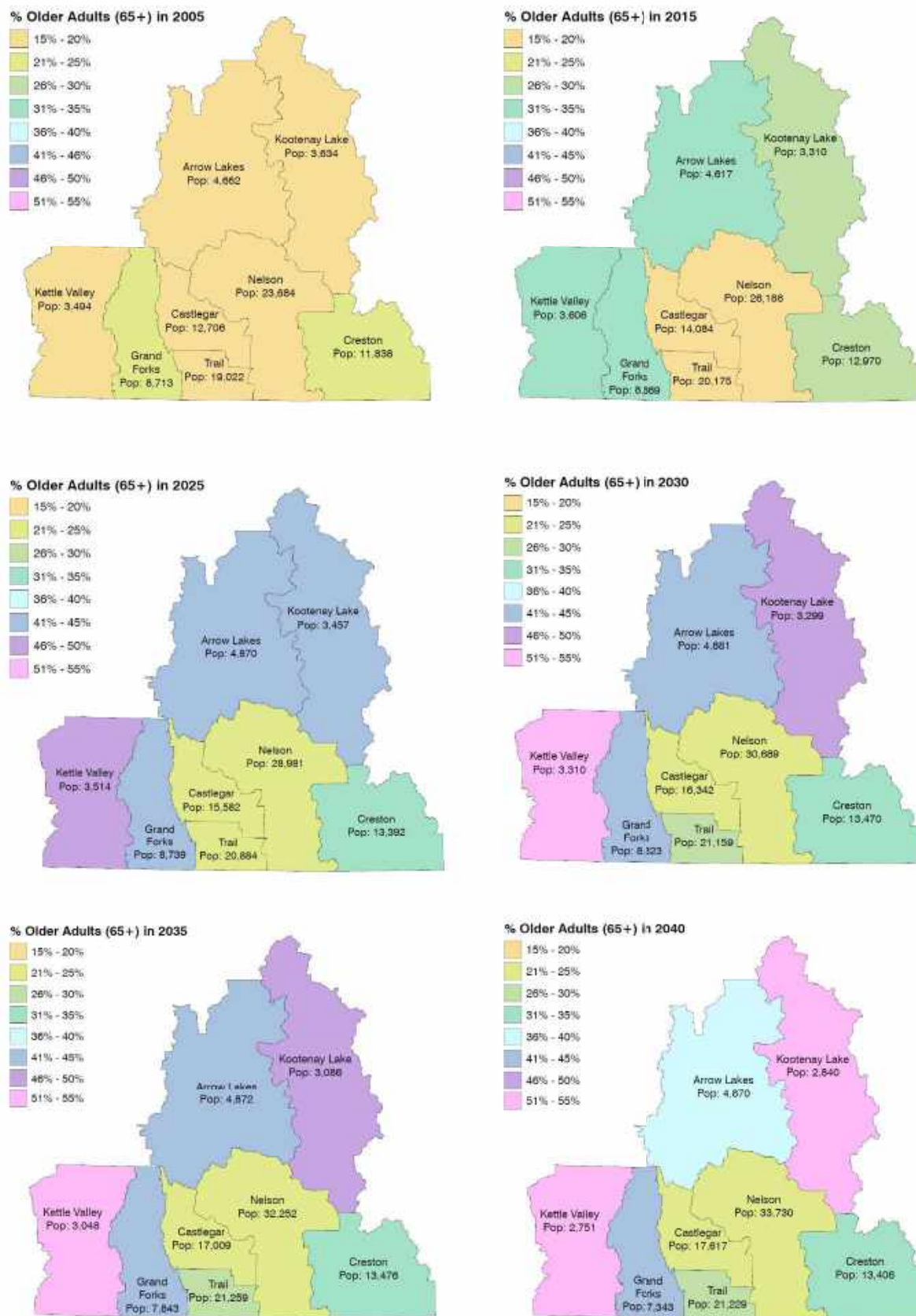


Figure 3: Percent of population aged 65-years old and older, and total population, by Local Health Area, 2005 to 2040

As shown in **Figure 4**, the total population of the aggregated LHA study area (all ages) is projected to increase by 6.7% from 2021 to 2041.<sup>9</sup> This is less than the estimated increase to the total population of BC (26.1%).

The estimated change in population varies by LHA over this 20-year time period. Population increases are projected for the LHAs of Nelson (+23.4%), Castlegar (+18.6%), Trail (2.9%), Arrow Lakes (+1.1%), and Creston (+0.6%). Decreases in population are estimated for Grand Forks (-19.7%), Kootenay Lake (-21.2%), and Kettle Valley (-25.8%).

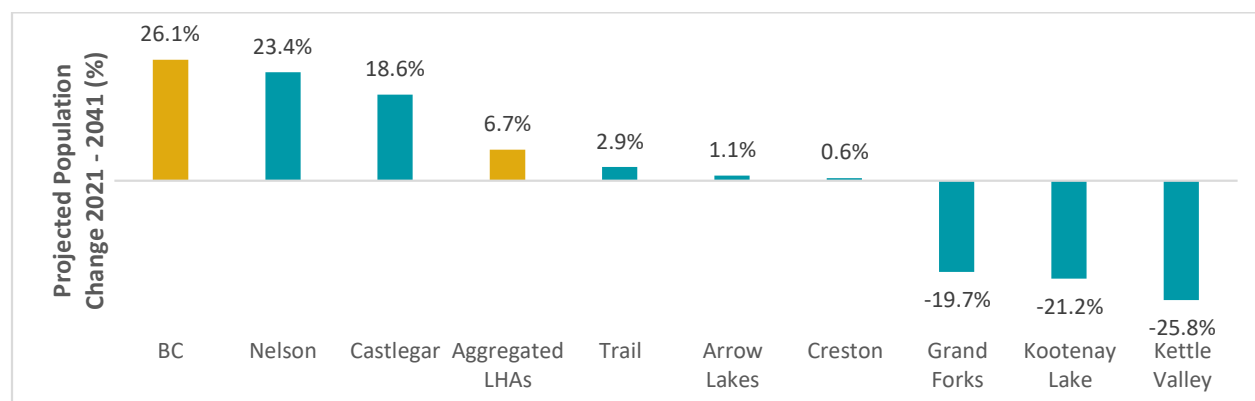


Figure 4: Projected population change (%) for BC, and by Local Health Area, 2021 to 2041

## Health Facilities

There are various types of health facilities throughout the WKBRHD (**Table 5**).<sup>10,11,12</sup> These include:

- **Regional Hospital:** provides core medical and surgical specialty services.
- **Urgent and Primary Care:** addresses medical needs that require same day attention.
- **Level 1 Community Hospital:** offers surgical, inpatient, and emergency services.
- **Community Health Centre:** offers a variety of services in one location, but services vary depending on the specific centre. They do not have acute care beds but may provide basic laboratory and radiology; urgent care; community services; long-term care; and doctor's offices.
- **Primary Health Care:** offers a comprehensive and coordinated approach to healthcare delivery and has an interdisciplinary team at a single site that matches the unique needs of the community.
- **Laboratory:** provides accessible laboratory outpatient services.

**Table 5: Health facilities within the WKBRHD, including regular hours of operation and emergency/urgent care hours<sup>iii</sup>**

Local Health Area	Community	Facility	Facility Type	Hours of Operation	Emergency/ Urgent Care Hours
<b>Arrow Lakes</b>	Nakusp	Arrow Lakes Hospital	Level 1 Community Hospital	24 hours/day; 7 days/week	24 hours/day; 7 days/week
	New Denver	Slocan Community Health Centre	Primary Health Care Centre	Tue, Wed, Fri: 8:00am - 11:30am	24 hours/day; 7 days/week
	Edgewood	Edgewood Health Centre	Community Health Centre	Mon - Fri: 8:00am - 12:00pm and 1:00pm - 4:00pm (closed stats)	Monday - Thursday starting at 4pm; No ER Fri 4pm to Mon 8am
<b>Castlegar</b>	Castlegar	Castlegar and District Community Health Centre	Community Health Centre/Urgent & Primary Care	Mon - Fri: 8:30am - 4:30pm	8:00am - 8:00pm; 7 days/week
<b>Creston</b>	Creston	Creston Valley Hospital & Health Centre	Level 1 Community Hospital & Community Health Centre	24 hours/day; 7 days/week	24 hours/day; 7 days/week
<b>Grand Forks</b>	Grand Forks	Boundary District Hospital	Level 1 Community Hospital	24 hours/day; 7 days/week	24 hours/day; 7 days/week
		Boundary Community Health Centre	Community Health Centre	Mon - Fri: 8:30am - 12pm and 1pm to 4:30pm	-
<b>Kettle Valley</b>	Midway	Midway Blood Lab Services	Laboratory	Mon: 8 am-12:30 pm; Wed: 10:15 am - 12:30 pm	-
		Midway Health Unit	Community Health Centre	Mon, Tue, Wed, Fri: 8:30am - 4:30pm	-
	Greenwood	Greenwood Public Health	Laboratory	Wed 7:55 am - 8:45 am	-
	Rock Creek	Rock Creek Health Centre	Community Health Centre	N/A	-
<b>Kootenay Lake</b>	Kaslo	Kaslo Primary Health Centre	Primary Health Care	Mon - Fri: 8:30am - 4:30pm	-
	Crawford Bay	East Shore Community Health Centre	Community Health Centre	Mon - Fri: 8:30am - 4:30pm	-
<b>Nelson</b>	Nelson	Kootenay Lake Hospital	Level 1 Community Hospital	24 hours/day; 7 days/week	24 hours/day; 7 days/week
		Nelson Health Centre	Community Health Centre	8:00am - 4:30pm	-
	Salmo	Salmo Health and Wellness Centre	Community Health Centre	Tue to Thu: 9am - 4pm (closed noon-1pm)	-
<b>Trail</b>	Trail	Kootenay Boundary Regional Hospital	Regional Hospital	24 hours/day; 7 days/week	24 hours/day; 7 days/week
		Trail Health Centre Laboratory	Laboratory	Mon to Fri: 9:00am - 3:00pm	-
		Kiro Wellness Centre	Community Health Centre	Mon to Fri: 8:30am - 4:30pm	-
	Roseland	Associate Medical Clinic Laboratory	Laboratory	Thurs: 8 am - 11:30 am	-

<sup>iii</sup> Note that hours of operation are subject to change. For example, the Slocan Community Health Centre emergency hours are sometimes reduced depending on staffing or other reasons.

The services available at each facility differ, see **Table 6.**<sup>13,iv</sup>

**Table 6: Availability of a selection of services at health facilities within the WKBRHD**

Local Health Area	Community	Facility	24-Hour Emergency	Urgent Care	Pulmonary Function	Radiology (x-ray)	Ultrasound	Nuclear Medicine	CT	MRI	ECG	Dialysis	Laboratory	Mental Health
Arrow Lakes	Nakusp	Arrow Lakes Hospital	✓		✓	✓					✓		✓	✓
	New Denver	Slocan Community Health Centre			✓	✓					✓		✓	
	Edgewood	Edgewood Health Centre									✓		✓	
Castlegar	Castlegar	Castlegar and District Community Health Centre		✓	✓	✓	✓				✓		✓	✓
Creston	Creston	Creston Valley Hospital & Health Centre				✓					✓	✓	✓	
Grand Forks	Grand Forks	Boundary District Hospital	✓		✓	✓	✓				✓	✓	✓	
		Boundary Community Health Centre												✓
Kettle Valley	Midway	Midway Blood Lab Services											✓	
		Midway Health Unit												
	Greenwood	Greenwood Public Health											✓	
	Rock Creek	Rock Creek Health Centre												
Kootenay Lake	Kaslo	Kaslo Primary Health Centre				✓					✓		✓	✓
	Crawford Bay	East Shore Community Health Centre									✓		✓	
Nelson	Nelson	Kootenay Lake Hospital	✓		✓	✓	✓		✓		✓		✓	
		Nelson Health Centre												✓
	Salmo	Salmo Health and Wellness Centre									✓		✓	✓
Trail	Trail	Kootenay Boundary Regional Hospital	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
		Trail Health Centre Laboratory											✓	
		Kiro Wellness Centre												✓
	Roseland	Associate Medical Clinic Laboratory											✓	

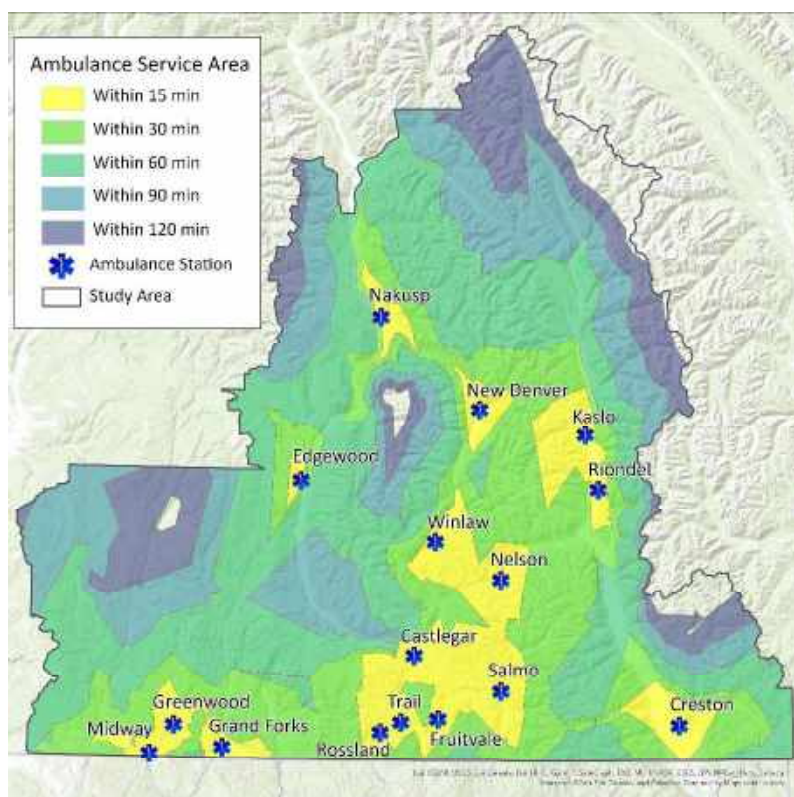
<sup>iv</sup> These services were captured from IHA's website; however, some inconsistencies were noted, such as MRI and CT that were not indicated at Kootenay Boundary Regional Hospital according to the website while those services are known to be present and were therefore added. IHA was not able to provide an accurate list of services by facility. Therefore, caution should be used when referring to this list due to these inconsistencies.

## Service Areas

Accessing health care services in rural areas like the WKBRHD can be challenging because of geographic barriers that result in increased travel distances and times.<sup>14</sup> Service areas were calculated to determine the travel time needed to access a variety of health care services in the WKBRHD.<sup>v</sup>

### AMBULANCE

Service areas were calculated for all ambulance stations in the WKBRHD using ambulance stations as the point of departure and a road network for travelling times (**Figure 5**).<sup>15</sup> There are six categories of travel times, ranging between 15-minutes and 120-minutes (i.e., 2-hours).<sup>vi</sup> Unsurprisingly, the areas immediately surrounding an ambulance station fall within the 15-minute category. Response time increases as distance from an ambulance station increases.



**Figure 5: Service area distances to ambulance stations within the WKBRHD**

### EMERGENCY ROOM

As shown in **Figure 6**, service areas were calculated to determine the travel time to facilities with emergency room (ER) services.<sup>16</sup> All of the ERs are open 24-hours per day/seven days a week, except for the Castlegar and District Community Health Centre, which is open 12-hours per day/seven days a

<sup>v</sup> Service area travel times may vary depending on traffic, weather and road conditions, delays and construction, ferry dependency and availability, and discrepancies in the estimated speed limit.

<sup>vi</sup> Ambulatory service areas do not account for wait times, other first responder services, the true speeds that ambulances travel, the urgency of the request for assistance, road conditions, weather, etc.

week.<sup>vii</sup> These hours of operation result in limited availability for the surrounding area north-east of Castlegar within one-hour of the facility. Edgewood Health Centre also has some limited emergency hours, but they are too limited to be included in this service analysis (see **Table 5** for hours).

As of 2022, the total service area within one-hour of an ER in the RDCK is 17,306.9 km<sup>2</sup>.<sup>viii</sup> Up to 95% of houses in the RDCK are within one-hour of an ER open 24 hours/seven days a week.<sup>ix</sup>

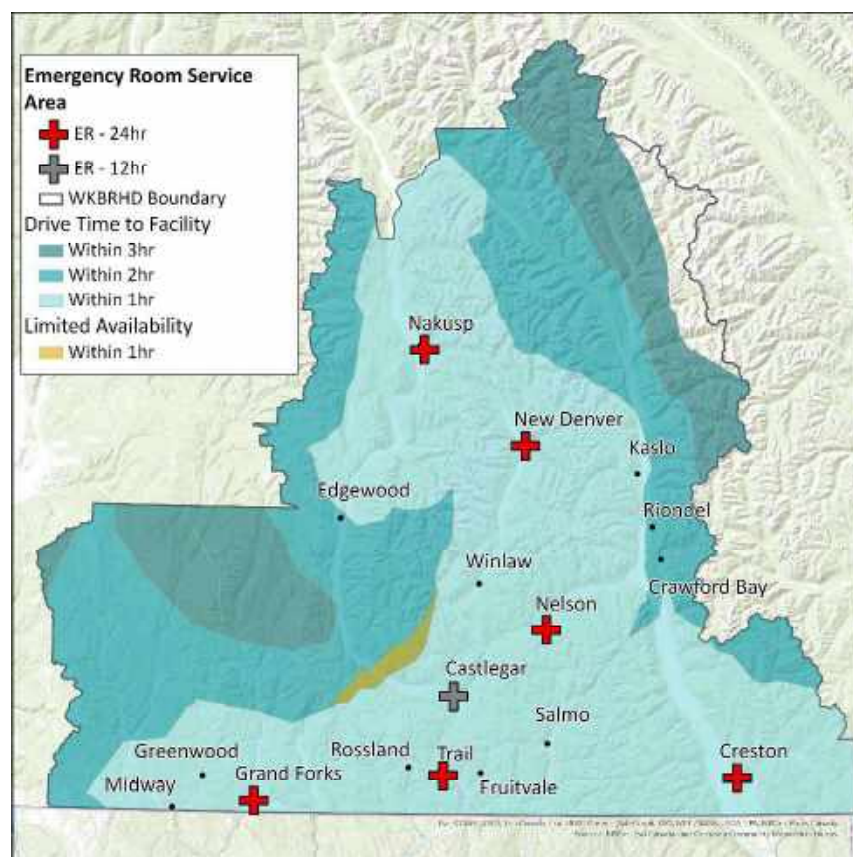


Figure 6: Service area distances to emergency rooms within the WKBHRD

## DIAGNOSTIC AND SPECIALIZED TREATMENT FACILITIES

Service areas were calculated for facilities offering eight types of diagnostic and specialized treatments: pulmonary function, radiology (x-ray), ultrasound, nuclear medicine, computed tomography (CT), magnetic resonance imaging (MRI), electrocardiogram (ECG), and dialysis.<sup>ix</sup>

<sup>vii</sup> Hours of emergency service do change occasionally. For example, as of late July 2022, the emergency room at Slocan Community Health Centre has temporarily been reduced to 12 hours per day.

<sup>viii</sup> Previous results cannot be compared to current results because of more accurate methodologies applied in 2022.

<sup>ix</sup> These services were captured from IHA's website; however, some inconsistencies were noted, such as MRI and CT that were not indicated at Kootenay Boundary Regional Hospital according to the website while those services are known to be present and were therefore added. IHA was not able to provide an accurate list of services by facility. Therefore, caution should be used when referring to this list due to these inconsistencies.

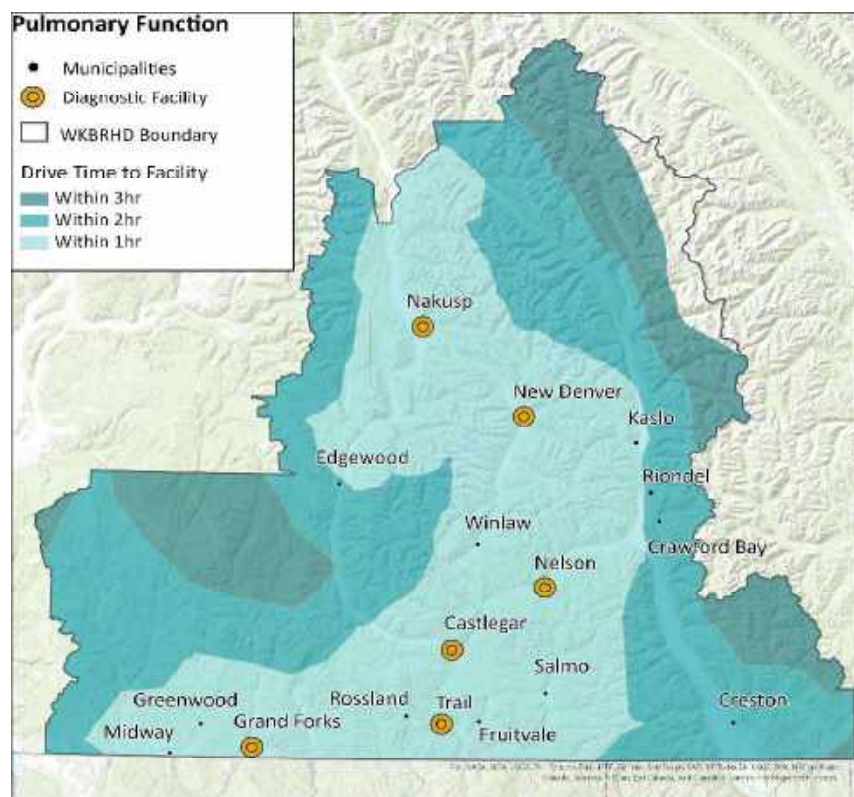


Figure 7: Service area distances to pulmonary function diagnostic facilities within the WKBHRD

#### RADIOLOGY (X-RAY)

As shown in **Figure 8**, service areas were calculated for the eight facilities offering radiology (X-Ray) services in the WKBHRD.<sup>19</sup>

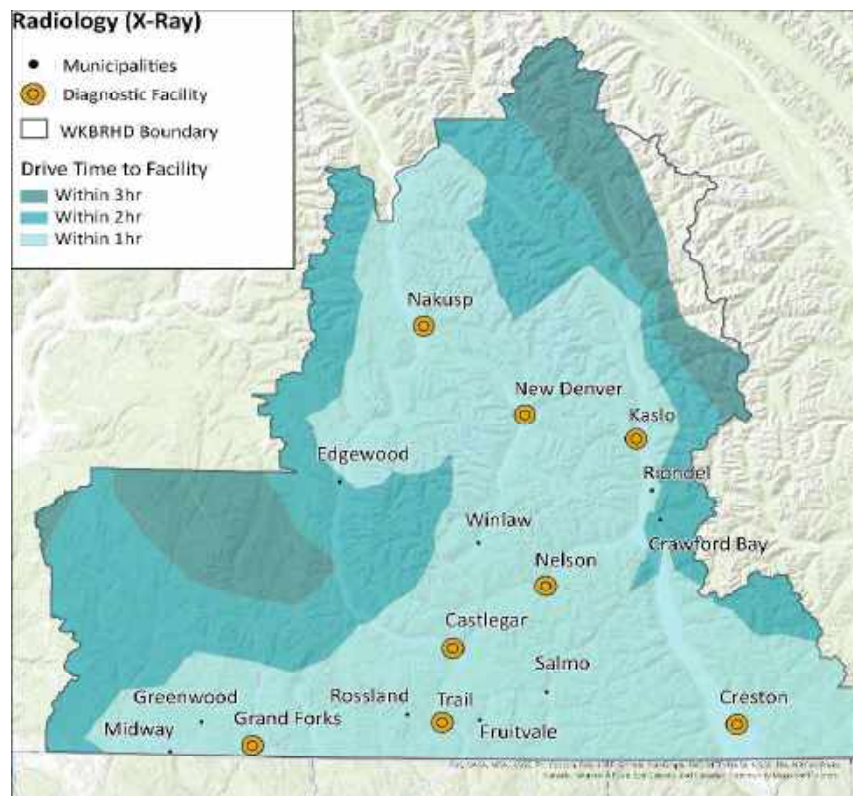
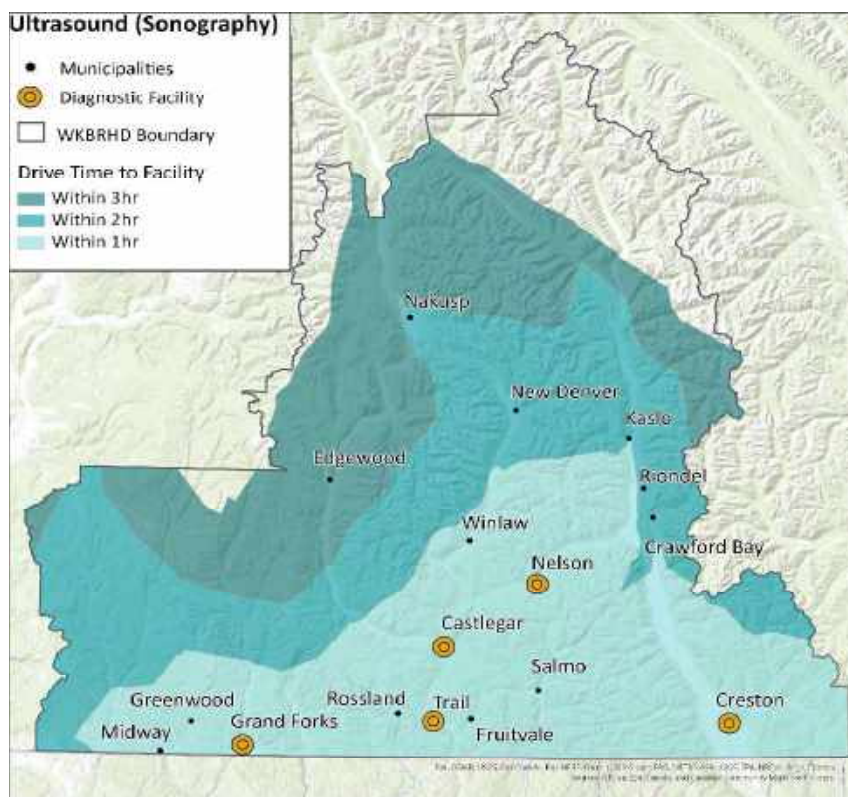


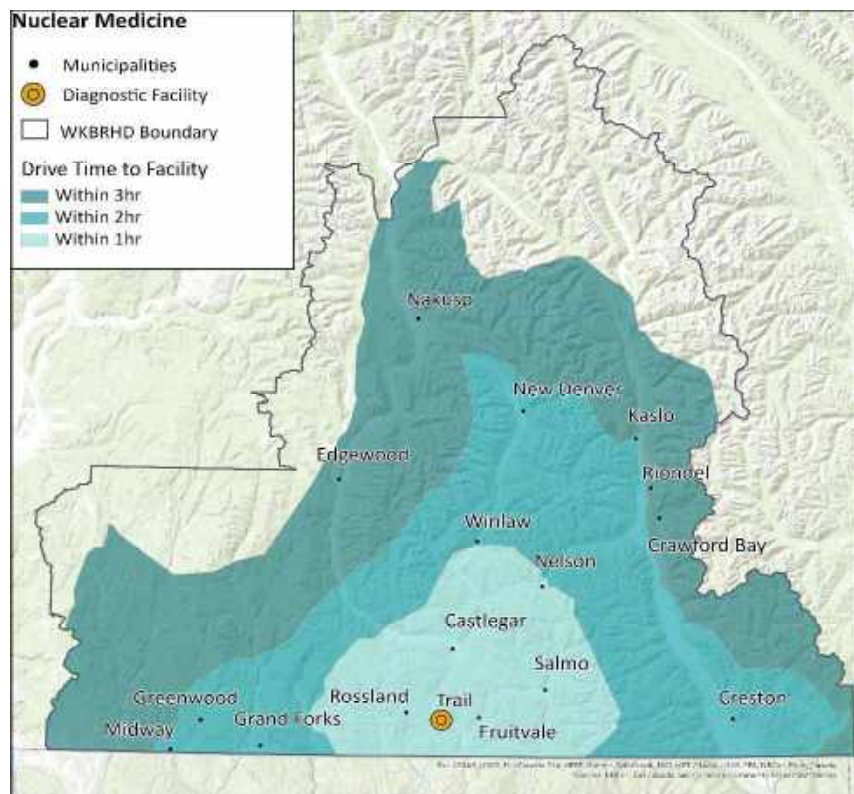
Figure 8: Service area distances to radiology (X-Ray) diagnostic facilities within the WKBHRD

## ULTRASOUND

**Figure 9** shows the service areas ultrasound (sonography) diagnostics in the WKBHRD.<sup>20</sup> There are five facilities offering this service. Communities in the northern and north-eastern parts of the study area have longer travel times to access these facilities.



**Figure 9: Service area distances to ultrasound (sonography) diagnostic facilities within the WKBHRD**



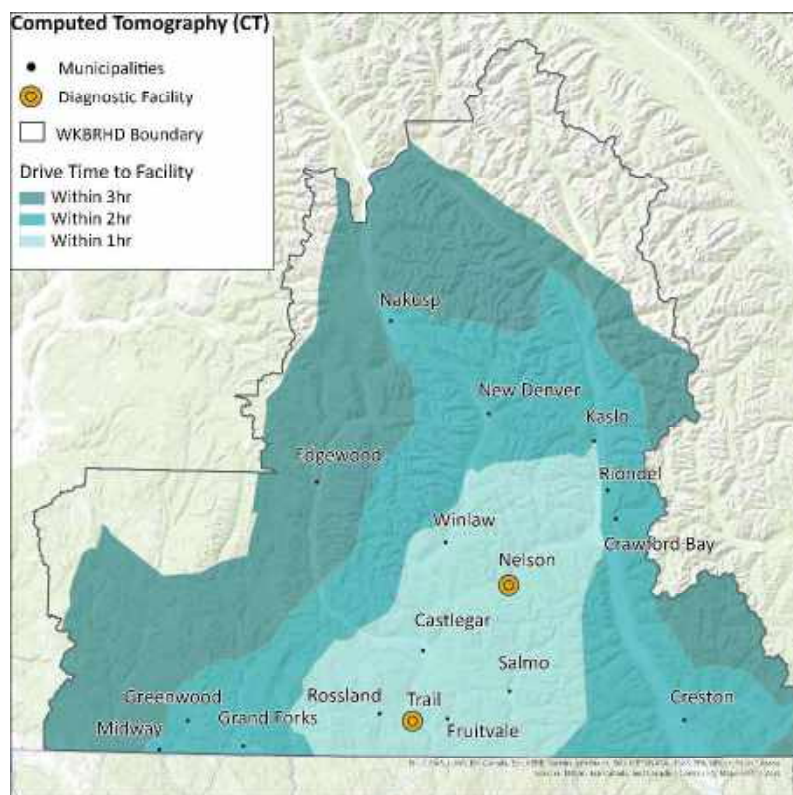
**Figure 10: Service area distances to nuclear medicine diagnostic facilities within the WKBHRD**

## NUCLEAR MEDICINE

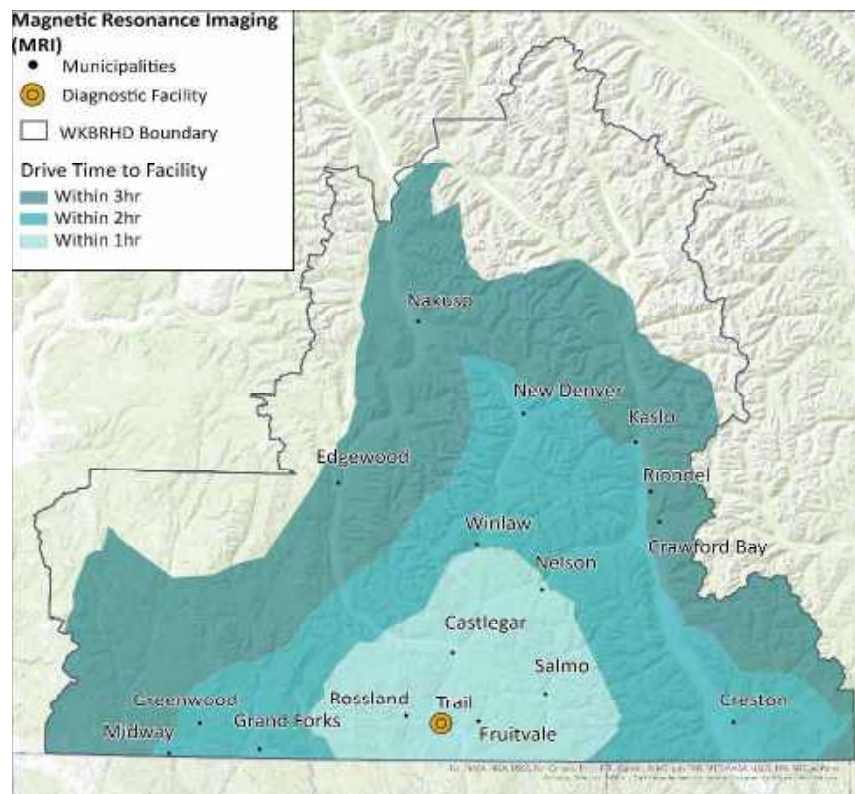
The Kootenay Boundary Regional Hospital in Trail is the only facility offering nuclear medicine diagnostics in the WKBHRD (**Figure 10**).<sup>21</sup>

### COMPUTED TOMOGRAPHY (CT)

There are two facilities offering CT diagnostics in the WKBRHD, Kootenay Lake Hospital in Nelson and Kootenay Boundary Regional Hospital (Figure 11).



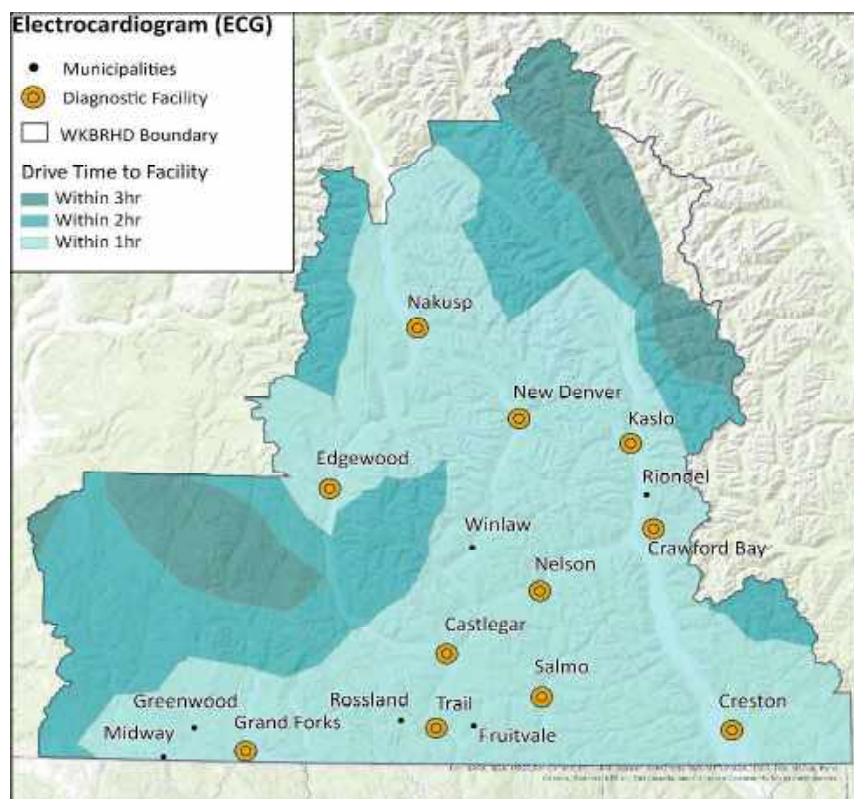
*Figure 11: Service area distances to computed tomography (CT) diagnostic facilities in the WKBRHD*



*Figure 12: Service area distances to magnetic resonance imaging (MRI) diagnostic facilities in the WKBRHD*

### MAGNETIC RESONANCE IMAGING (MRI)

The Kootenay Boundary Regional Hospital is the only facility offering MRI diagnostics in the WKBRHD (Figure 12).



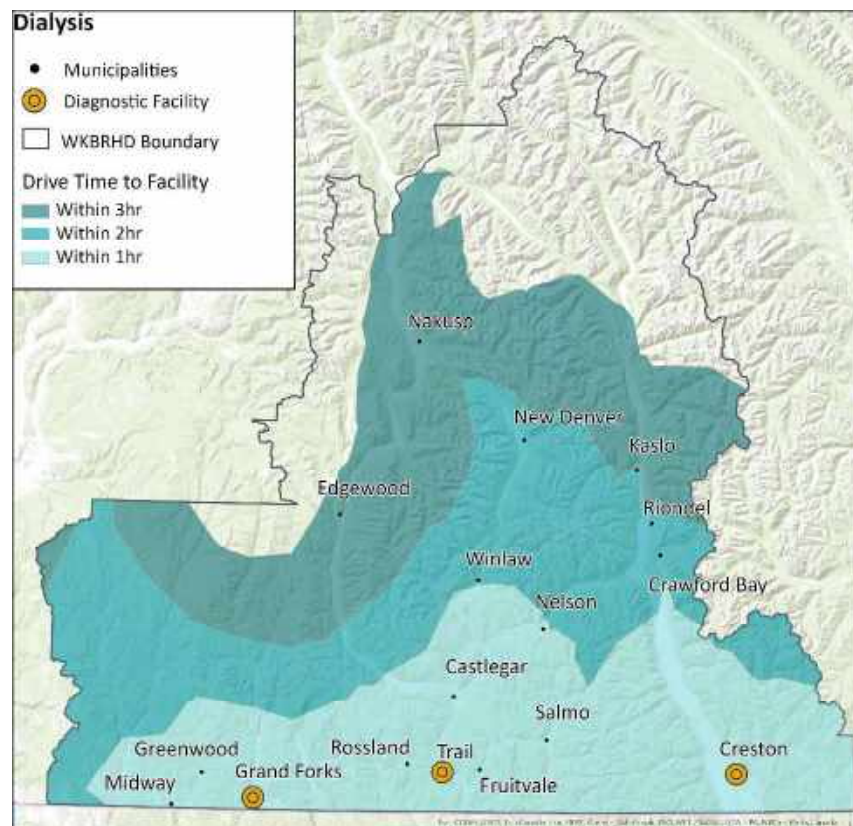
### ELECTROCARDIOGRAM (ECG)

As shown in **Figure 13**, there are 13 facilities offering ECG diagnostic services in the WKBHRD. Most of the region is within a one-hour drive of these services.

**Figure 13: Service area distances to electrocardiogram (ECG) diagnostic facilities in the WKBHRD**

### DIALYSIS

There are three facilities in the WKBHRD offering dialysis services: Boundary Hospital, Kootenay Boundary Regional Hospital, and Creston Valley Hospital & Health Centre (**Figure 14**). Communities in the northern parts of the region have longer drive times to access these facilities.

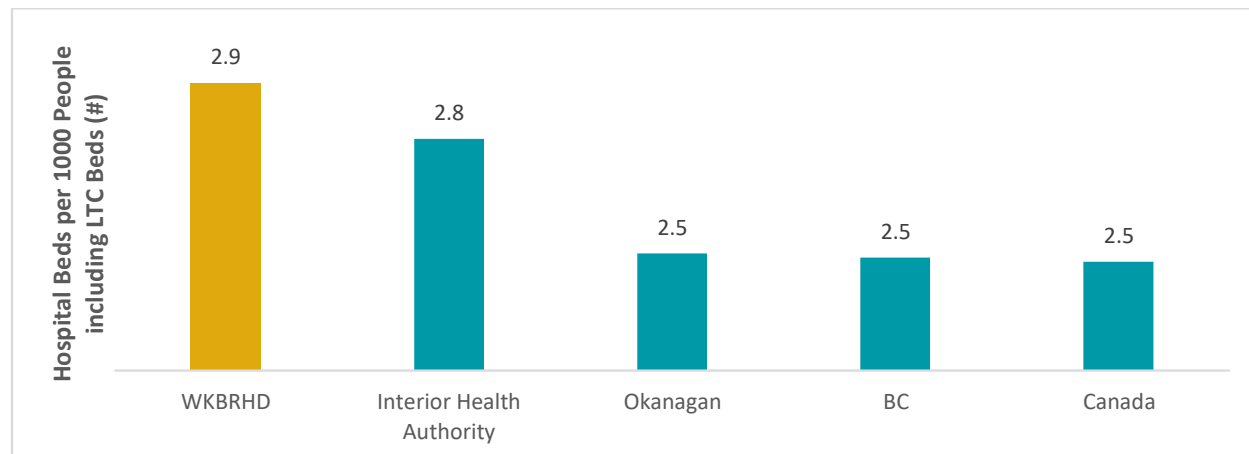


**Figure 14: Service area distances to dialysis specialized treatments in the WKBHRD**

## Care Beds

### HOSPITAL CARE BEDS

The total number of fully staffed hospital beds per 1000 people is examined at the regional, provincial, and national levels (**Figure 15**).<sup>22,9</sup> This number includes long term care (LTC) beds located at hospitals. As of 2021, the WKBRHD has an average of 2.9 beds per 1000 people. This is a higher bed density than the IHA (2.8) and Okanagan (2.5).<sup>x</sup> It also exceeds the hospital bed-to-population ratio in BC (2.5) and Canada (2.5).



**Figure 15: Number of hospital beds (including LTC beds) per 1000 people for Canada, BC, Interior Health Authority, Okanagan, and WKBRHD, 2021**

The total number of fully staffed hospital beds per 1000 people, including LTC beds in the hospital, varies for each hospital<sup>xi</sup> in the WKBRHD (**Figure 16**).<sup>9,22</sup> In 2021, Boundary Hospital has the highest ratio, with 7.2 beds per 1000 people.

<sup>x</sup> The Okanagan is an aggregation of the following LHAs: Central Okanagan, Keremeos, Penticton, South Okanagan, Summerland, and Vernon.

<sup>xi</sup> The following assumptions were made regarding hospital catchment areas:

- Arrow Lakes Hospital serves the Arrow Lakes LHA
- Boundary Hospital serves the Grand Forks and Kettle Valley LHAs
- Creston Valley Hospital serves the Creston LHA
- Kootenay Boundary Regional Hospital serves the Castlegar and Trail LHAs
- Kootenay Lake Hospital serves the Kootenay Lake and Nelson LHAs

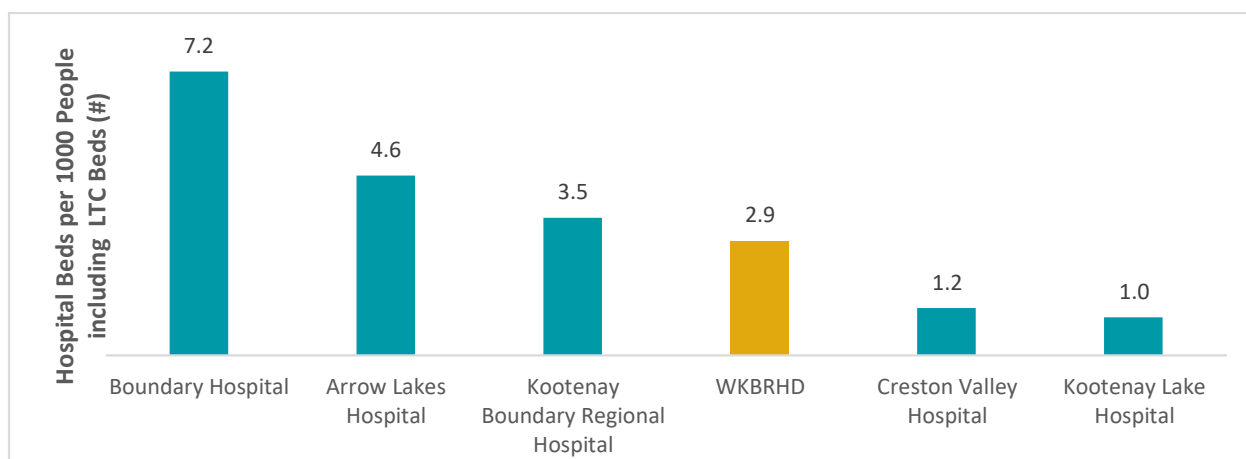


Figure 16: Number of hospital beds per 1000 people (including LTC beds) by hospital and WKBHRD, 2021

It is important to note that the IHA does not consider any of its long-term care beds located in its hospitals to be part of the hospital due to the way facilities are licensed.<sup>23</sup> When the count of hospital beds per 1000 people are re-analyzed without long-term care beds included, the results are quite different (**Figure 17, Figure 18**). For example, when long-term care beds located in hospitals are omitted from the hospital bed count, the number of hospital beds in the WKBHRD drops from 2.9 to 1.4 per 1000 people and the number of hospital beds at Boundary Hospital drops from 7.2 to 0.9 beds per 1000 people.

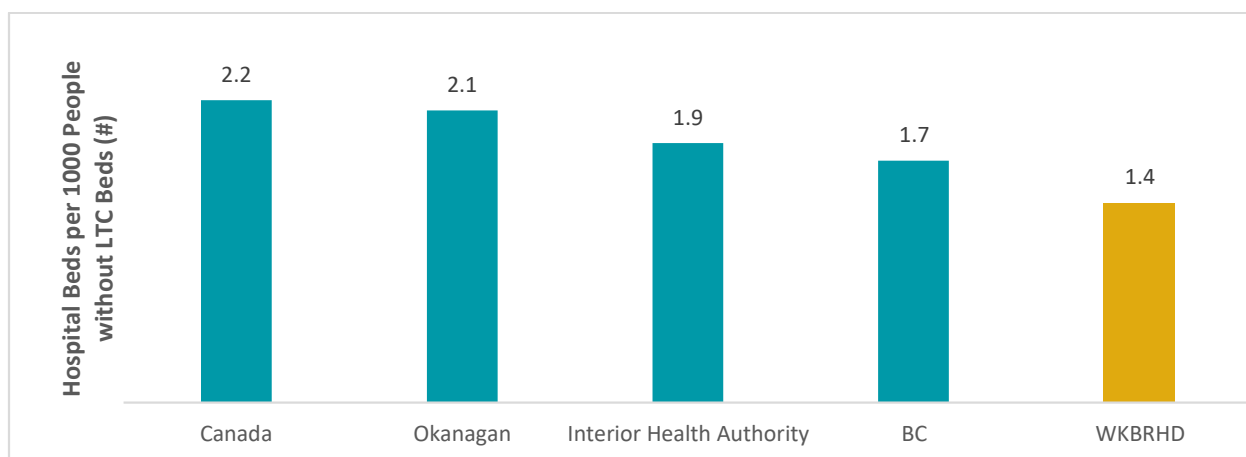


Figure 17: Number of hospital beds (without LTC beds) per 1000 people for Canada, BC, Interior Health Authority, Okanagan, and WKBHRD, 2021

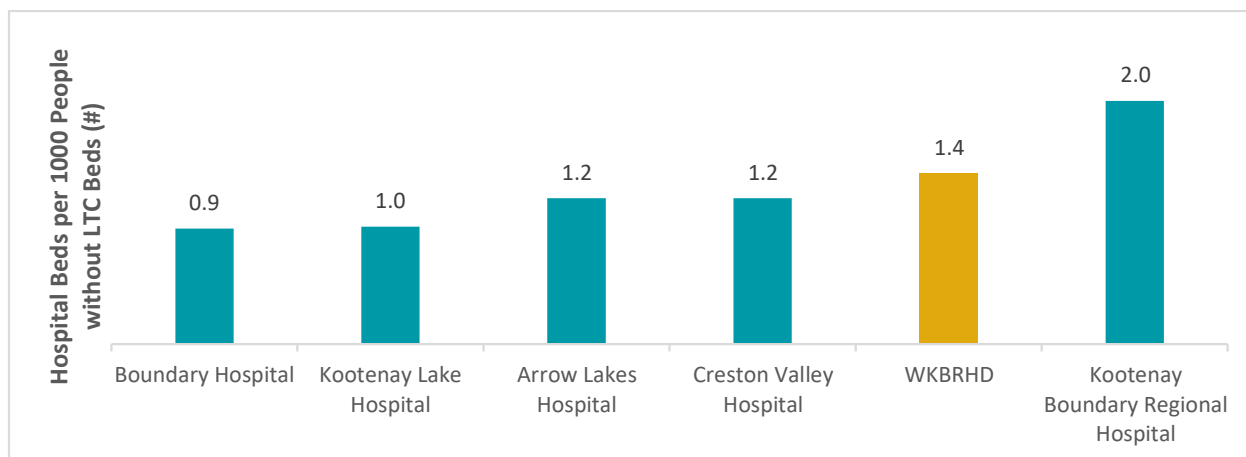


Figure 18: Number of hospital beds per 1000 people (without LTC beds) by hospital and WKBHRD, 2021

See **Table 7** for the hospital bed count by care setting for hospitals within the WKBHRD in 2021.<sup>23</sup> With a total of 124 beds, the Kootenay Boundary Regional Hospital has the highest number of beds across all types of care-settings (excluding rehabilitation). The number of hospital beds by care setting and hospital have remained the same since last examined in 2015, except for the 79 long-term care beds that have been added at the Boundary Hospital.<sup>1</sup>

Table 7: Number of hospital beds by care setting for hospitals in the WKBHRD, including WKBHRD total, 2021

Hospital	Intensive Care	Obstetrics	Pediatrics	Mental Health	Rehabilitation	Long-Term Care	Other Acute Care	Total
Arrow Lakes Hospital	-	-	-	-	-	16	6	22
Boundary Hospital	-	-	-	-	-	79	12	91
Creston Valley Hospital	-	-	-	-	-	-	16	16
Kootenay Boundary Regional Hospital	6	3	4	12	-	49	50	124
Kootenay Lake Hospital	-	-	-	-	-	-	30	30
WKBHRD	6	3	4	12	0	144	114	283

## LONG-TERM CARE BEDS

When individuals are no longer able to reside at home, long-term care facilities can help. “Long-term care is for adults with complex health care needs requiring 24-hour professional care due to physical disability, or mental or behavioural conditions, including brain injuries or dementia.”<sup>24</sup> The number of long-term care beds within long-term care facilities in the WKBHRD is examined using available data from 2002 to 2021 (**Figure 19, Table 8**).<sup>1,25</sup>

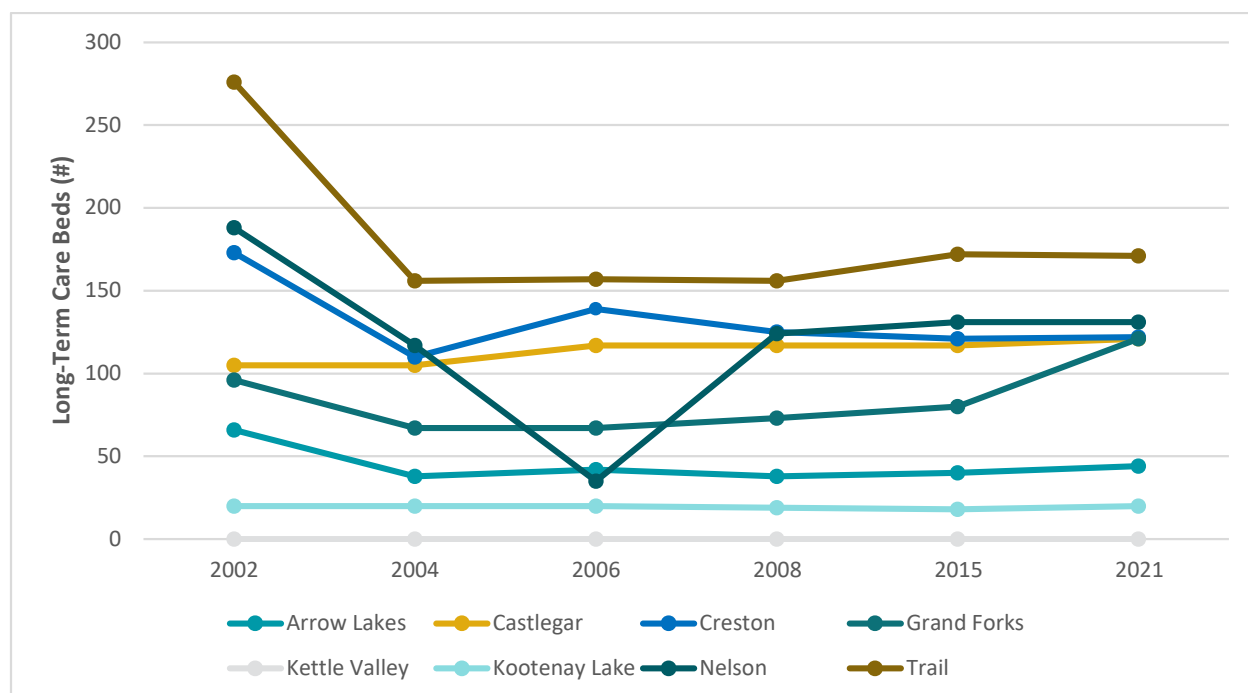


Figure 19: Number of long-term care beds by Local Health Area, 2002, 2004, 2006, 2008, 2015, and 2021

Table 8: Number of long-term care beds by Local Health Area and change over time, 2002, 2004, 2006, 2008, 2015, 2021

Local Health Area	# Long-term Care Beds						Difference 2015-2021	Difference 2002-2021	Six-Year Change (2015-2021)	19-Year Change (2002-2021)
	2002	2004	2006	2008	2015	2021				
Arrow Lakes	66	38	42	38	40	44	4	-22	10.0%	-33.3%
Castlegar	105	105	117	117	117	121	4	16	3.4%	15.2%
Creston	173	110	139	125	121	122	1	-51	0.8%	-29.5%
Grand Forks	96	67	67	73	80	121	41	25	51.3%	26.0%
Kettle Valley	0	0	0	0	0	0	N/A	N/A	N/A	N/A
Kootenay Lake	20	20	20	19	18	20	2	0	11.1%	0.0%
Nelson	188	117	35	124	131	131	0	-57	0.0%	-30.3%
Trail	276	156	157	156	172	171	-1	-105	-0.6%	-38.0%
<b>WKBHRD</b>	<b>924</b>	<b>613</b>	<b>577</b>	<b>652</b>	<b>679</b>	<b>730</b>	<b>51</b>	<b>-194</b>	<b>7.5%</b>	<b>-21.0%</b>

Between 2015 and 2021, the number of long-term care beds across the WKBHRD increased by 51 beds. The beds increased in all LHAs except for Kettle Valley (where there are no long-term care facilities) and Trail (-1 bed). The highest increase in that five-year period occurred in the Grand Forks LHA (51.3%), followed by Kootenay Lake (11.1%), Arrow Lakes (10%), Castlegar (3.4%), and Creston (0.8%). The number of long-term care beds in the Nelson LHA did not change during that time. In July 2020, the Province of British Columbia announced 75 new long-term care beds for Nelson.<sup>26</sup> The facility will be built at the site of the former Mount St. Francis hospital and is anticipated to be completed in September 2024. The facility is being developed by Columbia Basin Trust and Golden Life Management, and will be leased and operated by IHA upon completion.<sup>27</sup>

Between 2002 and 2021, the number of long-term care beds in the WKBRHD decreased by 194 beds (-21%). During this 19-year period, the number of long-term care beds increased in the Grand Forks LHA (26%) and Castlegar LHA (15.2%) (**Figure 20**).<sup>1, 25</sup> There was no difference in the Kootenay Lake LHA. During the same time period, decreases in the number of long-term care beds occurred in the following LHAs: Trail (-38%), Arrow Lakes (-33.3%), Nelson (-30.3%), and Creston (-29.5%).

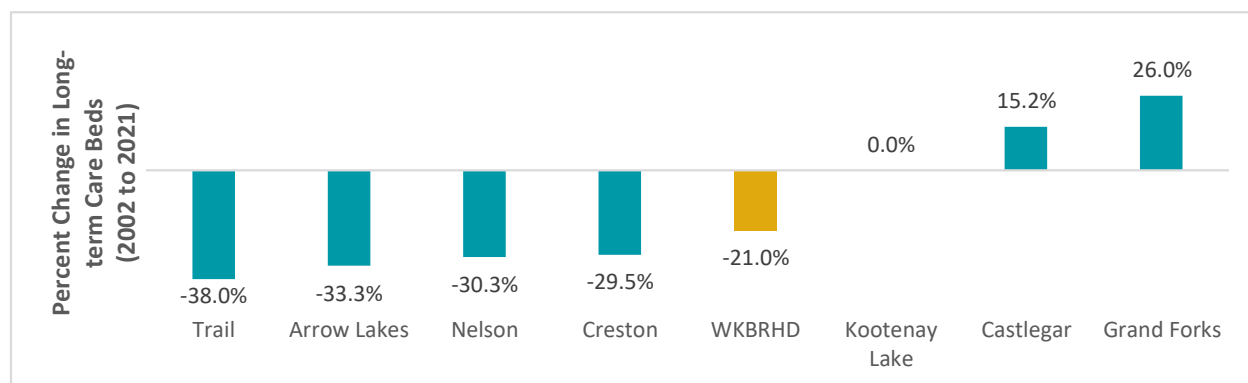


Figure 20: Change in residential care beds by LHA and WKBRHD, 2002 to 2021

**Figure 21** shows the number of long-term care beds per 1,000 people by population aged 65-years old and older and total population.<sup>9, 25</sup> The Castlegar LHA has the largest number of beds, at 39.6 beds per 1,000 people aged 65-years old and older. The Kootenay Lake LHA has the lowest number of beds per 1,000 people aged 65-years old and older at 15.5 beds. Overall, the average for the WKBRHD is 29.3 beds per 1,000 people aged 65-years old and older. When examining the highest number of beds per total population, Grand Forks LHA has the most long-term care beds, at 13.4 beds per 1,000 people.

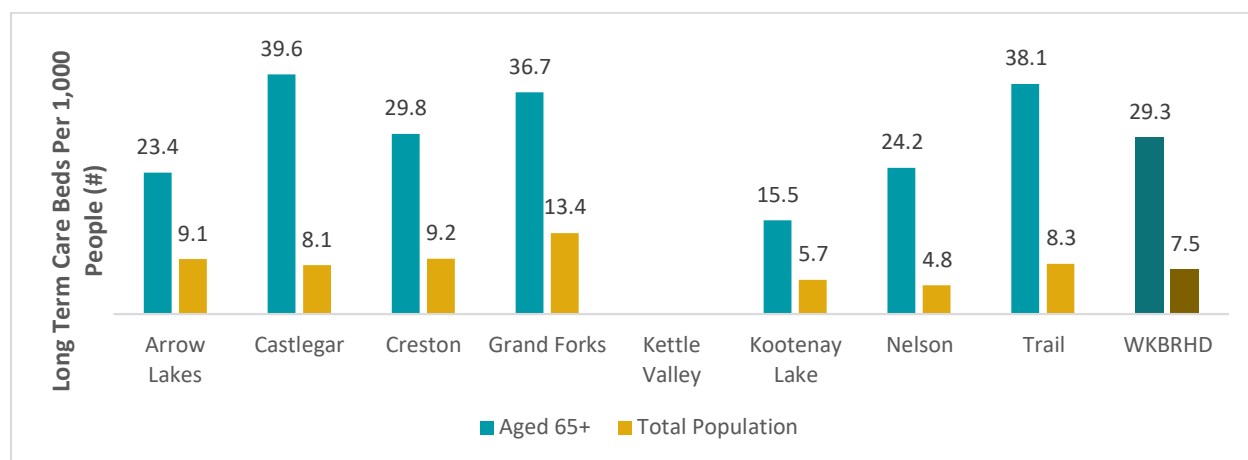
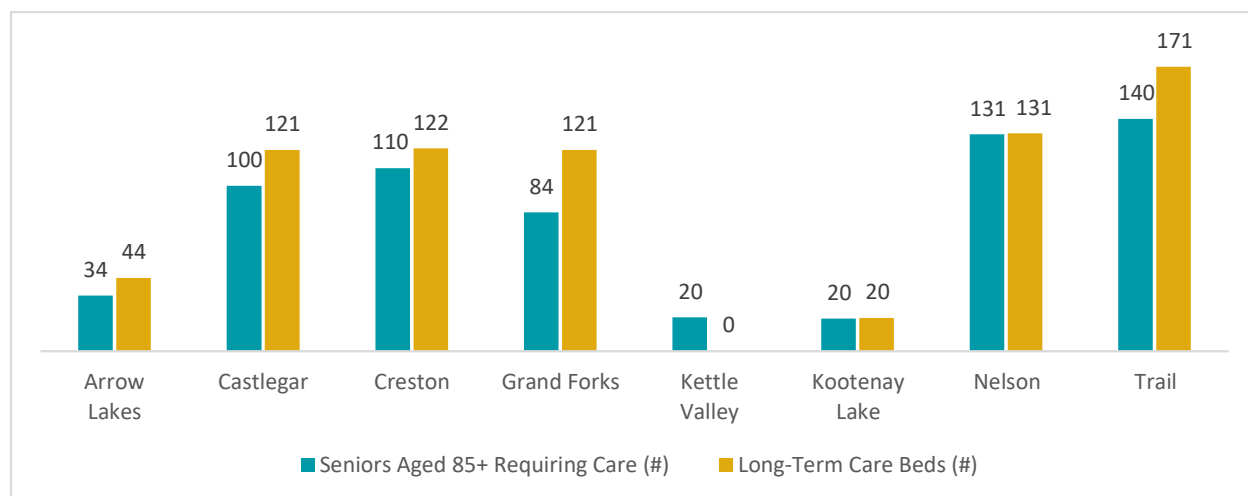


Figure 21: Long-term care beds per 1000 people (aged 65-years old and older and total population) by LHA and WKBRHD, 2021

A 2011 study conducted by the Canadian Institute for Health and Information found that 25% of seniors aged 85-years old and older have “a moderate (15%), severe (5%) or total (5%) limitation in functional capacity.”<sup>28</sup> **Figure 22** shows the number of seniors aged 85-years and older who may have limited

functional capacity and require care as compared to the number of long-term care beds.<sup>xii</sup> Of all the LHAs, Kettle Valley is the only area that does not have a long-term care facility to service the estimated population of persons aged 85-years old and older who may require support. However, there may be beds available in the Grand Forks LHA to cover that need. In the Grand Forks LHA, there are an estimated 84 seniors with limited functional capacity compared to the 121 beds. For the other LHAs, the estimated number of seniors requiring care is the same or less than the number of long-term care beds presently accounted for in the WKBRHD. While this specific analysis only looks at those aged 85-years old and older needing care and does not consider those needing care under that age, it provides one lens to understand the possible need versus availability of long-term care beds.



**Figure 22: Estimated population of persons aged 85-years and older requiring long-term care versus the number of long-term care beds by Local Health Area, 2021**

## Transportation

Transportation options for those without a personal vehicle who require transportation to health services is explored.

Part of the study area is serviced by BC Transit West Kootenay Transit System.<sup>29</sup> **Figure 23** shows the main routes in the West Kootenay Transit System that link some of the communities with health facilities. Other parts of the study area are served by smaller BC Transit systems including the Boundary Transit System<sup>30</sup> and Creston Valley Transit system.<sup>31</sup> There are no BC Transit options between the Boundary region and the Kootenay Boundary Regional Hospital in Trail or from the Creston area to the regional hospital in Trail. However, Creston does have a BC Transit route that connects to Cranbrook.

See **Table 9** for a summary of regional transit routes and the windows available for health service appointments.<sup>xiii</sup> More details about these routes are provided below.

<sup>xii</sup> This analysis does not consider persons under the age of 85 requiring care and assumes 25% of seniors aged 85-years and older require long-term care beds in the WKBRHD, as per the CIHI study referenced.

<sup>xiii</sup> It is assumed that persons accessing health services require return transit fare. Appointment windows are calculated by taking the difference in time between the first arrival and the last departure.

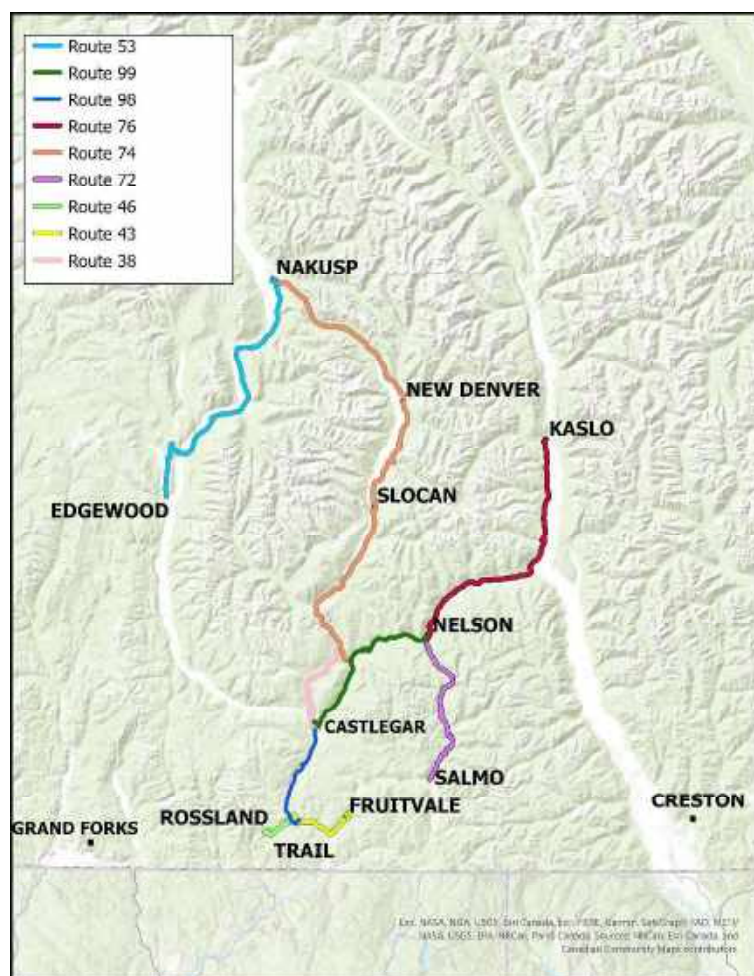


Figure 23: BC Transit West Kootenay Transit system main routes

Table 9: BC Transit West Kootenay Transit system routes, service frequencies, and health service appointment windows

Route #	Route Name	Appointment Location	Appointment Window	Daily Frequency	Service Days	First Departure	Last Departure (return trip)
53	Edgewood - Nakusp	Nakusp	6 hrs	2x	Friday Only	9:25 am	3:20 pm
74	Nakusp - Nelson	Nelson	6 hrs	1x	Tues, Thur	8:05 am	4:05 pm
76	Kaslo - Nelson	Nelson	< 15 mins	1x	Tuesday Only	8:30 am	10:00 am
10	Balfour - Nelson	Nelson	Flexible	9x	Weekdays	6:58 am	8:36 pm
1	Uphill Loop (Nelson)	Nelson	Flexible	25x	Weekdays	6:45 am	11:18 pm
72	Salmo - Nelson	Nelson	3 hrs / 8 hrs	3x	Tues, Thur, Fri	8:05 am	6:45 pm
99	Castlegar - Nelson	Nelson	Flexible	15x	Weekdays	4:45 am	5:46 pm
38	Playmor Loop (Castlegar)	Castlegar	5 hrs	2x	Tues, Fri	8:50 am	1:55 pm
98	Castlegar - Trail	Trail	Flexible	7x	Weekdays	6:58 am	7:51 pm
43	Fruitvale - Trail	Trail	Flexible	10x	Weekdays	6:08 am	8:12 pm

## WEST BOUNDARY TO GRAND FORKS

While there are no BC Transit routes from the Boundary Transit System to the regional hospital in Trail, there are two BC Transit options to link communities in the west Boundary to Grand Forks.<sup>30</sup> This includes one bus route that leaves Greenwood on Friday mornings at 9:10 a.m., then leaves Grand Forks for the return trip at 1:00 p.m. This route provides one three-hour window per week for medical appointments in Grand Forks. The other option is to use the Health Connections route that leaves Rock Creek at 8:30 a.m. on Tuesdays, then leaves Grand Forks at 1:00 p.m. for the return trip. This provides a second three-hour window per week for medical appointments in Grand Forks.

## ARROW LAKES AND SLOCAN VALLEY TO NELSON

Figure 24 and Figure 25 show two main routes that support access to health services in the Arrow Lakes and Slocan Valley regions and to Nelson. It is important to note that trips using BC Transit are very limited each week. The route between Edgewood and Nakusp only travels one day per week, but it does provide an appointment window of approximately six hours in Nakusp.



Figure 24: BC Transit route (#53) between Edgewood and Nakusp



Figure 25: BC Transit route (#74) between Nakusp and Nelson

Route 74: Nakusp-Nelson travels two days per week and provides an appointment window of approximately six hours in Nelson.<sup>32</sup> This is a Health Connections route that offers service to/from Kootenay Lake Hospital by request. Alternatively, passengers can make two connections (via Route 2: Fairview to Ward and Baker, followed by Route 1: Uphill Loop to the hospital) and have a window of just under 3.5 hours for health service appointments.

## NORTH KOOTENAY LAKE AND EAST SHORE TO NELSON

Figure 27 and Figure 28 show the main routes to access health services between North Kootenay Lake, the East Shore of Kootenay Lake, and Nelson.

BC Transit provides limited service between North Kootenay Lake, Kaslo, and Nelson.

Service is available between North Kootenay Lake communities and Kaslo on Thursdays (via Route 58: Argenta Loop), with a 12-hour window to access health services in Kaslo.<sup>33</sup> Passengers can also access services in Nelson on Thursdays by transferring buses twice (Kaslo to Balfour via Route 76, and Balfour to Nelson via Route 10), but there is no return fare available that day.

Direct service from Kaslo to Kootenay Lake Hospital is available on Tuesday mornings (via Route 76).<sup>34</sup> By transferring routes, there are multiple options for passengers to travel between Kaslo and Nelson on Tuesdays and Wednesdays. There is also a Health Connections route between Kaslo and Kootenay Lake Hospital available upon request.<sup>35</sup>



Figure 26: BC Transit route (#76) details for direct route between Kaslo and Nelson



Figure 27: BC Transit route details for route with connections between Kaslo and Nelson

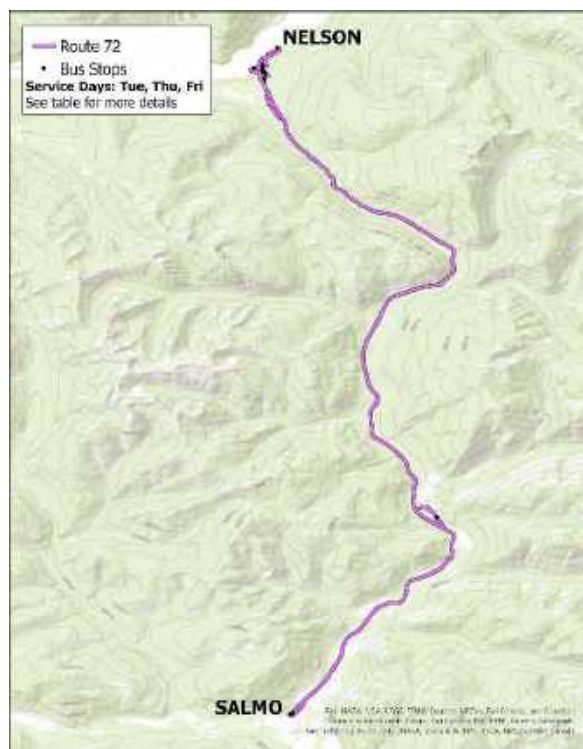
On a daily basis, passengers from the East Shore can ride the free Kootenay Lake ferry,<sup>36</sup> followed by taking the BC Transit bus to Nelson (via Route 10 to downtown and transferring to Route 1: Uphill Loop to get direct service to Kootenay Lake Hospital).<sup>37, 38</sup> This offers a nearly 13-hour window to access health services in Nelson, with the last bus arriving in Balfour at 9:30 p.m., in time for the 9:40 p.m. sailing of the ferry back to Crawford Bay.

The East Shore Transportation Society offers service upon request. Passengers can arrange transportation by emailing [estsbus@gmail.com](mailto:estsbus@gmail.com) or calling 250-551-8800.<sup>39</sup>

BC Transit also offers the handyDART transit service for persons with disabilities.<sup>40</sup> Passengers can register for service in Nelson, available weekdays from 7:30 a.m. to 4:00 p.m.

### SALMO TO NELSON

As show in **Figure 28**, BC Transit offers service from Salmo and Ymir to Nelson on Tuesdays, Thursdays, and Fridays.<sup>41</sup> This is a Health Connections route with between three and eight-hours available for health service appointments in Nelson.<sup>42</sup> Passengers must transfer buses (via Route 1: Uphill Loop) to get to Kootenay Lake Hospital.<sup>38</sup>



**Figure 28: BC Transit route (#72) details for route with connections between Nelson and Salmo**



**Figure 29: BC Transit route (#99) details between Castlegar and Nelson**

### CASTLEGAR TO NELSON

**Figure 29** shows the transit route between Castlegar and Nelson.<sup>43</sup> This route, the Kootenay Connector, is available Monday to Saturday, and departs from the Selkirk College campus. There is a transit exchange at the Castlegar and District Community Complex, which connects several routes from Castlegar and surrounding area (e.g., Robson, Ootischenia) to the stop at Selkirk College. Passengers from Pass Creek and Crescent Valley can also connect at the Playmor Junction Park and Ride.<sup>44</sup> Connecting to Route 1: Uphill is needed to get to Kootenay Lake Hospital.<sup>38</sup> On the last return ride of the day, there is a one-hour delay at the Ward and Baker stop before the bus leaves Nelson for Castlegar.

Excluding this delay, there is a window of eight-hours to access health service appointments between the first arrival in Nelson and the last departure for Castlegar.

## MULTIPLE COMMUNITIES TO TRAIL

**Figure 30** shows the main routes to access health services in Trail from Castlegar, Rossland, and Fruitvale.

Buses travel between Castlegar and Trail on weekdays (via Route 98: Columbia Connector).<sup>45</sup> Passengers can use the transit exchange at Cedar Street and Spokane Street to connect to Route 44: Sunningdale/Hospital Loop, which stops at the Kootenay Boundary Regional Hospital.<sup>46</sup> This option offers a window of just under eight-hours to access health services at the regional hospital. There is also one Columbia Connector bus that departs from the hospital at 3:20 p.m. and travels directly to Castlegar. BC Transit also offers the handyDART transit service for persons with disabilities.<sup>40</sup> Passengers can register for service in the Columbia Zone (Castlegar and Trail), available weekdays from 8:00 a.m. to 4:00 p.m.

Transit is available between Rossland and Trail (via Route 46: Rossland) on weekdays.<sup>47</sup> There is a 1.5 hour wait at the Cedar and Spokane transit exchange before passengers can transfer to the Sunningdale/Hospital Loop.<sup>46</sup> Even taking that delay into account, this option offers a window of over eight-hours to access health services at the regional hospital.

There is weekday transit service available between Fruitvale, Montrose, and Trail.<sup>48</sup> Passengers travelling to Trail (via Route 43: Glenmerry/Fruitvale) can use the transit exchange at Cedar and Spokane to connect to the Sunningdale/Hospital Loop, which stops at the regional hospital.<sup>46</sup> This option provides a window of over 12-hours to access health services at the hospital.

In a recent announcement, Nelson CARES has launched a medical services bus service between Nelson and Trail. This service is built around the Kootenay Boundary Regional Hospital's dialysis schedule. It leaves Nelson at 6:30 a.m., with the return trip leaving Trail at 1:00 p.m. The route takes place on Tuesday, Thursday, and Saturdays for a fee of \$35. The bus picks up passengers at their home and be arranged by calling 778-426-5247.<sup>49</sup>

Multiple transit connections are needed to get to the Kootenay Boundary Regional Hospital from afar. For example, passengers from Kaslo can access health services in Trail on Tuesdays, if they depart from Kaslo at 8:30 a.m. and catch four connections to get to the hospital for 11:30 a.m. There is a window of just over 2.5 hours to access health services, before the bus departs from the hospital at 2:24 p.m. After catching another five connections, arrival in Kaslo occurs at 6:35 p.m.

Conversely, transit riders from Nakusp would be unable to access services at the regional hospital in Trail. In total, there are 11 connections required to get to the hospital and even the earliest arrival at the hospital (2:12 p.m.) would prevent passengers from catching the necessary return fare.



**Figure 30: BC Transit route details between Castlegar, Fruitvale, and Rossland to Trail**

## Conclusion

According to the 2021 Census the population of the WKBHRD is getting older. When examined by five-year age cohorts, the largest percentage of the total population is aged 60- to 64-years (9.1%) and 65- to 69-years (9.0%). Over the five-year period between the 2016 and 2021 Census years, the largest population increases were seen in the 70- to 74-years age cohort (+34.1%) and the 75- to 79-years age cohort (+22.2%). Overall, persons aged 65-years old and older account for 26.7% of the total population of the WKBHRD in 2021. This is a 17.4% increase between 2016 and 2021.

In 2015, the population aged 65-years old and older comprised 18% of the total population. This is projected to increase to 28% of the total population by 2025 and 30% by 2030, before leveling off for the ensuing decade. This trend is predicted to be similar at the LHA level. In 2040, the cohort aged 65-years old and older is projected to account for 54% of the total population of the Kettle Valley LHA and 51% of the total population of the Kootenay Lake LHA.

These demographic changes may result in differing health service needs across the WKBHRD. Currently, some diagnostic services and specialized treatments are only available in select communities. The Kootenay Boundary Regional Hospital in Trail is the only facility in the region offering nuclear medicine diagnostic services and MRI. CT scans can only be completed at Kootenay Lake Hospital in Nelson and in Trail. Dialysis is only available in Creston, Grand Forks, and Trail. As the population of the region changes, so too will the service needs.

The availability of hospital and long-term care beds varies across the region. As of 2021, there are 1.4 hospital beds per 1000 people (excluding long-term care beds) in the WKBHRD, but that number decreases when examined by hospital. The Boundary Hospital has the lowest number of hospital beds per 1000 people (excluding long-term care beds), at 0.9 beds. Between 2015 and 2021, the total number of long-term care beds in the WKBHRD increased by 51 beds (+7.5%). The 75 new long-term care beds in Nelson will be a welcome addition for long-term care in the WKBHRD.

There are some limitations to using transit for transportation to health services in the WKBHRD. The region's primary public transit provider is BC Transit's West Kootenay Transit System, but there are no connections to the Boundary Transit System (i.e., Grand Forks) or the Creston Valley Transit System (i.e., Creston). While most of the communities served by the West Kootenay Transit System have transit options to access health services, some areas have limited service (e.g., Arrow Lakes, Slocan Valley, North Shore of Kootenay Lake). There are handyDART services available for persons with disabilities, and three Health Connections routes across the region. In one unique example, communities on the East Shore of Kootenay Lake can utilize transportation services provided by the East Shore Transportation Society.

This report provided an overview of population demographics and health services in the WKBHRD. This information can be used to support evidence-based decision-making when evaluating the infrastructure in place to accommodate the region's changing population demographics.

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Kaslo Community Acupuncture Clinic  
report to HSC  
September 2022

Kaslo Community Acupuncture Clinic continues to serve 15–18 patients, with 2 practitioners, at the bi-weekly clinics. Although only one practitioner was available at one clinic, 11 patients were seen. Through the summer steady numbers were maintained, while donations for treatments were slightly increased. Depending on whether it is a returnee and the severity of the condition, treatments vary from 30 minutes to 1.25 hours.

As clinic intake and operations streamline, the manager has been able to accomplish several administrative tasks: an information pamphlet has been created, a reference book is available for the waiting room, intake forms and patient satisfaction survey are being updated, and outreach for radio information pieces and for grants is being explored. The survey will be administered over the upcoming clinics.

.....  
Health Expansion Committee  
report to HSC  
September 2022

I met with the committee to assess progress and explore options for achieving the goal of expanded long term care in Kaslo. At this time there has been no response to the letters sent by Village Council to MLA Brittney Anderson, Minister Dix and IHA personnel. The importance of increased capacity in long term care and assisted living is recognized in principle but seems to be missing the mark for action. Since there has been no response to the questions of what data government and health authority require, there can be no forward movement.

## Kaslo Administration

---

**Subject:** New Resource for Leaders!

----- Forwarded message -----

From: **Renee Thompson** <[renee@healthyworkforceinstitute.com](mailto:renee@healthyworkforceinstitute.com)>

Date: Thu, 6 Oct 2022 at 03:01

Subject: New Resource for Leaders!

To: Mary Stickel

Hi Mary,

Healthcare is getting more and more complex. Increasing demands, decreasing resources, burn out and bullying are huge contributing factors to how employees show up every day. As a result, organizations are seeing an uptick in bad behavior and turnover.

Even in tough times, organizations that continue improving the work culture by addressing disruptive behaviors are the ones that attract and keep the best employees and create the best patient experience.

Culture trumps everything!

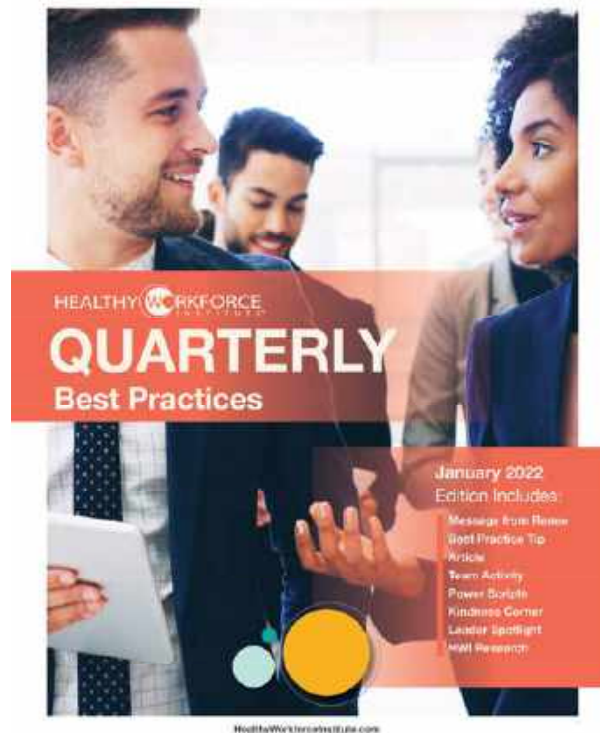
To help healthcare leaders improve culture, we've created an ongoing resource, our **HWI Quarterly Best Practice Magazine**, designed to help leaders, like you, continuously adopt healthy workforce best practices into the very fabric of your organization.

Here's what's included in each edition:

- Message from Renee
- Best Practice Tip
- Article
- Product
- Team Activity
- Power Scripts
- Kindness Corner
- Leader Spotlight
- HWI Research

In the past, we've only made these available to our clients and soon to be clients. Well, then we thought...why not make them available to our community too! So, there you go. Now you have access to this valuable resource too!

Download all 5 of our editions below!



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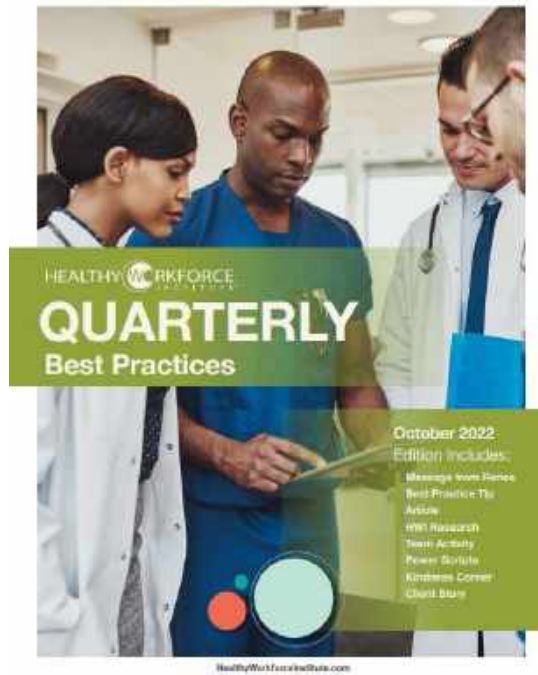
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*Renee Thompson*

*P.S. Keep an eye out for new editions every quarter [here](#)!*



**Renee Thompson**  
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# Ambulance Paramedics

of British Columbia - CUPE 873



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November 4, 2022

Kaslo District  
413 Fourth Street, Box 576  
Kaslo, BC V0G 1M0

Dear Mayor Suzan Hewat and City Councilors,

I want to first congratulate all of you on your election or re-elections, and also thank those who did not run or were unsuccessful, your service is appreciated and honourable.

As we reflect on our week at UBCM and the relationship we have built over the past years with you and your communities, we are grateful for the connection, engagement and collaboration between all levels of government and stakeholders. We appreciated the opportunity to meet with so many mayors, councilors, and community leaders, and we hope you had a chance to visit our booth.

In case you missed it, we invite you to check out the following website link with documents that were available at our booth and explore the versatile skillset that uniquely qualifies paramedics to address public safety, emergency first response, patient transportation and community-based health innovation across BC.

[UBCM – Paramedic Services in your Community](#)

I am reaching out today to extend an invitation to you to set a time to meet and follow-up on the initiatives and solutions available to your community and address paramedic, dispatch, and ambulance resources.

At your earliest convenience please contact our office by phone at 604-273-5722 or by email at [info@apbc.ca](mailto:info@apbc.ca) or [troy.clifford@apbc.ca](mailto:troy.clifford@apbc.ca).

I look forward to connecting with you, virtually or in person, and continuing to work collaboratively to support paramedic services in your community.

Sincerely,

Troy Clifford  
Provincial President  
Ambulance Paramedics of BC  
CUPE Local 873

TC/sd/MoveUp

A large, faint, light blue graphic in the background depicts a stylized human figure with arms raised, enclosed within a circular frame. The figure is composed of simple, curved shapes.

# Interior Health Mayors & RHD Chair Roundtable

December 9, 2022



# Land Acknowledgement

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



# Medical Health Officers



# Medical Health Officers

- Medical Health Officers (MHOs) are physicians trained in the specialty of Public Health and Preventive Medicine.
- MHOs have responsibility for advising and reporting on local public health issues, and for directing the public health response to local public health threats.
- Our role also includes advocating for the health of the population, and providing decision makers with evidence-based guidance and recommendations on a wide variety of health issues.
- MHOs derive a number of powers and duties from the Public Health Act, and have legislated responsibilities under a number of other Acts and regulations.



# Interior Health's Medical Health Officers

- Our team of MHOs are assigned specific geographical areas:
  - Dr. Carol Fenton – Thompson Cariboo
  - Dr. Jonathan Malo – North Okanagan Shuswap
  - Dr. Silvina Mema – Central Okanagan
  - Dr. Sue Pollock – South Okanagan and Kootenay Boundary
  - Dr. Fatemah Sabet – East Kootenay
  - One vacant MHO position
- Dr. Martin Lavoie, Interim Chief Medical Health Officer



# Respiratory Season Status Update

Dr. Martin Lavoie, Interim Chief Medical Health Officer



# Respiratory virus season

## Status update – all ages

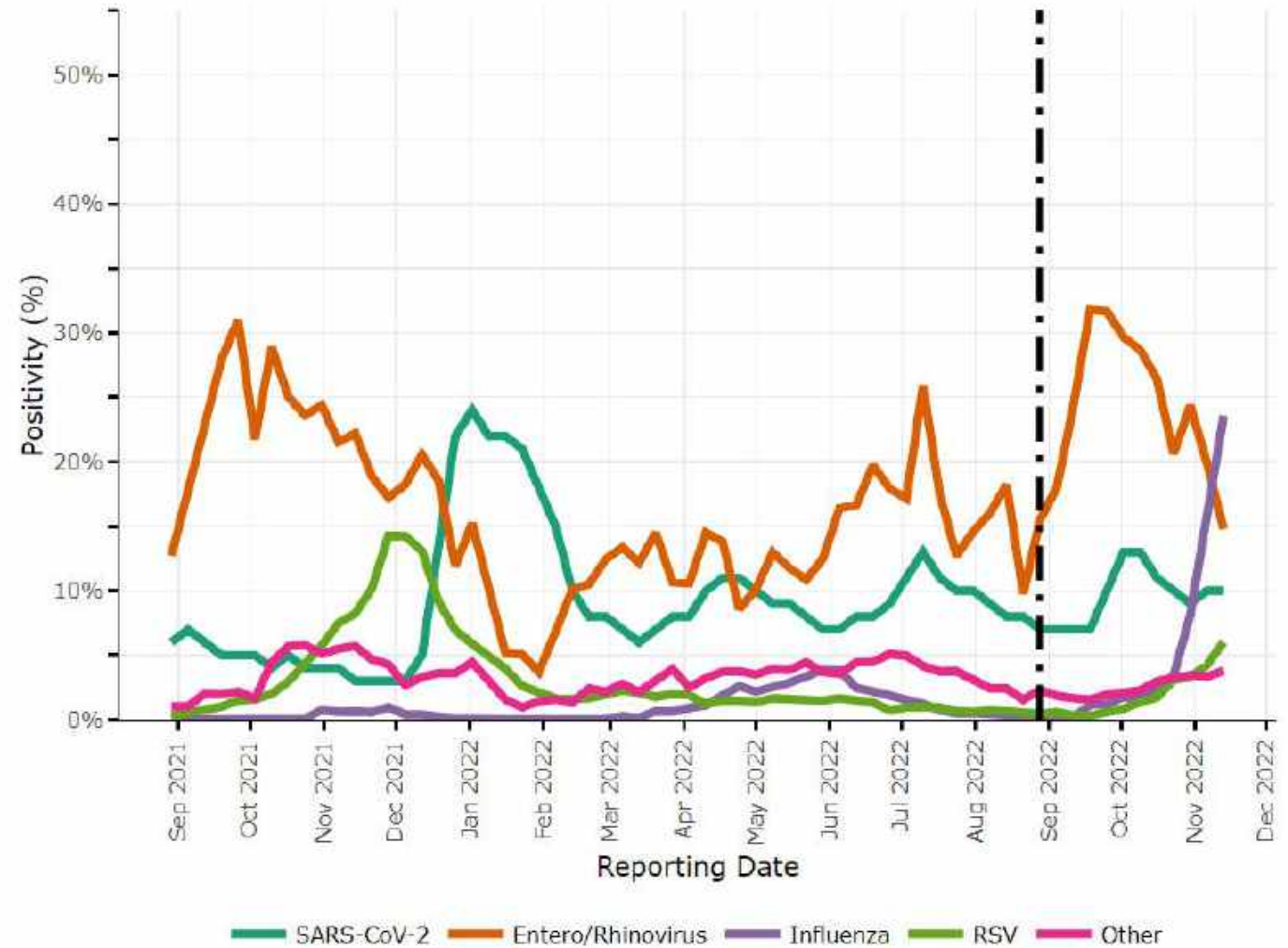
**COVID-19:** Omicron waves of smaller size since its first appearance but still fairly active in our communities. Severity seen with advanced age (age is the single most important risk factor for severe disease). Immunization greatly reduces the risk, more so with more doses (i.e., booster doses)

**Influenza:** very quick recent increase. Affects the very young, the very old, and people with chronic medical conditions more severely.

**Respiratory Syncytial Virus (RSV):** continues to increase. Affects the very young and the very old more severely.

**Other respiratory viruses:** contribute to sickness, and to some extent to severe disease.

Positivity of respiratory viruses since 2021-2022 Season, in BC



# Respiratory virus season

## Status update – COVID-19

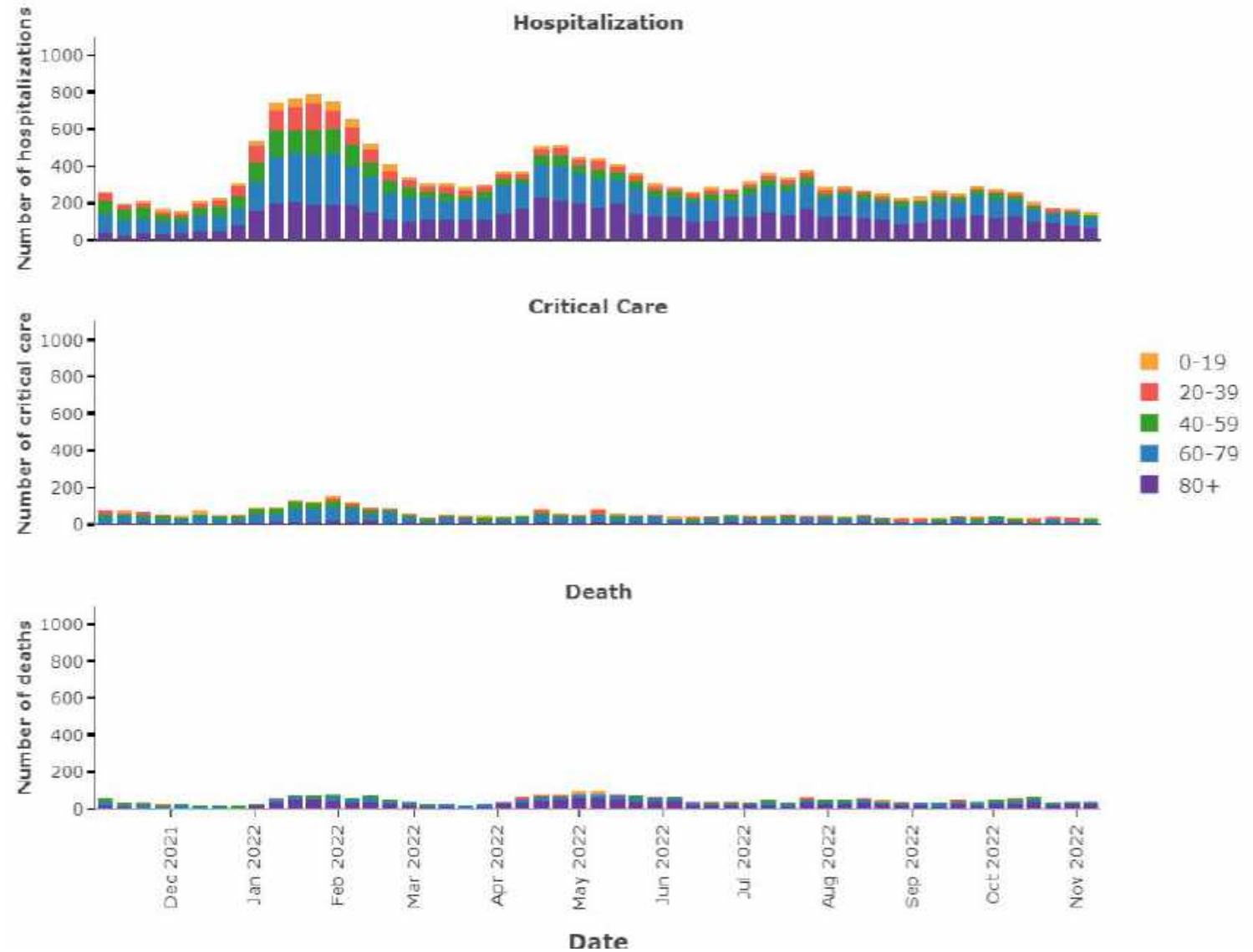
Omicron waves since winter 2021 have decreased in size and severity.

We now have a mix of many different Omicron “siblings” circulating in our communities.

Critical care numbers are getting smaller.

Number of deaths continues to be relatively low.

Weekly number of COVID-19 new hospital admissions, new critical care admissions, and deaths by age group



# Respiratory virus season

## Status update - children

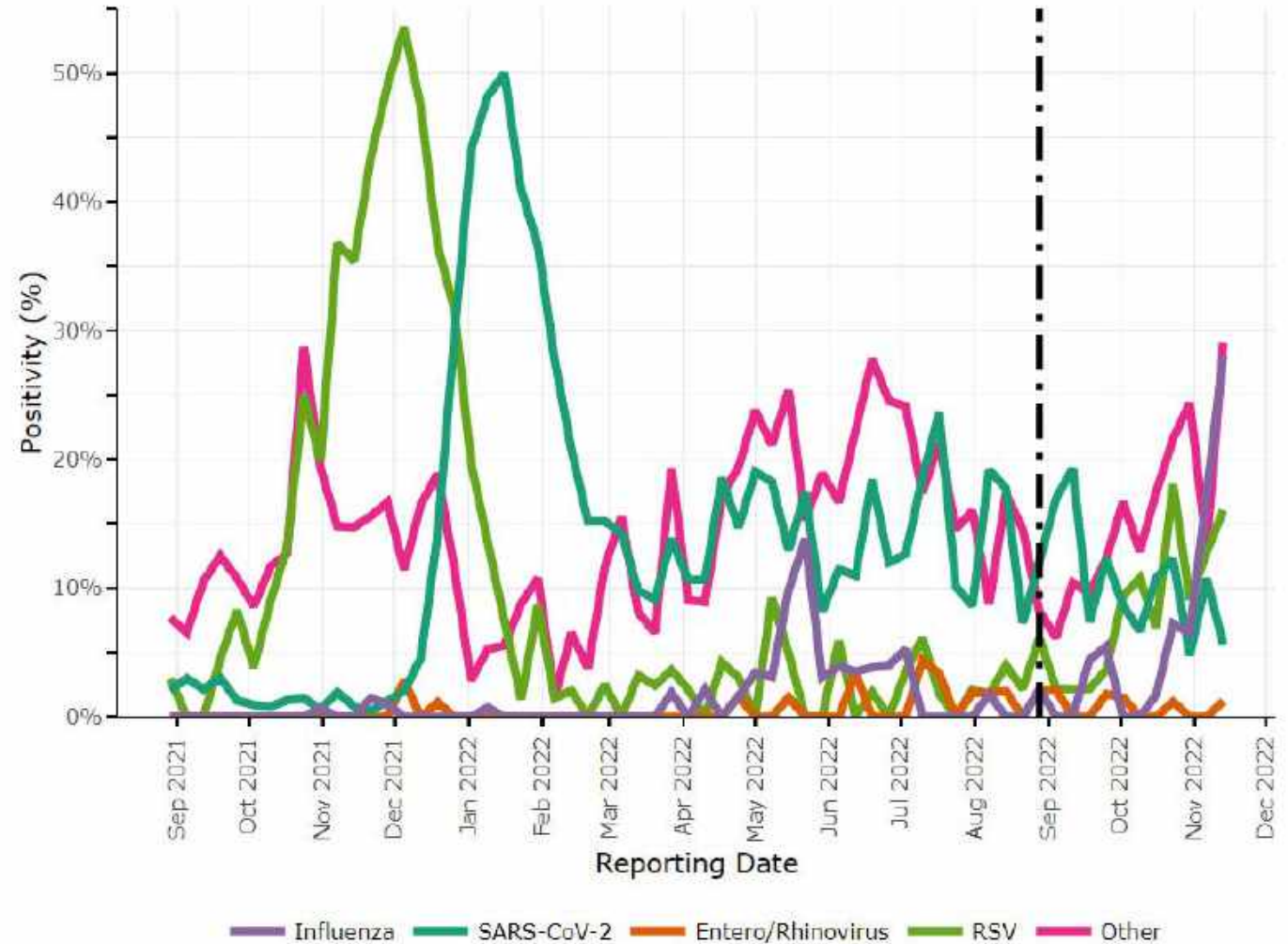
**COVID-19:** similar pattern to situation for all ages, but severity decreases with younger age. Those numbers reflect continued spread of COVID-19 in the community.

**Influenza:** similarly, a very quick increase in the number of cases is being seen.

**RSV:** quick increase in number of cases, which reflects more children seeking medical care.

**Other respiratory viruses:** children are impacted by the spread of many other respiratory viruses.

Positivity of respiratory viruses since 2021-2022 Season among children  
BCCH Laboratory



# Respiratory virus season

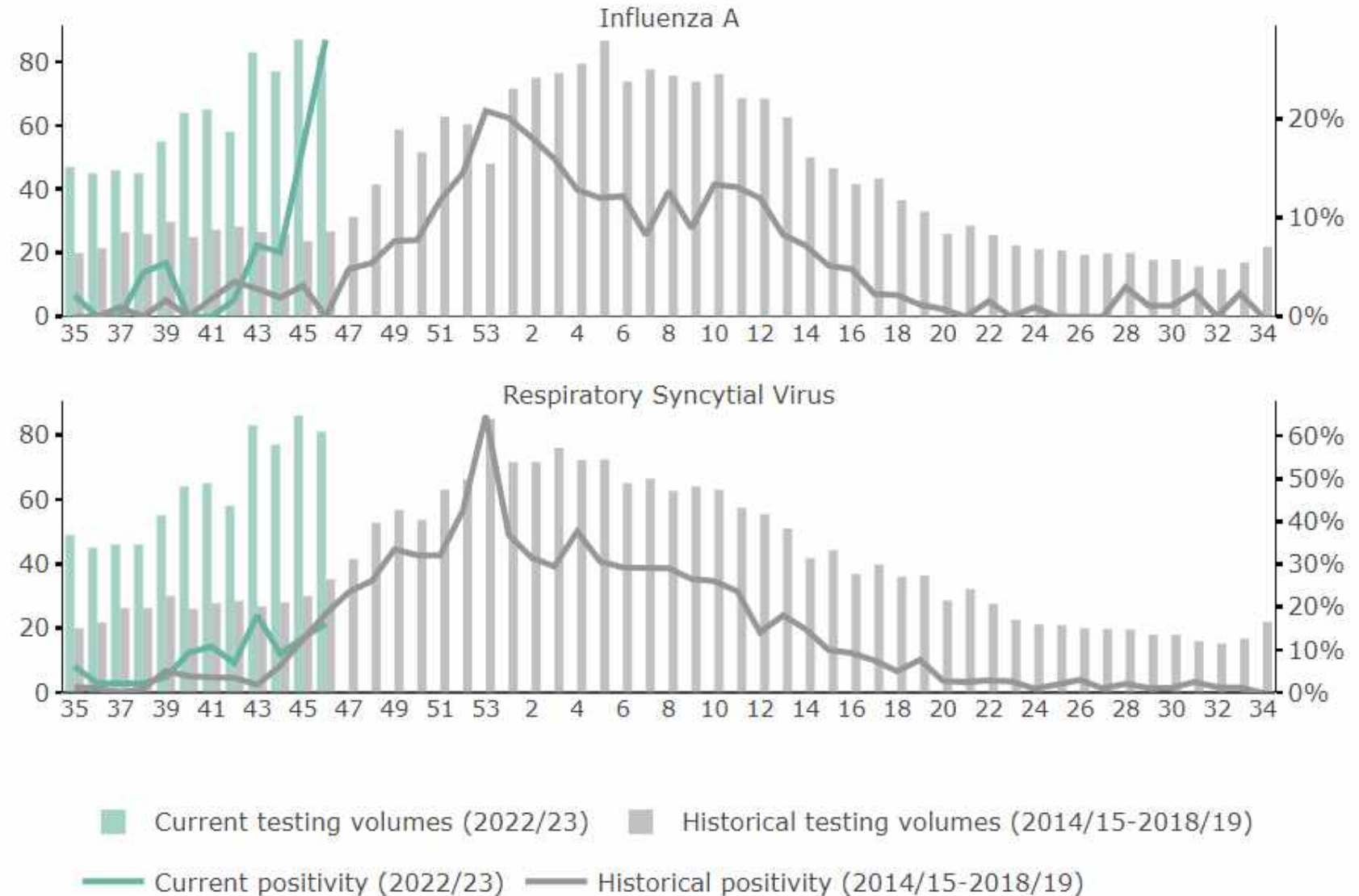
## Pre-pandemic vs. this year

**\*\* Note that we test more often than we used to.**

### Focus on two viruses:

**Influenza:** the speed at which influenza is spreading is much faster than before. An abrupt resurgence.

**RSV:** While we test more often than before, the speed at which the wave is coming in is similar to what we usually see.



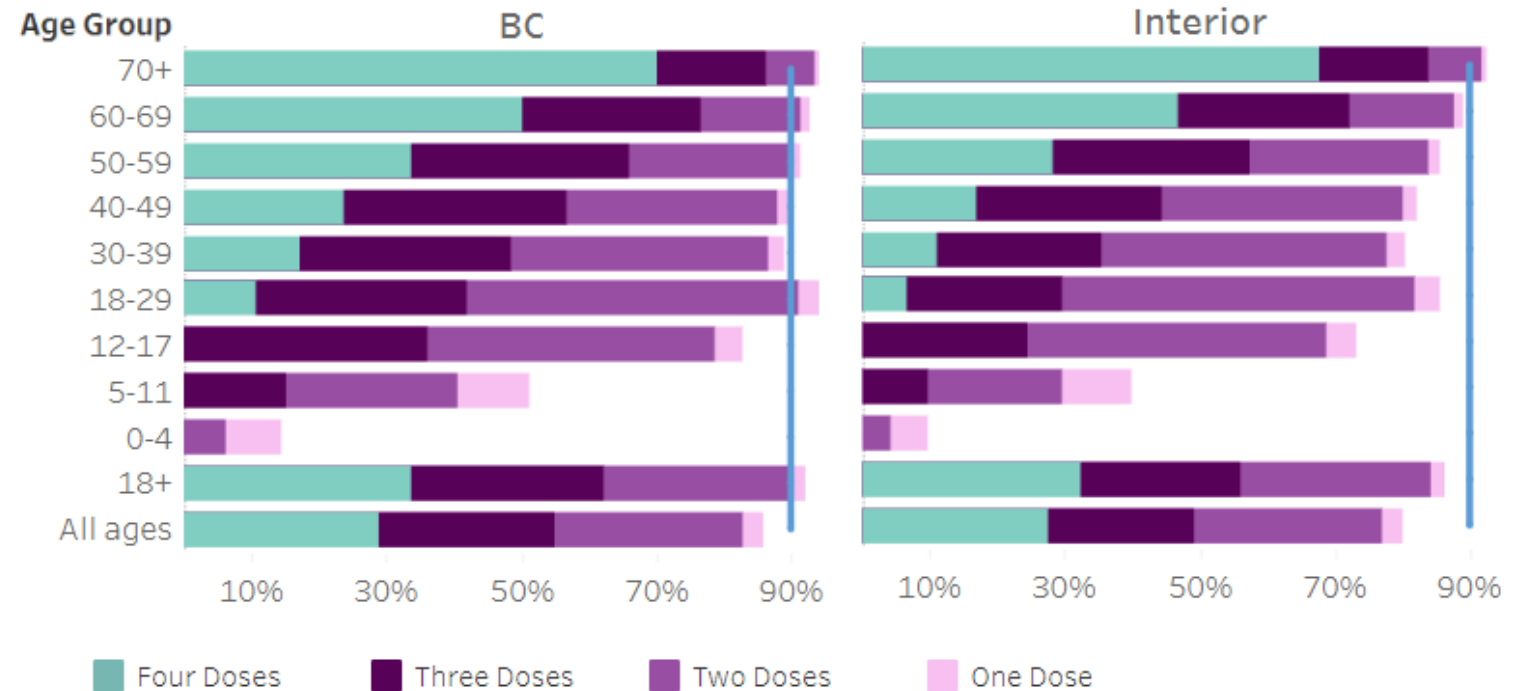
# Respiratory virus season Status update

## Vaccine Coverage – COVID-19

### COVID-19 Vaccines:

- **Highly effective** at reducing risk of severe disease
- **Booster doses** are very important
- **Coverage** decreases with age
- **Omicron evades immunity** – can't prevent all infections, particularly true for asymptomatic and mild infections.
- **Risk** if not vaccinated vs. partially vaccinated vs. fully vaccinated with boosters is very different

Vaccination Coverage Progress in BC by age and by Health Authority, 20 Nov. 2022



# Respiratory virus season

## Are predictions possible?

**COVID-19:** we continue to monitor the situation globally. This is possibly the slow “fizzing out” period... or just a lull until another variant of concern emerges – situation in China is concerning.

**Influenza:** very quick recent increase. This might be more rapid and also maybe shorter-lived. But we are in a very unusual and new immunologic situation at the population level... so an exact prediction is difficult to make. Vaccine effectiveness expected to be moderately good but too early for first estimates.

**RSV:** continues to increase. The wave has not peaked yet, so we probably have many more weeks of RSV activity.

**Other respiratory viruses:** the increase will probably continue for many more weeks.

### What should we remember?

- it's not over. The respiratory virus season continues very actively.
- We can reduce the impact with key preventative measures: reduce transmission, and reduce risk of severe disease.
- Handwashing, staying home when sick, use of mask, vaccines, antivirals (old and new), etc.



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# Questions & Answers





# Homelessness & Health

Dr. Silvina Mema, Medical Health Officer

# Our Perspective

While many different sectors are impacted and involved with homelessness issues, the focus of this presentation is on health, and impacts to health system.



# Homelessness & Health

Homelessness can worsen physical and mental health. Mortality is 2 to 8 times higher than the general population

Some causes:

- Lack of stable and safe housing (i.e. shelter from weather)
  - Cold: frostbite, respiratory and cardiovascular, carbon monoxide, toxic drug
- Stress (assault, theft, enforcement)
- Racism, discrimination, stigma (trauma)
- Lack of access to adequate food, water, shower, sanitation
- Limited effectiveness of social and health services
- Substance use



# Interior Health Data on Emergency Department Visits by Unhoused Patients: Kelowna General Hospital & Royal Inland Hospital



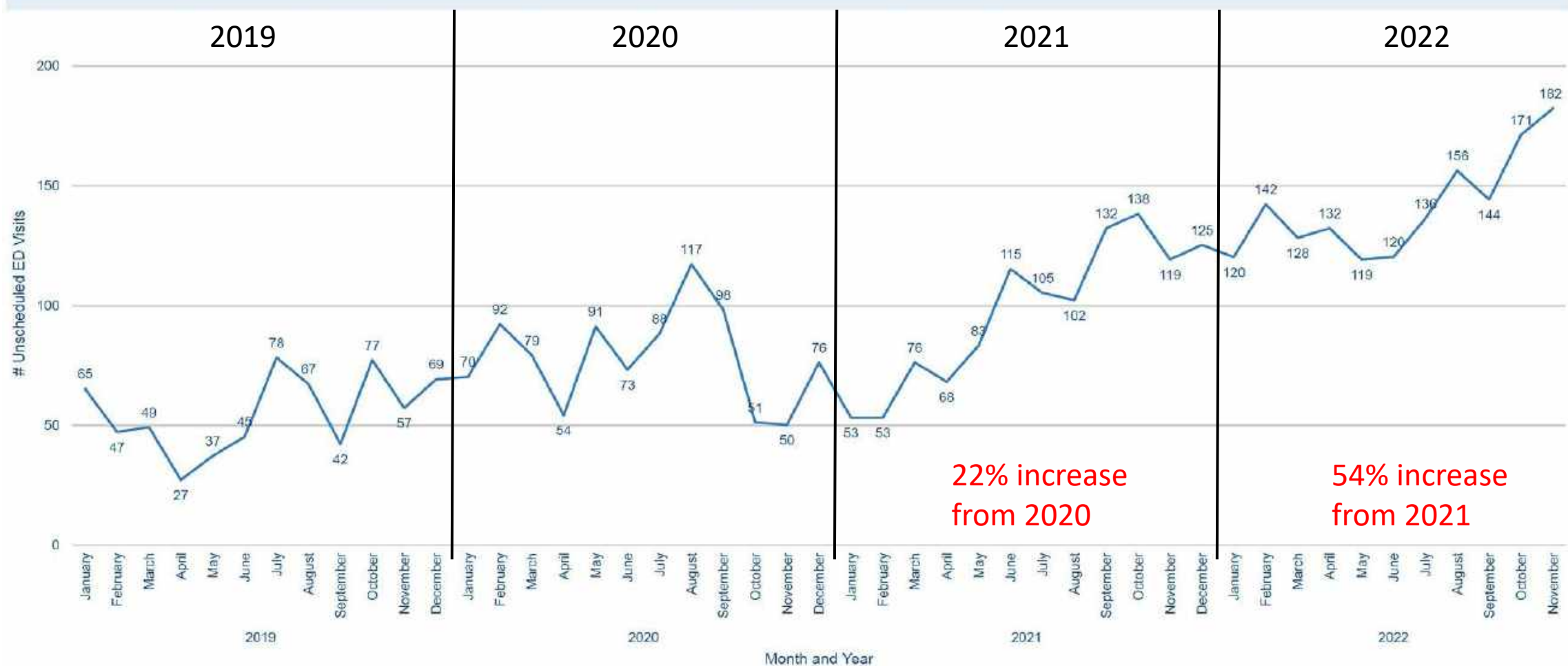
# Data Notes and Limitations

- The data presented here is for patients who voluntarily disclose to an Emergency Department Registration Clerk that they do not have a fixed address while registering their visit.
- As this information is voluntarily disclosed, and alternative responses such as the address of a friend, family member, or emergency shelter may be given instead, this data is an underrepresentation of Emergency Department visits by unhoused.
- Data is current as of November 2022



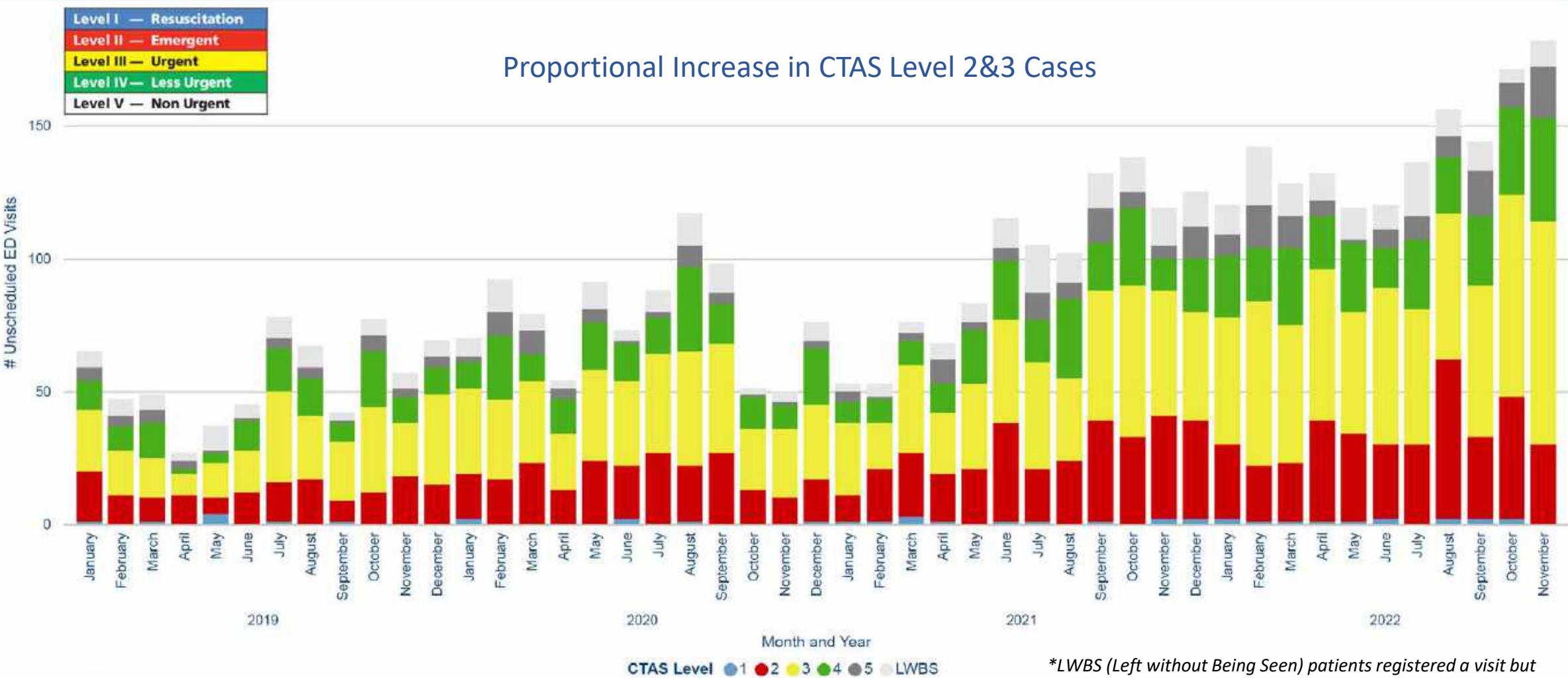
# Kelowna General Hospital Unhoused Patients

Figure 1: Unscheduled ED Visits to Kelowna General Hospital by Patients with No Fixed Address, Last 48 Months



# Kelowna General Hospital Unhoused Patients

Figure 3: Unscheduled ED Visits to Kelowna General Hospital by Patients with No Fixed Address, by CTAS Level, Last 48 Months

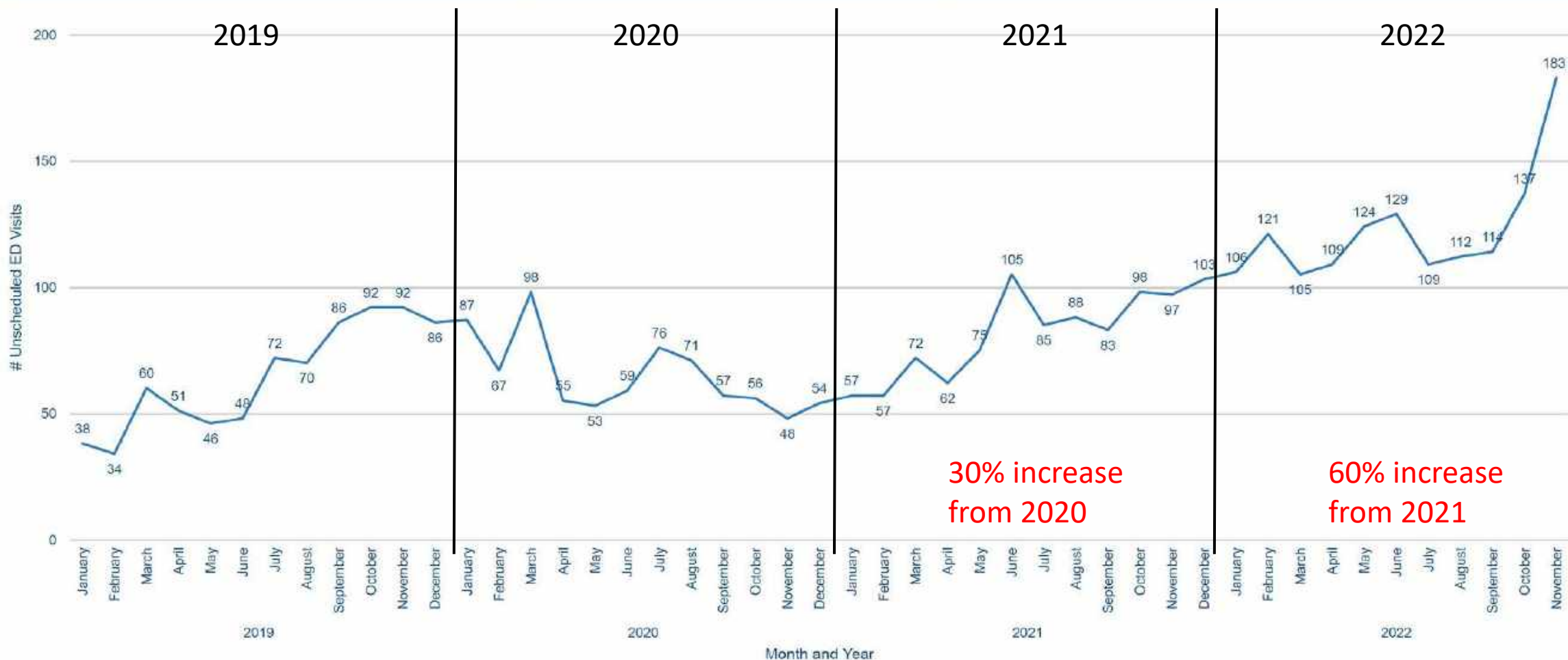


\*LWBS (Left without Being Seen) patients registered a visit but did not see a triage nurse and were not assigned a CTAS Level



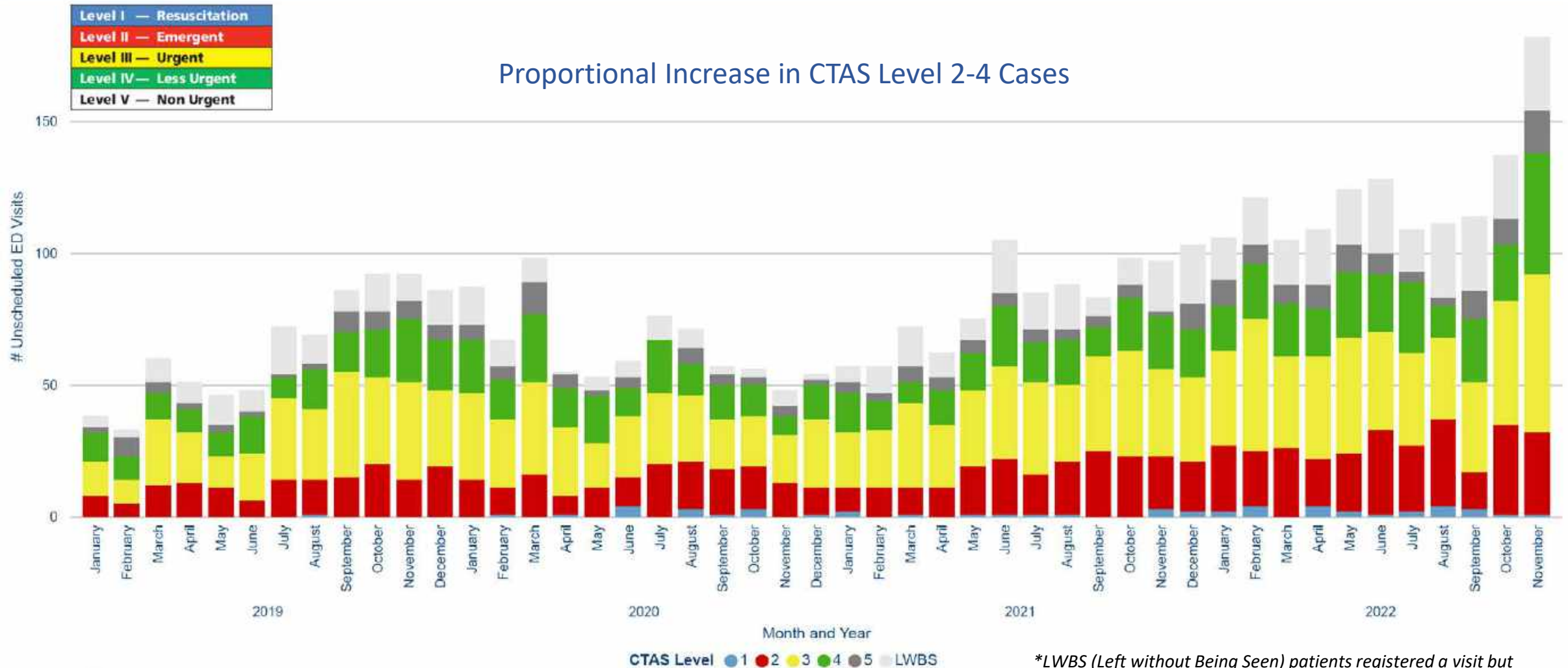
# Royal Inland Hospital Unhoused Patients

Figure 2: Unscheduled ED Visits to Royal Inland Hospital by Patients with No Fixed Address, by CTAS Level, Last 48 Months



# Royal Inland Hospital Unhoused Patients

**Figure 4:** Unscheduled ED Visits to **Royal Inland Hospital** by Patients with No Fixed Address, by CTAS Level, Last 48 Months



\*LWBS (Left without Being Seen) patients registered a visit but did not see a triage nurse and were not assigned a CTAS Level



# Summary of ED Visits by Unhoused Patients:

- Increased by 54-60% between 2021 and 2022 at Interior Health's two Tertiary Hospitals: Kelowna General and Royal Inland.
- October and November 2022 were both record-setting months for the number of ED visits by unhoused patients, at both hospitals.
- Mental Health and Substance Use related visits account for a significant portion of ED Visits by unhoused patients.
  - 50% at KGH
  - 30% at RIH
- Most ED Visits by unhoused patients are in the Urgent (CTAS 3) category



# Cold Weather & Homelessness Preparedness and Response Across Interior Region Communities



# Cold Weather & Homelessness

- Homelessness issues are escalating across the Interior Region
- Insufficient indoor space to accommodate individuals in cold weather in many communities
- This is a recurrent issue every year
- More individuals experiencing homelessness as per PiT count
- Drawing from the Heat Alert Response System, communities can help coordinate surge activities to respond to cold weather



# Cold Weather Preparedness and Response

How is your community supporting a coordinated approach to address issues related to homelessness?

- Who are the key partners in your community?
- Do you/they meet regularly to plan ahead, coordinate, and respond to issues like cold weather?
- Are you/they aware of funding streams available?



A stylized logo consisting of a dark blue circle at the top, with two large, curved, dark blue shapes below it that resemble a stylized 'V' or a pair of wings. The text 'Questions & Answers' is centered over this logo.

# Questions & Answers





### **-January - 2023 - Senior Co-ordinator Report -**

1. The Healthy Aging \*Therapeutic Activation Program\* (TAPS) that includes the preparation and delivery of 48 simple meals takes place at the Food Cupboard in the Lardeau Valley Hall on Wednesdays, and in Kaslo and Area through the Food Hub on Fridays.
2. Free activities for the TAPS group of clients continue:
  - a) A 'Rain or Shine Walking Group' meets at 10:00 am. on Tuesday morning at the Front Door of Abbey Manor to go for a walk in lower Kaslo.
  - b) Christine Parton will lead three sessions for the creation of Spirit/Treasure Boxes over the next three months at the Heritage Hall. Register with Kathy at K.C.S. Reception.
3. Barb Szuta of The Columbia Basin Alliance of Literacy (CBAL) will be teaching Beginner iPad classes at the Seniors' Hall on four Mondays in January, (the 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>, and 30<sup>th</sup>) from 1:00 to 2:30 pm.
4. The West Kootenay Low Income Dental Assistance Program (TEETH), is on hold until the TEETH space is restored, and the backlog of clients has been dealt with.
5. Lynda Beddow continues as a volunteer assisting people with the filing of their income tax returns.
6. Medical and Non-Medical Rides for Seniors can be arranged through 'The Kootenay Seniors Volunteer Drivers Program', phone #778-463-5247.
7. Notes from the Kaslo Seniors:
  - The January Seniors Meeting took place on Tuesday January the 10<sup>th</sup> at 11:00, followed by the monthly luncheon. Seniors monthly in-person meetings have resumed and usually take place on the first Tuesday of each month at 11:00 am. at the Kaslo Seniors' Hall. The monthly meeting is followed by a delicious lunch served at noon, with the cost being \$15.00 for members and \$20.00 for visitors. Senior Annual Memberships cost \$15.00.
  - iPad/iPhone Class (wk.2) from 1:00-2:30 pm. @ the Seniors Hall, Mon. January the 16<sup>th</sup>.
  - Laptop classes from 1:00-2:30 pm. with John Addison @ the Seniors Hall on Wed. Jan.18<sup>th</sup>.
  - Friday morning coffee get-togethers take place at the Senior Hall from 9:30 – 11:30. A drop-in fee of \$3.00 is suggested.
  - Carpet bowling takes place at the Legion Hall on Wed. mornings from 10:00-12:00 am. - B-I-N-G-O!!! Senior Hall door opens @ 9:30 am. Bingo begins at 10:00 Thur. Jan.19<sup>th</sup>.
  - Renos inside at the Senior's Hall continue, and the chalking, and painting of the exterior will take place when the weather is warmer and drier.
  - The election of the executive for the Kaslo Seniors will take place at the March 2023 Seniors' Meeting.
8. - The Seniors' Coordinator can be contacted at <elizabethbrandrick@nklcss.org>, or by leaving a message at KCSS. ph.#250-353-7691.



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### HEALTH ADVISORY COMMITTEE

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EFFECTIVE DATE: January 10, 2023

RESOLUTION #: 12/2023

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**PURPOSE:** The committee is a Select Committee, established by Council resolution to consider or inquire into any matter and to report its findings and opinion to the council. (CC s.141)

#### Mandate

The committee is responsible for investigating and making recommendations to Council regarding options for improving health care services and access for residents of Kaslo and the surrounding area.

#### Reporting

The committee will report to Council at least annually.

#### Schedule

Meetings shall be held at the call of the Chair.

**MEMBERSHIP:** All appointments to voting positions must be made by resolution of Council.

#### Term

Appointments shall be for a 4 year term. Appointments may be rescinded at any time by Council and vacancies may be filled by Council resolution.

#### Composition

The voting members of the Committee shall be:

- The Mayor of Kaslo
- One member of Council
- Up to 5 members of the community
- The RDCK Area D Director

Staff may attend meetings at the discretion of the CAO, to provide procedural or subject matter advice, but will not have voting rights.

#### Quorum

Quorum shall be 4 voting members (one must be a member of Council) of the Committee.

#### **RESOURCING:**

The Corporate Officer or their designate will ensure that meeting notices are posted, agenda packages are distributed, minutes are recorded, and meeting materials are available for public inspection.

#### **PROCEDURE:**

Council may refer specific matters to the Committee at any time.

The provisions in the Council Procedures Bylaw regarding Committees will apply.