

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
THURSDAY, MARCH 21, 2019

CALL TO ORDER

SUPPLEMENTARY AGENDA

Receive

AGENDA – March 21, 2019

Approve

PAGE NO.

MINUTES

ACTION

2-5

Stuart-Nechako Regional Hospital District
Meeting Minutes – January 3, 2019

Adopt

REPORTS

6-9

John Illes, Treasurer – Update for March and
Cheque for Bylaw 64, 2017 Ratification

Recommendation
(Page 6)

CORRESPONDENCE

10-11

Northern Health – Media Bulletin
- Influenza Activity Increasing in Northern BC;
Vaccine Still Widely Available

Receive

12-13

Northern Health – News Release – February 2019
Board Meeting Highlights

Receive

14-20

Northern Health – News Release – IMAGINE Grants
- Health Happens in Community

Receive

21-56

Northern Health – Lakes District Hospital
- Community Workshop Report

Receive

VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

SUPPLEMENTARY AGENDA

NEW BUSINESS

ADJOURNMENT

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**MEETING MINUTES****THURSDAY, JANUARY 3, 2019**

PRESENT:

Chairperson	Jerry Petersen
Directors	Dolores Funk Tom Greenaway Clint Lambert Mark Parker Bev Playfair Michael Riis-Christianson Kim Watt-Senner
Directors Absent	Linda McGuire, Village of Granisle Gerry Thiessen, District of Vanderhoof
Alternate Director	Cindy Lauze, District of Vanderhoof Thomas Liversidge, Village of Granisle
Staff	Melany de Weerd, Chief Administrative Officer Cheryl Anderson, Manager of Administrative Services John Illes, Chief Financial Officer Wendy Wainwright, Executive Assistant
Other	Dwayne Lindstrom, Fraser Lake

CALL TO ORDER

Melany de Weerd, Chief Administrative Officer, called the meeting to order at 10:00 a.m.

OATHS OF OFFICE

Cheryl Anderson, Manager of Administrative Services administered the Oaths of Office to Dwayne Lindstrom, Alternate Director, Electoral Area "D" (Fraser Lake Rural), Cindy Lauze, Alternate Director, District of Vanderhoof and Kim Watt-Senner, Alternate Director, Village of Fraser Lake.

ELECTIONS**Chairperson**

Ms. de Weerd called for nominations for the position of Chairperson for the Stuart-Nechako Regional Hospital District for the year 2019.

Moved by Director Greenaway
Seconded by Director Parker

SNRHD.2019-1-1

"That Director Petersen be nominated for the position of Chairperson of the Stuart-Nechako Regional Hospital District for the year 2019."

Ms. de Weerd called for nominations for Chairperson a second time.

Ms. de Weerd called for nominations for Chairperson a third time.

There being no further nominations, Ms. de Weerd declared Director Petersen, Chairperson of the Stuart-Nechako Regional Hospital District for the year 2019 by acclamation.

ELECTIONS (CONT'D)

Acting Chairperson

Ms. de Weerdt called for nominations for the position of Acting Chairperson of the Stuart-Nechako Regional Hospital District for the year 2019.

Moved by Director Playfair
Seconded by Director Petersen

SNRHD.2019-1-2

"That Director Greenaway be nominated for the position of Acting Chairperson of the Stuart-Nechako Regional Hospital District for the year 2019.

Ms. de Weerdt called for nominations for Acting Chairperson a second time.

Ms. de Weerdt called for nominations for Acting Chairperson a third time.

There being no further nominations, Ms. de Weerdt declared Director Greenaway as Acting Chairperson of the Stuart-Nechako Regional Hospital District for the year 2019 by acclamation.

MOTION TO GO IN-CAMERA

Moved by Director Greenaway
Seconded by Director Lambert

SNRHD.2019-1-3

"In accordance with Section 90(2)(b) of the *Community Charter*, consideration of information received and held in confidence relating to negotiations between the municipality and a provincial government or the federal government or both, or between a provincial government or the federal government or both and a third party (SNRHD Budget) it is the opinion of the Regional District of Bulkley-Nechako Board of Directors that the meeting must be closed to the public and therefore exercise their option of excluding the public for this meeting."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Reconvened the Stuart-Nechako Regional Hospital District Meeting at 11:07 a.m.

AGENDA

Moved by Director Greenaway
Seconded by Director Playfair

SNRHD.2019-1-4

"That the Stuart-Nechako Regional Hospital District Agenda of January 3, 2019 be approved."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

MINUTES

**Stuart-Nechako Regional
Hospital District Meeting
Minutes November 15, 2018**

Moved by Director Parker
Seconded by Director Greenaway

SNRHD.2019-1-5

"That the minutes of the Stuart-Nechako Regional Hospital District meeting of November 15, 2018 be adopted."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

REPORTS

2019 Budget for Three Readings and Adoption

Moved by Director Greenaway
Seconded by Director Funk

SNRHD.2019-1-6

1. "That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's December 18, 2018 memo titled "2019 Budget for Three Readings and Adoption."
2. That the Stuart-Nechako Regional Hospital District Board of Directors consider giving Bylaw 71 Three Readings and Adoption later in the agenda."

Opposed: Director Lambert **CARRIED**
Director Lauze
Director Parker

(All/Directors/Majority)

Capital Expenditure Bylaw 72 for Three Readings and Adoption

Moved by Director Greenaway
Seconded by Director Playfair

SNRHD.2019-1-7

1. "That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's December 18, 2018 memo titled "Capital Expenditure Bylaw 72 for Three Readings and Adoption."
2. That the Stuart-Nechako Regional Hospital District Board of Directors consider giving Bylaw 72 Three Readings and Adoption later in the agenda."

(All/Directors/Majority) **CARRIED UNANIMOUSLY**

CORRESPONDENCE

Northern Health - Media Bulletin -Northern Health Connections Modified Holiday Schedule

Moved by Director Funk
Seconded by Director Liversidge

SNRHD.2019-1-8

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the correspondence from Northern Health – Media Bulletin – Northern Health Connections Modified Holiday Schedule."

(All/Directors/Majority) **CARRIED UNANIMOUSLY**

Bylaws for First, Second, Third Reading & Adoption

No. 71 – Stuart-Nechako Regional Hospital District Annual Budget Bylaw

Moved by Director Greenaway
Seconded by Director Funk

SNRHD.2019-1-9

"That "Stuart-Nechako Regional Hospital District Annual Budget Bylaw No. 71, 2019." be given first, second, third reading and adoption this 3rd day of January, 2019."

Opposed: Director Lauze **CARRIED**

(All/Directors/Majority)

Bylaws for First, Second, Third Reading & Adoption (Cont'd)

No. 72 – Stuart-Nechako
Regional Hospital District
Capital Expenditure Bylaw

Moved by Director Liversidge
Seconded by Director Greenaway

SNRHD.2019-1-10

“That “Stuart-Nechako Regional Hospital District Capital Expenditure
Bylaw No. 72, 2019.” be given first, second, third reading and adoption
this 3rd day of January, 2019.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

ADJOURNMENT

Moved by Director Greenaway
Seconded by Director Playfair

SNRHD.2019-1-11

“That the meeting be adjourned at 11:14 a.m.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Jerry Petersen, Chairperson

Wendy Wainwright, Executive Assistant

Stuart-Nechako

Regional Hospital District

Memo

Board Agenda – March 21, 2019

To: Chair Petersen and the Board of Directors
From: John Illes, Treasurer
Date: March 6, 2018
Regarding: Update for March and Cheque for Bylaw 64, 2017 Ratification

Please find attached to this memo, the letter dated February 22, 2019 from Northern Health requesting \$82,811.54. This is partial payment for the telephone update project for Vanderhoof and the Southside Wellness Centre.

This payment is for Northern Health's 2018-2019 financial year and SNRHD 2019 financial year.

A cheque was issued and signed by the chair on March 7, 2019.

I would be pleased to answer any questions.

Recommendation: (all/directors/majority)

"That the memorandum from the Treasurer, dated March 6, 2019 "Update for March and Cheque for Bylaw 64, 2017 Ratification", and further

"That the Board of Directors ratify the partial payment of \$82,811.54 for the Southside Wellness Centre and the Vanderhoof Hospital phone system upgrade".

February 22, 2019

John Illes Email: john.illes@rdbn.bc.ca
Stuart-Nechako Regional Hospital District
P.O. Box 820
Burns Lake, BC V0J 1E0

Re: Project # N661860001, N661860002 Phone System, St John Hospital & Southside Health Centre
Bylaw 64, 2017

Please find enclosed Claim # 1 for the above project for the amount of \$82,811.54. This project is not yet complete.


Project Budget:	\$263,000.00
Project Costs:	\$207,028.85

Funding:	
MOH	\$120,600.00
RHD	82,811.54
Internally funded	3,617.31
Total	<u>\$207,028.85</u>

RHD	<u>\$82,811.54</u>
Amount this Claim	<u>\$82,811.54</u>

Thank you for your continued support. If you have any questions, please do not hesitate to contact our office.

Sincerely,


Deb Taylor, H.B.Comm, CGA
Regional Manager, Capital Accounting

Cc: Penny Anguish, COO, NI
Mike Hoefer, RD, Capital Planning and Support Services
Capital Services
Phone: (250) 565-2399 email: capital.services@northernhealth.ca



Northern Health
 Corporate Finance (Capital)
 Suite 700 - 299 Victoria Street
 Prince George, BC V2L 5B8

STATEMENT OF EXPENDITURES

To: Stuart Nechako RHD

FILE DESCRIPTION			Facility Name	Project File NO.	CLAIM DATE YYYY / MM / DD	Claim NO.	PAGE	of	PAGES
Phone System, SJH			St. John Hospital	N661860001	2019 Feb 22	1	1		2
ITEM	INVOICE NO.	INVOICE DATE YYYY MM DD	VENDOR NAME	Description	PST AMOUNT	Total Expenditure (Net taxes)			
01	P883223	2018/10/25	BANDSTRA TRANSPORTATION	Equipment	0.00	69.90			
02	23677	2018/06/19	CHARTER TELECOM INC	Equipment	6,040.82	93,071.76			
03	23677-PS	2018/10/11	CHARTER TELECOM INC	Equipment	2,211.49	34,072.73			
04	23677-PSII	2018/10/11	CHARTER TELECOM INC	Equipment	105.85	3,846.32			
05	24998	2018/10/31	CHARTER TELECOM INC	Equipment	174.90	2,694.65			
06	25233	2018/11/26	CHARTER TELECOM INC	Equipment	44.69	688.48			
07	25326	2018/11/07	CHARTER TELECOM INC	Equipment	1,501.21	23,129.28			
08	25757	2018/12/04	CHARTER TELECOM INC	Equipment	483.14	7,443.81			
09	159024	2018/12/11	HOULE ELECTRIC LIMITED	Equipment	0.00	15,335.25			
10	2394281	2018/04/30	TELUS	Equipment	460.54	7,095.62			
11	NHGENERAL-	2018/05/31	General Ledger Entry	Labour	0.00	89.23			
12	NHGENERAL-	2018/09/20	General Ledger Entry	Labour	0.00	19.57			
13	NHGENERAL-	2018/10/18	General Ledger Entry	Labour	0.00	1,757.25			
14	NHGENERAL-	2018/11/15	General Ledger Entry	Labour	0.00	36.50			
15	NHGENERAL-	2018/12/13	General Ledger Entry	Labour	0.00	28.18			
16	NHGENERAL-	2019/01/10	General Ledger Entry	Labour	0.00	83.39			
17	NHGENERAL-	2019/02/07	General Ledger Entry	Labour	0.00	1,705.30			
18	NHGENERAL-	2019/02/07	General Ledger Entry	Labour	0.00	150.28			
19	PAYROLL-201	2018/09/20	General Ledger Entry	Labour	0.00	5,620.21			
20	PAYROLL-201	2018/10/18	General Ledger Entry	Labour	0.00	5,263.17			
21	PAYROLL-201	2018/11/15	General Ledger Entry	Labour	0.00	2,589.52			
22	PAYROLL-201	2018/12/13	General Ledger Entry	Labour	0.00	436.95			
23	NHGENERAL-	2018/10/18	General Ledger Entry	Other Costs	0.00	48.81			
24	NHGENERAL-	2018/05/31	General Ledger Entry	Travel Expense	0.00	42.50			
25	NHGENERAL-	2018/10/18	General Ledger Entry	Travel Expense	0.00	252.75			
26	NHGENERAL-	2018/10/18	General Ledger Entry	Travel Expense	0.00	394.50			
27	NHGENERAL-	2018/10/18	General Ledger Entry	Travel Expense	0.00	95.82			
28	NHGENERAL-	2018/10/18	General Ledger Entry	Travel Expense	0.00	967.12			

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Northern Health
 Corporate Finance (Capital)
 Suite 700 - 299 Victoria Street
 Prince George, BC V2L 5B8

STATEMENT OF EXPENDITURES

To: Stuart Nechako RHD

FILE DESCRIPTION Phone System, SJH	Facility Name St. John Hospital	Project File NO. N661860001	CLAIM DATE YYYY / MM / DD 2019 Feb 22	Claim NO. 1	PAGE 2	of 2	PAGES 2
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ITEM	INVOICE NO.	INVOICE DATE YYYY MM DD	VENDOR NAME	Description	PST AMOUNT	Total Expenditure (Net taxes)
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CERTIFICATION - I hereby certify that: all capital expenditures recorded on this claim are eligible and proper charges against this capital project and are within the approved scope and budget for the project; goods and services have been received in accordance with contract terms and specifications; invoices have been verified for correct quantities, prices, calculations and applicable taxes and holdbacks, and; invoices supporting this claim are retained in health authority files and are subject to audit.

TOTAL Net Expenditures	207,028.85
Total This Claim	82,811.54

HEALTH AUTHORITY SIGNATURE

 NAME - *please print*
DEB TAYLOR

DATE SIGNED
 YYYY MM DD
2019 02 22
 PHONE NO.
250 565 2893

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MEDIA BULLETIN

January 10, 2019
For Immediate Release

Influenza activity increasing in Northern BC; vaccine still widely available

With influenza season well underway, Northern Health is reminding residents that it is not too late to get immunized against the flu.

As in other parts of the province, influenza and other viruses that are common at this time of year are circulating, and surveillance from health care visits and lab confirmations show influenza activity on the rise in Northern B.C.

"We know that viruses spread more easily during peak season for these illnesses, and that some people such as seniors and people of any age with underlying medical conditions are at higher risk for complications," said Dr. Rakel Kling, Medical Health Officer, Northern Health. "It's not too late for people to get the flu shot, which this year has been shown to be a good match with the strains of the virus in circulation."

The best way to reduce your risk of, or avoid, getting the flu is ongoing prevention. Here are some tips to help protect yourself and your loved ones:

- **Get the flu shot** - Protective effects from the flu shot occur approximately two weeks after receiving it. The BC Centre for Disease Control has noted the main kind of flu found this year is included in this year's vaccine, meaning people will be better protected if they are vaccinated.
 - Flu shots are available from local health units, many pharmacies, or through your primary care provider; check [Immunize BC's website](#) for details
- **People at high risk of complications** who experience influenza-like illness should seek medical care without delay. Their doctor may want to prescribe a drug that must be given early to be effective.
- **Get plenty of rest and fluids if you're sick with influenza-like illness.** Most people will recover on their own at home. Seek medical care if there is trouble breathing, pain in the chest or a high fever that does not get better after 3-4 days.
- **Staying home if you're sick** – You don't want to spread the flu to your classmates, colleagues, or friends. Make sure to rest and get better before returning to work or school.
- **Practicing frequent and proper hand hygiene** – Use alcohol based hand sanitizer regularly and make sure to wash your hands appropriately (wet your hands, scrub with soap for 20 seconds, rinse off your hands, dry your hands thoroughly, and use the paper towel to open and close the door).
- **Observing coughing and sneezing etiquette** – Cough or sneeze into your shoulder, not onto your hand or in the air. Make sure to wash your hands after!

If you have questions about your illness, please contact your family physician, call HealthLink BC at 8-1-1, or visit healthlinkbc.ca. Influenza symptoms can include fever, headache, muscle pain, runny nose, sore throat, extreme tiredness, and cough. Even healthy people can get sick from the flu. More information about influenza can be found at; <https://www.healthlinkbc.ca/health-topics/hw122012>

Media Contact: NH media line – 1-877-961-7724

Geraldine Craven

From: Collins, Eryn <Eryn.Collins@northernhealth.ca>
Sent: Thursday, February 14, 2019 10:46 AM
To: Collins, Eryn
Subject: NH News Release - February 2019 Board Meeting Highlights

Good morning,

The following NH news release will be distributed to stakeholders and media outlets across our region next hour, and posted online [here](#).

For Immediate Release
February 14, 2019

NH Board meeting highlights: projects, partnerships & philanthropy

Northern Health's Board of Directors discussed progress on capital planning, recent recruitment successes, and the valued support from foundations & auxiliaries at its most recent meeting in Valemount.

Board members heard an update from Northern Health staff on its work with the Ministry of Health on capital plans at various stages of development, including the business planning for hospital replacements in Terrace, Fort St. James, and Dawson Creek & District Hospital and an ICU/Emergency Department at GR Baker Hospital in Quesnel.

"Our facilities are important in ensuring we have a vibrant network of services available to northerners," said board chair Colleen Nyce. "We have a number of capital projects in various stages of planning and are looking forward to the opportunity to take the next steps, in partnership with the Ministry of Health and our Regional Hospital District partners."

While in the Robson Valley, the board took the time recognize the McBride & District Hospital Auxilliary as it discussed and celebrated the philanthropy and generosity of fundraising societies across the Northern Health region. A presentation highlighting their commitment and efforts included more than \$2 million in funded improvements and initiatives across the health region. Members of the McBride Hospital Auxilliary received thanks for their contribution to the purchase of a new patient lift for McBride & District Hospital -- just one example of the commitment they've made in the community.

"The health care foundations and auxiliaries across the Northern Health region are at the heart of our slogan, the Northern Way of Caring," said Northern Health CEO Cathy Ulrich. "The work they do enriches our ability to provide quality and compassionate care to people and their families."

Other highlights from the February 2019 meeting include:

- Five Northern Health Hospitals have successfully achieved Accreditation Canada Trauma Centre Designations following a recent Distinction in Trauma Services assessment
- An overview of the work of various Northern Health departments and programs to prepare for legalization of non-medical cannabis, including Public Health guidance around best practices to mitigate the negative health effects of recreational cannabis use

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The next regular meeting of the Northern Health Board of Directors will be held April 15, 2019 in Smithers

Media Contact: NH media line – 877-961-7724

NEWS RELEASE

For Immediate Release
March 4, 2019

IMAGINE Grants – Health Happens in Community

Northern Health is looking for community partners with ideas for projects that will improve the health of those living, working, learning and playing in northern BC. The call for applications to apply for the latest round of IMAGINE Community Grants is now open.

IMAGINE grants provide funding to community organizations, service agencies, Indigenous organizations, schools, municipalities, regional districts, and other partners with projects that support northerners in their efforts to stay healthy.

The application deadline for this cycle is Sunday, March 31, 2019. For more information and to access the application guide and form, please visit [IMAGINE Grants](#).

Background

Over the past decade, IMAGINE Community Grants have provided funding to 860 projects across northern BC. Past projects have included; community gardens and projects that support food gathering and traditional methods of food harvesting and preservation, community walking trail enhancements, sporting equipment libraries for community lending, education sessions and workshops to support skills development in community - just to name a few.

The most recent cycle of IMAGINE Community Grants awarded more than \$128,500 in funding to 31 projects across the region (see following pages for details).

Media Contact: NH media line – 877-961-7724

Fall Cycle IMAGINE Grant recipients

Northeast Region	Organization	Project	Details
Chetwynd	Chetwynd Senior Citizens Housing Society	<i>EACHS - Energizing And Challenging Healthy Seniors</i>	The purchase of weights and various fitness equipment will enable the provision of a free-access exercise program for seniors in Chetwynd, delivered by a certified fitness instructor on a volunteer basis. The classes are open to all seniors who want to move more for their health.
Dawson Creek	South Peace Art Society	<i>Open Minds</i>	Studies have shown that engagement with the arts can have a positive effect for those with mental health challenges. By providing pop-up workshops in a variety of locations, this project will bring the opportunity to enjoy that engagement to potentially vulnerable community members.
Fort Nelson	BC Emergency Health Services (BC EHS) Community Paramedicine	<i>Wednesday Walkers</i>	Getting enough physical activity can be challenging for seniors, especially during harsh northern winters. This partnership between BCEHS Paramedics and several community groups will support seniors taking walks in a safe, indoor environment, with access to support and healthy snacks too!
Fort Nelson	Fort Nelson FN	<i>Heartpacers</i>	Under the supervision of a certified fitness instructor and a community health nurse, this program will provide elders with the opportunity to access healthy physical activity, including chair-based exercises and stretching.
Fort St John	Bert Bowes Middle School & Dr. Kearny Middle School	<i>Stretch, Breathe, Achieve in Schools Pilot Project</i>	Yoga is recognized to have wide-reaching health benefits, but accessing classes can be difficult. To remove these barriers, this project will build capacity by completing certification of an instructor at Bert Bowes Middle School, who will then deliver yoga programming both there and at Dr. Kearny Middle School, free of charge.



Northeast (cont.)	Organization	Project	Details
Fort St John	Bert Bowes Middle School	<i>Healthy Earth, Healthy People</i>	Building on a student-led recycling program, this project will utilize compost in a tower garden to grow fresh, healthy food for student consumption. Learning about healthy eating and increasing food security have never been more fun!
Fort St John	Bert Bowes Middle School, Aboriginal Education Program	<i>Tower Garden - Taking Part in a Healthy Classroom</i>	Use of specific plants and herbs for both food and medicinal purposes is an important part of indigenous culture. Development of a tower garden by the Aboriginal Education program students will support learning about these traditional practices in a culturally safe environment.
Fort St John	Clearview PAC	<i>Playground Upgrade Project</i>	This IMAGINE grant is the final piece of funding required for purchase and installation of a \$18,000 playground, supporting physical activity for students at Clearview Elementary School.
Fort St John	Rosy Window Productions	<i>Guided Imagery in the Classroom: Theory, Benefits and Practical Application</i>	By providing free training online for teachers, and support packages to involved schools at no cost, this project will seek to grow positive mental health in students through the use of guided imagery in the classroom.
Fort St John	YMCA of Northern BC	<i>Ma Murray Playground Development</i>	This project will support the purchase and installation of playground equipment at the Ma Murray child care facility in Fort St John.
Northern Interior	Organization	Project	Details
Burns Lake	Burns Lake Band	<i>Equipped to Bridging Healthy Connections</i>	Sport brings people and communities together. This project will establish free drop-in programs for floor hockey in the winter and baseball in the summer for the Burns Lake Band, and will also lead to tournaments in those sports with surrounding communities.

N. Interior (cont.)	Organization	Project	Details
Fort St James	Chuntoh Education Society	<i>Yunk'ut Whe Ts'o Dul'eh Outdoor Primary Class at David Hoy Elementary</i>	Outdoor classroom education has been shown to increase student attendance and performance. In the north, this means having appropriate seasonal clothing, which can be a serious challenge for some. By purchasing winter and wet weather gear, this project will let a whole class of Kindergarten and Grade 1 kids learn outside.
Mackenzie	Mackenzie Public Library	<i>Winter Wellness Lounge</i>	Seasonal Affective Disorder (SAD) and chronic pain are major challenges in northern communities, especially in the winter. By providing full-spectrum lights and infra-red heating pads at no cost to borrowers, the public library will help make these therapies more accessible to Mackenzie.
Mackenzie	Mackenzie Community Garden Society	<i>Community Garden Improvement Project</i>	The Mackenzie Community Garden has been an asset to the community for 10 years. By replacing some structures that are deteriorating, and upgrading the garden with more seating, enhanced accessibility for those with limited mobility, and adding bike racks, it will continue to be a positive community project for many more years to come.
Prince George	Caledonia Nordic Ski Club	<i>Caledonia Mobile Outreach Program</i>	Nordic skiing and mountain biking are healthy activities that unfortunately have high barriers to access due to the cost of the equipment. By bringing equipment and instruction to schools at a minimal cost, this project will help lower those barriers and let everyone experience these sports.
Prince George	Central Interior Native Health Society	<i>Meals for Meds</i>	Food insecurity has been identified as a major barrier to medication adherence for those suffering from chronic illnesses such as HIV and Hepatitis C. The Meals for Meds program seeks to address this by providing not just meals, but also workshops on healthy eating and cooking lessons.

N. Interior (cont.)	Organization	Project	Details
Prince George	SD 57 Community Schools	<i>Community Schools Roller Derby Project</i>	Roller derby is a fun way to stay active, and the first step is to have the gear. By purchasing skates and protective equipment, this partnership between schools, businesses, and sport organizations will make it easier for some of the city's most at-risk youth to get on track.
Prince George	Van Bien School	<i>Spin to Learn at Van Bien</i>	Physical activity and self-regulation go hand in hand. This project will help students learn about this relationship by installing six spin bikes in intermediate classrooms, and getting the students to think about and record how they feel before, during, and after being on the bike.
Quesnel	North Cariboo Aboriginal Family Program Society	<i>Snowprints Made by Kids & Mentors</i>	Healthy living isn't a choice, it's many choices. By getting kids and adults active in the winter on snowshoes, and providing education about healthy eating and avoiding substance harms, this project will make those choices easier for youth and their mentors in Quesnel.
Quesnel	Reformation House	<i>Youth Lounge Initiative</i>	For youth in smaller communities, having access to safe environments to play games, study, or just hang out with friends is an important piece in positive mental health and reduction of substance harms. By establishing a drop-in centre in downtown Quesnel with a pool table, foosball, darts and more, this project aims to provide that space.
Vanderhoof	899 Royal Canadian Air Cadets Squadron	<i>Camp & Hiking Equipment</i>	Royal Canadian Air Cadets is a program that promotes leadership, citizenship, fitness, and teamwork. To provide outdoor experiences to participants and minimize barriers to entry, this grant will be used to purchase high-quality outdoor gear to be used by the squadron for years to come.

Northwest region	Organization	Project	Details
Gitanyow	Gitanyow Human Services	<i>Community Gardens</i>	Healthy eating and food security are important issues. Establishing a community garden, and providing free workshops on planting and harvesting skills, are a great way to begin working toward addressing them.
Houston	District of Houston	<i>Irrigation Lake Public Access Lifering (PAL)</i>	Swimming at a public beach is one of life's great joys, but it is also risky when no lifeguards are on duty. To help mitigate that risk, this project will see install a public access life-ring (PAL) at Irrigation Lake in Houston, making summer fun a little bit safer for everyone!
Kitimat	Kitimat City High School	<i>Gyr Falcon Gully Trails</i>	Gyr Falcon Gully is a piece of undeveloped land adjacent to Kitimat City High, the alternative school in Kitimat that provides education to 60 at-risk, severe-behavior designated youth. This project will engage those students in the development of a trail network in the gully, enabling them to use the area to walk, hang out, and take ownership of the trails they built with the tools and materials purchased through the grant.
Kitsumkalum	Kitsumkalum First Nation	<i>Planting the Seeds to Healthy Living: Community Garden</i>	Following a comprehensive survey of the community of Kitsumkalum, it became clear that there is significant demand for fresh food. To address this, a community garden will be constructed, and celebrated with a traditional blessing as part of the Nation's Aboriginal Day celebrations in July, 2019.
Masset	Haida Gwaii Society for Community Peace	<i>Trauma Informed Yoga & Wellness for Women</i>	Trauma-informed Yoga is a special yoga practice that seeks to ease the suffering of past trauma through meditation, breathing techniques, and poses aimed toward relaxation and stress release. By providing this service to women who have lived through violence, this project hopes to promote positive mental health in survivors.

Northwest (cont.)	Organization	Project	Details
Prince Rupert	City of Prince Rupert	Youth Centre Project	Boredom is a major problem for youth, and this project will seek to help them solve it. The purchase of games and equipment will make this a safe, substance-free space for kids to relax, and hang out, and the establishment of the space itself will give them a safe place to do homework or socialize.
Queen Charlotte	Healthy School Project, Feeding Our Youth	<i>Garden Glory</i>	Promoting healthy nutrition by offering fresh smoothies made with a new Vitamix blender is a great idea. But adding extra engagement by having students make their very own clay "glory bowls" for those smoothies makes this project unique.
Smithers, Witset, Telkwa	Bulkley Valley-Lakes District Airshed Management Society (BVLDAMS)	<i>Clean Woodburning Outreach Plan for the Bulkley Valley</i>	Influencing behavior takes time and effort, and one of the first steps is educating people about why they should change. This project will undertake a social marketing campaign promoting clean wood-burning practices via a variety of mediums, to get the word out about how to keep the air clean and keep warm too.
Terrace	Ecole Mountainview School	<i>Kids Matter</i>	Kids get sad, and lonely, and sometimes they just need a buddy. A buddy-bench is a unique way for them to ask someone to play with them, without having to actually say anything. Just sit on the bench, and others will know you need someone to play with! Add some resources to learn about emotional and mental health, and a social table to talk about it all, and you have a project dedicated to helping kids feel good about themselves and each other.
Terrace	Terrace Downtown Improvement Association	<i>Terrace Clean Team</i>	Discarded drug paraphernalia has become an increasingly dangerous problem in downtown Terrace. To address this, the project seeks to establish a Clean Team, supported by peers with lived experience, to help clean up the area. Safe disposal boxes for needles puncture-proof gloves, and two-way radios are important equipment for the team, and will be provided through this grant.

Geraldine Craven

REGIONAL DISTRICT OF
BULKLEY-NECHAKO

From: Pogson, Jennifer <Jennifer.Pogson@northernhealth.ca>
Sent: Wednesday, February 20, 2019 7:49 AM
To: Adele Gooding; Annandale, Chris; Barb McGuffey; Berlin, Elizabeth; Bernice Magee; Chad Thompson; Cindy Ashe; Corinne George; Donna Benson for Mike Skinner; Donna Fowler; Douglas, Shannon; Dr M Graetz; Dr Skrenes; Emma Palmantier; Geraldine Craven; Greg Norman; Hazel Burt; Helen Michelle; John Rustad; Kelly Turford; Laura Morris; Linda Mcguire; Lori Sawan; Lwando Nogela; Dolores Funk; Melany de Weerd; Okebie, Christian; Priscilla Sampson; Rensby, Vicky; Rhoda Hallgren; Richard Lee; Ron Miller; Serle, Aileen; Sheryl Worthing; Tammy Biorgan; Tammy Williams; Todd Wilson; Travis Holyk; Valerie Anderson
Subject: Community workshop report
Attachments: Lakes District Health Services Report Final.pdf; Appendix A Lakes Dist Public Questionnaire.pdf; Appendix B Survey Data Compilation.pdf

Good morning,

Please find attached reporting with regards to the Health Services Community Workshop that took place at CNC in November 2018.

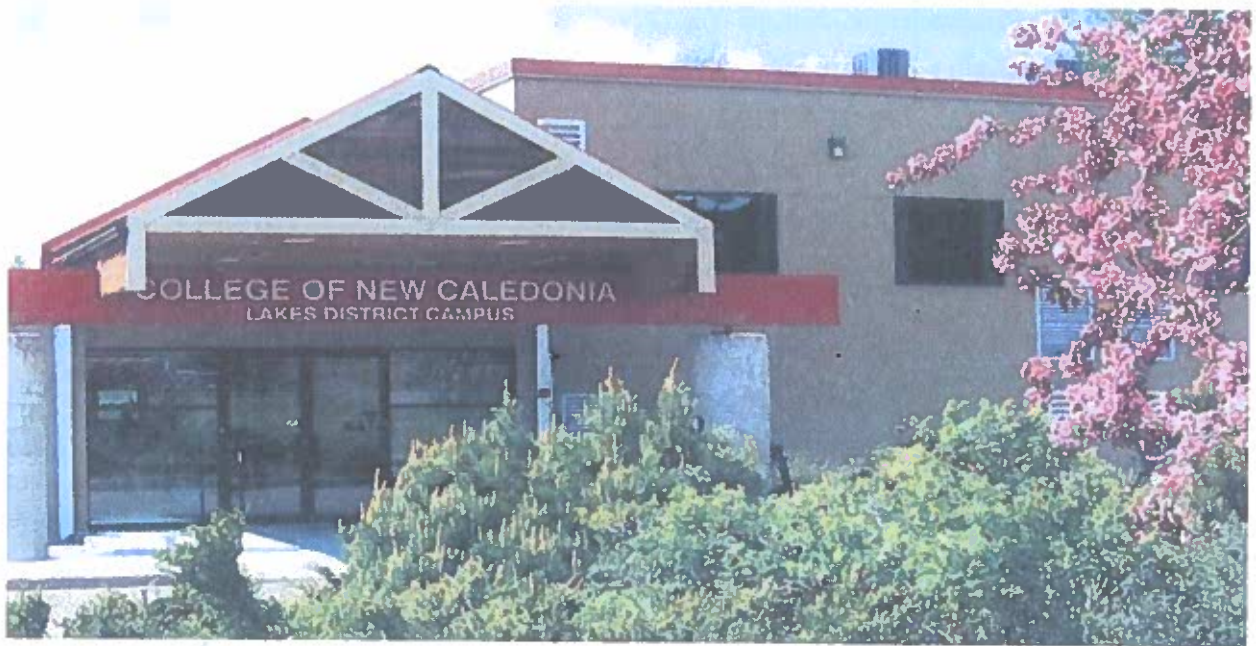
Thank you once again to those that were able to attend this important workshop and to Reina Pharness, Dr. Theresa Healy and Jacob Cameron for their time and dedication towards gathering and compiling the learnings from this workshop.

Regards,

Jennifer Pogson

**Administrative Assistant
Northern Health - Lakes District Hospital
741 Center St, Burns Lake BC
t: 250-692-2414**

12/7/2018



Lakes District Health Service Planning Community Workshop Facilitation Report

Written by:

Reina Pharness, Project Lead

Dr. Theresa Healy, NH Aboriginal Health

Jacob Cameron, UNBC Student

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Executive Summary

A community-based consultation event concerning the future of health services in Burns Lake and the surrounding area took place in November of 2018 at the *Lakes District College of New Caledonia* campus. Participants at the consultation represented a diverse group of community

programs, local sectors and knowledge bases. These included both current and former medical professionals and emergency service representatives (a *Lakes District RCMP* officer, a local paramedic and firefighter), family and children development professionals, the hospital's Aboriginal Patient Liaison, village council members and those currently involved in, or retired from, local economic and social development. Other groups that were invited to participate, but unable to attend include Carrier Sekani Family Services and the Northern Interior Rural Division of Family Practice as well as members from the surrounding First Nations Communities.

Throughout the day the group engaged in exercises designed to utilize their unique skill sets to contribute to a validation of, and additions to a community survey conducted in multiple ways from May to October. As the day progressed it became clear it wasn't just career knowledge participants brought, it was their lived experiences and history in the community that drove passionate conversations eliciting a broad range of ideas, issues and creative solutions. Participants spoke of real-life examples of how their lives had been impacted by the current health care system in both inspiring and concerning ways. The facilitation process gave participants a chance to talk openly about issues that were important to them. The day began with participants putting forth topics they felt relevant through a future visioning exercise, and then moving throughout the day between table talks of their choice each centered around one of the specific topics identified in the community survey data. The category topics include: chronic disease, health care barriers, seniors and elder care, mental health initiatives and maternity programs, all of which were broadly discussed giving participants a chance to offer their ideas, thoughts and diverse perspectives on important issues and shared passions.

The outcome of the facilitation was more than a list of ideas and thoughts, it was a realistic understanding of the capacity and restraints of potential healthcare opportunities, an appreciation for the many complexities of serving a diverse community and a portrait of interconnectedness.

"I absolutely feel like we've made a lot of progress here today" – RCMP Officer



*Marie Hunter Lakes District
Health Services Administrator,
Opening Comments*

Introduction

In September and October of 2018, Northern Health conducted a community survey. The survey inquired about individual opinions on potential health care services as well as peripheral amenities and related concerns such as accessible transportation to and from medical appointments, the centralization of health care services as well as specific barriers individuals could face when seeking medical attention. ([See Appendix A: Lakes District Public Questionnaire](#)) The data from the surveys represented the basis for the in-house facilitation led by Dr. Theresa Healy and other members of the working group Reina Pharness Project Lead, Marie Hunter Health Services Administrator, Dr. Shannon Douglas, Medical Director, Lisa Puglas, Aboriginal Liaison and Vicky Rensby, Community Services Manager, who all took on crucial supportive roles helping guide the activities while acting as 'hosts' at the table talks helping to support and record the key points of the conversation. A *University of Northern British Columbia* student, Jacob Cameron, documented all the various happenings, comments and general observations for later reference and record keeping.

Proceedings

Opening Round

The day began with a traditional welcome by Susie Tress from Lake Babine Nation, followed by a short introductory exercise where participants were asked to introduce themselves, their current or former profession and offer a single word representing what they hoped to get out of the day. One of the most prevalent themes stemming from this exercise was 'holistic necessity' with words like "unity" and "shared vision" as well as "communication" and "collaboration". It was clear the group all agreed that dealing with an issue that effects an incredibly wide range of people requires an equally wide range of people to resolve it. Participants were then asked to



quickly write down what the "future of health services in Burns Lake looked like to them," an exercise commonly referred to as a "chalk talk." Following this exercise, a short presentation covering the local research process, its history and what prompted it, as well as the broader scope of work being done throughout the province on 'sustainable communities' highlighting the importance of qualitative research in the form of facilitations as such to demonstrate the purpose and validity of community input. Two of the major themes that emerged from the data research was the concept of "patient

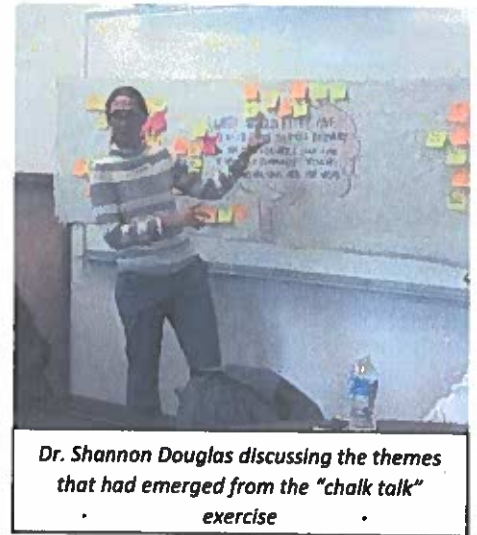
respect" (i.e. their confidentiality, lived experiences and their cultural and traditional norms considered) and a ubiquitous support for maternity services. A common concern of the surveyed population was doctors leaving the community when their kids leave home however, as was

quickly mentioned, an emerging trend in population studies is that young professionals are migrating to smaller communities to settle down and raise families. The concept of “community identity” and the intrinsic difficulties involved in sustaining a strong community over time was discussed.

The ‘Chalk Talk’ Results

During the presentation the participant’s responses from the “chalk talk” exercise was organized into broader themes. The themes were as follows:

1. Community Wellness & Resilience;
2. Mental health: community mentors, safe living, alternatives for youth, drug counsellors in school;
3. Cultural sensitivity and education;
4. Accessibility: equal access to both primary and peripheral services, enough staff, equitable care;
5. Communication: collaboration, minimized barriers, having only one centralized medical record;
6. Seniors: how can we help seniors stay in their homes longer;
7. Specialized services (e.g. maternity, pharmacy and mobile ultrasound services)
8. Leadership and structures for collaboration: Patient input, leadership with good relations with their served community, planning teams, rural input, follow-ups.

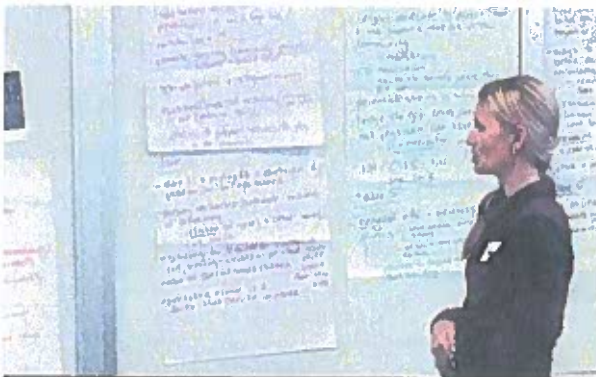


Dr. Shannon Douglas discussing the themes that had emerged from the “chalk talk” exercise

Dr. Shannon Douglas presented the emergent themes from the chalk talk and explained how they would become central themes throughout the day. Next, Dr. Theresa Healy presented the community survey data ([See Appendix B: Community Survey Data Compilation](#)) and upon completion of the presentation, opened up the floor for any thoughts, questions or opinions the participants had regarding the data and a collection of comments were captured and added to the data and its analysis. This discussion helped spark ideas and primed for the engagement exercise that was to follow.

The World Café

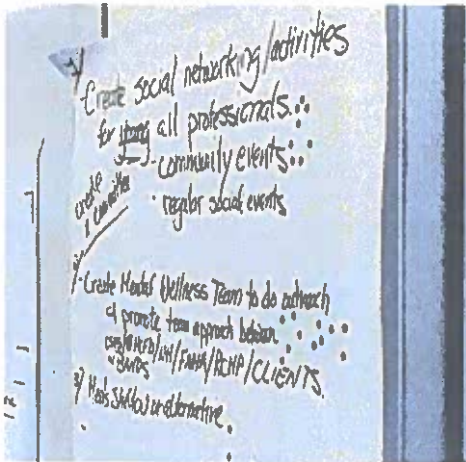
Each table in the room was assigned one of the predefined themes stemming from participant input and the participants were asked to sit at the table representing the issue that resonated most with them. This activity, known as The World Café, is designed to gather the ideas and insights of well-informed people. Elements of the Open Space technique were included which ensured that the groups that gathered at the World Café tables had similar passion and interests at heart. This grouping of people’s priorities is a crucial aspect to ensuring good conversation by driving and motivating participants.



Reina Pharness, project lead, presenting the results of a world café group.

Participants were given an allocated amount of time at their first choice topic before being asked to switch tables twice more, visiting the ones representing their second and third health care interests, respectively. After spending time at their third table of choice, participants were then asked to return to their original table and see if they had anything else to add or reflect upon. This was done to incorporate the holistic approach to problem solving, by exposing them to other various groups, that many of the participants initially reported as a crucial aspect in dealing with community issues as such.

Dotmocracy



The ideas arising from the world café tables were prioritized through an activity called a 'dotmocracy' where participants placed stickers (3 for each participant) next to ideas and concepts from the lists they had formed as a group. Voting on the issues and ideas they felt were of highest priority, ultimately resulted in a silent yet visual illustration of emerging consensus on which ideas to focus on.

An example of the "dotmocracy" exercise showing the emergence of participant priorities in a fast but non-confrontational manner

The "Existing and New" Matrix

The *Ansoff Matrix*, a well-known strategic planning tool in business, was adopted as a way of identifying key strategies for both processes and services that could be undertaken within the context of what was already working well in the community and what was new and would require innovation and design. Designed to highlight achievable action as well as what could be easily implemented, it is no surprise that one group emerged with a strategy that had already been designed and implemented but required education in order to create awareness.



Priority Results

The general themes assigned to world café tables including key aspects identified as priorities were:

Chronic Diseases

- There is value in creating support groups and access to clinics for those with chronic diseases
- Chronic Diseases involves more than simply managing medications. The group recognized that a healthy lifestyle is important to prevention of chronic diseases and to manage and live with existing chronic diseases
- Reviewing the structure to determine what coordination functions are required
- Collectively we need to focus on how programs that foster healthy lifestyles ensure their sustainability (e.g. if a community garden needs motivated individuals to maintain operations, what happens when that motivation fades?)

Barriers to Care

- There continue to be significant barriers to care that were identified by the group, which include:
 - o Language
 - o Transportation
 - o Cultural
- The group agrees that Cultural/ religious awareness is needed

Seniors and Elder Care (keeping them in the home longer)

- Seniors wellness was recognized by the participants as a community initiative, that would involve community-based initiatives to help seniors stay healthy
- Seniors health involves having accessible housing, entertainment, socialization opportunities, holistic approaches that require partnership within the community as a whole
- Everyone has a role in supporting seniors health and requires a multi-stakeholder approach

Mental Health/ Substance Abuse

- There is acknowledgement that Mental Health and Substance Use are significant concerns in Burns Lake, based on the survey and based on the discussion at workshop
- There may be value in considering the formation of mental wellness teams
- Gaps identified by the group include communication between service providers, recognizing the need to improve communication between mental health/ substance abuse workers and organizations access to mental health counsellors is a concern in the community
- Recognize that there is a lack of men's shelter (especially for single fathers) and a multi-stakeholder approach is needed

Maternity

- Lack of local maternity services was the number one issue identified in the community survey. The importance of this crossed all demographics.
- A lack of maternity services dissuades people from moving to Burns Lake.
- Having children on their respective territory is an incredibly important issue within the Indigenous communities.
- The formation of a 'community champion team' that can look at what low risk maternity will look like; exploring low risk maternity services.
- Community understands the challenges and can help to regain some services over time.

Closing Round

Before leaving, all the participants were asked again to go around the room, reiterate their word, and reflect on what they had hoped to gain or achieve out of the day. Responses were overwhelmingly positive. "My word was progress" said one participant, who was eager to speak first "and I absolutely feel like we've made a lot of progress here today." Others spoke about how moved they were that community members from such diverse backgrounds were able to come together and address this vital community issue. Lastly, a significant portion of participants showed interest in "what's next" and where the community goes from here. They mentioned wanting to be kept informed as to what the outcomes are of the facilitation and a desire to be included in the work moving forward, once again demonstrating their passion and motivation to work towards a healthier, more sustainable and resilient community.

Next Steps

It is recognised that many of the individuals representing First Nations communities were unable to attend the consultation. The intent will be to request invitations to First Nations communities for further dialogue around social determinants of health and opportunities to work together on improvement ideas and solutions.

Maternity:

Meetings are underway to explore the development of a 'community champion team'. This team will be inviting feedback from the community to identify opportunities and initiatives that community members can lead. Starting with a review of current data, this team will be tasked with looking at current practices and working with Northern Health to explore low risk delivery service models, including midwifery models for Burns Lake and other possible supports that would be needed to achieve a future model.

Northern Health will host the MOREOB Program in 2019. The *Managing Obstetrical Risk Efficiently* Program (MOREOB) recognizes patient safety as the fundamental principle in healthcare. Achieving improved patient safety within the hospital environment requires substantive, sustained change within the clinical practice culture and care delivery systems. MOREOB helps the patient care team build a new practice model in which all disciplines work and learn together to create a community of practice rich in knowledge and experience by

breaking down traditional hierarchies and establishing an environment of respect and trust and continuous learning.

Chronic Diseases:

We have a collective recognition that supporting people with Chronic Diseases improves their health and wellness and quality of life. We need to do a better job at supporting people with Chronic Diseases. There are existing community services, such as physiotherapy, where partnerships can be enhanced. Northern Health is going to discuss the approach to partnering with municipality to look at community services that promote wellness, including transportation, target activities that support getting out and about, and establishing support groups for people struggling with Chronic Diseases. This area is very complex and requires input from multiple stakeholders.

Creating support groups is a priority item and requires focused attention and collaboration, including education about current practices.

A new dietician started January 4th to serve the communities of Granisle, Southside, Burns Lake. There will be a focus on nutrition and prevention of chronic diseases and the ability to explore different models for providing chronic disease services. Carrier Sekani Family Services and the municipality will be invited to partner and explore a community health fare. Opening a dialogue with people living with Chronic Diseases is required.

Seniors Care:

There is a recognition that we need to work collaboratively to address the health and wellness of seniors. Local Northern Health leadership has been working with seniors' groups to explore ideas and opportunities. There are discussions underway for the development of a senior's centre that will be led by the seniors and supported by Northern Health. The municipalities will play a role in the development and will be included in the conversations and planning.

Housing:

A housing survey has recently been conducted by the Village of Burns Lake. Analysis of this survey will help to inform next steps to address housing issues in the Lakes District.

Mental Health & Substance Use:

A Mental Health & Substance Use working group will be developed that includes community members, patients/ clients and healthcare staff. The overarching goal will be to form a mental wellness team for the Lake District. It is recognised that Mental Health is a very complex issue and will require multiple stakeholders in order to have a meaningful impact and to improve the experience for individuals struggling with mental health conditions.

Conclusion

Health is not only about illness, and disease management, its about wellness which requires a multi-stakeholder approach and community involvement. The collective wisdom of the participants created a better understanding about where priority issues are in the Lakes District.

The group collectively identified priorities and potential ways forward that can make a positive impact.

The Lakes District is well on its way to creating and supporting an environment where everyone can participate in their own wellness. Looking at the conditions that promote health and wellness and to optimize wellbeing, everyone is willing to work together to develop community initiatives.

This workshop was a huge success and great first step in the health service planning process. Collective community wisdom and experience can and will help inform decisions going forward.

On behalf of the community engagement working group, and past Health Service Administrator, Marie Hunter, a sincere thank you to everyone who participated in the workshop. If you have any suggestions or would like to participate in the next steps please contact Vicky Rensby, acting Health Service Administrator at 250-692-2479 or vicky.rensby@northernhealth.ca.

Appendix A: Lakes District Community Survey



Appendix A Lakes
Dist Public Questionn

Appendix B: Survey Data Compilation



Appendix B Survey
Data Compilation.pdf

Lakes District Community Survey

Your feedback is very important to us. Please let us know what you think by completing the following survey and **returning it to the registration desk at:**

Lakes District Hospital & Health Centre
741 Centre Street
Burns Lake BC

To complete this survey online go to:

<https://www.surveymonkey.ca/r/lakesdistrict>

Your responses will remain anonymous and be used to inform the healthcare needs and priorities of the community and improve health service delivery and access in the Lakes District.

1. Please indicate your age by checking one of the following:

under 20

36 - 50

66 - 75

20 - 35

51 - 65

over 76

2. Please indicate your gender by checking all that apply:

Male

Female

Prefer not to answer

3. Do you identify your family of origin to be:

Asian

African

Latin,
Central or
South
American

Indigenous

European

Other

Prefer
not to
answer

4. Where do you seek your Primary Care Services (check all that apply)

Burns Lake

Granisle

Southside

First Nation Health Centres

Other (please specify) _____

5. Please indicate how important it is to expand or improve following healthcare services that are currently available in the Lakes District by placing an X in the corresponding answer.

	High	Medium	Low	I don't know
Chronic Disease Management (Examples: diabetes, heart disease, kidney disease, COPD)	0	0	0	0
Supportive Care (Examples: foot care, dietitian)	0	0	0	0
Maternity Care	0	0	0	0
Seniors Care	0	0	0	0
Palliative/ End of Life Care	0	0	0	0
Substance Use	0	0	0	0
Mental Health	0	0	0	0
Child and Youth Mental Health	0	0	0	0
Child and Youth Primary Care	0	0	0	0
Other: <i>please add any additional existing healthcare services that are missing from the list</i>	High	Medium	Low	I don't know
	0	0	0	0
	0	0	0	0

6. Please indicate how important it is to add the following healthcare services that are NOT currently available in the Lakes District by placing an X in the corresponding answer

	High	Medium	Low	I don't know
Expanded Surgical Services (Examples: colonoscopy, endoscopy)	0	0	0	0
Ultrasound	0	0	0	0
Maternity Care	0	0	0	0

7. From the lists in Question 5 and 6, please indicate your top 3 priorities for health services within the Lakes District area:

Priority 1:

Priority 2:

Priority 3:

8. Do you feel you are able to get access to the care you need in the Lakes District area?

Yes, all the time	Usually	Rarely	No, not at all	I don't know / Not applicable
0	0	0	0	0

9. What healthcare services, that currently are not provided in the Lakes District area, do you feel should be added to the community?

10. What do you feel is working well about the delivery of healthcare services in the Lakes District area?

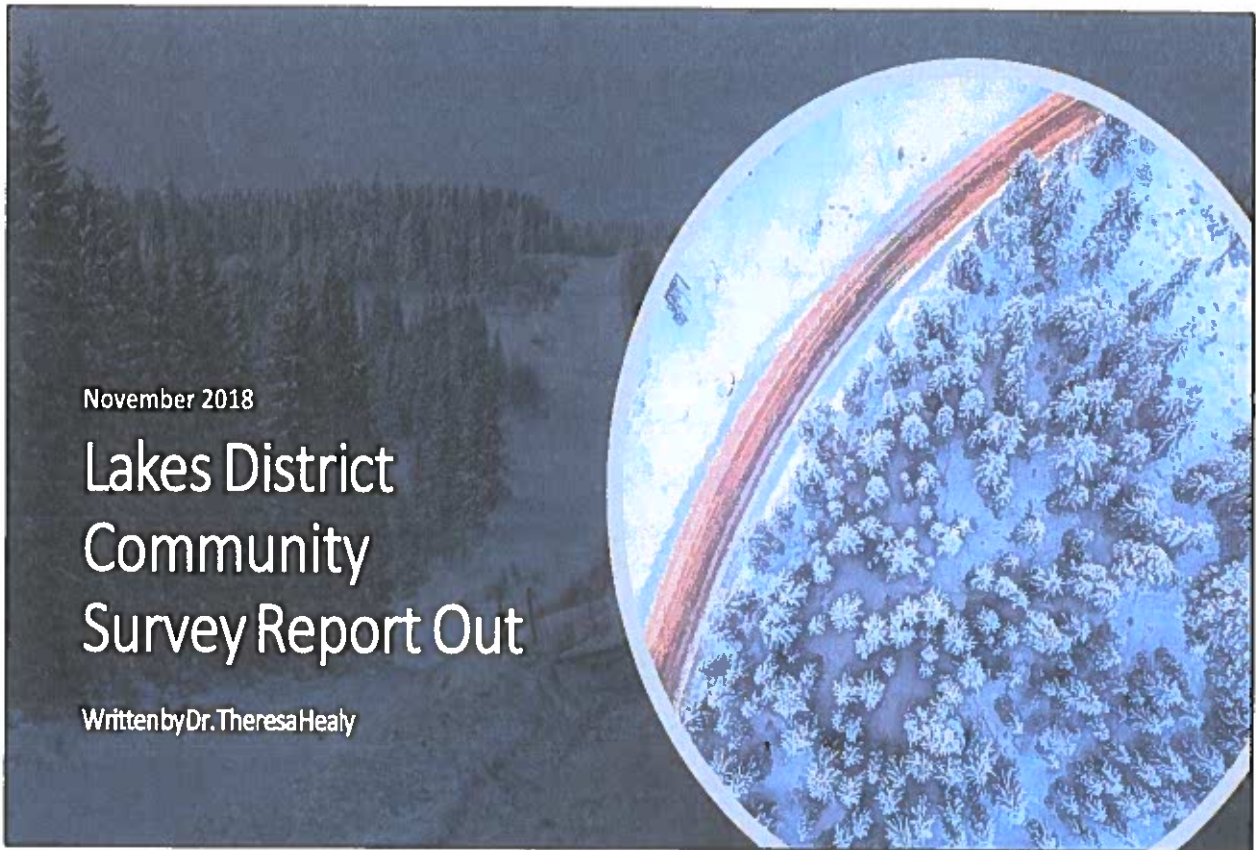
11. We are interested in your ideas! Do you have any ideas or suggestions on how to improve access to the healthcare services provided in the Lakes District area?

If you would like to schedule an appointment to discuss your thoughts and ideas over the phone, please contact:

**Jennifer Pogson,
Administrative Assistant
Northern Health
250-692-2414**

Thank you!

APPENDIX B: Survey Data Compilation



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Introduction

This report presents the findings from the community Survey carried out by members of the Lakes District community engagement working group. The intention was to gather opinions and insights to inform the considerations and decisions regarding the provision of services at the Lakes District Hospital. The community survey was carried out over three months and was developed to address different sections of the Lakes Health district population. The survey development began in June 2018 but due to the forest fires in the Lakes area, full implementation of the survey plan was put on hold during the summer months. The smaller survey implementation however, still gathered a significant and rich body of data which was presented to the community participants at the Community meeting held in November.

Overview : what we found out; what we know

Methods

- Survey (n= 248), including dotmocracy at the mall.
- Flower Garden Evaluation: visual tool for Indigenous Day by the Lake, June 21, 2018
- Key informant interviews



photo is from: http://commons.wikimedia.org/wiki/File:Welcome_Sign_Burns_Lake_British_Columbia.JPG

Demographics

Burns Lake is about 30% of the population of the lakes District LHA

Population of Burns Lake - Village ¹					2029	
Population of Burns Lake Local Health Area (LHA) ²					6875	
Population of Burns Lake Village as a percent of LHA population ^{1,2}					29.5%	
Children and Youth in Burns Lake Village (persons < 19 years) ¹					630	
Seniors in Burns Lake Village (persons aged 65 + years) ¹					270	
Deaths per year in Burns Lake Village ³					47	
Number of Mothers from Burns Lake Village who delivered during Fiscal Year (FY) 2012-13 ⁴					50	
Delivery Location ⁴	Locally:	0	Elsewhere:	50	Total:	
Percent of 2yr old children who are up-to-date on their immunizations as of Dec 2012 in Burns Lake area ⁵					60%	
Number of Mental Health & Addictions (MH &A) clients in Burns Lake community ⁶					FY 2011-12	135
					FY 2012-13	174
					FY 2013-14	178
Local Emergency Department (ED) unscheduled visits in Lakes District Hospital ⁷					FY 2012-13	7879
					FY 2013-14	8910
ED unscheduled visits in Lakes District Hospital that might be better managed in Primary Care setting (CTAS* 4 and 5) ⁷					FY 2012-13	6866
					FY 2013-14	8005
% ED unscheduled visits with unknown CTAS in Lakes District Hospital ⁷					FY 2012-13	4.5%
					FY 2013-14	2.6%

* CTAS - Canadian Triage and Acuity Scale. Level 1 (Resuscitative), Level 2 (Emergent), Level 3 (Urgent), Level 4 (Less Urgent), Level 5 (Non-Urgent).



Figure 1: Chart from: Information Portal (CHIP) Burns Lake Community Profile, 2016

<https://chip.northernhealth.ca/Portals/2/Document%20Repository/2016%20Updates/IPCC%20Profiles/Burns%20Lake.pdf>

The Lakes District LHA

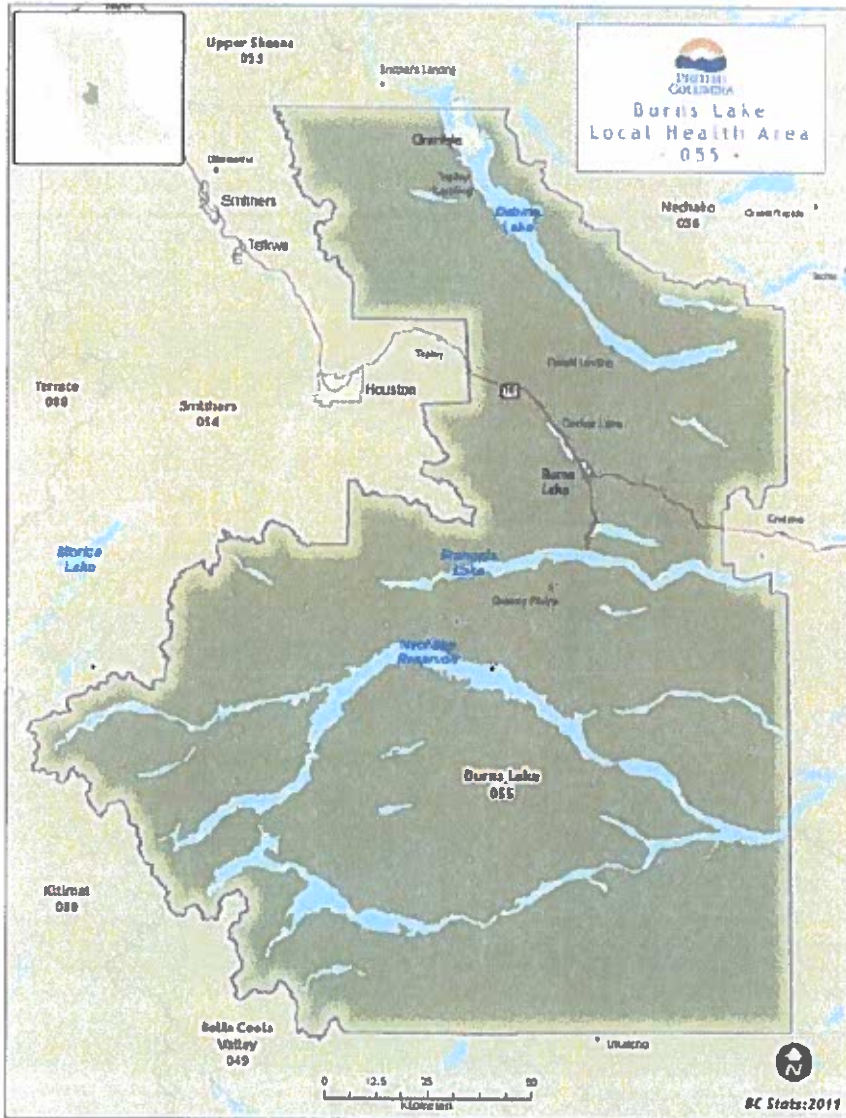


Figure 2: Map from: Information Portal (CHIP) Burns Lake Community Profile, 2016

<https://chip.northernhealth.ca/Portals/2/Document%20Repository/2016%20Updates/IPCC%20Profiles/Burns%20Lake.pdf>

The area covered by the LHA is approximately the size of Israel. (see:

<https://www.nationmaster.com/country-info/stats/Geography/Area/Total>)

Selected community Indicators

Population demographics for certain community indicators show Burns Lake and the LHA have higher percentages of population aged 0-19 than the provincial average. Burns Lake has a lower percentage of those over 65 compared both to the LHA and the province. Visible minorities in Burns Lake and the LHA are much lower than the provincial average while the percentage of the population who are of Aboriginal Identity is much higher in Burns Lake and the LHA, than in the province as a whole.

Income averages in both Burns Lake and the LHA are equal to, or close to provincial averages, with slightly above averages for incomes under \$20,000 a year and incomes over \$80,000 in the LHA. Children's vulnerability, and all markers on educational attainment are considerably worse than provincial counterparts. For example, the percentage of people the LHA who did not complete high school is more than double provincial rates.

Demographics	Burns Lake	LHA	BC
Percent of population who are 0 – 19 yrs old	31	26	21
Percent of population who are ages 65+	13	15	15
Percent of population who are Visible Minorities	1.0	0.9	24.5
Percent of population who are Aboriginal Identity	37	27.7	4.8
Income			
Percent of families earning < \$20,000 per year	10	9.7	8.0
Percent of families earning from \$20,000 - \$80,000 per year	52	57.5	53.8
Percent of families earning > \$80,000 per year	38	32.1	38.1
* Percent of population receiving Income Assistance > 1 yr.	nca	1.3	1.0
Early Development and Educational Achievement			
Percent of kindergarten children vulnerable: 1 or more EDI scales	41.2	40.0	28.6
† Percent of Grade 4 & 7 students below standard on FSA - Reading	nca	39.7	20.7
† Percent of Grade 4 & 7 students below standard on FSA - Writing	nca	41.9	17.9
† Percent of Grade 4 & 7 students below standard on FSA - Math	nca	46.0	23.4
† Percent of 18 yr olds who did not graduate	nca	48.2	29.0
Percent of persons ages 25 to 54: without high school completion	nca	25.8	11.1
Percent of persons ages 25 to 64: with university degree or above	13.9	10.5	24.1

Figure 3: Chart from: Information Portal (CHIP) Healthy Northern Communities, Burns Lake, 2013

<https://chip.northernhealth.ca/Portals/2/Document%20Repository/2016%20Updates/IPCC%20Profiles/Burns%20Lake.pdf>

The needs of children and youth are greater in the LHA: the rate of children in care in the LHA is almost three times the provincial average.

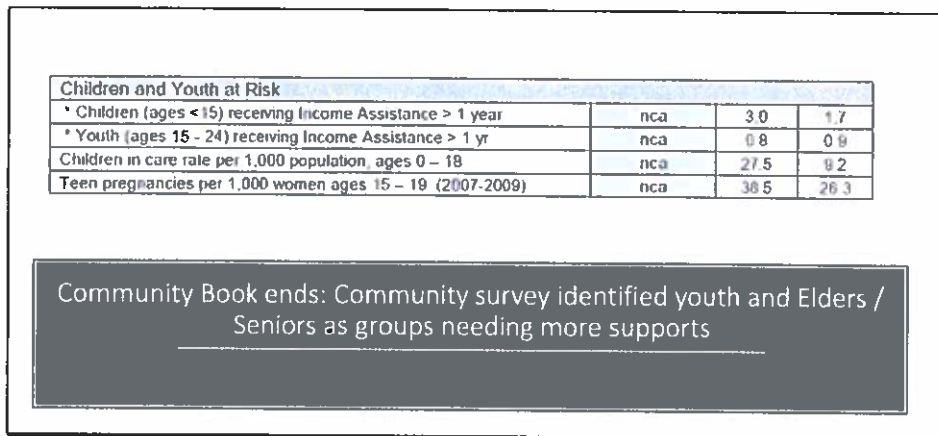


Figure 4: Chart from: Information Portal (CHiP) Healthy Northern Communities, Burns Lake, 2013
<https://chip.northernhealth.ca/Portals/2/Document%20Repository/2016%20Updates/IPCC%20Profiles/Burns%20Lake.pdf>

Though there are more renters in Burns Lake and the LHA, housing costs as a percentage of income are considerably less than provincial averages.

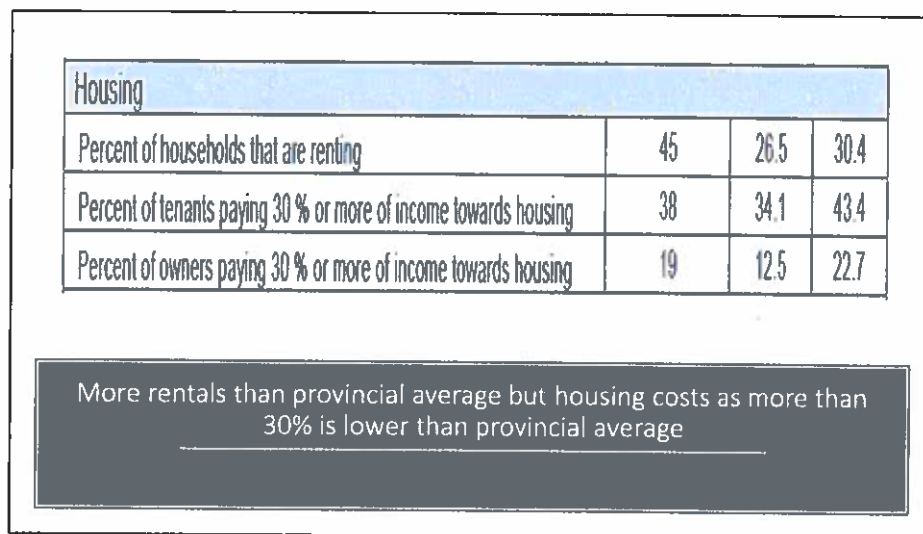


Figure 5: Chart from: Information Portal (CHiP) Healthy Northern Communities, Burns Lake, 2013
<https://chip.northernhealth.ca/Portals/2/Document%20Repository/2016%20Updates/IPCC%20Profiles/Burns%20Lake.pdf>

In the community survey, the sample was 284, 15% of the village population and 4% of the population of the LHA.¹ The age category for respondents was a spread across all categories with 51.4% in the 36-65 range.

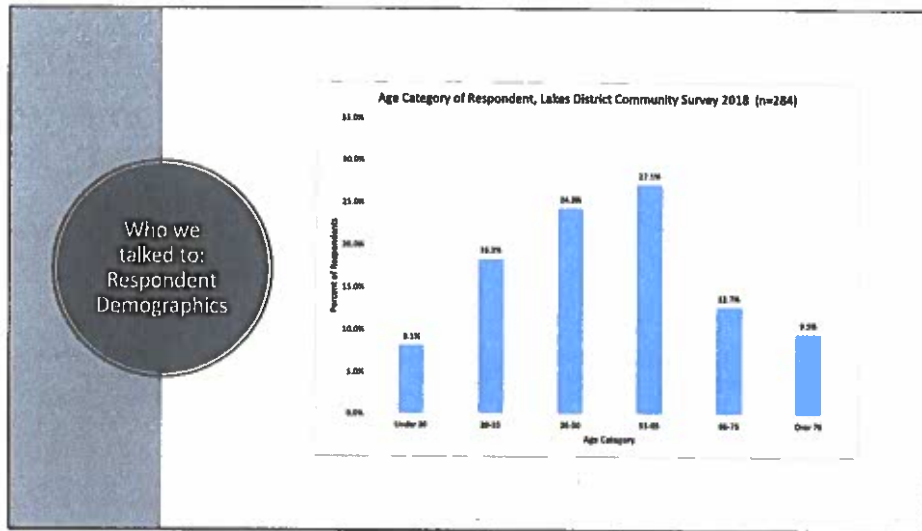


Figure 6: Age Demographics, Burns Lake Community Survey, Nov. 2018

The gender of respondents was overwhelming female: 78.7%

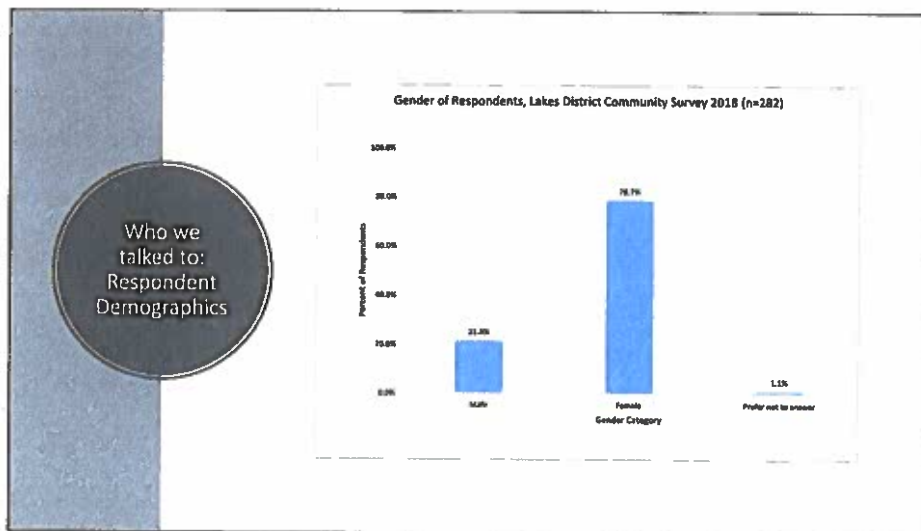


Figure 7: Gender of respondents. Demographics, Burns Lake Community Survey, Nov. 2018

¹ This survey has a confidence level of 90%, margin of error 0.5 and a standard deviation of 0.76

The ethnicity of 48% of the respondents was European descent. There were comments on the lack of a "Canadian" or "Caucasian" category.

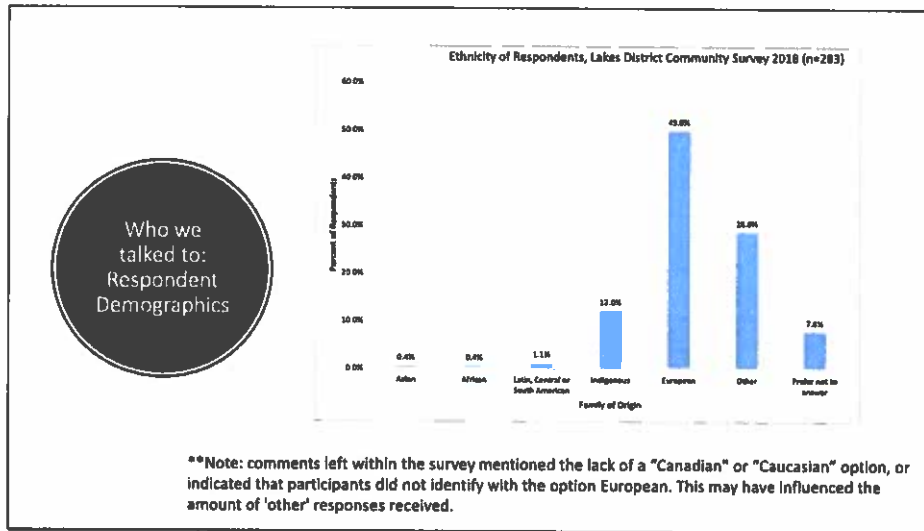


Figure 8: Gender, Burns Lake Community Survey, Nov. 2018

Access to health care services is almost entirely in the village of Burns Lake.

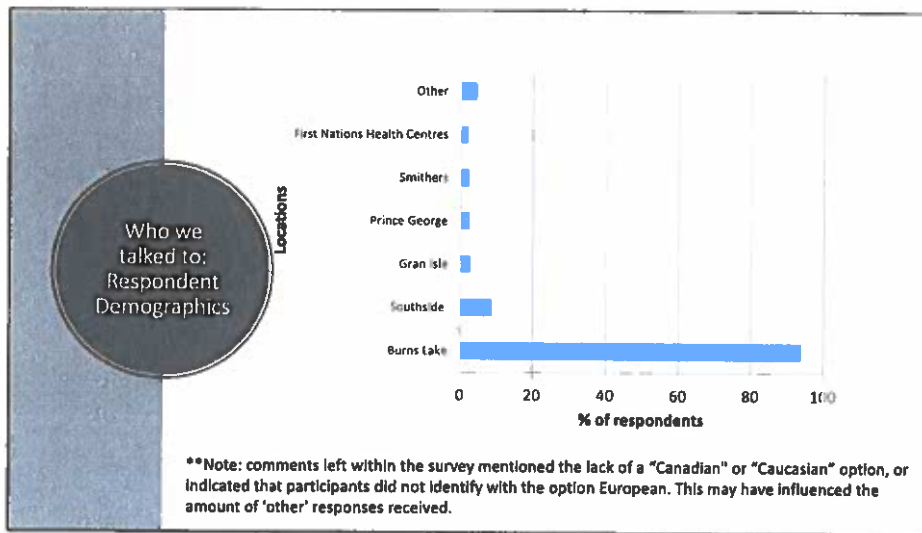


Figure 9: Access to services, Burns Lake Community Survey, Nov. 2018

Respondents reported they are usually able to access the care they need. There is an assumption this is an improvement over previous years since the opening of the new hospital.

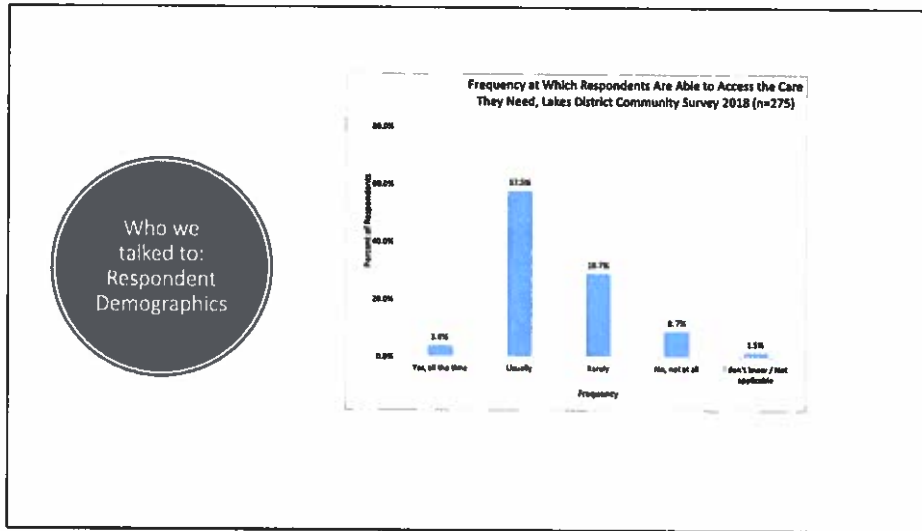


Figure 10: Access to services, Burns Lake Community Survey, Nov. 2018

In qualitative responses (33) there was appreciation for decrease in wait times, though suggestions were made to hire more staff as a way to support current staff. Further, there were suggestions that occasional visits by staff and services to outlying communities were greatly appreciated and the wish that there were more of these was expressed.

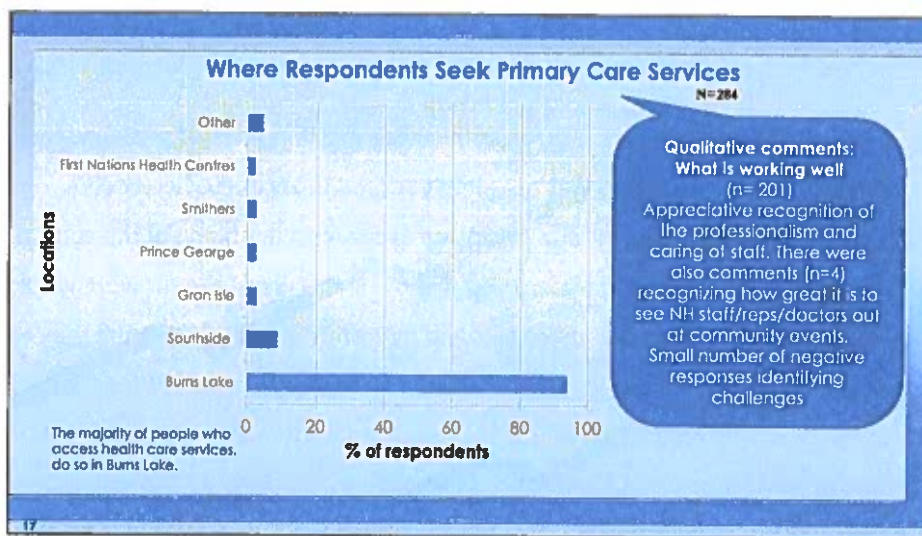


Figure 11: Access to primary care, Burns Lake Community Survey, Nov. 2018

The Flower Garden survey, was part of the local Indigenous Health Committee Evaluation survey. This was a publically visible exercise. At Aboriginal Day by the Lake, respondents were invited to contribute to the questions and answers on the various parts of a flower which were then displayed as a growing “flower garden” This design respects the public witnessing protocol that is a cultural practice. (see figure 12 below)

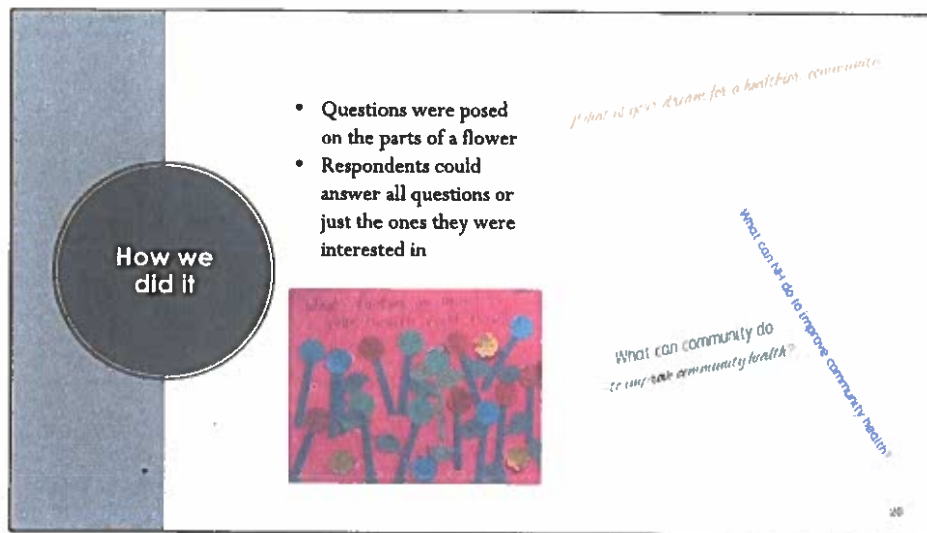


Figure 12: Snapshot of Flower Garden Survey

Findings

Points of consensus

Several similar or related issues surface regardless of survey instrument. Interestingly, the call for increasing health care staff and services was not simply rooted in access to better care for the self and family, but was closely related to the cultural, social, and economic well-being of the community as a whole. Young professionals with families interested in moving to Burns Lake for work would lose interest once they learned, for example, there were no maternity services, meaning they would have to leave the community to give birth. While the immediate provision of maternity services maybe challenging, the clarity of this request, supported at the community meeting, is a challenge to health care providers to see how the underlying concerns and issues might be met, including more creative approaches. This is not easy, given the interest of doctors who want an obstetrical practice who need enough cases annually to ensure expertise continues to grow, volumes that Burns Lake does not have.

Yet without the service, the capacity to grow enough cases is hampered.

Other important points of consensus

Findings Part 1: Consensus 1



Long term commitment

Staff are identified as caring and providing, living in a smaller community was seen as conducive improving relationships and access to high quality services but also seen as temporary



Decrease in wait times

Almost every reference to wait times noted a decrease, and the NPs, the Primary Health Care were credited with this change, with improved access to other services as a benefit

Findings Part 1: Consensus 2

The new hospital is appreciated

- Almost everyone expressed appreciation for the new hospital, its use of light and space, and the services there.
- *My experiences have almost always been positive – good to great service at the clinic and the hospital - never a long waits at the lab or emergency for me; always good care...."*

Findings Part 1: Consensus 3

Wait times are down

- Out of all the comments (n=258) only 4 were a negative comment on wait times.
- *"Wait times seem to be down."*
- *"We have doctors and nurses to provide prompt services. Wait times for appointments have been reduced."*
- *I love the new primary care and doctors and not having to wait 7 to 14 days for an appointment*

Indigenous Findings

The analysis of the Indigenous survey are presented below. The analysis suggested important components of health care service delivery from the perspective of the respondents.

Consensus Points

R = Relationship
E = Engagement
S = Support
P = Partnership
E = Equity
C = Culture
T = Timely

Findings Part 1:
 Consensus 4 (from
 Flower Garden)

26

Another point of consensus was around fear for the future.

Findings Part 1: Consensus 4

But there are
fears for the
future

- There was consensus on some community fears.
- *"History has shown doctors leave when their kids graduate from high school or their wives want a bigger centre [we need to] find better ways to attract high calibre physicians to Burns Lake."*
- *"We cannot attract young professionals, more health care staff. They are interested in coming to Burns Lake but when they hear you can't have babies here they don't come."*

What is working well?

Findings: *What is working well in the delivery of Health care services?*

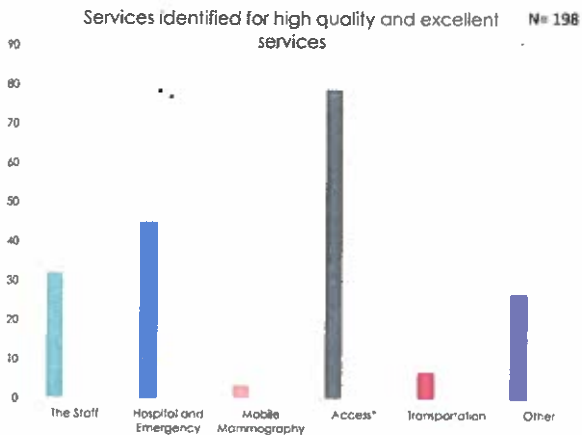
Provision of excellent care through high quality providers

Appreciation for care and professionalism was echoed frequently. Also noted by some with pleasure was seeing doctors and other staff out at community events.



Word art, created from words used in describing staff

Question: What is working well with the delivery of health care services?



*Includes specific references to nurse practitioners and doctors as increasing accessibility, doctors occasionally visiting outlying communities

What is working well with the delivery of Health care services? There were a small number of more negative comments rooted in the circumstances of experience.

- *"Even emergency admission. After hours is a joke. Sat on hold for 40 minutes in the lobby on the telephone just to talk to registration in a different city."*
- *"Nothing is working well and it is going to get worse with more doctors leaving!"*

What is working well with the delivery of Health care services? There were also comments that included areas for improvement.

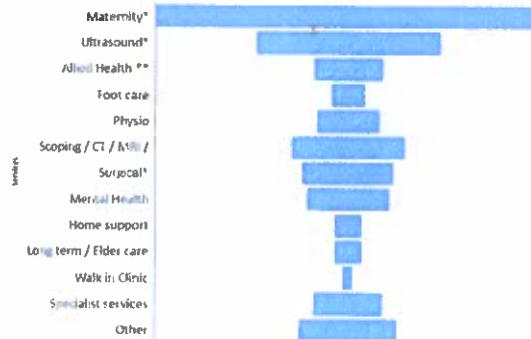
"We have great doctors and nurses but inconsistent care, high turnaround at the hospital and everybody seems confused [on] what is happening next or who works where. BIG TIME confusion the minute you walk in the hospital"

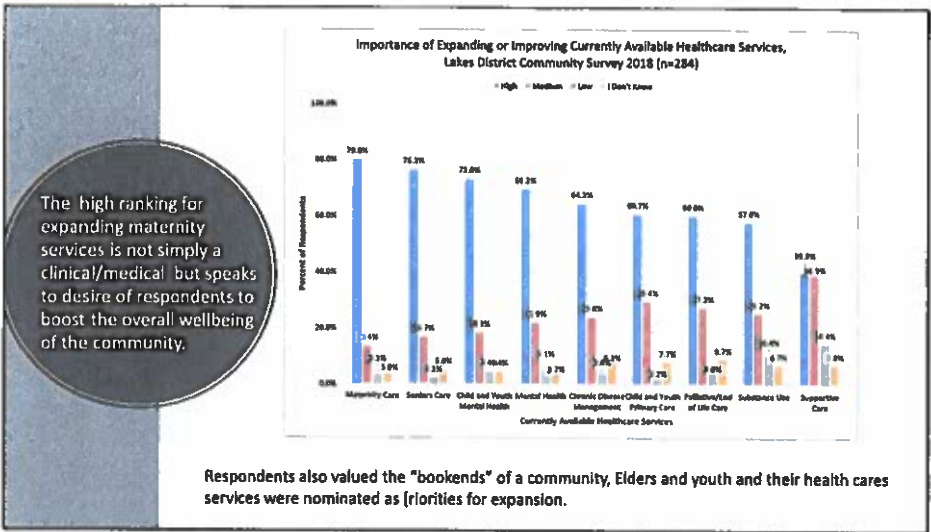
What is working well with the delivery of health care services?
 In the flower garden
 There were also comments that included areas for improvement related to increasing cultural presence.

"Have more Aboriginal staff"
"Orientation for community members to NH services available"
"Come to our communities more / get involved with First Nations communities"
"Have career jobs with youth."
"Have Elders in facilities so youth and staff can learn from them"

N=385

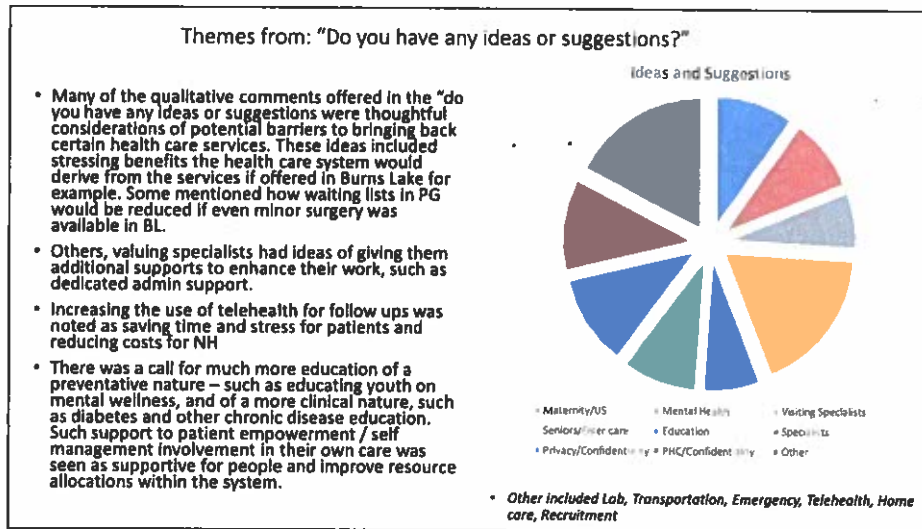
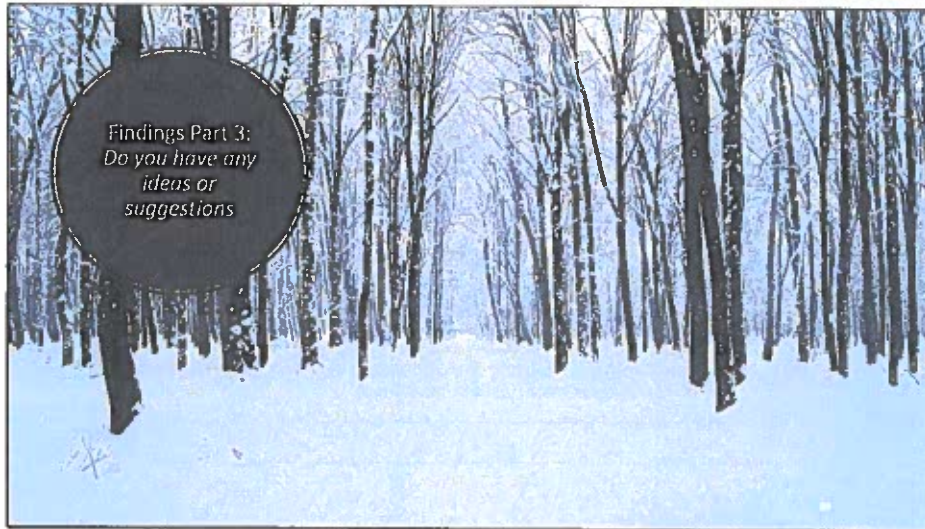
SERVICES NOT CURRENTLY IN PLACE BUT REQUESTED





- Frequently mentioned**
- Physiotherapy / massage
 - Mental health – education and service
 - Minor surgeries
 - Foot care
 - Scoping and other diagnostics
 - Home support / elder / long term care
 - Cultural supports

Ideas and Suggestions



By far, the most themes are indicative of desire to be involved in solutions.

Other suggestions



Improve light and signage for after hours access



Improve access for hearing impaired



Review privacy and confidentiality concerns



Lunch hour appointments / evening appointments once a week



Limiting concerns to only two things per visit needs review



Approach medical school and other health care service educational schools about 3 year rotations in exchange for help with paying off debt (similar to RCMP policy)

Ideas of merit

- Department of Health and Wellness, where discussion of health can result in timely and appropriate referrals and effective pre intervention
- Extend hours at lab and x-ray couple of evenings a month
- Host Evening clinics a couple of evenings a month
- Speciality team at emergency trained for the on going recurrent follow ups
- Support low risk or pregnancies or planned deliveries "at home" in the hospital; investigate midwives.
- Periodic in town clinics – with scoping and other specialists
- Drug and alcohol pre-hab and rehab supports
- Resource person at entry to hospital to support and welcome

Conclusion

The call for a greater collaboration between health care service delivery and the community is clear in the data. This fits with the growing commitment of health care services to look beyond the simple physical realities of providing health care (staffing, funding, facilities) to addressing factors that impact health outside of the systems: the social determinants of health. This is a more upstream preventative and health promotion approach.

- Most of the things that impact individual and community health are outside of the reach of health care services
- How can we partner with health care services to optimize what they can deliver and contribute where we have influence and power?
- Bearing in mind the results of the survey – where can we direct our efforts?

Figure: Health Council of Canada, 2010

Thinking as vital partners and important community support – what will we do?

Framework for collaboration

