STUART-NECHAKO REGIONAL HOSPITAL DISTRICT AGENDA THURSDAY, JULY 19, 2018

CALL TO ORDER

	<u>AGENDA</u> – July 19, 2018	Approve
PAGE NO.	MINUTES	ACTION
3-5	Stuart-Nechako Regional Hospital District Meeting Minutes – May 24, 2018	Adopt
	REPORTS	
6-7	John Illes, Treasurer – Fraser Lake X-Ray Replacement Bylaw Request and Bylaw 67	Recommendation (Page 6)
8-12	John Illes, Treasurer – Pines Cafeteria Bylaw Request and Bylaw 68	Recommendation (Page 8)
13-16	John Illes, Treasurer – Final Quarter Capital Status Report	Receive
	CORRESPONDENCE	
17-18	BC Emergency Health Services – Community Paramedicine Initiative – Northern Health	Receive
19-20	Northern Health – Dining Room Construction at "The Pines"	Receive
21-23	Northern Health Media Bulletin – NH Media Bulletin - Blue-green Algae Tips for Summer – Have Fun But Be Safe Around the Lake	Receive
24-59	Northern Health – Healthy Community Development - Supporting Local Governments to Address Substance Use	Receive
60	Northern Health – News Release – Northern Health Connections Expands Eligibility to Improve Access to Health-Related Travel	Receive
61-65	Northern Health – News Release – A Decade of IMAGINE-ing Healthy Communities: NH Board Meeting Highlights	Receive
66-69	Northern Health – Healthier Northern Communities ebrief	Receive



VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

BYLAWS

Bylaws for First, Second, Third Reading & Adoption

70 No. 67 – SNRHD Capital Expenditure Bylaw 1st, 2nd, 3rd Reading (all/weighted/majority) & Adoption

71 No. 68 - SNRHD Capital Expenditure Bylaw 1st, 2nd, 3rd Reading (all/weighted/majority) & Adoption

SUPPLEMENTARY AGENDA

NEW BUSINESS

ADJOURNMENT

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

MEETING MINUTES

THURSDAY, MAY 24, 2018

PRESENT: Chairperson Jerry Petersen

Directors Chris Beach

Eileen Benedict Tom Greenaway Dwayne Lindstrom

Thomas Liversidge – arrived at 10:07 a.m.

Rob MacDougall Bill Miller Mark Parker

Gerry Thiessen - arrived at 10:03 a.m.

Staff Melany de Weerdt, Chief Administrative Officer

Cheryl Anderson, Manager of Administrative Services

John Illes, Chief Financial Officer

<u>CALL TO ORDER</u> Chair Petersen called the meeting to order at 10:01 a.m.

AGENDA Moved by Director Beach

Seconded by Director Benedict

SNRHD.2018-6-1 "That the Stuart-Nechako Regional Hospital District Agenda of May 24,

2018 be approved; and further, that the Supplementary Agenda be dealt

with at this meeting."

(All/Directors/Majority) CARRIED UNANIMOUSLY

MINUTES

Stuart-Nechako Regional Hospital District Meeting

Minutes April 19, 2018

Moved by Director Miller

Seconded by Director Greenaway

SNRHD.2018-6-2 "That the minutes of the Stuart-Nechako Regional Hospital District

meeting of April 19, 2018 be adopted."

(All/Directors/Majority) CARRIED UNANIMOUSLY

REPORTS

Audited Financial Statements

nents Moved by Director Miller

2017

Seconded by Director MacDougall

SNRHD.2018-6-3 "That the Stuart-Nechako Regional Hospital District Board of Directors

receive the Treasurer's May 7, 2018 memo titled "Audited Financial Statements 2017"; and further, that the Stuart-Nechako Regional Hospital Board of Directors authorizes the Chairperson and the Treasurer to sign the Audited Financial Statements for 2017; and further, that the Chair sign the Audit Finding report verifying that the

SNRHD Board Members have reviewed the report."

(All/Directors/Majority) CARRIED UNANIMOUSLY



REPORTS (CONT'D)

<u>Financial Statements</u> Moved by Director Miller <u>-January 1 to March 31, 2018</u> Seconded by Director Benedict

SNRHD.2018-6-4 "That the Stuart-Nechako Regional Hospital District Board of Directors

receive the Treasurer's May 7, 2018 memo titled "Financial Statements -

January 1, 2018 to march 31, 2018."

(All/Directors/Majority) CARRIED UNANIMOUSLY

Meeting with Northern Health

-April 23, 2018 RE: Stuart

Nechako Manor

Moved by Director Beach Seconded by Director Greenaway

<u>SNRHD.2018-6-5</u> "That the Stuart-Nechako Regional Hospital District Board of Directors

receive the meeting notes regarding the meeting with Northern Health on

April 23, 2018 regarding the Stuart Nechako Manor."

(All/Directors/Majority) CARRIED UNANIMOUSLY

<u>Administration Reports</u> Moved by Director Benedict

Seconded by Director Parker

SNRHD.2018-6-6 "That the Stuart-Nechako Regional Hospital District Board of Directors

receive the following reports:

- Northern Health - 2017 to 2018 Capital Plan Update - April 2018;

- Northern Health & Regional Hospital Districts of Northern BC - BC

Emergency Health Services Spring 2018 Update;

- Northern Health - Northern Health & Regional Hospital Districts - April

17, 2018."

- Northern Health - Northern Health & Regional Hospital Districts of

Northern BC - Physician Recruitment Update."

(All/Directors/Majority) CARRIED UNANIMOUSLY

Letter to BC Ambulance

<u>Service</u>

Moved by Director Beach Seconded by Director Miller

<u>SNRHD.2018-6-7</u> "That the Stuart-Nechako Regional Hospital District Board of Directors

write a letter to the BC Ambulance Service, Minister of Health, and the Federal Minister of Health outlining the challenges faced at the airports in Burns Lake, Fraser Lake, Houston and Fort St. James in regard to medivac services. Further, that the letter be copied to MLAs John

Rustad and Doug Donaldson and MP Nathan Cullen."

CARRIED UNANIMOUSLY

VERBAL REPORTS

Fort St. James Hospital
Replacement Committee
Meeting

Director Greenaway reported that he had attended a Fort St. James Hospital Replacement Committee on May 22nd. John Rustad, MLA was in attendance and provided an update. They are waiting for a concept plan from the Ministry of Health and expect to have it by the end of June. Premier Horgan will be touring the Stuart Lake Hospital on June 19th.

Stuart-Nechako Regional Hospital District Meeting Minutes May 24, 2018 Page 3

5

VERBAL REPORTS (CONT'D)

<u>Fraser Lake Doctors</u> Director Lindstrom advised that three doctors in Fraser Lake have not

renewed their contracts. Two new doctors will be in place in September

and they are hoping to find another.

NCLGA - Meeting with

Northern Health

Director Lindstrom commented that he had attended the meeting with

Northern Health at the NCLGA Convention.

<u>Clinic Model</u> Director Thiessen stated that Vanderhoof has one of the few private

clinics operating in the north. Different models are being explored.

Fort St. James Hospital Replacement Committee

Meeting

Chair Petersen reported that he had also attended the Fort St. James Hospital Replacement Committee Meeting. He added that there is a video conference meeting being held with Penny Anguish, Chief

Operating Officer, Northern Interior on June 11th.

Receipt of Verbal

Reports

Moved by Director MacDougall Seconded by Director Miller

SNRHD-2018-6-8 "That the verbal reports of the various Stuart-Nechako Regional Hospital

District Board of Directors be received."

(All/Directors/Majority) CARRIED UNANIMOUSLY

ADJOURNMENT Moved by Director Beach

Seconded by Director Miller

SNRHD.2018-6-9 "That the meeting be adjourned at 10:22 a.m."

(All/Directors/Majority) CARRIED UNANIMOUSLY

Jerry Petersen, Chairperson Cheryl Anderson, Manager of Administrati

rry r etersen, Champerson

Cheryl Anderson, Manager of Administrative Services



Stuart-Nechako Regional Hospital District

Memo

Board Agenda - July 19, 2018

To:

Chair Petersen and the Board of Directors

From:

John Illes, Treasurer

Date:

June 5, 2018

Regarding: Fraser Lake X-Ray Replacement Bylaw Request and Bylaw 67

Attached is the bylaw request from Northern Health for the Fraser Lake X-Ray Replacement. The request is for \$224,800 and this amount is included in the 2018 approved budget. The total cost of replacement is \$562,000 and the amount requested was 40% of this cost. This matches the cost in the SNRHD 2018 budget.

In addition, Bylaw 67, approving this payment is included in this agenda.

Bylaw 67 also includes the payment for the annual grant for minor capital expenditures and building integrity.

I would be pleased to answer any questions.

Recommendation:

(all/directors/majority)

That the memorandum from the Treasurer, dated June 5, 2018 regarding "Fraser Lake X-Ray Replacement Bylaw Request and bylaw" be received; and

That Bylaw 67 be given three readings and adoption further in the agenda.



Northern Health – Finance Department 300 – 299 Victoria Street, Prince George, BC, V2L 5B8 (P) 250.565.2300 (F) 250.565.2833

Email: John.llles@rdbn.bc.ca

June 4, 2018

John Illes Chief Financial Officer Stuart-Nechako Regional Hospital District P.O. Box 820 Burns Lake, BC V0J 1E0

RE: Bylaw request - Fraser Lake X-Ray Replacement

Dear Mr. Illes:

Northern Health would like to formally request a bylaw in the amount of \$224,800 for the Fraser Lake X-Ray Replacement. This is 40% of the total project budget of \$562,000.

The existing X-Ray equipment has experienced a service casualty to its collimator. To date parts have not been located to resolve the issue, and the system will likely not be able to be brought back to its full operation. The unit provides approximately 1,350 exams per year.

Thank you for your consideration of this request. I have attached the Capital Project Approval Form for your review. If you have any questions, please contact our office.

Sincerely,

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

Cc: Penny Anguish, Chief Operating Officer, NI
Mike Hoefer, RD, Capital Planning and Support Services

Stuart-Nechako Regional Hospital District

Memo

Board Agenda - July 19, 2018

To:

Chair Petersen and the Board of Directors

From:

John Illes, Treasurer

Date:

June 18, 2018

Regarding: Pines Cafeteria Bylaw Request and Bylaw 68

Attached is the bylaw request from Northern Health for the Pines Cafeteria Expansion. The request is for \$1,084,000. This is 40% of the winter budget amount of \$2.7 million.

Bylaw 68 found later in the agenda authorizes the payment of up to \$984,000 in 2018. The remainder of the funds will be dispersed in 2019.

This request and the 2018 allocation matches the SNRHD 2018 approved budget.

I would be pleased to answer any questions.

Recommendation:

(all/directors/majority)

That the memorandum from the Treasurer, dated June 18, 2018 regarding "Pines Cafeteria Bylaw Request and bylaw 68" be received; and

That Bylaw 68 be given three readings and adoption further in the agenda.





Northern Health – Finance Department 300 – 299 Victoria Street, Prince George, BC, V2L 5B8 (P) 250.565.2300 (F) 250.565.2833

June 14, 2018

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

RE: Bylaw request – The Pines Cafeteria Expansion

Dear Mr. Illes:

Northern Health would like to formally request a bylaw in the amount of \$1,084,000 for The Pines Cafeteria Expansion. This is 40% of the original estimated project budget of \$2,710,000, submitted in December 2017 for planning purposes.

The Pines facility has inadequate space to serve all resident meals at the same time. This creates the need for two sittings and staggered meal times. This affects the Adult Day Centre start time in the mornings, impacts staff workload, and creates a stressful environment for both staff and residents.

This project will see the building of a 490 square meter addition, connected to the main building with a 6 foot vestibule to enable unobstructed access for those in wheelchairs.

The project has gone to tender, and the tender submissions have come back higher than budgeted. As such, the project budget has been revised and is now \$3,750,000.

Thank you for your consideration of this request. I have attached the Capital Project Approval Form for your review. If you have any questions, please contact our office.

Sincerely.

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

Cc: Penny Anguish, Chief Operating Officer, NI
Mike Hoefer, RD, Capital Planning and Support Services

Capital Services

Phone: (250) 565-2399 email: capital.services@northernhealth.ca



Capital Project Approval Form (CPAF)



Project Description

1. Project Description

Addition to existing facility to expand the dining room seating area. Increase kitchen space to allow for more storage and improved flow. Increase activity area to allow for increased quality of life for residents at the Pines and increase/improve utilization of the Adult Day Centre.

2. Relevant Background and Current Situation

The Pines was constructed as an intermediate care facility in 1992. The residents at the Pines have become complex, with associated equipment such as wheelchairs and gerichairs. There is inadequate space to serve all resident meals at the same time so two sittings are required and the meal times are staggered. We are feeding residents in the hallways outside the nurses station, the activity area and the "Sunshine Room" to accomodate residents who eat more slowly or need to be fed. We are also feeding the residents who are in gerichairs in the activity area, close to the building entrance, which affects Adult Day Centre start time in the mornings. This also affects staff workload and creates a stressful environment for both staff and residents

3. In-scope

Expanding the dining area will reduce the need for staggered meal sittings in a variety of places in the building. This will reduce the amount of time required for staff to serve and assist with residents having their meals and free up time for staff to focus on other patient care areas. It will also allow Adult Day Centre to start on time, which will improve service in a community-based program. Housekeeping and dietary departments will be better able to keep to their schedules. Staff and residents will enjoy less risk of injury due to falls and tripping. Residents will benefit from more relaxed socialization, an inherent part of Gentle

4. Will this project require newly constructed or incremental space, renovation of existing space, or impact utilities (e.g., electrical, phone, cabling, networking, HVAC, etc.)? Please include an estimate of additional square footage

This project will require newly constructed space. This will be obtained by constructing a wing off the back of the building, providing an additional 900 square feet. This will bring the Pines dining area closer to the current standard of 2sq meters for each person in care (Community Care and Assisted Living Act, Section 33).

5.	Equipment Purchases: Is this equipment additional or replacement? If replacement, enter the tag number(s) of the old equipment:
	If additional, describe any impacts this purchase will have on the utilization of other equipment:
6.	Describe key assumptions, project dependencies and risks.
	Key Assumptions
	Key Project Dependencies
	Project Risks
7.	Discuss reasonable alternatives to the project. Why weren't the alternatives selected?
	There is no alternative space to use for dining. The current dining room measures 58.5 sq meters. Section 33 of the Community Care and Assisted Living Act state there must be at least 2 sq meters of useable floor space for each person in care. The Biace is a 35 had facility with one secret had (text) 36.

8. Project timelines

How long between project approval and project start? How long will this project take to implement?

Please list any potential factors that may delay the project:

9. What would be the ramifications of delaying the project for another year?

10. What would be the ramifications of not doing the project at all?







Project Description

Stra	ategic Importance			
Indic	ate how this project supports st	rategic priorities in Northern Health's St	trategic Plan	14.13738
Prio	<u>rity 1 - Healthy People in Healt</u>	thy Communities		<u>lmpact</u>
<u>Prio</u>	rity 2 - Coordinated and acces This will enable staff, managers	sible services s, and physicians to provide services in	a culturally safe manner.	Impact Significantly
Out -	why 2 Available			- Immant
Prio	rity 3 - Quality This enables standardized prod	cesses, methods and tools.		<u>Impact</u> Moderately
	The chapter surface pro-	socoo, morrodo dira toolo.		
Enal	bling Priority 1 - Our People			Impact
	This will foster a workplace cult	ture of health and safety.		Significantly
Enal	——————————————————————————————————————	ons, Technology, and Infrastructure		Impact
		nage facilities and/or infrastructure in su	upport of service delivery.	Significantly
	 			
Tota	l Strategic Importance:			High
Оре	erational Impacts			
Pleas	se indicate which clinical and suppo	ort departments will be impacted if this proj	ect is approved by placing an "X" next to th	e department.
Clini	ical:	Specify Details	Explain Impact	t
		Common areas	Nursing Staff will be more focussi	
			able to provide medications and s residents at risk of choking	supervision to
Х	Nursing (specify areas)			
	Abjectus (assath, assat)	Common areas	Care staff (nurse, care aides, reci	reation etaff) will
	Nursing (specify areas) Nursing (specify areas)	Common areas	table to manage date and an account	Canada State Will
	Operating Rooms			
	Pathology and Lab			
	Diagnostic Imaging			
	Physical Therapy/Rehab		-	
	Respiratory Therapy	" - " - " - " - " - " - " - " - " - " -		
	Pharmacy			
	Other (specify areas)			
	Other (specify areas)			
Sup	nort:			
	Billing & Registration			-
	Biomedical Engineering			
	Building Maintenance			



Capital Project Approval Form (CPAF)



x	Dietary	dining room/hallways	Support staff will be able to provide clients with their meals in one sitting, which will increase the efficiency of the dietary staff.
	Health Records		
X	Housekeeping		
	Information Systems		
	Linen and Laundry		
	Stores		in the second se
	Security		
	Sterile Processing		
	Other (specify areas)		
	Other (specify areas)		

	Home Care	
x	Residential Care	Staff will be able to focus on other patient care areas. Residents will have better quality time to enjoy their meals in an unhumed environment. Programs and schedules will be driven by the residents' needs and not by the physical demands
	Mental Health/Addictions	
	Public Health	
	Primary Care	
	Other (specify areas)	

Stuart-Nechako Regional Hospital District

Memo

Board Agenda - July 19, 2018

To:

Chair Petersen and the Board of Directors

From:

John Illes, Treasurer

Date:

June 5, 2018

Regarding: Final Quarter Capital Status Report

Attached is the final Capital Status Reports for Northern Health's year end March 31, 2018. Projects illustrated are in the minor capital and building integrity funds. In 2018, as in 2017, the SNRHD has budgeted \$177,000 for minor capital and \$24,000 for building integrity funds.

Bylaw 67 later in the agenda includes the payment for the annual grant for minor capital and building integrity for 2018.

I would be pleased to answer any questions.

Recommendation:

(all/directors/majority)

That the memorandum from the Treasurer, dated June 5, 2018 regarding "Final Quarter Capital Status Report "be received.





Northern Health: Finance Department 300-299 Victoria Street, Prince George, BC V2L 5B8 Telephone (250) 565-2300, Fax: (250) 565-2833, www.northernhealth.ca

Email: john.illes@rdbn.bc.ca

May 29th, 2018

John Illes Chief Financial Officer Stuart-Nechako Regional Hospital District P.O. Box 820 Burns Lake, BC V0J 1E

RE: Final Quarter 2017/18 Capital Status Reports

Dear Mr. Illes:

Thank you for your continued support.

Enclosed please find capital status reports for the final quarter of our 2017/2018 year for the Building Integrity and the Minor Capital Grant(s).

If you have any questions on the attached, please do not hesitate to contact our office.

Sincerely,

Lil Milani

A. Lil Milani Capital Accounting Coordinator



Fund Budget Reconciliation

Period Date: March 31,2018

	Fl	UNDING SOUR	CES			
МОН	RHD	Aux/ Foundation	Opening Cash	Total	Actual Expenditures	Committed (Spent)
\$36,000	\$24,000		\$213,019	\$273,019	\$0	\$42,656
\$36,000	\$24,000		\$213,019	\$273,019	\$0	\$42,656
			\$42,656	\$42,656		

Budget Total: Expense Total:

Variance:

\$36,000

\$24,000

\$170,363

\$230,363

Capital Expenditures

2018					
St. John Hospital					
Stuart Lake Hospital					

BI - Building Integrity

N6618N0009

0

0

0

Heater - Hot Water X2

BI - Building Integrity

N6618N0027 Air Conditioner

Count::

Count::

Tsf to Operating Total

BI - Building Integrity Total

2 Report Total

	\$42,656	\$42,656	42,656
	\$42,656	\$42,656	42,656
200	\$42,656	\$42,656	42,656
	\$10,814	\$10,814	10,814 If to Opera
	\$31,841	\$31,841	31,841 If to Opera

'Approved' Count:: 0 'On Hold' Count:: 'Ordered' Count:: 'Completed' Count::





Fund Budget Reconciliation

Period Date: March 31,2018

	FUNDING SOURCES							
	МОН	RHD	Aux/ Foundation	Opening Cash	Total	Actual Expenditures	Committed (Spent)	
Minor Capital < \$100,000	\$190,000	\$177,000	\$120,011	\$14,091	\$501,102	\$300,986	\$409,244	
Budget Total:	\$190,000	\$177,000	\$120,011	\$14,091	\$501,102	\$300,986	\$409,244	
Expense Total:	\$168,365	\$106,778	\$120,010	\$14,091	\$409,244			
Variance:	\$21,635	\$70.222	\$1		\$91.858			

Capital Expenditures

<u>Copital Expellental</u>									
2018	Minor Ca	apital < \$100.000							
St. John Hospital	N661890011	Processor - Video & Lightsource		\$30,775			\$30,775	30,775	Completed
St. John Hospital	N661890014	Bed X2		\$19,457			\$19,457	19,457	Completed
St. John Hospital	N661890027	Ice Machine		\$9,983			\$9,983	9,983	Completed
St. John Hospital	N661890040	Colonoscope		\$2,849	\$36,288		\$39,137	39,137	Completed
St. John Hospital	N661890056	Rack - Washer			\$5,382		\$5,382	5,382	Completed
St. John Hospital	N661890059	Insufflator		\$3,497	\$3,000		\$6,497	6,497	Completed
St. John Hospital	N661890090	Incubator - Transport			\$30,868		\$30,868	30,868	Completed
Stuart Lake Hospital	N661890012	Bed - GoBed X2		\$19,457			\$19,457	19,457	Completed
Stuart Lake Hospital	N661890054	Auto Loader		\$5,932			\$5,932	5,932	Completed
Stuart Lake Hospital	N661890060	Mattress - Alternating Pressure		\$315	\$5,867		\$6,182	6,182	Completed
Stuart Lake Hospital	N661890093	Tonometer		\$6,084			\$6,084	6,084	Completed
Lakes District Hospital	N661890066	Scrubber - Floor		\$8,429	İ		\$8,429	8,429	Completed
Stuart Nechako Manor	N661890013	Chair - Bathing				\$13,470	\$13,470	13,470	Completed
NI Community Services-SN	N661890035	Refrigerator - Vaccine	\$6,592				\$6,592	6,592	Completed
		Count:: 14 Completed Total	\$6,592	\$106,778	\$81,404	\$13,470	\$208,244	208,244	
St. John Hospital	N661890086	Analyzer - Blood Gas			\$23,727		\$23,727	23,727	Ordered
St. John Hospital	N661890098	Stretchers X2			\$14,879		\$14,879		Ordered
The Pines	N661890067	Lift - Ceiling X9	\$79,010		Ī		\$79,010	69,015	Ordered
		Count:: 3 Ordered Total	\$79,010		\$38,606		\$117,616	92,742	
St. John Hospital	N6618N0021	Walk-in Cooler System Upgrade	\$6,617			\$621	\$7,238	7,238	f to Operati
St. John Hospital	N6618N0024	C-Arm Repair	\$29,539				\$29,539	29,539	f to Operati
St. John Hospital	N6618N0031	Door Replacement - Recovery Room	\$9,558				\$9,558	9,558	f to Operati
St. John Hospital	N6618N0033	Repair to Colonoscope	\$9,200				\$9,200	9,200	f to Operati
The Pines	N6618N0019	Replace exsisting storage tank	\$25,152		İ		\$25,152	25,152	f to Operati
		Count:: 5 Tsf to Operating Total	\$80,066			\$621	\$80,687	80,687	
Stuart Lake Hospital	N6618N0005	Training - Biomed (for file N661790102)	\$2,696				\$2,696		o Op In Prog
		Count:: 1 sf to Op in Progress Total	\$2,696				\$2,696		
		Minor Capital < \$100,000 Total	\$168,365	\$106,778	\$120,010	\$14,091	\$409,244	381,673	
'Approved' Cou	unt:: 0	Count:: 23 Report Total	\$168,365	\$106,778	\$120,010	\$14,091	\$409,244	381,673	1

'On Hold' Count:: 'Ordered' Count:: 3

'Completed' Count:: 14

7 Board-Receive



Date: May 22, 2018

To: Regional District Chairs of Communities in Northern Health Selected for Community

Paramedicine

From: Linda Lupini, Executive Vice President, Provincial Health Services Authority and BC Emergency

Health Services

Re: COMMUNITY PARAMEDICINE INITIATIVE – Northern Health

As a follow up to the memo sent in January, we are pleased to provide the names of those hired for Northern Health communities selected for the final phase of bringing community paramedicine to rural and remote communities across BC as well as community paramedics hired for recently reposted positions.

The following community paramedics have begun their orientation program, and will begin working in their communities on the date indicated.

Location	Community Paramedic	Begins Working in the Community
Burns Lake	Andrew Paton	June 25, 2018
Chetwynd	Samantha O'Callaghan	May 15, 2018
	Jaidan Ward	May 28, 2018
Dawson Creek	Jerome Lake	June 25, 2018
Dease Lake	Gordon Lawley	June 25, 2018
Fort Nelson	Anthony Larocque	June 25, 2018
Prince Rupert	Cay Hulsen	May 28, 2018
Smithers	Migon Cochrane	April 23, 2018
Vanderhoof	Jodie Dobry	May 28, 2018

Community paramedics for Chetwynd and Smithers previously completed their orientation for a position in another community, and were therefore ready to begin providing services on the dates noted above.

The selection process for positions in Fort St. John, the Village of Queen Charlotte, and Valemount remains underway, and is expected to be completed shortly.

Also, an additional position for a rural advanced care community paramedic (RACCP) is being posted. This position, to be based in Prince Rupert, will help address the need for more advanced care paramedics in the Northwest, and as such will be associated with the helicopter stationed in Prince Rupert and cover Haida Gwaii on a scheduled basis.



More information is available by visiting bcehs.ca and clicking on Our Services/Programs & Services/Community Paramedicine.

Please let us know if you have any questions by emailing communityparamedicine@bcehs.ca

Sincerely,

Linda Lupini

cc:

Cathy Ulrich, President and CEO, Northern Health
Penny Anguish, Chief Operating Officer, Northern Interior Health Service Delivery Area
Angela De Smit, Chief Operating Officer, Northeast Health Service Delivery Area
Ciro Panessa, Chief Operating Officer, Northwest Health Service Delivery Area
Cormac Hikisch, Health Service Administrator, Smithers, Northern Health
April Hughes, Health Service Administrator, Omineca, Northern Health
Peter Martin, Health Service Administrator, Chetwynd, Northern Health
Daryl Petsul, Health Service Administrator, Hazelton
Barbara Fitzsimmons, Chief Operating Officer, BCEHS
Nancy Kotani, Chief Transformation Officer and CPI Project Lead, BCEHS
Rita Jervis, Project Director, Community Paramedicine Initiative, BCEHS
Rick Mowles, Director of Strategic Program Development, Transformation and Strategy, BCEHS
Craig Parnell, Interim Director – Northern Districts, BCEHS



Corporate Services Capital Planning 299 Victoria Street, Suite 300 Prince George BC V2L 5B8

June 20, 2018

Stuart Nechako Regional Hospital District Chair, Jerry Peterson PO Box 820 Burns Lake BC V0J 1E0 RECEIVED

JUN 27 2018

REGIONAL DISTRICT OF

BULKLEY NECHAKO

Dear Chair Peterson:

Re: <u>Dining Room Construction at "The Pines "</u>

Beginning June 25th 2018 construction crews will be on site at The Pines long-term care facility in Burns Lake to begin work on a project to expand the facility's dining space.

The project will expand the dining area space both for residents and participants in the Pines' busy Adult Day Programs. The new dining hall will enhance the living and dining experience for residents of and visitors to the Pines.

The new dining area will be a warm welcoming environment that features artwork, display cases, and windows that offer views to the east and north. A lot of planning and design work has gone into creating an environment that is non-clinical but still ensures infection control and durability needs are met.

The project will see an addition built on the north side of the building that will include a new dining hall, kitchen server and pantry, patient and staff washrooms and a new lobby and vestibule area. There will also be a new covered loading area for deliveries and servicing.

Funding for this project comes from Ministry of Health, the Stuart Nechako Regional Hospital District and Northern Health.

The project isn't expected to cause any disruption to The Pines' day-to-day business, as the addition is being built on what is currently green space on the site. The estimated timeline for the project is for construction to begin June 25th with the new dining area opening in late winter/early spring 2019.



Should you have any questions about this new and ongoing project please feel free to contact Penny Anguish at penny.anguish@northernhealth.ca or Mike Hoefer at Michael.hoefer@northernhealth.ca.

Sincerely,

Penny Anguish, MN, GDBA

Pany Anguist

Northern Interior Chief Operating Officer

Northern Health Authority

Mike Hoefer, BMLSc., MHA

Noto Hofe

Regional Director, Capital Planning

Northern Health Authority

Board-Recewe

Geraldine Craven

From: Collins, Eryn <Eryn.Collins@northernhealth.ca>

Sent: June 29, 2018 9:36 AM **To:** Communications Account

Subject: NH Media Bulletin - Blue-green algae tips for summer – have fun but be safe around

the lake

Attachments: 20180629_POSTER_Blue-Green Algae Bulletin.pdf

Good morning,

The following NH Media Bulletin will be distributed to Northern BC media outlets next hour, and posted online here.

Also attached is a poster with additional information on Blue Green Algae – feel free to print and post as you see fit.

For Immediate Release June 29, 2018

Blue-green algae tips for summer - have fun but be safe around the lake

Summer brings many things, including enjoying our time on the many lakes in northern BC. For those living on lakes year round, part time, or just visiting, it's important to stay healthy while enjoying the experience.

With the warming weather, blue-green algae (cyanobacteria) blooms may appear in lakes across northern BC. Blue-green algae are naturally occurring and can look like scum, grass clippings, fuzz or globs on the surface of water. Blue-green algae can be blue-green, greenish-brown, brown, or pinkish-red, and often smells musty or grassy.

People who come in contact with visible blue-green algae, or who ingest water containing blue-green algae, may experience skin irritation, rash, sore throat, sore red eyes, swollen lips, fever, nausea and vomiting or diarrhea. Symptoms usually appear within one to three hours and resolve in one to two days. Symptoms in children are often more pronounced.

Residents living near the shores of lakes, as well as visitors and those making day-use of lakes, are advised to take the following precautions:

- Avoid all contact with blue-green algae blooms. If contact occurs, wash with tap water as soon as
 possible.
- Do not swim or wade (or allow your pets to swim or wade) in any areas where blue-green algae is visible
- As a reminder, Northern Health recommends that visitors and residents do not drink or cook with untreated water directly from any lake at any time. Boiling lake water will not remove the toxins produced by blue-green algae.
- An alternate source of drinking water should also be provided for pets and livestock. Pet owners should be wary of allowing pets to walk off-leash where they may be able to drink lake water – illnesses are a common outcome.

Weather and wind conditions can cause algae blooms to move from one location in the lake to another. Given the shifting nature of algae blooms and the ever-changing potential for toxicity from day to day, testing for



toxins is not always reliable. Instead, it is safest to assume the blooms may contain toxins and adhere to the precautions.

If you suspect a problem related to blue-green algae you are welcome to connect with the Ministry of Environment at EnvironmentalComplaints@gov.bc.ca. If you require further information on health concerns, please call EnvironmentalHealth at 250-565-2150. Additional information is also available at http://www.healthlinkbc.ca/healthfiles/hfile47.stm.

Media Contact

Northern Health Media Line: 1 (877) 961-7724

Public Bulletin: Blue-Green Algae

What are Blue-Green Algae

Blue-green algae are common, naturally occurring bacteria, also known as cyanobacteria. With warm weather in the summer, blue-green algae blooms may appear in lakes across British Columbia.

What to look for

Lakes with blue-green algae blooms will undergo visible changes – blue-green algae can look like scum, grass clippings, fuzz or globs on the surface of the water. Blue-green algae can be blue-green, greenish-brown, or pinkish-red, and can often smell musty or grassy. However, keep in mind that it is often difficult to distinguish between blue-green algae blooms and other types of algae blooms.

Public health concerns

Some bloom-forming blue-green algae can produce toxins that may result in intestinal discomfort or severe illness if ingested or inhaled. Eating blue-green algae can be fatal to livestock, pets, or wildlife. If contacted, these cyanotoxins may cause skin, nose and eye irritation.



How to protect yourself

- Don't drink or cook with untreated water directly from any lake at any time.
- Boiling the water will not remove the toxins produced by blue-green algae.
- During blooms, use bottled water or another safe source of drinking water for all drinking and food preparation.
- Don't swim or wade (or let your pets offleash) if you see any blue-green algae.
- If you touch any blue-green algae, wash with clean water.

Testing is not always reliable

Weather and wind can make algae blooms move from one part of a lake to another. Because of this, and because of how the level of toxins in blue-green algae change from day to day, testing for toxins is not always a reliable guide to your exposure. Instead, it is safest to assume the blue-green algae blooms contain toxins and follow the precautions on this sheet.

For more information

If you suspect a problem with blue-green algae you are welcome to connect with the Ministry of Environment at EnvironmentalComplaints@gov.bc.ca. For more information on health concerns please call Environmental Health at 250-565-2150.





northernhealth.ca

Board-Recewl.

Geraldine Craven

From: Christian, Holly <Holly.Christian@northernhealth.ca> on behalf of healthycommunities

<healthycommunities@northernhealth.ca>

July 3, 2018 2:57 PM Sent:

Subject: Supporting Local Governments to Address Substance Use - NCLGA AGM: May 10, 2018

NCLGA Supporting LG to Address Substances.pdf; Addressing Substance Use **Attachments:**

Resources.docx

Local Government Partners,

Please find attached the slides and resource list from the May 10th NCLGA Annual General Meeting presentation on Supporting Local Governments to Address Substance Use. We are grateful to have had the opportunity to present to your delegation and want to make these available as well for those who were not able to attend our concurrent session.

In future, don't hesitate to reach out and connect with the Healthy Community Development team for support on this or any other Healthy Communities topic.

Warm regards,

Holly Christian NW Lead, Healthy Community Development

Northern Health

1788 Diefenbaker Dr. Prince George, BC V2N 4V7

Tel: 250.645.6348 Cel: 250.961.1674 Fax: 250.612.0810

holly.christian@northernhealth.ca www.northernhealth.ca





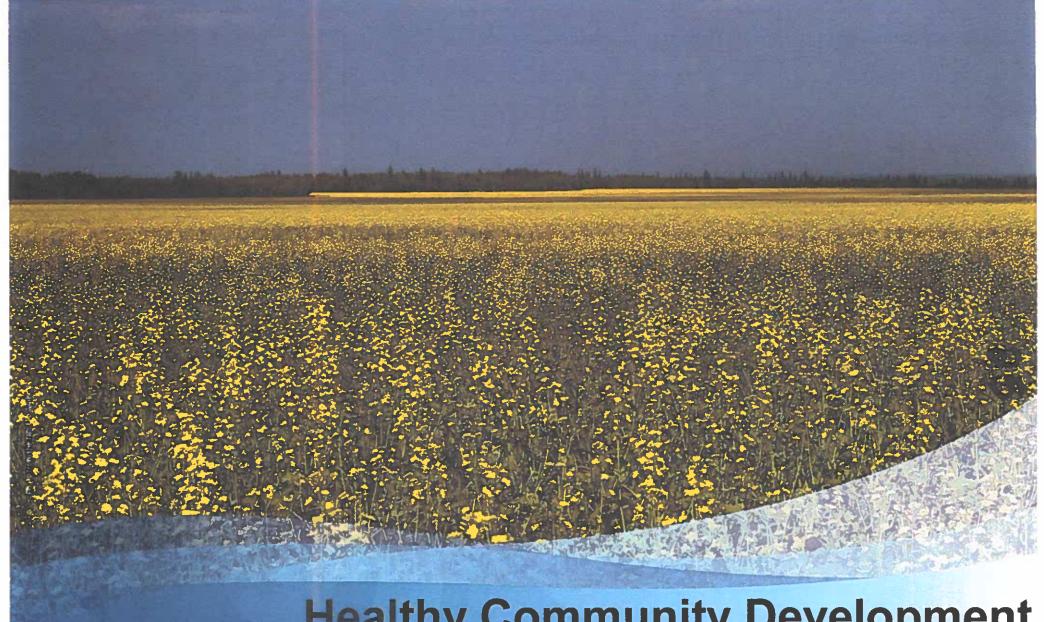






the northern way of caring

The contents of this electronic mail transmission are PRIVILEGED, intended to be CONFIDENTIAL, and for the sole use of the designated recipient. If this message has been misdirected, or if a resend is desired, please contact the sending office as soon as possible.



Healthy Community Development

Supporting local governments to address substance use

the northern way of carine

Dr. Jong Kim and Holly Christian, May 10, 2018

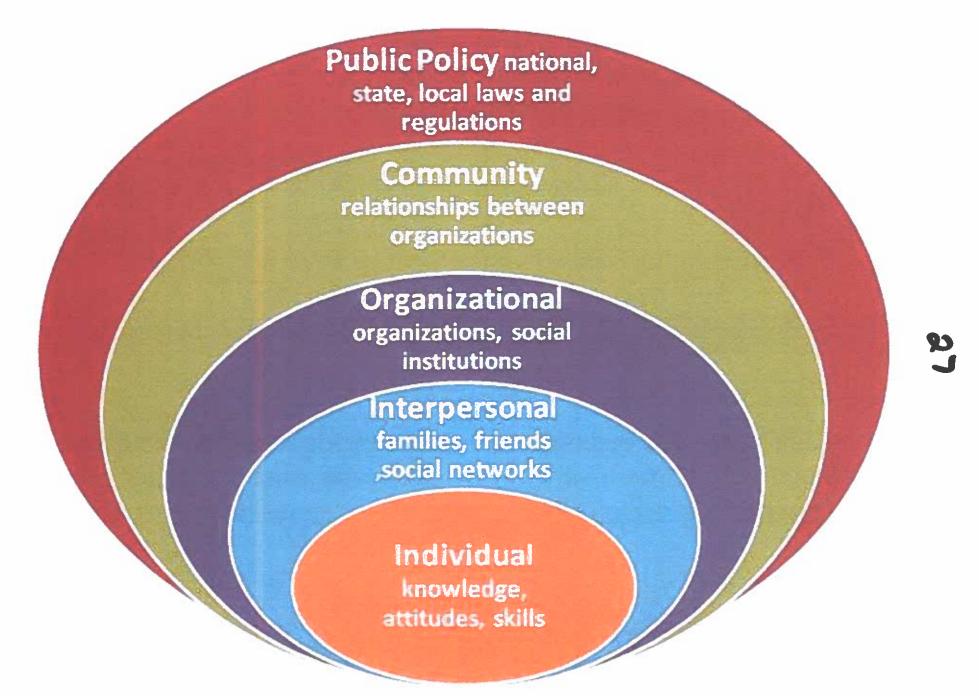
Agenda

- Factors impacting substance use
- Spectrum of substance use
- Substance use is everyone's business
- Substances of Note
 - Key messages
 - Use in northern BC
 - Health effects
 - Local government opportunities to reduce harm
 - Resources for local government
- Stop Stigma. Save Lives.

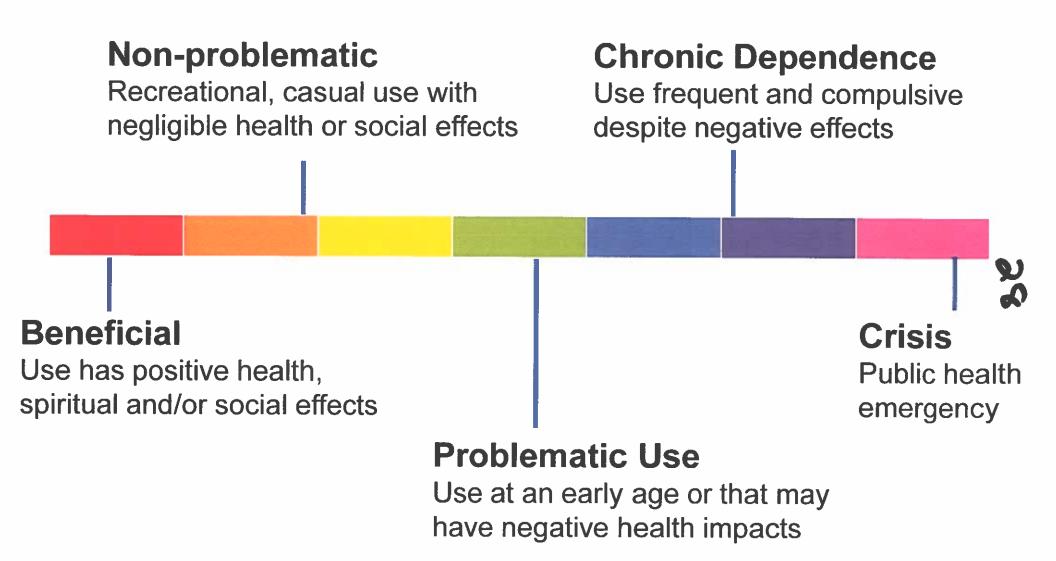




Factors Impacting Substance Use

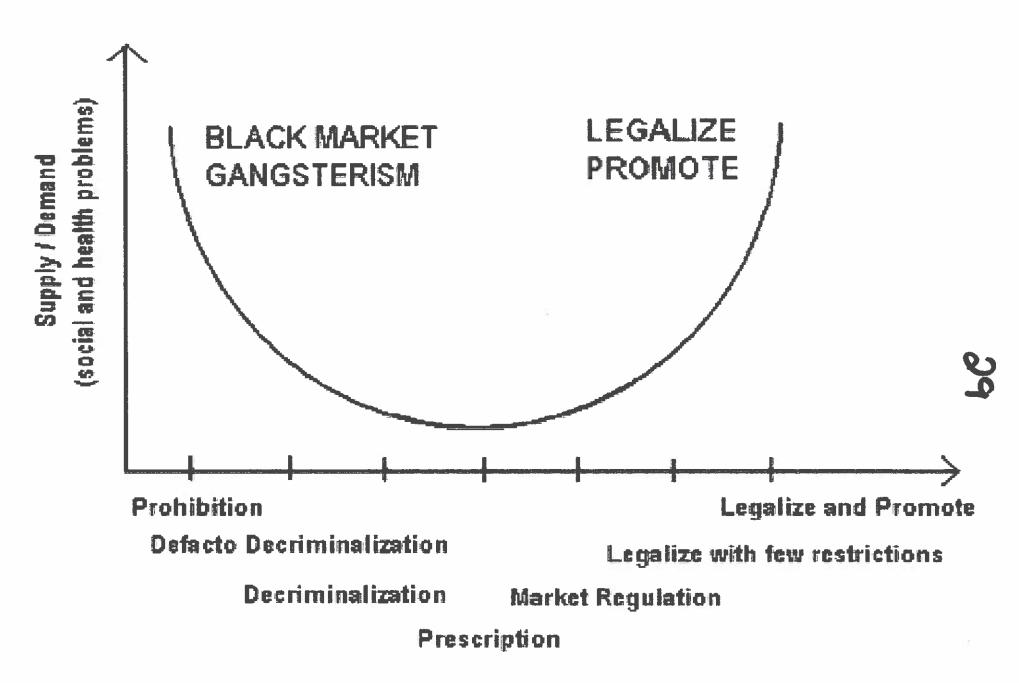


Spectrum of Psychoactive Substance Use





The PARADOX of Prohibition



Substance Use is Everyone's Business

Community Involvement

Inter-Sectoral Partnerships

Awareness - Prevention - Treatment - Harm Reduction

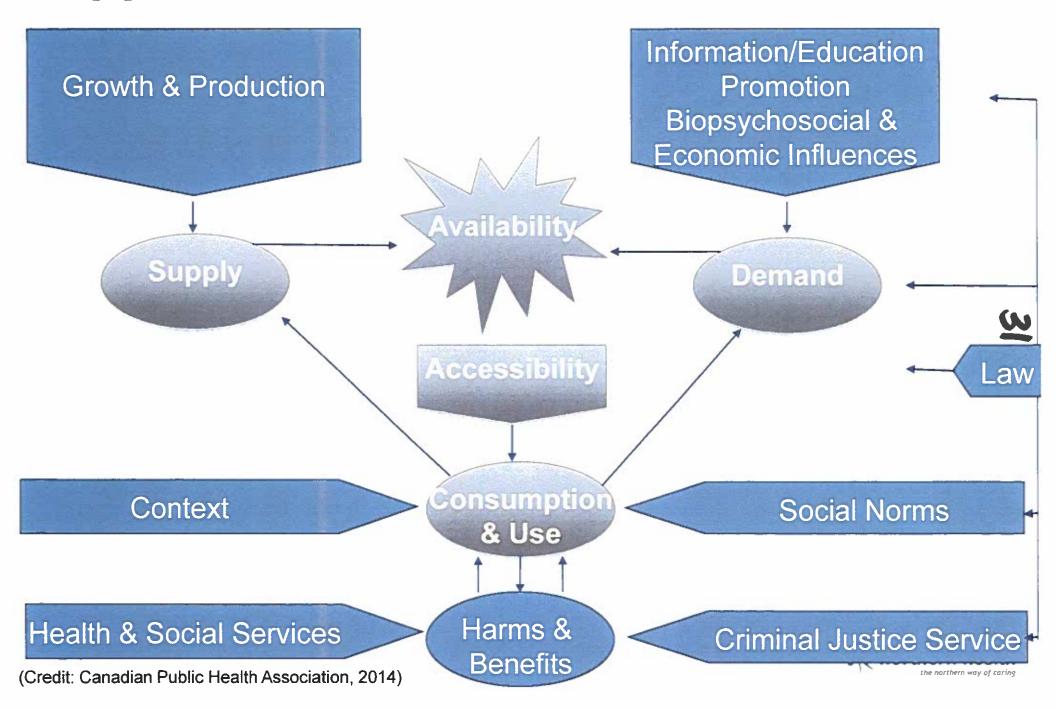
Political Commitment

Healthy Public Policy

northern health

(Credit: PlanH: Healthy Community Approach, 2018)

Opportunities to Impact Substance Use



Cannabis





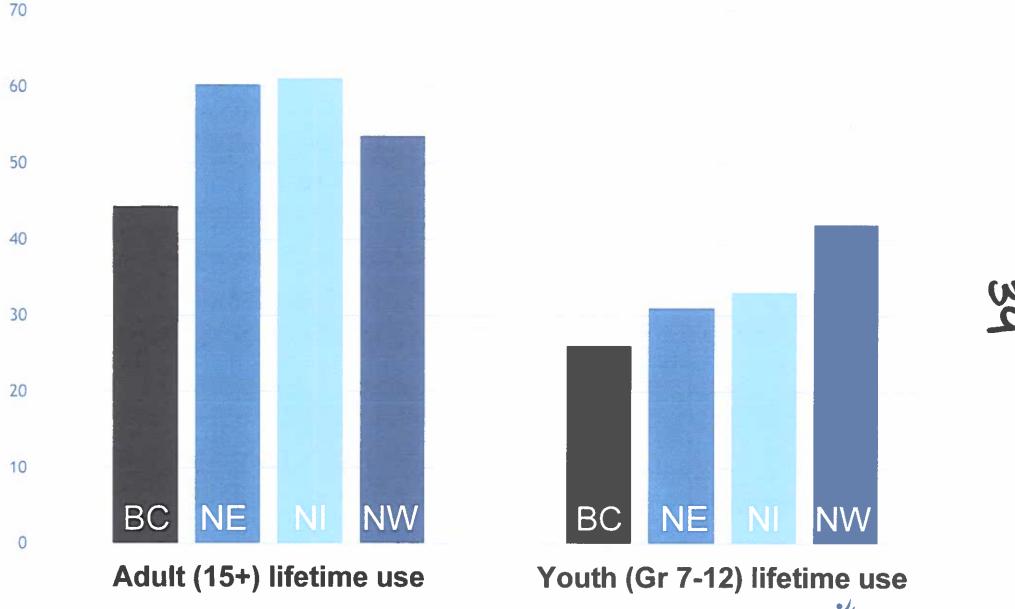
Cannabis Key Messages

- Second most widely used psychoactive substance in Canada
- Will soon be legalized in Canada
- Can be smoked, ingested or vaporized
- Causes impairment
- Can be used in higher risk or lower risk ways
- Impaired driving is a concern
- Initiation of use should be delayed as long as possible
- Youth and children exposed prenatally are at elevated risk of harm
- Opportunities of legalizing cannabis outweigh the risks





Cannabis Use in Northern BC



(AHS 2013, CTADS 2015, CCSA)

Cannabis Health Effects

Harms	Benefits
 •Motor vehicle injuries •Psychosis •Anxiety, depression, paranoia •Learning problems, memory and attention deficits •Impaired motivation, decision-making •Substance use disorder •Social impacts •Developmental effects on fetuses •Toxic smoke inhalation •Accidental acute intoxication •Increased risk of cancer: lung, upper respiratory tract, testicular, prostate, cervical (uncertain) 	 Chronic pain relief Reduced nausea in chemotherapy patients Reduced spasticity associated with multiple sclerosis Improved sleep associated with sleep apnea syndrome and fibromyalgia (uncertain) Substitution for more harmful substances (uncertain)



Opportunities For Local Government to Minimize Cannabis-Related Harm

Policy

Local governments have influence over:

- Access: Non-medical retail in their community
 - Allowance of local sales
 - zoning rules related to density and location
- Public consumption

Education and awareness

- Target: youth, young drivers, pregnant women
- Engage youth/schools in strategies

Focus on minimizing harm and inequities to:

- Prevent risky use, poisoning and injury
- Target: children, youth, people with mental disorders, pregnant women, socio-economically marginalized communities





Cannabis Control Resources for Local Government

Information

- Cannabis Stats Hub (Statistics Canada)
- Canada's Lower-Risk Cannabis Use Guidelines (CAMH)

Policy

- Cannabis Landing Page (Province of BC)
- BC Cannabis Private Retail Licensing Guide (Province of BC)
- Municipal Guide to Cannabis Legislation: A roadmap for Canadian local governments (Federation of Canadian Municipalities)





Tobacco





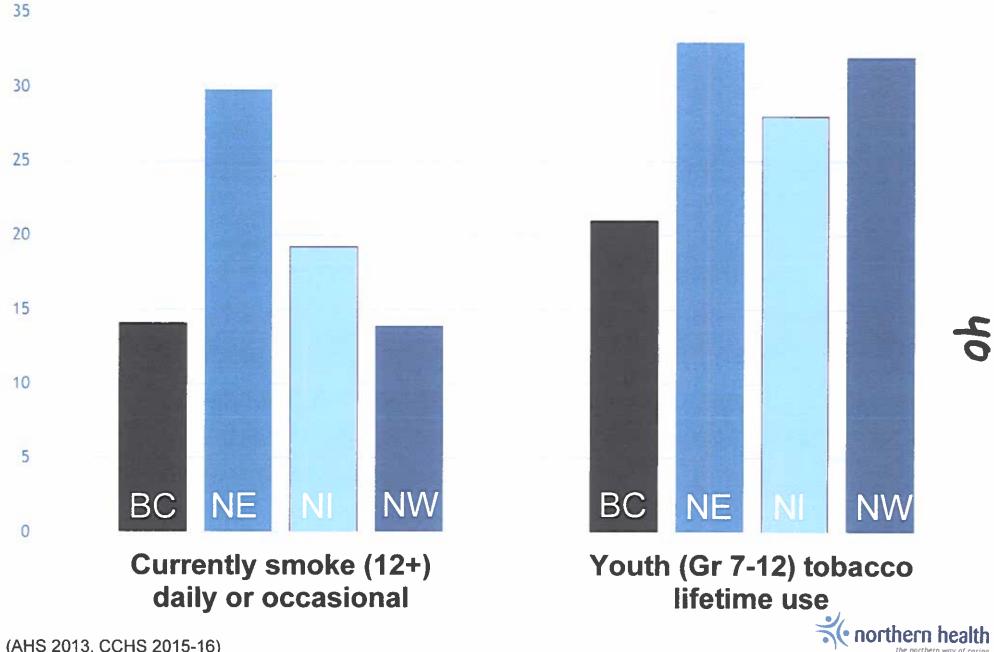
Tobacco Key Messages

- Tobacco use is the leading cause of preventable death, disease and disability in BC
- Tobacco use kills more than 6000 people in BC every year
- Second-hand smoke is harmful
- Commercial tobacco use differs from sacred use
- Most people who use tobacco start in their early teens
- Youth initiation is influenced by normalization, attitudes and beliefs, and access
- Smoke and vape-free public places protect the public, support people who want to quit and prevent youth from starting





Tobacco Use in Northern BC



(AHS 2013, CCHS 2015-16)

Tobacco Health Effects

Heart/Vascular Disease	Lung Disease	Cancer	Other
 Coronary artery disease High blood pressure High cholesterol Peripheral vascular disease 	 Chronic obstructive pulmonary disease Pneumonia Chronic bronchitis Emphysema Asthma 	 Lung, laryngeal, oral, stomach, pancreatic, kidney, bladder, ovarian, cervical, colorectal, pharyngeal, esophageal, nasal, liver, ureter, acute myelogenous leukemia 	 Tooth decay Gum disease Osteoporosis Sleep problems Influenza Common cold Chronic bowel disease Peptic ulcers Thyroid disease Fertility challenges Impotence



Opportunities For Local Government to Minimize Tobacco-Related Harm

Policy

Local governments have influence over:

- Tobacco retailer location and density
- Product use in outdoor public places where children and youth gather (tobacco, vape, weeds and substances)

Initiatives

Promote smoking cessation and prevention supports





Tobacco Control Resources for Local Government

Policy

- BC Tobacco and Vapour Products Control Act
- Northern Smoke-free Bylaw Leaders: Dawson Creek, Quesnel, Prince George

Cessation

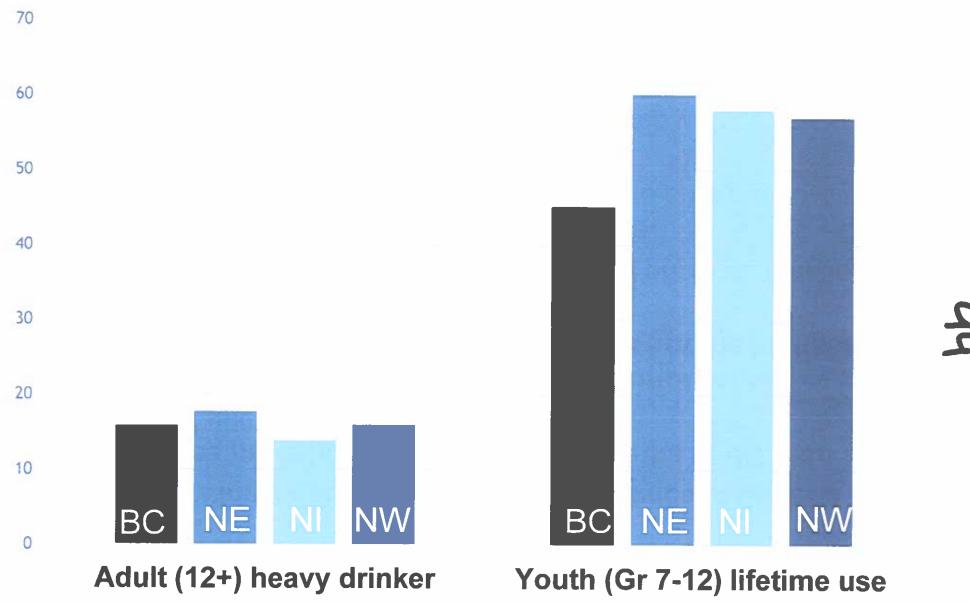
Quit Now, BC Smoking Cessation Program, Run to Quit



Prevention & Protection

- Tobacco Reduction Local Government Action Guide (Plan H)
- BC's Smoke-Free Bylaws: database, steps (BC Clean Air Coalition)
- Smoke-Free Outdoor Places: Assessment of BC's bylaws, fact sheet for Local Government (Propel Centre for Population Health Impact)
- Tobacco Sales Regulation: Recommendations (BC Clean Air Coalition)

Alcohol Use in Northern BC





Alcohol Health Effects

Most Canadians who drink alcohol do so in moderation. However, 4 to 5 million Canadians engage in high risk drinking.

Alcohol is linked to >200 diseases, conditions & injuries.

Chronic Harms (examples)	Acute Harms (examples)
 Fetal Alcohol Spectrum Disorder Cancer (mouth, esophagus, throat, liver, breast) Cardiovascular disease Mental illness Liver cirrhosis and fibrosis Pancreatitis Weakened immune system 	 •Motor vehicle collisions •Violence •Suicides •Heroine overdose with concurrent use •Alcohol poisoning •High risk sexual contact •Impacts judgement, behaviour, attitude, reflexes





Opportunities For Local Government to Minimize Alcohol-Related Harm

Policy

Local governments have influence over alcohol availability by:

- Limiting alcohol outlet density
- Confining hours of service
- Limiting alcohol-allowed public events



Local governments that own/manage venues where liquor is served have legal responsibility to:

- Prevent under-age drinking and over-consumption
- Prevent overcrowding and unsafe conditions
- Minimize illegal activities
- Minimize negative impact on community



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Alcohol Control Resources for Local Government

Policy

- Liquor Regulation and Licensing
- BC Liquor Policy Review: Final Report (2013)
- Liquor Control and Licensing Branch: Policy Directive (2017)
- A Public Health Approach to Alcohol Policy (2011)

Guidelines and Supports for Local Government:

- BC's Municipal Alcohol Policy (BCHC with Province of BC)
 - Grants up to \$7000
 - Step-by-step guide, workshops and advice
- Municipal Alcohol Policy: A Role for Canadian Governments (CCSUA)
- Helping Municipal Governments reduce alcohol-related harms (UVic)
- Promoting Healthy Communities: A Framework for Alcohol Policy and Public Health in Ontario (OPHA)



Opioids



Opioid Key Messages

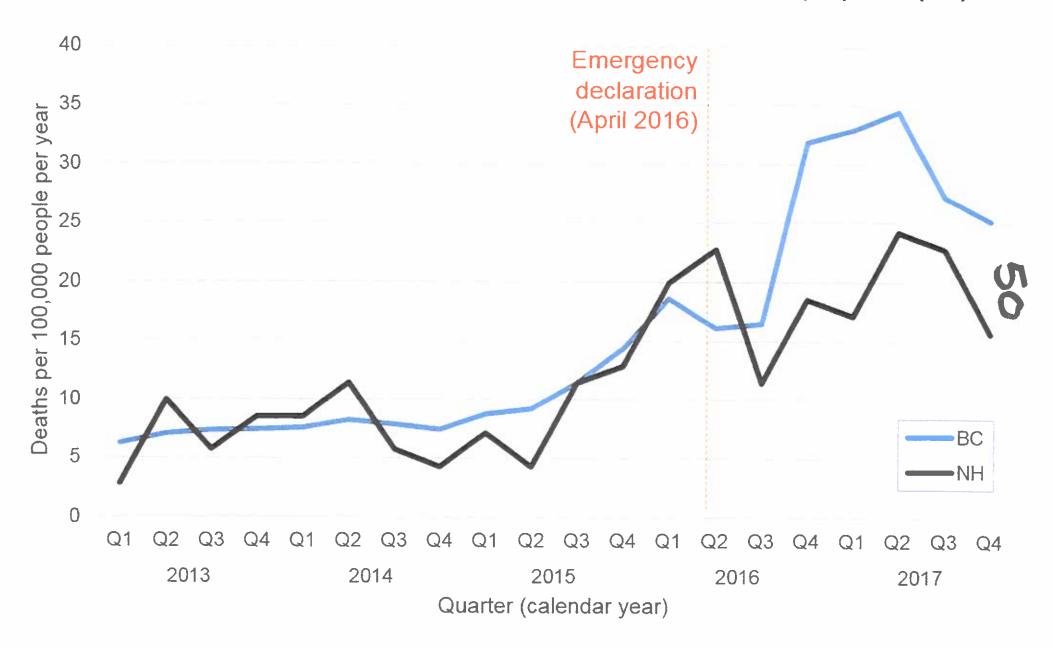
- Increasingly unsafe supply of opioids on the black market
- Most common reason for use: relief from psychological distress or physical pain
- Issues have deep social roots. Largely driven by violence, trauma, neglect, discrimination, poverty
- Problems are compounded by stigmatization
- Reducing stigma is a top priority in addressing opioid use and deaths





Opioid Use in Northern BC

Illicit drug overdose death rate by quarter, BC vs NH, 2012 (Q4)-2017(Q3)



Opioid Health Effects

Short-Term	Long-Term	Overdose	Other	
 Drowsiness Constipation Impotence Nausea and vomiting Euphoria Difficulty breathing Headaches, dizziness, confusion 	 Increased tolerance Substance use disorder or dependence Liver damage Female infertility Worsening pain Life-threatening withdrawal in babies 	 Breathing slows Lose consciousness Death 	 Viral infection from needles Withdrawal symptoms 	CI



Opportunities For Local Government to Minimize Opioid-Related Harm

Strategies

- Local Implementation Teams (collaboration and active participation)
 - Social Stabilization
 - Peer Empowerment and Employment
 - Cultural Safety and Humility
 - Address stigma, discrimination and human rights

Grant Opportunity

Community Action Team Grants





Opioid Control Resources for Local Government

Anti-Stigma

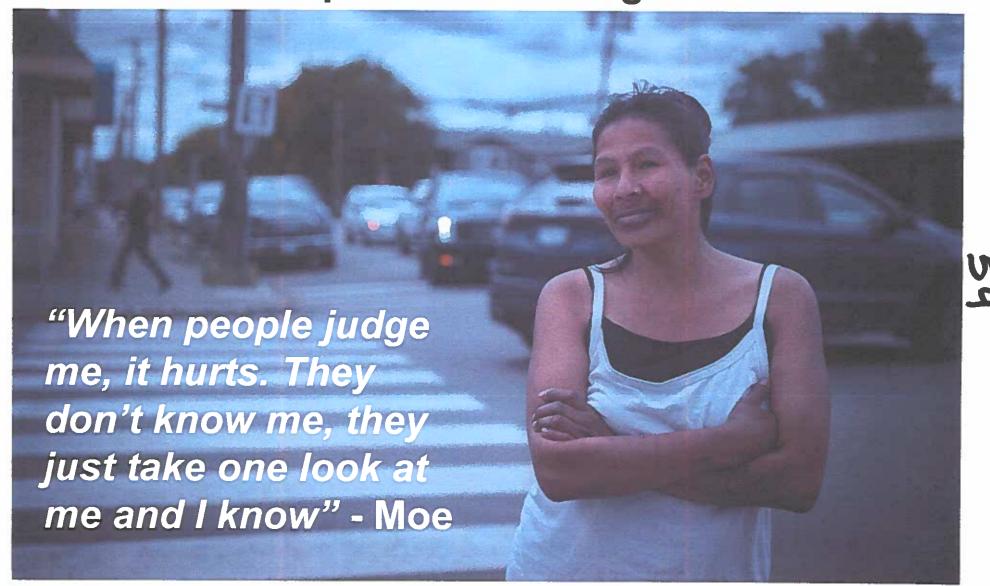
- Stopoverdose.ca campaign (Province of BC)
- Stop Stigma. Save Lives campaign (Northern Health)
- Toward the Heart

Community Action

- Community Action Team grants (Province of BC)
- A new approach to managing illegal psychoactive substances in Canada (Canadian Public Health Association)
- Public Health Guide to Developing a Community Overdose Response Plan (UVIC)
- Let's Talk About Drugs: a Guide to Community Dialogue
- Harm Reduction: a British Columbia Community Guide (Ministry of Health)

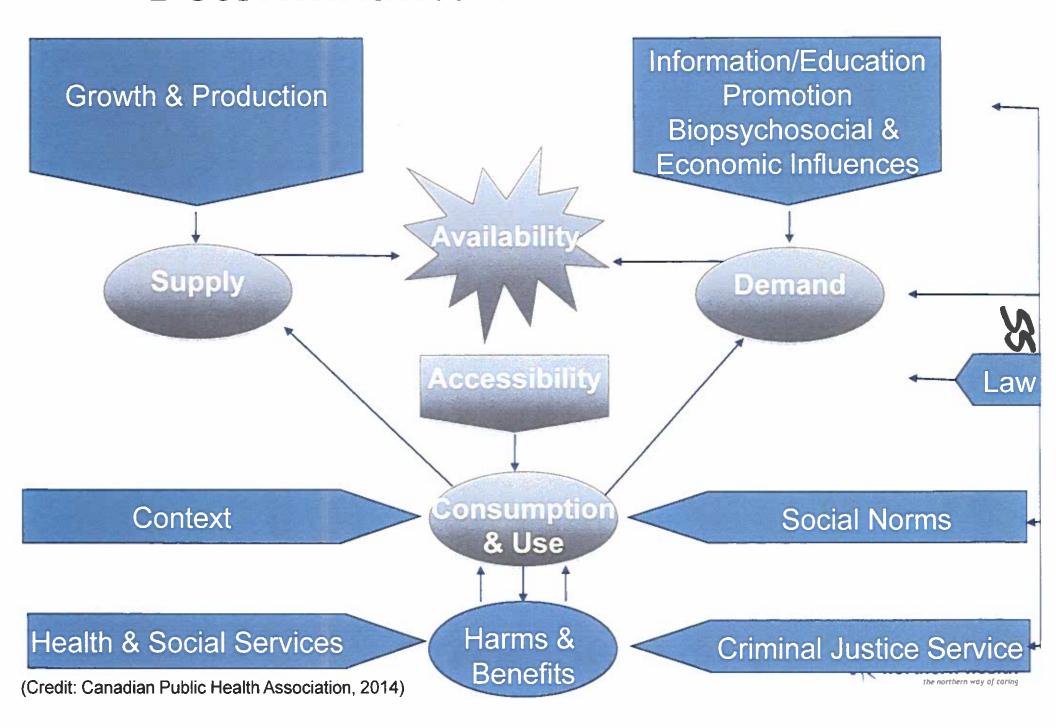


Stop Stigma. Save Lives **Experiences of Stigma**

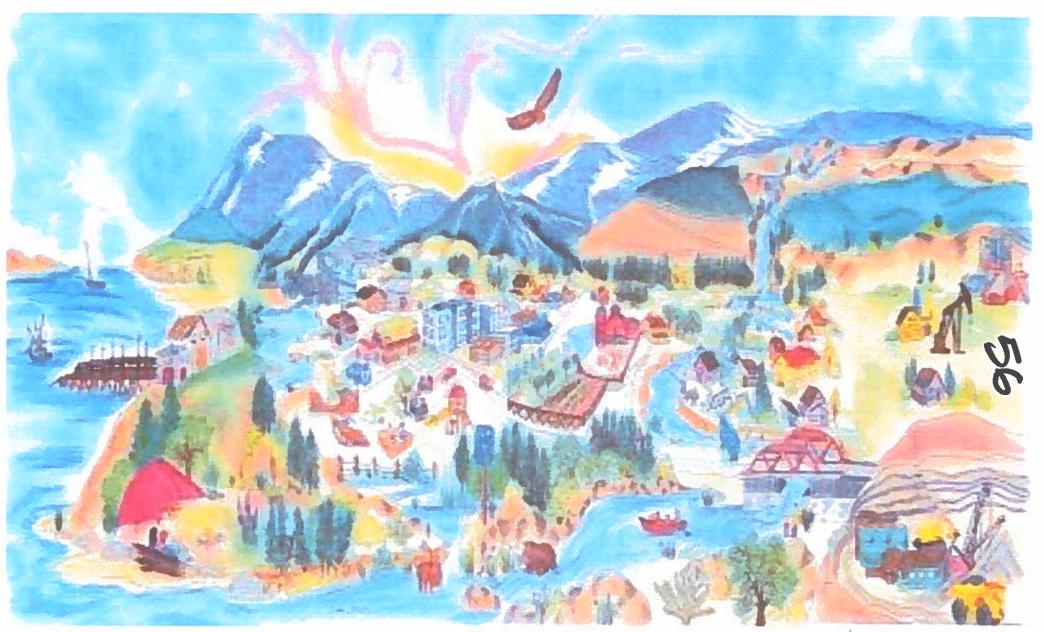




Determinants of Substance Use



Questions?





Contact:

healthycommunities@northernhealth.ca







Healthy Community Development:

Managing Substance Use at the Community Level

Cannabis

Information

Cannabis Stats Hub (Statistics Canada)

Canada's Lower-Risk Cannabis Use Guidelines (CAMH)

Policy

Cannabis Landing Page (Province of BC)

BC Cannabis Private Retail Licensing Guide (Province of BC)

<u>Municipal Guide to Cannabis Legislation: A roadmap for Canadian local governments</u> (Federation of Canadian Municipalities)

<u>Tobacco</u>

Policy

BC Tobacco and Vapour Products Control Act

Northern Smoke-free Bylaw Leaders:

- Dawson Creek
- Quesnel
- Prince George

Cessation Supports

Quit Now, BC Smoking Cessation Program, Run to Quit

Prevention & Protection

Tobacco Reduction Local Government Action Guide (Plan H)

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Smoke-Free Outdoor Places: Assessment of BC's bylaws, fact sheet for Local Government (Propel Centre for Population Health Impact)

Tobacco Sales Regulation: Recommendations (BC Clean Air Coalition)

<u>Alcohol</u>

Policy

Liquor Regulation and Licensing (Province of BC)



BC Liquor Policy Review: Final Report (2013)

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A Public Health Approach to Alcohol Policy (2011)

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Opioids

Anti-Stigma

Stop Overdose campaign (Province of BC)

Stop Stigma. Save Lives campaign (Northern Health)

Toward the Heart (BCCDC)

Community Action

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A new approach to managing illegal psychoactive substances in Canada (Canadian Public Health Association)

Public Health Guide to Developing a Community Overdose Response Plan (UVIC)

Let's Talk About Drugs: a Guide to Community Dialogue (UVIC)

Harm Reduction: a British Columbia Community Guide (Ministry of Health)



Board - Receive



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MAY 3 1 2018

REGIONAL DISTRICT OF BULKLEY NECHAKO

NEWS RELEASE

For Immediate Release May 30, 2018

Northern Health Connections expands eligibility to improve access to health-related travel

Northern Health's Connections program is expanding passenger eligibility to include more people who might require assistance with travel related to health care needs and issues.

The Connections service is now open to clients who meet any of three new eligibility criteria:

- Accessibility needs People with mobility challenges. All NHC buses are wheelchair/mobility accessible and include lifts and accessible washrooms.
- 60+ Anyone 60 years older will be eligible to ride the NHC bus. A report from the Office of the Seniors Advocate recently pointed out that access to transportation is an increasing barrier to the long term health of seniors.
- Companion (definition expanded) to include passengers who have to travel to support immediate family members who are receiving health care treatment or services outside of their home community.

"This expansion provides access to services for some of the most vulnerable people in the communities of Northern BC, the elderly and those with mobility issues," said Minister of Health Adrian Dix. "Including an expanded definition of companions helps support families when their loved ones are receiving care in other communities."

NH Connections continues to serve people who need to travel to out-of-town health care appointments (regardless of their age or income), NH staff & physicians and healthcare /medical students. While the expanded eligibility will assist more northerners, passengers who have scheduled medical appointments will take priority. Fares for travel are not changing, and passengers will no longer be required to book round-trip.

More information about the NH Connections program is available through the NH Connections booking centre at 1-888-647-4997, via e-mail at NHConnections@northernhealth.ca or visit us online at nhconnections.ca.

Media Contact: NH media line - 250-961-7724





JUN 15 2018
REGIONAL DISTRICT OF
BULKLEY NECHAKO

NEWS RELEASE

For Immediate Release June 14, 2018

A decade of IMAGINE-ing healthy communities: NH board meeting highlights

A major milestone for Northern Health's IMAGINE grant program is among highlights from the latest regular meeting of the NH Board of Directors, held in Chetwynd this week.

2018 marks a decade that the NH Population & Preventive Public Health IMAGINE Community Granting program has been providing seed funding for community-led projects to promote healthy living. In that time, more than 800 projects have been awarded over \$2.3 million dollars.

"Ensuring a healthy community is a goal that requires efforts from all stakeholders, working collaboratively on opportunities for improvement," said NH board chair Colleen Nyce. "The success of the IMAGINE grant program recognizes the hard work of communities across the region to promote health, and prevent disease and injury."

Population & Preventive Health presented to the board its newly-released report, <u>IMAGINE Community Granting 2008-2018</u>: A Decade of Healthy Community Action, reflecting on communities' project successes.

Board members also received the final detailed report on Northern Health's response to the 2017 wildfire evacuations. The report included a range of recommendations to improve the response to future crisis events, and a number of these recommendations have or are being implemented. The After-Action Review process included meetings, interviews and surveys of more than 335 NH staff and physicians.

"I am very proud of the commitment and efforts of our staff and physicians during an event that challenged us all," said NH CEO & President Cathy Ulrich. "What we accomplished was exceptional, and this report captured the things we did well and the things we can improve should we be challenged by a similar experience in the future."





Other highlights from the June Board meeting:

- NH Connections changes: NH Connections recently announced expanded eligibility to support more people with travel related to health care needs and issues. Board members heard that travel categories and program enhancements will continue to evolve to meet the needs of northerners
- Financial statement: Northern Health is in the process of finalizing its 2017/18 financial statements, which will be publicly released following routine auditing and approval by the NH Board and Ministry of Health

The next regular meeting of the Northern Health Board of Directors will be held in October 2018, in Prince George.

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

Note to editors: a backgrounder with details of Spring 2018 IMAGINE award recipient projects is attached to this release





Backgrounder: Spring 2018 IMAGINE Community Grants-Successful Recipients

For release June 14, 2018

Northeast HSDA = \$41,050.00 total funding

Chetwynd

District of Chetwynd - Chetwynd Healthway \$5,000

Doig River First Nation

Doig River First Nation- Dane Zaa in the Kitchen \$5,000

Fort Nelson

Fort Nelson Family Development Society- iSupport \$3,000 Fort Nelson Public Library- FNPL Seed Lending and Sustainability Project \$2,550 Northern Rockies Regional Municipality- Lifetime Physical Activity Program \$3,000 RL Angus Elementary School- Active Learning Centres \$5,000

Fort St John

Dr Kearney Middle School- *Dr Kearney Outdoor Fitness Equipment* \$5,000 Ecole Central Elementary School- *Healthy Start for Students* \$2,000 North Peace Cultural Art Society- *Let's Art!* \$2,000 Summersend Balance- *Summersend Peace* \$3,500

Hudson's Hope

District of Hudson's Hope- Beryl Prairie Playground \$5,000

Northern Interior HSDA = \$65,644.00 total funding

Burns Lake

Burns Lake Community Garden Society- *Cultivating Community* \$4,450 Burns Lake Public Library- *Grow Your Own!* \$1,053

Fort St James

Chuntoh Education Society- Yunk'ut Whe Ts'o Dul'eh- We Learn from Our Land \$5,000

District of Fort St James- Paddle Boarding for Fun and Fitness \$5,000





Fraser Lake

Autumn Services Society for Senior Support- Socially Fulfilling \$1,500

Hixon

Hixon Hill Riders- Reconnecting a Rural Community \$4,545

Mackenzie

Mackenzie Community Market Society- Veggie Planter Project \$4,989

McBride

Robson Valley Support Society- On Course to Health and Wellness \$5,000

Nak'azdli Whut'en First Nation

Nak'azdli Whut'en First Nation- Alhgoh Nat'soojeh- Growing a Good Life \$5,000

Prince George

Kikino Metis Child and Family Services Society- Food is Medicine \$5,000 Prince George Cycling Club- Pidherny Recreation Site Trail 2018 \$2,441 Westwood Elementary School- Trail Blazers \$4,347

Quesnel

City of Quesnel & Clean Team- Clean Team \$4,994 City of Quesnel- Wheelers' Paramill \$5,000 Partnering for Healthier Communities North Cariboo- Empowering Family Health (Quesnel & Barlow Creek) \$2,325

Vanderhoof

Vanderhoof Menshed Society- Menshed Upgrades and Dock Project \$5,000

Northwest HSDA = \$34,923.00 total funding

Gitanmaax

Majagaleehl Gali Aks Elementary School- Gitxsanimx Gant English Book \$4,805

Haida Gwaii (Mosquito Lake)

Mount Moresby Adventure Camp- Forest Stewardship Program \$2,377

Hazelton





Starting Smart Pregnancy Outreach Program- Family Walks Together Wellness Group \$2,400

Houston

Beanstalk Childcare Centre- Garden Glory \$3,470

Kitkatla

Lach Klan Food Bank- Lach Klan Chickens \$3,500

Old Masset & Skidegate

Haida Gwaii Society for Community Peace- Two Spirit Haida Gwaii \$3,375

Masset

Gudangaay Tlats'gaa Naay Secondary School- GTNS Meal Program Update \$2,000

Prince Rupert

Prince Rupert Options for Social Growth Society- *Toddler/ Multiage Playground* \$5,000

Transition Prince Rupert- Overlook Community Garden \$4,996

Terrace

Cassie Hall Elementary School- Back to the Land \$3,000

Regional Project = \$5,000.00 total funding

Burns Lake, Chetwynd, Fort St John, Houston, Kitimat, Prince George, Tumbler Ridge

CoreySafe Society- CoreySafe Ride and Drive Safe Project \$5,000

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







July 2018

Healthier Northern Communities ebrief

The Healthier Northern Communities ebrief is produced by the regional Population Health program (Population and Public Health, Northern Health). In the spirit of healthy people who live, work, learn, and play in healthy communities across the north, the ebrief delivers information on resources, learning events, funding opportunities, and other information specific to promoting healthy living and the prevention of chronic disease and injury.

Canadian Children earn "D+" in physical activity rankings

Canadian youngsters are spending too much time in front of screens and not enough time participating in "heart-pumping physical activity," and the lack of exercise is damaging the health of their brains, according to a new report.

The latest findings of the ParticipACTION report, released June 19 2018, gave Canadian kids a D+ grade for their overall level of physical activity, marking a slight improvement from the past four reports where they have received a D-minus grade.

Researchers found that only 35% of children from the ages of 5 to 17, and 62% of kids from the ages of 3 to 4, are getting the recommended physical activity levels for their age groups. Both groups are also getting more screen time than is recommended.

https://www.ctvnews.ca/health/canadian-children-earn-d-in-physical-activity-rankings-report-1.3979240

Food for Thought

- July 11 is <u>World Population Day</u> which seeks to focus attention of the urgency and importance of population issues including their relations to the environment and development.
- July 24 is <u>International Self-Care Day</u> which focuses on self-care in the preservation of wellness in healthy people, to help prevent the epidemic of lifestyle diseases.
- The Report Card on Physical Activity was released alongside an <u>Expert Statement on Physical Activity & Brain Health in Children & Youth</u>, finding that for better brain health including cognition, brain function and mental health all children & youth should be physically active on a regular basis. Check out this <u>infographic</u>, and post/share it with your networks.
- Kudos to BC Parks as they unveiled their <u>first Universally Accessible Playground</u> at Purden Lake Provincial Park (east of Prince George), opening doors to outdoor physical activity one playground at a time.



Resources

Mental Health Commission of Canada (MHCC)

In collaboration with the Canadian Association for Suicide Prevention, the Centre for Suicide Prevention, and the Public Health Agency of Canada, the Mental Health Commission of Canada has developed two toolkits to support people who have been impacted by suicide. One toolkit is tailored for people who have attempted suicide, and the other is focused on resources for people who have lost someone to suicide.

Let's Get Moving

A Common Vision for Increasing Physical Activity & Reducing Sedentary Living in Canada is a national policy document intended to move the country toward a healthier & happier future. Read the <u>full document</u> or the <u>executive summary</u> and consider what role you can play to help achieve the Common Vision: A Canada where all Canadians move more and sit less, more often.

WHO's Global Action Plan on Physical Activity 2018-2030

More Active People for a Healthier World. The World Health Organization's new global action plan to promote physical activity responds to the requests by countries for updated guidance, and a framework of effective and feasible policy actions to increase physical activity at all levels. Read the <u>full report</u> and/or share the <u>pamphlet</u>.

Alberta Centre for Active Living

Alberta Centre for Active Living has developed a very helpful <u>Infographic: Physical Activity for Decision-Makers</u>, identifying reasons and policies that will support increased Physical Activity at the community level.

Canadian School Travel Planning toolkit

The STP Toolkit contains everything you need to implement <u>School Travel Planning</u> in your community. This current and updated version of the STP Toolkit was launched on 31 May 2018. Watch our recorded <u>webinar</u> and view the <u>slide deck</u>.

U of A School of Public Health - Policy Readiness Tool

The communities in which we live, work, and play have a significant influence on our health. By encouraging the development of healthy policies in these settings, we can play a powerful role in building healthier environments for everyone. Before working with a community or organization to encourage policy change, it is important to understand the level of readiness for policy change. The Policy Readiness Tool (available in English and French) is a self-administered questionnaire that can be used to asses a community or an organization's readiness for policy change. The tool also provides a series of strategies and resources for working with communities or organizations at different stages of readiness to help encourage the adoption of healthy public policy.

Funding Opportunities

BC Dairy Mini Food Grants

December 2018

Would you like to use food in your classroom to inspire your students to be healthier eaters? Enhance your teaching—apply for a mini food grant! Teachers (K to 12) who are using one of the BC Dairy Association programs can apply for a grant. Grant funding will vary depending on the program you are teaching and the food activities planned. Teachers are eligible for one grant per school year, up to a maximum of \$150.



Education/Learning Opportunities

National Collaborating Centre for Determinants of Health

24 July 2018, 1:00 - 2:00 p.m. (EST)

Webinar: Promising practices in Indigenous community health promotion

ASIST: Applied Suicide Intervention Skills

24-25 July 2018 Prince George

Applied Suicide Intervention Skills Training is a two day, interactive workshop that prepares caregivers to provide suicide life-assisting first-aid intervention. This workshop is open to all caregivers, formally designated or not; adults and youth 16 plus. Workshop is facilitated by Sandra Boulianne and Megan Usipuik and will be held July 24 & 25, 2018 from 9:00-4:30 at the Native Friendship Centre in Prince George. Cost is \$150. Please call 250.564.9658 or email executive.director@crisis-centre.ca for information.

CPHA: Cannabis Webinar Series

Consumption, Risk Factors and Food Safety of Marijuana Edibles. Speakers are Dr. Keith Warriner and Ms. Fatima Kamal.

Perinatal Cannabis Use - Implications for Pregnancy, Lactation and Parenting

This webinar will provide an evidence-based review of the prevalence and factors associated with cannabis use during pregnancy and lactation. Short- and long-term effects of perinatal cannabis use will also be reviewed. Finally, best practices for identification and intervention with pregnant women will be discussed. Recorded Jul. 2017.

PHE 10 Teacher Support: Meeting Curriculum Competencies for Social and Community Health and Mental Well-Being

September 22 – Burnaby, September 22 – Kelowna, September 29 - Victoria

Create a healthy school with improved self-esteem and engagement, and fewer incidents of prejudice and bullying. This one-day workshop is fully funded by the Canadian Red Cross in partnership with the Slaight Family Foundation and will help teachers meet the curriculum competencies for developing healthy relationships; responding to unsafe situations; managing conflict; awareness of personal boundaries, gender identity, and sexual orientation; skills in decision-making, communications and critical thinking; analyzing the risks of technology and the impacts of sexual interactions online. Registration can be done online.

Nutrition Education Workshops for Teachers

<u>Workshops</u> are designed for teachers, at any grade level, interested in teaching about food and healthy eating. Discover grade-specific, ready-to use, curriculum-based lesson plans developed by a team of registered dietitians. Workshops are free, and are available in your home community. Call **1-800-242-6455** or email nutrition@bcdairy.ca to book a workshop today.

Northern Health Blogs

- Foodie Friday: <u>Summer hydration Delicious thirst quenching drinks!</u>; by Laurel Burton
- Advance Care Planning: why wait?; by Patti Doering
- Relating to the teen in your life; by Stacie Weich
- Learning on the job: finding wellness as a professional physiotherapist; by Haylee Seiter
- Dr. Knoll's Recipe for Wellness; by Robbie Pozer
- 3D: Drugs, Dino, and Dinner Another unique conference in Tumbler Ridge; by Charles Helm
- Views: The 2018 Northern Healthcare Travelling Roadshow; by Robbie Pozer



Are there other opportunities for people to connect within your community in the Northern Health region? Do you have information, articles or resources that you think might be of interest to northern communities? Send your information by email to healthycommunities@northernhealth.ca

These ebriefs are an information service bringing news of relevant health promotion, resources and research to northern communities from the Population and Public Health Programs at Northern Health. The news items are for information only and do not reflect any official viewpoint of Northern Health.

For more information on the Northern Health's Population Health Programs visit the Northern Health website at https://northernhealth.ca/YourHealth/HealthyLivingCommunities.aspx

- To subscribe, send a blank email to healthycommunities@northernhealth.ca with "subscribe" in the subject line.
- To unsubscribe, send a blank email to healthycommunities@northernhealth.ca with "unsubscribe" in the subject line.

If you have any questions about our list and your privacy, please feel free to phone us at: 250.645.6568

Northern Health's Population Health Team Centre for Healthy Living 1788 Diefenbaker Drive, Prince George, British Columbia

Next edition to follow in August 2018

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15+, 2nd, 3rd Reading

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT CAPITAL EXPENDITURE BYLAW BYLAW NO. 67

WHEREAS, the Board of the Stuart-Nechako Regional Hospital District proposes to expend money for capital expenditures included in the 2018 annual budget;

AND WHEREAS, those capital expenditures have received the approval required under Section 23 of the *Hospital District Act*;

NOW THEREFORE, the Board of the Stuart-Nechako Regional Hospital District enacts the following capital expenditure bylaw as required by Section 32 of the *Hospital District Act*:

1. The Board hereby authorizes and approves expenditures of money necessary to complete the following capital expenditures totaling \$425,800 representing a portion of the capital expenditures included in the 2018 budget more particularly detailed as follows:

Description	Amount
Minor Capital Grant	177,000
Minor Building Integrity	24,000
Fraser Lake X-Ray Replacement	224,800

\$425,800

- 2. The board hereby delegates the necessary authority to the Treasurer to settle payment.
- 3. This bylaw may be cited for all intents and purposes as the "Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 67, 2018."

READ A FIRST TIME this	day of	, 2018		
READ A SECOND TIME this	day of	, 2018		
READ A THIRD TIME this	day of	, 2018		
ADOPTED this	day of	, 2018		
Chairperson	Corporate Admir	istrator		
I, hereby, certify that this is a true copy of Bylaw No. 67 as adopted.				
Corporate Administrator	_			

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15t, 2nd, 3rd Readura

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT CAPITAL EXPENDITURE BYLAW BYLAW NO. 68

WHEREAS, the Board of the Stuart-Nechako Regional Hospital District proposes to expend money for capital expenditures included in the 2018 annual budget;

AND WHEREAS, those capital expenditures have received the approval required under Section 23 of the *Hospital District Act*;

NOW THEREFORE, the Board of the Stuart-Nechako Regional Hospital District enacts the following capital expenditure bylaw as required by Section 32 of the *Hospital District Act*;

1. The Board hereby authorizes and approves expenditures of money necessary to complete the following capital expenditures totaling \$984,000 representing a portion of the capital expenditures included in the 2018 budget more particularly detailed as follows:

Description	<u>Amount</u>
Major Capital - Pines Cafeteria Expansion	\$984,000

\$984,000

2. The board hereby delegates the necessary authority to the Treasurer to settle payment.

day of

DEAD A EIDST TIME this

3. This bylaw may be cited for all intents and purposes as the "Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 68, 2018."

2018

Corporate Administrator					
I, hereby, certify that this is a true copy of Bylaw No. 68 as adopted.					
Chairperson	Administrator				
ADOPTED this	day of	, 2018			
READ A THIRD TIME this	day of	, 2018			
READ A SECOND TIME this	day of	, 2018			
READ A FIRST TIME this	day or	, 2016			