Bella Coola
Discussions on Health

“From the Beginning to the End”
Each of British Columbia’s remote areas has unique health needs which need to be addressed separately from the rest of the province.

Introduction

The Bella Coola discussions on health consisted of two meetings held in the community of Bella Coola on the Central Coast of British Columbia. The first meeting, held on Tuesday May 22 at the Lobelco hall, from 6:30 to 9:00 pm, was with more than 25 people from throughout the community.

The second meeting was with several representatives of the Nuxalk band on Wednesday May 23.

Bella Coola, as a small remote community on the central coast of British Columbia, faces many unique challenges, but many of the health problems facing this community are similar to those facing other communities from around the province.

This summary of the Bella Coola discussions on health incorporates material from both of the meetings. The theme, “From the Beginning to the End” was a result on the community’s need for better services on both ends of the spectrum of life.

Attached to the end of this report are several health related documents from the Bella Coola area.

From the Beginning to the End

The health needs of residents of the Central Coast are unique, yet, in many ways, common to all of us. What makes their needs unique is the special challenges which face most isolated communities. The recommendations of this group of citizens can best be summarized by the phrase “from the beginning to the end.”

The issues that Bella Coola residents identified as being of greatest importance to them were issues of birth, and old age. That is why this report is titled “From the Beginning to the End”.

Birth

More than 55% of the area’s mothers are referred to facilities outside of the community. There is a huge social and economic cost associated with this involuntary removal of mothers and newborns from the community.

The recommendations of the “Rural Aboriginal Maternity Care Project” were brought to the attention of those attending the May 23 meeting. As the culmination of a comprehensive study these recommendations need to be considered and implemented. It is imperative that health services support communities by respecting local culture and traditions. This goal can be aided by comprehensive staff training and orientation.

Old Age

Just as the residents of the Central Coast need changes to health policies affecting the beginning of life, they require further assistance to ensure that the final years of the lives of their elders and seniors are lived in dignity, close to home. To this end it is imperative that elders and seniors in the Bella Coola area have access to safe, secure and affordable care facilities.

The population is aging across the province. The Nuxalk community is no exception to this larger demographic trend. Currently there are 75 people 61-70 yrs old, 37 that are 71-80 yrs and 11 over 80yrs old in this small community. Clearly, the government must take action now to ensure that this community has access to the support they will need to care for their elders, now and in the future.

There were, of course, many other issues that the communities of the area listed as a priority, including transportation, infrastructure and the ability to attract and retain healthcare professionals to their communities.

These concerns are reflected in the full list of recommendations in this report.
COMMUNITY BASED CARE MUST BE A PRIORITY

It is important for communities to have local access to high quality care. Community based solutions to healthcare needs offer better outcomes and have greater success in promoting cultural sensitivity. A well functioning health infrastructure is the backbone of a well functioning community.

MORE INCENTIVES NEED TO BE OFFERED TO ATTRACT AND RETAIN QUALIFIED HEALTHCARE PROFESSIONALS TO REMOTE COASTAL COMMUNITIES

Doctors, nurses, and other health care workers are in short supply. It is necessary for the government to continue to assist communities of the Central Coast in attracting and retaining vital medical personnel by continuing to offer incentives like living allowances and student loan forgiveness.

Similarly, the importance of “volunteer” ambulance attendants has been underestimated by the provincial government. The government needs to make being an ambulance paramedic worthwhile by giving these hardworking medical professionals a living wage and helping them with the expenses of training. The two dollar an hour pager wage must come to an end.

PRIVATIZATION OF HEALTH IS NOT THE ANSWER

The government must realize that privatization of vital health services is not cost effective and results in harm to our communities. The answer to funding shortfalls in healthcare is a greater focus on preventative medicine and other creative solutions. By addressing the root causes of poverty, which is one of the most detrimental health indicators, the government will save money while also treating the people of this province with the dignity they deserve.

PATIENTS TRANSFERRED OUT OF THE AREA MUST NOT BE STRANDED AFTER TREATMENT

Often, people from the Bella Coola area simply cannot be treated by their local medical facilities. Unfortunately, all too often, patients are left stranded far from home when the treatment is completed. Patient discharge must be conducted sensibly, with provisions to return patients to their homes in a timely manner. Discharge planning and communications are vital so patients know what is going on, and are able to plan accordingly.

INFRASTRUCTURE IS NEEDED TO ENSURE POSITIVE HEALTH OUTCOMES IN ISOLATED AREAS

Although highways and cell phone coverage may not seem like health care issues, in isolated areas poor roads and lack of cell phone access can worsen healthcare outcomes. Speed of delivery is one of the most important factors in emergency medicine. Highway 20 needs substantial upgrades, and cell service must be made available to residents of the area.
May 4, 2007

Wilf Meyers
Superintendent
B.C. Ambulance Service, Region 2
302 – 2955 Virtual Way
Vancouver, BC
V5M 4X6

Dear Mr. Meyers:

This letter is to express my grave concern about the situation of the B.C. Ambulance service in rural communities, specifically in the communities of Bella Coola and across the Chilcotin plateau. A number of policies, including those involving training costs and remuneration for on call are actively discouraging recruitment and retention of ambulance volunteers. The number of volunteers in the areas I am familiar with have declined drastically to the point where service is seriously threatened. Because the situation is so desperate, cars are frequently absent from their home communities covering service gaps in other places. This may leave the home communities without ambulance service for hours and can create a situation of dangerous fatigue in the ambulance personnel. An efficient, equipped and properly manned ambulance service can make the difference between healthy survival and loss of life or limb. I would hope that steps are being taken to remedy the deplorable situation into which the rural ambulance service is settling.

Yours truly,

Alistair Anderson, MD
Chief of Medical Staff
Bella Coola General Hospital

cc: Gary Coons, MLA
George Abbott, Minister of Health
Heather Ross, Bella Coola Ambulance Service
BELLA COOLA DISCUSSIONS ON HEALTH

23 May 2007

Honourable George Abbott,
Minister of Health,
B.C. Government,
PO Box 9050,
Stn Provincial Government,
Victoria, B.C.
V8W 9E2

Dear Minister Abbott:

We are writing to you at this time to express our concern about the ambulance service in Bella Coola and many other small communities, particularly through the Cariboo Chilcotin. As the hospital works closely with the ambulance service, it is imperative that both agencies work well together and support each other.

In Bella Coola, the ambulance crew is down to five or six people, most of whom have full time jobs, as well as family and community responsibilities. Most crew members in these communities begin working on the ambulance as a community service and are generally not interested in working full time or working in any other communities.

During the last few years especially, the Bella Coola crew is being asked to cover Anahim Lake, Bella Bella and serve as back-up for Alexis Creek because of the extreme shortage of crew in those communities. This has meant that our crew travels to Klemtu, Bella Bella, Port Hardy, Anahim Lake and even in to Williams Lake more often than ever. When one crew (i.e. 2 people) is out of the valley (whether on holiday, business or an ambulance call), the remaining members have to cover shifts in the valley or put the ambulance out of service. Needless to say, this has increased the stress level in what can already be a stressful job.

There are several reasons for the shortage of crew members in these communities; such as the downturn in the local economy due to a loss of jobs in the forestry industry; the lack of incentives for joining BCAS because of the cost of training and the minimal "pager pay".

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However, there are several possible solutions for this shortage “crisis”, such as more active recruiting in all of these communities, increasing the pager pay and ensuring that crews are well trained within the community without considerable expense to the individual.

Thank you for your consideration of our concerns. We look forward to hearing from you in the near future.

Sincerely yours,

Lynn Nelson
Bella Coola General Hospital Board Chair

cc: Wilf Meyer, Superintendent, Region 2,
B.C. Ambulance Service,
Suit 302, 2955 Virginia Way,
Vancouver, B.C. V5M 4X6

Gary Coons, MLA,
Room 201, Parliament Buildings,
Victoria, B.C. V8V 1X4
May 17, 2007

Gary Coons, M.L.A, North Coast
818 – 3rd Avenue West
Prince Rupert, B.C.
V8J 1M6

Dear Mr. Coons:

Welcome to the Bella Coola Valley and we are pleased to be part of your “Health Discussions” in Bella Coola on May 22, 2007.

In October 1927, the United Church of Canada assumed responsibility for the administration of the Bella Coola General Hospital. Early in 1929 a new hospital was opened on the south side of the Bella Coola River which consisted of 26 beds, a woodburning furnace and a hot water system. It was wired for electricity and supplied with fresh water from a nearby mountain stream. Today the modern, 15 bed facility is located on the same site and no longer has a woodburning furnace but it still has hot water!

The Bella Coola General Hospital has 10 acute care, 5 Extended Care (sometimes referred to as Complex Care) beds. There is a 2 bed emergency room and of the 10 acute care beds, one is designated for deliveries and one for maternity care. There is an operating room and in 2006 it was used once for a Cesarean Section.

The statistics for 2006-2007 are as below:

- Acute Admissions: 327
- Acute Patient Days: 1478
- Acute Bed Occupancy: 40%
- Extended (Complex) Care Admissions: 1
- Extended Care Patient Days: 1825
- Extended Care Bed Occupancy: 100%
- Newborn Admissions: 24
- Newborn Patient Days: 58
- Newborn Bed Occupancy: 5.2%
- Alternate Level of Care Admissions: 12
- Alternate Level of Care Patient Days: 342
- Emergency Room Visits: 2622
- Transfer to Other Facilities: 62
There are approximately 60 staff which includes fulltime, parttime and casual. The programs the Bella Coola General Hospital offers the community are:

- Acute Care Services
- Residential Services
- Obstetrical Services (limited by staffing issues - RN and Physician)
- Diagnostic Services (laboratory & radiology)
- Physiotherapy
- Public/Preventive Health Services
- Mental Health Services
- Pharmacy (the Pharmacy is retail as well as hospital based)
- Home & Community Care
- Addictions Services (Contracted to the Community Support Society)
- Parenting Programs (Contracted to the Community Support Society)
- Environmental Health & Community Care Licensing (Contracted to VCHA)

Staffing the Professional services as above is a daily challenge. There are times we do not have staff to fill the positions in the departments as above. We are continually short of RN’s for the Acute/Residential services, Physiotherapy services are currently not available to the community, and Public Health and Diagnostics are short staffed. Our focus is the Acute/Residential staffing as without RN’s we cannot operate the hospital and to keep operational 24/7 we use very expensive Agency Nursing and our Director of Patient Care will step in to cover shifts for which we simply cannot find coverage. Recruitment has been and remains an issue. We offer a small relocation allowance to those wishing to move here, housing – at this point for six months with the hopes if they stay they will look at relocating to something permanent in the valley. Other than these two incentives we have no ability financially to offer more than any other community does to attract professional healthcare staff. We are suggesting that government look at an incentive to those working in healthcare in rural remote settings, such as what was offered in the past - the tax break for those working in Northern areas. Another suggestion has been forgivable education loans to those who commit to a rural remote setting such as Bella Coola for a period of time. Recruitment is an issue in the larger centers as well which puts an even greater pressure on the rural remote settings as it is now the applicant who is scarce, not the job. We would like to see improved access to post secondary education for those from rural remote communities who have the hurdles of moving out of their communities, leaving their families, moving to larger centers with an associated higher cost of living and coping in a world that can be very unfamiliar to them.
Bella Coola has recently received cell phone service to the townsite and surrounding area for approximately 4 miles. This leaves a large part of the community and area not serviced by cell phone coverage. The on-call Physicians and Diagnostic Staff are limited in their movements to within range of a landline while they are on call. We have researched Radiophone communications which again are very limiting unless we have a lot of money to put a transmitter on top of one of these mountains to service our needs. If Telus could be encouraged to expand their coverage to include the Hogansborg area and 4 miles surrounding such as the Bella Coola townsite we would be very delighted. We are asking that you campaign on our behalf to move this along. Once again it would add to our list of “haves” for recruitment purposes.

I have enclosed a copy of our Business Case for an Assisted Living Complex for the community of Bella Coola. This is for your information and we would appreciate any help you could provide to help us move this along. I won’t expand on the Assisted Living in this letter as I believe the Business Case addresses the issue.

Again, thank you very much for taking an interest in our Community and our healthcare concerns and issues.

Sincerely,

Michel Hazzile
Chief Operating Officer,

On behalf of the Bella Coola General Hospital Board of Directors and Staff.
**BUSINESS CASE**

*Bella Coola General Hospital*  
The United Church of Canada  
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PHONE (250) 799 5311  Local 203  Fax (250) 799 5635

Michel K. Bazille  
Chief Operating Officer  
email: michel.bazille@vch.ca

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**Project Name:** Bella Coola General Hospital (The United Church of Canada)  
Design, build and staff an Assisted Living Residence

**Prepared by:** Michel Bazille, Chief Operating Officer in consultation with:  
Home & Community Care Manager – Cheryl Pflanz  
Mental Health Manager – Carole Clark  
Bella Coola General Hospital Operations & Finance Committee

**Document Date:** February 3, 2006

**Project Description:**

The Assisted Living Residence Project is intended to provide safe, secure, affordable housing along with support services for seniors and people with disabilities in the community of Bella Coola.  
Typically the profile of an individual accessing assisted living would be:

- In need of home support services for personal care, likely on a frequent basis  
- No longer able to stay in their own home with supports  
- Isolated/living alone, and has no/minimal social supports  
- Eating poorly  
- Worried about safety/security

The following are profiles of individuals in the Bella Coola Valley who are currently living in the community and would benefit from such a program and support service. The names have been changed to protect their confidentiality.

Shelley

Shelley is a 45 year old woman with an Acquired Brain Injury (ABI). Previous to the injury, she lived independently in the community. She has no family available in the community to help look after her, and can not live independently at this time. Since her ABI she now has communication deficits, and short term memory loss. She can manage her own Activities of Daily Living (ADLs), but needs some cues and reminders. She
needs some help with all of the Instrumental Activities of Daily Living (IADLs). She needs reminders for her medication, and is dependent on someone else for transportation. She also is not able to manage her own finances. She has good rehabilitation potential, but it may take at least a year of life skills training/ supervision/ speech therapy before she can return to living independently.

David

David is a 59 year old man with a developmental delay, who has been cared for by his parents all his life. Both his parents have recently died, and he has no siblings who are able to take over his care. He has lived in this community his entire life, and has never traveled outside of the valley. He was home schooled by his mother, and was protected by his parents who never allowed him to have a job. He has never been taught to manage his own finances. He did not have the opportunity to learn some of the social skills such as trust and boundary training. He is not able to manage his own transportation needs. He needs reminders to change his clothes and do his laundry.

William

William is a 64 year old diabetic who recently suffered a Stroke. He now has right sided weakness, which affects his ability to feed himself, dress himself and write. He is no longer able to test his blood sugar and give himself insulin. He is able to walk with the assistance of a quad cane, but he needs help to negotiate stairs. His short term memory has been affected and he occasionally has a hard time remembering the name of an item. Before his stroke, William lived alone and independently. His house has many stairs both outside of the house and within the home. He requires more assistance than Home Support would be able to provide.

Mary

Mary is a 51 year old woman with Multiple Sclerosis. She is divorced and has two children who have recently left the community to attend school and find work. She has always lived in the community and does not want to leave her friends here. Her ability to maintain her independence fluctuates, but recently she has become more reliant on her walker to get around. She finds she gets tired easier and cooking in particular wears her out. By the time she gets a meal cooked, she is just too tired to eat it. Consequently her diet has become poor. She also needs help dressing, particularly putting on her socks and shoes, and combing her hair. She is feeling somewhat isolated as she can no longer leave her home independently or manage her own transportation.

John

John is a 72 year old widower who is blind secondary to Glaucoma. He is no longer able to live independently due to the blindness. His wife, who passed away recently, did all the cooking and housework, and took care of the finances and transportation. She also
helped him getting set up for doing his personal care and by picking out his clothes so he could get dressed. He does not have any memory problems and enjoys listening to the radio or books on tape.

Sarah

Sarah is a 75 year old woman with early dementia. She has been a widow for five years and has been living independently. She has one son and two daughters in the community, but they are all working, and are not able to have her move in with them, as they still have children at home. Lately, the family has noticed that she is phoning them much more frequently at night, and having trouble remembering to take her medications. She has been receiving care from Home Support services, but really needs to have someone available 24/7. She needs assistance with meals and prompts for dressing and grooming. She also needs to be reoriented to time, and have her medications given to her appropriately.

The partners in the project would be:

Bella Coola General Hospital (The United Church of Canada) – affiliated with Vancouver Coastal Health Authority, BC Housing, Canada Mortgage and Housing and Vancouver Coastal Health Authority.

Independent Living BC is a housing and health partnership between BC Housing, Canada Mortgage and Housing Corporation (CMHC), Bella Coola General Hospital (The United Church of Canada), affiliated with VCHA.

BC Housing is the Provincial Crown Agency responsible for subsidized housing in B.C. They facilitate Independent Living BC (work with private and non-profit housing providers to provide interim construction and to ensure the construction of new ILBC developments meet ILBC guidelines). After the development is built, they provide ongoing subsidies or rent supplements to the housing provider to maintain the affordability of the apartments.

Canada Mortgage and Housing Corporation (CMHC) provides the capital funding towards the construction costs of the nonprofit assisted developments.

The Health Authority assess’ and refers residents to the ILBC living developments. As well, health authorities deliver personal care services and top up hospitality costs not covered ie: Residents’ rent contributions.

Non-Profit Societies providers own and manage assisted living developments. In most cases, BC Housing signs an operating agreement with each non-profit and housing provider. BC Housing provides a monthly operating subsidy for non-profit societies. This could be provided by the “new” society of the United Church of Canada as is in the process of development at the time of writing this Business Case. Another option could be to use the Bella Coola Community Support Society (a non-profit organization) which
currently holds two contracts with the Bella Coola General Hospital to provide Addictions Services and Parenting Programs.

**Business Case**

**Objectives:**
The primary objective of this project is to provide safe secure housing for the elderly and the disabled and to provide support services within that environment.

Assisted Living promotes principles of self-direction, choice, dignity, privacy and independence and remaining active in decisions that affect tenants every day lives.

The Bella Coola Valley is an isolated remote community with a population of approximately 3000 (taken from BC stats in 2004) approximately 46% are of Aboriginal descent. Bella Coola Valley is part of the traditional territory of the Nuxalk Nation, which is a tribe of Salish-speaking Coastal Indians. The community is 472 kilometers from the nearest larger center (Williams Lake), via Highway 20. The highway can be treacherous in the winter and in the past has been closed at the “infamous” hill due to slides and/or construction. There is scheduled daily air service to Vancouver via Pacific Coastal Airlines. Air service in inclement weather can be an all day affair, with bussing to Anahim Lake, connecting with the scheduled flight due to weather conditions in the Bella Coola Valley. Shopping is limited with the essentials being provided, but no extra’s such as car dealerships or discount stores. There is no all season recreational facility. A small pool in the summer and an outdoor ice rink are functional and weather dependent. There is no local high speed internet provider available and no cable TV provider. All of the above contribute to an isolated, remote community.

The largest employers are the School District, The Bella Coola General Hospital and the Nuxalk Native Band. With the closing of the District Forestry Office, the cessation of the Logging industry and the reduction of the Fishing industry the population reflects the absence of the “middleclass, younger to middleage working individuals”. Unemployment/welfare rates are high.

The profiles included in the Business Case are a reflection of some of the residents, born and raised in Bella Coola, secure in the isolated environment and surrounded by friends and family, not willing to uproot to go to the unknown and very often without the education or the skill sets to survive and thrive in the “outside” world.

The Bella Coola General Hospital is the primary care health facility in the Valley, including a medical clinic staffed by three salaried physicians of the United Church of Canada. It is one of the most isolated health care facilities in British Columbia. The Bella Coola General Hospital has five extended care beds which are at 100% occupancy and have been for years and most often two of the ten acute care beds are being used for the Alternate Level of Care (those clients waiting for an extended care bed to become
available). The primary criteria to access the extended care bed – the client requires 24 hours supervision and continuous professional care.

Home Support Services are available – provided by the Bella Coola General Hospital and the Nuxalk Home Support to those clients still able to live in their homes on their own with the need of some limited services.

Mountainview Lodge is a “seniors’” apartment complex for those over the age of 55. The complex consists of apartments and a common area. To access the apartments the individual(s) has to be totally self sufficient as the complex is not staffed other than maintenance duties as required.

There are no apartment buildings available to the residents of Bella Coola. The community reflects the poor economic status in the appearance of the buildings, the residences and the streets. There is a lack of sunshine in the winter due to the high mountains surrounding the valley and the weather is often overcast and gray both summer and winter.

The Bella Coola General Hospital (The United Church of Canada) would like to provide access to Assisted Living (Independent Living) to those residents of Bella Coola who require safe secure housing to include:

**Six to Ten**

Individual units with bedroom, bathroom, kitchenette, living/dining area and storage.
Tenant would provide their own furniture, linens, kitchenware etc.
Common dining room – lunch and dinner provided daily. Tenants prepare own breakfast.
Common activity room/lounge – group activities arranged.
Laundry for personal laundry.

Hospitality services would include:
Meals – Lunch and Dinner as well as snacks.
Weekly housekeeping of units and laundering of linens and towels.
Assistance with personal care, e.g. bathing, grooming, dressing, continence management.
Assistance with medication
Emergencies – 24 hour emergency response system to call for help.
Access to home care nursing, and physiotherapy services.
Modified diets at client requests
Weigh in program at client request

The staffing model of the Independent Living Facility would be
A Manager
Administrative Assistant
LPN
Assisted Living Worker
Housekeepers/Laundress
Cooks
Social/Recreation Directors
And would be staffed with an Assisted Living Worker on night shift to respond to the needs for unscheduled Assistance.
Transportation for scheduled hospital/clinic/lab/foot care or shopping visits could be provided by the new Handi Dart bus which is in process of being implemented at the writing of this proposal.

**Benefits**
The direct benefit of this project is to the Nuxalk and Non Nuxalk residents of the Bella Coola Valley. The provision of safe, secure twenty four hour supervised housing may reduce the use of the extended care beds at the Bella Coola General Hospital for those clients who are on the borderline of needing twenty four hour supervised care or twenty four hour professional care. Continual employment would be offered, for the above positions in a community where employment is very limited. The employment offered would be in a unionized environment and would be considered low/middle income positions and would offer a few families of those employed some stability. There would be temporary employment offered to local residents in the construction of the facility.

**Resource Requirements:**
Initial purchase of property, design and development of the property and housing would be provided by CMHC in partnership with BC Housing, Bella Coola General Hospital, VCHA and the United Church of Canada. The operational funding would be provided to the Bella Coola General Hospital in partnership with Vancouver Coastal Health Authority and BC Housing. The management of the operations would be provided by the Bella Coola General Hospital.