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Island Health celebrates Nursing Week 2021

MESSAGE FROM THE PRESIDENT & CEO



A shadow has clouded our nation and we are filled with sadness with the discovery of the remains of 215 children on the grounds of a Kamloops residential school. These institutions are the lived experience of Indigenous people. For non-Indigenous Canadians, it is time to be aware and understand the dark mark of residential schools and the individual and systemic changes necessary across all institutions. In this region, there were five residential schools:

- Alberni Indian Residential School – Port Alberni (1917 – 1973)
- Ahousaht Indian Residential School – Ahousaht (1901 – 1950)
- Christie Residential School – Meares Island (1900 – 1983)
- Kuper Island Indian Residential School – Penelakut Island (1890 – 1975)
- St Michaels Residential School – Alert Bay (1929 – 1975).

Many elders have shared stories about going directly from residential

school to Indian Hospitals – including the Nanaimo Indian Hospital, where the systemic racism and abuse continued. For them, the two experiences are the same.

In Island Health, we recognize accessing care in an institution has not been a safe experience for Indigenous people. It is an experience layered with the feelings and encounters of discrimination and judgment and continues to contribute to poor health outcomes.

I know I speak for our Island Health family when I say we are committed to working in partnership with Indigenous patients, clients and communities to build a culturally safe health care system. When we acknowledge culture and honour each other, we strengthen relationships.

Despite the dark shadow cast by this gruesome discovery and the challenges we have experienced as we have grappled with COVID-19 over the past many months, there is a glimmer of hope

across the province with the roll out of BC's Restart Plan. In this edition of Island Health Magazine, you will find information about vaccination against COVID-19. It's important all those eligible for a vaccine register by visiting getvaccinated.gov.bc.ca or calling 1-833-838-2323. Please see the article on page 6 for more information. We are one step closer to the end of this pandemic because of the care you have taken to keep each other and our health system safe.

I hope each of you is able to enjoy summer in our beautiful region – and while you are taking in the activities and stunning surroundings we are so blessed to live in, join me in offering gratitude to the Coast Salish, Nuu-Chah-Nulth and Kwakwaka'wakw cultural families, whose relationship with these lands remains unbroken.

With heartfelt good wishes,

Kathy MacNeil.

CONTRIBUTORS



Shawna Cadieux is a Communications Advisor with Island Health's Communications, Partnerships and Primary Care Strategy team. Shawna has a background in broadcast journalism and communications. She and her family – her husband, two teens and spoiled Goldendoodle – are honoured to live, work and play on the traditional and unceded territory of the Cowichan Tribes people.



Andrea Zeelie-Varga works in Island Health's Research Department to enhance education, engagement, and funding opportunities across the region. Andrea is grateful to live, work, and learn in Coast Salish territory.



Shannon Marshall acknowledges with respect the privilege to live in the unceded territory of the Coast Salish people. She is of Indigenous descent through Mother's lineage with ancestral connections to the Leidhl'I Tenneh. Shannon is a retired Communications professional; she now provides consulting services, most recently working on the men's harm reduction campaign.

FROM THE EDITOR

There is a lot going on in our world and this issue of Island Health magazine covers a wide range of topics.

First, in her column Island Health CEO Kathy MacNeil acknowledges the devastating discovery of the remains of 215 children on the grounds of the Kamloops residential school and reiterates Island Health's commitment to building a culturally safe health care system.

This issue includes an extensive feature on the drug poisoning crisis in our region along with a summary of some of the priority projects taking place as part of Island Health's overdose response initiative. Included in this feature are heartfelt messages shared by two members of Island Health's Harm Reduction team—you can't read their words and not be moved.

We also address a number of concerns raised about COVID-19 vaccines. We hope that this information will answer any questions and encourage those who have not received their first vaccination to register today and get vaccinated.

I enjoyed writing the article on planning for retirement and the opportunity to interview a number of people who have already joined the ranks of the retired—something I am considering myself.

On a much lighter note, we also cover summer food and fun—there is much to look forward to in coming months and I wish you and your family a safe and happy summer.



Susan

Susan Evans
Editor, *Island Health* magazine
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10



16



22

CONTENTS

6 COVID-19 VACCINES EXPLAINER
Dispelling concerns about COVID-19 vaccines.

10 THE DRUG-POISONING CRISIS
At the five-year anniversary, an in-depth look at the crisis and some of the projects taking place as part of Island Health's response.

14 HEARTFELT WORDS
From two of Island Health's Harm Reduction team members.

16 IT'S SUMMER – LET'S EAT OUTSIDE!
Tips and recipes for outdoor dining.

22 HOT FUN IN THE SUMMERTIME
Having fun at home.

24 PRIMARY CARE NETWORKS EXPLAINED
Bringing care resources and strengthening support to our region.

26 PLANNING FOR RETIREMENT
Thinking about more than finances when looking ahead to retirement.

31 ISLAND HEALTH RESEARCH
Contact Identification—keeping patients and staff safe.

With great respect and humility, Island Health acknowledges the Coast Salish, Nuu-Chah-Nulth and Kwakwaka'wakw cultural families; whose relationship with these lands remains unbroken; whose homelands Island Health occupies. In making this acknowledgement, we commit to walk softly on this land and work to uphold self determination of the health of Indigenous peoples.

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“I got vaccinated because my dad is 97 years old, and I want to be able to visit with him safely.”

— Nic, no age given, Victoria – Paramedic



“I got vaccinated because last season my hockey team only played five games and no one from my family was allowed to watch. If everyone gets the shot we can have a full and fun season next year.”

— Jake, 15, Saanich – Hockey Player

COVID-19 VACCINES ARE EFFECTIVE

When the World Health Organization declared the COVID-19 pandemic on March 12, 2020, people around the globe knew very little about the virus. We wanted to know exactly how it was transmitted, how it attacked the body, who was most susceptible, and what impacts it would have on our communities and our lives. What was becoming very clear, through daily announcements from health officials and media reports, was how fast the virus was spreading and how critical it

was to follow recommended protective measures to keep ourselves, our families and communities safe.

Over the past 16 months, the health and safety mandates and recommendations have evolved as we learned more about COVID-19 and experience showed us what works and what doesn't. Without a vaccine or an effective treatment, these safety measures were all that we had. And then, with the introduction of approved COVID-19 vaccines in late December 2020, the path forward shifted.

“The COVID vaccines are what we were waiting for and we have the data to show that they are effective,” said Dr. Richard Stanwick, Chief Medical Health Officer. “I encourage everyone to get registered and get vaccinated as soon as you can. Our progress in Island Health is good, but we have a fair way to go to get people fully vaccinated.”

BC's vaccination effort kicked off in earnest in early 2021, targeting key priority populations before moving into the general population in April. By the first week in June, 70 percent of eligible Island Health residents (aged 12 and older) had been vaccinated with one dose, and 5.5 percent were fully vaccinated. While these numbers show that we're well on our way – and there is increasing optimism that widespread and lasting immunity can be achieved through COVID-19 vaccination – not all communities have high vaccination rates.

WHAT'S HOLDING YOU BACK? It isn't fair to jump to the conclusion that someone is an “anti-vaxxer” if they don't immediately get in line for a vaccine. Most often, their decision has nothing to do with a distrust in science or data. Below we'll look at some key reasons why people may decide to wait or bypass the vaccine, and we offer some factual information to support encouraging conversations.

CONCERN: If the majority of people are getting vaccinated, then I don't have to worry about it.

FACTS: While it is important to look at our vaccination numbers right across Island Health, vaccination rates in communities really matter. Lower levels of vaccine uptake in specific geographic regions can lead to pockets of resurgence. Not getting the COVID vaccine puts the individual at risk, and it puts people who can't get the vaccine or who don't have a strong immune response to the vaccine at risk for the disease.

CONCERN: The vaccines are too new. I think I will wait and see how this goes for others before getting the vaccine myself.

FACTS: In Canada, before any vaccine is approved for use, all clinical data is reviewed and then rigorous independent testing is completed to make sure it is safe and effective. By the time a vaccine reaches the public, a safety profile for common adverse events (i.e. vaccination site reactions or mild symptoms) is well known and shared with each individual. The vaccine is then continually monitored by health agencies and regulators to report and track any medical occurrences that are severe or unexpected. Of the 23 million doses of COVID vaccine administered in Canada by the end of May 2021, 0.006% reported serious adverse events following immunization, which makes it clear that the risks of getting COVID disease far outweigh any risks of the COVID vaccine. Watch Health Canada's video about vaccine safety here: www.canada.ca/en/

public-health/services/video/vaccine-safety and read more about adverse events and side effects here: <https://health-infobase.canada.ca/covid-19/vaccine-safety/>.

CONCERN: I'm worried about the side effects – I can't take time off work.

FACTS: Like any medication or supplement, vaccines can cause side effects and reactions. After being vaccinated, it's common and normal to have temporary side effects. These usually last from a few hours to a few days. This is natural and means the body is working hard to build immunity against the disease. Most side effects don't disrupt daily activities and you can take medicine to help with any pain or feelings of sickness. Known symptoms can include:

- Pain, redness or swelling at the injection site
- Tiredness
- Flu-like symptoms (i.e. chills, joint pain, headache, mild fever, muscle aches)



“I chose to get vaccinated because I want to help my community.”

— Harmony, 38, Duncan – Law Student

who do get COVID-19 after vaccination, their likelihood of becoming very sick or dying is also extremely low. Consider the first dose a primer for your immune system and the second dose as the long-lasting barrier of protection. Together they will protect you and your community from COVID-19.

CONCERN: Will I get COVID from the COVID vaccine?

FACTS: None of the approved vaccines contain the live virus that causes COVID-19. This means that a COVID-19 vaccine cannot make you sick with COVID-19. It takes a few weeks for the body to build immunity after vaccination, so it is possible that you could be infected with the COVID-19 virus just before or just after vaccination and still get sick. This is why it is important that you

maintain all safety measures until your body has had time to produce immunity.

CONCERN: I am afraid of needles.

TIPS: Don't let a fear of needles stop you from getting protection from COVID. Speak with any of the clinic staff at your scheduled appointment to let them know you have anxiety around needles. This is a common fear and our experienced teams have strategies to support you and make your experience better. It can help to stay hydrated and eat before your appointment. You can numb an upper arm (needle site) with some over-the-counter lidocaine cream to eliminate pain. You can distract yourself by looking around the room or humming your favorite song. Tensing your muscles can also help to raise your blood pressure and counteract feeling lightheaded.



“I got vaccinated to keep my baby daughter safe.”

— Kelly, 36, Cowichan – Teacher

For more information about the COVID-19 vaccines, visit www.immunizebc.ca/covid-19-vaccine-frequently-asked-questions.

“I registered for my vaccine because I want to travel and work on some exciting video projects overseas. I also have family members that I want to hug again.”

— Mark, 33, Comox – Professional Mtn. Biker



“I've been vaccinated so that I can hug my friends and family again as soon as possible.”

— Shannon, 40, Cowichan – Massage Therapist

If you or someone in your care experiences any unusual symptoms after vaccination, call your doctor or nurse practitioner, HealthlinkBC at 811, or a local health unit to report it and seek advice.

If you are concerned about needing time away from work due to side-effects, try to schedule your appointment before your regular days off so that you have a few days to adjust. It is also important to consider that the side effects of the vaccine are far less severe than symptoms of virus, and will result in much less time off work.

CONCERN: I can't get to an immunization site easily and the process is inconvenient for me.

FACTS: These are very valid concerns for many. Island Health has delivered vaccines at mass immunization sites, in whole communities, in care and correctional facilities, in easy-access sites for targeted populations and in the homes of people who are home-bound. We continue to monitor stats

and trends and are working on strategies to better reach people in communities where better access is required.

Please know that the process to register is very easy. You can register online at www.getvaccinated.gov.bc.ca or by phone at 1-833-838-2323 (7am-7pm). Translators are available and/or you can dial 7-1-1 for the deaf or hard of hearing. At our clinics, we are scheduling people at intervals to maintain physical distancing and appointments generally run 20 minutes from start to finish.

CONCERN: If we get good coverage from the first dose, why do I need to get the second dose?

FACTS: After the first dose, antibody levels (immunity) will go down over time. The second dose (booster) will give the highest-level of protection for a much longer period. Canada's surveillance data continues to indicate very low rates of COVID-19 infection following full vaccination. For those



DIVING DEEP INTO THE DRUG POISONING CRISIS

by Shannon Marshall

Today—maybe even as you sit reading this article—one person in the Island Health region will die from toxic drug poisoning.

It's been five years since the Provincial Health Officer declared a public health emergency in response to the significant rise in opioid-related drug poisonings and deaths in BC. Since then, we've lost more than 7,500 people in the province to toxic drug poisonings, and thousands more have felt the devastating impact in their own lives. Toxic drug poisoning is the leading cause of unnatural death in BC, surpassing the combined total of deaths from motor vehicle collisions, suicides and homicides.

Last year, an average of six people died every single week in Island Health from poisoned drugs, giving 2020 the dubious distinction of being the worst year in history for lives lost to drug poisoning. Sadly, it would appear this year will see even greater numbers as we mourn the loss of 72 people in Island Health during the first three months of 2021.

The crisis is the result of an unpredictable, highly toxic drug supply, and it continues to have a staggering impact on individuals, families and communities across the province.

While the origins of the epidemic are complex, there has been an awareness switch over the past several years due to who is affected. Thirty years ago, many people believed addiction to be a disease of choice. We now know that is not the case, and addiction has been redefined as a disease of the brain—a chronic illness not unlike diabetes or heart disease.

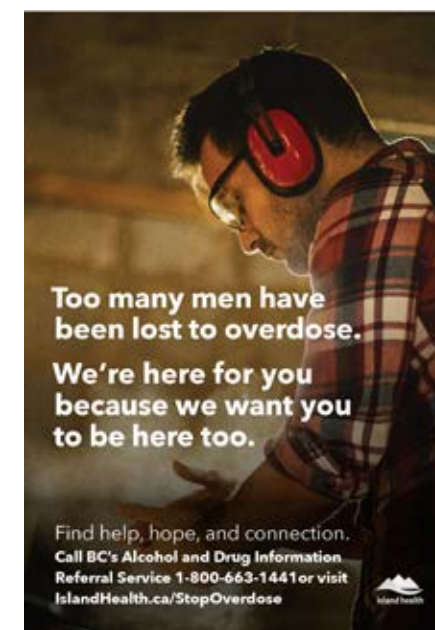
It's an epidemic fuelled by an aggressive marketing campaign by big pharma that promoted widespread use of opioids to treat pain and minimized the risk of addiction. Prescription opioids include Oxycontin, Vicodin, Percocet, Demerol, Dilaudid, Codeine and Fentanyl, to name a few. Prescribing practices, though perhaps well intentioned, have inadvertently contributed to the crisis as people sought treatment for pain following an injury or surgery.

Island Health continues its efforts to respond to this public health crisis. Through a series of opioid response initiatives, and through the hard work, dedication and compassion of our care providers, key partners and community action teams across the region, the goal is to build a network of services that will help connect people to treatment, save lives and end stigma.

Here's a summary of some of the priority projects taking place as part of Island Health's overdose response initiative.

REACHING THOSE WHO USE ALONE

In 2020, 263 people died from toxic drug poisoning in Island Health. The majority of those people were male, aged 30–59 years, who died alone in a private residence and were found to have had previous encounters with health care resources. The “Using Alone” project sought input through interviews and an online survey from a number of sources across the health care system, including people with lived and living experience of drug use as well as care and service providers. Findings indicated the following opportunities for better reaching people who use alone: education and training to the entire workforce, including outside of health care (e.g., hospitality, construction/trades); access points for services that enable clients/people to be anonymous; normalize asking about drug use alongside other health questions; resources and support for family and friends of people who use drugs; and prevention and early interventions for youth.



PARTNERSHIP WITH VANCOUVER ISLAND CONSTRUCTION ASSOCIATION

Across North America, workers in the construction and transport industries are over-represented among those who lose their lives to overdose. In recognition of this loss and concern for all members of our community, Island Health partnered with the Vancouver Island Construction Association (VICA) to develop resources and education material for employees and employers in trades and affiliated professions, such as aquaculture or logging.

VICA undertook a stakeholder engagement campaign that led to the development of a “Tailgate Toolkit” that will feature four components: Toolbox Talks for onsite introductory conversations around substance use, mental health and harm reduction; a training module for supervisors on mental health first aid, naloxone and referral to services; print and online resources for both employees and employers to increase links to services; and an industry-specific support group.



“The stakeholder engagement included 21 one-on-one interviews with members of the construction industry on Vancouver Island, the vast majority of whom have lived/living experience of substance use,” said Emily Percival-Paterson, VICA's Harm Reduction Project Manager. “Many of the interviews were emotional and included incredible stories of resilience and often honoured someone who has been lost.”

Percival-Paterson went on to say that after years in activist roles, they have seen too many projects and programs get created without input from the people they are aiming to serve. “We refused to do that here. I'm really proud of and extremely humbled by the members of the construction industry on Vancouver Island who shared their stories and their ideas with us.”

VICA will now be turning its attention to building out the toolkit, starting the training programs, and getting the support group up and running.



MULTI-PLATFORM MEDIA CAMPAIGN

Based on data provided by the BC Coroners Service and information gleaned from the partnership with the Vancouver Island Construction Association and the Reaching Those

Who Use Alone work, this campaign was aimed at men, primarily those who use alone and who may be employed in trades/transport and affiliated industries. The campaign

launched in early May and ran for eight weeks in a variety of media including radio, social media, streaming platforms and display ads in transit shelters.



**Too many men have
been lost to overdose.
We're here for you
because we want you
to be here too.**

Find help, hope, and connection.
**Call BC's Alcohol and Drug Information
Referral Service 1-800-663-1441 or visit
IslandHealth.ca/StopOverdose**



“We can make it easier for people to get support by letting them know they are not alone and that substance use does not define who they are. Every person lost to overdose was someone’s child: forever loved, forever remembered. They matter—and we owe it to them, and to ourselves, to dig deep into our hearts to see and remember them with compassion, not judgement.”

LOUD IN THE ED

The Learning about Opioid Use Disorder in the Emergency Department (LOUD in the ED) collaborative is a provincial quality improvement project focused on emergency department care for people who use opioids. The initiative was led by the BC Patient Safety & Quality Council in partnership with the Overdose Emergency Response Centre and the BC Centre on Substance Use to shift how emergency departments care for people who use opioids and improve the experience of care for both patients and care providers.

The project will expand access to peers, starting in the Campbell River Hospital Emergency Department, by including people with lived and living experience in the development of education and service design, and will work to strengthen partnerships with peer-based community organizations.

CHART REVIEW

The medical charts of 101 men between the ages of 20 and 64 who died in a private residence due to drug toxicity between January 1 and November 30, 2020, received an in-depth review and analysis to advance understanding of missed opportunities for service delivery, coordination, follow-up care and links to services. The chart review has resulted in a number of recommendations, including how to ensure patients with substance use disorders are identified and more closely followed through their care encounters. A question that has woven itself throughout the process of the chart review is the concept

of stigma faced by people who use substances by some health care providers, and how we ensure people who use substances are not treated differently than people who present for other health issues.

CASCADE OF CARE – STRENGTHENING RETENTION FOR THOSE ON OPIOID AGONIST THERAPIES (OAT)

Opioid agonist treatment provides people who are addicted to opioids with a prescribed daily medication (e.g., methadone or suboxone) to help with withdrawal and cravings. Research tells us the discontinuation of therapy puts a person at higher risk of death from overdose. The Cascade of Care work is aimed at better understanding why people “drop off” OAT, what approaches might be most effective in reducing drop-off rates and strategies to support individuals to remain on service.

PEER ENGAGEMENT FRAMEWORK

People with lived and living experience need to be recognized and engaged as partners throughout the design and delivery of health services. Island Health is developing a Peer Employment Framework as a resource for increasing equity, safety, autonomy and inclusion of people with lived and living experience in diverse employed roles.

A TIME TO PAUSE

The drug poisoning crisis continues to devastate too many families and too many communities across our region.

It’s important to pause to honour and remember those who have died as a result of this crisis and to gain some understanding of the complexities of addiction. Every single person lost to drug poisoning has a story. Nobody starts out wanting to become addicted to opioids. Addiction is a disease that knows no boundaries. It is a treatable medical condition, not a choice.

We also recognize the health care providers who have been impacted by this public health crisis and who continue to show up at work and do their very best to provide compassionate care despite having their own experiences of loss when the people they serve die in this tragic way.

Family members, beloved friends, neighbours, co-workers, employees, teammates, health care providers—thousands of individuals have been impacted and experience all too painfully the devastation of this public health crisis in their own lives.

We can make it easier for people to get support by letting them know they are not alone and that substance use does not define who they are. Every person lost to overdose was someone’s child: forever loved, forever remembered. They matter—and we owe it to them, and to ourselves, to dig deep into our hearts to see and remember them with compassion, not judgement.



On the anniversary of the opioid crisis, Island Health employees working in Harm Reduction share their heartfelt thoughts.

“Substance use is a health care issue, often occurring alongside other health issues, such as loneliness and isolation, homelessness and poverty, pain and trauma, racism and stigma. People who use substances are all someone’s beautiful child—their baby boy, their baby girl—and they matter.” — Griffin Russell

Griffin Russell works for Island Health as the Regional Harm Reduction Coordinator for Central Island. He has been in this position since October 2014, working throughout the entire drug poisoning crisis.

Russell has over 20 years’ experience in mental health and substance use services, and he is both deeply passionate and fiercely committed towards safe access to health care for all people, believing that it is the greatest responsibility accompanying the beautiful privilege of working in health care.

At times there is a pain in my chest, a weight making it difficult to breathe; the weight is often accompanied by a lump in my throat and watering in my eyes, making it difficult to see.

The gravity of the enduring drug-poisoning crisis on Vancouver Island, and across British Columbia, is with me regularly. I have shed many tears at my desk, in my truck or while sitting near the ocean, wondering how it is possible for this tragedy to continue on in the ways it has.

The pain is deeply personal. I cry for my dear friend who lost her brother. I cry for the mothers whom I have sat with in their pain, a pain as a parent I hope to never know. I cry for the people I hold dear who are no longer here. I cry for the passionate people trying their damndest to signal safety, to build trust, and to offer anything and everything of value to people living this tragedy out.

I cry for all the children who have lost a parent, a grandparent, an aunt or uncle. I cry for those who watch helplessly as their friends and community die these preventable deaths. I cry as a man, knowing this crisis is killing four men every day in British Columbia. I cry as a father for fear my twin boys will suffer in such ways. I cry because some days it seems like it will never end.

Substance use is a health care issue, often occurring alongside other health issues, such as loneliness and isolation, homelessness and poverty, pain and trauma, racism and stigma. People

who use substances are all someone’s beautiful child—their baby boy, their baby girl—and they matter.

I could hardly imagine another health care crisis where five people dying a day (in BC) would be allowed to persist for this long in our country. Yet, because this is about substances, the crisis continues to be plagued by ignorance and misunderstanding, and perpetuated by 100+years of drug policy rooted in prohibition.

How many of us understand the history of Canadian drug policies or the racist motivations underpinning them? How many of us understand the historical underfunding of substance use services, resulting in a scarcity of specialized resources, an over reliance of non-profit organizations, volunteer-based 12 step programs, and fee-for-service treatments?

How many of us understand the prevalence of trauma driving this health care issue, the stain of stigma propagating the public’s perspectives in much the same hateful and harmful ways as systemic racism? Stigma and shame around the use of substances was and continues to be a major driver in this crisis.

Three years ago, I sat on a panel at the University of Victoria, alongside a prominent epidemiologist who had worked at the highest spheres of public health, supporting a Provincial Health Officer. We were asked what the hardest part of our careers had been.

This wise, solid, and esteemed man got a quivering in his lower lip, a misting in his eyes, and he said something along the lines of, “The hardest part for me has been to witness time and time again people separating themselves from social issues, like the overdose crisis, as though the people who are suffering such social ills somehow deserve it, like they made the wrong choices, as though the social determinants of health don’t matter, as though access to health care, gender, pain, poverty, race, stigma and trauma don’t matter. They matter. These people matter. Context and circumstances matter.”

Sheena Campbell was Island Health’s original Harm Reduction Coordinator. She’s rejoined the team as Regional Harm Reduction Coordinator, North Island. Along with her experience with Island Health, Campbell also brings a wealth of experience from her time as a Harm Reduction Coordinator with Vancouver Coastal Health.

I have worked in the field of Harm Reduction in both Vancouver and on Vancouver Island and have watched drug use cycles in our communities for the last 25 years.

I don’t see this as simply an overdose crisis—overdoses have consistently happened amongst people who use substances. What is happening today is an unrelenting drug poisoning crisis.

Today, people reliant on substances must assess the likelihood of being fatally poisoned by their substances. As soon as we learn how to manage one contaminant (Fentanyl), a new, cheaper contaminant is used, many with heinous results (e.g., Etizolam). As service providers, we try to adjust, but we can’t contend with the current reality—an unregulated and unpredictable supply chain.

The results are obvious—we are in year five of an emergency response. Despite our best efforts, people whose substances are illicit continue to die at an alarming rate.

We need a safe supply that meets the needs of the patient/client. The research related to pharmaceutical alternatives to the toxic drug supply is overwhelmingly positive. Key social determinants of health are addressed and people’s lives are markedly improved.

We have choices that many do not, so we must use our voices to raise this issue. I hope you will join me in using your voice to compel our governments to move forward with the policy changes and actions needed to provide a safe supply and to decriminalize drug use.

Let's eat outside!

by Susan Evans

Eating outdoors is one pandemic trend that might linger. Over the past few months, I've met inside-the-bubble friends at our local park with takeout coffee and muffins; had brunch with my family at our favourite restaurant on their newly-installed patio and even had some of our 'safe-six' over for socially distanced drinks on our deck. My 20-something son has turned our backyard into a vegetable garden and we are spending more time in the yard, enjoying watching vegetables (instead of dandelions) grow. Eating with friends and family in the great outdoors has become a welcome new habit.

Most Vancouver Islanders love nature and are embracing the idea of moving mealtime outdoors. Set up dinner at a picnic table at the park, head to the beach and pull up a log, fire up the grill in your backyard and spread a blanket on the grass—the possibilities are endless. And whether you are planning an elaborate meal or grabbing takeout from your local food truck, here are a few tips and ideas for picnic perfection.

WHAT TO EAT?

The most important thing to keep in mind is to follow safe food handling rules. When planning your menu, think about preparing foods in advance that are easy to handle and don't need cooking. Chill cold foods before putting them in your cooler.

- Salads are great for picnics. Choose options like pasta, potato or quinoa salads as they hold up better than leafy greens. Check out our recipe section for a couple of salad recipes.
- Think about grilling skewers of chicken or salmon ahead of time and serve cold with tzatziki. Buy a rotisserie chicken from the supermarket—you can often find chilled roasted chickens in the deli section.
- Fill containers with cut veggies, olives and pickles, and then chill.
- For dessert, try fresh fruit or bake good-for-you cookies or squares.

EATING AWAY FROM HOME? REMEMBER TO BRING:

- Items to eat with and on. Bring plates, cutlery and drinkware (if using disposable, aim to buy recyclable items), napkins, serving utensils and a bottle opener. Wrap any breakables in tea towels.
- If you are going to a beach or park without picnic tables, bring something to sit on. Folding camp chairs are perfect, along with a blanket or tablecloth to spread on the ground—a red-checked tablecloth still sets the mood for eating outdoors.
- Hand wipes and sanitizer. Soap and running water are best for washing your hands, but if not available, these items will come in handy for cleaning hands before and after eating—and for the inevitable bathroom breaks.

- Bug spray, sunscreen, hats and a first aid kit. Nothing ruins a picnic faster than itchy bug bites or a sunburn. Be sure to prepare for the sun and for unexpected mishaps.

One of the joys of summer is not only eating outside but cooking outside as well. Grilling on the deck or in the backyard is a great way to prepare a delicious meal without messing up the kitchen. Here are a few tips for grilling success.

USING A GRILL?

- Preheat your grill 15 to 25 minutes before you start cooking to make sure it reaches the right temperature (and to kill any bacteria). Your grill should be 400-450°F for high, 350-400°F for medium-high, 300-350°F for medium and 250-300°F for low heat.

REMEMBER—always open the lid on your gas grill before turning it on.

- It's easier to remove debris when the grill is hot, so after preheating, use a (carefully inspected) long-handled wire grill brush or other type of grill scraper on your grill rack to clean off charred debris from prior meals. Scrape again immediately after use. See sidebar for tips to ensure your wire brush is safe to use.
- Even on a clean grill, lean foods may stick when placed directly on the rack. Reduce sticking by oiling your hot grill rack with a vegetable

oil-soaked paper towel: hold it with tongs and rub it over the rack. (Do not use cooking spray on a hot grill.)

- Marinating does more than infuse food with flavour; it also inhibits the formation of potentially carcinogenic HCAs (heterocyclic amines) which form when cooking meat at a high temperature like on a grill. According to the American Institute for Cancer Research (AICR), marinating can reduce HCA formation.
- The best way to know if protein is fully cooked is to research the optimum internal temperature for safety for the type of meat you are cooking (temperatures can vary depending on the meat) and then check the internal temperature with an instant-read thermometer.

FOOD SAFETY FIRST

Your main goal is outdoor fun so be sure to follow these food safety tips from Health Canada to keep everyone safe.

KEEP IT CLEAN

Always wash your hands, cooking surfaces and utensils well with soap and hot water before and you handle food, especially raw meat, poultry and seafood, or raw vegetables and fruit. Wash and sanitize your cooler before using it. Use a clean, safe source of water for washing.

SEPARATE FOODS

Keep raw foods like meat, poultry and seafood (and their juices) separate

from other raw foods like vegetables and fruit during storage. Pack foods for your cooler in leak-proof plastic bags or airtight containers, placing meat in the bottom of the cooler first.

KEEP IT COLD

Keep cold food cold—at or below 4°C (40°F). Use an insulated cooler with freezer packs or blocks of ice to store perishable foods. Be sure to throw away any perishable foods that are left in your cooler once freezer packs or ice have melted.

COOK PROPERLY

If you are grilling, make sure meat and poultry are fully cooked by using a digital instant-read food thermometer. Place it in the thickest part of the meat for a correct reading, and cook to the following temperatures:

GROUND MEAT / 71°C (160°F)
GROUND POULTRY / 74°C (165°F)
WHOLE MEAT CUTS / 71°C (160°F) for Medium
WHOLE POULTRY / 82°C (180°F)
LEFTOVERS / 74°C (165°F)

For a full list of doneness temperatures visit: www.canada.ca/en/health-canada/services/general-food-safety-tips/safe-internal-cooking-temperatures.html

Learn more about safe food handling at www.canada.ca/en/health-canada/services/general-food-safety-tips.html.

WIRE GRILL BRUSH ALERT

Canadian surgeons are warning against the use of wire grill brushes.

The thin, sharp wires can come off the brushes, stick to barbecue grills and cling to food without being noticed. If swallowed, it can cause damage to the mouth, throat and even the stomach.

If you choose to use a wire brush, there are things you can do to keep it in good condition:

- Inspect the brush each time you use it and look for loose bristles. If the bristles look worn down or clogged with grease, replace the brush.
- If the brush looks ok, grill maker Weber suggests taking a pair of pliers and tugging on a bristle about as hard as you would pull on a blade of grass. If the bristle comes out, it's a sign it's time to replace the brush.
- After scrubbing with a brush, wipe the grill with a damp cloth to get rid of any loose bristles that may have been missed.
- Don't leave your brush outdoors since it will wear down faster when exposed to the elements.
- If you'd prefer to ditch the brush altogether, there are nylon and stainless steel pads, and scrubbing blocks available too.

Rainbow Potato Salad

Makes 5 servings

INGREDIENTS:

1½ lbs (680 g)	multicolour baby potatoes
	Kosher salt
⅓ cup (80 mL)	2% Greek yogurt
⅓ cup (80 mL)	olive oil mayonnaise, or light mayonnaise
1 tsp (5 mL)	yellow mustard
1½ tsp (7.5 mL)	fresh dill, divided
	freshly ground black pepper, to taste
1	dill pickle spear, finely chopped
1	medium celery stalk, finely chopped
2	small green onions, chopped
1 tbsp (15 mL)	pickle juice

DIRECTIONS:

1. Place potatoes in a large pot of salted water and bring to a boil. Boil for 10–15 minutes, or until fork-tender. Drain and set aside to cool.
2. Meanwhile, in a small bowl, combine the yogurt, mayonnaise, mustard, 1 tsp (5 mL) dill, pinch of salt and pepper. Set aside.
3. When potatoes are cool enough to handle, set aside half. Peel the other half by gently pinching the skin and pulling it away. Place peeled potatoes in a medium bowl and mash with a potato masher. Dice the remaining potatoes into 1-inch (2.5-cm) cubes and add to the bowl with the mashed potatoes.
4. Add pickle, celery, ¼ tsp salt, pepper and all but 1 tbsp (15 mL) of the green onion. Add the yogurt mixture and pickle juice to the potatoes and toss gently to evenly coat. Garnish with remaining dill and green onion.

Recipe adapted from Skinnytaste.com

Chicken Souvlaki with Dill Tzatziki

Makes 4 servings

INGREDIENTS:

1 lb (500 g)	boneless, skinless chicken breasts
1 tbsp (15 mL)	dried oregano leaves
2	large cloves garlic, minced
½ tsp (2.5 mL)	grated lemon rind
3 tbsp (45 mL)	lemon juice
	pinch freshly ground pepper

TZATZIKI:

⅔ cup (160 mL)	0% Greek yogurt
⅓ cup (80 mL)	shredded cucumber, squeezed dry
1	small clove garlic, minced
1 tbsp (15 mL)	chopped fresh dill
½ tsp (2 mL)	grated lemon rind

DIRECTIONS:

1. Cut chicken breasts crosswise into 1-inch (2.5 cm) strips and cut each strip into 1½-inch (3.5 cm) chunks. Place in bowl. Add oregano, garlic, lemon rind, lemon juice and pepper and stir to coat well. Cover and refrigerate for up to 30 minutes.
2. Meanwhile, in bowl, stir together yogurt, cucumber, garlic, dill and lemon rind until combined. Cover and refrigerate for up to 24 hours.
3. Preheat broiler to high, or if using grill, preheat grill to medium high.
4. Skewer chicken onto 4 metal or soaked wooden skewers (see tip below). If broiling, place on foil-lined baking sheet and place sheet in oven, about 6 inches (15 cm) from broiler. Broil, turning once, for about 8 minutes or until golden brown and no longer pink inside.
5. If grilling, place skewers on greased grill over medium heat for about 10 minutes. Turn once.
6. Serve with tzatziki.

TIP: Soak wooden or bamboo skewers in water for about 15 minutes before using to reduce flareups.

Corn Tomato Avocado Salad

Makes 4 servings

INGREDIENTS:

- 1 cup corn kernels from 1 large steamed corn on the cob
- 5 oz (140 g) diced avocado, from 1 medium
- 1½ cup (350 mL) diced baby cucumbers, about 3 small
- 1 cup (250 mL) halved cherry tomatoes
- 2 tbsp (30 mL) diced red onion
- 2 tbsp (30 mL) fresh lemon juice, from 1 medium lemon
- 2 tsp (10 mL) extra virgin olive oil
- ¼ tsp (1.25 mL) kosher salt
- fresh black pepper, to taste

DIRECTIONS:

1. Toss all ingredients together and serve immediately. Enjoy!

Recipe adapted from Skinnytaste.com



Avocado and Beet Wrap

Makes 1 serving

INGREDIENTS:

- 1 multigrain wrap
- 1 red beet
- ¼ cup (60 mL) feta cheese
- 1 avocado
- 2 tbsp (30 mL) lemon juice
- 1 tbsp (15 mL) sunflower seeds
- handful of arugula
- pinch of sea salt
- ground pepper, to taste

DIRECTIONS:

1. Pour water into a pot and bring to boil. Add salt and cook the beet until tender. Cooking time will vary depending on the size of the beet. Once the beet is well cooked, take out of the pot and let cool on a cutting board before peeling.
2. Mix beet with feta cheese in a food processor until smooth and set aside.
3. Spread beet purée on the wrap.
4. Cut avocado in quarters lengthwise and brush with lemon juice to prevent discoloration.
5. Arrange avocado quarters, sunflower seeds, and arugula on the wrap.
6. Season with salt and pepper to taste before rolling up.

Recipe adapted from Cookspiration.com



Fudgy Flourless Crinkle Brownie Cookies with Sea Salt

Makes 18 cookies (9 servings)

INGREDIENTS:

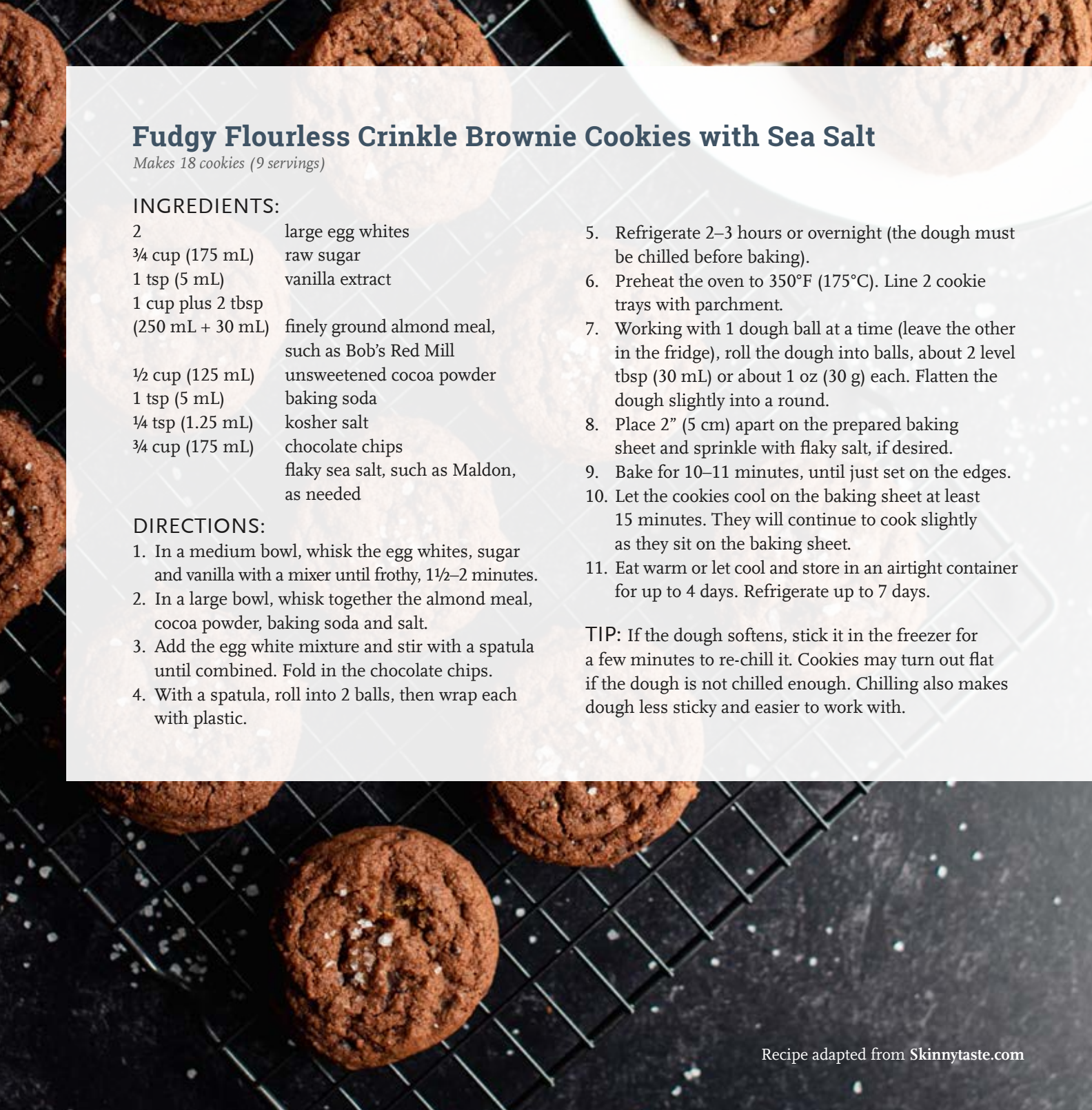
- 2 large egg whites
- ¾ cup (175 mL) raw sugar
- 1 tsp (5 mL) vanilla extract
- 1 cup plus 2 tbsp (250 mL + 30 mL) finely ground almond meal, such as Bob's Red Mill
- ½ cup (125 mL) unsweetened cocoa powder
- 1 tsp (5 mL) baking soda
- ¼ tsp (1.25 mL) kosher salt
- ¾ cup (175 mL) chocolate chips
- flaky sea salt, such as Maldon, as needed

DIRECTIONS:

1. In a medium bowl, whisk the egg whites, sugar and vanilla with a mixer until frothy, 1½–2 minutes.
2. In a large bowl, whisk together the almond meal, cocoa powder, baking soda and salt.
3. Add the egg white mixture and stir with a spatula until combined. Fold in the chocolate chips.
4. With a spatula, roll into 2 balls, then wrap each with plastic.

5. Refrigerate 2–3 hours or overnight (the dough must be chilled before baking).
6. Preheat the oven to 350°F (175°C). Line 2 cookie trays with parchment.
7. Working with 1 dough ball at a time (leave the other in the fridge), roll the dough into balls, about 2 level tbsp (30 mL) or about 1 oz (30 g) each. Flatten the dough slightly into a round.
8. Place 2" (5 cm) apart on the prepared baking sheet and sprinkle with flaky salt, if desired.
9. Bake for 10–11 minutes, until just set on the edges.
10. Let the cookies cool on the baking sheet at least 15 minutes. They will continue to cook slightly as they sit on the baking sheet.
11. Eat warm or let cool and store in an airtight container for up to 4 days. Refrigerate up to 7 days.

TIP: If the dough softens, stick it in the freezer for a few minutes to re-chill it. Cookies may turn out flat if the dough is not chilled enough. Chilling also makes dough less sticky and easier to work with.



Recipe adapted from Skinnytaste.com

NUTRITIONAL INFORMATION | Recipe images do not show exact recipe.

Rainbow Potato Salad (per svq):	Corn Tomato Avocado Salad (per svq):	Avocado and Beet Wrap (per svq):	Chicken Souvlaki with Dill Tzatziki (per svq):	Fudgy Flourless Crinkle Brownie Cookies with Sea Salt (per svq):
Calories 178	Calories 128	Calories 613	Calories 166	Calories 207
Protein 4 g	Protein 2.5 g	Protein 18.5 g	Protein 32 g	Protein 6 g
Fat 7 g	Fat 8.5 g	Fat 40 g	Fat 2 g	Fat 12 g
Cholesterol 7 mg	Saturated Fat 1 g	Saturated Fat 9.9 g	Saturated Fat 1 g	Saturated Fat 3 g
Carbohydrate 24 g	Carbohydrate 14 g	Cholesterol 35 mg	Cholesterol 73 mg	Carbohydrate 30 g
Fibre 3 g	Fibre 4 g	Carbohydrate 53.2 g	Carbohydrate 4 g	Fibre 8 g
Sugars 2 g	Sugars 3.5 g	Fibre 16.2 g	Fibre 0 g	Sugars 16.5 g
Sodium 373 mg	Sodium 83 mg	Sugars 9.3 g	Sugars 2 g	Sodium 189 mg
		Sodium 853 mg	Sodium 78 mg	

Hot fun in the summertime

by Susan Evans



While the outlook for this summer is positive, it does look like many of us will be sticking close to home again this year.

I'm not going to use the word "staycation" because we've heard that too often the past few months. Instead let's celebrate the fact that we live on Vancouver Island, one of the most beautiful places on earth and a holiday destination for people around the world—all available by just walking out our own front door. Let's make the most of our "backyard" this summer.

START AT HOME

Summer is all about doing stuff outside and what better place to be than your own backyard.

- Grow your own veggies or flowers in your backyard. Or get involved with your local community gardens.
- Set up outdoor games that kids and parents can play together like bocce ball, croquet and badminton.
- Try setting up your very own outdoor movie theatre. Use a projector unit and hang a sheet for a screen.
- Have a picnic. Instead of eating at your patio table, throw a blanket on the grass and bring a picnic basket.
- Learn about birds and bird calls and explore your neighbourhood listening and looking. There are (free) apps

available for your phone to help identify birdsong. Install a hummingbird feeder (remember to keep it filled).

- Camping: set up a tent and have a family sleepover in your own backyard. Make it feel like camping—eat outside, use flashlights in the dark and tell (not too) scary stories.
- Sprinklers, Slip 'N Slides and water tables – this one is probably geared more to little kids but who doesn't love a good Super Soaker on a hot day?
- Host an impromptu backyard potluck with neighbours and friends (within public health guidelines of

course). There is something to be said for entertaining without having to clean your house first.

COMMUNITY ACTIVITIES

There will be some community activities available this summer and many are free or very inexpensive. Check your local community guide and look for things like:

- Outdoor movie nights.
- Free concerts—in parks and urban centres.
- Free days at local museums and art galleries.
- Visit the farmers market—find one new food to try.
- Go for a drive and an ice cream cone after dinner. Especially fun if little ones get to go in their PJs.

- Check out parks you haven't visited before—look for play parks in different neighbourhoods or regional parks with easy hiking trails.
- Head to the beach but try a different time of day—go for a picnic dinner or first thing in the morning with your coffee.
- Go berry-picking then head home to bake a pie.

ENJOY THE GREAT OUTDOORS

- Hiking, kayaking and canoeing are all great outdoor activities that allow for social distancing.
- Vancouver Island has an abundance of beautiful and varied cycling routes. From a short jaunt on a dedicated trail to a 100km tour of Greater Victoria,

there's something for everyone – mountain biking in Nanaimo, Cumberland and behind the Hartland landfill and extended road cycling trips from Metchosin to Sidney and beyond. Check online for route ideas to hit the pavement and trails.

- When allowed, how about a road trip? Whether for a weekend or a couple of weeks, explore our beautiful province and make family memories that you will talking about for years to come.

At the time of writing, BC residents will soon be allowed to travel around the province. There are many interesting places to visit—find information on Tourism BC's website at hellobc.com



Primary Care Networks Explained

by Shawna Cadieux

Primary Care Network. It's a term we are hearing more often as government transforms everyday health care for communities across British Columbia by establishing Primary Care Networks or PCNs. Here on Vancouver Island, PCNs have been formed in several communities including Saanich Peninsula, Western Communities, Cowichan, Oceanside, and the Comox Valley and over time will bring additional resources and strengthened support to our region. These PCNs are a result of a partnership between the Ministry of Health, Island Health, Divisions of Family Practice, and local Indigenous partners.

We know that PCNs are meant to support healthcare, but what are they and how can they help to create healthier outcomes for Island Health residents?

PCNS WILL OFFER TEAM-BASED CARE

PCNs are not buildings made of bricks and mortar. Rather, they are geographically-based networks of resources and providers that plan and deliver the primary care needs of a community or region. PCNs include existing family doctor offices, nurse practitioners, services offered at health authority facilities, community health service organizations and more. And, within each PCN are groups of teams located throughout the network whose members work together to understand their patients' needs and provide the most appropriate care.

Team-based care offers a patient and family-centred model where patients receive care from a strong and connected interdisciplinary team of health care providers who are also able to link patients within the network to other services they may need, such as specialty or surgical services. Your team might include your doctor and/or nurse practitioner as well as other providers like Indigenous health professionals, mental health counsellors and social workers.

"We are excited to be one of the first clinics in the area to really embrace team based care and the Primary Care Network model," says Dr. Matthew Ward, Medical Director, Eagle Creek Medical Clinic, a primary care clinic that belongs to the Western Communities PCN.

"Our clinic is going to serve as an example, a blueprint, of how team based care can evolve and flourish in the Western Communities."

PCNS WILL INCREASE ACCESS TO PRIMARY CARE

PCNs provide a full range of accessible, everyday health services that will better support patients and providers. The networks were developed to better meet the specific needs of the community and to strengthen services identified as

high priority which means that no one PCN is the same as another.

These services might include:

- increased access to primary care supports;
- increased attachment to a primary care provider;
- increased access to urgent care;
- improved access to mild to moderate mental health and substance use services; and
- better co-ordinated services for families and seniors who are frail and people with complex health issues.

PCNS WILL OFFER CULTURALLY SAFE SUPPORT FOR INDIGENOUS PATIENTS

What all PCNs have in common is the commitment to providing culturally safe primary care for Indigenous people. Indigenous partners, including community leaders, have been involved in the development of primary care networks, from planning to governance, and advise on the implementation of primary care.

All PCNs on Vancouver Island will employ Indigenous liaisons who work with Indigenous patients and the community to provide access to culturally safe services. For other services within a PCN such as urgent and primary care centres, community health centres and First Nation-led primary care centres, complementary providers such as traditional wellness providers are included in team-based care delivery.

"My role is to ensure we apply an Indigenous lens to all aspects of our strategic priorities, planning, direction and activities carried out by the PCN," says Amy Rosborough, Indigenous Leader with the Cowichan Primary Care Network.

"Most importantly, my role is to honour and consistently lend voice to our Indigenous stakeholders, patients and families to ensure we consistently deliver high quality services to all patients we may serve".

Alex Jules, an Indigenous Wellness Liaison within the Comox Primary

Care Network helps PCN stakeholders to engage in learning about Indigenous-specific racism and implement practices and processes that are experienced as culturally safe by First Nations, Inuit and Métis peoples.

"My work supports Indigenous patients, family and community by recognizing the impacts of colonization," he says. "I also advocate for health provider relationships that are patient and family centred, promote culturally safe engagements and are trauma informed."

PCNS WILL REDUCE THE BURDEN ON HOSPITALS

By linking people with primary care providers and making it easier to access care, PCNs are helping people to avoid unnecessary hospital visits, including to emergency departments.

Some PCNs include urgent and primary care centres (UPCCs), which are open to all patients and offer improved access to same-day, urgent but non-emergency health care, including during evenings and weekends. People who require medical attention within 12-24 hours for sprains, minor cuts or burns or other conditions can visit an urgent and primary care centre.

"As a working parent with young children, the Nanaimo Urgent & Primary Care Centre has been an invaluable resource. Whether dealing with potential mastitis, a strep test, suspicious rashes, or various injuries, there are so many things that have come up that cannot wait for an appointment with our family physician, but also aren't severe enough to require an ER visit," says Caitlin Boutin.

"Being able to deal with a matter urgently without a lengthy wait is such a relief when also having to juggle so many other family responsibilities. In one instance, I realized my son had an angry sore throat at dinnertime, was able to have him seen by a doctor and was home with antibiotics for his strep throat by bedtime."

PCNS WILL MAKE IT EASIER TO GET ATTACHED TO A PRIMARY CARE PROVIDER

One of the biggest challenges that people report is finding a doctor or nurse practitioner to provide ongoing care – approximately 18 per cent of British Columbians don't have a primary care provider and for those who do, fewer than half are able to get a same-day or next-day appointment.

In each PCN, health care professionals have been or are being hired to provide people with better access to primary care. At some clinics, patients are 'attached' to a physician or nurse practitioner. As PCN services continue to expand and more care providers are hired at clinic sites, attachment will continue to grow, as well.

TRANSFORMING PRIMARY CARE IN BC AND ON VANCOUVER ISLAND

To summarize, Primary Care Networks mean that patients:

- who do not have a doctor or nurse practitioner will be able to get one by calling HealthLinkBC at 8-1-1 to find a primary care provider in their community;
- once attached, will have an ongoing relationship with their primary care provider;
- will get access to faster, more convenient care from their doctor or nurse practitioner and the care team;
- will be provided and connected with a range of appropriate and accessible services and supports;
- will be informed about all aspects of their care including services within their community; and
- will know where to go to get the care they need, even during evenings and weekends.

PCNs bring together a variety of partners who are committed to supporting better health and wellness journeys for people, families, and communities. By working in partnership, we are discovering how to provide team-based care to meet the health and care needs of Island Health residents - including vulnerable patients and those with complex health conditions – faster and closer to home.



Retirement readiness—it's not too soon to start planning

This is not your grandmother's retirement. by Susan Evans

These days, retirement means something different to everyone. For some, it's a time to work on long-delayed projects or volunteer for a beloved cause, for others it's a time to stop punching the clock and do nothing at all. While focusing on the financial aspects of retirement is usually the first priority, it's also important to think about how you want to spend your days—what will you do when you don't have to head off to work every day?

Sue Maitland (suemaitland.com) is a life coach and one of her specialties is helping people plan for retirement—not financial planning but helping them plan how they will spend their days. “It's important to think about how you want to spend your time in this next phase and ideally have some clarity before you retire,” says Maitland.

“Retirement can be the best time of your life if you have a sense of purpose and feel connected.”

Maitland also notes that today's retirees are more likely to take on some kind of paid work—whether part-time or contract work—not just to supplement their income but also to stay engaged with the working world.

A LONG TERM PLAN FOR RETIREMENT

Don Stewart retired from the provincial government two years ago but he started planning for retirement 10 years before that. “I like to be busy so I came up with a three-pronged approach to my retirement—recreational activities, something creative and a consulting

business idea to generate income and keep my mind active,” says Stewart.

Stewart started taking golf lessons long before he retired. “I thought about what I could do to stay active and I decided to try golf—I'd never played before but it seemed like everybody I know who retired plays golf so why not try it. I started taking lessons a few years back and now I'm really enjoying it.”

Part two of his plan was music. Stewart played the drums as a teenager so he picked up a drum set and started playing again in his 50's. “My goal was to play with a band and get paid for a gig,” says Stewart. “I did achieve that goal

but I haven't been able to perform since COVID hit. I continue to practice and hope to play again once live music is happening.”

Stewart also developed a business plan and rented studio space although his plans were put on hold during the pandemic. “For me, retirement means doing the things I enjoy,” he notes. “What I have learned though is that you need to be prepared to change your plans—COVID meant I had to adjust—I'm still doing the things I like to do, they're just different from what I originally planned.”

“It's important to have a plan of what you want to do, but it's equally important to

be flexible,” notes Maitland. “Something else might come up that means you need to make changes—nobody expected COVID and the impact it would have on all our plans.”

According to Maitland, retirement is the perfect time for self-reflection and learning who you are. “Time spent reflecting on the things that light you up and bring you joy allows you to make more conscious choices about how you spend your time,” says Maitland. “For instance, where you might volunteer and the people you connect with—these should be aligned with your values.”

“Time spent reflecting on the things that light you up and bring you joy allows you to make more conscious choices about how you spend your time.”

GIVING BACK

Gabi Townsend took a different approach to retirement readiness and relaxed into it for the first few months while she considered her options. “I didn’t have any specific plans other than I wanted to be more active so I took up kayaking,” says Townsend. “I really enjoyed the pace of having my days to myself without a lot of commitments.”

After a couple of months, she decided she wanted to add some structure back into her life and took a short-term contract in a similar line of work. That led to more work as well as a volunteering opportunity.

“I discovered that retiring doesn’t mean sitting on your deck all day reading,” says Townsend. “I’ve explored different volunteering gigs and currently have a few things going, including being a volunteer with Island Health delivering workshops on Advance Care Planning, as well as helping out at a vaccination clinic once a week.”

In addition to her volunteer work, Townsend has taken on some paid contract work.

“I started small in terms of hours and commitment as I tried to figure out what would work for me,” says Townsend. “You have to trust the process that it will lead you to where you need to be.”

TIME FOR EXPLORATION

Shannon Marshall started planning her retirement from her government communications position 60 months before her leave date; she used that time to plan her finances, her living situation and how she wanted to spend her days.

An avid runner, cyclist and outdoor enthusiast, Marshall knew she wanted to be active so in addition to her usual activities she started golf lessons finding another sport she now loves—one that would turn out to be a good fit for her lifestyle. “I had been a runner for years when I discovered a foot issue and had to stop running—cycling and golf are now my go-to activities,” says Marshall.

Marshall has also been able to continue working at her own pace. “I have been lucky to find contract work that keeps me busy during the winter months when outdoor activities are limited,” says Marshall. “I’ve also started volunteering at Wild Arc, the BCSPCA Wild Animal Rehabilitation Centre.”

A lifelong learner, Marshall has embraced the opportunity to learn more about her Hawaiian and Indigenous ancestry and their cultures. “Retirement has given me the time and space to pursue activities that have been at the back of my mind but didn’t have time for. It’s exciting to be exploring a whole new range of interests.”

There are many things to think about when planning for retirement. There are financial considerations, but also family to think about—there may be children, grandchildren or elderly parents who need your time and attention. You might be considering moving to a new location, or downsizing to a smaller home. While you spend time and energy thinking about all the variables and coming up with a plan, remember that flexibility is also important.

There are online resources and tools as well as books you can find at the library to jumpstart this thought process.

After a lifetime of working, sometimes it’s hard to figure out what to do next. “Ask yourself—what do I love to do, what lights me up, what are the skills that I really love to use,” suggests Maitland. “Identifying these things will help you craft that next phase of your life and to do something that delights you, that is fulfilling and meaningful.”

“Make physical activity and healthy eating a priority in the years leading up to retirement and have a plan to continue.”

MAKE HEALTH A PRIORITY

It is harder to enjoy retirement if you are in poor health. If you want to be active—to travel, keep up with your grandkids and spend time doing the things you want to do—make sure you have the energy. Make physical activity and healthy eating a priority in the years leading up to retirement and have a plan to continue. The good news is, now that you’re retired, you can exercise during the non-busy times at the gym or rec centre where you will also find fitness programs designed for seniors (and many offer senior discounts).

STAY CONNECTED

We are social animals and the benefits of being with other people are considerable. Adults with strong social support have a reduced risk of many significant health problems, including depression and high blood pressure. Many of our social connections are through work and once we leave the workplace, we may lose those relationships. Find activities that involve others and make a plan to connect with your old friends—and find new friends—through these activities.

KEEP WORKING

Many retirees find they miss working or want to supplement their retirement income and begin a “second career.” This could be doing consulting in your area of expertise or if you’re interested in carpentry or gardening, you might get a part-time job at the local hardware store or garden centre. Or turn a hobby like woodworking or gardening into extra income by offering your services.

Continuing to work can give you a sense of purpose, keep you connected to people, give your weekly schedule some structure and provide income—to pay bills or allow for a few luxuries.

LET CREATIVE JUICES FLOW

What did you love to do as a kid? Perhaps you collected stamps or coins, read voraciously or had a passionate interest in horses. Now might be the time to rekindle that interest, or find a new one



“Volunteering not only helps the people you work with but has also been shown to increase happiness and satisfaction for those doing the volunteer work. It’s also another great way to meet people and stay connected.”

like cooking, photography, researching your ancestry or crafting—the list is endless. Check out your local community centre for classes or search the internet for groups in your area. Don’t be afraid to try new things to see what inspires you.

Many people use their retirement years to pursue the artistic interests they haven’t had time for during their working life. Painting, playing a musical instrument, writing, learning to dance or joining amateur theatre are just a few of the ways to express your creativity now that you have more time.

As we get older, we tend to be less self-critical and impatient with our progress and so enjoy these activities more. You can find classes and many of these activities at your local community centre (often offered with that senior’s discount) or through local clubs or organizations.

GIVING BACK

One thing you have now is time to give. There are many organizations that rely on volunteers, including the arts, hospitals and social or political associations. If you want to help, go online and look

for volunteer services in your area for a list of opportunities, or approach the organization directly.

Volunteering not only helps the people you work with but has also been shown to increase happiness and satisfaction for those doing the volunteer work. It’s also another great way to meet people and stay connected.

To learn about volunteer opportunities at Island Health visit: islandhealth.ca/volunteer-resources/volunteer-opportunities



THE CONTACT IDENTIFICATION TOOL

KEEPING PATIENTS AND STAFF SAFE

by Andrea Zeelie-Varga

As a vital part of ensuring patient safety, Island Health follows strict infection control to prevent the introduction and spread of infection. Because of COVID-19, we've all become familiar with measures like screening, hand hygiene stations, and proper personal protective equipment. But even with strong procedures in place, transmission of infectious viruses such as COVID-19 within Island Health care and service locations may still be possible.

“The Contact Identification Tool is a time saver; tracking down contacts for a positive case now takes just minutes, a task that previously took hours.”

As a vital part of ensuring patient safety, Island Health hospitals, clinics, centres, health units, and long-term care locations follow strict infection control to prevent the introduction and spread of infection. Because of COVID-19, we've all become familiar with measures like screening, hand hygiene stations, and proper personal protective equipment. But even with strong procedures in place, transmission of infectious viruses such as COVID-19 within Island Health care and service locations may still be possible.

“We need to reduce the risk of spreading infection in health service access. Where we have any reason to believe that contact with an infected person might take place, we want to identify all of those contacts as quickly as possible,” shares Dr. Ken Moselle, Director of Applied Clinical Research Island Health, “The sooner contacts are identified, the better.”

This is especially true when dealing with medically compromised or clustered populations to minimize any chance of an outbreak occurring. Following a hospital admission, for example, a patient might move to another room or unit one or more times for additional care. As well, a patient may move to other locations in the hospital during an admission for various procedures, such as medical imaging. A patient might be transferred to a long-term care facility or be discharged back into the community. Staff may also move around, caring for patients in different rooms to changing units while on shift. If a patient or staff member is unknowingly infected with COVID-19, they may inadvertently infect a number of people in multiple locations, even before testing positive for COVID or other contagion-based infections.

Effective contact tracing depends on identifying people who have been in

close contact with a positive COVID case. Contact tracers experience different challenges when trying to track the movement of persons who may be infected and able to transmit and have found it difficult in the past to access information related specifically to staff contacts and transmission within health-care settings. With funding from the Michael Smith Foundation for Health Research and the Victoria Hospitals Foundation, Dr. Moselle collaborated with a team of Island Health experts to develop an innovative tool to help solve this challenge, and make the process of contact identification quicker and easier for Infection Prevention and Control.

Stan Robertson, Clinical Research Specialist and computer scientist at Island Health, developed the Contact Identification Tool, an infectious disease transmission-tracking instrument to help trace COVID-19 within Island Health, where patients or staff may have unknowingly come into contact with someone with COVID-19. He adapted an existing contact-tracing tool that was created by Jonas Bambi, Lead, Systems Engineer / Integration Architect at Island Health, during the onset of COVID. With a deep understanding of Island Health data assets, Stan was able to build a seemingly simple tool that runs in Excel, in order to provide an almost instantaneous, complete, and accurate picture of potential transmission within Island Health settings.

In order to do this, the Contact Identification Tool links every patient and staff member to a unique code identifier which can then be tracked by a very small group of assigned users of the tool. Staff can be traced through their Island Health Employee Number and patients can be traced through their Personal Health Number.

The tool cross-references the unique code identifier for a person who has tested positive with other Island Health data (pulled from multiple systems) to find out where that person has physically accessed care or services during a specified time period. Robertson mapped over 2,300 Island Health service locations, and engaged Data Warehouse, business systems leaders, and data experts to obtain refreshed data about patient encounters and staff schedules. The accuracy and completeness of the information about possible contacts hinges critically on deployment of Cerner across the full continuum of Island Health services.

“The tool allows for more rapid identification of possible contacts, speeding up the contact tracing process,” says Blair Ranns, an epidemiologist in Infection Prevention and Control at Island Health. By inputting an identifier and specifying a period of time, Ranns is able to find out which Island Health patients and staff were in the same place at the same time, along with their email and telephone contact details.

Ranns sees broader application of the tool, “I'd like to use the Contact Identification Tool beyond the COVID-19 pandemic. I can see it working really well in a few situations.” The Contact Identification Tool is a time saver; tracking down contacts for a positive case now takes just minutes, a task that previously took hours.

Island Health is committed to providing the safest health care possible. Adding effective reactive capability to the existing preventative infection controls keep patients, staff, and our broader community safe.



JUST SAY **NO** TO **HOT DOGS**

The temperature in a vehicle, even in the shade with the windows partly open, can seriously harm or even kill your dog in as little as 10 minutes.

Please leave your pets at home with lots of cool water on hot days.

If you see an animal in distress, call the BC SPCA cruelty hotline at **1-855-6BC-SPCA** or your local police department immediately.

