

ISLAND health

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NEW CERVICAL CANCER
SELF-SCREENING
PROGRAM

RESPIRATORY
THERAPISTS HELP
COPD CLIENTS

BEAM SIGNING CELEBRATION AT THE
FUTURE COWICHAN DISTRICT HOSPITAL

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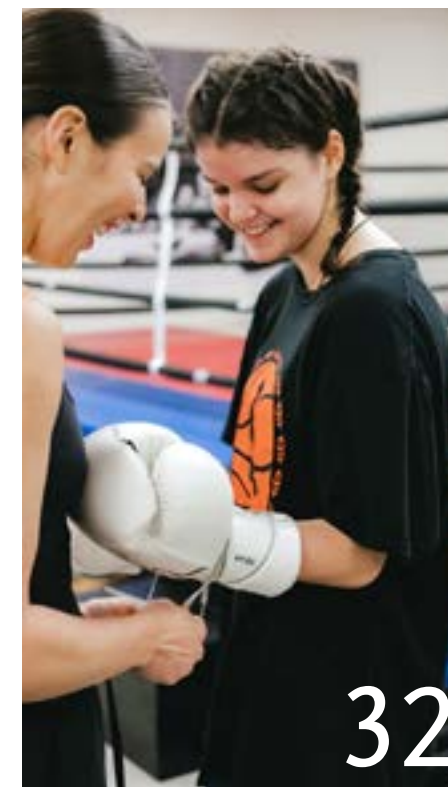
Talk to an experienced call taker
 to get help finding local services.



6



18



32

CONTENTS

- 6 CDH UPDATE**
Workers beam with pride at construction milestone.
- 8 COMMUNITY RESPIRATORY THERAPISTS**
Enabling healthier living for clients with COPD.
- 12 SELF-SCREENING PROGRAM FOR CERVICAL CANCER**
New at-home test screens for HPV, the leading cause of cervical cancer.
- 16 NANAIMO CANCER CENTRE**
New cancer centre at the Nanaimo Regional General Hospital.
- 18 SUMMERTIME AND THE GRILLING IS EASY**
Grilling information and summer recipes for the barbecue.
- 24 STAY SAFE IN SUMMER HEAT**
Information and tips for taking care during hot weather.
- 26 TRIUMPHING OVER TRAUMA**
Patients recover from trauma events with the help of Island Health’s Trauma Recovery Clinic.
- 28 POISON PREVENTION TIPS FOR PARENTS**
Raising awareness of poisoning injuries and tips to protect kids.
- 30 FATHER-DAUGHTER PHYSICIAN TEAM**
Drs. Nirwan work together to provide care at James Bay UPCC.
- 32 ISLAND HEALTH RESILIENCE AND SAFETY GRANT**
Transformational training programs for Indigenous youth focus on boxing.
- 34 ISLAND HEALTH RESEARCH**
Enhancing cultural safety through education.

With great respect and humility, Island Health acknowledges the Coast Salish, Nuu-Chah-Nulth and Kwakwaka’kwak 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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On the cover: our friends from the Cowichan District Hospital Foundation, Executive Director Naomi Low and Aimee Scholefield, sign the beam before placement atop the new CDH Diagnostic and Treatment building.

CONTRIBUTORS



Audrey Larson feels honoured to live, work and learn in Coast Salish territory. As a communications and engagement advisor, she enjoys getting to know people in the communities in which she works. Audrey believes wholeheartedly in the power of collective impact and strives to support community connections that create better health for all.



Tiffany Akins joined Island Health last summer. Previously, she worked at BC Children's and BC Women's hospitals, Vancouver Coastal Health and the BC Government. She began her career in communications working in broadcast news in Edmonton. In her free time, she enjoys local beaches and parks with her rescue dog.



Moira McLean has been on the Island Health communications team for 17 years. Prior to joining us, she was an award winning radio and television journalist. Moira lives in Victoria with her husband and their 17-year-old twin boys. She enjoys walking, reading, and recently took up weight training.



Shawna Cadieux is an Island Health communications advisor with a background in broadcast journalism and communications. She and her family – her husband, two young adult children and spoiled Goldendoodle – are honoured to live, work and play on the traditional and unceded territory of the Cowichan Tribes people.



Annie Moore works in Island Health's Research Department to enhance education, engagement and funding opportunities across the region. She works closely with researchers and colleagues to share stories about initiatives that can improve health and care where we live.



Theresa Chaboyer joined Island Health communications in the fall. She most recently worked for the Province at the Ministries of Education & Child Care and Health. Theresa began her career in communications and marketing in the vibrant tech sector in Vancouver's Yaletown. She enjoys raising her teens in Victoria and exploring different trails with her black lab Coco.

MESSAGE FROM THE PRESIDENT & CEO

Another summer has arrived in Island Health, and with it, an opportunity to spend more time being active outdoors – whether on our beaches, in our forests, or enjoying outdoor events in our communities.

In May, I had the pleasure of attending a milestone event at the construction site of the new hospital being built in the Cowichan Valley. The occasion included the placement of a commemorative steel beam, marking the structural completion of the diagnostic and treatment centre on the site. It truly was a celebration – the beam had been signed earlier by more than 1000 people, including 400 staff from the current hospital and 600+ tradespeople, staff and community partners who have supported this project and local health care. The atmosphere of positivity, pride, hope, and a sense of community partnership was profound. You can read more and see the photos on page 6.

There's exciting news for patients in Central and North Vancouver Island. The plan for a new Cancer Centre at Nanaimo Regional General Hospital has been approved. This means more cancer treatments will be available closer to home, reducing the need for long-distance travel. Joanne Falvai, a cancer survivor from Qualicum Beach, shares her story and how this new facility would have improved her treatment journey (page 16). You can also find crucial information about various cancer screening programs, including when and how to access them. Additionally, learn more about the new cervix self-screening test trialled here on Vancouver Island.

In this edition, we also explore how people from across the region live with Chronic Obstructive Pulmonary Disease (COPD) and benefit from

home and virtual visits from respiratory therapists. Through visits at home for assessments, treatments, education and care planning, many of the 522 clients receiving services have gained a renewed confidence in their ability to manage symptoms and their disease.

This issue of Island Health Magazine contains other stories of resilience – from the patients who share their survival and care experiences in our new dedicated trauma program (page 26) to the Indigenous athletes who are part of a transformational training program supported by an Island Health Resilience and Safety Grant. The Red Girl Rising program introduced the youth to boxing while focusing on mental well-being and provided the athletes with healthy coping and lifestyle habits.

I hope you enjoy reading about the great work of our Island Health teams, and have a safe and happy summer in our beautiful region.

With heartfelt good wishes,

Kathy MacNeil,
Island Health
President and CEO





BEAMING WITH JOY

Cowichan District Hospital Replacement Project Diagnostic & Treatment Centre soars to new heights.

by Audrey Larson, Project Communications

Cowichan marked a major construction milestone on their new community hospital as the project celebrated structural completion of the four-storey Diagnostic and Treatment Centre (D&T) on May 23.

To commemorate the milestone, project partners were invited to watch as construction crews raised a 12-metre steel beam into the roof of the top floor of the D&T containing more than 1,000 signatures from staff at the current hospital, crew members working on the build and community partners.

Before making its way to the rooftop of the D&T, the beam made a stop at the current hospital on April 30 for a staff BBQ/beam signing celebration in honour of healthcare staff and user group contributions towards the

design of their future workplace. More than 400 CDH staff stopped by to enjoy a burger and sign the beam with their teammates.

The Nuts'a'maat Alliance was delighted to be able to bring the project closer to staff at the current CDH, chatting with people from all programs, at all stages of their healthcare careers; some just starting out – as early as day two of their orientation – while others were celebrating their final day of work before embarking on retirement.

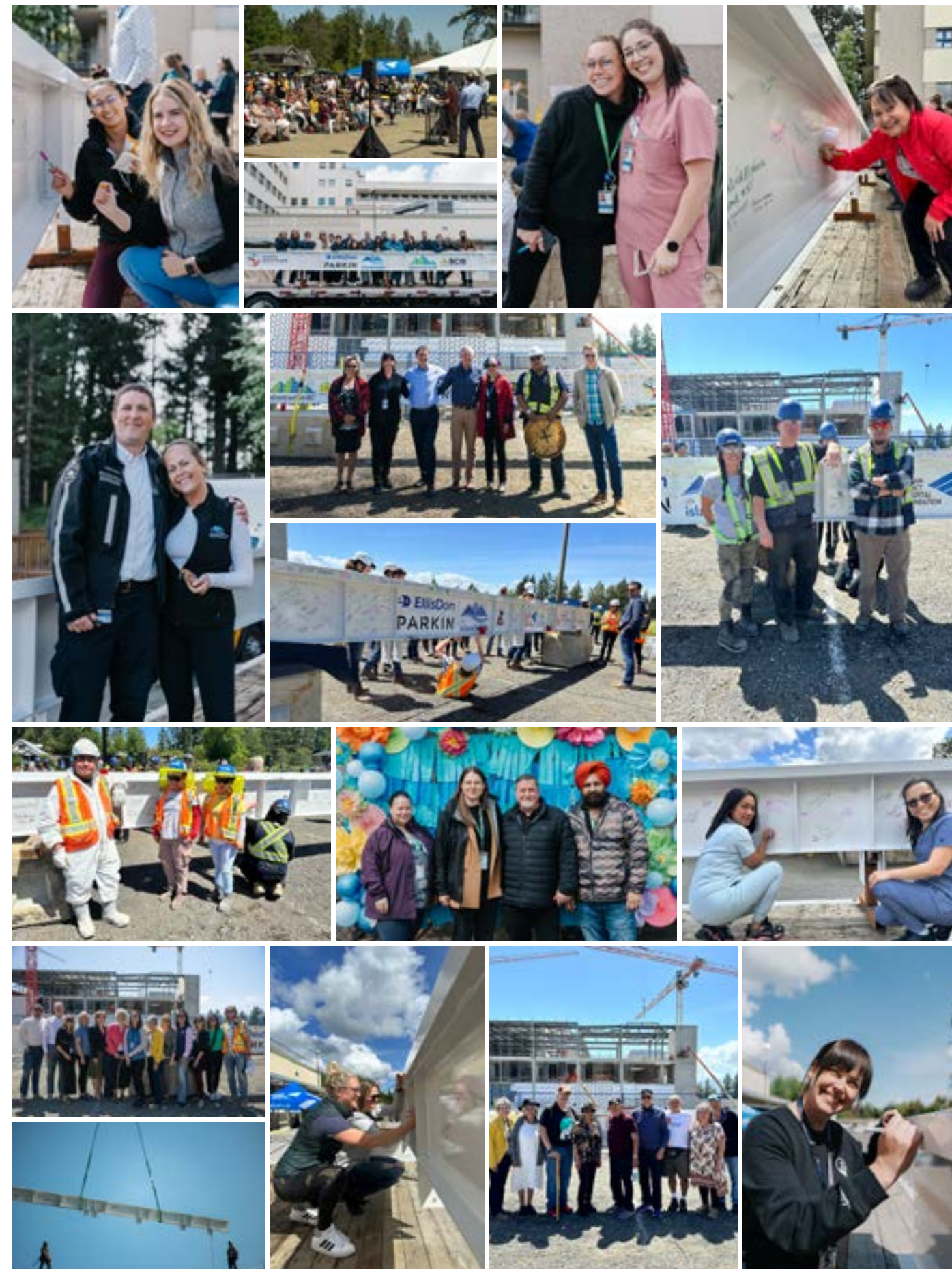
Both events were brimming with excitement, a true sense of community and shared celebration.

“When this hospital is ready to open, we will all be ready to embrace the

possibilities and what this will mean for our community,” said Terra Lee, RN, Clinical Nurse Educator, CDH Emergency. “We will stand and say, “This is not the hospital they built for us, but the one we created together.”

“When this hospital is ready to open, we will all be ready to embrace the possibilities and what this will mean for our community.”

—Terra Lee, RN, Clinical Nurse Educator, CDH Emergency



WATCH A VIDEO FROM THE TOPPING OFF CEREMONY



SEE MORE PHOTOS OF BUILD SITE CELEBRATION



SEE PHOTOS OF OUR HEALTHCARE STAFF BEAM SIGNING/BBQ.



“Our clients get very emotional, and we’ve seen tears of relief because now they understand the cause of their shortness of breath and are empowered by techniques to manage it. They also have a personal connection to reach out to when they’re scared.”
—Joanne Terry, Island Health RT

Respiratory therapists in the community empower COPD patients to manage care

by Theresa Chaboyer

People in Island Health with Chronic Obstructive Pulmonary Disease (COPD) are benefiting from home and virtual visits from respiratory therapists. In 2022, a two-year project was launched to embed 12 respiratory therapists (RTs) into Island Health Community Health Services (CHS) and offer in-person and virtual home visits to help clients living with COPD develop action plans and manage their symptoms.

This move built upon the success of the COPD clinic in Duncan, where RTs working within the CHS team provide wrap-around care to Cowichan residents living with COPD. The Community RT service is now being offered to COPD patients across Island Health.

Through visits at home for assessments, treatments, education and

care planning, many of the 522 clients receiving services have gained a renewed sense of confidence in their ability to manage symptoms and take care of themselves.

This includes client Gary Hood, who has grown fond of the care he receives from Community RT Val Shaver.

“I just love her. Val’s taking care of me, and I look forward to her visits. If I’m getting short of breath in my yard, I know the steps I need to take. She’s shown me the techniques, and I’ve been given the information I need to have a good quality of life,” said Hood.

In turn, Shaver enjoys working with clients like Hood.

“My job is so rewarding, and people thank me every day. I give them guidelines and routines that are life-changing for them, and I make sure they have medication if symptoms flare up, so they’re prepared,” she said.

Joanne Terry, another Island Health RT, also gets great satisfaction from her work.

“Our clients get very emotional, and we’ve seen tears of relief because now they understand the cause of their shortness of breath and are empowered by techniques to manage it. They also have a personal connection to reach out to when they’re scared.”

One of the other benefits of caring for people at home, either in person or virtually, is that RTs are also building a sense of community and helping people overcome social isolation. By teaching their clients techniques to help them breathe better, people can continue to do the things they love without fear or worry.

“COPD is an isolating illness. Many clients don’t leave their house because they’re too short of breath or scared of getting sick. We’re building a community,” said Jessica Lee, another Island Health RT working in Community Health Services.

By putting control back into clients’ hands, they feel more comfortable

going back out into the community to join local activities at seniors’ centres or walk around a shopping mall.

“I worked in acute care and when you send someone home you wonder how they’re going to make out. There was a gap in services once a patient left the hospital, and you worry about these people,” Lee added.

For people living remotely, the benefits are compounded as the logistical challenges associated with travel are eliminated, saving time and money and reducing stress.

Michael Atchison, a client living with COPD and neuromuscular dystrophy, is empowered with the information he learns during virtual care from Island Health RTs.

“Virtual visits are so awesome for me, being on a fixed income and living in a remote part of the Island past Zeballos. It’s an eight-hour drive for me to go to Campbell River and back. This has made a huge impact on my life giving me

“This has made a huge impact on my life giving me the information to get the help I need and just knowing when to get help.” —Michael Atchison, COPD client

the information to get the help I need and just knowing when to get help.”

Prior to the program, Island Health saw 14,000 inpatient days for COPD annually, 37 Emergency Department (ED) visits per day, and an eight-day average stay for inpatients. Now, Vancouver Island clients can access RT services through Community Health Services.

Patients surveyed about the virtual RT rehabilitation program reported a 100 percent satisfaction rate and a significant improvement in their ability to manage COPD.

LEARN MORE:



COMMUNITY HEALTH SERVICES / ISLAND HEALTH



COMMUNITY VIRTUAL CARE / ISLAND HEALTH



The Respiratory Therapy Team at Oceanside Community Health Services



The Respiratory Therapy Team at Saanich Community Health Services

New self-screening program will help detect cervical cancer sooner



The new screening test was launched earlier this year after a pilot study. Over 30,000 kits have been requested since the launch of the program.

Cervical cancer is the fourth most common cancer in women globally. Rates of cervical cancer are among the fastest increasing among females in Canada, but it is preventable through immunization and screening programs.

Pap tests have been the primary screening method for cervical cancer, but now women and individuals from 25 to 69 with a cervix can choose to order a kit to self-screen for the human papillomavirus (HPV), the leading cause of cervical cancer. Healthcare providers can also collect screening samples.

HPV AND CERVICAL CANCER
Ninety-nine percent of cervical cancers are caused by high-risk HPV. There are more than 100 types of HPV that men and women can contract, and while most types of HPV cause no symptoms and go away on their own, some can

cause health problems, including a variety of cancers. Only long-term infection with high-risk HPV can cause pre-cancerous changes to the cells of the cervix which can develop into cervical cancer if undetected and untreated.

A positive HPV test helps flag if a person is at risk for developing abnormal cells of the cervix, so those cells can be detected and treated early to prevent cervical cancer.

Dr. Lily Proctor, medical director of BC Cancer’s Cervical Cancer Screening Program, noted that the new test means there will be fewer missed cases

of cervical precancer and cancer. “In addition to being a better test, it’s one that can be performed at home, so it brings choice and autonomy and increases patient options,” she said.

BENEFITS OF NEW SCREENING TEST
The at-home self-screening test removes obstacles such as cultural barriers, history of trauma, the need for transportation, childcare and booking time off from work for traditional testing. It’s easy to use and allows women and individuals with a cervix to screen where and when they want.

The new screening test was launched earlier this year after a pilot study. Over 30,000 kits have been requested since the launch of the program.

“When I first saw the ad on social media for the cervix self-screening pilot, I thought I’d give it a try. I’m so glad I did,” said Christina Price, BC Cancer pilot study participant from Port Alberni. “I found out I had a high-risk type of HPV and ended up needing a procedure to remove the cancerous tissue from my cervix. We caught it early and I’m now cancer-free. I’m grateful this opportunity was there for me.

HOW TO ACCESS THE TEST KIT
People will receive a letter by mail when they are due to screen. They can then request a kit directly from the cervix-screening program by phone at 1 877 702-6566 or online at bccancer.bc.ca/screening/cervix.

“Prevention and being proactive are key. I’m thrilled that at-home self-screening is now being made available to anyone in B.C. who needs it.”

—Christina Price, Port Alberni

Once the sample is collected, the completed kit can be mailed in a post-age-paid envelope for analysis.

Results will be sent by mail or online to both the patient and their healthcare provider within four to six weeks of the kit being mailed in. If people don’t have a family doctor or nurse practitioner and receive a positive test, they will be connected to a linked clinic in their community, where they can receive follow-up care and support.

The transition to HPV screening (instead of a pap test) will be phased in over the next three years by age group, starting with people 55 and older. The self-administered HPV test means patients can easily self-collect a sample at home or at their health-care provider’s office.

“Prevention and being proactive are key,” said Price. “I’m thrilled that at-home self-screening is now being made available to anyone in B.C. who needs it.”

Screening saves lives

Screening can prevent cancer or help catch it in its earliest stages, allowing more treatment options and a better chance of recovery. BC Cancer has province-wide screening programs for breast, cervical, colon and lung cancer.



BREAST CANCER SCREENING
About 1 in 8 women will develop breast cancer in their lifetime. Screening mammograms (x-rays of the breasts completed in privacy by a specially trained female technologist) are the best way to find breast cancer early. Mammograms usually find lumps two or three years before you or your healthcare provider can feel them.

While people with a family history of breast cancer have a higher-than-average risk, the most significant risk factor for breast cancer is being a woman over 50 years old. Over 80% of new breast cancers diagnosed each year in BC are in women aged 50 or older.

WHO SHOULD GET SCREENED?
If you are aged 40 – 74 with a first-degree relative (mother, daughter, sister) with breast cancer, it is recommended that you get a mammogram every year.


If you are aged 40 – 49 without a family history of breast cancer, talk to your healthcare provider. If screening mammography is chosen, it is available every two years.

If you are aged 50 – 74 without a family history of breast cancer, it is recommended you get a mammogram every two years.

If you are aged 75+, talk to your healthcare provider. If screening mammography is chosen, it is available every two to three years.

Screening mammograms are the best way to find breast cancer early. Mammograms usually find lumps two or three years before you or your healthcare provider can feel them.

If you are at high risk for breast cancer (a very strong family history of breast cancer or known gene variant carrier), speak with your healthcare provider for more information and a referral.

 SCAN HERE FOR MORE INFORMATION ON HOW TO BOOK A SCREENING MAMMOGRAM

Colon cancer is one of the most commonly diagnosed forms of cancer. There are often no symptoms in the early stages, which is why screening is so important.

COLON CANCER SCREENING
Colon cancer is one of the most commonly diagnosed forms of cancer. There are often no symptoms in the early stages, which is why screening is so important.

Screening can prevent colon cancer by finding and removing polyps before they turn into cancer. Polyps are small growths that can develop in the colon or rectum, often with no symptoms in the early stages of growth.


WHO SHOULD GET SCREENED?
Most people aged 50 – 74 should be screened for colon cancer every two years using a fecal immunochemical test (FIT).

WHAT IS INVOLVED IN COLON CANCER SCREENING?
FIT can be done in the comfort of your own home by following the instructions provided in your kit. There are also no dietary or medication restrictions, so you can continue to eat your regular meals and take your medications when testing.

To get a test kit, talk to your healthcare provider. If you are eligible for screening, your healthcare provider will give you an order form for a free FIT kit. You can then take the order form along with your BC Services Card/CareCard to a participating lab and pick up your FIT kit. There are no risks in taking a FIT and your results will be sent to your health care provider who will arrange all necessary follow-up.

If you have a personal history of polyps or a significant family history of colon cancer, your healthcare provider may refer you directly for a colonoscopy. You may also be referred for colonoscopy following an abnormal fecal immunochemical test. In both cases, a patient coordinator in your community will discuss the procedure with you.

Colonoscopy is a procedure in which a healthcare provider uses a flexible tube with a miniature camera attached to view the inside lining of your rectum and colon. During the test, your healthcare provider can find and remove most polyps and some cancers.

 SCAN HERE FOR MORE INFORMATION ABOUT COLON CANCER SCREENING

LUNG CANCER SCREENING
Lung cancer is one of the most diagnosed cancers and the leading cause of cancer death in BC. Early detection through screening can help find cancer in its early stages when treatment is more successful.


WHO SHOULD GET SCREENED?
Lung screening is best for those who are at high risk for lung cancer and who are not experiencing any symptoms. This usually includes people who are 55 to 74 years of age and have smoked commercial tobacco for 20 years or more, either currently or in the past.

If you think you meet these requirements, please call the Lung Screening Program at 1-877-717-5864 to complete a consultation and risk assessment over the phone. Not everyone who meets the above requirements will be eligible for lung screening. A risk assessment over the phone is needed to confirm eligibility.

WHAT IS INVOLVED IN LUNG CANCER SCREENING?
Lung screening involves a scan of your lungs using a low-dose CT (LDCT) machine at a hospital in your community. A low-dose CT scan is a safe and effective way to screen for lung cancer and can pick up much more than a chest x-ray can.

After your appointment, a radiologist will look for spots known as nodules on your scan. Both you and your primary care provider will receive results within three weeks. Depending on your results, you may be asked to return for additional testing to look more closely at an area.

Based on the radiologist's recommendations, the Lung Screening Program will notify you of when you are next due for screening.

 SCAN HERE FOR MORE INFORMATION ABOUT LUNG CANCER SCREENING

Lung cancer is one of the most diagnosed cancers and the leading cause of cancer death in BC. Early detection through screening can help find cancer in its early stages when treatment is more successful.



“Not everyone can just pick up and move like we did. We got a lot of support from family and friends to do that, but it was very expensive, and it was really hard being away from our home and our supportive community. Getting treatment closer to home will help patients focus on recovery instead of getting to and from treatment far away.”

—Joanne Falvai

NANAIMO CANCER CENTRE

by Moira McLean

When Joanne Falvai of Qualicum Beach was diagnosed with a rare form of brain cancer in the fall of 2020, she and her husband, Mark made the tough decision to uproot their three boys and move to Victoria for the duration of her radiation treatment.

The combination of brain surgery and being ill from radiation made driving back and forth impossible, and keeping the family together was a priority.

“When you are going through something like this, you need your people,” Joanne says. “We had to leave all of our people behind when we came to Victoria.” That experience led Joanne to become a Patient Partner in planning for a new cancer centre in Nanaimo.

“I felt compelled to lend my voice to the need of folks up here to be able to have treatment in or near their home communities,” she said.

The business plan for a new cancer centre at the Nanaimo Regional General Hospital (NRGH) was approved this spring.

The new cancer centre will bring radiation treatment closer to home for patients and families, meeting present

and future needs. Radiation treatment services will include linear accelerators, a CT simulator, and space for radiation oncologists to provide treatment consultation to support and manage cancer care delivery for patients in this region.

In addition to constructing a new cancer centre, there will also be hospital upgrades, including the renovation and expansion of the existing Community Oncology Network clinic at Nanaimo

Regional General Hospital. The upgraded clinic will increase chemotherapy capacity and include treatment bays, consult rooms, a medication room and support space. The oncology pharmacy will be updated to current standards and feature more space.

Island Health Board Chair Leah Hollins says the expansion at NRGH will enable Island Health and BC Cancer to provide greater access to cancer care, treatment and diagnostics for people living in communities on central and north Vancouver Island. “Having these cancer-care services available in Nanaimo will eliminate countless hours of travel time for many patients, significantly improving the patient experience, and bring life-saving cancer care to the central Island.”

Nanaimo Regional Hospital District chair Ian Thorpe says roughly 3,500

people who live north of the Malahat are diagnosed with cancer each year. “A cancer centre in our region is desperately needed to shorten wait lists, reduce travel to other regions for treatment and provide patients with more cancer-care options closer to home.”

Within Island Health, BC Cancer also provides care through community oncology networks at the North Island Hospital campuses in Courtenay and Campbell River, as well as at the Cowichan District Hospital in Duncan.

The procurement process for the new Nanaimo Cancer Centre is underway. Construction is expected to begin in 2025 with completion in 2028.

Joanne Falvai says it will make a world of difference for those fighting cancer who live in central and north

Vancouver Island. “Not everyone can just pick up and move like we did. We got a lot of support from family and friends to do that, but it was very expensive, and it was really hard being away from our home and our supportive community. Getting treatment closer to home will help patients focus on recovery instead of getting to and from treatment far away.”

IN ITS FIRST YEAR OF OPERATION, THE NEW CANCER CENTRE IS PROJECTED TO SUPPORT:

11,000 radiation patient consultations and follow-up appointments; and
1,600 patient courses of treatment, which will result in 20,000 treatment visits per year.

Summertime and the grilling is easy...

Summertime means easy, breezy meals as we spend more time outdoors enjoying the sunshine. And those easy meals often feature cooking on an outdoor grill.

Although many people refer to grilling and barbecuing interchangeably, grilling means cooking food over direct heat quickly on a hot grill, while barbecuing is “low and slow” and used for cooking large pieces of meat like roasts over indirect heat for many hours. Call it what you like, grilling (or barbecuing) is a big part of many summer meals.

Why do we love the taste of food cooked this way? Grilling gives food a delicious, smoky flavour from cooking over an open flame, and there is a scientific reason why it's so delicious.

When you cook meat at higher temperatures – like over direct heat on a grill – the first thing to happen is that water near the meat's surface boils off. Once the surface is dry, the heat

causes the proteins and sugars on the outside of the meat to undergo a reaction called the Maillard Reaction. This reaction produces a complex mixture of molecules that adds depth to flavours. This reaction is influenced by many variables, including temperature and acidity as well as the ingredients within any sauces, rubs or marinades.

Grilling is great for meat and seafood but also works for vegetables, fruit and even pizza.

It's not just about great flavour—grilling is also a healthy cooking choice. When you grill, you can use fewer fats and oils than when cooking on the stovetop or in an oven. Given all the delicious, smoky flavours you don't need to add salt, sugar or heavy sauces.

Grilling is also a great way to feed a group. It can be done quickly, with multiple servings and types of food all done at once—think chicken skewers and grilled vegetables or burgers with grilled corn on the cob.

Perhaps the best part of all is the easy clean-up. Once you wash up the cutting boards or plates you use to prep and transfer foods from the kitchen to the grill, your cooking clean-up is done. No pots soaking in the sink or saucepans to scrub.

There's no better time of the year than summer (brief as it is) to get outside and stay outside. Maximize your summer days by cooking dinner on your outdoor grill.



Grilling Guide

MAKE SURE YOUR GRILL IS HOT
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 (200–230°C) for high, 350–400°F (177–200°C) for medium-high, 300–350°F (150–177°C) for medium and 250–300°F (130–150°C) for low heat.

A properly heated grill sears foods on contact, keeps the inside of the meat moist and helps prevent sticking. While searing doesn't “seal in” the juices, it does improve flavour through caramelization.

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

BRUSH IT OFF

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 grill scraper on your grill rack to clean off charred debris from prior meals. Scrape again immediately after use. See note following on how to ensure your wire brush is safe to use.

OIL IT UP

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.)

MARINATE YOUR MEAT

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.

IS IT DONE?

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 (doneness temperatures can vary depending on the type of meat) and then check the internal temperature with an instant-read thermometer.

USE A GRILL BASKET
Consider using a grill basket for foods that might fall through the grill rack or are too cumbersome to turn over one by one (vegetables, fish, tofu, fruit etc.).

WIRE BRUSH ALERT

Wire grill brushes can be a hazard to your health. The thin, sharp wires can come off the brushes, stick to barbecue grills and cling to food without being noticed. If swallowed, they can damage 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 it.
- 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, nylon and stainless steel pads and scrubbing blocks are available.



Chunky Grilled Veggie Guacamole

Makes 8 servings

Ditch the store-bought guac for a yummy grilled veggie version this summer. Serve with tortilla chips and/or raw vegetables.

INGREDIENTS:

- 2 tbsp canola oil, divided (plus more for the grill)
- 1 small zucchini, cut lengthwise in 3 long strips
- 1 red bell pepper, cored, seeds removed, sliced in half
- 1 just-ripe avocado, peeled, sliced in half, and pit removed
- 1/2 small red onion, sliced in half
- juice of 1 lime
- 1/4 cup cilantro, minced

DIRECTIONS:

1. Prepare grill by brushing with canola oil. Preheat grill to medium high. Lightly brush both sides of vegetables with 1 tbsp of the canola oil.
2. Place zucchini strips, bell pepper, avocado and onion halves on the grill for about 3 to 4 minutes per side.
3. Remove vegetables from grill. Finely dice zucchini, pepper, and onion. Place in large bowl. Add avocado and mash into diced vegetables. Stir in remaining canola oil, lime juice and cilantro.
4. Refrigerate until serving.

Grilled Corn and Pepper Salad

Makes 6 servings

This delicious salad is perfect as a side dish for any summer meal. Add grilled chicken or canned tuna to leftovers for a hearty lunch the next day.

INGREDIENTS:

- 4 cobs of corn, shucked
- 1 each red, green, and orange bell pepper, quartered
- 1/2 cup crumbled light feta cheese
- 1/3 cup chopped fresh cilantro
- 2 tbsp seasoned rice vinegar
- 2 tsp extra virgin olive oil

DIRECTIONS:

1. Spray corn and pepper quarters lightly with cooking spray. Place on grill over medium heat and grill, turning occasionally for about 10 minutes or until golden and tender. Remove to cutting board; let cool slightly. Cut kernels off cobs and place in large bowl. Chop peppers and add to corn.
2. Stir in feta, cilantro, vinegar, and oil until combined well. Can be covered and refrigerated for up to 3 days. Enjoy cold or at room temperature.

Grilled Broccoli and Tomato Skewers

Makes 4 servings

Grilling intensifies the flavours of these vegetables. Served with a fresh, creamy yogurt dip, this is a great way to up your veggie grill game.

INGREDIENTS:

- 1 zucchini
- 2 cups large broccoli florets
- 1 cup grape tomatoes
- 1 tbsp chopped fresh parsley or basil or mint
- 1 small clove garlic, minced
- pepper
- 1/4 cup plain low-fat yogurt
- 1 tbsp chopped fresh parsley or basil or mint
- 1 tsp Dijon mustard
- 1 small clove garlic, minced

DIRECTIONS:

1. Garlic herb dipping sauce: In a bowl, whisk together yogurt, parsley, mustard, and garlic; set aside.
2. Cut zucchini crosswise into 1/2 inch slices; place in a large bowl. Add broccoli and tomatoes. Add parsley, garlic, and pepper. Spray vegetables lightly with olive oil cooking spray; toss to coat well. Skewer vegetables onto skewers alternating with each vegetable.
3. Place on oiled grill over medium heat and grill for about 15 minutes, turning twice or until golden and tender crisp. Serve with dipping sauce.

NOTE: if using wooden skewers be sure to soak them for at least 20 minutes to prevent flare ups on the barbecue.



All recipes from Heart & Stroke Canada.
Recipe images may not reflect exact recipe shown.





Grilled Chicken Barley Bowl

Makes 4 servings

What could be simpler than a one-bowl dinner? Grilled chicken and vegetables served over cooked barley and arugula. No barley on hand? Use brown rice or orzo.

INGREDIENTS:

- 1/2 cup pearl or pot barley
- 2 cups baby arugula
- 4 carrots, sliced lengthwise
- 2 red peppers, quartered
- 2 boneless, skinless chicken breasts (about 1 lb)
- 2 tsp canola oil, divided
- 1 tsp chili powder
- 2 tsp balsamic vinegar

DIRECTIONS:

1. In a small saucepan, cover barley with water; bring to a boil. Reduce heat and simmer for about 20 minutes or until barley is tender but still chewy. Drain well and toss with arugula; set aside.
2. Spray carrots and peppers with cooking spray; set aside.
3. Toss chicken breasts with 1 tsp of the oil and chili powder to coat.
4. Heat grill to medium high heat and grill carrots, peppers, and chicken breasts – about 7 minutes for the vegetables and about 12 minutes for the chicken. Turn occasionally until vegetables are tender and chicken reaches an internal temperature of 165°F (74°C). Remove to cutting board.
5. Slice carrots and peppers; toss with remaining oil and vinegar. Divide barley mixture among 4 bowls and top with vegetables. Slice chicken and place over top to serve.



Caribbean Grilled Pork with Tropical Salsa

Makes 6 servings

This colourful dish is full of tropical flavour, perfect for a summer evening.

INGREDIENTS:

- 1 small pineapple (about 2 cup), peeled, cored and diced
- 1 medium orange, peeled and diced
- 2 tbsp fresh cilantro, minced
- Juice of half a fresh lime
- 1/2 tbsp brown sugar
- 2 tsp minced garlic
- 2 tsp minced ginger
- 2 tsp ground cumin
- 2 tsp ground coriander
- 1/2 tsp turmeric
- 2 tbsp canola oil (plus more to oil the grill)
- 6 pork loin chops (about 3 oz each)

DIRECTIONS:

1. Make salsa by combining pineapple, orange, cilantro, and lime juice in bowl. Set aside. Can be prepared up to 2 days in advance and refrigerated.
2. Make rub for pork chops: In small bowl, combine brown sugar, garlic, ginger, cumin, coriander, and turmeric. Do not omit turmeric as it lends a lovely yellow hue to this dish.
3. Brush both sides of pork chops with canola oil and apply rub to both sides.
4. Preheat barbecue to medium-high. Place pork chops on grill for about 5 minutes per side or until cooked to internal temperature of 160 °F (70 °C).
5. Serve each chop accompanied with 1/3 cup salsa.



Stay Safe in Summer Heat



B.C. is experiencing higher annual summer temperatures and more extremely hot days due to climate change. Western Canada is already on average one to two degrees warmer than it was in the 1940s (source: Canada in a Changing Climate; Government of Canada).

When temperatures rise, it's important to know the risks of excessive heat and take steps to stay safe and healthy.

- Drink plenty of water and other liquids to stay hydrated, even if you are not thirsty.
- Spray your body with water, wear a damp shirt, take a cool shower or bath or sit with part of your body in water to cool down.
- Take it easy, especially during the hottest hours of the day.
- Stay in the shade and use a broad-spectrum sunscreen with SPF 30 or more.

- Take advantage of air-conditioned locations like shopping malls and community facilities.
- Seek cooler, breezier areas when outdoors, such as large parks near water with lots of trees.
- **NEVER** leave children or pets alone in a parked car. Temperatures can rise rapidly to dangerous levels in enclosed vehicles.
- Check on people at higher risk in person to evaluate the temperature indoors or ask them to tell you what it says on their thermostat. Encourage those who may not know they are

- susceptible to take cool baths, sleep in the coolest room, or stay with friends.
- Indoor temperatures below 26°C are generally safe, whereas indoor temperatures > 31°C are considered unsafe for people susceptible to heat-related illness, such as older adults.

KEEP YOUR HOME COOL

Your home can get dangerously hot if temperatures increase over multiple days and/or they do not cool down at night.

- If it's hotter outside than inside, keep doors and windows closed until it cools down.

- Close blinds and shutters during the day to keep the heat out.
- Fans are not enough to lower your core body temperature when it's very hot. However, you can still use fans strategically to help move cooler air into the home overnight.
- If you have air conditioning (AC), use it. Portable AC units are usually only able to cool a single room. Cooling your bedroom will keep you safe while you sleep.

BE AWARE OF THE SYMPTOMS OF HEAT-RELATED ILLNESS

Take immediate action to cool down if you are overheating.

- Signs of overheating include feeling unwell, headache and dizziness. Overheating can lead to heat exhaustion and heat stroke.

- Signs of heat exhaustion include heavy sweating, severe headache, muscle cramps, extreme thirst and dark urine. If you are experiencing these symptoms, you should seek a cooler environment, drink plenty of water, rest and use water to cool your body.
- Signs of heat stroke include loss of consciousness, disorientation, confusion, severe nausea or vomiting and very dark urine or no urine. Heat stroke is a medical emergency – call 911.



SCAN HERE TO LEARN MORE ABOUT STAYING SAFE DURING SUMMER HEAT.

Signs of heat exhaustion include heavy sweating, severe headache, muscle cramps, extreme thirst and dark urine. If you are experiencing these symptoms, you should seek a cooler environment, drink plenty of water, rest and use water to cool your body.



TRIUMPHING OVER TRAUMA

PATIENTS SHOW HOW HUMAN SPIRIT PREVAILS

by Tiffany Akins

Emergency and Critical Care Medicine Physician Dr. Omar Ahmad was on shift in the Victoria General Hospital (VGH) Intensive Care Unit (ICU) the night a windstorm caused a tree to crash onto Ann Bailey’s home. He recalled, “Ann couldn’t talk, and she sustained serious injuries. Her son wrote an obituary and prepared a memorial service, not expecting her to make it. It speaks to how much these traumatic events impact the patient and entire family.”

“It was so very scary. I was sitting at my computer, stuck, pinned by a tree. I couldn’t move,” recalled the 84-year-old Langford senior of the April 2022 event. “I am so thankful for what the health care staff have done for me.”

Two years later, after four weeks in the ICU, months of care on other hospital units, and a seniors’ retirement home, Bailey is now back living on her own, at her home of 17 years, with roof repairs complete. Her life looks a little different now. She has physiotherapy,

help from Island Health Home Support Service workers, and uses a cane to get around her garden. She is even able to take part in a chair exercise program.

Nicole Garside is one of the healthcare aides who worked closely with Bailey during her recovery in the Orthopedic Trauma Unit at VGH. “Miss Bailey was the tiniest little thing in a big hospital bed, her body full of tubes and drains. Seeing her at first, I didn’t know how she’d survive. But from early days, she was determined to get up and get moving,

and now she can, with a walker and a few modifications to her home,” said Garside.

“Seeing more complex and traumatic injuries has opened my eyes to how fast life can change. You could be out for a walk, for a drive, minding your own business, and in the blink of an eye, everything can change. I’m no longer taking anything for granted,” she said.

It was a car crash in Saanich that landed 21-year-old Natasha Cochrane in VGH last summer for six weeks with a

“It’s sometimes a long recovery and can be very challenging. It is mind over matter – if you want to get better, you can do it. It’s awe-inspiring to witness the mindset and motivation that some people tap into.” —Nicole Garside, Health Care Aide

devastating traumatic brain injury. She can now read, write, and talk and aims to drive and live independently again.

“I’ve gone past the crying stage, and I’m now at the ‘laughing at the whole thing’ stage,” Cochrane said. “I heard there were more than 75 hospital staff who helped save me, and I needed blood. It’s not lost on me how many people are involved in what it takes to save a life. I appreciate their efforts to help me get to where I am today.”

Garside said, “It’s sometimes a long recovery and can be very challenging. It is mind over matter – if you want to get better, you can do it. It’s awe-inspiring to witness the mindset and motivation that some people tap into.”

“Both Ann and Natasha’s incredible experiences highlight the importance of an inclusive regional trauma program and the impact a coordinated trauma system has on the health of its population,” said Dr. Dennis Kim, Island Health Medical Director for Trauma Services. “Ann and Natasha are examples of the strength of the human

spirit, and their unique journeys remind us of the significant roles families and loved ones play in the recovery and healing of injured patients.”

In April 2022, Dr. Kim and his team created a trauma recovery clinic at VGH where patients who have been discharged from the hospital can receive follow-up care. In October 2022, Island Health formalized a regional trauma care service at VGH; an experienced team of physicians, nurses and allied health professionals is dedicated to providing high-quality care around the clock, 365 days a year.

In the past, these injured patients were managed by hospitalists or family doctors, many of whom had no formal training in trauma care. Dr. Kim refers to Jolene Milkowski, clinical nurse leader on the VGH trauma unit, as the lynchpin of the trauma recovery clinic.

“We noticed a high rate of hospital readmission because trauma patients without primary care providers were visiting the emergency department when they had difficulty managing

pain or were experiencing new symptoms,” says Milkowski. “Now that we have the trauma recovery clinic every two weeks, I book them in with Dr. Kim or another physician on the trauma team where they can raise concerns, ask questions and receive referrals for home support, brain injury follow-up and other services.”

Milkowski also tries to foster lasting relationships with patients, encouraging them to reach out by phone and email with questions, concerns and updates.

“Developing those relationships is rewarding,” she says. “Some patients have been with us for months on the trauma unit, and now they email me with their progress. I can pass on those success stories to the rest of the team, which creates a sense of accomplishment because we helped get this patient back out into the world.”

In January 2023, the trauma service expanded to include Nanaimo Regional General Hospital (NRGH) to care for people in Central and North Island.



Nicole Garside, Line Lavoie, Jolene Milkowski, Ann Bailey, Helene Trudel and Ann’s son Tim Bailey. Photo courtesy of the Victoria Hospital Foundation.



Ann Bailey’s home after the tree came crashing down.



For parents, from a parent: poison prevention tips from an ICU doctor

by Tiffany Akins

Nearly 10,000 (9,623) poisonings in children five and under were reported to the BC Drug and Poison Information Centre (DPIC) in the Island Health region over the last four years (2019-2023). Most poisonings in children happen just before lunch and before dinner when children are hungry and least supervised.

“I have educated my kids on what to watch for. Teaching our children can go a long way toward avoiding poisonings.” —Dr. Daniel Ovakim

Island Health ICU physician Dr Daniel Ovakim is raising awareness of poisoning injuries and sharing actions parents and caregivers can take to protect kids.

“There are many potential poisons in our homes, such as medications, household cleaners and cannabis products,” said Dr. Ovakim, who also works as a toxicologist for the BC Drug and Poison Information Centre (DPIC). “The frustrating part is that most poisonings are preventable.”

Pain medication is the number one cause of poisonings in the region, with 1,112 instances. Child-resistant packaging is required by law for certain medications, like Acetaminophen and Ibuprofen, but a small percentage of children are still able to open the containers.

Dr. Ovakim said, “Though bottles are labelled as child-proof, they are child-proof for most children, not all children. It is best to use containers that only have small doses.”

While less frequent, poisonings involving cannabis, stimulants and street drugs can be very serious. There were 163 incidents reported, with more than half (82) requiring healthcare. Cannabis edibles can have a more toxic effect than other forms, and when edibles resemble common snacks like brownies and gummy bears, a young child may not be able to tell the difference.

“Cannabis edibles are becoming more common, especially since legalization, and since some packaging designs may appeal to kids,” said Dr. Ovakim. “There’s the notion that cannabis is safe, but in the doses that are available in edibles and potency we are seeing now, it is not safe for younger kids. We’ve seen children in the ICU on a ventilator after ingesting cannabis products.”

Batteries are also to blame for more serious poisonings, causing life-threatening internal chemical burns in as little as two hours. There were 55 poisonings involving batteries between 2019 and 2023, and more than half required healthcare. Many cases involved small, disc-shaped button batteries, commonly used to power toys, watches, hearing aids and car key fobs.

Dr. Ovakim says, “As a parent, I know we can get distracted, we can’t always be around, and kids can be clever. Being a toxicologist I am more familiar with the risks, and I have educated my kids on what to watch for. Teaching our children can go a long way toward avoiding poisonings.”

Other common items at home that are known to cause poisoning in children include alcohol, tobacco and e-cigarette products; household cleaners (like bleach); vitamins, laundry detergent; personal care products like nail polish; car supplies like washer fluid; pesticides; and certain plants.

The BC Poison Control Centre is available 24 hours a day, every day, for advice and information.

For suspected poisonings, call 604-682-5050 or 1-800-567-8911. If the person loses consciousness or has difficulty breathing, call 911.

FOR MORE TIPS AND RESOURCES VISIT:



PARACHUTE CANADA / POISONING



HEALTHLINKBC / PREVENTING POISONING IN YOUNG CHILDREN

POISON PREVENTION TIPS FOR MEDICATION AND CANNABIS

- Always store medicine or cannabis packages, bottles of pills or syrups, locked up high, out of sight and out of reach of children.
- Never refer to medicine as candy.
- Keep products in their original containers to help you remember the type and dose.
- Keep all products in child-resistant packaging.
- When visitors come to your home, keep their belongings out of your child’s reach. And when your children visit others’ homes, such as grandparents, relay these tips to the hosts and keep your eye out for potential risks.
- Avoid using cannabis products and e-cigarettes in front of children. Children often want to do the same things their parents and caregivers do.

POISON PREVENTION TIPS FOR BATTERIES

- Consider whether you can reduce the number of consumer products you bring into your home that use button batteries.
- If you bring consumer products into your home that use these batteries, ensure the products’ battery compartment is secure and requires a tool like a screwdriver to access the button battery.
- Treat button batteries like any other form of poison and keep them in a locked cabinet out of reach of children. Be sure to secure new batteries in their package, as well as dead batteries since they can still cause a chemical burn.

Father-daughter physician team work together to provide care at James Bay UPCC

by Shawna Cadieux

One Victoria family physician is getting to experience something most parents don't – working alongside his adult daughter, who is also a doctor.

"I am so proud that she is here with me," said Dr. Amarjit Nirwan.

Dr. Sonya Nirwan had worked in Ireland since completing her education there in 2019. Recently, she moved back to her hometown of Victoria, accepting a position at the James Bay Urgent and Primary Care Centre (JBUPCC), where her dad has worked for the past two years since retiring from his family practice.

"I needed a change; the stars aligned and seeing how happy my dad was at the UPCC helped me decide to move back to Canada," she said. "After listening to my dad's stories and knowing the difference he is making in the community, it seemed like a great time to make the transition."

Dr. Nirwan Senior works at the UPCC for several hours a week, allowing him to continue practicing medicine while enjoying retirement. On Tuesdays, he and his daughter have the opportunity to work together, which brings them much joy.

"Recently, I even consulted with Sonya about one of my patients. It was such a pleasure to see her examine the patient and provide such wonderful care – it warmed my heart," said Dr. Nirwan.

Dr. Sonya Nirwan became visibly emotional upon hearing her dad's proud words.

"It was the first time we were able to interact on a professional level, so when he asked me to look at his patient, I initially thought 'oh my gosh!' But then we both went into doctor mode," she said. "I felt so honoured that Dad asked for my medical advice."

Sonya and her sister grew up visiting their dad's clinic, spending time with his medical office assistants and getting to know his patients.

"My sister and I thought hanging at Dad's office was the coolest thing ever. We couldn't wait to get there. I remember seeing patients going in and out of the exam rooms and my dad with his stethoscope," she said. "When it came time to figure out what I wanted to do for a career, there was never a doubt that it was always going to be medicine."

As a long-time family physician who ran his own practice for many years, Dr. Amarjit Nirwan is a huge fan of the UPCC team-based model and is thrilled that his daughter gets to experience it first-hand. The two physicians are part of a team that has doubled physician full-time equivalent (FTE) positions from 3.1 to 6.2 FTEs in the past year.

"While I always thought Sonya would eventually take over my practice, she is so fortunate to be able to practice medicine in this way. She doesn't have to deal with the business side of things

– all she does is care for patients, which is a dream job for any doctor," he said.

"Here I get to wear the longitudinal care hat and the urgent care hat, and I have never had that experience. In Ireland, it was either emergency medicine or family practice and there wasn't an in-between option," said Dr. Sonya Nirwan. "The way this place is run, I've never seen anything like it. The standard of care, the resources, the dedicated team—it's a joy to come to work."

JBUPCC manager Jo-Anne Beeren-Parsons is delighted that both physicians have joined the team. Although she has extensive health-care experience, Beeren-Parsons has never worked with a parent-child physician team.

"It's such a special story that it sends goosebumps down my arms –it's one thing to have family members work together in the same city, but for someone to make this journey from overseas and do everything Sonya needed to do to get here is quite remarkable," she said. "It really speaks to their family bond."

"Honing my skills and trying to figure out what I look like as a family physician here in Victoria is exciting, especially in this collaborative environment," said Dr. Sonya Nirwan. "Spending Tuesdays alongside my dad is such a great thing, and collaborating and enjoying this time with him is so special. We are both grateful."



"I am so proud that she is here with me."

—Dr. Amarjit Nirwan



GRANT GIVES INDIGENOUS YOUTH A FIGHTING CHANCE THROUGH BOXING

by Tiffany Akins

“We hook them in with boxing, but it’s so much more than the sport,” said Head Coach Ivy Richardson, Nuxalk and Gusgimukw Nations, about the transformational training programs she’s holding for Indigenous youth with support from Island Health.

In April 2023, Richardson’s Red Girl Rising Movement Society was one of 29 recipients of an Island Health Resilience and Safety grant aimed at helping youth improve mental well-being, build youth resilience, and mitigate harms associated with the toxic drug supply.

In partnership with the host Nation and Boxing BC, Richardson put 20 Indigenous youth from across B.C. through their paces at a three-day training camp this summer in WSÁNEĆ Territory at the Tsartlip First Nation (west side of Saanich Peninsula). With only word-of-mouth promotion, the program was full, with 100 people on the waitlist in the first week of registration.

“Soccer and basketball are usually the only sports available, so this was an opportunity to try something different and get outside their comfort zone while building relationships with other like-minded youth and strong leaders,” said Richardson, a former amateur boxer. “We also focused on mental well-being and helped develop their toolkits with healthy coping and lifestyle habits, she said. “It was incredible to see the transformation in such a short time, to see them arrive shy and reserved, and then see their confident smiles on the last evening.”

Sixteen-year-old Margo Recalma, Hesquiaht First Nation Qualicum, Nam’gis First Nations, attended the camp and is one of 10 athletes on Team 700, B.C.’s first competitive Indigenous youth boxing team, also partly funded through the Resilience and Safety Grant. Recalma says the program and being on the team have changed her life. “I’m grateful for Ivy and Aubrey [Aubrey Morrow, another coach] and the team, grateful for the coaching and for pushing us hard,” the grade 11 student said. “Before boxing, I wasn’t doing well at school or anything, and now I’m doing much better in school. Boxing has taught me about breathwork, and it has helped me with everything in life. It’s also improved my sleep, and I’m trying to eat better.”

Walter Fred, TSESHAHT and Ucluelet First Nations said the camp and being on the team have positively impacted nearly all aspects of his life. “My mental and physical health have improved, and my lifestyle has changed. The boxing and training are mentally challenging and strengthening, which gives me an extra push in life.”

The Team 700 training and program, based out of the Nanaimo Boxing Club, also encourages members to be community champions and build capacity. Recalma was hired as a junior coach and is at the gym six days a week. Fred has been helping to facilitate boxing programs across the province, including in his hometown of Port Alberni. “Generally, we fail youth by setting the bar too low and just passing them through,” said Richardson. “So we push our youth and have high expectations, and they exceed the goals all the time. Our youth deserve to thrive and not just survive.”

“Island Health’s support has been instrumental in creating these opportunities for our Indigenous youth, and we want to express our heartfelt gratitude for making a lasting impact on their lives. Together, we are empowering the next generation and providing them with the tools they need to succeed, not only in sports but in life,” she said.

The Resilience and Safety Grants provide the opportunity for not-for-profit organizations, local government organizations and Indigenous Nations, communities, and for-profit businesses (in partnership with a non-profit) to apply for one-time funding to advance youth resilience. The Youth Grants encourage connection to culture, belonging to a family or community, connection to stable and supportive adults, and autonomy, competence, and purpose.



Photos courtesy of Anna Kawahara, Serene Studio



LEARN MORE ABOUT ISLAND HEALTH SAFETY AND RESILIENCE GRANTS



LEARN MORE ABOUT RED GIRL RISING



LEARN MORE ABOUT TEAM 700



HEARD AND UNDERSTOOD: SHARING STRENGTHS-BASED STORIES TO ENHANCE CULTURAL SAFETY IN COWICHAN

by Annie Moore

Island Health is committed to embedding cultural safety and humility into the delivery of all health and care services.

Through the 2020 *In Plain Sight* report and conversations with Indigenous community members, it's clear that Indigenous peoples continue to experience racism and discrimination when accessing the health system. This, in turn, prevents people from seeking care when they need it and disproportionately impacts their health outcomes.

Island Health is on an ongoing learning journey to eliminate systemic racism, increase Indigenous representation, and promote a culture where staff and patients understand how and feel safe to report any racism they witness or experience.

As part of that journey, the Cowichan District Hospital Replacement Project team is working in partnership with local Indigenous community members to explore ways to create a new hospital that feels welcoming, safe, and inclusive to all. The new hospital design features elements inspired by Coast Salish values. It has been developed with ongoing input from the project's Indigenous Advisory Council, which includes representatives from all Indigenous communities in the Cowichan Valley region.

Indigenous communities in Cowichan are also sharing knowledge that will

Island Health is on an ongoing learning journey to eliminate systemic racism, increase Indigenous representation, and promote a culture where staff and patients understand how and feel safe to report any racism they witness or experience.

contribute to culturally safer health services and care in the years leading up to and beyond the opening of the new hospital. Over the past two years, Indigenous communities and Island Health have co-developed a series of videos that will enhance cultural safety through education. These videos draw on

Indigenous communities in Cowichan are also sharing knowledge that will contribute to culturally safer health services and care in the years leading up to and beyond the opening of the new hospital. Over the past two years, Indigenous communities and Island Health have co-developed a series of videos that will enhance cultural safety through education.



Patricia Thomas, Laxelewetstnaat, of Xelaltxw (Halalt) First Nation

“Cultural safety is about being heard and understood. For us to be able to work together in a good way, we have to share.”

—Patricia Thomas

research supported by the Social Sciences and Humanities Research Council through a \$50,000 Connection Grant.

The grant is led by Dr. Diane Sawchuck (Lead, Evidence, Evaluation, and Knowledge Translation), and Dr. Shannon Waters (Medical Health Officer, Cowichan), in collaboration with project lead Jennifer Jones (Director, Indigenous Health) and 11 communities: the Métis Nation, Inuit, Ditidaht, Pacheedaht, Ts'uubaa-asatx, Malahat Stz'uminus, Penelakut, Lyackson, Halalt, Cowichan Tribes, and the Hiiye'yu Lelum – House of Friendship, which serves the urban Indigenous population living in the Cowichan Valley.

Executive Director for Clinical Services Delivery in Cowichan Emma Jane James says, “The SSHRC grant has provided the Cowichan Valley with an incredible opportunity. Creating an environment where Indigenous people feel safe, respected, and cared for with compassion and kindness - in the hospital and whenever they access health services – is our fundamental priority. We have a shared responsibility for healing relationships and building trust through understanding. These videos will develop cultural awareness, recognizing differences and similarities between cultures and communities.”

Each community has guided the production of their video, leading the content and stories related to their

culturally specific protocols for territorial acknowledgement, introductions, ways of showing respect, and other cultural beliefs and practices. In each video, a community spokesperson shares a strength-based story about what is important to them when accessing health care.

For Patricia Thomas, Laxelewetstnaat, of Xelaltxw (Halalt) First Nation, “Cultural safety is about being heard and understood. For us to be able to work together in a good way, we have to share.” To enable that sharing and to work together openly and willingly, it's important for healthcare providers to feel comfortable asking when they don't know what people need to feel safe and supported—for example, having access to traditional foods, medicines, and practices while in care.

Salish Eye Productions, an award-winning local Indigenous company, is producing the videos. The first video in the series is now complete, and the others will be edited and approved by the communities through the fall. Once complete, the videos will be used in Island Health cultural safety and humility training and will be accessible to direct care teams and other health service providers throughout the Cowichan region.

“As healthcare providers, we have the responsibility and opportunity to provide the best quality care possible to all individuals,” says Dr. Maki Ikemura, Executive Medical Director for Cowichan. “This requires us to develop

our cultural understanding through humility and awareness, and these videos clearly highlight the gifts that each culture brings to community. While there is still much work to do, we're committed to the journey of fostering trusting and respectful relationships.”

The videos will support the delivery of culturally appropriate health services to improve health outcomes and advance collective, community-wide cultural safety. When the new Cowichan District Hospital opens in 2027, the goal is for the care to feel as safe, respectful and welcoming as the space.



SCAN HERE OR VISIT THIS LINK: [BIT.LY/CULTURAL-SAFETY-VIDEOS](https://bit.ly/cultural-safety-videos) TO VIEW THE FIRST VIDEO.



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