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The @InteriorHealth magazine is a monthly publication created by the Communications Department of Interior Health. Past issues of @InteriorHealth can be found on our website under About Us/Media Centre/Publications & Newsletters.

If you have story ideas for future issues, please e-mail: IHAcommunications@interiorhealth.ca

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A PHOTO TRIBUTE AND FOND FAREWELL

FOR INTERIOR HEALTH CEO CHRIS MAZURKEWICH

Read Chris’ final CEO message in the September issue of @IH.
Kamloops mother of two Avery Smith* is always able to find a silver lining. It’s a quality that has served her well as she dealt with loss and illness in her family, mental health issues, and crippling addiction that spanned close to 20 years.

These days she is a resource to others with similar struggles. After being one of the first to attend the new six-week intensive day treatment program, she is giving talks and providing program feedback.

“I was very serious and focused on my career at a young age. I never drank or used drugs at all when I was younger and then I was getting married and having kids. As time went on, I was going through changes in my life that either I couldn’t handle or accept.”

Her occasional drug and alcohol use developed into all-day drinking and cocaine use.

“I was drinking from dawn to dusk,” she says. “My husband didn’t know about the extent of my drinking. I was good at hiding it, although after a while people were noticing changes in my behaviour and my appearance. I lost a lot of weight.”

“I went to the hospital a couple of times and just sat outside. I wouldn’t go in. I knew I needed help but I was ashamed and scared.”

Finally in 2012, after an overwhelming personal crisis, Avery asked her husband to take her to the hospital. She spent two weeks as a psychiatric inpatient. Afterwards, she attended some group sessions through Interior Health off and on, but found it difficult to commit because she was also working.

Then her employer closed up shop and she found herself unemployed and unable to find work. At the same time, her father became ill. When some people may have suffered a set-back in their recovery, Avery took it as a sign that she was meant to take care of her father full-time. And when he recovered, she took it as a sign that it was finally time to really commit to taking care of herself.

“I thought at first I could do it myself. But nobody can do this alone.”

Avery attended an information session offered through the IH Mental Health and Substance Use team. She had an intake appointment that day, and was admitted to
the Phoenix Centre detox program two days later. It was August 10, 2017. She has not had a drink since, and has consistently been attending group sessions whenever she can.

The new Intensive Day Treatment Program, offered in Kamloops, Vernon, Kelowna, and Penticton, is the latest group Avery has chosen to attend.

The program was established this summer to remove barriers for those who recognize they need help but have busy lives – jobs with little flexibility, or family demands – that make residential treatment programs unappealing or impossible.

In late April this year four highly qualified, masters level clinicians with extensive addiction training were hired. With a focus on building a consistent curriculum and robust, standardized, and evidence-based treatment, Substance Use Knowledge Coordinator Bruce Lange has been providing regional oversight. Development of the curriculum has included support from the Aboriginal Knowledge Coordinator as well.

“We are excited to provide community day treatment as another treatment option that removes barriers. In the past, typically a person with substance use disorders would need to go out of the community to a residential program, which can be disruptive to people’s lives. The alternative was going to a counsellor once a week, or every other week, which for many people isn’t enough,” he says.

The Intensive Day Treatment Program runs five days a week in mornings or afternoons, for six weeks. Groups usually include six or seven people who are referred through MHSU central intake in the community.

“These are people with any kind of addiction issue,” says Bruce. “They may not necessarily have stopped using all substances, but they are ready for change, and they are ready to be present and engaged and working.”

Avery calls the program “absolutely amazing.”

“I felt, this time, I could really open up and be more vulnerable. I learned so much,” she says.

“Recovery takes time,” she says adamantly. “It doesn’t happen overnight. It is hard. The hardest part is the triggers – certain people, places, and situations can be triggers.”

Still, the optimist in her prevails.

“With the information, skills, and tools learned from the groups, I have been able to overcome these obstacles. I feel incredibly lucky, grateful, and very proud.”

For information about the Intensive Day Treatment Program, contact your local IH Mental Health and Substance Use Centre.

*Client’s name changed to protect privacy.
Why do **YOU** TAKE 5?

**LOWER YOUR INFLUENZA RISK!**

Chief Medical Health Officer Trevor Corneil, VP and incoming CEO Susan Brown, and VP Human Resources Mal Griffin

**EMPLOYEE INFLUENZA IMMUNIZATION CLINICS BEGIN OCT. 16.**

Staff clinic schedules posted on InsideNet > Influenza Protection Program
Integrating the patient experience

Rural patients lead the way in research study

Nick Lipscomb submitted this photo of his exercise routine to support the research study on physical activity of rural patients with a lung disease.

“When I was forced to retire due to COPD, I felt a great loss of identity, confidence, and self-worth,” explains Nick.

But he also recognized the importance of exercise and education to manage the disease, so he accepted a referral from his physician to an IH pulmonary rehabilitation program in his small Shuswap community. When program therapists Danniel Dickson and Karin Huster told him about the IH-funded research project, he was eager to be involved.

“Participating in research is one of the positive actions a person can take to combat the condition. At least it feels like some progress is being made and it leads to positive thinking as opposed to depressive thoughts.”

Dr. Karin Maiwald, IH Regional Practice Lead, Research & Knowledge Translation and Patient Engagement in Research Lead, BC SUPPORT Unit Interior Centre, is working on the IH Pulmonary Tele-Rehabilitation Research Study together with the study’s principal investigator Dr. Pat Camp, a research clinician-scientist at the UBC Centre for Heart Lung Innovation at St. Paul’s Hospital in Vancouver; Alanna Simms, an IH physiotherapist; and Cory Bendall, an IH Chronic Disease Management Practice Lead.

Dr. Camp said she developed the study knowing there are not enough programs for everyone diagnosed with a lung disease. However, there is the potential to offer pulmonary rehabilitation rurally from an existing program using pulmonary tele-rehabilitation.

“But for those programs to be successful, we needed a better understanding of how people with lung disease who live in remote or rural locations are physically active.”

Patients living in rural and remote communities of Interior Health are recording their daily physical activities through teletechnology, interviews, and photographs as part of a research project that could have great benefits for themselves and their peers in the years to come.

Nick Lipscomb is a retired carpenter in Salmon Arm. He, like the other 24 participants in the research study, supported in part by IH, has a chronic lung disease. His diagnosis is chronic obstructive pulmonary disease (COPD). Other participants may have interstitial lung disease, asthma or COPD.
Karin says the research study is based on the patient lens and looks at the challenges patients with COPD encounter in rural and remote regions as they try to access or engage in physical activities. Four pulmonary rehabilitation programs in IH are participating. She adds that it’s well-known that pulmonary rehabilitation improves a patient’s quality of life by increasing their exercise tolerance and reducing shortness of breath.

“The devices they wear help us learn about patterns and intensity of physical activity,” says Dr. Camp. “Then we ask questions about the pictures they took and analyse their stories for themes – by doing this we will be able to help shape appropriate patient-centred services for their needs in a rural setting.”

One participant submitted a photograph of a bridge, saying: “This bridge in my community is flat and cleared through the winter. We meet up with other people and we walk up and down. It’s the only place to be physically active and also socialize with others.”

Karin says this reveals how important it is for people with a chronic lung disease to continue to enjoy group activities. They want to be engaged in their whole body, not just isolated arms and legs exercises. However, they often aren’t able to join regular fitness programs because of breathing restrictions.

“We may find that resources are needed in rural areas to educate local fitness trainers about how to support people with an illness, so people can still enjoy group activities and don’t have to drive in winter weather to programs in large urban areas.”

As well, respiratory and physical therapists who were trained in urban settings but now work in rural sites may be able to use the information to adapt their programs to what’s available in a rural community.

The research continues with data still being collected from participants.

“We do know that getting a better understanding of what helps people living with COPD supports the development of a telehealth intervention, such as pulmonary rehabilitation rurally from an existing program using pulmonary tele-rehabilitation. This work supports that goal,” says Dr. Camp.

Karin adds that the IH team was fortunate to work on the team with Dr. Camp.

“She brought so much knowledge from the university to IH. Her involvement allowed us to work with someone from the Lower Mainland and integrate research from Vancouver and UBC into the project.”

The data is still being collected, but some of the barriers to exercise patients have reported to date are travelling over slippery roads in the winter to attend a fitness program and smoky skies from wildfires in the summer, which keep them isolated in their homes.

Working with the local rehabilitation program staff and the research staff in Dr. Camp’s lab in Vancouver, research participants wear an activity monitor and a GPS system twice a year in two different seasons. The monitors measure step counts of physical activity based on geographical location. They also take photos of their day-to-day activities including anything that poses barriers or challenges or promotes physical activity.
Navigating cannabis legislation

A look at the impacts from a health-care lens

While the medical use of cannabis has been legal for some time, on Oct. 17, 2018 the federal government’s Cannabis Act will come into effect, making Canada just the second country in the world where adults can use non-medical cannabis or marijuana without a prescription.

The new legislation is designed to: keep cannabis out of the hands of youth, reduce the burden marijuana use has on the justice system; cut profits to organized crime; and impose quality control on the products sold.

“The act implements a new comprehensive public health approach that will be more effective in protecting youth and keeping profits out of the pockets of criminals and organized crime,” reads a statement from Health Canada.

Interior Health, along with our partner health authorities in B.C., supports this public health approach, which is about understanding that there are people who will use cannabis, legal or not, and striving to minimize the harms associated with use. Learn more in the Harm Reduction article on p.14.

As legalization is implemented, many people are considering what impact the changes will have in local communities, for businesses and employers, and within the health sector.

According to Statistics Canada’s National Cannabis survey, 14 per cent of Canadians over the age of 15 reported using marijuana at least once in the past three months – that’s about 4.2 million people. Canadians have been reported to be among the highest users in the world. In 2015, one in five youths and nearly one-third of young adults said they used non-medical cannabis within the last year.

Leading up to this point, governments at all levels have been working on new laws for growing and selling cannabis, as well as lowering risk. At the same time, organizations have been preparing for this change in terms of impacts in their workplaces and on their workforce. At IH, we have updated policies and procedures to provide guidance to staff and physicians. See p. 16 for highlights.

With the legalization of non-medical cannabis, education and awareness efforts are essential to helping people make informed choices. This month, the government of B.C. launched a new website, getcannabisclarity.ca, with information on everything from health risks and what’s legal, to keeping our children, communities, and roads safe. The federal site, Cannabis in Canada, is also a valuable resource.
Cannabis glossary

**Blunt**
A cigar hollowed out with marijuana, or marijuana rolled in a tobacco leaf instead of a rolling paper.

**Cannabis**
The marijuana or hemp plant. Latin names are *Cannabis sativa* and *Cannabis indica*. Cannabis also refers to the various products that come from the leaves, flowers and resins of the cannabis plants and their hybrids.

**Cannabinoids**
Chemicals that produce euphoria or medicinal effects.

**CBD**
Cannabidiol is a cannabinoid. Unlike THC, CBD does not produce a high or intoxication. CBD is being studied for its possible therapeutic uses. When made into CBD oil, anecdotal evidence shows it may have some health benefits.

**Edibles**
Cookies, chocolate bars and candies, granola bars, and drinks made with cannabis. It takes longer for the effects of ingested cannabis to be felt than by smoking or vaping.

**Hashish (hash)**
A stronger form of cannabis made from the plant’s sticky resin.

**Hemp**
Cannabis plant that contains less than 0.3 per cent THC; fibre from the plant is used in rope, fabrics, and a growing number of industrial products.

**Joint**
A marijuana cigarette.

**Marijuana**
A greenish-gray mixture of the dried flowers and leaves of the cannabis plant, also called cannabis, weed, dope, skunk, herb, pot, grass, bud, ganja, Mary Jane and many other slang terms.

**Spliff**
A marijuana cigarette, sometimes combined with tobacco.

**THC**
Tetrahydrocannabinol is one of at least 113 cannabinoids identified in cannabis. THC is the principal psychoactive constituent of cannabis.

**Pipe, water-pipe, bong**
Various types of pipes used for smoking marijuana.

**Vaping**
Heating cannabis for inhaling without creating smoke. An electric vapourizer device turns the active ingredients into a fine mist.

Continued on page 14.
In just a few days Interior Health, alongside the rest of Canada’s health-care sector, will be taking on a new challenge – supporting the health of our communities with the legalization of cannabis.

As professionals working in health care we all have questions, and some concerns, about the impact the legalization of non-medical cannabis may have on our clients and communities.

When asked about the impact of cannabis legalization on health, Dr. Kamran Golmohammadi, IH Medical Health Officer, emphasizes that this milestone Canadian policy change has come from a place informed by harm reduction and public health.

“We’ve seen over the years that prohibition often doesn’t stop people from using cannabis,” says Dr. Golmohammadi. “A public health approach to cannabis is about understanding that there are people who will use cannabis, legal or not, and striving to minimize the harms associated with use.”

Besides alcohol and tobacco, cannabis is the most commonly used recreational substance in Canada. Statistics Canada data from 2012 indicates that nearly 47 per cent of British Columbians have reported using cannabis at least once in their lifetime.

“There is scientific evidence that legalization of non-medical cannabis combined with appropriate regulation will actually reduce the harms associated with cannabis use,” Dr. Golmohammadi explains.

Bill C-45, The Cannabis Act, states that the purpose of legalizing non-medical cannabis is to protect health and public safety. Legalization of non-medical cannabis is expected to better prevent youth from accessing cannabis and protect public health and safety by regulating product quality and distribution.

While it may be legal in short order, non-medical cannabis use may present a number of health risks depending on who you are and how you chose to use cannabis. Cannabis can be smoked, ingested as oils, and even be infused into food products.

“We know that cannabis use affects the way the brain functions and impacts attention, memory, and learning,” says Dr. Golmohammadi.

Short-term physical effects of cannabis use may include red eyes, dry mouth and throat, irritated respiratory system, increased appetite and heart rate, decreased blood pressure, a negative impact on balance and stability, and increased drowsiness or restlessness. Frequent use of cannabis can lead to psychological and physical dependence, irreparable harm to memory and concentration, reduced ability to make decisions, and breathing or respiratory issues from smoking.

While in general there are considerable adverse health effects associated with cannabis use, in scientific evidence you can see inconsistent mentions of possible benefits for some individuals suffering from certain medical conditions such as chronic pain in adults, chemotherapy-induced nausea, and pain in multiple sclerosis.

“If you chose to use cannabis, it’s important that you know the associated risks and take steps to protect your health and the health of others,” says Dr. Golmohammadi.

Who’s most at risk?

The adverse health effects of cannabis can differ from person to person. Youth under the age of 25, pregnant women, and those at risk of mental illness are at a greater risk of cannabis related harms.

Youth under 25

Cannabis use affects the way the brain functions and the human brain continues to develop in children and youth until approximately 25 years of age, putting youth who use cannabis early and frequently at greater risk of long-term health problems. These may include challenges with memory, concentration, and decision making.

Pregnant women

Cannabis use by pregnant women can lead to adverse health outcomes for their children, including lower birth weight and long-term developmental effects such as delayed memory function, concentration, reasoning and problem solving skills, and even hyperactive behaviour.

Mental health

Individuals at risk of developing a mental illness, in particular those who have a personal or family history of mental illness, are at heightened risk of health impacts from cannabis use, including psychosis, schizophrenia, suicide, depression, and anxiety disorders.
How to reduce your risk

The best way to avoid health risks associated with non-medical cannabis use is to abstain from use. Individuals who choose to use cannabis can reduce the health risk associated with non-medical cannabis by following Canada’s Lower-Risk Cannabis Use Guidelines.

Reducing health risks related to cannabis use

When choosing to use cannabis, you can actively take steps to reduce risks to your health. Below are 10 science-based recommendations for how to do so, aimed mainly at non-medical cannabis use.

Cannabis use has health risks best avoided by abstaining

To avoid all risks, do not use cannabis. If you decide to use, you could experience immediate, as well as long-term risks to your health and well-being. Any time you choose not to use, you avoid these risks.

Delay taking up cannabis use until later in life

Using cannabis at a young age, particularly before age 16, increases the likelihood of developing health, educational, and social problems. Avoid cannabis use during adolescence. Generally, the later in life you begin to use cannabis, the lower the risk of problems.

Identify and choose lower-risk cannabis products

High-potency cannabis products, with high tetrahydrocannabinol (THC) content, are more likely to result in harms. Some products contain a higher dose of cannabidiol (CBD), which counteracts some of THC’s adverse effects. This means that products with high CBD-to-THC ratios reduce some of the risks. Know what you’re using. Ideally, choose cannabis products with lower risk of harms.

Don’t use synthetic cannabinoids

Compared with natural cannabis products, synthetic cannabis products (e.g., K2 or Spice) can lead to more severe health problems, even death. If you use, give preference to natural cannabis products and abstain from synthetics.

Avoid smoking burnt cannabis – choose safer ways of using

Smoking burnt cannabis, especially when combined with tobacco, can harm your lungs and respiratory system. Choose other methods, such as vapourizers or edibles instead – but recognize that they also come with some risks. For example, edibles are safer for your lungs, but you may consume larger doses and experience more severe impairment because psychoactive effects are delayed.

If you smoke cannabis, avoid harmful smoking practices

If you smoke cannabis, avoid “deep inhalation” or “breath-holding.” These practices are meant to increase psychoactive experiences, but they increase the amount of toxic material absorbed by your lungs and into your body.

Limit and reduce how often you use cannabis

Frequent cannabis use (i.e., daily or almost every day) is strongly linked to a higher risk of health and social problems. Limit yourself – and ideally your friends or others you may be using with – to occasional use, such as on weekends or one day a week at most.

Don’t use and drive, or operate other machinery

Driving while impaired by cannabis substantially increases your risk of being involved in a motor-vehicle accident resulting in injury or death. Don’t use and drive, or use other machinery. Wait at least six hours after using cannabis – or even longer if you need. Combining cannabis and alcohol further increases impairment, so be sure to avoid this combination if you plan to drive.

Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant

Some individuals should not use cannabis because of specific risk profiles. If you or an immediate family member has a history of psychosis or substance use disorder, your risk of cannabis-related mental health problems increases, and you should abstain from use. Pregnant women should not use cannabis because it could harm the fetus or newborn.

Avoid combining the risks identified above

The more of these risky behaviours you engage in when using cannabis, the higher your risk of harms. For example, initiating cannabis use at a young age and smoking high-potency products every day puts you at much higher risk of both immediate and long-term problems. Avoid combining these high-risk choices.

Continued on page 16.
CANNABIS-RELATED POLICY UPDATES ENSURE A SAFE & HEALTHY WORKPLACE

Interior Health is in the process of updating a number of policies and guidelines as a result of cannabis legalization in Canada. These changes will clarify for employees, medical staff, and others providing services in facilities, the expectations regarding cannabis use. Some of the policies with broad relevance are highlighted here.

**Substance Free Workplaces**
While cannabis will no longer be considered an illicit or illegal drug in Canada, it is still considered to cause impairment. Therefore, use of cannabis by any individual working on IH premises is not tolerated.

All employees, medical staff, student, volunteers, contractors, and other individuals who carry out business on behalf of IH are expected to arrive fit for work. This means, not be under the influence of alcohol, cannabis, or any other substance that would affect their ability to perform their job duties in a safe and competent manner.

Any employee suspected of being under the influence of cannabis, or other substance, will be removed from the workplace and the necessary followup will take place. This could result in discipline, up to and including termination.

See [AU0200 Substance Use Disorder](#) policy for more information, as well as the Procedural Guidelines for Policy AU0200 Substance Use Disorder.

**Smoke Free Environments**
Interior Health is a leader in promoting health and well-being in our communities. This includes preventing smoke-related illness caused by tobacco, vaping, and cannabis. Under the Smoke Free Environment policy, all IH owned and/or operated premises, facilities, grounds, and vehicles are smoke free areas (with the exception of cultural ceremonial use of tobacco in specified IH programs).

Employees who need support with their own cannabis dependency are able to access cessation supports to support them, resources and counselling. As well, all inpatients that use tobacco and/or cannabis are offered withdrawal management support.

See [AV2000 Smoke Free Environment](#) for more information.

**Use of IH Fleet Vehicles**
Employees authorized to use IH fleet vehicles must understand their responsibility to operate the vehicle in a safe and courteous manner at all times, and obey all traffic and safety laws.

Cannabis, like alcohol, is not to be consumed before or during the operation of a fleet vehicle. Additionally, there is no smoking of any kind (e.g., cannabis, vaping, and tobacco) in fleet vehicles.

See [AQ1101 Responsibility Code for Use of Interior Health Fleet Vehicles](#) as well as the Travel Expense Policy Quick Reference Guide and Travel User Guide.

**Other IH Policies**
Additional policies are under revision and will be updated by the Oct. 17 legalization date. The complete list is available on our [policies web page on InsideNet](#).

* Subject to revisions after Oct. 17, 2018.
Warning Signs and Symptoms of Drug Abuse

Watch The Many Forms of Drug Abuse LifeSpeak Video to learn more.*

* sign in to the Corporate Account with the ID name: wellness
An interview with Lisa Westermark, Vernon Jubilee Hospital Foundation Executive Director

**Tell us about the focus of the VJH Foundation and why what you do is important.**

Vernon Jubilee Hospital Foundation is a registered charity that supports health care in the North Okanagan by raising funds for residential care facilities, community health services, and Vernon Jubilee Hospital. We fund the gap between government funding and the greater health-care needs of our community.

**Do you have any favourite fundraising campaigns?**

We have a number of annual campaigns and one favourite is the Light A Bulb Campaign. This campaign has been a part of the community for 31 years and really involves everyone. We receive many private donations of $25 and up, to larger $30,000 corporate gifts. It is so much fun to see the joy in giving from so many people who choose to contribute. Last year, we raised $290,000, which was amazing.

We have recently launched a large capital campaign, OPERATION: Surgical Care for Life, which will fund the equipment to open an additional operating room, a new fleet of six anaesthetic machines, and a urology table with fluoroscopy. The fundraising goal is $3.6 million. It’s an exciting time for our Foundation and we look forward to announcing milestones along the way.

**What’s one of your Foundation’s proudest moments?**

Donations to the Foundation make such a difference. The impact of something small can be huge to patients and each gift is so special.

The largest campaign, the Tower of Care, which helped build the Polson Tower was a milestone in the Foundation’s history and a quantum leap forward for our hospital. This $7 million campaign involved the whole community and contributions from so many people from the Campaign Committee, Board of Directors, leadership donors, corporate donors, and many, many individuals.

**Is there a particular donation over the years that stands out?**

Last year we received an incredible gift of over $1.3 million from an estate. Frank Yanavicius made this gift in his will with no expectations of recognition. He was a quiet person who enjoyed fly-fishing. His friends describe him as frugal. We had no idea this gift was coming and our only regret is that we did not have the opportunity to thank him or let him know what a difference he has made. We named the 7th floor in the Polson Tower in his memory and installed a beautiful plaque telling his story. Estate gifts are special as they are truly a gift to the future to benefit others. It is a very thoughtful and selfless act.

**Any parting words?**

We are so grateful to our supporters who make everything possible. Through their donations, we help ensure the highest quality health care is available here in our community when we need it. Thank you to everyone who contributes to our Foundation.
Foundation’s Favourite Video:

**OPERATION: Surgical Care for Life** can be found at [https://vijhfoundation.org/video/](https://vijhfoundation.org/video/).

Affiliations with hospital auxiliaries:

- **Armstrong Spallumcheen Healthcare Auxiliary** is a valued partner and major donor whose cumulative donations have reached over $1 million.
- **Vernon Jubilee Hospital Auxiliary** is also a valued partner.
- Both auxiliaries have representatives on our Board of Directors.

$18.7m

Donations to IH since 2001

$3.8m

Campaign goal for 2018/19

$5.7m

Permanent endowment funds

These special funds are held in perpetuity and the interest is received annually for use as designated by the donors.

1981

Year Foundation founded
Where we live & work

Nakusp
Submitted by: Richard Richter
Visit Facebook to see more of the faces in IH.
The Fire Within Us

The experiences of the devastating 2017 Elephant Hill Wildfire through the eyes of the Ashcroft Indian Band youth.

YouTube.ca > The Fire Within Us

Don’t Pass it On!

A “roadmap”-style infographic shows how flu spreads, often inadvertently, from person to person.

YouTube.ca > Don’t Pass it On!

Inside Canada’s First Face Transplant

CBC News has an inside look at Canada’s first face transplant surgery from our colleagues at the Radio-Canada program Découverte. The show follows a patient through the high-risk medical procedure, including video of the operation itself, and the big emotional reveal that follows.

YouTube.ca > Inside Canada’s First Face Transplant
OCT 24
9AM-11AM
RIH FOUNDATION OFFICE
(2ND FLOOR)

Staff Appreciation
OPEN HOUSE

COME BY OUR OFFICE TO SEE OUR NEWEST "YEAR IN REVIEW" PUBLICATION, ENJOY A FRESH MUFFIN AND HOT COFFEE FROM MCDONALDS RESTAURANT AND ENTER TO WIN SOME GREAT PRIZES!

OTHER UPCOMING EVENTS:
STAFF LOTTERY - BI WEEKLY
SILENT AUCTION GIFT BASKETS: NOV 8, 2018
HOLIDAY LAUNCH CAMPAIGN: DEC 4, 2018 AND MORE...