



ALBERNI-CLAYOQUOT
REGIONAL DISTRICT

Hospital District Board of Directors Meeting

Wednesday, February 11, 2026

Zoom/Board Room (Hybrid) – 3008 Fifth Avenue, Port Alberni, BC

10:00 am

Regular Agenda

Watch the meeting live at: <https://www.acrd.bc.ca/events/11-2-2026/>

Register to participate via Zoom Webinar at:

https://acrd-bc-ca.zoom.us/webinar/register/WN_GU-e4ufHSsSEOboXnHJ65g#/registration

	PAGE #
1. <u>CALL TO ORDER</u>	
Recognition of Territories.	
Notice to attendees and delegates that this meeting is being recorded and livestreamed to YouTube on the Regional District Website.	
2. <u>APPROVAL OF AGENDA</u> <i>(motion to approve, including late items requires 2/3 majority vote)</i>	
3. <u>DECLARATIONS</u> <i>(conflict of interest)</i>	
4. <u>ADOPTION OF MINUTES</u>	
a. Board of Directors Meeting – December 10, 2025	4-8
<i>THAT the minutes of the Alberni-Clayoquot Regional Hospital District Board of Directors held on December 10, 2025 be adopted.</i>	
5. <u>DELEGATIONS & PRESENTATIONS (10-minute maximum)</u>	
a. Dr. Charmaine Enns, Medical Health Officer, Island Health, Overview of health and population in ACRD.	
b. Marcie DeWitt, ACHN Coordinator, Alberni Clayoquot Health Network annual update.	9-25
6. <u>CORRESPONDENCE FOR ACTION</u>	

7. CORRESPONDENCE FOR INFORMATION

- a. **Island Health**
 - Program launches nursing careers close to home **26-27**
 - 2026 Youth Harm Reduction Award applications open March 1, 2026 **28-29**
- b. **Rural Coordination Centre of BC**
Resource package – Programs that improve rural health through provider support and community-based health initiatives **30-35**
- c. **Tofino & Ucluelet Chambers of Commerce**
Letter to Minister of Health and Ministry of Infrastructure re: Tofino General Hospital Concept Plan **36-37**

THAT this correspondence be received for information.

8. REQUEST FOR DECISIONS & BYLAWS

- a. **REQUEST FOR DECISION**
Annual Budget for Years 2026 to 2030 **38-46**

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give first reading to the bylaw cited as “Alberni-Clayoquot Regional Hospital District 2026 to 2030 Annual Budget No. 142”.

9. REPORTS

9.1 STAFF REPORT

- a. Agricultural Land Commission Exclusion Process and Prospective Campus of Care **47-48**

THAT the Regional Hospital Board of Directors receive report a.

9.2 DIRECTOR REPORT

- a. Tofino General Hospital Replacement, T. Stere/D.Haggard **49**

THAT the Regional Hospital Board of Directors receive report a.

9.3 REPORTS

- a. Bamfield Health Centre – B. Beckett
- b. Alberni-Clayoquot Continuing Care Society – V. Siga
- c. West Coast Native Health Care Society – P. Cote

- d. Tofino General Hospital – West Coast Directors
- e. Alberni-Clayoquot Health Network – P. Cote/V Siga
- f. West Coast General Hospital – Alberni Valley Directors
- g. Other Reports

THAT the Regional Hospital Board of Directors receive reports a-g.

10. UNFINISHED BUSINESS

11. LATE BUSINESS

12. QUESTION PERIOD

Questions/Comments from the public:

- Participating in Person in the Board Room
- Participating in the Zoom meeting
- Emailed to the ACRD at responses@acrd.bc.ca

13. ADJOURN



Alberni-Clayoquot Regional Hospital District

MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON WEDNESDAY, DECEMBER 10, 2025

Hybrid - Zoom/Board Room, 3008 Fifth Avenue, Port Alberni, BC

DIRECTORS PRESENT: Debbie Haggard, Chair, Councillor, City of Port Alberni
John Jack, Vice-Chairperson, Chief Councillor, Huu-ay-aht First Nations
Bob Beckett, Director, Electoral Area "A" (Bamfield)
Fred Boyko, Director, Electoral Area "B" (Beaufort)
Penny Cote, Director, Electoral Area "D" (Sproat Lake)
Mike Sparrow, Director, Electoral Area "F" (Cherry Creek)
Marilyn McEwen, Mayor, District of Ucluelet
Moriah Cootes, Councillor, Uchucklesaht Tribe Government
Kirsten Johnsen, Councillor, Toquaht Nation

REGRETS: Vaida Siga, Director, Electoral Area "C" (Long Beach)
Sharie Minions, Mayor, City of Port Alberni
Susan Roth, Director, Electoral Area "E" (Beaver Creek)
Tom Stere, Councillor, District of Tofino
Levana Mastrangelo, Executive Legislator, Yuułu?if?ath Government

STAFF PRESENT: Daniel Sailland, Chief Administrative Officer
Teri Fong, Chief Financial Officer
Alex Dyer, General Manager of Planning & Development
Cynthia Dick, General Manager of Administrative Services
Heather Zenner, Manager of Administrative Services
Janice Hill, Executive Assistant
Jaleen Rousseau, Planning Manager
Tanya Carothers, Solid Waste Manager

The meeting can be viewed on the Alberni-Clayoquot Regional District website at:
<https://www.acrd.bc.ca/events/10-12-2025/>

1. CALL TO ORDER

The Chairperson called the meeting to order at 4:16 pm.

The Chairperson recognized this meeting is being held throughout the Nuu-chah-nulth territories.

The Chairperson reported this meeting is being recorded and livestreamed to YouTube on the Regional District website.

2. APPROVAL OF AGENDA

MOVED: Director Cootes
SECONDED: Director Sparrow

THAT the agenda be approved as amended to add Voices for Health Equity 2.0 discussion under 11 (a).

CARRIED

3. DECLARATIONS

4. ADOPTION OF MINUTES

a. Board of Directors Meeting – November 19, 2025

MOVED: Director Jack
SECONDED: Director Johnsen

THAT the minutes of the Alberni-Clayoquot Regional Hospital District Board of Directors held on November 19, 2025 be adopted.

CARRIED

5. PETITIONS, DELEGATIONS & PRESENTATIONS

6. CORRESPONDENCE FOR ACTION

7. CORRESPONDENCE FOR INFORMATION

a. ISLAND HEALTH

Local Health Area Profile – Alberni-Clayoquot – February 2025

b. CORCAN MEADOWOOD RESIDENTS ASSOCIATION (a member of the Regional District of Nanaimo Taxpayers Alliance)

Copy of letter to the Honourable Josie Osborne, Minister of Health requesting that the Provincial Government expand the health system review to include Regional Hospital Districts

MOVED: Director Johnsen
SECONDED: Director Cote

THAT this correspondence a-b be received for information.

CARRIED

8. REQUEST FOR DECISIONS & BYLAWS

a. Request for Decision regarding 2026-2030 Provisional Budget.

MOVED: Director Jack
SECONDED: Director Cote

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give first reading to the bylaw cited as “Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140”.

CARRIED

MOVED: Director Jack
SECONDED: Director Sparrow

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give second reading to the bylaw cited as “Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140”.

CARRIED

MOVED: Director Jack
SECONDED: Director Johnsen

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give third reading to the bylaw cited as “Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140”.

CARRIED

MOVED: Director Jack
SECONDED: Director Cootes

THAT the Alberni Clayoquot Regional Hospital District Board of Directors adopt the bylaw cited as “Alberni-Clayoquot Regional Hospital District 2026 to 2030 Provisional Budget No. 140”.

CARRIED

9. REPORTS

- a. **Bamfield Health Centre – B. Beckett.** No report.
- b. **Alberni-Clayoquot Continuing Care Society – V. Siga.** No report.
- c. **West Coast Native Health Care Society – P. Cote.** Currently restructuring.
- d. **Tofino General Hospital – West Coast Directors.** No report.

e. **Alberni-Clayoquot Health Network – P. Cote.** Currently recruiting new members, final meeting of the year is next week.

f. **West Coast General Hospital – Alberni Valley Directors.** No report.

g. **Other Reports**

MOVED: Director Johnsen

SECONDED: Director Cootes

THAT the Regional Hospital Board of Directors receives reports a-g.

CARRIED

10. UNFINISHED BUSINESS

11. LATE BUSINESS

a. *UBC Voices for Health Equity 2.0.*

MOVED: Director Jack

SECONDED: Director Cote

THAT the Alberni-Clayoquot Regional Hospital District financially support Directors Haggard and Cote and the ACHN Coordinator to attend the Voices for Health Equity 2.0 in Vancouver on February 26, 2026.

CARRIED

12. QUESTION PERIOD

Questions/Comments from the public. The Manager of Administrative Services advised there were no questions or comments respecting an agenda topic from public:

- Participating in Person in the ACRD Board Room
- Participating in the Zoom webinar
- Submissions received by email at responses@acrd.bc.ca.

13. ADJOURN

MOVED: Director Cootes

SECONDED: Director Sparrow

THAT this meeting be adjourned at 4:27 pm.

CARRIED

Certified Correct:

Debbie Haggard,
Chairperson

Heather Zenner,
Manager of Administrative Services

Alberni Clayoquot Health Network

2025 Highlights

Who Are We



- Multi-disciplinary network hosted through the ACRD since 2011
- Members from local leadership, organizations and community from across the Alberni Clayoquot Region

Network Mechanisms



- Monthly meetings of our Table of Partners, guests welcome!
- Data collection and dissemination to support healthy communities
- Network and project development to advance healthy community goals.

Network Development



- Executive Committee to support the Coordinator
- New Coordinator Contract
- New Alberni Valley Continuum of Care Coalition

Building Regional Prosperity



- Building Prosperity in the Alberni Clayoquot Action Plan Data Updates
- Support Youth Safe Spaces and coordination in rural/remote sub regions of the ACRD
- Assist in development of the Alberni Foundry and Westcoast Youth Navigator Position
- 2025 Alberni Valley Living Wage Calculation

Our Focus



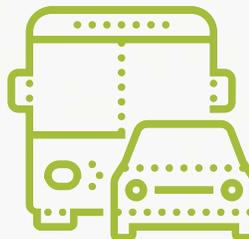
- Social Determinants of Health
- Upstream interventions
- Stimulate change at the systems level through advocacy and research
- Building healthy equitable communities

Networking the Networks



- Support collaboration(s)
- Convene action tables and working groups
- Connect people, idea's and initiatives with resources
- Support projects and program implementation

West Coast Transportation



- BC Transit adoption of Westcoast Transit service connecting Tofino, TyHistanis, Hitacu and Ucluelet
- Initiate support for Alberni Valley transportation exploration

2024 Strategic Plan



- Three priority areas - Network Development, Communications and Outreach and Poverty Reduction
- Focus to refine and streamline work in coming years.
- Find out more at www.achn.ca

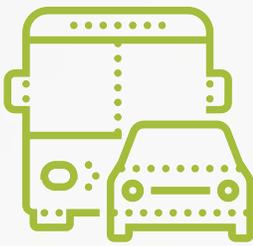


Alberni Clayoquot Health Network

Greatest Hits

Changing systems to increase health equity is work that takes time and effort. Through collaboration and regional planning the ACHN challenges our region to keep up the momentum to address complex social issues, one step at a time.

Transportation Planning



- 2014 Regional Transportation Consultation
- 2015 Transportation Planning to Action Meeting and Report
- West Coast Transportation Working Group
- West Coast BC Transit System Planning Support

Poverty Reduction



- Community Engagement
- Poverty Reduction Protocol with participation from MLA, MP and all Municipalities
- 2022 Building Prosperity in the Alberni Clayoquot - Poverty Reduction Action Plan
- 2024 Building Equity Toolkit
- 2025 Data Updates

Network Development



- Effective consensus based governance model
- Embedded community engagement and support mechanisms
- Priority around equity, community development and support for grassroots initiatives
- Ongoing support and engagement from all local levels of government

Transportation Action



- West Coast Wheels For Wellness and inclusion of rural and remote communities in the IH Non-Emergency Transportation Program
- Transportation Assets Map
- Advocacy around transportation and health equity.
- Support for the implementation of BC Transit in Westcoast communities

Regional Capacity Building



- Support four local Art of Hosting Training's to build capacity around hosting and facilitating
- Support for the West Coast Coming Together Health Forums
- Convening conversations that matter - from youth to housing to equity
- Equity workshops- Decolonize first, decolonizing community networks, etc.

Want to Know More?

Check out our Planning and Governance Documents



- ACHN Plans, Governance Documents and Communications Plans
- Annual Reports
- Array of Regional Planning Reports conducted and/or supported by the ACHN and partners

For more information and links to work in our region - www.achn.ca
Email the ACHN Coordinator - achn@acrd.bc.ca

BUILDING PROSPERITY IN ALBERNI CLAYOQUOT

DATA UPDATES | 2025

Prepared by

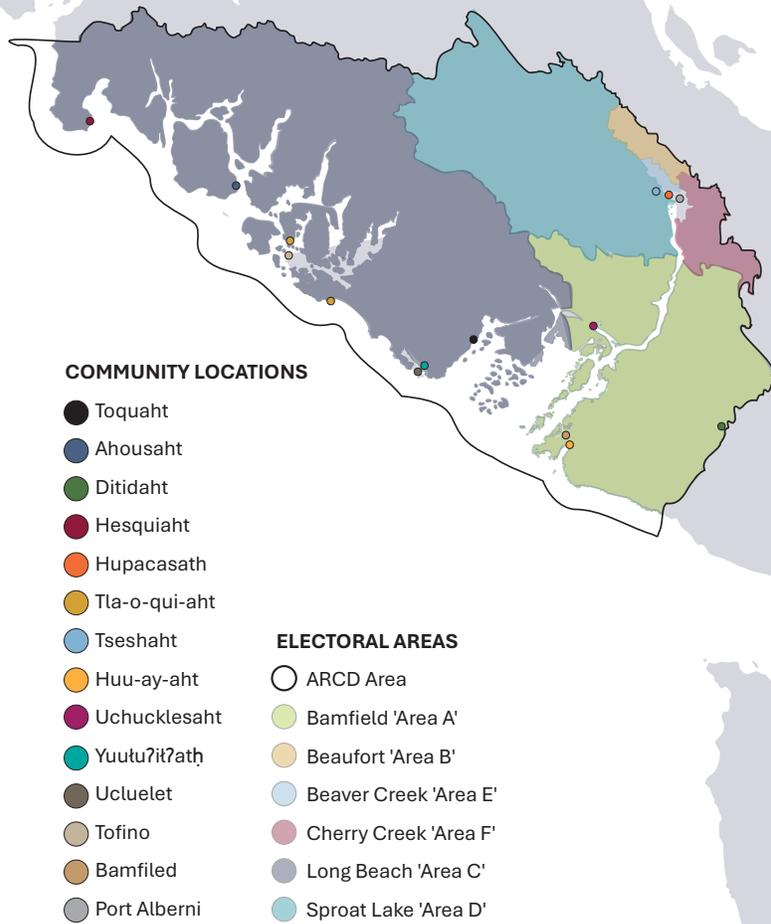


ALBERNI CLAYOQUOT
HEALTH NETWORK

The Alberni Clayoquot Regional District is a geographically diverse area which spans 6904 km² and includes three municipalities, ten Nuu-chah-nulth First Nations and six electoral areas.

The ACRD is located in the traditional territories of the Nuu-Chah-Nulth speaking peoples, the ten Nations of the Ditidaht, Huu-ay-aht, Hupacasath, Tseshaht, Uchucklesaht, Ahousaht, Hesquiaht, Tla-o-qui-aht, Toquaht, Yuutu?it?ath who have several communities within this region.

The ACRD includes the City of Port Alberni, municipalities of Ucluelet and Tofino as well as the six electoral areas of Bamfield, Beaufort, Long Beach, Sproat Lake, Cherry Creek, and Beaver Creek.



PAST

The Alberni Clayoquot Health Network (ACHN) received UBCM funding to produce the Building Prosperity in the Alberni Clayoquot – Poverty Reduction Action Plan in 2020, the plan was completed in 2021 and endorsed by local governments in 2022.

FUTURE

The ACHN will update data following the release of the 2026 census to support ongoing communication and measurement.

PRESENT

To support measurement and reporting, ACHN is producing data snapshots to track and share progress on regional poverty reduction. These updates use 2021 census data and other sources to highlight recent trends and celebrate successes.

The 2025 Building Prosperity in the Alberni Clayoquot Progress Report brings together our past work with our future priorities.

Snapshot of the Region

All together, the ACRD has a population of **33,521¹** people, and saw an **8.2%** increase in households since the 2016 census. Rural West Coast and Indigenous communities saw a notable **15% – 20%** increase in household growth², driven in part by tourism, ‘lifestyle migration’, and Indigenous community development.

Since our 2021 Action Plan we have seen increased cost of living driven by a hot housing market and the increasing cost of basic needs. Our census data shows improvements to our overall income equity and poverty measures but was largely influenced by CERB and other government transfers during the COVID pandemic.

INCOME & POVERTY MEASURES

Census	2016	2021
ACRD Residents Living in Poverty (LIM-AT)³	21%	13%
Child Poverty Rate	30% ⁴	24.5% ⁵
Median Income⁶	\$49,679	\$63,200
Residents paying more than 30% of income for rent⁷	47%	36%

To better understand regional wellbeing, successes, and priorities, we’ll take a closer look at the four focus areas outlined in our 2021 Poverty Action Plan.

- What has changed and what actions have been taken?
- Let’s use this information to generate thoughtful conversations and planning to see ongoing progress.



Advancing equity has been central to ACHN’s work since 2012, through identifying, planning, and implementing initiatives that promote equity across the Alberni Clayoquot region.

Since 2022, the network has led and supported efforts focused on access, youth capacity building, and fostering ongoing education and dialogue about what equity means in healthy communities.



ACCESSIBILITY

Past work - Transportation and health equity have been priority areas for the ACHN since 2013 and was one of the most mentioned themes across priorities in the Poverty Reduction Action Plan recommendations. In the course of our work we have supported, led and implemented work to increase access to health services, basic needs, employment and education for residents of the Alberni Clayoquot.

Between 2022 and 2025 - the ACHN leveraged the long-standing Westcoast Transportation Working Group to support action and implementation for two interventions:

- West Coast communities were included in the Non-Emergency Medical Transportation system, ensuring residents with paved road access can reach Island Health appointments 60 km or more from home.
- In 2023, the West Coast Transportation Working Group helped the ACRD launch an interim custom transit system after BC Transit funding fell through. Adopted by BC Transit in 2025, the system is now more sustainable and expanding.



On the horizon - the ACHN has identified the need for intercommunity transportation in lieu of the once reliable Greyhound system. There is expansion within the BC Transit system which the ACHN will support. The ACHN will work with communities to continue these conversations and seek solutions for residents:

- Westcoast community bus stops, shelters and further expansions
- Support conversations around the Alberni Valley system and expansions to connect to other transit systems and communities in the Valley.

YOUTH CAPACITY

Past planning - Young people were identified as one of the more vulnerable populations in our 2022 Poverty Action Plan due to cost of living and mental health. In 2022 the ACHN was approached by the Tamarack Institute to join a cohort of communities across Canada to build youth capacity with funding from the Government of Canada Youth Employment and Skills Strategy. This initiative was called Communities Building Youth Futures (CBYF).

Between 2022 and 2024 - the ACHN was successful in leveraging over \$700 000 to support youth capacity building in the region.

- Worked with local community stakeholders to hire 3 Youth Facilitators, one for the Westcoast, Barkley and Alberni Valley communities.
- Leveraged funds, hosted events, education opportunities and supported local youth initiatives identified by youth for youth.
- Supported one existing youth safe space and supported the development of 5 additional youth safe spaces in Westcoast, Barkley and Alberni Valley communities.
- Supported the continuation of Youth Facilitator roles in the Westcoast and Barkley communities.



On the Horizon - The CBYF funding has completed but the impact of this funding has continued to influence communities in the Alberni Clayoquot. Our partnership efforts assisted in the development of a successful regional **Foundry Centre** application through Alberni Drug and Alcohol Prevention Society (ADAPS). This includes outreach services to the rural and remote communities in the region. This work has led to the continuation of Youth Facilitator roles in the Westcoast and Barkley communities as well as Youth Safe Spaces continuing to operate in Westcoast, Barkley and Alberni communities.

EQUITY EDUCATION AND CAPACITY BUILDING

Addressing equity in communities is a complex process which requires time, education and capacity. Themes of equity, de-stigmatization, and anti-racism were common throughout the Poverty Reduction Action plan recommendations.

Recognizing that equity work starts within, ACHN updated its governance, statements, and approach. In 2023, funding from the Union of BC Municipalities supported efforts to build community capacity and deepen equity conversations across the region.

- Hosted a Decolonize First workshop for community leaders. Delivered by local facilitators, with over 70 participants across two cohorts. Participants from local governments, organizations and the community had the opportunity to learn and reflect on decolonization from a local Nuu-Chah-Nulth lens. Unpacked personal biases and learning supportive ways of working.
- Creation of an Equity Toolkit with information from the Poverty Reduction Action Plan. For local stakeholders to better understand why supporting housing, transportation, quality health care and reconciliation matter and what they can do.



On the Horizon - ACHN continues to lead equity-focused conversations, we'll further promote the Equity Toolkit and seek new opportunities for community engagement and education.

Income and income equity are fundamental to reducing poverty. As a region we have seen some progress with provincial and national support, to strengthen equity and protective factors relating to income.

These include attention to service access through health service and transportation planning, childcare and housing identified in these reports. However, the rising cost of living and slow pace of change in addressing complex social issues leave us with work to be done. Our 2022 Poverty Reduction Plan focused on two main priority areas:

- Build and enhance **Protective Factors** which support community members in poverty, at risk of poverty or in situations where they are unable to thrive.
- Creating **Clear Pathways Out of Poverty** by addressing systemic inequities which exist for those individuals' experiencing poverty.

Comparing regional and sub-regional living wages, median incomes, and key expenses provides valuable insight for planning and implementing supports that help keep more money in residents' pockets. Advocacy efforts to strengthen pathways out of poverty are outlined in the Poverty Reduction Action Plan and remain an ongoing need for attention and discussion.

Median Income

ACRD after tax household income



Median Income Increase

From 2016 to 2021



MEDIAN INCOME (after tax household income)⁸

	BC	ACRD	Port Alberni	Ucluelet	Tofino
2016 Total	\$61,280.00	\$49,679.00	\$45,957.00	\$54,336.00	\$58,944.00
2021 Total	\$99,610.00	\$63,200.00	\$58,400.00	\$73,500.00	\$75,500.00

Basic Needs

The living wage is a calculation of a two parent, two child family with both parents working **35 hrs** per week, one child in full time childcare and the other in afterschool care. It considers the Market Basket Index for necessities, transportation, education and a small contingency fund.

The living wage calculations provide us with useful comparisons to median income in the Alberni Clayoquot. We know that slow increases in wages and rising costs are putting strain on the pockets of residents. Using the Bank of Canada inflation calculator, which calculates the consumer price index (CPI), we can demonstrate that Canadians experienced a 18.45% increase in consumer costs for the period between 2019 and 2024.⁹ This reinforces the need for poverty reduction recommendations to increase health and resilience in communities - the interconnection between efforts targeted around access, quality programming, housing and other levers of community support.



Protective Factors

Putting money into the hands of people (and keeping it there)

LIVING WAGE¹⁰

2019



Alberni Valley



Westcoast Communities

2024



Education and Childcare

Access to early childhood education is a predictor of health and wellbeing throughout the course of an individual's life and a major component of economic wellbeing for families and communities. Since 2019, the province and region have poured resources into the early education system to construct new facilities, provide wage increases for Early Childhood Educators (ECE), increase access to **\$10/day** childcare spaces and monitor availability.

In Summer of 2025 the ACHN surveyed childcare providers in the ACRD to explore space availability - spaces available to families VS what is licensed and measured by the province. In our survey we found that since 2019 the region has:

- Successfully added much needed after school spaces - more than 200.
- Maintained slow growth in spaces for 30 months – approximately 60 spaces were available out of the 112 created.
- Lost infant toddler spaces - licenced infant toddler spaces were unfilled due to staffing.

While more work can be done to verify numbers and dig deeper into these findings this work validated the qualitative reports from providers. Positions requiring increased skill level and training requirements were hardest to recruit and retain.

Qualitative reports and quick counts highlight the need for additional local and provincial interventions to address the Early Educator sector to recruit and retain ECE's and ensure new spaces can open to families.

Since June 2019

Child care spaces for children ages 0-7 have increased (according to provincial data)¹¹



2019

939 spaces

Spaces for 20% of children in SD70



2025

1332 spaces

Spaces for 33% of children in SD70

EDUCATION LEVEL REQUIRED OF CHILDCARE STAFF:

After School Program
½ week (20 hours)

ECE
Up to 2 years

Infant / Toddler
Up to 4 Years



The right to adequate housing is internationally recognized as a fundamental human right in the Universal Declaration of Human Rights, to which Canada is a signatory.

The 2022 Poverty Reduction Action Plan adopts this international definition, emphasizing key elements such as location, security, suitability, and other essential criteria. To quantify this measure in Canada housing at or below 30% of the cost of an individual's income is deemed affordable and attainable. In the past five years the housing market has grown radically in both positive and negative ways for residents. This growth has prompted additional community and government attention and resources. The implementation and resourcing of local, provincial, and national housing plans has also assisted to bring attention back to housing as a basic human right with concise actions, policy and reduced red tape for communities to move solutions forward.



RESIDENTS SPENDING 30% + OF INCOME ON HOUSING¹²

	2016		2021	
	Owners	Renters	Owners	Renters
ACRD	15%	47%	13%	36%
Port Alberni	13%	52%	13%	41%
Tofino	29%	29%	21%	21%
Ucluelet	29%	39%	25%	24%

2024 LIVING WAGE RENTAL CALCULATIONS

	1 Bed	2 Bed	3 Bed
Alberni Valley \$74,700 annual net income ¹³	\$1275.76 (47% of income)	\$1650.00 (41.6% of income)	\$1923.00 (30.9% of income)
Westcoast Communities \$92,338 annual net income ¹⁴	\$1670.09 (45.7% of income)	\$2201.56 (46.6% of income)	\$2706.00 (35.2% of income)

MARKET PRICE: ASSESSED SINGLE FAMILY HOME¹⁵

	2019	2024	% Change
Port Alberni	\$299,000.00	\$500,000.00	+60%
Tofino	\$883,500.00	\$1,512,000.00	+58%
Ucluelet	\$445,000.00	\$705,000.00	+63%

Communities in the Alberni Clayoquot have been paying attention to the impact of the housing crisis and are beginning to act locally to keep residents housed.

A quick tally of the actions taken by local municipalities and electoral areas between housing needs assessments (2022-2025)¹⁶, shows considerable work being done to decrease barriers to housing development and tackle the mounting housing need. Big wins have come in the way of Agricultural land policy changes, provincial policy changes, funding, housing development partnerships and the success of housing authorities to expedite the development process.

Communities which have pooled resources to address housing, through community partnerships or a housing authority have seen the most progress to address their housing needs assessment targets.

The Power of Partnerships

New units of housing developed between 2022 and 2025 directly linked to housing needs assessment targets.



Port Alberni

85



Tofino

88

Alberni Point in Time Homelessness Count

The Port Alberni Point in Time Homelessness Count occurs every two years through the Homelessness Services Society of BC and BC Housing. This count is conducted over a 24-hour period providing a snapshot of the number of individuals experiencing homelessness in a community and their experience. While Point in Time counts are known to be underestimations, they provide valuable insights for communities to plan services and supports.

Total number of people experiencing homelessness and included in the count¹⁷



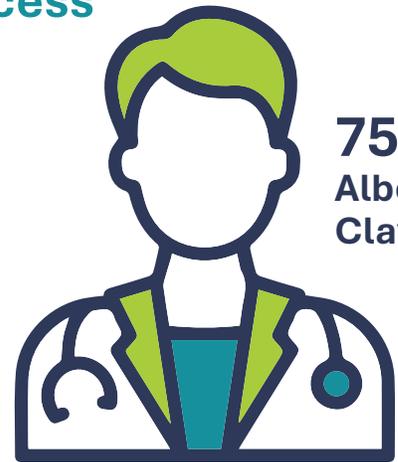
The overall health of residents is directly correlated with the social determinants of health, with the strength of community systems serving as one of the most significant predictors of individual well-being throughout life.

Attention to the social determinants of health and our health system are equally integral to build a resilient path forward to address the complex social issues seen in communities across the world today. In our region, increased investment, community driven planning and action have gradually improved access to health services and key health indicators.

Although chronic disease prevalence rates have been higher for Alberni-Clayoquot than Island Health and BC for over a decade, a decline in Home Care usage suggests some stabilization. Over the past three years, community partners have leveraged data to plan and implement targeted interventions addressing the region's most pressing health challenges.



Health Service Access



75%
Alberni-Clayoquot

Population attached to physician at the practice level (2022-2023)

Success

In **Ucluelet**, the addition of one primary care physician and one nurse practitioner has expanded clinic availability from 1 day per week to 4 days per week.

The **Uut Uustukyuu Healing Society**, supported through the First Nations Primary Care Initiative (FN PCI), has introduced cultural supports across all West Coast communities.

Patient Care Networks in Alberni and Westcoast, the First Nations Primary Care Initiative and other health care provider networks have been working to plan and implement health care solutions to assist in greater health access, physician and health care professional recruitment and retention.

Success

Significant Decline in Deaths: 25% reduction in drug poisoning deaths in early 2025. Linked to lower fentanyl concentrations and expanded harm reduction services.

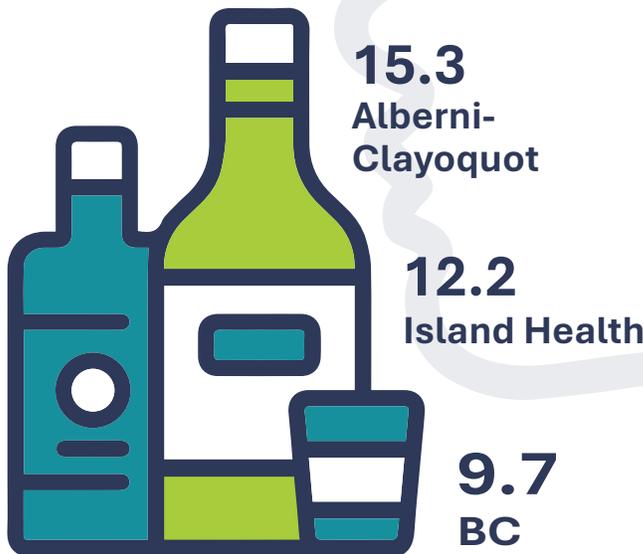
Community Action Team (CAT) Initiatives: Peer-led strategies focused on: stigma reduction, culturally safe care, developed a blueprint for addressing the toxic drug crisis.

Tseshah First Nation launched a community-led toxic drug strategy that emphasizes healing, empowerment, and cultural safety.

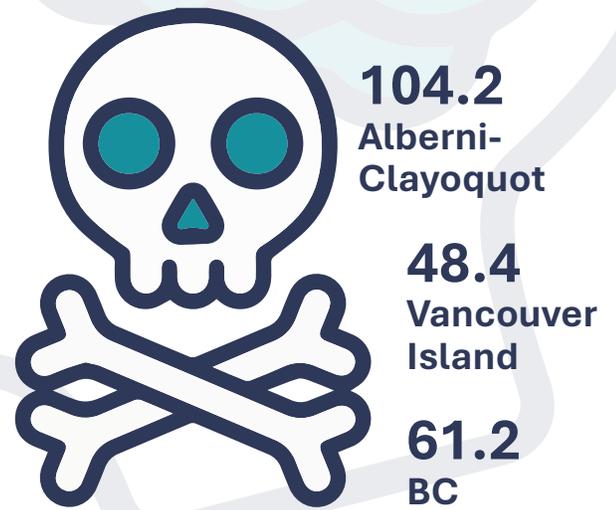
ACRD has seen a disproportionate increase in unregulated drug deaths since 2020,

compared to Island Health and BC. As of 2023, the rate of unregulated drug deaths (crude rate per 100,000) was **105.6**, roughly double that of Island Health and BC.¹⁸

Alcohol Consumption (Drinks per week, 2023)



Death rate Attributed to alcohol



*Age Standardized death rate per 100,000¹⁹

Success

Tofino council adopted a **Municipal Alcohol Policy** in 2021 and Port Alberni recently adopted a **Municipal Alcohol Policy** to promote responsible drinking, prevent underage use, and reduce alcohol-related harm.

References

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2025 Living Wage
\$22.60

Port Alberni Living Wage

What is the living wage?

The living wage is the hourly amount that a worker must earn to cover essentials, avoid chronic financial stress and participate in their community. It supports a basic, decent standard of living, but without many of the comforts or extras that many take for granted.

What makes up the living wage?



Housing



Food



Clothing



Phone & Internet



Transport



Child Care



Non-MSP Health Costs



Contingency Fund



Adult Education



Other Expenses

Benefits

Living expenses can decrease when benefits are paid by the employer.



Health and Dental



Professional Development



Paid Sick Leave and Vacation

Not included in the living wage:

Retirement savings, student loan or credit card payments, cost of caring for an older or disabled family member.

How do we calculate the Living Wage?



Working with our community partners at the ACHN we calculate the wage needed by different household types to afford basic costs.

The family types used are a single adult, a single parent with one child, and a family of four with two adults and two children.

These are then weighted by their prevalence in the population to produce a single living wage for Port Alberni.

Who's not earning a Living Wage?

- Nearly 1 in 3 workers in BC earn less than the living wage - the minimum needed to cover basic expenses.
- Women and racialized workers are disproportionately affected.
- Jobs in food service, retail, and agriculture are among the lowest paid.

Key Findings from the 2025 Living Wage Report

- There is now a **\$4.75** gap between the BC minimum wage and the living wage for Port Alberni. The provincial government needs to close the gap between the minimum wage and the living wage.
- Housing, food, and child care remain the largest and fastest-growing expenses, with rent increases outpacing general inflation and food insecurity worsening across BC.
- Government support helps, but it's not enough - especially for single people. Even when people are working hard, the minimum wage is not enough to cover rising costs like rent, food and child care.



Port Alberni Living Wage Breakdown

The Living Wage is an hourly rate calculated by averaging the expenses of three family types - a couple with two children, one school aged and one in daycare, a single parent and a single person household.

MONTHLY LIVING WAGE EXPENSES

	FAMILY OF FOUR	SINGLE PARENT FAMILY	SINGLE PERSON
FOOD	\$1371.92	\$710.64	\$548.77
CLOTHING/FOOTWEAR	\$169.71	\$84.85	\$42.43
HOUSING (INCLUDING UTILITIES)	\$2079.33	\$1776.82	\$1244.60
PHONE/INTERNET	\$150.17	\$102.52	\$102.52
TRANSPORT	\$974.29	\$487.14	\$487.14
CHILDCARE (OFFSET BY BC AFFORDABLE CHILD CARE BENEFIT)	\$297.42 (originally \$812.81)	\$0.00 (originally \$317.50)	NA
NON-MSP HEALTH COSTS (OFFSET BY 7 MONTHS OF CANADA DENTAL BENEFIT)	\$135.21 (originally \$231.00)	\$9.08 (originally \$162.00)	\$54.17 (originally \$95.00)
CONTINGENCY FUND	\$257.25	\$104.13	\$140.41
EDUCATION	\$164.35	\$164.35	\$164.35
OTHER EXPENSES (TOILETRIES, CLEANING SUPPLIES, HOUSEHOLD GOODS, RECREATION, ETC.)	\$1012.22	\$497.28	\$343.24
TOTAL	\$6,611.88	\$3,986.83	\$3,127.63

What Can Local Government Do?

Municipalities and Regional Districts play a key role in policy, support and services which assist in decreasing the out of pocket expenses of community members.

- The Living Wage in the Alberni Valley would be \$2 less for a family of four if the **Transit system** was robust enough to rely on just one vehicle or solely transit for a single person.
- Communities with a strong **housing continuum** have seen drastic decreases to their living wage. Affordable and supportive housing which supports low to median income earners keeps money in the hands of individuals.
- Support for affordable **childcare centres and healthy food programs** ensure families are well supported.

ANNUAL LIVING WAGE INCOME AND EXPENSES

	FAMILY OF FOUR	SINGLE PARENT FAMILY	SINGLE PERSON
EMPLOYMENT INCOME	\$40,131.00 X2	\$32,487.00	\$43,807.40
ANNUAL AFTER-TAX INCOME	\$34,059.67	\$33,226.89	\$36,646.38
GOVERNMENT TRANSFERS*	\$11,790.05	\$14,819.30	\$888.00
AVAILABLE INCOME	\$79,363.86	\$48,046.19	\$37,543.38
ANNUAL EXPENSES	\$79,342.56	\$47,841.94	\$37,534.38

*Government Transfers Include - GST Credit, BC Climate Action Tax Credit, Canada Child Benefit, BC Family Benefit, Rental Assistance Program, if applicable. Only the Single Parent Family was qualified for the Rental Assistance Program.

What Else Can Be Done to Support?

- Advocacy and support for Provincial and Federal Governments to **strengthen and extend supports for low and medium income individuals - Dental, Child Care Benefit, GST and others.** Ex: The Canada Child Care Benefit is reduced by a % of the families income greater than \$37,387, once the family income is greater than \$81,222 the benefit is reduced by a fixed amount which has real implications for families in low to middle income households.
- Advocacy for provincial and federal policies to lift wages and lower costs, aim to close the gap between the minimum wage and living wage.
- Support for programs that assists individuals to reduce the cost of living
- Employers and Local Governments can become a living wage employer, more details on the [Living Wage Website](#).

From: [Island Health Communication \[ISLH\]](#)
To: [Island Health Communication \[ISLH\]](#)
Subject: Island Health release: From student to staff: Island Health program launches nursing careers close to home
Date: January 7, 2026 10:24:22 AM
Attachments: [image003.wmz](#)
[image005.png](#)
[image001.png](#)

[CAUTION] This email originated from outside of the ACRD

//islandhealth.ca/news" style="position:absolute;left:0;text-align:left;margin-left:7.75pt;margin-top:29.7pt;width:362.5pt;height:36pt;z-index:251659264;visibility:visible;mso-wrap-style:square;mso-width-percent:0;mso-height-percent:0;mso-wrap-distance-left:9pt;mso-wrap-distance-top:0;mso-wrap-distance-right:9pt;mso-wrap-distance-bottom:0;mso-position-horizontal:absolute;mso-position-horizontal-relative:text;mso-position-vertical:absolute;mso-position-vertical-relative:text;mso-width-percent:0;mso-height-percent:0;mso-width-relative:page;mso-height-relative:page">



FOR IMMEDIATE RELEASE
January 7, 2026

From student to staff: Island Health program launches nursing careers close to home

ISLAND HEALTH-WIDE - What began 15 years ago to give nursing students a head start has grown into one of Island Health’s most successful workforce initiatives. With 284 employed student nurses and psychiatric nurses on staff last summer — the second-highest total of any health authority in B.C. — the Employed Student Nurse (ESN) and Employed Student Psychiatric Nurse (ESPN) program is helping students turn classroom knowledge into career confidence, while fueling a stronger, more resilient nursing workforce.

The program offers nursing and psychiatric nursing students 275 hours of paid, hands-on experience in healthcare facilities, bridging the gap between academic learning and the realities of being on the job in a supportive environment. For Sara Shelestynski, participating in Island Health’s ESN program in 2024 solidified her pivot in career, and introduced her to a community she now calls home. Having grown up in Campbell River, Shelestynski began nursing school with an interest in rural nursing after working as a cardiac technologist in larger cities.

“I wanted the opportunity to see what rural nursing was all about while I was still a student, which I might not have had the courage to do as a new grad,” Shelestynski said. Her time in the program took her to the Port Hardy Hospital. While she was the only ESN onsite, Shelestynski said she felt very supported by the team and welcomed by the community—so much so that upon finishing her fourth year in nursing school, she returned to Port Hardy Hospital and accepted a full-time position with Island Health.

Having ESNs or ESPNs return to Island Health to pursue registered nurse (RN), and registered psychiatric nurse (RPN) positions has been a major win for the organization in the past few years. More than 84 per cent of ESNs in 2019-2022 transitioned to work as RNs in Island Health. It’s also common that the location they try out as an ESN or ESPN becomes their chosen place of work, whether it was home previously or becomes a new home—87 per cent of nursing school graduates who come back to work at Island Health do so in the location where they were initially hired as ESNs.

That’s likely to be the journey for nursing student Carys McDevitt, who joined Cowichan District Hospital (CDH) as an ESN in July 2025. For McDevitt, who is studying nursing in Prince George, the ESN program was a chance to come home to Duncan for the summer, while being able to maintain skills and knowledge she learned over the school year.

“It’s also been very nice to have a mentor in the program, and to get compensated well is a huge bonus,” McDevitt said. “Even after I’d been working for only a few weeks, the variety of skills I was able to practice was amazing to me.”

After a positive first taste as an ESN, McDevitt returned to CDH to pick up shifts during her fall reading break and holiday break in December to practice new skills she’s learned at school. This highlights other benefits for the students going through the ESN and ESPN program: flexibility from healthcare sites and gaining seniority as Island Health employees.

“Your start date as an ESN counts as your start date as an employee,” said Kelsey Biehler, who worked as an ESN at Nanaimo Regional General Hospital (NRGH) before joining the organization full time after graduating nursing school in 2022.

“The ESN program was like having an extra preceptorship – you’re going to become a better, safer nurse if you have more experience

working under an experienced nurse. There was also a lot of flexibility around our schedules, and we could continue to work weekends during the semester if we wanted,” Biehler said.

Offering that flexibility to ESNs is something that’s also important to Nina Padjen, a manager at CDH overseeing the ESNs at her site, which included McDevitt and seven other ESNs this past summer.

“I allow them to self-schedule their shifts, but I also make them aware that as the manager, I am responsible to keep my units running 24/7 and we look to them as part of our team – so when they book a shift, we expect them to follow through with that commitment,” Padjen said. “We must be doing something right, because staff keep coming back after being ESNs.”

Padjen also spoke highly of the positive impact of having ESNs on the team. “I don’t think ESNs realize how valuable they are to the team. They want to be involved and help their learning, but they’re also assisting the existing team by assisting with some of the workload. It’s been a rewarding experience for everyone.”

Since the program’s inception in 2010, it has grown in volume of nurses and psychiatric nurses as well as a wider range of clinical sites, with placements available in acute care, mental health, long-term care and rural settings.

“By embedding students in supportive clinical environments early, the ESN and ESPN program helps build a culture of quality, safety, and continuous learning that benefits patients, teams, and future nurses alike,” said Krista Allan, Island Health Vice President of Quality, Research, and Chief Nursing and Allied Health Officer.

“We have people applying weekly to the program,” said Andrea Taylor, manager of professional practice and learning with Island Health. As part of the team that manages and oversees the ESN and ESPN program, she has witnessed the program evolve since its beginnings, largely in response to student and educator feedback.

Looking ahead to future enhancements, Taylor said the organization is interested in expanding student employment opportunities beyond nursing to areas like physiotherapy, occupational therapy, social work, as well as Indigenous and community health roles.

Being receptive to feedback about the ESN program was something that stood out to nurse Camryn Stanley about Island Health.

“Being on the north end of the island working in Port McNeill and Port Hardy, I was the second student nurse to go through the new grad transition in that location and I tried to help provide feedback along the way. There was a lot to learn when it comes to living in a small, remote community like resources available in the community, challenges of travel and transport in and out of the community, as well as what staffing looks like and the needs of the community,” recalled Stanley. “When I came back the second year as an ESN, I immediately noticed they had done a lot to revise the resources and training in the new grad transition program to tailor them to the context in northern Vancouver Island. It really made me want to come back here to work.”

Interested in launching your nursing career with Island Health? Employed Student Nurse (ESN) and Employed Student Psychiatric Nurse (ESPN) positions are posted to [Island Health’s job board](#) in the spring and fall. Learn more about these opportunities and program eligibility on our [Island Health careers website](#).

For questions about the program, reach out to EmployedStudentProgram@IslandHealth.ca.

About us:

Island Health provides health and care services to more than 933,000 people across Vancouver Island, the islands in the Salish Sea and Johnstone Strait, and mainland communities north of Powell River. Our team includes more than 32,500 health care professionals, including nearly 3,200 doctors, nurse practitioners, midwives and dentists who make up our Medical Staff. We are also supported by more than 1,500 adult and youth volunteers who contribute more than 70,000 hours of service annually, as well as 12 foundations and 19 active auxiliaries. Together, we deliver a wide range of health services across a large and geographically diverse region — including public health, primary care, home and community care, mental health and substance use services, acute hospital care and much more.

-30-

Central/North Island media inquiries

Dominic Abassi
250-755-7966
Dominic.Abassi@islandhealth.ca

Cowichan/South Island media inquiries:

Andrew Leyne
250-370-8908
Andrew.Leyne@islandhealth.ca

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From: [Island Health Communication \[ISLH\]](#)
To: [Island Health Communication \[ISLH\]](#)
Subject: Island Health news release: 2026 Youth Harm Reduction Award: Applications open March 1
Date: January 21, 2026 11:30:39 AM

[CAUTION] This email originated from outside of the ACRD



For Immediate Release

NEWS RELEASE

JANUARY 21, 2026

2026 Youth Harm Reduction Award: Applications open March 1

ISLAND HEALTH-WIDE — Calling all youth in the Island Health region with a passion for youth innovation and harm reduction. Have you, or another young person you know, worked on a project this school year that focuses on reducing harms related to substances?

If so, Island Health wants to hear from you! Launched in 2022, the annual [Youth Harm Reduction Award](#) recognizes young people who have worked on a harm reduction project related to substance use – and this year that includes substances ranging from alcohol and nicotine to unregulated drugs. Winners will receive \$1,000 (total) and a framed certificate for each recipient.

Last year's [YHRA winner](#) was Kalla Shields, a Mill Bay teen who provided more than 50 students and staff at her school with naloxone training, a vital response to opioid poisonings that can save lives. She collaborated on this work with [Toward the Heart](#), school administration and Island Health. Naloxone kits were placed in key school locations and provided to participants in the training sessions. Shields also mentored younger student leaders to continue the project's legacy.

“It is an honour for Island Health to recognize the voices and work of young people with the Youth Harm Reduction Award,” says Dr. Réka Gustafson, vice president of Population Health and chief medical health officer. “Youth bring creativity, energy and insight, which help make interventions relevant and meaningful to their peers.”

Applicants for the 2026 YHRA award will be accepted from March 1 to April 15, and the winning submission will be announced in June. Applicants must be under 19 and live in any community in the Island Health region, which includes Vancouver Island, the islands in the Salish Sea and the Johnstone Strait, and mainland communities north of Powell River.

Harm reduction refers to practical, compassionate policies and practices to reduce negative health, social and legal consequences of a range of activities, without necessarily requiring stopping the activity. Familiar harm reduction practices include the use of seatbelts and bike helmets, condoms, speed limits and sunscreen. In terms of substances, harm reduction often refers to safer ways to consume substances, safer substance use supplies and the use of naloxone to reduce the effects of drug poisonings from unregulated opioids.

For more information and application forms, please visit [Youth Harm Reduction Award](#).

ABOUT ISLAND HEALTH

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MEDIA INQUIRIES

Central / North Island

Dominic Abassi

250-755-7966

Dominic.Abassi@islandhealth.ca

Cowichan / South Island

Andrew Leyne

250-370-8908

Andrew.Leyne@islandhealth.ca

Want to read more Island Health updates? [Visit our news page.](#)



**Rural
Coordination
Centre**
OF BRITISH COLUMBIA

Rural Coordination Centre of BC

620–1665 West Broadway

Vancouver, BC V6J 1X1

604-738-8222 (direct) | 1 877 908 8222 (toll free)

December 2025

Hello from the Rural Coordination Centre of BC (RCCbc)! My name is Alice Muirhead and I am the Director of Engagement and Outreach. I'm delighted to share this package of resources with you in the hope that one or more of these programs will be of interest to your community.

RCCbc is a network of hundreds of people—rural physicians and other healthcare providers, healthcare administrators, community members, policymakers, educators, researchers, and non-profit and business leaders—dedicated to improving the health of rural and remote communities.

Relationships are at the heart of all our programs and services. We're always interested in hearing what's working in communities, what the challenges are, and how we can help. Please don't hesitate to contact us to find out more or just to chat. We're here for you!

Sincerely,

Alice Muirhead

Director of Engagement and Outreach

e: amuirhead@rccbc.ca

t: 250-552-5288



Rural
Coordination
Centre
OF BRITISH COLUMBIA

Rural Coordination Centre of BC

Led by rural physicians, the Rural Coordination Centre of BC (RCCbc) is a network that improves the health of rural people and communities. Funded primarily by the Joint Standing Committee on Rural Issues, our network partners include healthcare providers, healthcare administrators, community members, policymakers, educators, researchers, and non-profit and business leaders. We serve all communities in British Columbia covered by the Rural Practice Subsidiary Agreement.

What We Do

Cultivate Relationships and Networks

We connect people who are passionate about, or play a role in, enhancing rural health equity in British Columbia—from rural citizens and physicians to municipal and Indigenous leaders to provincial policymakers.

Facilitate Rural Health Discussion

We co-create safe spaces for network partners to engage in frank discussion about rural health challenges, explore common solutions to improve rural health, and align our work as partners.

Coordinate Rural Health Projects

We coordinate innovative projects that expand our network and enhance the ability for rural physicians and other healthcare providers to deliver timely, safe, and effective care to rural patients in British Columbia.

Create Learning Opportunities for Rural Healthcare Practitioners

We co-develop continuing medical education, continuing professional development, and mentorship opportunities in collaboration with rural family physicians to enhance rural health providers' skills, scope, and resilience at all stages of their careers.

Advocate for a Healthy Rural British Columbia

We use our personal and shared experiences, as well as rural health research evidence, to effect changes to provincial policies that improve the health of rural British Columbians.

Stimulate Rural Health Research

We provide grants and offer other support to rural physicians and medical students to carry out culturally safe and rurally relevant research that informs policy and improves healthcare practice and delivery.

Develop Healthcare Leaders

We support and develop people in becoming healthcare leaders in their chosen fields of interest and expertise.

Contact

620-1665 West Broadway
Vancouver, BC V6J 1X1

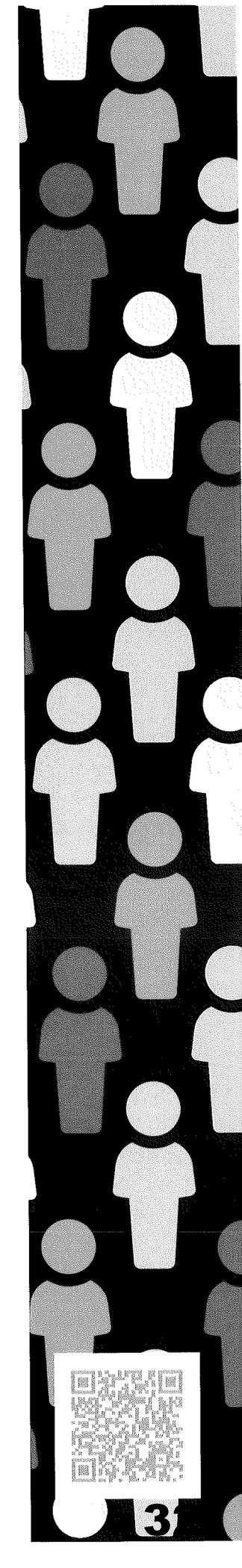
✉ info@rccbc.ca

☎ 604-738-8222 (direct)

☎ 1-877-908-8222 (toll free)

🌐 rccbc.ca





The Rural Voices Initiative

The Rural Voices Initiative, led by the Rural Coordination Centre of BC (RCCbc), supports communities to share knowledge, identify common goals, and take action on local health and wellness issues.

Rural, remote, First Nations, and Métis Chartered communities across BC can connect with RCCbc for flexible support to plan and host meaningful engagement, from one-time gatherings to ongoing dialogue.

Your Community. Your Voice. Your Way.

We can help your community with:

- Facilitation training or on-the-ground support for community conversations
- Financial support for engagement venues, refreshments, child care, and travel (over 50 km)
- Up to \$2000 in flexible funding to grow ideas that emerge from engagement sessions
- Connections to health, social, academic, non-profit, and government partners across BC

What this could look like:

- A dinner bringing Elders, youth, and healthcare providers together
- A community walk to discuss local wellness priorities
- Support for a new or existing community health table
- Training to help local facilitators lead ongoing conversations

Want to learn more?



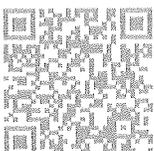
Connect with our Engagement & Outreach Team: ruralvoices@rccbc.ca



rccbc.ca/rural-voices-gathering



**Rural
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Quality Team Coaching for Rural BC

Quality Team Coaching for Rural BC (QTC4RBC) is a coaching program that empowers teams to regroup and reconnect with their purpose and take steps toward building their desired team culture and advancing their chosen goals. When healthcare teams are able to rekindle joy and meaning in their work, they're more able to create a positive work environment, optimize their team's performance, and increase the quality and safety of care for patients.

Why do Quality Coaching?

Evidence shows that effective teams create a culture that both improves patient safety and enhances satisfaction and joy for healthcare providers.

Teams enrolled in the program will participate in:

1. A one day in-person coaching workshop in your community with an International Coaching Federation (ICF) certified coach to lay the foundation for coaching towards highly effective teams. Coaches currently working with QTC4RBC are Drs. Rahul Gupta, Cecile Andreas and Tom Wright.
2. Up to four 1.5 hour virtual team coaching sessions in the months following the workshop
3. Up to three leadership coaching sessions

Program eligibility:

Any rural health care team, with priority given to:

- RSA A or B communities
- Remote and/or underserved populations
- Interprofessional teams
- Leadership participation in the program

How to apply:

Please visit rccbc.ca/qtc4rbc for more information about eligibility, how to apply, and to download the Expression of Interest form.

If you are interested in bringing together your team to apply for this program, contact tdeleeuw@rccbc.ca and we can help you develop application.

Contact

Tracey DeLeeuw
Project & Research Facilitator
tdeleeuw@rccbc.ca

620-1665 West Broadway
Vancouver, BC V6J 1X1

- ✉ info@rccbc.ca
- ☎ 604-738-8222 (direct)
- ☎ 1-877-908-8222 (toll free)
- 🌐 rccbc.ca/qtc4rbc





**Real-Time
Virtual Support**



**Rural
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RTVS Peer Pathways

Rural providers in BC (physicians, midwives, residents, nurse practitioners, nurses etc.) can connect with on-call Real-Time Virtual Support (RTVS) peer pathway providers at the click of a button. The virtual providers support the work of healthcare teams over Zoom or through a phone call and are available around the clock.

Calling an RTVS virtual provider is like calling a friend. They offer friendly, compassionate, non-judgmental, and culturally safe support while understanding the context of providing care in rural places.

More about RTVS

RTVS is publicly funded and available to all providers in rural, remote and First Nations communities.

Benefits of RTVS

RTVS peer pathways help ensure that rural healthcare providers are properly supported and rural patients receive more equitable access to healthcare. More specifically, RTVS pathways:

- Increase confidence, and reduce isolation, of healthcare providers who provide patient care in rural, remote, and First Nations communities in British Columbia.
- Increase mentoring and educational opportunities for rural healthcare providers—especially new-to-practice physicians.
- Provide a safety net that helps improve the recruitment and retention of rural healthcare providers.
- Provide overnight virtual support to prevent hospital diversions.
- Add instant access maternity, pediatric, critical care and internal medicine capacity.
- Increase availability and access to timely, quality healthcare services for patients in rural, remote, and First Nations communities, reducing their risk, time, and expense traveling for medical appointments.
- Offer a cost-effective and sustainable model for British Columbia's health system needs.

Pathways

Instant Access Pathways for Rural Providers

- Emergency (RUDI)
- Maternity and newborn (MaBAL)
- Pediatrics (CHARLIE)
- Critical Care and Internal Medicine (ROCCI)

Quick Reply Pathways (weekdays)

- Dermatology
- Hematology
- Myofascial pain (myoLIVE)
- Rheumatology (RheumVision)
- Thrombosis
- Neurology
- RTVS POCUS (Point of Care Ultrasound)
- Oncology
- Pharmacists
- Orthopaedics
- Spinal Cord Injury Navigation

Consultation to Conversation

Three-way video conference consultations between patients, primary care providers and specialists.



2026 BC RURAL HEALTH AWARDS



RCCbc presents the awards each year to recognize and honour rural physicians, communities, and residents for their inspiring contributions to improving the health of rural British Columbians.

Award Categories:

- Rural BC Community Award
- Award of Excellence in Rural Medicine: Lifetime Achievement
- Resident Leadership Award



Nisga'a Valley Communities
2025 Rural BC Community Award Winner

SUBMIT YOUR NOMINATION BY JANUARY 5



● rccbc.ca/awards

● communications@rccbc.ca

● (604) 738-8222

Tofino & Ucluelet Chambers of Commerce

December 16, 2025

To:

Honourable Josie Osborne
Minister of Health and MLA for Mid-Island Pacific Rim
Province of British Columbia

And to:

Honourable Bowinn Ma
Ministry of Infrastructure
Province of British Columbia

Re: Tofino General Hospital Concept Plan – Request for Action and Technical Clarification

On behalf of the Tofino Chamber of Commerce and the Ucluelet Chamber of Commerce, representing hundreds of businesses across the West Coast of Vancouver Island, we are writing to express our deep concern and disappointment regarding the recent decision not to approve the Tofino General Hospital Concept Plan.

Reliable access to health care is not only a fundamental community need, but also a critical economic necessity for our rural, tourism-based region. Delays in advancing this project carry serious economic consequences. Businesses across our communities are already facing challenges with workforce recruitment and retention, rising operational risks, and limits to sustainable growth that are directly linked to health care access and emergency response capacity.

Tourism is the economic backbone of both Tofino and Ucluelet, and perceptions of inadequate local health infrastructure impact destination confidence, insurance liability, staffing decisions, and overall regional competitiveness. Prolonged uncertainty also intensifies pressure on emergency services, inter-facility transfers, search and rescue resources, and neighbouring health systems, increasing both financial and human costs.

We respectfully urge the Ministry of Infrastructure to provide, without delay, the comprehensive technical information required to clearly inform a revised Concept Plan so that the project may advance to the Business Development phase. Timely, transparent direction is essential to protect the substantial investments already made by local governments, Island Health, and community stakeholders, and to ensure momentum is not lost.

Tofino & Ucluelet Chambers of Commerce

We further support direct, ongoing engagement between the Province, the Alberni-Clayoquot Regional Hospital District, Island Health, and West Coast communities. Meaningful collaboration is essential to advancing a project of this scale and importance in a way that reflects both health system realities and the economic realities of remote, high-demand coastal communities.

Our business communities depend on a healthy, supported population and workforce. Advancing hospital infrastructure on the West Coast is not optional, it is foundational to public safety, economic stability, and long-term regional sustainability.

Thank you for your attention to this urgent matter. We would welcome the opportunity to participate in future discussions as this critical project moves forward.

Sincerely,



Myles Beeby

President

Tofino Chamber of Commerce

Dian McCreary

Dian McCreary

President

Ucluelet Chamber of Commerce



To: Regional Hospital District Board of Directors
From: Teri Fong, CPA, CGA, Chief Financial Officer
Meeting Date: February 11, 2026
Subject: Annual Budget for Years 2026 to 2030

Recommendation:

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give first reading to the bylaw cited as "Alberni-Clayoquot Regional Hospital District 2026 to 2030 Annual Budget No. 142".

Desired Outcome:

To give first reading to the ACRHD's 2026 to 2030 Annual Budget.

Summary:

The Regional Hospital District paid for 40% of the West Coast General Hospital (WCGH) construction using long term debt secured through the Municipal Finance Authority of BC (MFA). The debt was fully paid in 2025.

Island Health annual equipment and project contributions

Attached to this report is Island Health's 2026/27 Capital Projects and Equipment letter outlining their plans for the region for their fiscal year of April 1, 2026, to March 31, 2027. This year's request is for a contribution of \$550,000 for minor capital project and equipment, this is the routine funding amount that is provided in most years. There is no request for contribution towards major capital projects currently.

Reserve fund contributions

A reserve fund for the Tofino General Hospital (TGH) was implemented in 2020 as the TGH is beyond its useful life and will require replacement in the coming years. The reserve fund had approximately \$5 million at the end of 2025. The draft 2026-2030 Annual Budget indicates that the reserve will accumulate to approximately \$13.7 million by the end of 2030 if the tax requisition remains at \$1.836 million and no additional Island Health projects are funded. Island Health officials have confirmed that whether the ACRHD Board accumulates cash or funds the ACRHD share by debt does not affect the timing of the TGH construction.

Background:

Regional Hospital District's provide the local share of 40% for funding of capital costs associated with the construction, acquisition and maintenance of hospital facilities and major equipment within the

boundaries. The ACRHD does not operate any facilities, it only provides capital funding. Island Health, with funding from the Province, pays the other 60% of the capital funding requirements and operates the facilities within the ACRHD's boundaries.

The following funding amounts have been committed to Island Health for projects but have not been distributed, as the projects are not complete:

Year	Amount
2015	\$2,243
2016	\$18,110
2017	\$7,026
2018	\$5,673
2019	\$125,970
2020	\$91,342
2021	\$103,311
2022	\$502,654
2023	\$692,902
2024	\$292,441
2025	\$534,288
WCGH Emergency Room Upgrade	\$103,505
Total	\$2,479,465

This outstanding amount is consistent with prior years and is not a concern of staff but instead just presented for information purposes.

Time Requirements – Staff & Elected Officials:

Finance staff estimate approximately 20 hours of staff time to draft the annual budget and discuss current as well as upcoming projects with Island Health.

Financial:

The 2026 tax requisition is \$1,836,000 same as in the prior year. The residential tax rate for 2025 remains at \$0.128 per \$1,000 of assessed value.

Policy or Legislation:

The Alberni-Clayoquot Regional Hospital District is required by Section 23 of the Hospital District Act to adopt an annual budget by March 31st of each year. Hospital District Act Section 20(4) provides the ACRHD the ability to maintain a reserve account for specified purposes.

Submitted by: Teri Fong
Teri Fong, CPA, CGA, Chief Financial Officer

Reviewed by: Cynthia Dick
Cynthia Dick, General Manager of Administrative Services

Approved by: Daniel Sailland
Daniel Sailland, MBA, Chief Administrative Officer

January 23, 2026

Ms. Teri Fong
Chief Financial Officer
Alberni-Clayoquot Regional District
3008 5th Avenue
Port Alberni, BC V9Y 2E3

Dear Teri:

Re: 2026/27 Capital Projects and Equipment

Island Health is requesting Alberni-Clayoquot Regional Hospital District (ACRHD) cost-sharing on our 2026/27 capital project and equipment requirements.

This year, the total amount of our project and equipment lists exceeds the \$550,000 ACRHD annual provisional budget amount and therefore have been cash flowed over multiple fiscal periods to remain within the annual provisional budget amount.

The total cost of the 2026-27 lists, broken down by projects and equipment, are as follows:

Minor Capital Projects	\$550,000.00
Equipment	0
2024/25 Minor Capital List Costs	\$550,000.00

Major Capital Projects:

Significant work is underway to improve access to reliable hospital, mental health, and addictions services in the Alberni-Clayoquot Region. A key component of this work is the long-needed replacement of Tofino General Hospital.

As discussions with the Province continue regarding funding and phasing of these projects, we will continue to engage with you on potential cost-sharing opportunities as they arise.

Thank you for your consideration of cost-sharing for critical health infrastructure and equipment that support the delivery of care in the North Island Region. Please don't hesitate to contact us should you have any questions or wish to discuss this further.

Thank you for your consideration of this request.

If you have any questions, please don't hesitate to contact us.

Yours truly,

A handwritten signature in blue ink that reads "Jesse Tarbotton". The signature is fluid and cursive, with a horizontal line extending from the end of the name.

Jesse Tarbotton
Director, Capital Planning, Real Estate and Leasing

Attachments.

cc: Jacqueline Power, Director Capital Finance and Treasury, Island Health
Devin Marlowe, Program Director, Long Term and Strategic Capital Planning
Kevin Daniel, Manager, Capital Planning, Central and North Island, Island Health
Julie Wong, Manager, Capital Finance and Treasury, Island Health

Capital Planning

Located at: 1952 Bay Street | Victoria, BC V8R 1J8 Canada
Mailing address: 1952 Bay Street | Victoria, BC V8R 1J8 Canada

Tel: 250-519-1726 | Fax: 250-370-8689

VANCOUVER ISLAND HEALTH AUTHORITY

2026/27 APPROVED CAPITAL EQUIPMENT - ALBERNI CLAYOQUOT REGIONAL HOSPITAL DISTRICT

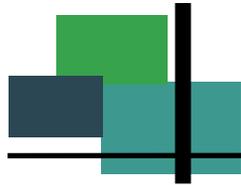
Control #	Capital #	Program	Site	Equipment Name	Budget
Equipment >\$100,000					
Total Equipment > \$100,000					-
Equipment < \$100,000					
	26-0010	NVI Rural and Remote Services	Tofino General Hospital	Fetal Monitors	14,601
	26-0007	West Coast Acute Services	West Coast General Hospital	Sonosite PX Ultrasound System	55,000
2027-2021	26-0008	West Coast Acute Services	West Coast General Hospital	Cast Saw	12,000
2020-3065	26-0011	West Coast Acute Services	West Coast General Hospital	Fetal Monitor	55,214
Total Equipment < \$100,000					136,815
Total Equipment Approved					136,815
Total Possible Cost Sharing					54,726

**Island Health 2026/27 Minor Capital Project List
Alberni-Clayoquot Regional Hospital District**

Site	Portfolio	Project Name	Total Project Cost	Cash Flow					
				Prior Years	2026/27			2027/28	2028/29
					Annual	Island Health	ACRHD		
>\$100K Projects									
West Coast General Hospital	Facilities Management	WCGH Fire Alarm System Replacement	2,616,910	704,318	400,000	240,000	160,000	756,296	756,296
Tofino General Hospital	Facilities Management	TGH AHU Building Controls Replacement	1,250,000	650,000	300,000	180,000	120,000	300,000	
West Coast General Hospital	Facilities Management	WCGH Elevator Replacement Top Up - Phase 2	2,230,000	1,180,000	525,000	315,000	210,000	525,000	
		Sub-Total	6,096,910	2,534,318	1,225,000	735,000	490,000	1,581,296	756,296
Projects Cost-Shared by All RHDs									
Multi Sites	Tech Services & Virtual Care	Clinical Srvices Application Upgrades	95,000	94,240	760	-	760		
		Sub-Total	95,000	94,240	760	-	760	-	-
<\$100K Projects									
Bamfield Health Clinic	Facilities Management	Fire Alarm System Replacement	94,653		31,551	18,931	12,620	31,551	31,551
Bamfield Health Clinic	Facilities Management	Dock Repairs	82,500		27,500	16,500	11,000	27,500	27,500
Tofino General Hospital	Facilities Management	TGH Automatic Door Replacements	97,900		22,000	13,200	8,800	32,000	43,900
Tofino General Hospital	Facilities Management	TGH Medical Gas System Renewal	98,667		57,050	34,230	22,820	41,617	
Bamfield Health Clinic	Facilities Management	BHC carpet replacement	99,000		10,000	6,000	4,000	89,000	
		Sub-Total	472,720	-	148,101	88,861	59,240	221,668	102,951
		Total	6,664,630	2,628,558	1,373,861	823,861	550,000	1,802,964	859,247

Notes:

Definition of minor project: cost is between \$5,000 and \$1,500,000.



**ALBERNI-CLAYOQUOT REGIONAL
HOSPITAL DISTRICT**



2026 to 2030 Annual Budget

Schedule 'A' of Bylaw No. 142
As presented for first reading
on February 11, 2026



**ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT
2026 TO 2030 ANNUAL BUDGET
SCHEDULE A - BYLAW NO. 142**

ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT	2025 Actual	2025 Budget	2026 Budget	2027 Budget	2028 Budget	2029 Budget	2030 Budget
REVENUE							
Surplus (deficit) from prior years	143,349	141,493	51,087	-	-	-	-
Tax requisition	1,836,000	1,836,000	1,836,000	1,836,000	1,836,000	1,836,000	1,836,000
Grants in lieu of taxes	20,510	7,000	15,000	15,000	15,000	15,000	15,000
Investment income & refunds	279,354	100,000	200,000	200,000	200,000	200,000	200,000
TOTAL REVENUE	\$ 2,279,213	\$ 2,084,493	\$ 2,102,087	\$ 2,051,000	\$ 2,051,000	\$ 2,051,000	2,051,000
EXPENDITURES							
Administration costs	\$ 45,275	\$ 45,000	\$ 45,000	\$ 45,900	\$ 46,900	\$ 47,900	\$ 48,900
Debenture - interest	74	1,000	-	-	-	-	-
Debenture - principal	5,507	6,000	-	-	-	-	-
Annual equipment grant	550,000	550,000	550,000	550,000	550,000	550,000	550,000
Reserve fund contribution	1,627,270	1,482,493	1,507,087	1,455,100	1,454,100	1,453,100	1,452,100
TOTAL EXPENDITURES	\$ 2,228,126	\$ 2,084,493	\$ 2,102,087	\$ 2,051,000	\$ 2,051,000	\$ 2,051,000	2,051,000

TOFINO GENERAL HOSPITAL RESERVE	2025 Actual	2025 Budget	2026 Budget	2027 Budget	2028 Budget	2029 Budget	2030 Budget
Balance, beginning of year	\$ 3,418,607	\$ 3,403,847	\$ 5,010,740	\$ 6,690,727	\$ 8,368,327	\$ 10,095,327	11,873,127
Contribution from operating fund	1,482,493	1,482,493	1,507,087	1,455,100	1,454,100	1,453,100	1,452,100
Interest earnings	144,776	124,400	172,900	222,500	272,900	324,700	378,000
<i>Less - capital expenditures</i>							
Tofino General Hospital	-	-	-	-	-	-	-
Total capital expenditures	-	-	-	-	-	-	-
BALANCE, END OF YEAR	\$ 5,045,876	\$ 5,010,740	\$ 6,690,727	\$ 8,368,327	\$ 10,095,327	\$ 11,873,127	\$ 13,703,227



To: ACRHD Board of Directors

From: Mike Irg, Special Projects Director

Meeting Date: February 11, 2026

Subject: Agricultural Land Commission Exclusion Process and Prospective Campus of Care

Purpose:

Following the Board’s discussion at the January 28, 2026, regular Board of Directors meeting there was an outstanding question regarding a proposed potential site for a new medical clinic. The potential site is within the Agricultural Land Reserve (ALR). This report provides an update and outlines the legislated process that a local government must follow when seeking to exclude land it owns from the ALR.

Background:

Local partners including Community Futures Alberni-Clayoquot, Alberni Valley Healthcare Fund Society and Alberni Low Energy Housing Society ([Alberni Valley Healthcare Fund Society | Community Futures Alberni-Clayoquot](#)) are advancing initiatives to establish a new medical clinic intended to enhance regional healthcare service delivery. One of the potential sites under consideration is located within the ALR. At this time, the Alberni-Clayoquot Regional District (ACRD) is not the lead agency for this initiative, was not part of the land identification decision making process, and is not involved in the development of, content, or presentation of materials being shared with the public. One of the potential sites under consideration is located within the Agricultural Land Reserve (ALR). At this time, the Alberni-Clayoquot Regional District (ACRD) is not the lead agency for this initiative and is not involved in the development, content, or presentation of materials being shared with the public.

Summary:

As part of the Board’s direction on January 28 was to include additional funding in the 2026 budget for the ACRD to coordinate community efforts to address retention and recruitment of healthcare providers in the region, a report will be presented to the Board with a 2026 workplan at the regular scheduled Board of Directors meeting on February 25th.

Strategic Plan Implications:

Directly aligns with Section 4.1 “Strategic Advocacy” – Enhanced support and collaboration for the provision of all aspects of primary healthcare services from preventative to acute.

Policy or Legislation:

Summary of ALC Exclusion Process for Local Governments

1. Application Initiation - The local government begins the process by creating a draft application in the ALC Application Portal, completing it up to Step 7 without submitting.
2. Public Notification Requirements. Before submission, the local government must:
 - a. Post a sign on the property.
 - b. Publish notice of a public hearing in two newspaper issues, with the final notice 3–10 days before the hearing.
 - c. Provide a copy of the application to adjacent or affected local or First Nation governments, where applicable.
3. Public Hearing - A mandatory public hearing must be held to gather community input.
4. Council/Board Decision - Council or the regional board must decide whether to forward the application to the ALC.
 - a. If approved, the application is submitted through the portal.
5. ALC Review and Decision - The ALC reviews the application, assigns it to a decision stream, and typically issues a decision within 60–90 business days.
6. Summary of Responsibilities - The local government acts as both landowner and applicant and must fulfill all notice and hearing requirements before ALC review.

Submitted by: Michael Irg
Mike Irg, MCIP, RPP, Special Projects Director

Reviewed by: Cynthia Dick
Cynthia Dick, General Manager of Administrative Services

Approved by: Daniel Sailland
Daniel Sailland, MBA, Chief Administrative Officer

January 21, 2026

Alberni Clayoquot Regional District Board of Directors

Attention: Daniel Sailland, CAO
Sent via email

Re: Regional Mayors, Chiefs and Chairs Table – Tofino General Hospital Replacement

Dear ACRD Board,

The District of Tofino Council is requesting the ACRD's support in convening a regional table of Mayors, Chiefs and Chairs to discuss the replacement of the Tofino General Hospital with a campus of care facility.

With the recent decision from the BC Ministry of Infrastructure, to not accept the campus of care concept plan for the Tofino hospital replacement, the District of Tofino sees the need to convene a leadership table to discuss the development of a government relationship strategy, with a combined voice, to make the Ministry aware that the hospital replacement as proposed is a major need for the region.

The District of Tofino is requesting the ACRD's support to coordinate this table as soon as practicable. We look forward to hearing back from you regarding this request.

Sincerely,



Mayor Dan Law
dlaw@tofino.ca

Sent from within the Hahuulthii of the Tla-o-qui-aht Ha'wiih.

COMM # 012345 SENT VIA: Daniel Sailland: dsailland@acrd.bc.ca