



## Regional Hospital District Board Meeting Agenda

January 9, 2025, Immediately following the Regional Board Meeting  
1981 Alaska Avenue, Dawson Creek, BC

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**REGIONAL HOSPITAL DISTRICT BOARD MEETING  
MINUTES**

**December 6, 2024, Immediately following the Regional Board Meeting  
1981 Alaska Avenue, Dawson Creek, BC**

Directors Present: Chair Hiebert, Electoral Area D  
Vice-Chair Dober, City of Dawson Creek  
Director Courtoreille, District of Chetwynd  
Director Hansen, City of Fort St. John  
Alternate Director Graham, Electoral Area B (via Zoom)  
Director Krakowka, District of Tumbler Ridge  
Director Quibell, District of Hudson's Hope  
Director Rose, Electoral Area E  
Director Sperling, Electoral Area C  
Director Taillefer, District of Taylor (via Zoom)  
Director Veach, Village of Pouce Coupe  
Director Zabinsky, City of Fort St. John

Staff Present: Shawn Dahlen, Chief Administrative Officer  
Tyra Henderson, Corporate Officer  
Roxanne Shepherd, Chief Financial Officer  
Kari Bondaroff, General Manager of Environmental Services  
Kevin Clarkson, General Manager of Community Services  
Ashley Murphey, General Manager of Development Services  
Daris Gillis, Environmental Services Manager  
Gerritt Lacey, Solid Waste Services Manager  
Joanne Caldecott, Deputy Corporate Officer  
Trevor Ouellette, IT Manager  
Annette Andrews, Communications Manager  
Cody Roberts, Planning Services Manager  
Olivia Lundahl, Electoral Area Officer  
Carmen Willms, Legislative Services Clerk/Recorder

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**1. CALL TO ORDER**

The Chair called the meeting to order at 12:00 p.m.

**2. ADOPTION OF AGENDA**

RHD/24/12/01

MOVED

Director Quibell

SECONDED

Director Hansen

That the Peace River Regional Hospital District Board adopt the Regional Hospital meeting agenda:



**2. ADOPTION OF AGENDA (Cont'd)**

**1. CALL TO ORDER**

**2. ADOPTION OF AGENDA**

**3. GALLERY COMMENTS OR QUESTIONS**

**4. ADOPTION OF MINUTES**

4.1 Regional Hospital District Board Draft Meeting Minutes for November 21, 2024

**5. BUSINESS ARISING FROM THE MINUTES**

**6. DELEGATIONS**

**7. CORRESPONDENCE**

**8. REPORTS**

8.1 2025 Regional Hospital District Provisional Budget, FN-RHD-036

**9. BYLAWS**

**10. NEW BUSINESS**

**11. CONSENT CALENDAR**

**12. NOTICE OF MOTION**

**13. MEDIA QUESTIONS**

**14. RECESS TO CLOSED SESSION**

14.1 Notice of Closed Regional Hospital District Meeting – December 6, 2024, ADM-RHD-028

**15. ADJOURNMENT**

**CARRIED**

Vice-Chair Dober, City of Dawson Creek, left the meeting at 12:01 p.m.

**3. GALLERY COMMENTS OR QUESTIONS**

**4. ADOPTION OF MINUTES**

**4.1 Regional Hospital District Board Draft Meeting Minutes for November 21, 2024**

RHD/24/12/02

MOVED Director Veach

SECONDED Director Krakowka

That the Regional Hospital District Board adopt the Regional Hospital District Meeting minutes of November 21, 2024.

**CARRIED**

Vice-Chair Dober, City of Dawson Creek joined the meeting at 12:03 p.m.

**5. BUSINESS ARISING FROM THE MINUTES**

**6. DELEGATIONS**

**7. CORRESPONDENCE**

**8. REPORTS**

**8.1 2025 Regional Hospital District Provisional Budget, FN-RHD-036**

RHD/24/12/03

MOVED Director Veach

SECONDED Director Krakowka

That the Regional Hospital District Board defer the Report titled '2025 Regional Hospital District Provisional Budget, FN-RHD-036' until after the Closed Peace River Regional Hospital District meeting.

**CARRIED**



**Vary Agenda**

The Chair varied the agenda to consider Item 14.1 – Notice of Closed Regional Hospital District Meeting – December 6, 2024, ADM-RHD-028.

**14. RECESS TO CLOSED SESSION**

**14.1 Notice of Closed Regional Hospital District Meeting – December 6, 2024, ADM-RHD-028**  
RHD/24/12/04

MOVED Director Sperling  
SECONDED Director Krakowka

That the Regional Board recess to a Closed Regional Hospital District Meeting at 1:00 p.m. for the purpose of discussing the following items:

Agenda Item	Description	Authority
3.1 & 3.2	Minutes	CC Section 97(1)(b) Closed Minutes, access to records.
5.1, 7.1, 8.1, 8.2 & 8.3	Negotiation with Provincial Government	CC Section 90(2)(b) and CC Section 90 (1) (j) Information Prohibited from Disclosure under Section 21 of FOIPPA.

**CARRIED**

**Recess**

The Chair recessed the meeting to luncheon at 12:02 p.m.

**Reconvene and Vary Agenda**

The Chair reconvened the Open Regional Hospital District Meeting at 1:47 p.m. and varied the agenda to return to Item 8.1 – Report re: 2025 Regional Hospital District Provisional Budget, FN-RHD-036

Director Taillefer, District of Taylor, left the meeting at 1:47 p.m.

**8. REPORTS**

**8.1 2025 Regional Hospital District Provisional Budget, FN-RHD-036**  
RHD/24/12/05

MOVED Director Rose  
SECONDED Director Veach

That the Regional Hospital District Board receive the report titled "2025 Regional Hospital District Provisional Budget, FN-RHD-036" for discussion.

**CARRIED**

Directors discussed the possibility of adjusting any new capital spending below 40%. Directors confirmed that Northern Health had viewed the Regional Hospital District’s books last fall. They noted that the Regional Hospital District advocated for health care staff with Northern Health, whereas Northern Health advocated for more funding from the Regional Hospital District. Directors discussed the preference of holding conversations with Northern Health during open meetings to provide transparency with taxpayers about funds being spent.



**8.1 2025 Regional Hospital District Provisional Budget, FN-RHD-036 (Cont'd)**

Directors noted the strengths of the Regional Hospital District budget, particularly the efficiency in how funds are collected and managed. They spoke of upcoming projects and the prudence in how money was allocated. Directors discussed renegotiating the funding model with Northern Health from 40% to 30%, noting the pending fiscal constraints and that industry was beginning to ebb meaning the tax burden would start to shift to residential and property owners as a result. They also noted that the current funding model had been discussed at the 2024 North Central Local Government Association Conference and the Union of British Columbia Municipalities Convention. The Directors also discussed advocating directly with the Health Minister.

Directors noted that the 2025 Provisional Regional Hospital District Budget (Budget) had increased by 9% over 2024. Directors confirmed that the Budget contained funding already committed to by the Regional Hospital District, and that a maximum increase of 5% would be preferable in the future.

RHD/24/12/06

MOVED

Director Veach

SECONDED

Director Hansen

That the Peace River Regional Hospital District Board approve the 2025 Provisional Regional Hospital District Budget in the amount of \$194,452,029, as presented.

**CARRIED**

**OPPOSED:** Director Krakowka

Directors clarified that the Budget did not include the Peace Villa Residential Care expansion as it had not yet been approved. They also clarified that the Hospital District Board was required to pass a provisional budget prior to December 31, 2024.

RHD/24/12/07

MOVED

Director Rose

SECONDED

Director Sperling

That the Regional Board request staff to bring forward a report that recognizes new capital versus what has already been committed to capital with potential options for savings.

**CARRIED**

Directors discussed the negotiation process and clarified that it should begin with the Health Minister. They noted concerns regarding the lack of transparency in the Budget process and that Northern Health should be included in the negotiations.

**9. BYLAWS**

**10. NEW BUSINESS**

**11. CONSENT CALENDAR**

**12. NOTICE OF MOTION**

**13. MEDIA QUESTIONS**



**15. ADJOURNMENT**

The Chair adjourned the meeting at 2:08 p.m.

CERTIFIED a true and correct copy of the Minutes of the Peace River Regional Hospital District Board meeting held on December 6, 2024 in the Regional District Office Board Room, 1981 Alaska Avenue, Dawson Creek, BC.

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Leonard Hiebert, Chair

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Tyra Henderson, Corporate Officer

DRAFT



December \_\_, 2024

The Honourable Josie Osborne  
Minister of Health  
PO Box 9050 Stn Prov Govt  
Victoria BC, V8W 9E2  
Via email: [HLTH.Minister@gov.bc.ca](mailto:HLTH.Minister@gov.bc.ca)

Dear Minister Osborne:

**Re: Invitation to meet with Regional Hospital Districts within Northern Health**

The Regional Hospital Districts in the Northern Health region would like to take this opportunity to congratulate you on your appointment to Minister of Health and extend an invitation to meet with us regarding the current funding challenges that northern Regional Hospital Districts are experiencing.

The North West, Stuart-Nechako, Fraser-Fort George, Cariboo-Chilcotin, Northern Rockies and Peace River Regional Hospital Districts (the RHDs) contribute some of the highest residential property tax requisition rates per thousand in the Province to Northern Health's capital budget. There are a number of factors that are impacting the current state of affordability with fairness across the Province being a consideration. There is a noteworthy disparity across the Province in terms of what taxpayers pay, with RHDs in the North of the Province paying more on average.

At the 2024 Union of B.C. Municipalities Convention during the Electoral Area Directors' Forum, the Fraser-Fort George and Stuart-Nechako Regional Hospital Districts provided a presentation that provided background and financial data that supported the special resolution (SR1) - Unsustainable Local Government Contributions to Regional Hospital Districts that was endorsed by the UBCM membership.

We would like to arrange a meeting with you prior to the adoption of the RHDs budgets in March of 2025 to discuss funding and affordability concerns along with the need for legislative reform of the *Hospital District Act*.

Sincerely,

Judy Greenaway  
Chair  
Stuart-Nechako Regional  
Hospital District

Barry Pages  
Chair  
North West Regional  
Hospital District

Joan Atkinson  
Chair  
Fraser-Fort George Regional  
Hospital District

Al Richmond  
Chair  
Cariboo-Chilcotin Regional  
Hospital District

Leonard Hiebert  
Chair  
Peace River Regional  
Hospital District

Rob Fraser  
Chair  
Northern Rockies Regional  
Hospital District

Attachment: 2024 UBCM Resolution – SR1 Unsustainable Local Government Contributions to  
Regional Hospital Districts

cc: Chris Calder, CAO, Fraser-Fort George Regional Hospital District  
Shawn Dahlen, CAO Peace River Regional Hospital District  
Curtis Helgesen, CAO, Stuart-Nechako Regional Hospital District  
Murray Daly, CAO, Cariboo-Chilcotin Regional Hospital District  
Scott Barry, CAO, Northern Rockies Regional Hospital District  
Alisa Thompson, Executive Director, North West Regional Hospital District



## Section SR

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### Health and Social Development

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#### SR1 Unsustainable Local Government Contributions to Regional Hospital Districts

UBCM Executive

Whereas local governments are facing significant financial pressures due to the expansion of services which are being downloaded by the provincial and federal governments on many issues including housing, community safety and climate change;

And whereas local governments must share the capital infrastructure project costs for healthcare facilities with the provincial government through their Regional Hospital Districts with 60 percent contributed by the Province and 40 percent contributed by Regional Hospital Districts;

And whereas local governments must provide the 40 percent 'voluntary' contribution towards the provincial government's health care capital costs, including any cost overruns, or risk losing those projects to other areas of the province:

Therefore be it resolved that the provincial government work with Regional Hospital Districts and UBCM to review the cost-sharing model for funding health capital projects in BC, and acknowledge that the reliance on property taxes to fund areas of provincial health care responsibility is inconsistent and unsustainable for BC local governments.

UBCM Resolutions Committee Recommendation: **Endorse**

UBCM Resolutions Committee Comments:

*The Resolutions Committee notes that the UBCM membership has endorsed numerous resolutions regarding the cost-sharing of capital projects between Health Authorities and Regional Hospital Districts. (2023-NR11, 2021-EB64, 2018-B50, 2018-B144, 2017-B39, 2016-B114, 2014-B35, 2011-B58, 2009-B150, 2008-B129, 2007-B184, 2005-B42, 2004-B28). Several of the resolutions have requested a review of the historic cost-sharing ratio and have advised reliance on the property tax system to provide 40 percent of the capital costs is inflexible, inconsistent, and unsustainable.*

*The Committee also notes that the membership supported resolution 2023-NR10 which called for a review of the structure/management of Health Authorities; and resolution 2014-C19 which requested legislative change to require the composition of health authority boards to include representation from regional districts.*

*For 2024, UBCM received three related resolutions on regional hospital districts that will be referred to this Special Resolution. Resolution RR1 requests that the provincial government consult with Regional Hospital Districts to reconsider the existing capital infrastructure project funding split as the 60:40 percentages are not legislated in the Hospital District Act; Resolution RR2 asks the provincial government for transparent and accurate cost estimates for healthcare infrastructure projects, enabling accountability and effective financial planning by local governments; and Resolution RR3 requests equitable funding arrangements for healthcare infrastructure projects, ensuring that the financial burden is distributed fairly among communities based on their capacity to contribute.*

*See resolutions RR1, RR2, RR3*

## **Background**

*The UBCM Executive is bringing forward a special resolution on Regional Hospital Districts to highlight and provoke action by the provincial government on the long-standing issue of the expected contributions from local governments to provincial health care capital projects.*

*Local governments, through their Regional Hospital Districts (RHD), provide a voluntary 40 percent contribution towards capital costs. However, most RHDs acknowledge that while they theoretically can (and some do) refuse to approve the full 40 percent of project requests from Health Authorities, they feel that it is risky to do so as the project could be placed at risk and the local community could lose needed investments.*

*In response to endorsed resolution 2021-EB64, the Ministry of Health advised that “RHDs are expected to contribute 40 percent of capital project costs within their region”. The provincial government noted that “when there is an opportunity to amend the Hospital District Act - the legislative framework for the roles and responsibilities of RHDs - the review of the cost-sharing model for funding health capital projects in BC could be considered in consultation with all stakeholders, including RHDs and the Union of BC Municipalities”.*

*Staff note that the Regional Hospital Districts exist in every region of BC except for the Greater Vancouver Regional District. A provision in the Greater Vancouver Transportation Act allows residents in that area contribute towards transit instead of health care capital costs.*

## **UBCM Policy Position**

*Local contributions to Regional Hospital Districts have been a significant issue for UBCM since 1992.*

*UBCM was involved in drafting two Regional Hospital District Cost Sharing Reviews in 2003 and 2009.*

*In 2003, Sierra Systems was hired by the Ministry of Health to conduct a review of the cost sharing processes between the Ministry of Health, Health Authorities and RHDs. The review examined the appropriate role for RHDs in capital planning and contribution decisions; and the capital process concerns of each party. The report offered 15 recommendations.*

*In 2008 and 2009, UBCM worked with the Ministry of Health to commission a second report to review the status of the implementation of recommendations from the 2003 Cost Sharing Review.*

*Following the release of the report, Ministry of Health staff provided updates to the UBCM membership in 2009, 2010, and 2011 at the Annual Conventions. In 2011, the Ministry noted that of the actionable recommendations, 8 items were complete, 1 item was 95 percent complete (recommendation #2), and 1 item is headed in the right direction (recommendation #1), and 1 item will be on the legislative agenda (recommendation #11). It was noted that the Ministry was preparing a summary report to present to the RHDs in early 2012.*

*Work on the implementation of the recommendations stalled after the 2011 Convention session, due to a lack of staff resources at the Ministry to continue the work, and the 2013 provincial election.*

*To re-ignite work with the provincial government on regional hospital districts, UBCM offered a clinic on the issue at the 2018 Convention, which included the CEO of Interior Health, a representative of Island Health, two local Directors from RHDs, and a representative from the Ministry of Health.*

## **Current Status**

*Regional Hospital Districts in BC have reported significant cost increases in the funding requests brought forward by Health Authorities for healthcare capital expenditures. This has resulted in substantial increases to RHD budgets and to the regional district taxpayers.*

*For example, the below table outlines the Fraser Fort George Regional Hospital District contributions to Northern Health between 2014 and 2023; as well as anticipated costs for 2024 to 2028.*

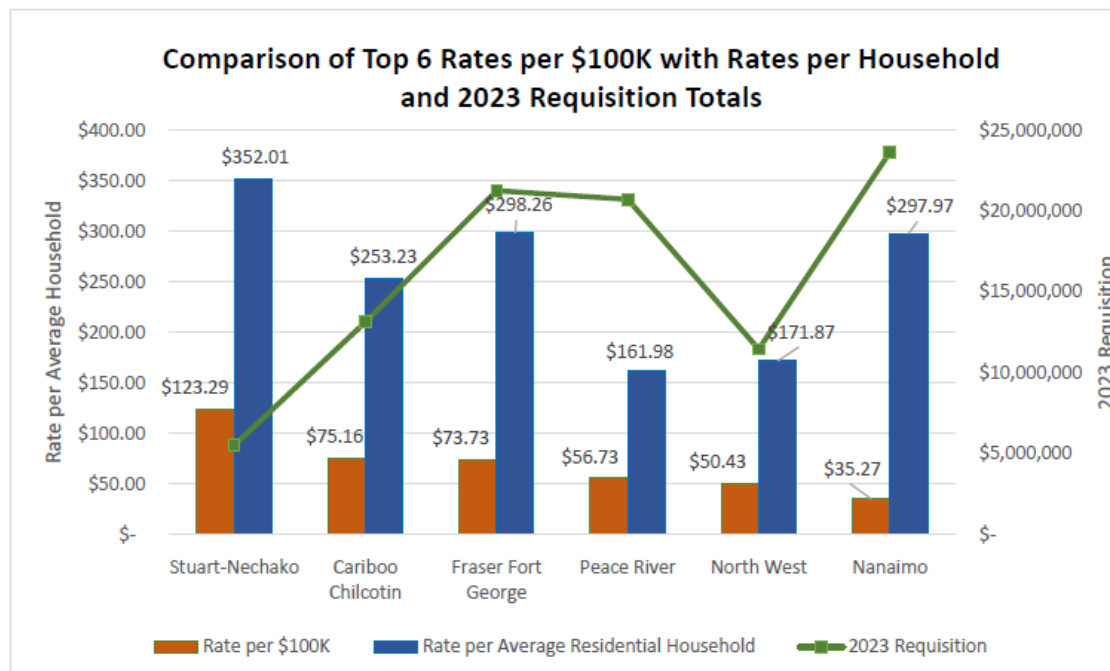
**Fraser Fort George Regional Hospital District  
Grants to Northern Health Authority**

Anticipated 2028	12,910,995
Anticipated 2025	12,887,655
Anticipated 2025	23,549,665
Anticipated 2025	32,015,295
Anticipated 2024*	23,633,980
2023	10,484,730
2022	6,649,135
2021	5,168,061
2020	2,081,112
2019	4,950,916
2018	4,824,597
2017	4,033,689
2016	2,097,310
2015	2,804,326
2014	3,342,915

\*Note: 2024 includes prior year commitments of \$7,313,671

Fraser Fort George also collected data on provincial hospital requisition rates, showing a comparison of requisitions rates for taxpayers in various Regional Hospital Districts.

*Figure 9 – Comparison of Top 6 Rates per \$100K with Rates per Household and 2023 Requisition Totals*



The Fraser Fort George Hospital District financial plan provides additional detail on future funding needs, strategic issues, and recommendations: <https://www.rdffg.ca/media/file/approved-financial-plan-2024-2038>



Fraser-Fort George  
**REGIONAL HOSPITAL  
DISTRICT**



**Stuart-Nechako**  
Regional Hospital District

UBCM 2024 – Electoral Area DIRECTORS' FORUM

# **Regional Hospital District Funding Challenges**

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Tuesday, September 17<sup>th</sup> – 9am



Fraser-Fort George  
**REGIONAL HOSPITAL  
DISTRICT**



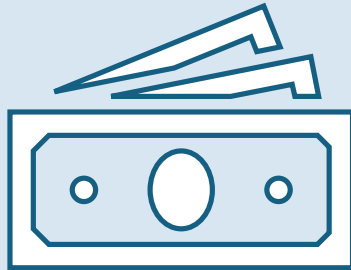
**Stuart-Nechako**  
Regional Hospital District

## AGENDA

- **Purpose and background**
- **Current state of affordability**
- **Provincial comparability**
- **FFGRHD and SNRHD stories**
- **Challenges and opportunities**
- **Key takeaways**
- **Questions**

## PURPOSE OF PRESENTATION

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Funding and affordability concerns



Legislative reform needed

## Special Resolution 1

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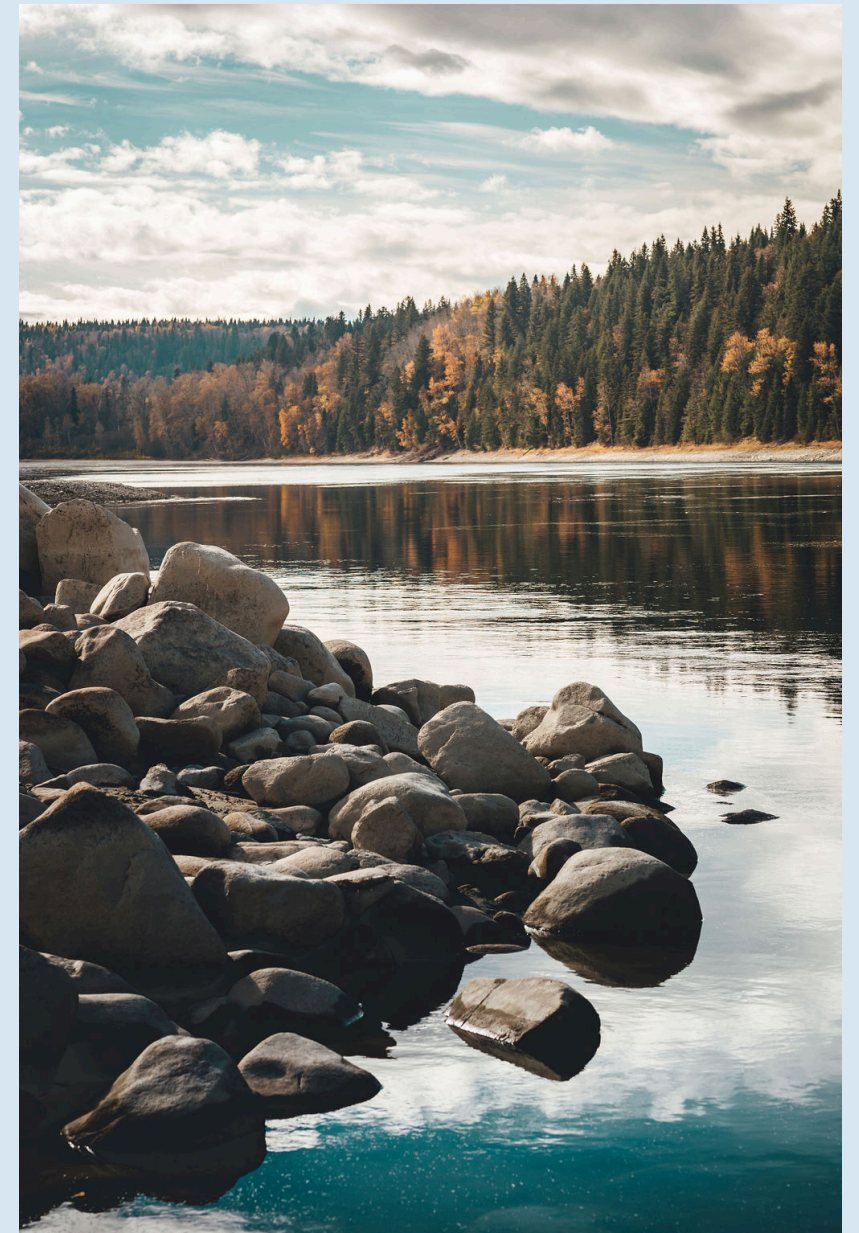
### Unsustainable Local Government Contributions to Regional Hospital Districts

Whereas local governments are facing significant financial pressures due to the expansion of services which are being downloaded by the provincial and federal governments on many issues including housing, community safety and climate change;

And whereas local governments must share the capital infrastructure project costs for healthcare facilities with the provincial government through their Regional Hospital Districts with 60 percent contributed by the Province and 40 percent contributed by Regional Hospital Districts;

And whereas local governments must provide the 40 percent ‘voluntary’ contribution towards the provincial government’s health care capital costs, including any cost overruns, or risk losing those projects to other areas of the province:

Therefore be it resolved that the provincial government work with Regional Hospital Districts and UBCM to review the cost-sharing model for funding health capital projects in BC, and acknowledge that the reliance on property taxes to fund areas of provincial health care responsibility is inconsistent and unsustainable for BC local governments.



## REGIONAL HOSPITAL DISTRICT PURPOSE

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### *Hospital District Act*

The primary purpose of regional hospital districts (RHDs) is to raise revenue from the local property tax base to assist with the funding of capital investment in health care facilities.

This can include:

- acquisition of property
- renovations
- new construction
- medical equipment

Typically, the contribution from RHDs is set at 40% of the total capital expenditure when a project benefits residents within the RHD's service area or boundary.



**RHDs**

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Regional Hospital  
Districts



## CURRENT STATE OF AFFORDABILITY

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Healthcare capital costs have escalated significantly and continue to do so



Province is in a spending wave on healthcare



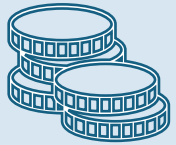
Affordability for RHD taxpayers is a significant challenge



Fairness across the Province is in question

# PROVINCIAL COMPARABILITY

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Total requisition

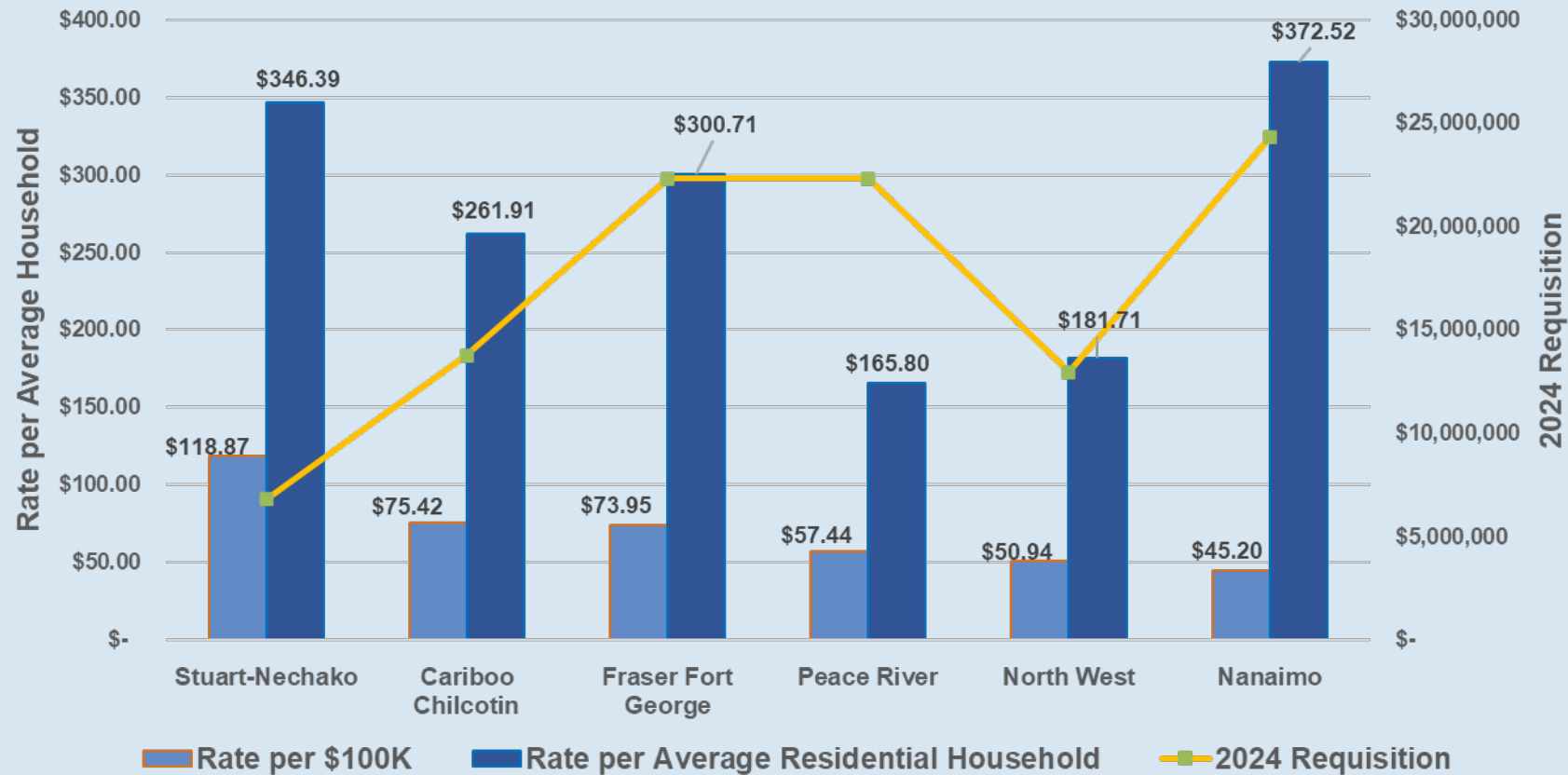


Residential requisition rates



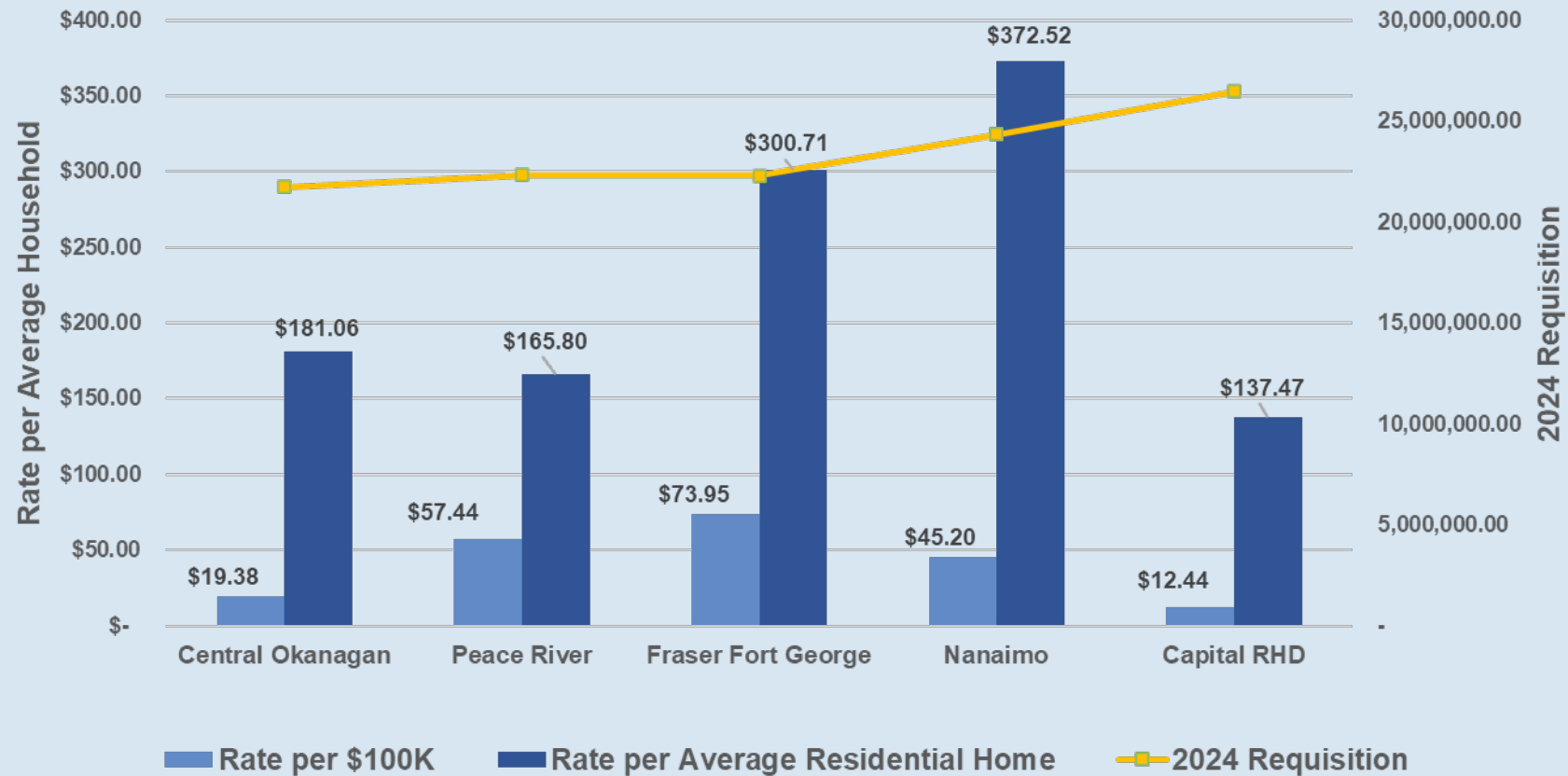
Requisition per average household

# PROVINCIAL COMPARABILITY



Comparison of the Top 6 highest rate per \$100K with rates per household and 2024 Requisition Totals

# PROVINCIAL COMPARABILITY



Comparison of the Top 5 highest 2024 Requisition Amounts with rates per \$100K and per household

# FRASER-FORT GEORGE REGIONAL HOSPITAL DISTRICT PATH

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- UHNBC Acute Care Tower Project
- Long term financial planning
- Affordability work
- Funding Negotiations



**FFGRHD**

UHNBC Acute Care  
Tower

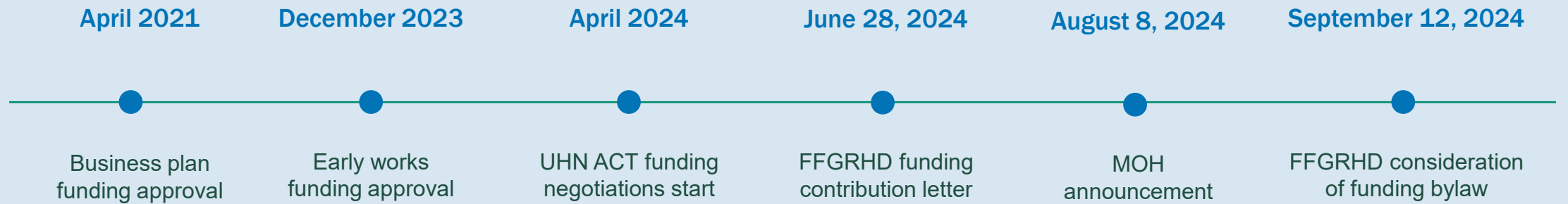
# FINANCIAL PLANNING HISTORY

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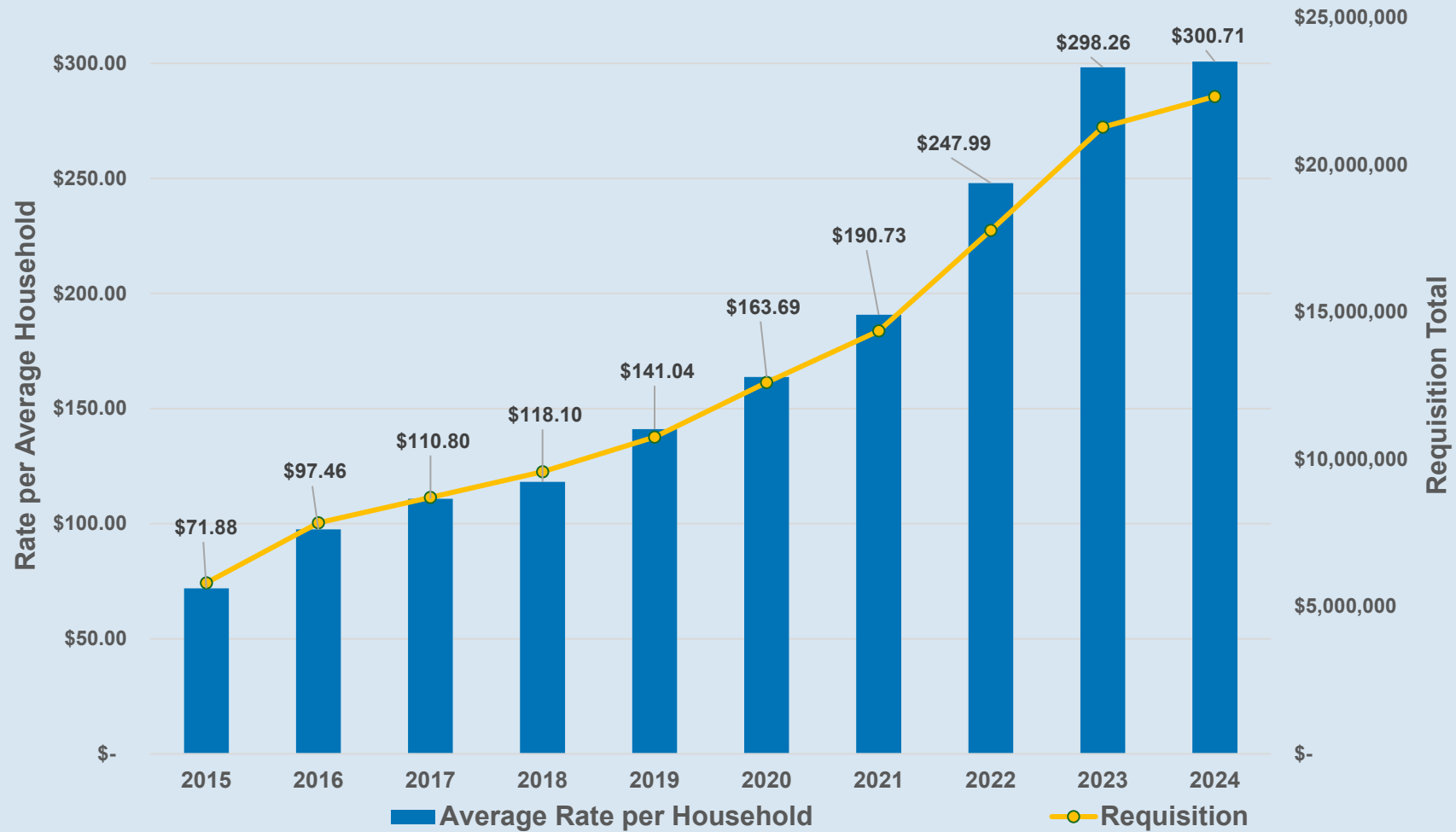


# UHNBC ACUTE CARE TOWER PROJECT TIMELINE

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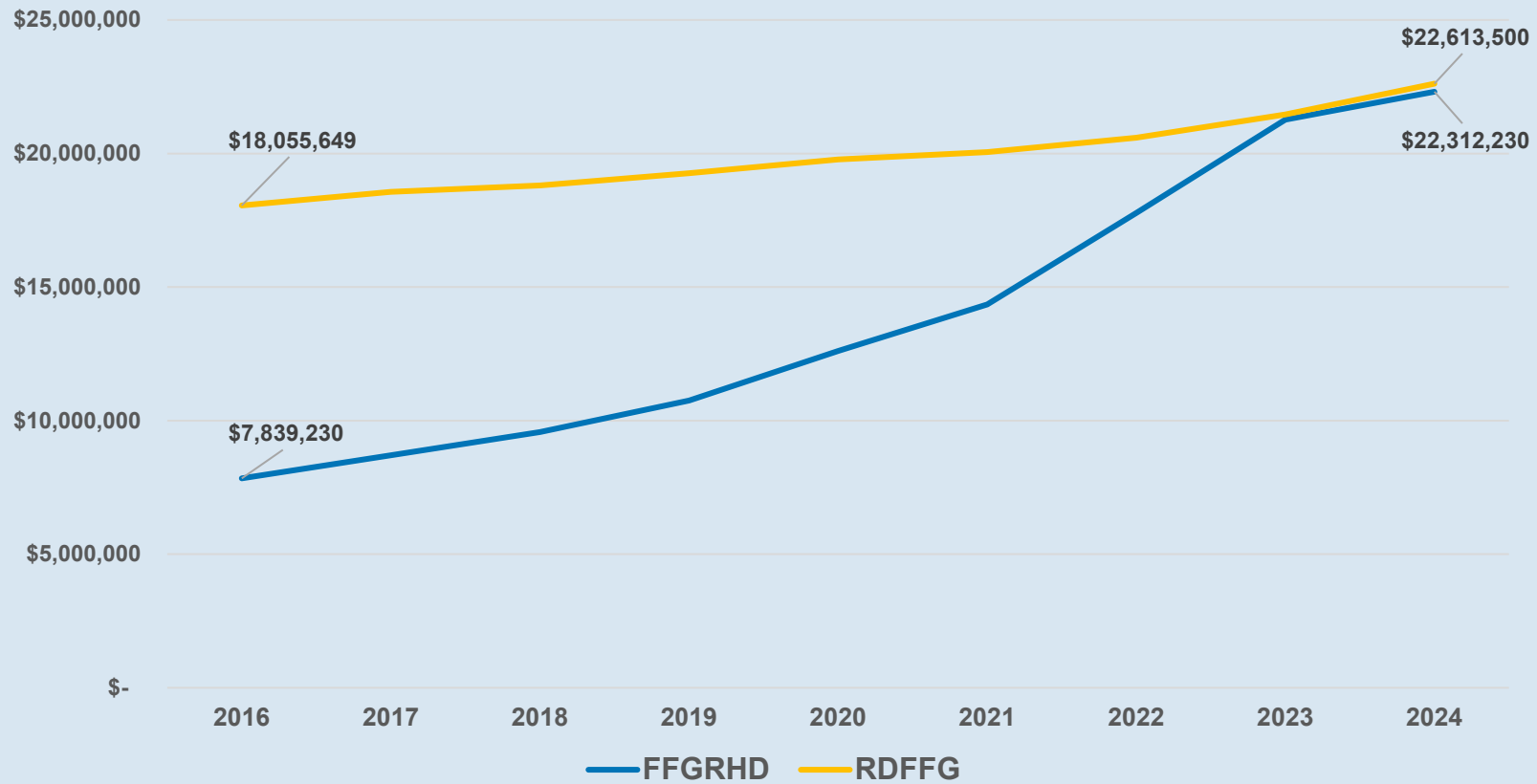
# HISTORICAL REQUISITION INCREASES



Requisition amounts with rates per average household

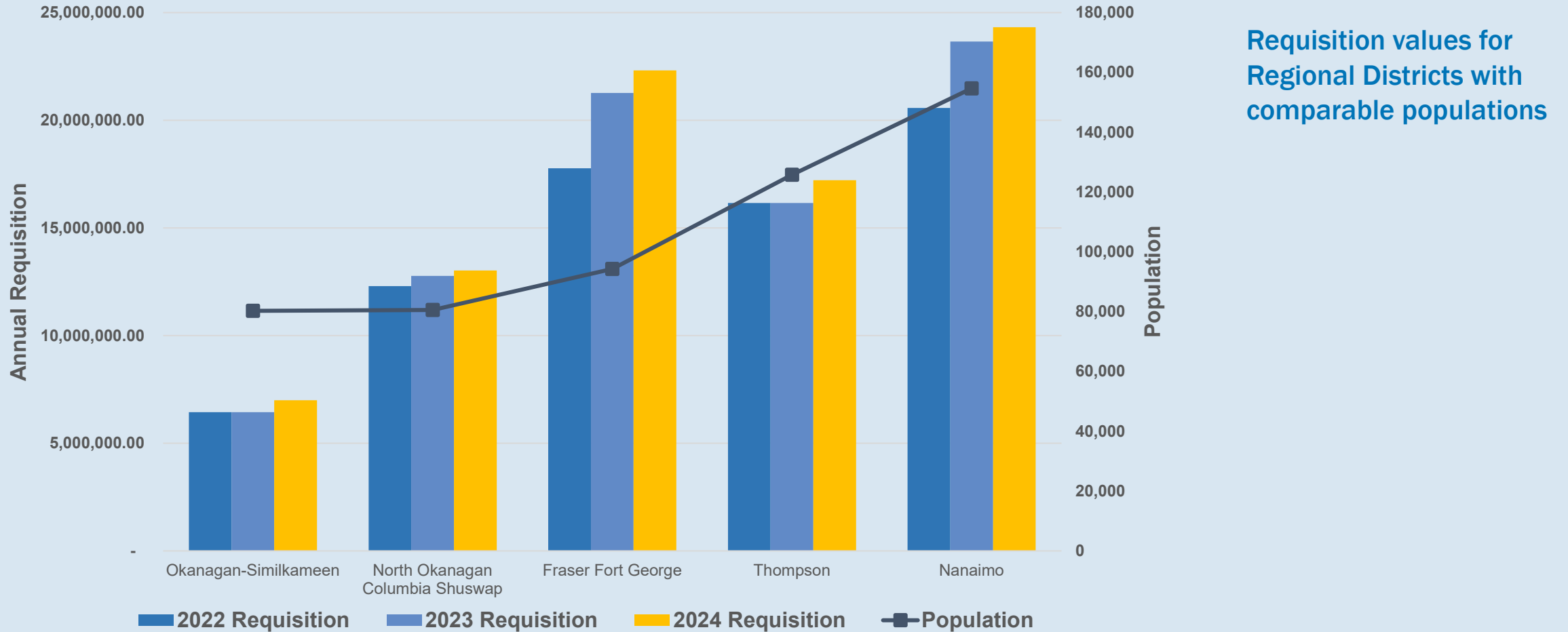


# COMPARING ANNUAL REQUISITION TOTALS



2016 to 2024 comparison of Regional District and Regional Hospital District requisition totals

# COMPARING WITHIN BC



## COMPARING WITHIN BC

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### Summary

Based on 2024 requisition amounts, FFGRHD has:

- 3rd highest rate per average residential home
- 2nd highest requisition per capita
- 3rd highest residential requisition rate
- 4th highest annual requisition



**FFGRHD**

near the top of most  
key metrics

## COMPARING WITHIN BC

Project	Total Project Cost	RHD Contribution (\$ / %)	
Mills Memorial Hospital replacement	\$633 Million	\$120 Million	19%
Dawson Creek and District Hospital replacement	\$590 Million	\$177 Million	30%
Cowichan District Hospital replacement	\$1,446 Million	\$283 Million	20%
Nanaimo Regional General Hospital ICU and High Acuity Unit Redevelopment	\$60 Million	\$20 Million	33%

Other significant hospital construction projects within the province

# UHNBC PATIENT CARE TOWER NEGOTIATIONS

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## Objectives

- ✓ See project announcement occur prior to 2024 election
- ✓ Negotiate an affordable contribution for FFGRHD taxpayers
- ✓ Cap the funding contribution to protect from future inflation and cost escalation
- ✓ Timing of FFGRHD funding draws to the end of the project timeline
- ✓ Ensure negotiated contribution is in line with provincial comparables

# UHNBC PATIENT CARE TOWER NEGOTIATION

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## Final Outcome

**FFGRHD Board approved \$365 Million global contribution to project with total estimated cost of \$1.687 Billion**

**Represents 21.63% global contribution to Project**



## STUART NECHAKO REGIONAL HOSPITAL DISTRICT – OUR STORY

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- *Hospital District Act*
- SNRHD
- Challenges
- Rates and Taxes
- SNRHD Project Examples



**Stuart-Nechako**  
Regional Hospital District

## SNRHD – HOSPITAL DISTRICT ACT

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## SNRHD – HOSPITAL DISTRICT ACT – CONT'D

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**“RHD’s are expected to contribute 40% ..... When there is an opportunity to amend ....”**

## STUART NECHAKO REGIONAL HOSPITAL DISTRICT – HISTORY

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- 1967 – Bulkley-Nechako RHD = RD of Bulkley-Nechako
- 1998 – Stuart-Nechako RHD & Northwest RHD
  - Granisle, Burns Lake, Fraser Lake, Fort St. James, Vanderhoof, and Areas B, C, D, E, F = SNRHD
  - Smithers, Telkwa, Houston, and Areas A & G = NWRHD
- Also in 1998 – Metro Vancouver & TransLink



**Stuart-Nechako**  
Regional Hospital District

## SNRHD CHALLENGES

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- Definition of Capital
- Funding the Bricks and Mortar and Other, while...
  - Operational (Staffing) Issues
  - Emergency Room Closures
  - Travel for Health Services
- Tax Rate Sustainability & Funding Competition



**Stuart-Nechako**  
Regional Hospital District

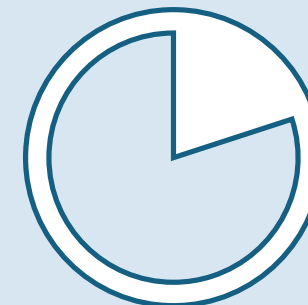
## SNRHD CHALLENGES

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**40%**  
**OFF**

**VS**



**20%**  
**OFF**

## RATES AND TAXES (2023)

Municipality	Avg. House Value	RD Tax	Hospital Tax
Burns Lake	\$242,635	\$378	\$300
Fort St. James	\$209,615	\$236	\$258
Fraser Lake	\$197,366	\$165	\$243
Granisle	\$76,019	\$57	\$94
Vanderhoof	\$323,958	\$247	\$399
Smithers	\$482,760	\$600	\$244
Provincial Average	\$804,549	\$349	\$130

- Highest Mill Rate in the province (\$1.24/\$1,000)
- Taxation revenue \$6 million per year

## RATES AND TAXES – CONT'D

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- *Hospital District Act Regulation*
  - Bulkley-Nechako RHD Maximum = \$0.34/\$1,000
  - 2024 – SNRHD = \$1.19/\$1,000
  - 2024 – SNRHD = \$6.8 Million
  - Tax at Max = \$1.9 Million



**Stuart-Nechako**  
Regional Hospital District

## SNRHD PROJECT EXAMPLES

Project	Total Project Cost	40%	SNRDH Contribution	SNRHD %
<b>Stuart Lake Hospital</b>	\$150 million	\$60 million	\$20 million	13.3%
<b>Vanderhoof Primary Care</b>	\$14.5 million	\$5.8 million	\$5.8 million	40.0%
<b>St. John Hospital</b>	\$750 million	\$300 million	\$150 million	20.0%
<b>Max Tax ???</b>		158 years	79 years	
<b>Current Tax</b>		44 years	22 years	

## CHALLENGES

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Funding 40% is  
unaffordable

Healthcare spending  
is rising significantly

*Hospital District Act*  
legislation is outdated

Directors feel they  
cannot say no to  
funding requests



## OPPORTUNITIES

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Work together to  
advocate for change

- Affordability
- Legislative reform

Help shape  
healthcare in your  
area

Negotiate fixed  
contribution levels for  
major projects

## KEY TAKEAWAYS

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- Major projects require significant long-term financial planning to ensure affordability
- Provincial comparability is an important consideration
- Build your case for negotiations
- Work collaboratively with your Health Authority and Ministry of Health

**EA Directors and RHDs can work together to tackle major issues of affordability and legislative reform**



Fraser-Fort George  
**REGIONAL HOSPITAL  
DISTRICT**



**Stuart-Nechako**  
Regional Hospital District

THANK YOU  
**Questions?**