Weytk! March 2023 Pellsqépts

Qwemtsin Health Society • 250.314.6732 130 Chilcotin Road, Kamloops BC, V2H 1G3 qwemtsin.org



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March Pellsqépts (Spring Wind Moon)

Yi7éne te mégcen rí7 wes re tsímtes re swucwt ne ctsetém. M-tsétskwmes re sgwígwle ne setétkwe. M-yews ri7 re snesnés te pésellkwe es tllqwetús te píselll.

Translation: During this month, the snow melted in the valleys. The people fished by torchlight for Steelhead in the river. They ice fished for trout on the lake.



Pit Lamp Fishing

Pit lamp fishing involved men in canoes floating on the river using torches of pitch-soaked wood to attract the spawning salmon. Usually a young boy kept the torches burning while the men either speared or netted the salmon out of the water.

Family members waited on shore to prepare the salmon after it was caught.

Ice Fishing

In winter, fish were caught through holes in the ice. Lines were made of fine material like deer sinew. Hooks were made of stone or bone with bait used to lure the fish. When the fish reached the hole, they were speared. To see the fish better, sometimes the people wore eyeshades. At other times, they covered their head and shoulders with a mat.

These are just some of the ingenious methods used by the Secwepemc to catch fish. Many of these methods are still used today. However, with technology, other materials are used in place of natural items.

Source: http://secwepemc.sd73.bc.ca/sec village/sec fish.html



Meet Mia-QHS Registered Nurse



My name is Mia and I am the new Registered Nurse at QHS. I am an indigenous woman from Fox Lake Cree Nation and have lived in Kamloops for the past 33 years.

I have a beautiful son who is closely connected with me and we share many hobbies together ranging from dirt biking, snowboarding, mountain biking, fishing, hunting, and just being out in the nature.

I have grown a deep respect for primary care after working in acute care for almost 7 years. I have gained transferable knowledge and skills through obtaining a Bachelor of Science in Nursing degree through Thompson Rivers University and have further completed additional education including a specialty in critical care nursing.

I have worked in various departments at Royal Inland Hospital ranging from medical units, post operative care, the Intensive Care Unit, Emergency department and have also worked in the Outpatient Cardiovascular, TIA, and Internal Medicine clinics. I have gained a lot of insight in the complexity of patient care; in junction with the arising co-morbidities and social inequities patients are faced with in today's healthcare setting.

I am looking forward to connecting with the communities and supporting people with their health and healing journey.

Mia.



Unlock the Potential of Food.

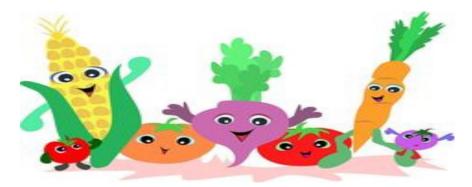
In March, we celebrate Nutrition Month to highlight the importance of making informed food choices. Food is nourishment. It also unites us as families and communities. Food can improve health, prevent disease and keep us well for longer.

Dietitians are trained professionals that use the science of nutrition to help people understand the connection between food and health.

At Q'wemtsin Health Society we have two dietitians. Laura Kalina leads the The Food Sovereignty team at QHS which strives towards fostering a regenerative and sovereign food system by working in partnership with community members, chief and council, band staff from TteS, WPCIB and SIB. Diala Toulany leads our Dietitian Services and Diabetes Education program.

They are available to share their knowledge and provide support on healthy eating and nutrition. Please call QHS at 250.314.6732 or Skeetchestn Health Clinic at 250.373.2580.







Mobile

Mammogram Day

The Mobile Mammogram bus will be at Q'wemtsin Health Society and the Skeetchestn Health Center on the following dates:

- QHS Tuesday, April 11th, 2023
- Skeetchestn Health Center Thursday, May 25th

If you would like to book an appointment please call Q'wemtsin Health Society at 250.314.6732 or Skeetchestn Health Center at 250.373.2580

Early detection saves lives!



To register you must be age 40+



qwemtsin.org

The Naturopathic Alphabet

Submitted by: Dr. Melissa Bradwell, ND

Magnesium is a nutrient that the body needs to stay healthy. Magnesium is plentiful in the body and involved with more than 300 enzyme systems. A healthy adult body contains about 25 grams of magnesium, most of which is in the skeletal system. Magnesium is important for many processes in the body, including regulating muscle and nerve function, blood sugar levels, and blood pressure and making protein, bone, and DNA.



What foods provide Magnesium?

Magnesium is found naturally in many foods and is added to some fortified foods. Unfortunately, most modern farming processes tax the soil, depleting it of its natural magnesium. On top of that, many plant hybrids are selectively bred to survive low levels of magnesium and most conventional fertilizers use nitrogen, potassium, and phosphorus, and do nothing to replenish magnesium levels.

Legumes, nuts, seeds, avocado, fish, whole grains, green leafy vegetables (such as spinach) and dark chocolate are all great sources of magnesium.

Am I getting enough magnesium?

These dietary factors can also deplete magnesium:

- Consumption of caffeine
- Consumption of sugar (It takes 287 molecules of magnesium to metabolize a single glucose molecule!)
- Consumption of processed food
- Consumption of alcohol
- Consumption of produce from depleted soil

Additionally, drugs like birth control pills, hypertension medicine, diuretics, insulin, and certain antibiotics deplete magnesium levels. Sweating often from exercise or other causes can also deplete magnesium.

What happens if I don't get enough magnesium?

In the short term, getting too little magnesium does not produce obvious symptoms. When healthy people have low intakes, the kidneys help retain magnesium by limiting the amount lost in urine. Low magnesium intakes for a long period of time, however, can lead to magnesium deficiency.

Symptoms of magnesium deficiency include loss of appetite, nausea, vomiting, fatigue, and weakness. Extreme magnesium deficiency can cause numbness, tingling, muscle cramps, seizures, personality changes, and an abnormal heart rhythm.

The following groups of people are more likely than others to get too little magnesium:

- People with gastrointestinal diseases (such as Crohn's disease and celiac disease)
- People with type 2 diabetes
- People with long-term alcoholism

The Naturopathic Alphabet....

What are some effects of magnesium on health?

High blood pressure and heart disease

High blood pressure is a major risk factor for heart disease and stroke. Magnesium supplements might decrease blood pressure, but only by a small amount. Some studies show that people who have more magnesium in their diets have a lower risk of some types of heart disease and stroke.

Type 2 Diabetes

People with higher amounts of magnesium in their diets tend to have a lower risk of developing type 2 diabetes. Magnesium helps the body break down sugars and might help reduce the risk of insulin resistance (a condition that leads to diabetes).

Osteoporosis

Magnesium is important for healthy bones. People with higher intakes of magnesium have a higher bone mineral density, which is important in reducing the risk of bone fractures and osteoporosis. Getting more magnesium from foods or dietary supplements might help older men and women improve their bone density.

Migraine headaches

People who have migraine headaches sometimes have low levels of magnesium in their blood and other tissues. Several small studies found that magnesium supplements can modestly reduce the frequency of migraines. However, people should only take magnesium for this purpose under the care of a health care provider. More research is needed to determine whether magnesium supplements can help reduce the risk of migraines or ease migraine symptoms.

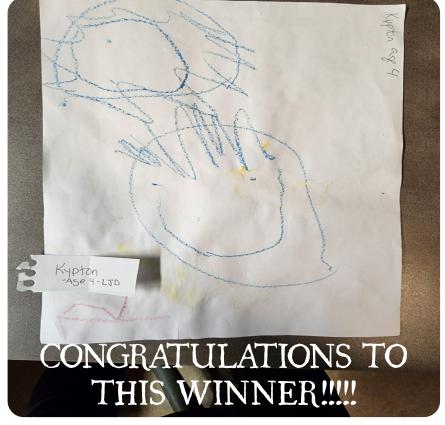




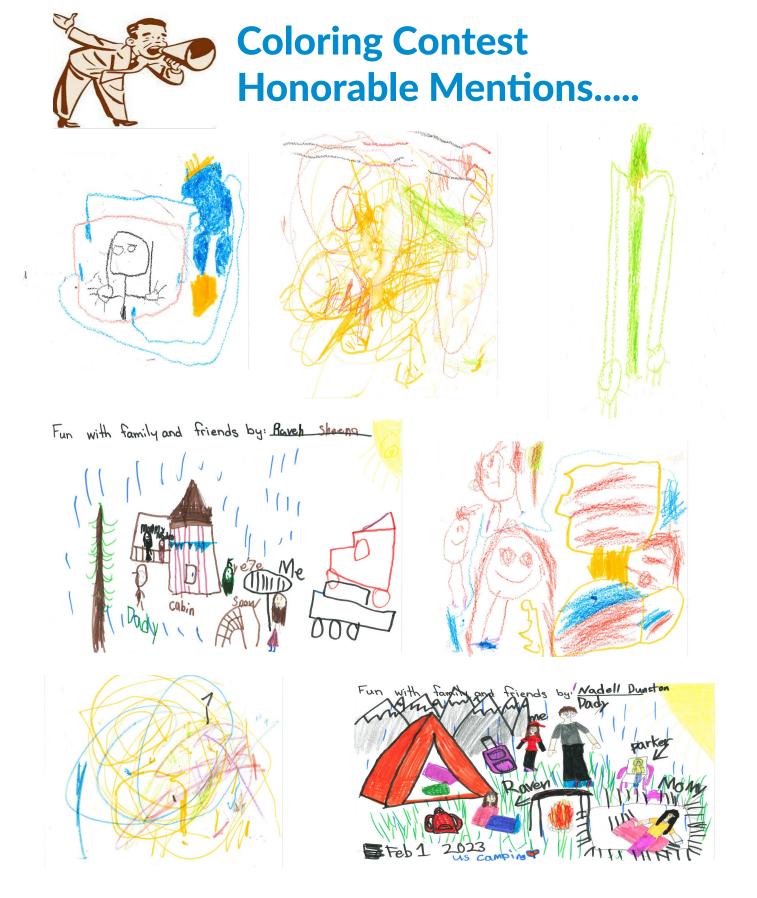
QHS hosted a coloring contest. It was centered around Family Day. We asked our preschool and elementary kids from our surrounding three communities to draw and send in their favorite family memories from last year. We had so many wonderful and colorful memories come in. The winner of this years coloring contest is, Kypton (age 4).

Kypton won his family a family pass to the BC Wildlife Park in Kamloops, BC. This pass gives this family the opportunity to have fun and create some more great family memories.

Congratulations to Kypton and family!!!!!







Thank you to everyone who entered!!!

FNHA and BC Cancer Launch New Cancer Screening Campaign

The First Nations Health Authority (FNHA) is partnering with BC Cancer to launch a province-wide cancer screening promotion campaign. The campaign was made possible with generous funding support from the Canadian Partnership Against Cancer (CPAC).

The purpose of the campaign is to increase knowledge about BC Cancer's screening services for breast, cervical, colon and lung cancer, and focuses on who is eligible for these screening services and how to access them. By increasing awareness about existing services, the campaign aims to improve regular access to cancer screening services for First Nations, Métis and Inuit people living in British Columbia (BC). Regular access to cancer screening can help detect cancer earlier, and may lead to better health outcomes.

The campaign features health leaders who share information about cancer screening to empower and support individuals in taking control of their own wellness journey. It encourages people to get screened as early as possible and points to the connections between individual and community wellness through the campaign slogans: Honour Yourself, Honour Your Family, Honour Your Community and Honour Your Ancestors. Screen regularly for cancer as a part of your wellness. Early detection can save your life.

Cancer trends for First Nations People in BC

Cancer affects everyone, whether as a patient, as a survivor or knowing someone with a diagnosis.

Rates of certain types of cancer such as colon and cervical cancer are significantly higher for First Nations people in BC than other residents. For many types of cancer early detection can lead to better health outcomes. There are a number of efforts underway to improve access to primary health care for First Nations in BC, including the establishment of new primary care centres and efforts to improve safety in health care. Over time, it is expected that these efforts will help to improve cancer screening rates and health outcomes for First Nations people in BC.

Trends in screening rates and cancer diagnoses provide insight into the health of First Nations people across BC and help to inform decisions and strategies that better meet the needs of First Nations people.

Quotes:

Dr. Nel Wieman, Acting Chief Medical Officer, FNHA

"Early detection is a major factor in increased cancer survival rates. For this reason it is important that First Nations people stay up to date with age-appropriate cancer screenings, including for breast, colon, cervical, prostate, and lung cancer. You should make an appointment with your primary care provider if you have any sign or symptom that is new, different, troubling you, continues to worsen, and/or is not going away."

For more information, visit fnha.ca/cancer

Source: https://www.fnha.ca/about/news-and-events/news/first-nations-health-authority-and-bc-cancer-launch-new-cancer-screening-campaign

FNHA-Cancer

Cancer is a large group of diseases that starts in our cells. Cancer happens when a damaged cell does not get repaired by our body and makes more damaged cell copies. These damaged cells can grow at a fast pace and can take over nearby tissue or spread.

Important things to know about cancer are:

- Cancer can be preventable.
- Cancer can be detectable (it can be found with tests).
- Cancer can be treatable.
- Cancer can be beatable (you can recover from cancer).

Listen to your body and see your health care provider as soon as possible if you have symptoms that could be a sign of cancer. Your symptoms may not be cancer after all, but a checkup and tests can help you know more.

Cancer symptoms can include things like:

- A change in bowel or bladder habits.
- A sore that doesn't heal.
- Unusual bleeding or discharge.
- A lump or swelling of the breast or body part.
- A nagging cough, indigestion or trouble swallowing.
- Wart, mole or skin changes.
- Unexplained weight loss or gain.
- Unexplained fever, tiredness or pain.

If you live in British Columbia (BC) and do not have access to a doctor, consider calling the First Nations Virtual Doctor of the Day program if you need to talk about your symptoms at 1-855-344-3800.

GET TESTED REGULARLY!



FNHA Cancer Information & Resources

First Nations Cancer Data in BC

In BC, we have First Nations-specific cancer data to learn from. There are certain cancers that we are seeing more often than before among First Nations people and this is signaling a need to ask more questions about access to health care and the responsiveness of the health system.

Information regarding cancer and First Nations people in BC, including some recent trends:

- Rates of cervical cancer and colorectal cancer are higher among First Nations people in BC compared to other residents.
- First Nations men and women have an increasing rate of lung cancer.
- Breast cancer is one of the most commonly diagnosed cancers among First Nations women and people with breasts.
- Some cancers, such as cervical cancer, are on average found later in First Nations in BC, illustrating the need for access to primary health care and screening.
- First Nations people in BC have a lower rate of overall cancer diagnoses compared to other residents, when looking at all types of cancer diagnoses together. This may be due to a number of reasons, including screening rates. The FNHA is exploring these reasons further.
- Physical distance to care, availability of trusted health care providers, safety and trustworthiness of providers and service, and individual past experiences with health services are examples of factors that can impact access.
- Accessing screening and treatment early may contribute to positive health outcomes, such as longer survival rates after diagnosis.
- More work is needed to support cultural safety and humility in the health system and also to increase availability of screening and care in all areas throughout BC, including in rural and remote areas.

Email Contact Information:

Indigenous Cancer Patient Navigators: icc@bccancer.bc.ca

FNHA's Quality Care and Safety Office: quality@fnha.ca

Travel and Accommodation Contacts:

- Travel Assistance Program (TAP), Health Connections and more: Travel and Accommodation Assistance - Province of British Columbia (gov.bc.ca)
- 1-855-550-5454: Medical Transportation Benefit, FNHA Health Benefits

Resource Numbers for families or individuals:

1-855-344-3800: First Nations Virtual Doctor of the Day Program

1-844-935-1044: FNHA's Quality Care and Safety Office

1-855-550-5454: FNHA's Health Benefits Program

1-800-663-9203: Mammography appointment booking with BC Cancer

1-800-739-7367: Options for Sexual Health to find a clinic offering Pap tests

1-877-70-COLON: To find a lab to get a FIT kit

1-877-717-5864: Lung Screening Program

1-888-590-3123: Tsow-Tun Le Lum Cultural Supports

1-800-721-0066: Indian Residential School Survivors Society Cultural Supports

1-800-588-8717: KUU-US 24/7 Indigenous Support Line

310-6789 (No area code): 24/7 Mental Health Support Line

8-1-1: Registered nurse or dietitian with HealthLink BC



What we heard about Cancer Prevention

Cancer is a major health concern.

79% of Indigenous people agreed that "Cancer is a major health concern for First Nations and Aboriginal people."



However ... Indigenous people feel less empowered to reduce their cancer risk.



% of people who agreed there are ways to reduce cancer risk

There is a **GAP** in health literacy around cancer risk and screening among Indigenous people in B.C.

R E D U C I N G R I S K

Indigenous people are less likely to agree that the following lifestyle changes can reduce cancer risk:



Avoiding commercial tobacco use

Indigenous	91%
Non-Indigenous	96%

Only 48% of Indigenous people believe that getting the HPV vaccine can decrease the risk of cervical cancer.





Eating a healthy balanced diet

Indigenous	81%
Non-Indigeno	us 92%



Being physically active

inaigenous		82%	
Non	Indigono		2004

Non-Indigenous 89%

SCREENING

The most common reason given by Indigenous people for not getting cancer screening tests was





www.fnha.ca

"People" referred to in this infographic are survey respondents and may not be representative of the population at large. This infographic was published in July 2019.

World Down Syndrome Day

March 21, 2023

World Down Syndrome Day is on March 21st. This day raises awareness about Down Syndrome in your school and community!

What is Down Syndrome?

Down syndrome is a naturally occurring chromosomal arrangement that has always existed and is universal across racial, gender, and socioeconomic lines. One in every 781 babies born in Canada has Down syndrome. Down syndrome is associated with chromosome 21 and there are three types: Trisomy 21, Translocation, and Mosaicism.

The chance of having a baby with Down syndrome increases with the mother's age; however, about half of babies born with Down syndrome are born to mothers under 35 years old simply because more young women are having babies.

There are three types of Down syndrome and the type is identified from the chromosome studies done at birth to confirm the diagnosis of Down syndrome:

Trisomy 21 is the most common type of Down syndrome- it includes 95% of the Down syndrome population.

Translocation occurs in only 2-3% of those born with Down syndrome, where an extra part or whole extra copy of chromosome 21 is attached to a different chromosome.

Mosaicism is the least common type of Down syndrome. In about one percent of children with Down syndrome there is an extra whole chromosome 21 in only a percentage of their body cells- the rest of the cells do not have the extra chromosome.

12

Source: https://cdss.ca/resources/general-information/

No matter which type of Down syndrome your child has, the effects of the extra genetic material will be unique to them. They will have their own strengths, likes, dislikes, talents, personality and temperament. Think of your baby first as a child. Down syndrome is just part of who they are.

People with Down Syndrome have:

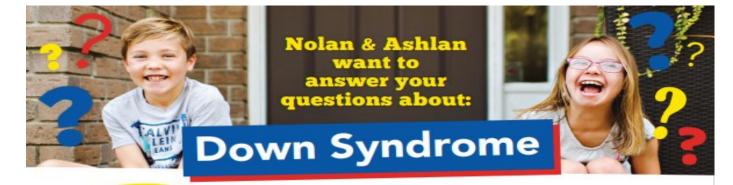
- Some intellectual disability
- Some delay in development which may include delays in speech development and motor skills
- Some characteristic physical features, including a recognizable facial appearance and short stature

People with Down syndrome might look similar and share some common physical features, but most of all, they will look like their family members and will have their unique personality.

With appropriate medical interventions and treatment, most people with Down syndrome can have healthy lives. In 1983, people with Down syndrome only lived to about 25, now the average is 60 years old. However, as with anyone else, there is no definitive life span and some people with Down syndrome have lived well into their 70s.

Some health concerns for people with Down syndrome may include:

- Congenital heart conditions
- Gastrointestinal issues
- Increased risk of developing childhood leukemia
- Respiratory infections
- Sleep issues
- Thyroid problems
- Vision and hearing problems



Q. What should I say to someone who has Down syndrome?

A. Talking and learning from those who are different than ourselves is what makes the world great! So go ahead, ask someone who has Down syndrome anything. As long as you are using language that is respectful and kind.

Making everyone feel accepted and valued is important to remember when joking around with friends.

- . What is person first language?
- A. When someone has a disability and you are talking about them, always say WHO they are before anything else. You want to focus on the person, not the disability. This is called person first language.

"This is my friend Ethan. He loves playing piano!"

"My friend Maggie has three older brothers! She also has Down syndrome."

- Q. Are people with Down syndrome always happy?
- A. This is not true. People with Down syndrome can experience lots of emotions. They can get angry, frustrated and excited just like you.

Labels like this are not helpful when getting to know someone new. Some people with Down syndrome are very social while others can be shy.

- Q. Should I feel bad for someone with Down syndrome?
- A. Not at all! A person is not "suffering from" Down syndrome. People with Down syndrome like and do many of the same things as you!

Hope this helps - Nolan & Ashlan



Société canadienne de la trisomie 21

CDSS.CA







It is important to remember that not all people with Down syndrome will experience these health concerns. Most health issues associated with people with Down syndrome also occur in the general population and in many cases, the health conditions can be successfully treated and managed by careful monitoring.

(http://www.downsyndrome.org.au/documents/resources/prenatal/DSA_AGuideForExpectantParents_Resource.pdf)

How to talk about Down Syndrome

Use appropriate language when referring to any group of people. Correct terminology helps reduce prejudice, misconceptions, and stereotypes. This guide will help you when talking about Down syndrome.

Source: https://cdss.ca/resources/general-information/

National Nutrition Food Month Recipe One-Skillet Creamy Chicken Rotini

In honor of National Nutrition Food Month, this one-pot, nutrient-packed meal will quickly become a family favourite. Cooking the veggies and whole wheat pasta in milk creates a delicious, creamy nutrient-rich sauce. Bonus? Adding in cooked chicken saves time and helps reduce food waste by using up leftovers.



Ingredients

1 tsp dried thyme leaves	5 mL	Nutrition Information		
½ tsp salt	2 mL	Calories	590	
½ tsp pepper	2 mL	Fat	15g	20%
3 tbsp all-purpose flour	45 mL	Saturated	7 g	
½ cup sodium reduced chicken broth	125 mL	+ Trans		
4 cups milk, heated until steaming	1 L	Cholesterol	100 mg	
2-1/2 cups uncooked whole grain rotini pasta	625 mL	Sodium	700 mg	30%
2 cups thinly sliced carrots, cut in half if large	500 mL	Carbohydrates	69 g	
2 cups chopped cooked chicken	500 mL	Fiber	8.9 g	32%
4 cups baby spinach	1 L	Sugars	23 g	
3 tbsp_apple cider vinegar	45 mL	Protein Protéines	48 g	
1 cup chopped tomato	250 mL	Vitamin A		
		Vitamin C		28%
Instructions		Calcium		38%
IIISUUCUOIIS		Iron		25%

Step 1

In large deep nonstick skillet, melt butter over medium-high heat. Add garlic, onion, mushrooms, thyme, salt, and pepper. Cook, stirring occasionally, until mushrooms are browned and most of the liquid has evaporated 6 to 8 minutes.

Step 2

Whisk flour into broth and stir into skillet; cook stirring until thickened, about 1 minute. Stir in hot milk, pasta, and carrots; bring to simmer, stirring often. Adjust heat as necessary to maintain simmer; cook stirring often until pasta is almost tender, about 10 minutes.

Step 3

Stir in chicken; simmer for 3 minutes or until chicken is warm and pasta is al dente. Stir in spinach one handful at a time. Stir in vinegar; cook until spinach is wilted. Spoon into bowls, sprinkle each with tomato and cheese.

Recipe provided by Dairy Farmers of Canada. For more recipes go to cookspiration.com





Indian Residential School Survivors Society





Scan to Register

will be attending. This event series is 100% free to attend and register for. Own transportation recommended and hotels not provided. Event is for families and survivors affected by the issue of MMIWG.

Programming from 9-5pm each day. Information package about the venue for your location will be sent out to you via email in mid February. Wear red and bring your drums or rattles.

MMIWG PROVINCIAL CONFERENCE TOUR

Workshops:

- -Red Dress Beading
- -Coping with Grief & Loss
- -Balancing Our Spirits
- -How Trauma Impacts The Body
- -Safety / Online Safety

Guest Speakers, Entertainment & Door Prizes

Lunches and light snacks provided each day

MARCH EVENT DATES

TERRACE 9th-10th

PRINCE GEORGE 13th-14th

KAMLOOPS 16th-17th

OSOYOOS 21st-22nd

CHILLIWACK 25th-26th

VANCOUVER 29th-30th



Safe Medication Disposal

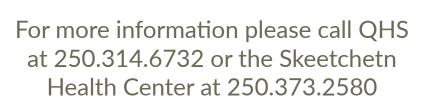
Do you have old medications you are no longer using?

You can bring them into either Q'wemtsin Health Society or the Skeetchestn Health Clinic and we will ensure that they are properly disposed of and destroyed!

Safely disposing of old pharmaceuticals can be a daunting task, so let us do the hard work for you! We will take them and properly dispose of them for you, keeping you and your household safe!



Simply bring in any old medications you or your household no longer need and we will destroy them for you. Medications can be brought in as is—in containers, blister packs, or how ever you had them stored.















Feeling Sick? Stay Home.



If you're feeling unwell, home is the best place to recover and feel better. You don't want to spread illness to others, whether it be at school, your place of work, or in other public venues.

Not sure if you're sick? If you're experiencing any of the following symptoms, stay home until they pass:



Coughing or sneezing



Runny or stuffy nose



Sore throat



Headache



Extreme tiredness



Fever



Chills



Muscle aches or joint pain



Nausea or diarrhea



Shortness of breath

During respiratory virus season, the common cold, influenza, COVID-19 and other viruses can spread easily and make many people sick. By staying home you're not only giving yourself time to heal, you're protecting others!

For the best protection, check with your community health nurse or local health centre about getting your flu shot and COVID-19 vaccines.



Q'wemtsin Health Society Food Sovereignty Group



Laura organized the first ever luncheon for our food sovereignty coordinators from each community in November. We were hosting the funder from our Everyone Eats grant Catherine Larsen.



YOU ARE INVITED **TOCELEBRATE OUR** 22ND ANNIVERSARY!



Everyone is welcome to attend this free event, so please come and join us as we celebrate 22 years of service to our three member communities!





Date: Friday, March 31st

Time: 11am to 2pm

Place: Q'wemtsin Health

Society, 130 Chilcotin Road,

Kamloops BC





There will be lunch, swag, drumming, door prizes and more!!!

Call OHS for more info: 250.314.6732

OPEN HOUSE qwemtsin.org



Q'wemtsin Health Society

5-year Evaluation

Community Engagement Sessions

Whispering Pines/Clinton Indian Band

Date: Tuesday, April 25th

Time: 11:00am

Place: Annex Building

Tk'emlups te Secwepemc

Date: Tuesday, April 25th

Time: 5:00pm

Place: Delta Hotel, 540 Victoria Street

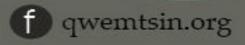
Skeetchestn Indian Band

Date: Wednesday, April 26th

Time: 5:00pm

Place: Skeetchestn Gymnasium

For more information call: Q'wemtsin Health Society at 250.314.6732 or call the Skeetchestn Health Center at 250.373.2580.



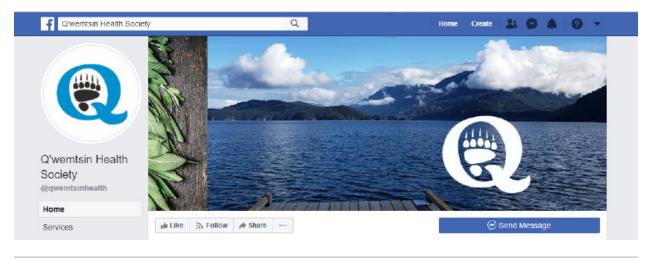


Please join us for some great discussion, dinner, door prizes and a chance to win an ipad or Apple Watch!





Find us "Qwemtsin Health Society" on Facebook. This is where you will see current events, workshops, reminders and photos of recent fun activities with youth and in the 3 communities.



Visit our Qwemtsin Health Society website

qwemtsin.org







Resource Numbers



Emergency Assistance

Ambulance/Fire/Police	911
Children's Hotline	310-1234
Kids Helpline	1-800-668-6868
Interior Crisis Line Network(depression, poverty, abuse, homelessn	
Kamloops Urgent Response Team	250-377-0088
Kamloops Mental Health Intake	250-377-6500
Kamloops Street Services	250-314-9771
Kamloops R.C.M.P. Victim Services	250-828-3223
Kamloops Y Emergency Services	
Y Women's Emergency Shelter	250-374-6162
Children Who Witness Abuse	250-376-7800
Outreach Service(Mobile service for women and children who have experienced abuse)	
Native Court Worker	778-375-3289
First Nations and Aborginal Specific Cr 24/7.	isis Line. Available
Toll Free	1-800-588-8717
Youth Line	250-723-2040
Adult Line	250-723-4050
BC Poisen Control	1-800-567-8911
Aboriginal Services	
Q'wemtsín Health Society	250-314-6732
Urban Native Health Clinic	250-376-1991
Secwepemc Child and Family Services	
153 Kootenay Way	
Toll Free number	
Interior Indian Friendship Society	
White Buffalo Aboriginal & Metis Socie	ety 250-554-1176
Secwepemc Cultural Education Society	/ 778-471-5789
Native Youth Awareness Centre	250-376-1617
Aboriginal Training & Employment Cen	tre 250-554-4556
Kamloops Native Housing Society	250-374-7643
Secwepemc HUB	250-571-1000
Shuswap Training & Employment Progr	ram 778-471-8201

RCMP

Tk'emlúps Detachment	250-314-1800
Kamloops City Detachment(Complaints General inquiries)	250-828-3000
Downtown Community Policing	250-851-9213
North Shore Community Policing	250-376-5099
Southeast District	250-828-3111
TRU Law Legal Clinic(Free Legal Advice)	778-471-8490

Addictions

7 tadiotions	
Narcotics Anonymous	. 1-800-414-0296
Al-Anon/Alcoholics Anonymous	250-374-2456
Phoenix Centre	250-374-4684
Raven Program	250-374-4634
Sage Health Centre	250-374-6551
Smokers Health Line	. 1-877-455-2233
Alcohol & Drug Information & Referral Services	. 1-800-663-1441

Kamloops Walk-in Clinics

Summit Medical Clinic	. 250-374-9800
Kamloops Kinetic Energy	. 250-828-6637
Kamloops Urgent Care	. 250-371-4905
North Shore Health Science Centre	. 250-312-3280

Royal Inland Hospital

Information	250-374-5111
Admitting	250-314-2450
Emergency	250-314-2289

Aboriginal Patient Navigator (RIH)

Deb Donald	. 250-314-2100 (ext. 3109)
Cellphone	250-319-5420

First Nations Health Authority

Health Benefits (Toll Free)	. 1-800-550-5454
Phone	. 1-604-693-6500
Toll Free	. 1-866-913-0033
Email	info@fnha.ca

