

# RURAL HEALTH MATTERS

British Columbia Rural Health Network

July 2020

*Dedicated to the development of a health services system that improves and sustains the health and well-being of residents of rural communities across British Columbia as a model of excellence and innovation in rural health care.*



## Letter from the President

Dear BCRHN Members and Supporters,

Happy Canada Day! This is a time to celebrate all the benefits we enjoy as citizens and residents of this wonderful country. In this time of COVID, I feel fortunate to be living in a province and country that has answered the call to action in response to an unprecedented health crisis. Although there is still much work to be done, I feel a deep sense of gratitude for everything that has been accomplished so far by our provincial government, our community leaders, our healthcare workers, and everyone on the front lines keeping us safe and protected. I feel truly blessed.

These past two days, several BCRHN members participated in the BC Rural and First Nations Health Wellness Summit (June 29 and 30). Over 950 people registered for this event that brought together rural community members, healthcare providers, policy makers, and researchers from across the province. The goal of the summit was to support dialogue and deliberation around community leadership in health care systems change. From my perspective, the event was a huge success and I look forward to the summary report that will be made available in the near future.

Perhaps the most important outcome from the summit was the overwhelming call for action that places community engagement at the centre of change. As Shana Ooms from the Ministry of Health pointed out in the closing session, there is recognition that communities need to be “empowered” to make change happen. Dr. Ray Markham, Executive Director of the Rural Coordination Centre of BC, in his closing comments shared the fact that the summit has changed the way he views his community and how they need to be included in the change process. These comments represent an important effort to empower communities on a partner-to-partner level, removing the hierarchical concept of a top-down approach.

In my opinion, the most compelling final comments came from Dr. Shannon McDonald, Acting Chief Medical Officer with the First Nations Health Authority. She recognized that change is happening but feels that it could be moving much faster. Her personal commitment was to be more “radical in her approach to change”. She promised that in all her future meetings she will be making the statement, “Ok, enough talk, let’s move.” I wanted to hug her!

One of the main reasons that the BCRHN was formed was to provide a vehicle for community organizations to share their stories of success as a way for others to find solutions to each other’s healthcare issues and concerns. As a result of the summit, I have made a commitment to return to that concept in an effort to empower our communities to become more “radical” in our approach to change.

For that purpose, I am proposing a new feature for our newsletter called “Sharing Our Success”, where members and supporters share their stories with the editor, Nienke Klaver @ [tulameennienke@gmail.com](mailto:tulameennienke@gmail.com) for inclusion in each issue of *Rural Health Matters*. And I’m going to get the ball rolling by sharing the story of the *Specialists for Princeton* project (see below) that was initiated in my community in 2015. I hope it provides you with motivation to act and to share your stories of success for future editions of our newsletter.

Radically yours,  
Edward Staples, BCRHN President

telephone: 250-295-0822  
email: [bcruralhealthnetwork@gmail.com](mailto:bcruralhealthnetwork@gmail.com)

# Member of the Month

## South Shuswap Health Services Society



**South Shuswap Health Services Society** formed in January 2013 to secure medical and health services, for Area C of the Columbia Shuswap Regional District. We "dreamed a dream" and after 7 years, we are moving towards our ultimate goal.

One of the visions of the Society is to secure a full range of Health and Wellness services for the communities of the South Shuswap. **SSHSS** adopted the motto "**Bringing Healthcare Closer to Home**" with the desire to reduce the burden of distant travel to receive care. A second vision is to support and promote opportunities for everyone to enjoy a healthy life style.

Many volunteer hours and efforts have been spent promoting an AGE FRIENDLY, healthy built community with opportunities and services needed to ensure our seniors and families are able to stay in their homes and communities.



The population of 8,000 includes permanent residences only and does not reflect the large increase in the summer months or the addition of approximately 950 second residences. The population is growing annually with young families and retirees, although currently 50% are over the age of 55. The schools are expanding to meet the demands of the population growth.

SSHSS is advertising for three physicians to serve the population of Columbia Shuswap Regional District Area C. An existing facility, **Copper Island Health and**

**Wellness Centre** is available in Blind Bay. CIHWC is a **community** supported facility, presently offering mobile lab services, foot care, immunization clinics, seniors' computer literacy, income tax for seniors and intergenerational nutrition programs. Along with these services, we provide seniors resources and act as a liaison to other programming in the area.

We are excited to have an operating Walk-in Clinic, although at this point it is only one day a week, it's a start. Plans are underway to expand the facility to support added allied services and additional physicians. Many people who live in the South Shuswap have expressed their need for a family physician. We are continually advertising and looking for Physicians to join our beautiful and friendly community where one can "work, live and play." This is an opportunity to live the good life!

We are pleased to be part of the BC Rural Health Network which brings us together as a collective voice promoting health and wellness in the rural communities of British Columbia.

Sue McRae  
President, South Shuswap Health Services Society

**SOUTH SHUSWAP HEALTH  
SERVICES SOCIETY**

**"BUILDING HEALTHY COMMUNITIES"**

## Scientists just beginning to understand the many health problems caused by COVID-19 [Excerpts]



Julie Steenhuysen

CHICAGO (Reuters) - Scientists are only starting to grasp the vast array of health problems caused by the novel coronavirus, some of which may have lingering effects on patients and health systems for years to come, according to doctors and infectious disease experts. In addition to respiratory distress, patients with COVID-19 can experience blood clotting disorders that can lead to strokes, and extreme inflammation that attacks multiple organ systems. The virus can also cause neurological complications that range from headache, dizziness and loss of taste or smell to seizures and confusion.

Dr. Igor Koralnik, chief of neuro-infectious diseases at Northwestern Medicine, reviewed current scientific literature and found about half of patients hospitalized with COVID-19 had neurological complications, such as dizziness, decreased alertness, difficulty concentrating, disorders of smell and taste, seizures, strokes, weakness and muscle pain.

To read the full article, click on: [Scientists just beginning to understand the many health problems caused by COVID-19](#)

## Presentation by Dr. John Sloan to the BC Rural Health Network

On June 9th the Board of the BCRHN presented a half-hour presentation by Dr. John Sloan entitled: "Care Transplant: Moving City Home Care of Frailty into a Semi-Rural Community".

John Sloan is a family physician who has worked for decades treating homebound, frail elders in their own homes, trying to avoid both hospital admissions and long-term care for patients who want to "age well at home", whenever possible. He has published articles on the subject as well as the 2009 book "A Bitter Pill: How the Medical System is Failing the Elderly". He now lives full time, and practices as a family doctor part-time, in Roberts Creek BC where he hopes to inspire the type of care for frail older adults that he did in Vancouver in the "HomeViVE" program. Here's what John says:

"Home ViVE (Home Visits to Vancouver Elders) is a multidisciplinary primary care program looking after about 350 homebound elderly people in the city, offering 24/7 medical care available in the home. I moved from Vancouver to the Sunshine Coast (Roberts Creek) about a year ago and have attempted to move my semi-retirement, ViVE-style, medical practice to the Coast. Without any other physicians or nurse practitioners as colleagues (which existed in the city) I am doing this more or less solo, also working with home care nurses, rehab, and palliative care, as it exists on the Coast."

Dr. Sloan hopes to convince the Coast healthcare community of the advantages of this model of care, ideally with the help of a nurse practitioner (NP) to work with him, hopefully to be funded by the Health Authority. He is quietly canvassing other family physicians in the area to see if anyone would be willing to participate in this type of care. With the NP, it could then continue once he fully retires.

The BCRHN members who joined the call were very engaged and interested, asked lots of questions, and were excited about how this model could work for other rural communities. Our only problem was that there wasn't enough time at 30 minutes. This is something that the Board will look into for the next presentation.

# Sharing Our Success

The first in a series of success stories from our members

The **Specialists for Princeton** project was launched in the fall of 2013 with the goal of improving and sustaining access to specialist care in the Princeton area and to support Princeton family practitioners. The September 2015 report on phase one of the project showed that it was a win-win-win, with a positive response coming from patients, practitioners, and specialists. The program is still going strong with more specialty clinics added and patients continuing to receive specialist care.

Of significance for members of the BCRHN is the recommendation from the Project Advisory Committee “that specialist outreach be cultivated in other communities” and offers advice on how that could be done (see page 17 of the report).

The most significant results for phase one (January 1 2014 - January 31, 2015):

- Specialists visiting Princeton nearly doubled, increasing from 7 to 13
- Specialities available nearly tripled (increasing from 4 to 11) to include: respirology, general internal medicine, nephrology, urology, rheumatology, general surgery, orthopedics, and methadone services. Psychiatry, pediatrics, cardiology, and mental health substance use (MHSU) specialists continued to provide clinics in Princeton
- Thirteen specialists delivered 46 clinics totalling more than 500 patient appointments
- Nine Continuing Medical Educations sessions were held for Princeton clinicians by seven different specialists
- 100% of patients reported their experience as excellent or good
- Princeton physicians reported significant improvements in their ability to provide optimal patient care
- Specialists found the outreach rewarding as patient acuity and the appreciation of the community validated their efforts
- All parties feel confident that the initiative will be sustained after the project’s completion in 2016



photo credit - Nienke Klaver

The following excerpts indicate the success of the project:

The project aligned with and responded to a need identified by the community. All of the partners, in particular the specialists, were committed and united around the common goal of improving rural patient care in the Princeton community. In addition, the partners felt a collective sense of ownership over the project.

During a 10-month period, 184 patients were surveyed (Jan – Oct 2014). Overall the data indicated that an estimated 31% of patients received care who otherwise would not have . . . [and] 37.4% of patients said they had missed specialist appointments in the past because of difficulty travelling. In contrast, with the outreach clinics, 96% of patients kept their appointments. One hundred percent of patients rated the overall quality of their visit as excellent or good.

For Princeton patients, outreach added to their independence and contributed to decisions to remain in their own community:

*“This kind of caring and provision makes it possible for [my parents] and me (an hour away) to rest easy knowing their medical needs will not be ignored or delayed,”* explained the daughter of an elderly couple receiving specialist care in Princeton.

Excerpts from interviews with specialists describing the experience:

*“We had one gentleman who could have died from a cardio or pulmonary event without having had some intervention. For me to be able to go out and reach a few of these lives—maybe we make a difference.”*

*“I enjoy the fact that the patients appear grateful for me coming there. It echoes back to an older way we practiced and it’s a little bit more personal.”*

*“An important side benefit is just getting to know the Princeton physicians. If a GP feels more comfortable to pick up the phone it improves access via telephone, and the family doctors are just that much more comfortable. It might prevent some referrals that they can just stickhandle on their own.”*

To see the full report, click on: **Specialists for Princeton**



## **BC Rural Health Network - Presentation to Select Standing Committee on Finance** **Edward Staples, President BCRHN**

### **[Excerpts]**

June 10, 2020 - 11:05 am

As I was working on my presentation, I asked myself, “What can I say in five minutes that will have an impact on the health outcomes of rural BC residents?”

Perhaps the best way to answer this question is to summarize my presentation in one word, “access”. This word describes a number of concerns that rural residents deal with on a daily basis.

The BCRHN recognizes that there have been several improvements to healthcare services by this government over the past few years and we thank you for your part in making that happen. But there’s still work to be done. So here are some of our key areas of concern:

#### **Access to specialist care.**

In a survey of our members completed this month by the Centre for Rural Health Research, they identified access to specialist care as the number one priority to be addressed by the BCRHN. It’s clear that this is the number one hardship for people living rural.

#### **Rural Health Councils.**

In support of the recommendations in the Rural Evidence Review conducted by the Centre for Rural Health Research, the BCRHN endorses the concept of Rural Health Councils as a way to collaboratively engage the community in planning and decision-making that meet the health needs of rural BC communities.

#### **Recruitment and retention of healthcare providers.**

This is simply a matter of supply not meeting the demand. With chronic shortages of healthcare professionals, many British Columbians, especially in rural BC, are not receiving the care they need, when they need it.

#### **Transportation.**

For people living in rural communities, access to health care services requires access to transportation. As our population ages, this requirement means a greater dependency on transportation provided by others. Public transportation service in rural communities is limited or non-existent. Improvement to local and regional transportation is urgently needed and we call on the government to address this long-standing problem.

And there are others on the list that the BCRHN will be including, along with a more detailed description, in our written submission. In closing, I’d like to thank the Honourable members for this opportunity to share the views of the BCRHN and we look forward to future opportunities where we can work collaboratively to make life better for British Columbian

To access the full presentation and the Q & A that followed, please visit <https://bcrhn.ca/blogs/>

To access the **submission from SONS** (Save Our Northern Seniors), presented by Margaret Little, please click on their ‘homepage’ on our BCRHN website: <https://bcrhn.ca/fort-st-john/>

## Letter from BCRHN President to Adrian Dix, B.C. Minister of Health [Excerpt]



June 2, 2020

Dear Minister Dix,

I am writing on behalf of the members of the BC Rural Health Network to express my concern over the general state of seniors care and more specifically, the state of long term care in British Columbia.

Covid-19 has shone a spotlight on the appalling conditions in many Canadian long term care facilities that have led to the deaths of many of their residents. The pandemic crisis has identified serious flaws and gaps in the system and raises difficult questions: what will we learn from this experience and what are we going to do about it?

Although BC has not been immune to this problem, it has fared better than most other provinces. Beginning in 2018 with your government's initiative to increase the direct care hours seniors receive in facilities, your government has shown their commitment to caring for BC seniors. The BCRHN applauds Minister Dix, working in conjunction with Bonnie Henry, Provincial Health Officer, for taking decisive action when BC reported its first Covid-19 death at Lynn Valley Care Centre in North Vancouver. The issuance of the single site order, the wage increase to unionized standards, and the guarantee of full time hours for LTC workers demonstrated the government's resolve to improve the conditions of care by improving the conditions of work.

To read the full letter, click on: <https://bcrhn.ca/letters-3/>



The **UNBC Health Research Institute** (HRI) is designed to enable UNBC's health researchers to join together for the purpose of furthering health research and innovation. The Institute encompasses researchers working in the areas identified in the UNBC Strategic Research Plan (Determinants of Health, Health

Services and Policy, Population and Public Health, Indigenous Health, Health and Environment), as well as others who engage in health research at UNBC. To access, click on: [UNBC Health Research Institute](#)

## RURAL HEALTH EQUITY - SURVEY

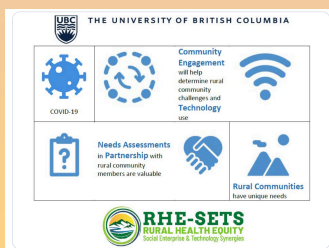


**Rural and Remote Communities' Technological Usage during Covid-19 Pandemic**  
Calling rural BC residents 19+ years to participate in a 20-25 minute online UBC survey for a chance to win one of three \$100 or a \$400 pre-paid Visa card. Participation is anonymous and will help determine the impact of COVID-19 on *rural communities*.

***The purpose of this study is better understand challenges rural community members are facing during COVID-19 and how technology is being used.***

If thinking about the challenges you have faced during COVID-19 brings up negative feelings there are resources available to you. See <https://www.healthlinkbc.ca/> for a list of resources. You can call 811 for free non-emergency health information, including mental health information. The BC mental Health Support line (310-6789) is also free and available 24 hours a day.

Click on [Rural and Remote Communities' Technological Usage during Covid-19 Pandemic](#) for more information and to participate in the survey. Principal Investigators:  
**Dr. Kathy Rush**, Professor, School of Nursing, UBC, Okanagan Campus  
**Dr. Eric Li**, Associate Professor, Faculty of Management, UBC, Okanagan Campus



## The Place of Assisted Living in BC's Seniors Care System

Assessing the promise, reality and challenges

By Dr. Karen-Marie Elah Perry

JUNE 2020



BC Health Coalition

To read the recommendations and the full study, please click on:

**The Place of Assisted Living in BC's Seniors Care System  
ASSESSING THE PROMISE, REALITY AND CHALLENGES.**

By Dr. Karen-Marie Elah Perry June 2020  
[Excerpt]

This qualitative study looks at the state of assisted living prior to the pandemic in terms of the quality and appropriateness of services it provides to seniors, the conditions for both residents and workers, and the legislative and regulatory frameworks that govern assisted living.

The research findings reinforce the urgent need for action driven by the experiences and voices of seniors, their families and the front-line workers who provide care amid frequently impossible circumstances. This study is by no means a comprehensive review of the assisted living sector— but it raises serious concerns that warrant such a review by the BC Seniors Advocate.

The evolution of assisted living in BC Assisted living was introduced as a substitute for long-term care (nursing homes) with the aim of providing a less institutional, more home-like environment—which is important and highly valued by seniors. But for the government of the day, it was also attractive as a cost-saving measure (i.e., by their calculation about as half as expensive to provide as long-term care).

Some assisted living residences are publicly subsidized; others are entirely private pay. In publicly subsidized assisted living, residents pay a monthly charge of 70 per cent of their after-tax income and are deemed eligible to access services by their health authority. In private-pay assisted living, residents pay 100 per cent of the cost directly to the operator, and if the resident requires an additional service, it comes with an additional charge.

Since its introduction in 2002, the assisted living sector has grown to more than 7,600 units province wide. Troublingly, the majority are owned and operated by for-profit companies, and more than 40 per cent are entirely private pay. The growth of for-profit and private-pay assisted living, and related affordability concerns, are analyzed in detail in a companion paper to this study ***Assisted Living in British Columbia: Trends in Access, Affordability and Ownership***

### *Quality of care impacts resulting from undervalued and overworked staff*

Research participants in this study had a lot to say about current working conditions for LPNs and care aides. Virtually all care aide and LPN participants in the study emphasized the need for more staff to cope with the increasing complexity of resident care needs. Many reported missing lunch or coffee breaks or paying out-of-pocket for supplies residents could not afford. Care aides also emphasized the wide breadth of their duties, the inadequacy of wages as compared to their counterparts in long-term care, heavy workloads and very high injury rates. Many care aides experienced precarious part-time working conditions throughout their career, often working on call. Read more: [The Place of Assisted Living in BC's Seniors Care System ASSESSING THE PROMISE, REALITY AND CHALLENGES.](#)

# BC Rural Health Network

# AGM

**Date: Thursday September 3**

**Time: 4:00 pm**

**How: videoconference**

**or**

**telephone**

**Members will be provided with the details  
closer to the date.**



A warm welcome to our latest two members: **William R. Day** who spends his time between Hedley and Vancouver. You can find his page here: <https://bcrhn.ca/hedley-vancouver/> and:

**John Grogan** from Valemount. His page (still under construction at time of writing) can be found here: <https://bcrhn.ca/valemount/>

Both members bring a a wealth of knowledge and experience with them.





## Some of Our Latest Twitter Followers



### Rural Health Equity

A multi-disciplinary team of researchers with funding from the University of British Columbia to address current health inequities in rural communities. <https://twitter.com/EquityRural>



### **Black Physicians of Canada**

Encouraging, empowering and supporting Black physicians, physicians in training and the Black community in Canada

Gmail: [info@blackphysicians.ca](mailto:info@blackphysicians.ca)

website: [blackphysicians.ca](http://blackphysicians.ca)

Twitter [@blackdocscanada](https://twitter.com/blackdocscanada)



### **Mobile Maternity**

ARE YOU A RURAL MATERNITY CARE PROVIDER?

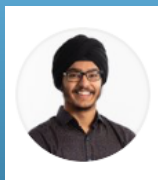
Participate in research on an optimal virtual platform for maternity care support. Have an impact – see below for more info

<https://bit.ly/MOMsurvey2020>

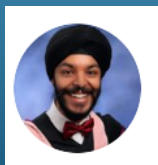
Twitter [@MobileMaternit1](https://twitter.com/MobileMaternit1)



### Editor's Pick of the Month: Break the Divide



**Abhay Singh Sachal** 18 year old Canadian Activist, Co-Founder and Executive Director at Break The Divide, which is a network that connects youth. "We inspire students to create change by fostering empathy and learning from one another through personal connection."



#### **Sukhmeet Rohan Sachal MPH**

MD 2023 @ubcmedicine Rural + Indigenous Health, Mental Health and Wellness Ambassador @cma\_docs Co-Founder @BreakTheDivide\_



Website:

[breakthedivide.net](http://breakthedivide.net)

Twitter:

[@BreakTheDivide\\_](https://twitter.com/BreakTheDivide)



## Partner Updates



RER  
Rural Evidence Review



### Rural Evidence Review & BC Rural Health Network launch COVID-19 SURVEY

The **Rural Evidence Review** together with the **BC Rural Health Network** has created a short, anonymous online survey to ask rural communities across BC about their experiences of COVID-19.

The findings of the survey will be used to understand rural community innovation and resiliency in the face of the pandemic and will be shared with health care decision-makers to support rural health care planning.

Participation is open to all residents of rural and remote BC communities. To learn more about the initiative, please contact the Coordinator of the Rural Evidence Review project, Christine Carthew, at the following email: [christine.carthew@ubc.ca](mailto:christine.carthew@ubc.ca) The survey is available at the following link: <http://bit.ly/RERCOVID-19>



### Centre for Rural Health Research



THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Medicine  
Centre for Rural Health Research | Department of Family Practice

The **Centre for Rural Health Research** team has launched a new podcast program which features in-depth discussions on the health issues that matter most to the residents of rural and remote British Columbia. The latest podcast features our **BCRHN Board member Colin Moss**. You can find it here: <https://soundcloud.com/crhr-podcast/interview-with-colin-moss-councillor-and-much-more-of-new-denver>

Click [here](#) to listen to the trailer for **Innovation From the Edges** and visit the [website](#) to find more information on the podcast. You can also subscribe to the CRHR Podcast on [Apple Podcasts](#), [Google Podcasts](#), [Spotify](#), or [SoundCloud](#) to automatically receive new episodes.



## About Us

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Johanna Trimble - (Director) Roberts Creek/Sunshine Coast  
Jude Kornelsen - (Director) Centre for Rural Health Research  
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Nienke Klaver - (Executive Assistant, *Rural Health Matters*  
Editor and Social Media Manager) Princeton

### SOCIAL MEDIA

website: <https://bcrhn.ca>

facebook: <https://www.facebook.com/bcruralhealthnetwork/>

twitter: [twitter.com/bcrhnetwork](https://twitter.com/bcrhnetwork)

contact information  
telephone: 250-295-0822

email:  
[bcruralhealthnetwork@gmail.com](mailto:bcruralhealthnetwork@gmail.com)