RURAL HEALTH MATTERS

British Columbia Rural Health Network April 2021

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 members and supporters,

Covid fatigue. I've definitely got it. And I expect many of you have it as well. For me, it's mostly just being tired of being restricted; from being inconvenienced; from not knowing when things will return to normal. For others it can have a greater impact, causing anxiety, frustration, depression, fear, and/or aggression.

Regardless of the impact, we all need to learn how to cope, both for our own well being and in order to help others. So here's some advice I've gathered from various sources:

- Heart and Stroke Canada offers six suggestions, including being physically active, talking to others, limiting how and when you consume news about the pandemic, and others: https://www.heartandstroke.ca/articles/covid-fatigue-here-are-6-ways-to-overcome-it
- If symptoms include things like anxiety or depression then it's important to seek help. See a family practitioner. Talk to family and friends. There are also several online sources. The one that I've been using is Wellness Together Canada: www.wellnesstogether.ca.
- If help is needed and you don't know where to turn, call the BC Mental Health Support Line at 310-6789
- Find out if your community has volunteers trained in Mental Health First Aid and possibly sign up to take the course yourself: https://mhfa.ca/en/home
- When it's your turn, get vaccinated and encourage others to get the shot. For those that are reluctant or hesitant, provide appropriate advice: https://www.scientificamerican.com/article/7-ways-to-reduce-reluctance-to-take-covid-vaccines/

The restrictions imposed by provincial and federal authorities have put us into what some refer to as "pandemic purgatory", a state of limbo where we're waiting for the pandemic to end. Although it's difficult to predict when herd immunity will be achieved, reports vary from as early as this April (for some parts of the United States) to as late as the beginning months of 2024.

The debate around restrictions pit those supporting tighter restrictions against those advocating for a quicker return to normal activity. This has resulted in an "on again, off again" approach with restrictions being eased as the number of new cases decline followed by reimposed restrictions as a new surge begins to build.

In this see-saw battle, we are wise to follow the advice of the experts. In that capacity I'd like to share with you the document, *Building the Canadian Shield* published by the COVID Strategic Choices Group, an interdisciplinary task force with experience across different domains of expertise and regions of Canada. As stated in the document, "The Group's goal is to identify and assess different strategies to manage the pandemic until vaccines are fully deployed." To read the paper click on the following link: https://global1hn.ca/wp-content/uploads/2021/01/Building-the-Canadian-Shield_AndrewMorris.pdf

Although the information we're getting changes daily, one thing is certain: this pandemic will eventually end. How long it takes will depend on how each of us responds to the efforts of our elected officials and those in charge of our health and welfare. As members of the BCRHN and leaders in our communities, we can do our part by encouraging others to follow the rules and when it's available, get the shot.

I apologize if this letter has been "preaching to the converted". My only goal is to do what I can to reduce and eventually end the suffering caused by what Dr. Anthony Fauci refers to as "this evil virus."

I wish you well during these challenging times.

Edward Staples, BCRHN President
telephone: 250-295-0822 - email: bcruralhealthnetwork@gmail.com

Member of the Month
Salt Spring Community Health Society (SSCHS)

In 2019 SSCHS conducted a Health Needs Assessment of Salt Spring Island residents. One of the main issues identified was mental health issues and the need for timely and accessible mental health services. In May 2020, SSCHS partnered with the Salt Spring Health Advancement Network to host two COVID-19 Mental Health Roundtables with service providers, community groups and individuals with lived experience. They confirmed what we already suspected - that COVID-19 had pushed this already-urgent issue to the fore. As a way to meet an immediate need, the SSCHS Board decided to create a tangible solution by offering the MHFA [Mental Health First Aid] training sessions.

Mental Health Commission of Canada
Commission de la santé mentale du Canada

Mental Health First Aid Canada

An available qualified instructor was found on Vancouver Island. We decided that to reach as many people as possible we should organize 2 - two day sessions, one for essential workers and another for island community members. Logistically, with COVID-19 regulations, numbers were restricted to 25 participants per session.

The sessions were held August 24/25 and August 27/28 with 23 participants in each session. One of our local shops, Country Grocer, provided food cards to cover the cost of refreshments.

A COVID-19 Emergency Preparedness and Relief Fund Grant, through the Salt Spring Island Foundation, allowed the Society to offer the training sessions to community members for free, and for sponsored essential workers for 1/2 price. The community response to requests for contributions, if able, was overwhelmingly positive. Many registrants contributed to the cost of the sessions to the extent that there were funds left over to offer another session, possibly in the Fall. In addition, more than two dozen graduates formed a community group, *Action Now*. All have been provided with information on how to access Naloxone training through our local Public Health office, and the Board is exploring ways of engaging these volunteers further. The evaluations of the course were overall very positive.

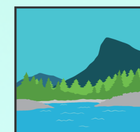
We planned another MHFA Training session for November. However, it was postponed due to increased COVID-19 restrictions.

Meanwhile, interviews for two or more SSI residents to take MHFA Instructor training took place in November. Three persons were chosen to receive training, one in MHFA Basic, one for Seniors, and one for Adults Who Interact with Youth. Additional grants will cover their training, travel and accommodation costs. We are optimistic they will be able to take the in-person training this summer as the vaccine rollout continues and restrictions begin to ease.

By December 2020, the Canadian Mental Health Association had developed an online version of MHFA Basic. In response to the continued need and requests to respond to the increased mental health crisis, in February we arranged with the same instructor to offer 2 online sessions.

We are hoping to be able to offer one or more in-person MHFA training sessions for up to 40 people in the next few months so that we'll have about 100 residents certified in Mental Health First Aid by the end of this summer.

Respectfully submitted by Karen Olsson
SSCHS Board member



Salt Spring Community Health Society

NEW ON OUR WEBSITE

THE WALRUS

The Myth of Universal Health Care

Despite our illusions, Canada's system is neither comprehensive nor equally accessible. What would it take to reform it?

BY NADINE CARON, DANIELLE MARTIN

Published 14:10, Dec. 8, 2020 l Updated Jan. 11, 2021 [Excerpts]

Illustration by PETE RYAN

ERYN DIXON had enough to manage as it was. At the age of forty-five, with profound disabilities related to multiple sclerosis, Dixon was living in Almonte Country Haven, a long-term care facility on a grassy hill in eastern Ontario. Then, in March, she contracted COVID-19. As she lay unconscious and unresponsive, struggling on oxygen, her father, Rick, was told to say his final goodbyes. Against the odds, Dixon pulled through, but more than a third of her facility's residents weren't so lucky.

By comparison with the death count unfolding south of our border, many Canadians have felt very proud of how our country and its health systems—thirteen provincial and territorial systems, with some areas of federal responsibility as well—rose to meet the initial crisis of the pandemic. Canadian medicare has always meant more than a set of public insurance programs: we are prouder of it than we are of ice hockey or the maple leaf. The notion that access to health care should be based on need, not ability to pay, is a defining Canadian value, surviving along the longest shared border in the world with the country that hosts the most expensive, inequitable, profit-driven alternative imaginable. That difference in values is often emphasized in our political rhetoric, as when Jean Chrétien would say, "Down there, they check your wallet before they check your pulse."

HEALTH CARE SYSTEMS exist to prevent and treat illness. What this means, as a matter of medical practice and health policy, is a matter of enormous ongoing debate. When Tommy Douglas implemented public health insurance in 1947, his Saskatchewan government focused first on covering hospitals and later on medical care—at that time mainly defined as physician services. This model spread across the country in the decades that followed, with the support of the federal government and its spending power.

Canada does a reasonably good job on these basics. Despite unevenness and variability, our national performance on a wide range of health indicators is generally strong. A person diagnosed with leukemia, for example, is less likely to die in Canada than in Ireland, Sweden, or France, the 2016 Global Burden of Disease Study found. Similarly, someone who experiences a stroke in Canada is likely to have a better outcome than is someone in the US, South Korea, or Singapore.

Just about any Canadian will tell you that the Achilles heel of our health care system—what is sometimes characterized as the price of these basics—is the wait time to get access to nonurgent care. It isn't the kind of delay imagined by some American conservatives, in which "socialized health care" leaves people to exsanguinate on the sidewalk while they're told to take a number. shift in eating habits, recognizing that it will take months to get an eating-disorder assessment. Rather, it's the senior who, in line for a hip replacement, loses the chance to dance at her granddaughter's wedding; the small-town teacher with chronic headaches waiting months for an outpatient neurology appointment; the parents, worried about their daughter's shift in eating habits, recognizing that it will take months to get an eating-disorder assessment.

Continued on page 4

Continued from page 3

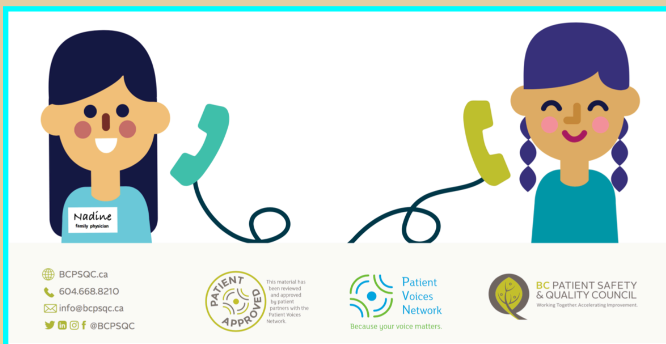
NEW ON OUR WEBSITE

DEBATES ABOUT expanding our public health care plans to include medications, mental health care, home care, and a host of other medical services—and to move beyond treatment into true prevention—are as old as the plans themselves. Out-of-pocket health care spending (what you reach into your wallet to pay for, whether the full cost of a service or the co-payment or deductible) accounts for roughly 14 percent of total health care expenditures.

Canada has long had the dubious distinction of being the only country in the world with universal health care that doesn't include prescription drugs. We also have less public coverage of home care, dental care, and non-physician care outside hospitals—which includes services provided by everyone from social workers to psychologists and physiotherapists—than most comparator nations. For example, New Zealand's publicly funded system includes long-term care, mental health care, physical therapy, and prescription drugs in addition to hospital and physician care. In Germany, mental health care, dental care, optometry, and prescription drugs are all covered by mandatory universal health insurance.

IF PRESCRIPTION DRUG coverage is one urgent and obvious area of expansion, mental health care is another. In 2019, the Public Health Agency of Canada found that 2.5 percent of respondents described having suicidal thoughts within the previous year. By May 2020, in the thick of the pandemic's first wave, a survey found that number had more than doubled. Over and above the disruption experienced by all Canadians when the economy shut down, some people—including parents, people with preexisting mental illnesses, Indigenous people, those with a disability, and those who identify as LGBTQ—faced an increased risk of serious mental illness and suicide.

To access the full article, click on: https://thewalrus.ca/the-myth-of-universal-health-care/



"What Matters to You?"
Virtual Care - A Resource for Patients from the BC Patient Safety & Quality Council

As virtual care is new to most of us, this checklist has been developed with patients to enable you to prepare for and make the most of your virtual care appointments. Prior to booking a virtual care appointment, your health care providers office will instruct you on whether your symptoms can be addressed virtually. If you do not have a family physician or need to access services after hours, there may be other secure virtual services available (e.g., First Nations Virtual Doctor of the Day, or provincial/national telehealth services).

Prior to the appointment I have…

- ▫ tested my equipment, permissions, audio/video settings and downloaded necessary software/applications (your care provider's office may be able to provide support with technology related to your appointment)
- ▫ checked my computer, smartphone or tablet to ensure it is fully charged or plugged into a power source and connected to the internet (preferably high speed)
- ▫ earphones or headphones available (for better audio quality and privacy)
- ▫ a comfortable chair in a well-lit area without distractions and noise
- ▫ asked a family member, caregiver or translator to be present, if necessary

To read more, click on **https://bcrhn.ca/what-matters-to-you/**

NEW ON OUR WEBSITE

BC-wide transit and business incentives could fill rural transport gaps

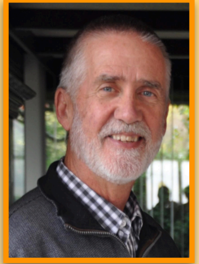


Photo - Nienke Klaver

Fran Yanor, The Goat Feb 25, 2021

[Excerpts] “In an ideal world, we would have public transportation serving rural communities in such a way that people can access the services that they need outside of their communities,” said Ed Staples, president of BC Rural Health Network.

Advocates behind a campaign for province-wide public transit say it would increase safety and access in underserved rural communities, while others recommend improving competitiveness so the private sector steps up.

Transportation dollars tend to focus on massive infrastructure projects and regions of congested traffic, said Bond, a former transportation minister under the Liberal government and current MLA for the rural-urban riding of Prince George-Valemount.

“I’m certainly a supporter of those kinds of (urban) investments, (but) transportation issues exist across the entire province.”

In fact, nearly 20 per cent of most people’s expenses in B.C. are for transportation costs, according to BC Transit’s 2020 Strategic Plan.

“It is far and away the number one thing we’re trying to improve on in the province,” said Ed Staples, president of the B.C. Rural Health Network, a collective of communities advocating for improved rural health care delivery.

In a survey of British Columbians last year by UBC’s Centre for Rural Health Research, rural residents spent an average of $777 in transportation costs to access healthcare services outside their home communities for their most recent health issue. [Link: **Out-of-Pocket Costs for Rural Residents When Traveling for Health Care**]

“For people living rural, to be able to access the care that they need, many have to rely on transportation that they can’t provide for themselves,” said Staples.

To read more, click on **BC-wide transit and business incentives could fill rural transport gaps**

Let’s Ride Update: Thanks for sharing your regional transit stories and your interest in joining the campaign for public transit BC wide. Here’s an update on what we’ve been thinking about and doing and planning:

There’s no denying that we face an uphill battle. The provincial government has so far seemed content with the current patchwork of private bus companies. BC Transportation Minister Rob Fleming has hinted at bailouts for some private operators and downplayed expansion of more public services like the Highway of Tears bus and BC Bus North. But we are getting lots of support from affected individuals and groups like you who see the vast advantages of controlling our own transportation future.

In some ways, there’s never been a better time to change the status quo.The pandemic has shown what happens when we cut traditional traffic – bluer skies and cleaner air. Instead of throwing more public money at faltering private operators, we can build our own clean, safe, forward looking, accessible, affordable transit service. Then we could easily introduce things like safer depots/stops, better schedules and a one fare card payment system. The federal government recently announced major funding for transit – some of which could be used for projects expanding rural routes in BC.

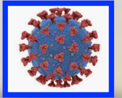
We’re planning to host an online webinar soon featuring different voices on the ways and means of creating that publicly-owned and operated BC-wide bus system. We’ll be inviting you once we nail down dates and times and speakers. Please keep on pushing for Public Transit BC Wide!

Get on board here: https://bcwidebus.wordpress.com/take-the-pledge/
More at https://bcwidebus.wordpress.com/background/

NEW ON OUR WEBSITE

Dying for love: Disconnection in the time of COVID-19

BCMJ [BC Medical Journal], vol. 63 , No. 1 , January February 2021 ,   [Note: coloured text are hot links]
By: Johanna Trimble



[Excerpts] On 11 July 2020, Andre Picard, *Globe and Mail* health journalist, tweeted:

Jérôme (Jerry) Lalonde: Dec 25, 1931–July 10, 2020. My father-in-law. Another victim of #COVID19. . . But isolation and loneliness were a large contributing factor. Before the pandemic, my 89-year-old father-in-law still played tennis, volunteered daily at his church, played bridge, was a voracious reader. . . (Now) he missed his family horribly. . . my active, healthy father-in-law became de-conditioned, depressed, lonely. His life ceased to have meaning and purpose. He knew he was dying even before he contracted the coronavirus. Dying of loneliness, isolation and neglect. The rigid lockdown of nursing homes and long-term care homes must end. #COVID19 is not the only health threat to seniors in institutional care. They need their families, they need human contact as much as they need protection from the coronavirus.

Care workers must now do the care formerly done by families—essential partners in care—or ignore it, suffering moral distress. Only 3.36 care hours per client per day are funded in long-term care. Care workers have additional tasks for infection control. Yet, increasingly, residents are frailer, older, and need more care.

Family members feel tormented by guilt and shame for “abandoning” their loved one, though not by choice: “She believes she is in an actual prison and that she has done something wrong to be there, but can’t remember what.”[1]

1. Office of the Seniors Advocate, British Columbia. Staying apart to stay safe: The impact of visit restrictions on long-term care and assisted living survey, 3 November 2020. Accessed 1 December 2020. www.seniorsadvocatebc.ca/osa-reports/staying-apart-to-stay-safe-survey.

To read more, click on: **Dying for love: Disconnection in the time of COVID-19**

Grief support programs: Teaming up to achieve more

COVID has dramatically changed how people grieve the loss of a loved one. Families are struggling with grief alone because of social distancing measures and visitation policies. As part of its ‘*Supporting our Communities in the time of COVID-19*’ program, BCCPC partnered with the End of Life Doula Association of Canada in June 2020 to pilot a 12-session grief group based on **Francis Weller’s *The Wild Edges of Sorrow*.**

The aim of this partnership is to provide accessible peer-facilitated grief and bereavement support that fosters community connection, grief competency and resilience by training community volunteers from across the province. The training will be supplemented with a facilitator guide and access to coaching and mentoring.

To read more, click on: **https://bc-cpc.ca/cpc/grief-support-programs-teaming-up-to-achieve-more/**

Hospice Care Alliance of BC (HCABC)

The creation of HCABC is the result of a report entitled: **A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia**. A key recommendation detailed in the report is the formulation of HCABC with representatives from hospice organizations, government, health authorities, professional organizations, researchers, health care facilities, charities, and patient and family groups, to accelerate the improvement of hospice care in BC.

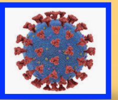
https://hcabc.ca

Why Now?

By 2036, one-quarter of the province’s residents will be over the age of 65 and will put increasing demands on hospice care. Many federal reports indicate these older adults want to age at home and in their communities and want a say in the care they receive as they face serious illnesses. The increased demands and unprecedented challenges is expected to overburden the health care system; the current healthcare and social systems in British Columbia are not equipped to meet the enhanced psychosocial and practical needs of an aging population that wants to remain at home and in their communities. This requires immediate action to improve the quality of life of British Columbians.

NEW ON OUR WEBSITE

A behind-the-scenes look at why Canada delayed 2nd doses of COVID-19 vaccines



Adam Miller · CBC News · March 6 [Note bold text are hot links]
Canada is the only country in the world delaying second doses of COVID-19 vaccines to four months. Critics say we are venturing into uncharted scientific waters that may lead to complications. (Evan Mitsui/CBC)

[Excerpt] Danuta Skowronski was poring over Pfizer-BioNTech vaccine **data** on a Friday night in mid-December when she had an "aha!" moment.

The epidemiology lead at the British Columbia Centre for Disease Control realized she could actually "correct" the **data** Pfizer had submitted to the U.S. Food and Drug Administration on the effectiveness of just one dose of its vaccine.

In clinical trials, Pfizer couldn't accurately determine the efficacy of a single shot because participants had already received their second dose after three weeks, and there was no comparative one-dose study done.

Pfizer reported an efficacy of **52 per cent** for one shot, compared to the more commonly cited **95 per cent** after the second.

But Skowronski, who has been working on vaccine effectiveness analyses for more than 15 years, realized the company had included in its analysis the two-week time period immediately after vaccination — before the body's immune response typically kicks in.

"What we found was that they were underestimating the efficacy of the first dose, and rather than the efficacy being 52 per cent, it was actually 92 per cent," she said. "For us, that was a game changer.

"The **finding** led the **National Advisory Committee on Immunization (NACI)** to change the recommended time between doses of COVID-19 vaccines from three weeks to an unprecedented four months. To read more, click on: **A behind-the-scenes look at why Canada delayed 2nd doses of COVID-19 vaccines**

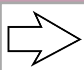
Also of interest: **https://bcrhn.ca/why-canadas-decision-to-delay-2nd-doses-of-covid-19-vaccines-may-not-work-for-everyone/**

Will COVID change how we live and work in the future?
What about the housing market, education, travel?
Will our world ever be the same?

Working from home has been a big change, but history warns against the idea the office is finished. Photograph: Alexander Spatari/Getty Images

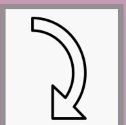
Check out new articles on our website category: 'Life after COVID' at **https://bcrhn.ca/life-after-covid/**

Chatting over WhatsApp while watching Netflix doesn't come close to the wonderful feeling of hugging. Photograph: Westend61/Getty Images



Check our website for new petitions: https://bcrhn.ca

PETITION: Support Our Elderly In Long Term Care And Seniors' Care Homes
https://canadians.org/action/long-term-care



Wondering about the various acronyms and abbreviations?
Are you confused???
Don't worry, help is on the way.
The 6th in our series *'acronyms explained'* (AE)

BC CRN = BC Community Response Networks

The BC CRN is a provincial, non-profit organization whose mandate is to partner with communities and local service providers to raise awareness of and educate the BC public on how to spot the signs of adult abuse, neglect, and self-neglect, and what they can do to correctly address it.

Community response networks (CRNs) are groups of concerned community members who come together to coordinate community responses to adult abuse, neglect, and self-neglect. A Community Response Network (CRN) is made up of a diverse group of concerned community members, community agencies, local businesses, government agencies, professionals and others who come together to create a coordinated community response to abuse, neglect and self-neglect in vulnerable adults.

In 1993, CRNs were piloted in five communities – Duncan, Penticton, Castlegar, Abbotsford, and Vernon. Currently 80 CRNs serve 232 communities in the smallest of rural villages to the largest of urban centres province wide. This number also includes borderless CRNs who serve and support the Chinese, Francophone, Aboriginal, and LGBTQ2S+ communities.
[Note: The BC Rural Health Network has two CRNs amongst our members]

To learn more about Community Response Networks, visit **https://bccrns.ca**.

NEW ON OUR WEBSITE

Brent Bidston, president of Angel Flight East Kootenay, says the $500,000 funding from Regional District of East Kootenay will be used to buy a double-engine pressurized aircraft to transport patients to Kelowna for non-emergency medical appointments. (Angel Flight East Kootenay)

Volunteer-run medical flight service receives $500K to buy new plane

$100K will be delivered annually to Angel Flight East Kootenay over 5 years

Winston Szeto · CBC News · Posted: Mar 09, 2021

[Excerpts] A volunteer-run B.C. airline is receiving $500,000 from the Regional District of East Kootenay to continue free flight services for people seeking non-emergency medical services outside the region.

On Friday, the district unanimously approved a grant of $100,000 annually for five years for Angel Flight East Kootenay - a Fernie-based charity established in April 2019 - to buy a $400,000 plane and to cover the charity's operation expenses.

Angel Flight's planes - which are mostly small single-engine aircraft owned by volunteer pilots - fly to Kelowna from airports in Kootenay communities including Cranbrook, Creston, Golden, Invermere, Nelson and Sparwood.

Bidston says his charity has operated more than 180 flights over the past two years, helping 127 patients who had medical appointments in the central Okanagan. The flights prioritize cancer patients and children under the age of 15.

Bidston says he hopes non-emergency medical flights will become provincially-funded one day, but says there's still a long way to go. Read more at: https://bcrhn.ca/volunteer-run-medical-flight-service-receives-500k-to-buy-new-plane/ or: https://www.cbc.ca/news/canada/british-columbia/angel-flight-east-kootenay-funding-1.5943264

Some of Our Latest Twitter Followers

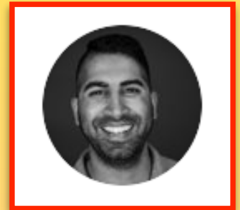
Social Bubble Project

We are a growing #community of advocates and #friends trying to end the #loneliness #pandemic by cutting chronic loneliness in half by 2030.
website: socialbubbleproject.ca

Zameer Karim

CBC Kelowna Daybreak South/Radio West AP, podcast host

Kelowna, British Columbia



Rural & Isolated Support Endeavour (RISE)

RISE partners medical students to provide phone check-ins to individuals in rural Canada during the COVID-19 pandemic.
A SRPC Student Committee initiative.

Need help? Click on self referral form: https://forms.office.com/Pages/ResponsePage.aspx

UBC Medicine PAC

The Political Advocacy Committee (PAC) are UBC medical students advocating for improvements to the healthcare system and for more accessible healthcare in BC.

TUNE INTO OUR SPEAKER SERIES #6
DATE: APRIL 17 at 11:00 by ZOOM

On behalf of the Canadian Association of Physician Assistants (CAPA) Marina Banister, Manager of Advocacy and Stakeholder Relations (Western Canada), and Eric Demers, Board Member (BC) and Past-President, will explain the role of Physician Assistants (PAs) and the benefits they provide to interdisciplinary health care teams. CAPA's primary goal in BC is to advocate to the Minister of Health to regulate the profession so PAs can work in the region. This presentation will outline the role and benefits of PAs, CAPA's advocacy strategy, as well as have ample time for questions and discussions. Any questions you may have in advance of the presentation can be sent to Marina at mbanister@capa-acam.ca.

Zoom and telephone information will be sent to our members
Non-members who are interested can send an email with a request to join to:
bcruralhealthnetwork@gmail.com

The BC Rural Health Network would like to congratulate Dr. Ray Markham, Executive Director of the Rural Coordination Centre of BC, on his appointment as the Special Advisor to Dr. Dermot Kelleher, Vice-President of Health at the University of B.C.

In this newly created role of Special Advisor to the Vice-President, Dr. Markham will provide vision and leadership to advance UBC Health's strategic focus on innovation in the provincial health system. He will chair the UBC Health Systems Advisory Committee, which advises the Office of the Vice-President Health I UBC Health on priority issues in the health sector to enable dialogue, activate assets, and advance policies and innovations to improve health systems at the individual and community levels.

Dr. Markham will be key to building and maintaining relationships between health system leaders, including academia, government, health authorities, health administrators, providers, and communities.

MARK YOUR CALENDARS!!
The BC RURAL HEALTH NETWORK will be holding its AGM on MAY 8, @ 1:00 pm (by ZOOM)
Details will be sent out to our members

About Us

BC Rural Health Network Board of Directors

Bill Day, Treasurer - Hedley/Vancouver
Colin Moss, Director - New Denver
Edward Staples, President - Princeton
Janice Androsoff, Director - Trail
Johanna Trimble, Director - Roberts Creek
Pegasis McGauley, Vice President - Nelson
Peggy Skelton, Secretary - East Shore Kootenay Lake

Augmenting the Board:
Stuart Johnston - liaison with the Rural Coordination Centre of B.C. - Oliver
Jude Kornelsen - liaison with the Centre for Rural Health Research at UBC - Salt Spring Island

STAFF
Connie Howe, Administrator - Princeton
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/

CONTACT INFORMATION

telephone: 250-295-0822

email: bcruralhealthnetwork@gmail.com