

RURAL HEALTH MATTERS

British Columbia Rural Health Network

January 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

It is true that 2020 will be the year that most of us would like to forget. But before we throw it in the ash bin of history, let's not forget some of the high points in this past year.

At the provincial and federal levels, we witnessed unprecedented change in response to the Covid-19 crisis with a massive relief effort aimed at alleviating the suffering of those most affected. In BC, in response to the tragic loss of life in long term care facilities, the provincial government enacted new regulations to protect LTC residents and is looking at further changes to move care out of the private for-profit sector into the public sector, where it belongs.

The BCRHN had a very productive year as well, with representation at the provincial level at two important tables. The first is participation in the newly formed Rural Citizens Perspective Group (RCPG) that is co-chaired by the Patient Safety and Quality Council and the BCRHN. The RCPG brings the voice of rural citizens to the Pentagram Partnership Plus Table, an assembly of healthcare professionals, administrators, academicians, policy makers, business interests, and community members with the goal of improving health care services for people living in rural BC.

The second group is the Community Health Centre Provincial Partnership Table, co-chaired by the Ministry of Health and the BC Association of Community Health Centres. The group met for the first time on November 30, bringing together stakeholders from across the province to form a "community of practice" aimed at implementing Ministry of Health CHC Policy in the development of new and established CHCs. The BCRHN has two representatives at this table and played an important leadership role in its formation.

In December, the BCRHN Board of Directors met twice in order to develop a strategic plan that will guide us over the next several months. We identified the following four priorities:

- Access to Care - including such things as transportation and out of pocket costs associated with accessing care away from home
- Community Health Centres - a proven model of care that works particularly well in rural settings
- Mental Health and Substance Use - an ongoing issue in rural communities exacerbated by the pandemic
- Rural Health Councils - this work will draw on the important research recently conducted by the Centre for Rural Health Research at UBC on the importance of engaging and empowering communities in healthcare decision making

With the Board's limited resources (human and financial), we agreed that we should choose one area to be our first priority. We chose transportation and will be focusing on this area in an effort to get government action on this important determinant of health for rural British Columbians. As a beginning, I encourage you to read and respond to the *Let's Ride* article found in this issue of our newsletter.

Finally, on behalf of the Board and Staff of the BCRHN, I would like to wish our members and supporters all the best in the New Year. May it bring you peace, happiness, and good health.

Sincerely,

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

Member of the Month

Pegasis McGauley - Nelson

Healthcare Activism in Nelson

I started being a healthcare advocate after hearing at the Council of Canadians AGM in October 1999 that our public healthcare system was in danger. First I ordered from the Canadian Centre for Policy Alternatives all the books they had on healthcare (two cartons full). After reading them I lent them out. Then I wrote a submission for the Romanow Commission, which I took to work, asking my coworkers to read and then sign. Most did.



In 2002 the BC Liberal government abolished the local volunteer hospital boards to create five geographic health authorities. Both Castlegar and Kaslo hospitals were closed, as were 1/3 of Nelson's beds. We were all told to go to the regional hospital in Trail, which also had 10 beds removed. Communities created healthcare advocacy groups fighting to improve local services. I was a founder of Nelson's Save Our Services, now called Nelson Area Society for Health (NASH). For two months we had people at the hospital loading dock continuously to ensure no equipment was removed. Members also watched in the E.R 12 hours a day 7 days a week for several years. We were featured in a Maclean's Magazine article.

There were also active groups in Castlegar, Trail and Kaslo. I helped these groups come together into Connected Communities, which after several years was able to meet regularly with Interior Health administrators to present our problems and discuss solutions. We hope to continue these meetings when the pandemic is over.

In 2002 Nelson also established Community First Health Co-op [<http://healthco-op.ca>] to try to create for ourselves the healthcare we wanted. After failing to win the RFP [Request for Proposals] to build a new long-term care facility in Nelson to replace Mount St. Francis, we bought the vacant Forestry Building for a Wellness Centre, now a recognized Community Health Centre.

The Health Co-op along with the IH Community Dental Hygienist started a low-income dental clinic called TEETH in Nelson in 2015. We charge 60% of regular rates for verified low-income West Kootenay residents. We rent a building, own our equipment and pay our staff, though less than regular rate for the dentists. We do full-service dentistry up to implants, including bridges and dentures. Three dentists in outlying communities also adopt TEETH clients into their practices at our 60% rate.

Since two long-term care residences were closed and only one (private for-profit) built, Nelson continues to need more long-term care beds. Before COVID-19 restrictions a new group formed once again to advocate for an integrated campus of care including long-term care beds on the old Mount St. Francis grounds owned by IH This group has become a committee of the Health Co-op and looks forward to participating in discussions with the selected proponent in 2021.

Submitted by Pegasis McGauley



[Andrew MacLeod](#) 10 Sep 2020 [TheTye.ca](#) Andrew MacLeod is The Tye's Legislative Bureau Chief in Victoria and the author of *All Together Healthy* (Douglas & McIntyre, 2018). Find him on [Twitter](#) or reach him at amacleod@thetye.ca Part of a series.

Note: *blue text are hot links*

How BC Can Fix Primary Health Care, With or Without Corporations

Health Minister Adrian Dix says business can play a role in delivering health services. Not everyone agrees.

[Excerpt] To describe the way he practises medicine, Baldev Sanghera gives the example of a teenager who comes into his Burnaby clinic seeking help with acne.

Sanghera would treat the skin problem. But he says he'd also be attentive to the patient's anxiety that goes along with it. He would take the opportunity to talk with them about mental health, self-esteem and confidence.

If more is going on, he might talk about linking the teen with a school counsellor or teachers to help with educational supports or discuss sexual health. The kinds of topics a doctor can raise when they have built a relationship with a patient over time

"Each visit for me is a coaching visit," Sanghera said. "I lay expectations out for the child, then as they become a young adult... the trust is already built for you to then talk about being careful with alcohol, being careful with drugs, how to maintain a good, healthy lifestyle so they don't run into all the chronic diseases that they're going to run into.



Dr. Baldev Sanghera says being a family doctor should mean long-term relationships with patients and an understanding of their needs and challenges. "There's no corporate bent on it." Photo by Maggie MacPherson.

"It's entirely different from the kind of care the patient would have gotten from a walk-in clinic or a virtual service focused on one-off appointments, he said. "You wouldn't do that if you were just providing the single episodic care visit, which is, 'Oh you've got acne, here's your antibiotic. OK, thanks, bye.'"

That kind of cursory care has become increasingly common as the number of people without a regular doctor or other primary care provider has grown. Walk-in clinics, urgent primary care centres and now virtual care provided by **corporations** are filling a **real vacuum**.

Walk-in clinics are needed to relieve pressures in the system, he said, but they should be closely coordinated with physicians who are providing long-term care for patients, he said. "Episodic care sometimes misses the big picture, and you're focused on the immediate need of that person at that point."

A partnership between the health authorities and divisions of family practice, **primary care networks** are intended as a way different providers and organizations can work together to deliver needed primary care.

In May 2018, B.C. Health Minister Adrian Dix **announced** plans to boost primary care by funding doctors to work in team-based settings, adding more nurse practitioners, creating primary care networks in communities and opening urgent primary care centres.

Continued from page 3.....

The approach is also highlighted in the health ministry's **service plan** released in February. The primary care strategy, it said, "is focused on providing improved access to care across the province by connecting patients to caregivers in an integrated team-based environment that includes a number of urgent primary care centres, primary care clinics, and community health centres."

In B.C. there are now 39 primary care networks, 17 urgent and primary care centres and new community health centres in several communities, he said. There are also primary care centres opening with **First Nations leadership**.

Marcy Cohen, a community researcher who has worked on issues around primary care and community care for two decades, sees various ways for the government to get primary care onto a better path.

It could start with stronger regulations governing corporate primary care, she said. "And I really don't think that's being seriously considered by government, that they need a much stronger kind of regulatory system and that would require legislation."

The threat of a corporate takeover of primary care is real and the implications are huge, Cohen said, but most Canadians are unaware. "I think Canadians would actually be quite shocked if they realized the jeopardy to one of our most precious institutions, our medicare system in Canada."

There's a need to develop an alternative to the fee-for-service system, one that provides population-based funding or one where providers are paid a salary and supports team-based care, she said. "Increasingly what I'm hearing from the physician community is they really know they need those alternatives."

Cohen has written in the past about earlier attempts to reorganize primary care that were thwarted by physicians unwilling to give up the fee-for-service model. That's shifting, she said.

Dix said some of the newer models are moving away from fee-for-service, acknowledging that's thanks to doctors, especially younger ones, becoming more supportive of alternatives.

"In general, B.C. has really been, up to the present time, the most resistant to change with respect to fee for service. I think what you're seeing is an evolution amongst the community of doctors."

To access the full article, click on: <https://thetyee.ca/News/2020/09/11/How-BC-Can-Fix-Primary-Health-Care-Corporations/>

Why are we letting corporate medicine take hold in Vancouver's new Urgent Care Centres?

May 23, 2019 - By Alex Hemingway

[Excerpt] Seymour Health received nearly \$2 million from Vancouver Coastal Health to renovate their UPCC property. The health authority appears to have used public dollars to enhance a privately owned real estate asset. Instead of inviting in these for-profit firms, why isn't Vancouver Coastal Health running the UPCCs and other proposed health care services themselves or by partnering with community non-profits?

First, there is **ample evidence** that public and not-for-profit providers deliver better health outcomes than their private counterparts in **hospitals and surgical clinics**, **seniors' care** and **primary care**. In addition, for-profit health care is more costly and inefficient than public care — due to private providers' interest in wide profit margins and to administrative costs being duplicated across multiple firms. Indeed, the for-profit sector is **the biggest source of waste** in Canada's broader health care system.

Source: <https://www.policynote.ca/corporate-medicine-in-urgent-care-centres/>

"...Cadesky (Past-President of Doctors of BC) said the potential unintended consequence of such centres is that they could siphon doctors away from full-service, cradle-to-grave, primary care clinics."

Source: <https://vancouver.sun.com/news/local-news/fact-checking-the-throne-speech-inflated-numbers-on-doctors-and-nurse-practitioners-at-urgent-care-clinics-govt-admits>



Welcome to the campaign to make BC public transit province-wide.
Union of BC Indian Chiefs (UBCIC) supports call for BC transit network

About 'A few frustrated transit users'

"We are a small ad hoc group who believe we should have a comprehensive public transit network serving all communities in British Columbia. We want to provide a platform for people across the province to advocate for building that forward-looking, sustainable, equitable public system now."

We are also calling for endorsements from citizens and interested groups across the province. This includes the Union of BC Indian Chiefs which has written to NDP Premier John Horgan in support of the campaign.

In the letter the UBCIC points to British Columbia's longstanding transit scarcity "especially in rural and northern communities, which disproportionately impacts Indigenous peoples."

The current system just doesn't adequately address the safety concerns, economic interests or social needs of our citizens, many of whom live in rural areas, small municipalities or remote communities. Lots of those smaller communities have no access to public transit or even a taxi service. Instead, transit across BC is a patchwork of good service, poor service and no service at all, depending on where you live. Reliance on private companies to provide transit services has left us stranded when those companies shut down or move on.

Get on board here: <https://bcwidebus.wordpress.com/take-the-pledge/>

If you wish, you can describe your community's regional transit needs and/or your personal experiences trying to get around the province

Contact E mail: publictransitbcwide@gmail.com - or visit here [on Facebook](#).

More at <https://bcwidebus.wordpress.com/background/>

or

<https://bcrhn.ca/petitions/> - second petition from the top of the page

The complete UBCIC letter is available here: [UBCIC_PublicTransitBCWide](#)





By Sara Heath

How Do Social Determinants of Health Affect Patient Wellness?

October 09, 2020 [Excerpt] Different social determinants of health affect patient wellness by limiting patient access to key health and lifestyle resources.

As healthcare providers worked to promote overall health and wellness and to prevent unnecessary health-care utilization, it quickly became clear that certain social factors were at play here.

The social determinants of health could affect whether a patient obtained and maintained wellness, regardless of the quality of care they would receive during a clinical encounter.

TRANSPORTATION - Transportation has an effect on patient wellness because it directly impacts whether or not a patient can access her healthcare.

HOUSING - Housing, too, has a direct correlation with health and wellness.

INCOME - Income is a pervasive social determinant of health because it has a domino effect on several other social determinants of health. Income can impact:

- Educational attainment
- Healthcare affordability, payer status
- Housing status
- Access to nutritious food
- Numerous other domains



FOOD SECURITY - Food security most prominently affects a patient’s ability to manage or stave off chronic illness.

UTILITIES STRESS - Utilities stress is defined as challenges in paying for key household functions, like the **water bill, electric bill, or heating bill.**

RACE, DISCRIMINATION - Race has long been regarded as a key social determinant of health, with most of the literature indicating that traditionally marginalized populations are more likely to experience other social determinants of health than White patients.

Healthcare is also largely understanding racism as a public health crisis. Although the field of understanding is burgeoning, the concept of “weathering” might have a big impact on chronic illness.

Weathering is the idea that prolonged exposure to adverse conditions, like discrimination, can have an impact on chronic illness. The sustained stress could negatively impact patient wellness.

For the full article, click on: <https://patientengagementhit.com/news/how-do-social-determinants-of-health-affect-patient-wellness>

READ MORE by Sara Heath: [Why Teamwork Is Key to Addressing Social Determinants of Health](https://patientengagementhit.com/news/adapting-social-determinants-of-health-screening-for-remote-care) and: <https://patientengagementhit.com/news/adapting-social-determinants-of-health-screening-for-remote-care>

BC Recovery Benefit

Apply now for the BC Recovery Benefit, a one-time, tax-free payment of up to \$1,000 for eligible families and single parents and up to \$500 for eligible individuals.



You have until June 30, 2021 to apply.

<https://www2.gov.bc.ca/gov/content/economic-recovery/recovery-benefit>

The Government of Canada **recently announced** the new ***Aging in Place Challenge Program*** led by the National Research Council.



Government
of Canada

Gouvernement
du Canada

The NRC will partner with like-minded private, public, academic and other research organizations in Canada and abroad to develop breakthroughs to help older adults and their caregivers to live safe, healthy and socially connected lives while remaining in their homes and communities of choice.

National Research Council Canada <https://nrc.canada.ca/en/research-development/research-collaboration/programs/aging-place-challenge-program> [Bold text are hot links]

HOSPITAL AT HOME PROGRAM

Nov 15 - 2020 Times Colonist [Excerpt] Dr. Elisabeth Crisci says when she first saw a man getting a blood transfusion in his living room as part of a home-based hospital-care program in Australia, she felt disoriented, but that quickly turned into a “lightbulb moment.”

Crisci is one of two physicians in charge of a new pilot program that launched with its first patient on Monday [November 9] at Victoria General Hospital. It will allow eligible patients to receive treatment at home, rather than in hospital, with support from hospital-based doctors, acute-care registered nurses, and special equipment and technology.

The Hospital at Home program is based on similar programs in Australia and the United Kingdom. The \$42.3-million provincial program is being piloted in Island Health and Northern Health, and the plan is to roll it out province-wide next year.

The voluntary program is targeted at acute-care patients who have been assessed by a doctor as being appropriate for the program, who have a caregiver at home, who require only a brief hospital stay, and who live within a short drive of the hospital. The catchment areas will vary from region to region. Only designated doctors will work in the program, which is billed as providing patients with in-person and virtual around-the-clock care.

For the full article, click on: <https://www.timescolonist.com/news/local/creating-hospital-beds-out-of-thin-air-hospital-at-home-program-launches-in-victoria-1.24239644>



RCCbc Site Visits Specialized Report: **Youth Mental Health and Addiction Service**

Prepared by: Erika Belanger *Successes, Challenges, & Areas of Opportunity*

Click on: <https://bcrhn.files.wordpress.com/2020/12/rccbc-youth-mental-health-report-october-2020-1.pdf> for the full report

[Excerpt] **Thematic Highlights**

- Youth mental health, psychiatry, and addiction services are lacking exponentially compared to that of adult mental health, psychiatry, and addiction services; which are also lacking across rural communities.
- Youth mental health and addiction needs are not being met across rural British Columbia. A crisis is occurring where a high demand for accessing such services exists across the province, and youth are struggling to receive help.
- Youth mental health and addiction successes have involved strong collaboration initiatives between local community-level stakeholders and provincial stakeholders
- Many physicians and nurse practitioners report not feeling comfortable enough or feel that they lack the adequate skillset to treat paediatric mental health patients. More training in this area, or an improved ability to refer to those who do have the necessary training in a time-efficient manner, is needed.

Mental Health and Addiction Successes

Through various initiatives, participants shared how they found the *Child and Youth Mental Health Program* to be successful at connecting youth to mental health services and supports that they required access to. One community advocated to keep the program in place for as long as possible given its success.



Wondering about all the acronyms and abbreviations?

Are you confused???

Don't worry, help is on the way.

The second of our series '*acronyms explained*' (AE)

Today is your lucky day; you will learn not 1, but 5 acronyms!



BC PHCRN = BC Primary Health Care Research Network

The BC Primary Health Care Research Network (BC-PHCRN) is funded by the [Canadian Institutes of Health Research](#) (CIHR) and the [Michael Smith Foundation for Health Research](#). (MSFHR).

The BC PHCRN is one of 11 [Strategy for Patient Oriented Research](#) (SPOR) [Primary and Integrated Health Care Innovations \(PIHCI\) networks](#) in Canadian provinces/territories, designed to support evidence-informed transformation of the delivery of primary and integrated health care.

The goal of the BC-PHCRN is to encourage, facilitate, and support collaborations between government, health authorities, health professionals, patients and researchers. The BC-PHCRN aims to seek out, develop, and facilitate adoption of health care innovations to improve BC's health care delivery system.

(Note: *blue text are hot links*)



[Not feeling yourself during COVID-19? It could be grief](#)



[Grieving during COVID-19](#)



[Physical distancing and dying: When you can't be at the bedside](#)



[How educators can support students coping with COVID-19-related grief](#)



CANADIAN
VirtualHospice
*Information and support on advanced illness,
palliative care and grief.*



In Plain Sight

Addressing Indigenous-specific Racism and
Discrimination in B.C. Health Care



Addressing Racism Review
Summary Report, November 2020

<https://www.fnha.ca/about/news-and-events/news/zero-tolerance-of-racism-basic-first-step-to-ensure-equal-access-to-health-care-for-first-nations-people-in-bc>

Nov 30, 2020 Report

“Métis Nation British Columbia was pleased to work with the Review Team on this report addressing racism in B.C.’s health care system. The Métis Nation needs to be recognized as a distinct people making up one-third of the Indigenous population in B.C.” ~ MNBC President Clara Morin Dal Col Métis National Council, National Minister of Health

“Racism against Indigenous peoples is a malignant disease that has been in the health care system in British Columbia since inception. Every person who works in the health care system, in fact every British Columbian, must acknowledge this reality and work together to ensure health care for Indigenous people is equitable and culturally safe and focusses on the needs of the individual, not the attitudes of the system.” ~ Grand Chief Stewart Phillip President, Union of BC Indian Chiefs

To access, click on: [In Plain Sight Summary Report \(PDF\)](#)

To access, click on: [In Plain Sight Full Report \(PDF\)](#)



Some of Our Latest Twitter Followers



CoRE-LAB@UBC

Supporting community capacity for research and collective action to enhance social, emotional and mental wellbeing of children and youth.

@CoRElabUBC

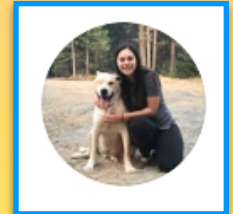


Megan O'Reilly

Advocate for patient centered care and patient orientated research.

Passionate about rural health care.

@megancoreilly15



Peace Arch Hospital Foundation

Peace Arch Hospital Foundation raises funds and awareness to enhance health and wellness in our community of White Rock, BC

pahfoundation.ca

@pahfoundation



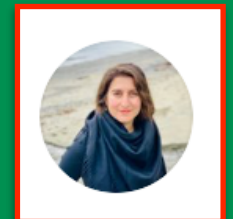
Lehe Spiegelman

President, Midwives Association of BC

Rural Midwife

Sunshine Coast

@LeheSpiegelman



The *BC Rural Health Network* is sponsoring a petition:

Remove Financial Barriers for Rural British Columbians Seeking Healthcare Services


We call on the British Columbia Premier and Cabinet to present this petition to the Legislative Assembly and bring forward legislation that removes financial barriers to health services caused when rural residents require care away from home. Signing this petition signifies your support for legislation that removes barriers to accessing health care for rural residents.

To sign, click on: [Remove Financial Barriers for Rural British Columbians Seeking Healthcare Services](#)

Please share this petition with your networks!!

Invitation to participate in a survey by Simon Fraser University Health Science researchers
Haina Samji and Evelyn Stewarts




HELP US LEARN ABOUT PERSONAL IMPACTS OF COVID-19



LET US KNOW: HOW HAS COVID-19 IMPACTED YOU, YOUR FAMILY, AND YOUR LOVED ONES?

Study participation is entirely voluntary. All studies are conducted to learn more about mental health impacts of COVID-19 in children, youth, parents, and other adults

Want more information? Interested in getting involved?
Scan the QR code or contact us at
pics@bcchr.ca | 604-875-2000x3068

WE INVITE PEOPLE FROM ALL BACKGROUNDS WHO ARE INTERESTED TO PARTICIPATE!

WHAT IT INVOLVES*:
ADULTS (18+): 20-30 MINUTE ONLINE SURVEY
CHILDREN & YOUTH (8-18): 15-30 MINUTE ONLINE SURVEY EACH FOR CHILD + PARENTS
CHILDREN (<8): 45 MINUTE ONLINE SURVEY FOR PARENTS ONLY

*ALL PARTICIPANTS ARE ENTERED INTO A MONTHLY PRIZE DRAW

You are invited to participate in a confidential, online survey about how the coronavirus disease 2019 (COVID-19) has impacted you and your family members. The research team aims to learn how the COVID-19 pandemic has affected your feelings, thoughts, and actions; how your family is coping and what resources you find helpful; and what programs and policies will improve your well-being.

The survey has a version for adults, caregivers, and one for youth (aged 8-18 years), each about 20 to 30 minutes to complete.

All participants are entered into a monthly prize draw for 1 of 10 \$50 gift cards (of your choosing).

The study is led by Dr. S. Evelyn Stewart, a UBC professor, child and adolescent psychiatrist, and Director of Research for Child, Youth and Reproductive Mental Health at BC Children's Hospital and Dr. Hasina Samji, an Assistant Professor in the Faculty of Health Sciences at SFU and a Senior Scientist at the BC Centre for Disease Control. For more information about the study, please contact the study team at pics@bcchr.ca.

To participate, visit the survey website at: <https://bit.ly/3fgr7mz>



About Us



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SOCIAL MEDIA

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