RURAL HEALTH MATTERS

British Columbia Rural Health Network March 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

Last March I was writing about the promise of spring and looking forward with optimism to the many events that lay ahead for the BC Rural Health Network. Who could have predicted one year later, that that optimism and those events would be so dramatically changed by the pandemic that swept our planet.

I consider myself fortunate to be little affected by COVID-19 and that the adjustments I've needed to make in my life are minor. I've learned how to be a good "Zoomer" and have added terms like "unmute", "chat box", and "screen share" to my vocabulary. I have also learned to never again take social contact with family and friends for granted.

Over the past year I've drawn inspiration from those on the front line who have provided care and comfort to those in need. They are the healthcare practitioners, paramedics, long term care workers, hospital workers, public health workers, teachers, grocery store workers, and all those who continue to serve our communities in the face of increased risk to their own health.

In this month's *Letter from the President* I would like to share an article by two of Canada's healthcare "front liners", Drs. Nadine Caron and Danielle Martin, entitled *The Myth of Universal Health Care* that appeared in the January/February issue of *The Walrus* magazine. Click here to read: The Myth of Universal Health Care I The Walrus

One of the things that resonated with me was what Caron and Martin describe as "the biggest news of the pandemic":
" . . . that people who normally do not see themselves as powerful are exactly that. Whether Canadians feel it or not, we have proven that we have the power to protect and enhance the health of our communities. That engagement, that willingness to pitch in to protect others, is what can now be harnessed in subsequent waves, in the recovery, and in the future we will build together. What remains to be seen is whether that power will indeed be harnessed."

What I particularly like about this statement is the idea that each community organization, each individual has the power to make change happen. Our "willingness to pitch in to protect others" is what defines us. Our very existence is based on that principle.

Although it was not extensively covered, in the news this week was the vote on Bill C-213, a private member's bill that promised to set the legal framework for a national pharmacare system. Despite 2019 campaign promises by the Liberal government and overwhelming public support, it appears that the government buckled under pressure from Big Pharma and drug insurance companies, defeating the Bill. This is the latest in a series of disappointments for organizations like ours that have been advocating for the establishment of a national pharmacare program.

In the June 2019 survey of BCRHN members conducted by the Centre for Rural Health Research, pharmacare was identified as a top priority. The BCRHN Board of Directors will continue to work with other provincial and federal organizations supporting the establishment of a provincially-run, universal, single-payer, public pharmacare program.

Our next Annual General Meeting has been set for Saturday, May 8 beginning at 1:00 pm. As we enter our third year, I ask each of you to consider "pitching in" to become more active in the work of the BCRHN. Over the next several weeks we will be providing our members with information on the various ways you can get involved, either as a Board member or on one of the committees or groups that are working to improve access to health care for rural BC residents.

Please feel free to send me an email or give me a call if you'd like to discuss how to get more actively involved in our organization. I look forward to hearing from you.

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

Member of the Month

Village of Nakusp

Nakusp is situated on the picturesque shore of the Upper Arrow Lakes. Municipal population of 1600 residents, another 1700 residents on the outskirts of the village. The Village is extremely fortunate to have its very own Arrow Lakes Hospital. The hospital supplies services to approximately 5,000 people, including patients from several surrounding communities. The hospital receives strong financial support through two volunteer groups who supply extensive funding for modern medical equipment and other benefits that would otherwise not be available through normal government funding.

They are the Arrow Lakes Healthcare Auxiliary Society (ALHAS) and the Arrow Lakes Hospital Foundation (ALHF). The ALHF receives funds via donations and legacies from patients, family members and other generous donors. Main focus is the hospital, but offer bursaries to students following in medical fields and have assisted with local cancer support groups etc.

The ALHAS raise funds through the operation of their local Thrift Store which is supplied through generous local donations. The store is so popular that people literally line up at the door before opening. They offer funding in a wider scope than the Foundation to include the long-term care and seniors' facilities etc. In the last year alone the two groups have joined together to buy equipment for the newly renovated Trauma/ Emergency rooms completed in June 2020 in the amount of $225,000. These local contributions have enhanced the 2.1-million-dollar investment that the West Kootenay Boundary Regional Hospital District and the Provincial Ministry of Health have invested in our local hospital to assure quality healthcare to our rural areas.

The Foundation has recently funded a $70,000 renovation to the palliative care room and committed over $21,000 more for equipment that is already on order at the hospital. At the same time, the Society has supplied approximately $140,000 for an elevator and automatic doors in the newly built senior living complex.

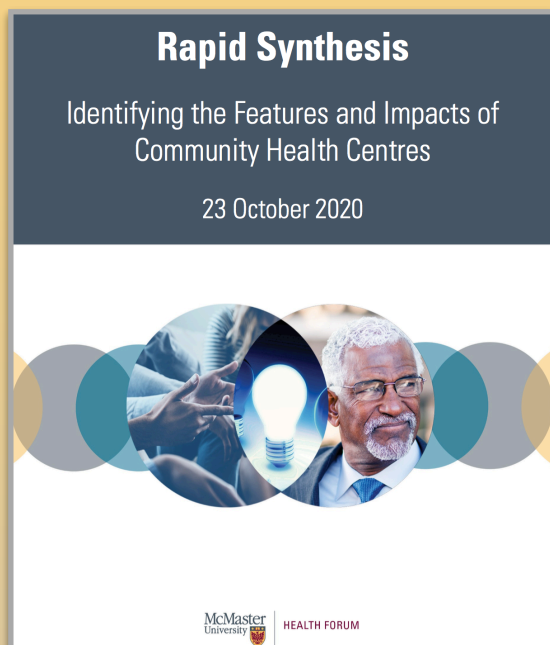
When the community was in dire need of physicians these two groups united to purchase a house. They offered three years free rent to attract doctors. This was a successful venture. The first recruit served Nakusp for three-year term and then moved on, the second Doctor served his three years and now purchased the home from the groups and has become a part of our community.

Our community and area have also been extremely fortunate with battling the recent pandemic, most people are complying with the Health orders and are trying their best to support local businesses.

Sincerely, Mayor Zeleznik, and Councillor Miller

NEW ON OUR WEBSITE

The importance of community health centres in BC's primary care reforms: What the research tells us - McMaster University [Excerpt]



QUESTIONS

- What are the key features of community health centres?
- What impacts have community health centres had on enhancing client experiences and improving health outcomes with manageable per capita costs and positive provider experiences?

WHY THE ISSUE IS IMPORTANT

Community Health Centres (CHCs) deliver integrated primary care and social services and programs, which includes addressing social determinants of health within the community. According to The Canadian Association of Community Health Centres, CHCs can promote patient-centred and multidisciplinary team- based care, reduce costs in other aspects of a health system such as hospital visits, and promote continuity of care. CHCs can also address and provide support to underserved populations by coordinating efforts around housing, employment and nutrition.

However, there is a need to better understand how CHCs can be effectively integrated into a coordinated delivery system. Further evidence on the features and impact of CHCs on enhancing client experiences and improving health outcomes with manageable per capita costs and positive provider experiences are needed.

This rapid synthesis was requested by the B.C. Ministry of Health to help inform future policy development and expansion of funding related to improving access to high-quality, patient-centred, and community-centred primary-care services.

The Canadian Association of Community Health Centres indicates that "CHCs are multi-sector, not-for-profit organizations" that share five core attributes:

1) providing team-based interprofessional primary care (involving clients, providers, allied health professionals, patient navigators, and others who connect health and social services in the community);
2) integrating the provision of a diverse array of health and social services (including health-promotion programs, disease prevention and management, and services to address social determinants of health);
3) being community centred (integrating community partnerships and community-elected governance within CHCs);
4) addressing the social determinants of health (supporting clients to help address different needs such as access to housing, food security, education, and/or language barriers); and
5) committing to health equity and social justice (advocating for systemic changes to reduce health disparities and providing culturally appropriate services).

Continued on page 4

Continued from page 3

NEW ON OUR WEBSITE…continued

Note: blue text are hot links

- We [McMaster University] found that CHCs enhanced patient experiences and increased satisfaction in the delivery of care, especially when there was a positive relationship between patients/clients and providers.
- CHCs helped address health-equity issues among underserved populations (e.g., LGBTQ+, Indigenous peoples, new immigrants, youth, and individuals with severe mental illness or physical conditions), and increased engagement with screening programs, cardiovascular-disease prevention, and management of chronic conditions such as diabetes.
- The literature indicated that CHCs are found to have lower costs of care and provide cost savings to health systems.
- A supportive work environment with shared values of advocacy and equity were described when discussing the perceptions of staff at CHCs, but there were mixed findings related to fairness in decision-making processes in CHCs, specifically for nurse practitioners and family physicians (e.g., in relation to decisions from administration about services and programs in CHCs).

What are the lessons we can learn from CHCs in the rest of Canada and in the States?

Why has the CHC model struggled to take hold in British Columbia and where do we go from here?

Are you curious about the answers? Click on: **Identifying the Features and Impacts of Community Health Centres - McMaster University**

Community Health Centres needed to improve primary care in B.C.

Survey data show the percentage of British Columbians who have a regular health care provider is significantly lower than the Canadian average

Dr. Rita McCracken, Dr. Mei-ling Wiedmeyer, Ruth Lavergne
April 1, 2019 - Opinion
[Excerpts] For many British Columbians who don't have a regular doctor or can't see their doctor when they need to, getting day-to-day primary care means waiting at a walk-in clinic. Often this means telling your whole medical story in a short appointment focused on a single problem.

B.C. Premier John Horgan and Minister of Health Adrian Dix check out the facilities at the Westshore Urgent Primary Care Centre in Victoria at the time of its opening in October 2018. [PNG Merlin Archive] Photo by Darren Stone, Victoria Times Colonist

Yet, lacking continuity of care can lead to **worse health outcomes** and **more trips to hospital**. Strong evidence shows **investing in primary care** leads to better health for patients.

We are concerned that UPCCs [Urgent Primary Care Centres] are diverting funding and health care providers away from models like community health centres and primary care networks with the greatest potential to provide the quality primary care patients need.

Urgent care services have a place in our system but it's the wrong prescription for B.C.'s primary care ailments. Since last summer, the Ministry of Health has announced **six new urgent primary care centres** and promised at least four more. UPCCs offer same-day visits for patients who aren't experiencing emergencies but should be seen within 24 hours, much like walk-in clinics. UPCCs do not offer relationship-based care over time or play a co-ordinating role for patients needing to navigate the system. More than **$20 million has already been invested** in building centres in Vancouver, Surrey and the West Shore and running them for the first year. An extra $2.9 million is projected for a centre in Burnaby announced last month.
To access the full article, click on: **https://theprovince.com/opinion/op-ed/opinion-community-health-centres-needed-to-improve-primary-care-in-b-c**

Indigenous people lack access to health care because of systemic racism, report says

THE GLOBE AND MAIL

JUSTINE HUNTER Feb 2021 [Note: blue text are hot links]

[Excerpt] On Thursday Mr. Dix [BC Minister of Health, Adrian Dix] released a **data report on the impact of systemic racism in health care**, showing that Indigenous peoples have less access to the provincial health care system – a disparity that has widened in the pandemic.

The study "reveals a system that does not provide Indigenous peoples with sufficient and safe access to primary and preventative care, and is therefore skewed toward emergency and specialized treatment," said the report's author, Mary Ellen Turpel-Lafond, a former judge who was **asked last summer to investigate** allegations of racist acts in B.C. hospitals. She concluded that racism experienced by Indigenous peoples leads to avoidance of care, in large part because Indigenous people seek to avoid being stereotyped, profiled, belittled and exposed to prejudice.

She said the delivery of COVID-19 vaccines has to factor in those challenges. "We do know who is deeply at risk and deeply vulnerable [to COVID-19], and it is disproportionately First Nations people," she told reporters. The study notes that First Nations in B.C. experienced a higher rate of infection than what has been seen in the general population of the province.

However, the report comes on the heels of the government's **apology to the Nuxalk Nation**, after concerns were raised about the withdrawal of COVID-19 vaccines that had been brought to the remote community in Bella Coola. Mr. Dix reiterated his apology on Thursday, saying it is critical that COVID-19 vaccines are delivered "in a culturally safe way. I think it's clear in this case that we failed to meet that expectation."

Ms. Turpel-Lafond's report, the third in a series, focused not only on the pandemic but on access to preventative care. It found that Indigenous people are less likely to access common cancer detection tests, prenatal screening and pediatric care.

"The rates of pediatrician and obstetrician services were lower among First Nations, suggesting that comparatively more First Nations are relying on the primary care system for perinatal and child health instead of specialty maternal and child health services," the report found, "despite evidence of higher rates of preterm and very preterm births, increased rates of asthma, depression, mood and anxiety disorder and epilepsy, and poorer oral health outcomes in the child and youth population."

Mr. Dix said his government is committed to bringing change. "The data and the analysis show that this is toxic for people's health," he said.

To read more, click on: **Indigenous people lack access to health care because of systemic racism, report says**

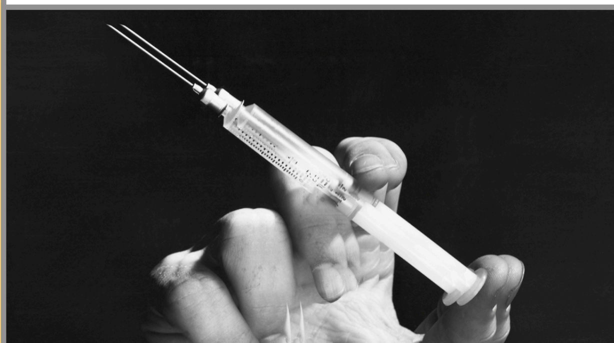
What is Cultural Humility

Cultural humility is a life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider's assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking cultural humility allows for Indigenous voices to be front and centre and promotes patient/provider relationships based on respect, open and effective dialogue and mutual decision-making. This practice ensures Indigenous peoples are partners in the choices that impact them, and ensures they are party and present in their course of care.

What is Cultural Safety

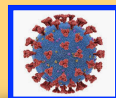
Cultural safety: A culturally safe environment is physically, socially, emotionally and spiritually safe. There is recognition of, and respect for, the cultural identities of others, without challenge or denial of an individual's identity, who they are, or what they need. Culturally unsafe environments diminish, demean or disempower the cultural identity and well-being of an individual

Source: **https://engage.gov.bc.ca/app/uploads/sites/613/2021/02/In-Plain-Sight-Data-Report_Dec2020.pdf1_.pdf**



GETTY / THE ATLANTIC

The Second COVID-19 Shot Is a Rude Reawakening for Immune Cells



Side effects are just a sign that protection is kicking in as it should.

KATHERINE J. WU Feb. 2, 2021

[Excerpts] At about 2 a.m. on Thursday morning, I woke to find my husband shivering beside me. For hours, he had been tossing in bed, exhausted but unable to sleep, nursing chills, a fever, and an agonizingly sore left arm. His teeth chattered. His forehead was freckled with sweat. And as I lay next to him, cinching blanket after blanket around his arms, I felt an immense sense of relief.

All this misery was a sign that the immune cells in his body had been riled up by the second shot of a COVID-19 vaccine, and were well on their way to guarding him from future disease.

Side effects are a natural part of the vaccination process, as my colleague **Sarah Zhang has written**. Not everyone will experience them. But the two COVID-19 vaccines cleared for emergency use in the United States, made by Pfizer/BioNTech and Moderna, already have reputations for raising the hackles of the immune system: In **both companies' clinical trials**, at least a third of the volunteers ended up with symptoms such as headaches and fatigue; fevers like my husband's were less common.

Dose No. 2 is more likely to pack a punch—in large part because the effects of the second shot build iteratively on the first.

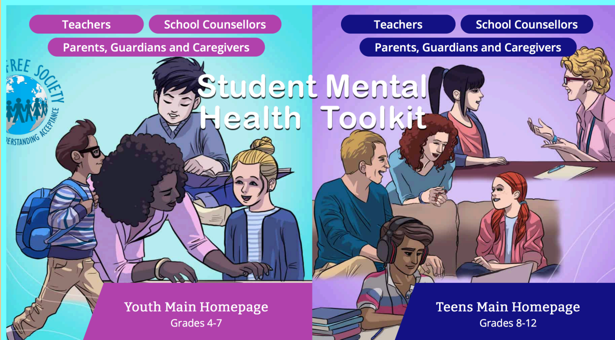
When hit with the second injection, the immune system recognizes the onslaught, and starts to take it even more seriously. The body's encore act, uncomfortable though it might be, is evidence that the immune system is solidifying its defenses against the virus.

When the immune system detects a virus, it will dispatch cells and molecules to memorize its features so it can be fought off more swiftly in the future. Vaccines impart these same lessons without involving the disease-causing pathogen itself—the immunological equivalent of training wheels or water wings.

To access the full article, click on: **The Second COVID-19 Shot Is a Rude Reawakening for Immune Cells**

NEW ON OUR WEBSITE......continued

"The Stigma-Free Society is a Canadian Charity registered since 2010 and our mission is to educate and support young people in their mental wellness journeys.



We believe that mental health education should be integrated into all classrooms and we are extremely excited to share our new Online Student Mental Health Toolkit to make this goal a reality.

Our Toolkit program is made for youth, educators, school counsellors, and parents/guardians, who want to teach and promote mental wellness for Grades 4-7 and 8-12.

The program encourages youth to strive for optimal mental wellness and empowers them to learn the tools they need to stay mentally well. Participants will also develop accepting and understanding attitudes towards themselves and others through this program.

By exploring the connections between physical health, mental health, emotional wellness and social well-being, our program aims to help children understand the importance of balance in daily life."

Grades 4 - 7 https://studentmentalhealthtoolkit.com/youth-corner/
Grades 8 - 12 https://studentmentalhealthtoolkit.com/teens-corner/

https://bcrhn.ca/youth-mental-health/

Mentally Ill or Person With Mental Illness? A Word About Person-First Language

KRISTINA ROLFE

WRITER, MENTAL HEALTH ADVOCATE

[Note: bold text are hot links - click to access] December 4, 2020 [Excerpt] Some people are quick to criticize the use of the term "mentally ill" instead of "person with mental illness," arguing that we should always use "person-first" language.

The insistence of person-first language relies on the premise that people are more than their diagnosis and that mental illness is somehow shameful. But mental illness is a brain disease—there is nothing shameful about it. If you have a serious mental illness, it *is* a part of your identity. When you live with it every day and it affects every aspect of your life, how could it not be?

When I worked for a children's hospital, we were told to always use person-first language: person with autism, individual with a disability, etc. It was drilled into our heads and practically a cardinal sin if someone accidentally wrote or said "autistic." But it turns out, the people who were insisting on person-first language were not the ones who actually had these conditions.

In the autism community, many object to person-first language and **prefer to be called "autistic."** The notion of separating autism from the person implies that autism has a negative connotation. It adds stigma when there shouldn't be. Likewise, deaf people reject person-first language, preferring instead "deaf person" or "hard-of-hearing person."

While society encourages people to disassociate themselves from the condition, others find that notion offensive.While I understand the intent of person-first language, I wonder how many people who have mental illness are actually offended by the term "mentally ill." When I read about people who object to using the words "mentally ill," "bipolar" or "schizophrenic," it is invariably a parent, a professional or a caregiver and not the person with the illness.

Would you like to read more? Click on: **https://bcrhn.ca/a-word-about-first-person-language/**

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

BCACHC = BC Association of Community Health Centres

BCACHC advocates increased investment in Community Health Centres throughout the province as a cost-effective way to improve access to high-quality, patient-centred and community-oriented primary health care.

In carrying forward its mission, BCACHC collaborates actively with provincial partners, Community Health Centre associations in other provinces, and the Canadian Association of Community Health Centres.

CHCs Eligible for Support The Ministry of Health has developed a comprehensive policy describing the attributes of a CHC and how CHCs fit in the primary health care landscape. The policy was developed in collaboration with BCACHC as well as diverse community and government representatives, and reflects the commonly accepted definition of what it means to be a CHC in BC.

CHCs and PCNs CHCs are community governed entities that integrate primary health and social services. According to the Ministry of Health, CHCs, like all primary care resources, are to be integrated with other primary care and community resources as part of the Primary Care Networks (PCNs).

Looking to develop or expand a Community Health Centre? Need help?
Click on: ROADMAP TO A CHC IN BC

Taking some pills such as Tylenol or Advil may have a blunting effect on a person's immune system if they are taken around the same time as a person receives a COVID-19 vaccination, experts say. (Gary Cameron/ Reuters)

Why it might be best to avoid painkillers as a precaution before your COVID-19 vaccine

Amina Zafar · CBC News · Feb 15, 2021

[Excerpt] Billions of people worldwide will receive vaccines to protect against COVID-19 and some will temporarily feel a sore arm, fever or muscle aches. But reaching for some common painkillers could blunt the effect of the vaccine, experts say.

Mahyar Etminan, an associate professor of ophthalmology, pharmacology and medicine at the University of British Columbia, looked at data on taking medications like acetaminophen (Tylenol) and anti-inflammatories like ibuprofen (Advil, Motrin) before or close to the time of vaccination.

Why might fever-reducing meds interfere with our immune response after vaccination?

It has to do with what's happening when our temperature rises to fight off an infection.

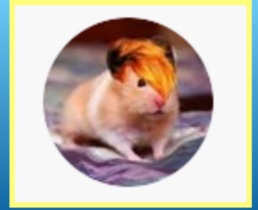
To read more, click on:
Why it might be best to avoid painkillers as a precaution before your COVID-19 vaccine

Also of interest: INTERACTIVE I Where is the coronavirus pandemic getting better or worse?

Some of Our Latest Twitter Followers

The Elephant In The Room

Radio & Audio Engineer/Producer + #LongCovid Advocate/Survivor
I call it like I see it as I'm blunt like a razor blade
Admin of COVID Long-Haulers Canada
https://longcovidcanada.ca



UBC_IDEALab

Innovation in Dementia & Aging Lab

Led by Dr. Lillian Hung

Patient-Oriented Research to innovate care in Dementia

Long Covid Canada

Canada's 1st #LongCovid fact-based resource & website

Vancouver, British Columbia

longcovidcanada.ca

The Social Bubble Project

We are a growing community of social health researchers, advocates, friends, and neighbours tackling the loneliness pandemic.
British Columbia, Canada socialbubbleproject.ca

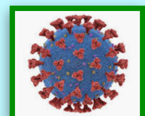
A new category on our website:
'Life after Covid'

How will the way we live look different? What will change?

What will we be craving in a post-pandemic world?

Curious? Click on: **https://bcrhn.ca/life-after-covid/**

With thanks to Manfred Bauer, Mayor of Keremeos for the suggestion.



This new page will be added to regularly. Follow us on our website to stay informed.

Welcome to the campaign to make BC public transit province-wide.

Union of BC Indian Chiefs (UBCIC) supports call for BC transit network.
UBCIC_PublicTransitBCWide

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 BC RURAL HEALTH NETWORK WILL BE HOLDING ITS AGM ON MAY 8, AT 1:00 PM by ZOOM

Details to follow

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

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

twitter: twitter.com/bcrhnetwork

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