

RURAL HEALTH MATTERS

British Columbia Rural Health Network

May 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,

Pride is an interesting concept. According to Wikipedia, pride “is a positive emotional response or attitude to something with an intimate connection to oneself, due to its perceived value.” But for a true definition of pride we need look no further than our First Nations brothers and sisters who through their history and culture demonstrate a profound sense of pride that serves as an example for all of us to follow.

In the context of healthcare, First Nations pride manifests itself in achieving equity in the delivery of care through the concepts of cultural safety and humility. In a recent webinar, *Pathways to Indigenous Equity* organized by the UBC Centre for Excellence in Indigenous Health, Leslie Bonshor (VP Indigenous Health, Vancouver Coastal Health) reported that “cultural safety” is relatively easy to understand but “humility” is more challenging. She provided an excellent and helpful suggestion: “humility allows you to open your heart and mind to learning”.

On May 8th, beginning at 1:00 pm, the BCRHN will hold its Annual General Meeting. This is a time for each of us to reflect on the past year and look forward to the year ahead. It’s also a time for celebration as we take pride in our achievements, recognizing with humility that there is still much work to be done.

This year we are honoured to have Allan Louis, councillor of the Okanagan Indian Band, as our AGM guest speaker. Allan is a member of the First Nation Health Council and an appointee to the Assembly of First Nations on the Chiefs Committee on Health which works with the federal government to improve health services for First Nations across Canada. Allan also serves on the Board of the Interior Health Authority. His topic will be *Providing Culturally Safe and Humble Care*.



I invite all our members and supporters to join me on May 8th to hear Allan Louis speak, to thank the outgoing Board of Directors, and to welcome the newly elected Board as we continue the important work of improving access to healthcare for rural British Columbians.

Sincerely,

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

Member of the Month

Fort St John - Save Our Northern Seniors (SONS)

What has SONS been up to these days????

Submitted by Margaret Little, President *Save Our Northern Seniors*



Community Health Guide

After our last Community Health Guide was printed, a declaration was made that the 2020 version would be the very last one. But how can one refuse generous offers from the Hospital Employees' Union, NENAS (Northeast Native Advancing Society), Mackeno Ventures, Frontier Law, and Asuncion Sta. Maria? This Guide provides many of the services available in our community of Peace River North as well as provincial and federal agencies. NENAS and SONS have created a document which will be useful for those seeking local information to help their loved ones.

Supportive Care Aide Course – NENAS/Northern Lights College

This past month, we met with a group of Indigenous students taking their Supportive Care Aide Course. NENAS and Northern Lights College in consultation with Northern Health, created a programme which would give students an opportunity to support Elders in the Treaty 8 communities. This model is most beneficial for all students interested in working with our loved ones either in a facility or at home.

Peace River Regional District (PRRD) Scholarships

SONS has always presented at the Select Standing Committee on Finance and some of our issues have been educational opportunities, recruitment, and retention. The Nursing Programme is one of the successes for our community.

Jim Collins [Vice President of SONS] has been working very hard to find increased funding to support students wishing to enter the Health Care Profession here in Fort St. John. We are pleased to announce that the PRRD has increased the amount of their scholarships.

The PRRD recognized the need for more health care professionals in the region and has developed a Health Care scholarship program. These scholarships and bursaries will assist in the recruitment of new health care professionals to the region and encourage health care professionals in the region to expand their skills. The PRRD also provides funding for Care Aids which is administered by the rural directors or by the regional health care committee.

School District #60 continues to work on dual credits, work experience, and promoting educational opportunities. Drawbacks for the students is travel to Dawson Creek. The issue of graduated licenses and students not always being able to drive due to their level of license is a barrier.

SONS continues to advocate for:

- More Staffing at all levels with available educational opportunities as well as funding.
- Transportation for those who cannot get out is critical. We will continue to work on getting more HandyDART hours, especially evenings and weekends.
- More facilities - we need the Third House at Peace Villa which could be used for a variety of needs in our community, especially Assisted Living.

Note: the Community Health Guide can be downloaded at <http://saveournorthernseniors.ca/>

Facebook: <https://www.facebook.com/SONS-Save-Our-Northern-Seniors-1637191136587727/>

The pandemic has exposed Canada's internet problem [Excerpts]



Owner of The Workshop Dance Studio, Nancy Morgan, gives a tap dance class via video in Kemptville Ontario, February 27 2021 (Photograph by Kaja Tirrul)

As the crisis drags on, many of us live with web connections too weak for work and study at home. By Claire Brownell - April 8, 2021

When Ontario was thrown into its first lockdown in March 2020, the Workshop Dance Studio owner Nancy Morgan moved her classes online. But with a clientele mostly made up of seniors living in the rural area near the eastern Ontario town of Kemptville, the transition was not a smooth one.

Overnight, Morgan became a technical support worker in addition to being a tap dance instructor and business owner. She estimates that she and her son, who she's enlisted to help, spend five to six hours a week giving her clients one-on-one help setting up accounts, finding the classes and troubleshooting. But no matter how much time and attention she provides, she can't solve the biggest problem they face: internet service too weak to carry a live online dance class.

"There's nothing worse than watching lag and things spinning, spinning, spinning," Morgan says. "There are lots of my clients who have just put it on the shelf. They don't even want to try, because it was such a nightmare for them."

Rural Canadians have always struggled with poor-quality internet, but the pandemic turned the problem into an emergency for those trying to keep businesses afloat and educate children from home. Internet performance data collected by the Canadian Internet Registration Authority (CIRA), and provided exclusively to Maclean's for the post-pandemic edition of our Best Communities ranking, reveals that in each of Canada's 417 municipalities with more than 9,000 people—including the biggest cities, like Toronto—many people live with web connections that aren't sufficient to work or study from home.

Assuming remote work is here to stay, Maclean's ranked communities across the country with an eye to what makes for a great place to live for people who don't have to worry about finding a job within commuting distance. Since it's impossible to work remotely without high-quality internet, we asked CIRA to provide data on each of those communities. The association gathered the information as part of its Internet Performance Test Program, which invites Canadians across the country to test their internet speeds.

Unsurprisingly, all the communities that fell below the highest rating were outside major cities, where internet infrastructure and services are most concentrated. The Maclean's ranking looked only at relatively densely populated areas—internet quality in smaller, more remote communities is even worse.

Byron Holland, chief executive of CIRA, an organization that advocates for quality broadband access and manages the .ca domain, says the data demonstrates the importance of improving connectivity as Canada tries to rebuild its economy after the pandemic. Infrastructure spending will be key to the great kick-start, Holland says, especially for struggling businesses in the private sector: "I think one of the highest, best uses of money is connectivity. We've seen how critical it is."

Meanwhile, Canadians with poor internet service are enduring economic hardships that are compounding the pandemic's tough times. Morgan estimates half the clients she's lost would have continued to be paying customers had their internet connections been good enough to keep taking dance classes. She's hopeful she can keep paying her bills, and pick up where she left off once the government lifts restrictions. But the longer the pandemic stretches on, the harder that will be.

To read more, click on: [The pandemic has exposed Canada's internet problem](#)

Canada's public health data meltdown [Excerpts]

When needed the most, the systems that track health and vaccines were a scattered mess. How Canada went from a world leader in public health technology to laggard.

By [Justin Ling](#) April 7, 2021

For weeks, Canadians have been casting their envious eyes to Israel, where more than half the country has been inoculated against COVID-19. Israel, less than a quarter the size of Canada, has administered nearly twice as many doses of the COVID-19 vaccine.

The Middle Eastern country has some innate advantages: It is small and centralized, and offered top dollar to ensure vaccines from Pfizer and Moderna would come fast, and in large volumes. But geography and money aren't the reason why Israel is outpacing Canada by 10-to-one.

Israel has the vaccines because it has the data.

In its shrewd deal with Pfizer, Israel offered to turn the country into one giant clinical trial: Providing the vaccine manufacturer unprecedented large-scale visibility as to the vaccine's efficacy. It's all made possible because of the country's state-of-the-art information technology and robust national vaccination database.

The rest of the world is currently benefiting from that incredibly granular information.

Canada could never have struck such a deal. Its health technology is, charitably, a decade out of date. It lacks the ability to adequately track infectious disease outbreaks, efficiently manage vaccine supply chains and storage, quickly administer doses, and monitor immunity and adverse reactions on a national basis.

Even though all the shipments of vaccines arriving in Canada come with scannable barcodes, to make tracking and logistics easier—with some manufacturers even barcoding the vials themselves—[no Canadian province can scan them](#). In many provinces, pharmacies can't access the provincial vaccine registry. Provinces do not automatically submit reports on COVID-19 cases or vaccines into the federal system, and must submit reports manually. Many crucial reports are still submitted by fax: Where fax has recently been phased out, they have been replaced by emailed PDFs.

Ours is a dumb system of pen-and-paper and Excel spreadsheets, in a world quickly heading towards smart systems of big data analytics, machine learning and blockchain. It's unclear how Ottawa will be able to issue [vaccine passports](#), even if it wants to.

At the core of the omnishambles is a simple fact that Canada has no national public health information system, but 13 different regional ones. Many of those regional systems have smaller, disconnected, systems within: Like a Russian nesting doll of antiquated technology.

But there's good news: It doesn't have to be this way. In some parts of the country, real progress is being made. Small technology start-ups are figuring out cheap, scalable and innovative solutions. In some provinces, progress can be as simple as updating operating systems.

If we are ever going to build efficient, cost-effective, and effective health infrastructure, Ottawa needs to take the lead. We need to abandon the idea that federalism requires us to have each sub-national government run entirely independent, walled-off, health databases.

In 1996, at a [national conference of health officials](#), it was decided that "an immunization tracking system is urgently needed in Canada."

It included a list of goals: To identify children in need of vaccination, to book appointments, to do population-level analysis of immunity to diseases, and so on.

We need data sharing. We need shared infrastructure.

We need a national public health system.

To read more, click on: [Canada's public health data meltdown](#)



A FedEx worker scans a shipment of the Moderna COVID-19 vaccine at Pearson International Airport in Toronto on March 24, 2021
(Nathan Denette/CP)

From our BC Rural Health Network Speaker Series:

How British Columbia would benefit from integrating Physician Assistants into health care teams.

Benefits:

- increase productivity in primary care, emergency departments, orthopaedics and other specialties;
- reduce wait times, and
- reduce health care costs.

To watch the 12 minute presentation by Marina Banister, Manager, Advocacy and Stakeholder Relations – Canadian Association of Physician Assistants (West), click on: <https://youtu.be/cOvg0n0qjCE>



NEW ON OUR WEBSITE

TRANSPORTATION



Below are a few of the recommendations of the 2018 Transportation Report by Isobel MacKenzie, Seniors Advocate

- The Province coordinate with ICBC to get information about transportation alternatives and other community supports into the hands of those seniors who are not renewing their driver's licence.
- Support people who volunteer to drive their family members, friends or neighbours to medical appointments. Just as tax deductions are allowed for those who use their personal vehicles for business, examine the possibility of a similar tax relief program for someone who acts as the primary driver for a senior who is no longer in possession of a current driver's licence and qualifies for HandyDART and/or the Federal Disability Tax Credit.
- All British Columbians regardless of where they live should have access to Taxi Saver vouchers if they qualify.
- All taxi companies must require their drivers to accept Taxi Saver vouchers.
- The government work with the Health Authorities and the affected unions to establish a community drives program that will be administered through the home support program in all areas of British Columbia. The principles of access and equity that are enshrined in the home and community care program should be applied.

To access the full report, visit: <https://bcrhn.ca/seniors-transportation-report-seniors-advocate-mckenzie/>

Letter to the B.C. Minister of Transportation and Infrastructure

The Transportation Committee of the BC Rural Health Network sent a letter to the Honourable Rob Fleming, Minister of Transportation and Infrastructure.



Feel free to use this letter as a template for yourself or your organization.

Click on the Download [Template letter for transportation](#) **Download**

or, if you want to access the list of relevant Ministers with their addresses at the end of the letter, click on: <https://bcrhn.ca/template-letter-to-minister-of-transportation-and-infrastructure-rob-fleming/>



Accelerating Rural Transportation Solutions

Ten Community Case Studies from Ontario

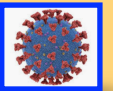
[Excerpt from the Summary] Ten rural transportation programs were studied to answer the question: "How can an effective, sustainable transportation system be created to serve a rural community?" In developing the case studies, we increased our understanding of the issues faced by rural communities, the benefits of developing

rural transportation services, both for individuals and for the community, and discovered how different circumstances led to different types of programs being developed. We traced the development process of the programs, from the initial formation of committees, partnerships and pilot projects in the early stages, to the establishment of stable transportation services. All of the programs recognize the importance of providing transportation to individuals with a lack of access and/ or limited mobility to help them meet their economic, social and health needs. They were also all created to help provide better linkages among the communities within a municipality, county or region, by linking communities to each other or connecting rural communities to larger urban areas.

To access the study, click on: <https://healthyagingcore.ca/wp-content/uploads/2021/04/ARTS - Case Studies for WEB.pdf>



This is your brain on pandemic: What chronic stress is doing to us [Excerpts]



Stephanie Hogan · CBC News Apr 01

More than half of Canadians report increased stress during the pandemic — and it's the kind of chronic and unpredictable stress that tends to leave people unfocussed and unproductive.

Back in the 1980s, there was a public service announcement on TV that you may remember — or may have seen on YouTube.

A guy in a kitchen held up an egg and said, "This is your brain." Then he cracked the egg into a hot frying pan, and said, "This is your brain on drugs."

One year into this pandemic, your brain might be feeling a bit like that egg: Fried.

Reduced cognition due to stress

Just shy of one year into the pandemic, [a national survey of Canadians](#) suggested that more than half of all respondents — 56 per cent — said they were feeling increased stress or anxiety as a result of COVID-19. Among those aged 18-34, it was even higher, at 63 per cent.

You don't have to be lonely or depressed — you're just living through a pandemic. Or as Dr. Roger McIntyre describes it, "daily, unpredictable, malignant stress."

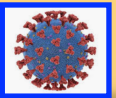
Brains can heal

"The brain is incredibly plastic and incredibly modifiable and incredibly able to regenerate," McIntyre said. And once the source of stress is removed, the brain circuits begin to normalize again.

"You see a correction of brain circuit function, and you also see a rejuvenation of brain tissue because our brains, our neurons, our brain cells, continue to grow."

And in the case of the pandemic, once most people are fully vaccinated, once life returns to what is commonly thought of as "normal" — with kids in school, and people at work, and restaurants full of people hanging out together without masks on — McIntyre says brain recoverability should follow in short order.

To read more, click on: <https://www.cbc.ca/news/health/pandemic-brain-stress-effect-lethargy-unproductive-1.5972055>



Decades of promises to improve the quality of life of elderly Canadians have gone unfulfilled.

The COVID-19 pandemic has laid bare the ugly truth.

By Christina Frangou November 17, 2020

[Excerpt] This has been a year of realizing that what we thought was solid ground beneath our collective feet was in fact a cliff that would crumble away with just a bit of natural erosion or one sharp blow. We reflected on 2020 to find truths, exploded. This is one of them. Read more about the year that changed everything »

“You are a waste of space,” a nurse told 88-year-old Mary Wilton in the summer of 2019 after the octogenarian, who suffers from Parkinson’s, vomited while receiving care in a hospital near Toronto.

Today, Wilton’s daughter Alison cries as she talks about the day her mother phoned to tell her about the encounter. She calls it one of many examples of age discrimination that her mother has faced over the last decade as her health worsened. The ageism comes not only in the form of callous comments but as unaffordable housing, insufficient home care, wait lists for long-term care and a lack of support for family caregivers—all of which existed prior to the pandemic but worsened over 2020, says Wilton. “People say, ‘Well, they’re old anyway.’”

For decades, one Canadian government after another has made promises to Canada’s older adults to increase their access to support and improve the quality of their lives. In 2004, Ontario’s minister of health and long-term care, George Smitherman, said: “We need to change the culture of long-term care in this province.” In 2014, Canada’s minister of state for seniors, Alice Wong, said: “The government of Canada is committed to ensuring a high quality of life for seniors.” In 2019, Prime Minister Justin Trudeau said: “We’re making sure [seniors] have the support they need.”

But the reality of 2020 is that Canada’s seniors are suffering disproportionately, and it’s because these promises have gone unfulfilled. The proof is in the pandemic numbers: by the summer, over 80 per cent of all COVID-19 deaths in Canada occurred in nursing and retirement home settings—nearly twice the Organisation for Economic Co-operation and Development (OECD) average, even though Canada’s total COVID-19 mortality rate was comparatively lower.

<https://www.macleans.ca/society/health/the-year-of-the-pandemic-has-busted-the-myth-that-canada-values-its-seniors/>



Is it OK to mix and match different vaccines? Your COVID-19 questions answered

U.K. trial explores scientific potential of more flexible vaccine rollouts



CBC News · Mar 26, 2021

[Excerpt] Does your second dose of COVID-19 vaccine have to be the same brand as your first? Health officials don’t recommend having different types of COVID-19 vaccines for your two shots, but doctors say a unique clinical trial in the United Kingdom could inform a more flexible rollout in Canada.

People like Joseph Frisina of Montreal are asking CBC News about the pluses and minuses of receiving a first dose of one vaccine and a different brand for the second shot.

Dr. Lisa Barrett, an infectious diseases physician and researcher at Dalhousie University in Halifax, said she doesn’t see any reason to be worried about safety. Barrett likens the first shot of the two-dose coronavirus vaccines to giving your immune system an elementary school education. The second dose broadens the response to a university level.

To read more, click on <https://www.cbc.ca/news/health/covid-19-vaccine-mix-match-1.5964162>



**Wondering about the various acronyms and abbreviations?
Are you confused???**
Don't worry, help is on the way.
The 7th in our series 'acronyms explained' (AE)

CIHI = Canadian Institute for Health Information



The Canadian Institute for Health Information (CIHI) provides comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada.

'Our stakeholders use our broad range of health system databases, measurements and standards, together with our evidence-based reports and analyses, in their decision-making processes. We protect the privacy of Canadians by ensuring the confidentiality and integrity of the health care information we provide.' To learn more, visit <https://www.cihi.ca/en>

NEW ON OUR WEBSITE

Rising to the Challenge

How BC's Community - Based Seniors' Service Agencies Stepped up during COVID-19.

The case studies involve two of our BCRHN members: the *Fraser Lake Autumn Services* and the *Nelson Cares Society*.

The purpose of this study was to undertake a province-wide project to gather data about the effectiveness and responsiveness of the CBSS sector in addressing the needs of vulnerable seniors during the COVID-19 pandemic.

Four research questions informed the design of the data collection:

1. What has been the effectiveness of the CBSS sector in serving seniors during COVID-19?
2. What has been the responsiveness of the CBSS sector to the needs of seniors during COVID-19?
3. What has been the value of partnerships with the CBSS sector during COVID-19?
4. What has been the influence of the CBSS sector during the COVID-19?

"As this assessment shows, the Community-Based Seniors' Service (CBSS) Sector rose to the challenge and was well-positioned to respond quickly and effectively to emergent and emerging needs of Older British Columbians. Through nimbleness and responsiveness, the sector identified what needed to be done differently to maintain continuity and increase supports where they were needed most. The staff and volunteers in the sector worked long hours, reached out to old and new community partners, established collaborative community responses, and provided services in areas where they had no previous experience; and did this in innovative and ground-breaking ways."

Click on: <https://www.uwlm.ca/wp-content/uploads/2021/03/Rising-to-the-Challenge-Full-Report.pdf>

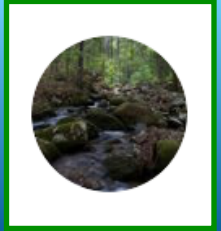


Some of Our Latest Twitter Followers



Rural Mental Health, Climate Change and COVID-19

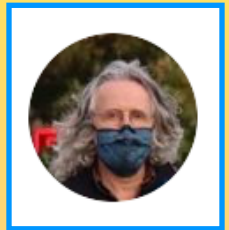
Research project studying the effects of COVID-19 and Climate Change Events on mental health in rural BC communities



Eric Doherty

@Eric_Doherty Transportation planner & communications consultant.

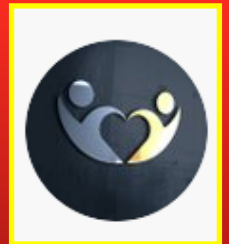
#Transit #BeyondEVs #ClimateJustice #ClimateEmergency #AntiFascist



BC Rural Health Hub

@bc_rural Better Communication for Better Health

Rural British Columbia bcruralhealthhub.ca



Colleen Kennedy

Executive Director @BCPSQC (BC Patient Safety & Quality Council Health System Improvement & Engagement

@space4quality British Columbia



Add your voice

We need to keep seniors safe by making long-term care part of Canada's health care system.



Check our website for new surveys and petitions

Decision-makers are making choices about our future.

We need to learn lessons from the pandemic and reject calls for American-style cuts, austerity and privatization. Instead, we need a plan that's rooted in our way of doing things – together.

Add your name and tell your federal and provincial/territorial governments to:

- Kick-start local economies by investing in public infrastructure, public services, and a made-in-Canada procurement strategy.
- Keep seniors safe by making long-term care part of Canada's public healthcare system and create a universal prescription drug plan.
- Make sure employment insurance is there for everyone who needs it when the next disaster hits, have a plan for child care that works and keep communities strong with more affordable housing.



Click here to add your voice: <https://canadianplan.ca/strengthen-health-care/add-your-voice/>

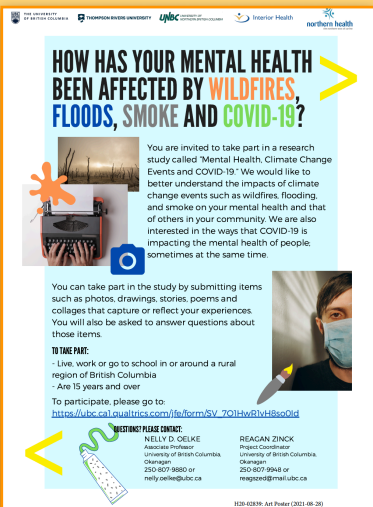
Psychological Impact of COVID-19 Study

This survey is part of the Mental Health and Climate Change Events study. All entries will be eligible for a draw. Four \$50 gift certificates will be offered in each community.

To participate, click on: https://ubc.ca1.qualtrics.com/jfe/form/SV_etFIMuUCZXjSkIL

Questions?

Email nelly.oelke@ubc.ca or reagszed@mail.ubc.ca



HOW HAS YOUR MENTAL HEALTH BEEN AFFECTED BY WILDFIRES, FLOODS, SMOKE AND COVID-19?

You are invited to take part in a research study called "Mental Health, Climate Change Events and COVID-19". We would like to better understand the impacts of climate change events such as wildfires, flooding, and smoke on your mental health and that of others in your community. We are also interested in the ways that COVID-19 is impacting the mental health of people sometimes at the same time.

You can take part in the study by submitting items such as photos, drawings, stories, poems and collages that capture or reflect your experiences. You will also be asked to answer questions about those items.

TO TAKE PART:

- Live, work or go to school in or around a rural region of British Columbia
- Are 15 years and over

To participate, please go to: https://ubc.ca1.qualtrics.com/jfe/form/SV_70114yR1vH8w0ld

MEETING PLEASE CONTACT:

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BCRHN - Art Poster (2021-08-20)



ANNUAL GENERAL MEETING



MARK YOUR CALENDARS!!

The BC RURAL HEALTH NETWORK will be holding its AGM on MAY 8, @ 1:00 pm (by ZOOM)

Guest Speaker: Allan Louis, councillor of the Okanagan Indian Band,
Assembly of First Nations: Chiefs Committee on Health member
Topic: Providing Culturally Safe and Humble Care in B.C.



About Us



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