RURAL HEALTH MATTERS

British Columbia Rural Health Network April 2022

Letter from the President

Dear members and supporters,

“Nihil de nobis, sine nobis” (“Nothing About Us Without Us”) is an old slogan that suggests that no policy should be developed without the participation of those people affected by the policy.

I first heard this phrase in meetings with our First Nations partner organizations and it has become a guiding principle in many of the discussions around healthcare that involve this partnership.

Involving those affected by healthcare policy at local, regional, and provincial levels requires effective and respectful community engagement. And for this to occur, health care stakeholders need a community engagement protocol, to be used as a strategic tool in decision making.

But it goes beyond just involvement. Meaningful engagement requires collaborative consultation that involves a two way discussion between those who make the decisions and those for whom the decisions are made. Placing the community at the centre of care will enable better outcomes for both community and government. It will allow the parties involved to strengthen what’s already working well and to act on issues and concerns identified by community members.

In a July, 2019 report on citizen-patient-community (CPC) participation in health care planning by the Centre for Rural Health Research at UBC, researchers found evidence “that effective models of CPC involvement in health care planning and service delivery lead to care that reflects the needs of local communities.” The report recommended the formation of Rural Health Councils “to realize B.C.’s commitment to patient-centred care and to prioritize the value of CPC voices in health care planning.”

The BCRHN Board of Directors recognizes the value of community involvement and endorses the Rural Health Council model.

But the most important component in an effective model of community engagement is you, our members and supporters who are dedicated to improving access to health care in your community. We need your collective voice. It’s what gives us our strength.

If you are reading this as a renewed member, thank you for adding your voice in support of the BCRHN. If you haven’t yet renewed your membership or would like to become a new member, you can apply online at https://bcrhn.ca/membership-form/

In closing, I’d like to share the timeless words of Margaret Mead: “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

On behalf of the Board of Directors of the BCRHN thank you for all you do.

Edward Staples, BCRHN President
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email: bcruralhealthnetwork@gmail.com

From the desk of the Administrator

Spring is finally officially here, and I am feeling refreshed and renewed! It was a long winter for me personally, for many reasons, but the sun is shining and life is emerging both from the ground and in the return winged friends from afar! Welcome April!

Time went by in a flash and it seems like I was just writing up my report from last month. I believe this will be our new normal as there is no lack of things to accomplish. You will see we are getting close to launching the new website and we now have a new domain www.bcruralhealth.org.

Concerns continue regarding resumption of full service and staffing for the communities of Ashcroft, New Denver, Slocan, Port McNeil and most recently Boundary Hospital in Grand Forks. 4/5 of these communities are in the Interior Health Authority (IHA) and we continue to meet and discuss issues of concern with IHA. Our next meeting with their senior management is this coming Monday April 4th. This meeting will be looking at the IHA impacted communities but more specifically we will be bringing Valerie St John, Executive Director of the BC Association of Community Health Centres (BCACHC) to the table to present new hybrid models for CHC development. Our members in New Denver will be forwarding their desire to see a new model created in their community that will look to share resources with other local communities and the new hybrid developments from BCACHC.

We started this discussion with Valerie when we intended to meet with Rural Coordination Centre of BC (RCCbc) regarding synergies between Island staffing shortfalls and similar situations in the Interior and see if we could coordinate approaches with both health authorities. Unfortunately, personal events with the RCCbc representative resulted in their inability to attend, however, it did create the opportunity to begin to learn about the new hybrid model for CHC development from Valerie. We have also been informed that other BCRHN members in coastal island communities are also engaged with BCACHC in putting forward Expressions of Interest (EOI) regarding this new model and the initiation of it. We will keep you posted on this promising alternative to Urgent Primary Care Centres and the traditional Community Health Centre models.

Additionally, concerns are being voiced on ambulance service changes that have negatively impacted a few of the members and positively impacted others. We continue to discuss the issue internally and are planning to meet with BC Emergency Health Services to discuss issues being raised by members both in the Gulf Islands and the Interior of the province.

I was invited to attend a meeting with hospice societies in the Interior and had a Zoom call to discuss how the BCRHN can provide more support and better understand the needs of our hospice members and workers. This meeting was well attended and I enjoyed getting to meet some of our members and some other new faces. I presented (per Board approval) the opportunity for hospices to form an advisory committee to the Board of Directors. This concept is now being presented to hospices across the province, and we hope to hear back from them shortly. As with all niches and groups within our network we aim to learn more about their challenges and successes, in order to champion their cause.

Last but not least, we have a significant opportunity in providing a workshop at the **United Way Provincial Summit on Aging** at the end of April in Richmond. This will be the official launch of the new website and will give me a great opportunity to start networking with the funders, movers and leaders in our field. I look forward to shining the spotlight on rural BC and the diversity we represent as the BCRHN. I will be giving two workshops on the same day for 1 hour each and will provide a great means to spread the word on the need to invest in rural health and provide a rural perspective, for the benefit of all residents in BC.

Yours in health and wellness,

Paul

Member of the Month

Cortes Community Health Association

The Cortes Community Health Association (CCHA) began out of the need to provide medical care in our remote community of approximately 1,000 year round residents. During the summer months the population doubles, which puts pressure on the clinic for walk in emergencies.

Into the mid 1990's medical care on the island was piecemeal, with occasional physicians taking up residence or visiting once or twice a month. Medical care required trips to Campbell River (2 ferry rides away) to see a doctor, get tests or emergency services.

Cortes Health Centre

The community wanted a physician to move here and set up a practice but we needed to find clinic space. In due course a tiny clinic was set up in one of our Community Halls and a physician arrived. After several years of local fundraising a modern 2,160 sq. ft. building was built on land leased from the Cortes Senior's Society and the Health Centre was opened in 2005.

The CCHA operates the Health Centre with funding from the provincial government and rental income. Over the years it became clear that we needed more than a single physician practice. We now have an additional full time RN position provided by Island Health.

The Health Centre provides a medical clinic Monday through Friday, with capacity for emergency service during those hours; however there is no after-hours or weekend on-call service. Blood collection occurs twice a week and is transported to Campbell River. Other lab services include rapid Strep and COVID testing. The Health Centre also provides space for regular Mental and Public Health clinician visits, private Foot Care and a pharmacy outlet open 2 afternoons a week.

Operating on the belief that the social determinants of health are important the CCHA also operates outreach programs such as a Family Support Coordinator, several child and youth recreation programs and the Augmented Home Support program which supplements publicly funded Home Support services.

COVID 19 has caused in-person patient visits at the Health Centre to be curtailed and replaced by phone visits. A makeshift outdoor COVID testing area was constructed and now we are able to do rapid tests in-house. COVID 19 has meant increased stress on everyone at the Health Centre as we constantly deal with changing requirements as well as the increased stress and concern in the community.

What's new? The CCHA would like to provide space for other practitioners such as physiotherapy and we are looking towards building an addition to the clinic once funding can raised.

Submitted by Howie and Bernice McRoman

NEW ON OUR WEBSITE

Closing of Port McNeill hospital over weekend prompts calls for change

TIMES COLONIST

Cindy E. Harnett - Mar 5, 2022

Dr. Granger Avery was a physician in Port McNeill for decades. PNG

[Excerpt] Port McNeill hospital is closed to admissions and emergency visits after one of its three doctors called in sick, an indication of how a B.C.-wide doctor shortage hits rural communities especially hard, says the former president of the Canadian Medical Association.

Dr. Granger Avery, the original owner of Port McNeill's primary care clinic, said it's been historically difficult to recruit physicians to rural practices in B.C.

"It shines a spotlight on how fragile our rural health-care system is," said Avery, who was president of the CMA in 2016-17. "As soon as one physician gets sick, which is what's happened this weekend, then the whole thing falls apart."

It's a situation being played out in other communities around the province, he said. "That fragility has been there for ages and doctors and others have worked really hard to patch it up."

Port McNeill is served by [Dr. Prean] Armogam, Dr. John Fitzgerald and Dr. Anas Ahmed Toweir. Toweir is away on a course this weekend and Fitzgerald, who came out of retirement, provides office practice only.

Armogam said this would have been his sixth weekend on call since January while working five days a week doing clinics and outreach. "There is simply no physician capacity and very poor resource management," he said.

Avery, who worked in Port McNeill for 40 years, has been suggesting since the late 1980s that doctors in the region collaborate rather than work in isolation and calling for a consolidated northern hospital to serve Port McNeill, Port Hardy and Port Alice.

He would like to see a hospital and clinic at the junction between Port Alice, Port Hardy and Port McNeill, which would put the facility about 15 kilometres away from each.

"The system has to change," he said. "All the medical practices and the hospital care should be consolidated into one." He has also long advocated for integrated team-based care using nurse practitioners — who can provide care without physician supervision — and registered nurses, social workers, drug and alcohol, and mental health workers.

Source: Times Colonist: **Closing of Port McNeill hospital over weekend prompts calls for change**

Health Care Hits the 'Breaking Point'

THE TYEE

[Excerpt] The Hospital Employees' Union, which represents more than 50,000 workers, last week **released** survey results that found three-quarters of their members had experienced burnout related to the pandemic. One out of three respondents said they were likely to leave health care within the next two years.

Another health-care union, the Health Sciences Association, last October released a **report** *We're Chronically Understaffed: A Report on Public Rehabilitative Care in BC* that highlighted the crunch workers including its 20,000 members faced.

The HSA represents a **wide variety** of professionals working in the health-care system, including physiotherapists, medical imaging technologists, pharmacists and dieticians.

Read more at: **https://thetyee.ca/News/2022/03/28/Health-Care-Hits-Breaking-Point/?utm_source=weekly&utm_medium=lead&utm_campaign=280322**

NEW ON OUR WEBSITE

2 years into the pandemic, Canada's mental-health system is at a crisis point

'Even if you realize you need help — it's very difficult to find it': psychologist

Adam Miller - Mar 11, 2022

[Excerpt] The mental health of Canadians has deteriorated in the two years since the COVID-19 pandemic was declared, putting massive pressure on a mental health-care system that was already close to a breaking point.

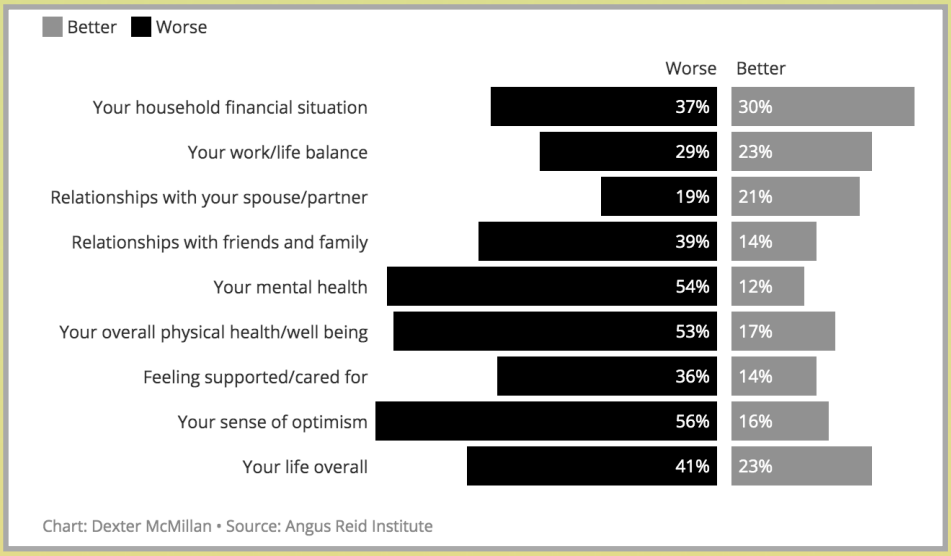
In a new survey conducted by the Angus Reid Institute in partnership with CBC, 54 per cent of Canadians said their mental health had worsened during the past two years — with women faring significantly worse than men.

Sixty per cent of women aged 18 to 34 said their mental health had worsened throughout the pandemic, and that number jumped to 63 per cent for women aged 35 to 54 over the past two years.

A person walks on the streets of Vancouver during a snowfall on Jan. 4. Fifty-four per cent of Canadians said their mental health had worsened during the pandemic in a new survey. (Ben Nelms/CBC)

Overall personal impact of the COVID-19 pandemic

Answers to the prompt: "Describe the last two years for you."A mirrored bar chart showing two bars for each row, which represent various questions about how the pandemic has impacted people's lives.



The survey coincides with new research from the Canadian Mental Health Association and the University of British Columbia (UBC) that paints a stark picture across the country of a mental health crisis growing in the shadows of COVID-19.

Many Canadians are stressed about what could come next in the pandemic — with 64 per cent responding they were worried about the emergence of new coronavirus variants in the future, which could jeopardize plans to live with the virus as public health measures lift.

Fifty-seven per cent of respondents felt that COVID-19 will be circulating in the population for years to come, while researchers found two years of pandemic-related stress, grief and trauma could lead to long-term mental health implications for some Canadians.

The situation is similarly dire from a global perspective, with new research from the World Health Organization finding that the first year of the pandemic increased worldwide levels of anxiety and depression by an astonishing 25 per cent.

"The information we have now about the impact of COVID-19 on the world's mental health is just the tip of the iceberg," WHO Director-General Dr. Tedros Adhanom Ghebreyesus said. "This is a wake-up call to all countries to pay more attention to mental health and do a better job of supporting their populations' mental health." Source: CBC - **2 years into the pandemic, Canada's mental-health system is at a crisis point**

NEW ON OUR WEBSITE

Rapidly increasing climate change poses a rising threat to mental health, says IPCC

THE CONVERSATION
Academic rigour, journalistic flair

February 28, 2022 [Note: blue text are hot links] Ashlee Cunsolo, Founding Dean, School of Arctic & Subarctic Studies, Labrador Campus, Memorial University of Newfoundland - Breanne Aylward. PhD Student in Public Health, University of Alberta and Sherilee Harper, Canada Research Chair in Climate Change and Health, University of Alberta

[Excerpts] Climate change poses serious risks to mental well-being. For the first time, a new climate report by the Intergovernmental Panel on Climate Change (IPCC) has assessed how climate change is having widespread and cumulative effects on mental health globally.

Over the past decade, research and public interest on the effects of climate change on mental health have been increasing, as the number of individuals and communities exposed and vulnerable to climate change hazards grows.

Weather and climate extremes such as storms, floods, droughts, heat events and wildfires can be traumatic and have immediate impacts on mental health. Slow onset events like changing seasonal and environmental norms, sea level rise and ice patterns can also affect people's mental well-being.

Growing evidence confirms that the consequences of rapid, widespread and pervasive climate events may include anxiety, PTSD, higher rates of suicide, a diminished sense of well-being (stress, sadness), ecological grief, a rise in domestic violence, cultural erosion and diminished social capital and social relations.

Here are three things that the latest IPCC report tells us about climate change and mental health in North America.

1. **There is greater scientific understanding about the ways that climate change IPCCnegatively impacts mental health.** Researchers have been able to examine how both climate and weather extremes such as storms, floods, droughts and fires and slower-onset climate changes such as warming temperatures and changing environmental norms interact with people's vulnerabilities such as socio-economic inequities, age, gender, identity, occupation and health and lead to a diverse range of negative mental health outcomes.
   For example, a synthesis of global literature found that those exposed to flooding events — such as the floods in southern British Columbia in 2021, in Ottawa in 2019 and Alberta in 2013 — experience PTSD, depression and anxiety in the short term and have elevated risks for these mental health outcomes in the long term. Similar mental health outcomes were found for those exposed to wildfires and related smoke, such as the wildfires in the Northwest Territories in 2014, Fort McMurray, Alta., in 2016 and Lytton, B.C., in 2021.
2. **The mental health impacts of climate change are unequally distributed.** Climate change works across intersecting social determinants of health — factors such as age or gender that influence health and how people live — to disproportionately affect certain groups.
   For example, AR6 [IPCC Sixth Assessment Report] demonstrates that some people and communities are most at risk for increasingly worsening mental health outcomes, due to their proximity to the hazard, their reliance on the environment for livelihood and culture and their socio-economic status:
   - Agricultural communities already experiencing drought or changing environmental conditions.
   - People living in areas exposed to wildfires and floods.
   - Indigenous Peoples and those closely dependent on the natural environment for livelihoods and culture
   - Women, the elderly, children and young people and those already experiencing chronic physical and mental health issues.

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3. **It's not too late to promote resilience.** Climate change is not a distant threat. It's a growing reality. Urgent action is needed to protect the mental health of individuals, communities and health systems under rapid climate change and support individual and community resilience and well-being. Resilience can be enhanced through climate-specific mental health outcomes training and policy action, which support health systems to enhance individual and community mental health and well-being.

Moving forward. Based on the available evidence, the mental health impacts from climate change are already widespread and likely to worsen. Even with immediate and strong action towards mitigation and adaptation, climate change will continue to be a serious threat. It is critical that we understand the serious risks that climate change poses to mental well-being and take urgent action to support health systems and enhance individual and community mental health and resilience within a changing climate.

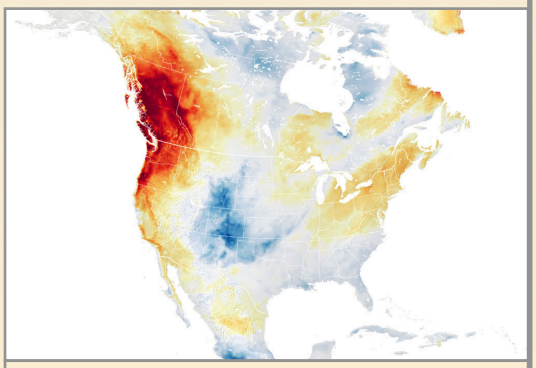
To read more, click on: **Rapidly increasing climate change poses a rising threat to mental health, says IPCC**

NEW ON OUR WEBSITE

Inside June's Deadly Heat Dome. And Surviving the Next One

THE TYEE

Jen St. Denis March 14, 2022
Jen St. Denis is The Tyee's Downtown Eastside reporter.
Find her on Twitter @JenStDen.



An image created by NASA's Earth Observatory show temperatures anomalies across North America on June 27, 2021. Red areas show where air temperatures climbed more than 15 C higher than the 2014-2020 average for the same day.

[Excerpts] Jennifer Thompson lives on a shaded street in New Westminster, B.C., a city of 71,000 located on the banks of the Fraser River, around a 30-minute drive east of Vancouver. Her neighbourhood is filled with colourful Victorian-era houses. Picket fences guard neatly-kept lawns, ornamental shrubs and fruit trees.

On Monday, June 28, Thompson noticed something unusual. There was a car parked in front of her house in the shade of a cherry tree, and it was making a strained revving sound. Glancing inside, Thompson could see a woman in her late 60s or early 70s, leaning back in the reclined seat. Thompson asked the woman if she needed help.

"I'm really grateful that she said, 'I'm not OK,'" Thompson said.

Depending on where you live in Metro Vancouver, temperatures that day had soared to the low to high 30s, but in many communities it felt like 40 to 46 C. Many residents hadn't fully grasped that B.C., along with Washington and Oregon, was locked under an unusual weather system called a heat dome trapping the high temperatures. It wasn't cooling off overnight, and the heat had been building for days.

With the help of her husband, Kurt, Thompson helped the woman out of her car and into their house. They led her down the stairs to the basement, where family members had been sleeping to get a break from the heat.

The woman told her new hosts that her name was Carol [pseudonym], but she was disoriented and weak. The couple gave her water and food and applied cold towels to the back of her neck to try to cool her down, but it didn't seem to be helping much.

They asked if they could help take her home, but Carol said no: she was sure if she went back to her apartment, she would die. Later, Thompson would learn that Carol had been sleeping in her car for two nights with the air conditioning on to try to get some relief from the heat.

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When Thompson called 911 for an ambulance, the dispatcher told her it would take between eight and 12 hours for paramedics to arrive. Thompson urged Carol to let the couple take her to the hospital, but she refused to go. So they decided to let Carol stay overnight in their basement.

“We were worried that she would die in the basement,” Thompson said.

June 25 to 27: ‘I witnessed everything sort of crumble’

On Friday, June 25, Kevin Marriott was heading into two day shifts followed by two night shifts as a dispatch supervisor with the BC Ambulance Service. Marriott has been an ambulance dispatcher for 20 years, and before that worked as a paramedic for a decade.

When Marriott started his shift at 5 p.m. on June 27, there was already a backlog of calls. During the next 12 hours, the dispatchers on duty never caught up. People were waiting up to 25 minutes just to talk to a dispatcher, and then they were waiting hours for the ambulance to arrive.

Extreme heat can cause a range of serious injuries. When people get severely dehydrated, there’s not enough fluid and blood in their bodies to get enough blood flow to the kidneys. The kidneys are organs that filter waste, toxic substances and excess fluid from the body and expel the waste in urine.

“When you are dehydrated and don’t have enough fluids, enough flow to the kidneys, your kidneys start to shut down,” said Dr. Elise Jackson, an internal medicine resident who worked at two Vancouver hospitals during the heat dome. “As a result of that, you get a lot of other complications.”

Toxins can start building up inside the body, and patients’ potassium and sodium levels can also rise to dangerous levels. A guide produced by the U.K.’s National Health Service explains the role potassium and sodium play in keeping the body functioning properly.

“Paramedics described going into basement suites where it was upwards of 50 C,” said Troy Clifford, the president of the union that represents paramedics in B.C.

While many patients recovered, some died weeks after being admitted to hospital.

Data released by the BC Coroners Service shows that while 526 people died during the heat dome event, another 67 died between July 2 and Aug. 12.

“The injury [that took their life] was actually the heat injury that occurred initially in that week, but the people sadly ultimately succumbed in the weeks after,” Dr. Taj Baidwan, chief medical officer for the BC Coroners Service, told CTV News. “The organs take time sometimes, and the body fights against dying. Essentially those processes take time, and that’s what we saw.”

Aftermath

In the immediate aftermath of the pandemic, the many failures of the ambulance service were under intense scrutiny. Documents obtained by the BC Liberal Opposition through freedom of information requests showed that in the weeks leading up to the heat dome, senior leadership at E-Comm 911 had issued dire warnings about staffing problems at B.C. Ambulance Service. During the heat dome, the B.C. Ambulance Service didn’t activate its emergency management centre until the most extreme temperatures had passed — a response that could have helped with staffing levels and co-ordination.

Dr. Sarah Henderson, one of the BCCDC researchers who analyzed factors that contributed to heat dome deaths, said cooling centres were available throughout B.C., but they weren’t used that much. She said creating a registry of vulnerable people, increasing green space in deprived neighbourhoods, and improving communication and outreach could help prevent a similar tragedy in the future.

To access the entire article, click on: **Inside June’s Deadly Heat Dome. And Surviving the Next One**

NEW ON OUR WEBSITE

Expert panel urges safer supply, evidence-based system of care to reduce deaths from illicit drugs

BC Gov News

News Release Victoria, Wednesday, March 9 [Excerpt] A panel of subject-matter experts convened by the BC Coroners Service is calling for increased access to a safer supply of drugs and creation of an evidence-based continuum of care to better support substance users and reduce the number of illicit drug-related deaths in B.C.

The recommendations are included in a report examining the circumstances around 6,007 deaths from illicit drug toxicity between Aug. 1, 2017 and July 31, 2021. The report, *BC Coroners Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths,* reveals that the primary cause of these deaths was the increasingly toxic and unpredictable illicit drug supply in the province, and that the current drug policy framework of prohibition is forcing substance users to access the unregulated market, leading to increased numbers of substance-related emergencies and deaths.

Illicit drug toxicity is the leading cause of unnatural death in B.C., accounting for more deaths than homicides, suicides, motor vehicle incidents, drownings and fire-related deaths combined.

“This report includes realistic, actionable recommendations that the panel believes will reduce the number of people dying due to toxic, illicit drugs in our province,” said Michael Egilson, death review panel chair. “We recognize that many of the timelines in the report are aggressive, but COVID-19 has demonstrated how swiftly policy-makers can act when lives are at stake – and we know that every month of inaction equates to hundreds more lives lost.”

The panel’s advice to the chief coroner included three recommendations:

- Ensure a safer drug supply to those at risk of dying from the toxic illicit drug supply
- Develop a 30/60/90-day Illicit Drug Toxicity Action Plan with ongoing monitoring
- Establish an evidence-based continuum of care

The chief coroner has forwarded each of the panel’s recommendations to the relevant ministries and organizations.

Read more at: **https://bcrhn.ca/bc-gov-news-expert-panel-urges-safer-supply-evidence-based-system-of-care-to-reduce-deaths-from-illicit-drugs/**

NEW ON OUR WEBSITE

Taking action on the social determinants of health in clinical practice: a framework for health professionals

cmaj CANADIAN MEDICAL ASSOCIATION JOURNAL

CMAJ. 2016 Dec 6 - Anne Andermann, MD DPhil

[Exerpt] There is strong evidence from around the globe that people who are poor and less educated have more health problems and die earlier than those who are richer and more educated, and these disparities exist even in wealthy countries like Canada. To make an impact on improving health equity and providing more patient-centred care, it is necessary to better understand and address the underlying causes of poor health. Yet physicians often feel helpless and frustrated when faced with the complex and intertwined health and social challenges of their patients. Many avoid asking about social issues, preferring to focus on medical treatment and lifestyle counseling.

It is increasingly recognized that to improve population health, health equity needs to become a priority in the health sector, and measures to reduce disparities must be integrated into health programs and services. Training physicians, nurses and other allied health workers to address the social determinants of health is considered one of the key principles for promoting more equitable health outcomes for patients, families and communities. Indeed, health professional schools are socially accountable to contribute to meeting the needs of the local community.

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What are the social determinants of health?
The World Health Organization (WHO) defines social determinants of health as follows:

> "*the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.*"

The social determinants of health include factors such as income, social support, early childhood development, education, employment, housing and gender. Many of these can result from even more upstream and insidious structural forces at play. For instance, in the case of First Nations, Inuit and Metis peoples, ongoing challenges from the impacts of colonization, intergenerational trauma from residential schools, systemic racism, jurisdictional ambiguity and lack of self-determination exert a further influence on health and its determinants.

How can health care workers influence social determinants?
There are many ways that physicians and other allied health workers can take action on the social determinants of health at the patient, practice and community levels.

Asking patients about social challenges in a sensitive and caring way
The first step in addressing often hidden social issues is asking patients about potential social challenges in a sensitive and culturally acceptable way. There are a growing number of clinical tools to help frontline practitioners ask about problems such as lack of employment, food insecurity and discrimination; generally taboo topics such as physical and sexual abuse, and history of psychological trauma; or factors that can further complicate care such as low literacy, legal or immigration status issues, fears regarding health care or barriers to making appointments. For example, a simple screening question such as "do you ever have difficulty making ends meet at the end of the month?" is 98% sensitive and 64% specific for identifying patients living below the poverty line.

Referring patients and helping them access benefits and support services Once a "social diagnosis" has been made, "social prescribing" involves connecting patients with various support resources within and beyond the health system, such as local women's groups, housing advocacy organizations or employment agencies. A randomized controlled trial conducted in the United Kingdom involving 161 patients identified in primary care as having psychosocial problems found that referral to community-based support groups reduced patient anxiety and improved perception of overall health compared with usual general practitioner care. In one pilot study, 35 out of 131 patients initially referred were still using these support services 4 weeks later.

How are social determinants linked to health outcomes?
Certain subgroups of the population, particularly those who are less empowered and who have lower socioeconomic status, tend to live and work in more degraded environments and have a higher exposure to risk factors for disease, as well as physiologic impacts from chronic stress. Consequently, they have worse health and shorter lives.

To read more, click on: **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5135524/**

Doctors in Canada can now prescribe their patients passes to national parks

SCIENTIFIC REPORTS

[Excerpt] Nature prescription programs have emerged within the last 25 years to improve community health and promote environmental stewardship. There is growing evidence supporting nature prescriptions' physical, mental, and social benefits. The prevalence of nature prescription programs is expanding throughout the globe as driven by a growing body of literature revealing the health benefits of reconnecting with nature.

First launched in November 2020, PaRx is Canada's first national, evidence-based nature prescription program led by Dr. Melissa Lem in partnership with the BC Parks Foundation. They have established a program where licensed healthcare professionals can register with PaRx to receive guides and patient resources for filling nature prescriptions.
Read more at: **https://www.nature.com/articles/s41598-019-44097-3** or click on -< **Download PDF**

NEW ON OUR WEBSITE

Where Are the 495 Long-Term Care Beds Promised for BC's Interior?

THE TYEE

Expect some soon, says the health minister, nearly two years after NDP election pledge.

Andrew MacLeod 14 Mar 2022 [Text in blue are hot links]
[Excerpt] A few months before the 2020 British Columbia election, the government made an "historic" announcement of 495 new long-term care beds to be created in the province's interior region.

The promise was welcome news covered widely in the local media, but nearly two years later major questions about the beds and how they will be managed remain unanswered.

Also at issue is whether beds will be in the public sector. The BC General Employees' Union and others claim for-profit models mean poorer care and working conditions.

Ann Godderis, who lives in Castlegar and works in Trail, watched the announcement and what happened afterwards carefully. "It was an interest and a concern and then it just died," she said. "We couldn't find out anything."

More long-term care beds are badly needed in the region, she said, but it matters a great deal whether they are really new and not just replacements for ones in older facilities that may close.

It's also important that the beds be kept in the public sector, Godderis said.

"These beds are paid for by our money," she said, noting the funding comes both from residents of the homes and the government. "I'm just strongly opposed to putting any money into the hands of shareholders. Private for-profit doesn't belong in health care. I just think it's wrong."

The pre-election promise the government made was for 140 beds in Kelowna, 100 in Kamloops, 90 in Vernon, 90 in Penticton and 75 in Nelson.

The beds would increase the number available in the interior by 10 per cent, it said, bringing the total to 6,550.

"The plan we are setting in motion today for nearly 500 beds is what people in the region need," Health Minister Adrian Dix said at the time. "This historical investment is a commitment to seniors living in Interior communities, an assurance that care close to home will be available, when they need it."

Exact locations were to be determined following a bidding process. Interior Health issued five requests for proposals and the results were to be evaluated in the fall of 2020. Contracts were to be awarded in early 2021.

Meanwhile the B.C. General Employees' Union or BCGEU campaigned against the government's plan to contract out 85 per cent of the new beds.

"There's no guarantee that the contracts won't go to for-profit nursing home chains that make millions in profits by cutting corners, neglecting seniors and mistreating workers," the union said on a page encouraging people to write to Dix and the finance minister.

"These privately-owned corporate chains have armies of lobbyists that are probably already planning ways to secure those contracts," it said. Unless there's a massive public outcry, they might succeed.... We can drown out the lobbyists, and stop the government from handing over more seniors' care to big corporations."

The government's focus is on continuing to refurbish homes built decades ago, increase the number of available beds as the population of seniors grows, reduce the number of shared rooms, improve infection control and raise staffing standards, he said.

Continued on page 10

Continued from page 9 [Note: text in blue are hot links]

The president of the BCGEU, Stephanie Smith, said the union's campaign about the new beds for the interior resulted in almost 2,000 letters written to the government.

"We want to see an end to private for-profit seniors' care," Smith said in an email. "We hope to hear from government soon on this RFP and on the larger goal of getting the profit motive out of seniors' care."

Smith noted that the BC NDP's 2020 election platform said, "BC Liberals doled out hundreds of millions to for-profit corporations to create new care homes — and it failed miserably."

The party's platform also mentioned four private care homes that were put under public administration for failing to provide the required levels of care, highlighted that for-profit care home operators had failed to deliver more than 200,000 hours of care the public paid them to provide, and that there was a need for "building better, public long-term care homes."

"We're hoping to see government follow through on their commitments and award these new contracts to not-for-profit operators," Smith said.

"The involvement of for-profit corporations in long-term care is a huge concern," she added. "These companies pad their profit margins by underpaying workers and cutting corners on care — and seniors and workers suffer the consequences."

The COVID-19 pandemic exposed the dangers of a profit-driven seniors' care system, Smith said. "Data from Ontario, where most long-term care is for-profit, show that residents were four times more likely to die during COVID-19 outbreaks in for-profit facilities than in public facilities."

The for-profit care model is dangerous for both seniors and workers and needs to end, she said.

Read more by clicking on: Where Are the 495 Long-Term Care Beds Promised for BC's Interior?

NEW ON OUR WEBSITE

Provinces using investor-owned for-profit clinics to cut wait times heading towards predictable failure

BCHealth Coalition

Audrey Guay, March 9, 2022 The symptoms of Canada's strained health care system are well known by now. We see headlines about the shortages of doctors, nurses, and allied health professionals. Burnout rates, already a problem before COVID-19 hit, are reaching new highs. For patients, delayed or missed health care services resulted in 4,000 excess deaths in the second half of 2020 alone.

Decades of austerity cuts, underfunding, and neglect by conservative governments have not left Canada's healthcare system prepared for the pandemic's sustained pressures. In response to a crumbling system, Canada's right-wing establishment is prescribing more of the same failing treatment: private health care.

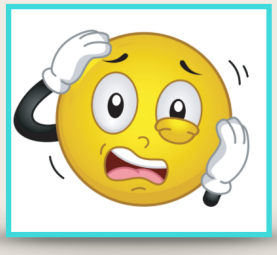
We're seeing a new wave of pro-privatization discourse in the media as provinces move their privatization agendas forward. Alberta, Ontario, Saskatchewan have all announced plans to outsource surgeries to private providers, a strategy already in use by the B.C. NDP-led government to clear its surgical backlog.

Private for-profit hasn't worked

Contracting out surgical services to private companies is at best a short term measure, but evidence shows it to be counter-productive in the long run.

Evidence shows that outsourcing surgeries to private for-profits leads to:
higher costs for the public, lower quality and less safe services, a rise in inappropriate surgeries, a drain of health human resources from the public system,[and] no improvements to wait times.In summary, private facilities are a band-aid measure for a strained public system. Heather Smith, president of the United Nurses of Alberta, cuts to the heart of the matter: "You pull staffing, resources, and you further hamper the ability of the public system to deliver… Then you say, the 'public system has failed, and we have no choice'".

Read more at: **Provinces using investor-owned for-profit clinics to cut wait times heading towards predictable failure**



Wondering about the various acronyms and abbreviations?
Are you confused???
Don't worry, help is on the way.
Number 17 in our series *'acronyms explained'* (AE)

CAUDS = Canadian Alcohol Use Disorder Society

Canadian Alcohol Use Disorder Society

Alcohol Use Disorder is one of the most harmful and costly medical conditions in Canada.

Read more at: https://www.cauds.org/

Alcohol use disorder is a chronic disease affecting the brain, not a moral failing. For too long we've been trying to get patients to quit or reduce consumption by shaming, encouraging or berating them. But I'm filled with hope that we can view this disorder with compassion, and promote certain medications that, in a short amount of time, help heal the brain and curb cravings for just about everyone.

— Dr. Jeff Harries, founder of the Canadian Alcohol Use Disorder Society

NEW ON OUR WEBSITE

MEDICAL HEALTH OFFICER Report Alcohol and Heath in B.C.'s Interior Region

[Excerpt] Alcohol is arguably the most socially acceptable of psychoactive substances. Some individuals may feel pressured to drink during social gatherings. While social drinking may seem harmless, it can lead to alcohol misuse and addiction.

Many social and health harms can be directly or indirectly attributed to alcohol use. These include acute intoxication, injuries, intimate partner violence, high-risk sexual behaviour, and absence from work. Alcohol can also lead to many chronic diseases, including alcohol use disorder and cancer.

Alcohol was present in over 25 per cent of the 6565 illicit drug toxicity deaths that occurred in British Columbia between 2016 and November 2020.

Sadly, addiction to alcohol and other psychoactive substances is surrounded by stigma. Many still consider these a moral failing or due to a weakness of character as opposed to a chronic disease of the brain.

In the past decade, alcohol consumption rates have been higher in the Interior Health region than the rest of the province, as noted in the 2019 Interior Health Medical Health Officer Report

Click to access mho-report-2020-alcohol-and-health.pdf

Some of Our Latest Twitter Followers

Sepsis Canada

Suspect sepsis. Save lives. Support recovery.
We are a multidisciplinary research network working towards reducing the burden of sepsis for all of Medical & Health
website: sepsiscanada.ca

Riley Gettens, Director RDOS

@rileygettens
Representing some of the greatest people on the planet in Greater West Bench I Okanagan Lake West I Rural Summerland.

Doctors of BC

We make a meaningful difference in improving health care for British Columbians by representing our physician members.
#DoctorsMakingADifference
British Columbia website: doctorsofbc.ca

NEW ON OUR WEBSITE

Running on empty
Canadian Mental Health Association - Summary Report March 2022

[Excerpt] The pandemic has had a devastating impact on mental health, substance use and homelessness in Canada.

In 2021, the Canadian Mental Health Association (CMHA) undertook a federation-wide research project to understand how community mental health organizations have been impacted by and responded to the pandemic.

Our research helped us formulate which federal policy responses are required so that community mental health organizations — and the people they serve — can get through and recover from the pandemic.

Key findings from the research:
The pandemic has had devastating impacts on the mental health, substance use and homelessness of Canadians, and highlighted pre-existing and increasing needs for services.

There is a significant and growing need for mental health and addiction services available through the not-for-profit and public sectors, including ongoing in-person and virtual counseling and psychotherapy.
To access and read more, click on: **https://cmha.ca/wp-content/uploads/2022/02/Running-on-empty-EN-Final-Summary-Report-1.pdf**

United Way British Columbia

Healthy Aging Programs

Healthy Aging provides grants and other resources to community-based, volunteer-driven, non-profit agencies who provide services to and for Seniors as part of the Healthy Aging network.

Click here to read more about
Healthy Aging Programs

1. **Better at Home**
2. **Family & Friend Caregiver Support**
3. **Social Prescribing**
4. **Therapeutic Activation Programs for Seniors (TAPS)**
5. **Navigation and Peer Support**
6. **Digital Learning Pilot Project (Active Aging Plus and ITech)**
7. **Safe Seniors, Strong Communities COVID-19 Response**
8. **Men's Sheds**

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