RURAL HEALTH MATTERS

British Columbia Rural Health Network July 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,

Normally, on July 1st we come together as a nation to celebrate. But these are not normal times. As our country marks its 153rd birthday, many communities have decided to cancel or scale down their traditional celebrations out of respect for Canada's indigenous people who are grieving over the discovery of unmarked graves at former residential school sites across the country.

Chief Cadmus Delorme of the Cowessess First Nation, where 751 unmarked graves were recently identified, has suggested that one way Canadians can show respect on Canada Day is to read the *Truth and Reconciliation Commission: Calls to Action*. It's my plan to review the 94 action items both as a way to observe Canada Day and to further my understanding of the work that needs to be done in order to "redress the legacy of residential schools and advance the process of Canadian reconciliation".

I will be taking particular note of the seven health action items contained in the document and calling on my MLA and MP to take action on my behalf. I hope you will do the same.

To access the complete document, click on the following link:

https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf

Truth and Reconciliation Commission of Canada

Sincerely,

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

Member of the Month
Rural Coordination Centre of BC (RCCbc)

Submitted by Dr. Stuart Johnston

The RCCbc was formally established in 2010, following 10 years of preparatory work by rural physicians who had recognised the need to coordinate the many issues impacting health care in rural BC. The goal of the RCCbc is to improve the health of rural patients and communities using many different approaches. Core to this has been the building of relationships with communities, Health Authorities, the government, health care providers, Indigenous leaders, administrators and the University of BC.

The RCCbc functions as an executive arm of the Joint Standing Committee on Rural Issues (JSC) which has equal representation from the Doctors of BC rural physicians and the Ministry of Health. Together they manage programs aimed at improving rural health care. The RCCbc assists with this and develops new programs to address identified areas of need.

Examples of these programs are the establishment of The UBC Chair of Rural Medicine to further the educational training of rural physicians, Mentoring and Coaching programs to support physicians in the field, linking the rural surgical teams with their referral centre specialists to improve local services and reduce patient travel, the Site Visit program which involves teams travelling to rural communities to hear about their health services, and then feedback this information to the JSC and help inform government policy. To date 107 communities have been visited and another 95 visits are planned for the next few years. [Fifth report: **June 2017 – November 2020** (PDF)]

The RCCbc initiated the Pentagram Partners Plus meetings, bringing together the health care partners in rural BC; the government, the patients (Indigenous and non-Indigenous), the university, the health care providers, the private sector business community and the Health Authorities. These meetings have been supported by the BC Rural Health Network and the BC Patient Safety and Quality Council.

An important initiative that has grown significantly through the Covid pandemic has been the development of a number of virtual medical services led by Dr. John Pawlovich. These provide a doctor of the day for remote First Nations communities together with province wide specialized support for emergency care, paediatrics, maternity and internal medicine. [**https://www.fnha.ca/what-we-do/ehealth/virtual-doctor-of-the-day**]

The RCCbc believes that the First Nations adage ‘Nothing about us without us’ apples to all of BC’s communities. To this end relationships continue to be built with communities, and their perspectives incorporated to try and produce relevant, practical and lasting solutions to local health care issues.

[RCCbc website: **https://rccbc.ca**]

NEW ON OUR WEBSITE

1. HEALTH GATEWAY https://www.healthgateway.gov.bc.ca/
2. DRUG SEARCH https://www.drugsearch.ca/

1. Health Gateway provides British Columbians with secure access to a single view of much of their health information online. It is accessible by anyone 12 and older with a BC Services Card set up on a mobile device. Included are:

- Prescription Medications dispensed to you from any BC pharmacy since 1995, (excluding in-hospital prescriptions and many cancer medications)
- Using the option "Add Notes to Records", you can add your own notes, e.g. reactions to prescribed medications; discussions with your doctor.
- COVID-19 Test Results
- Immunization Records (from public health and community pharmacies)
- Health Visits: a record of the last 7 years of your health visits, consultations and procedures billed to the Medical Services Plan in BC (MSP). It can be useful to integrate and date your own notes about medical visits to document your symptoms, diagnoses and treatments.
- Lab Results (Coming soon)

2. Drug Search is a search engine to help BC residents find the most affordable cost information for drugs in BC. It includes related cost coverage through BC Pharmacare or whether a special authority request is needed for the drug to be paid for through Pharmacare. It can be useful to notice that a dose that is double the one you've been prescribed often costs the same per pill as the lower dose. By buying the larger dose and splitting it, you can save 50% on prescriptions. Check with your doctor and pharmacist first.

Submitted by Johanna Trimble

Long-Term Care Facility Workers' Perceptions of the Impact of Subcontracting on their Conditions of Work and the Quality of Care: A Qualitative Study in British Columbia.

Albert Banerjee, Margaret McGregor, Sage Ponder, Andrew Longhurst
Canadian Journal on Aging - Published online by Cambridge University Press: 28 May 2021

[Excerpts] In the public imagination, LTCFs [Long Term Care Facilities] have long been considered to be places of last resort and are associated with warehousing, waiting to die, and, during the COVID-19 pandemic, death itself. Cost has also been of concern, particularly in the context of an aging population wherein the need for long-term care (LTC) is expected to increase. These concerns have also come at a time of governmental fiscal restraint and greater reliance on market mechanisms to deliver seniors' care.

One significant consequence of cost concerns has been a turn to the for-profit sector for innovation and investment. In the early 2000s, the province of British Columbia passed several "business-friendly" policies to prepare for increasing for-profit participation in LTCFs. Chief among these were policies permitting the subcontracting of LTCF staff. Subcontracting was a process whereby for-profit companies and non-profit organizations, which had been contracted by the regional public health authority to provide LTCF services, could decide to contract with third-party companies for their staffing needs. In British Columbia, this second layer of contracting was called "subcontracting". Facility management were able to end these subcontracts with short notice, allowing management to bust unions and reduce labour costs, a process termed "contract flipping". The governments' policy decisions to allow subcontracting were legitimated by claims that such arrangements would ensure financial sustainability, while supporting greater flexibility, responsiveness and quality.

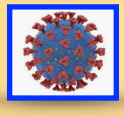
Privatization in the LTCF Sector

"Privatization" refers to the transfer of public resources to for-profit providers.
LTC has been particularly susceptible to privatization because the sector is excluded from the Canada Health Act. This exclusion has contributed to the considerable variability in facility ownership across the country and within provinces (e.g., differing public, non-profit, and for-profit ownership mixes). Despite this variability, general trends point towards an increasing reliance on for-profit providers for the construction of new facilities as well as a concentration of for-profit ownership through large corporate chains.

Effects of Privatization

The weight of available evidence indicates that for-profit LTCFs deliver poorer quality care than either non-profit or public facilities. The main reason for this difference is that for-profit facilities make their profits by keeping staffing levels and wages low and opting for staffing mixes with less- experienced staff (e.g., replacing registered nurses [RNs] with licensed practical nurses [LPNs], and LPNs with care aides).

To read more, click on: **https://doi.org/10.1017/S071498082100012X**



NEW ON OUR WEBSITE

thebmjopinion

The effects of isolation on the physical and mental health of older adults

April 9, 2020

[Excerpts] With the world in the grip of the COVID-19 pandemic, unprecedented restrictions have been placed on social freedoms.

Physical activity

Social isolation is associated with increased morbidity from chronic disease and with higher all-cause mortality. Detrimental health behaviours, such as smoking and reduced physical activity may mediate over 30% of this effect. Both subjective and accelerometer data from adults aged 50-81 indicated that social isolation is independently associated with reduced physical activity and increased sedentary time, suggesting that this may play a role in the increased risk of disease. Current Chief Medical Officer (CMO) guidance for older adults recommends 150 minutes of moderate intensity aerobic activity, or 75 minutes of vigorous intensity activity accumulated each week, in addition to weight-bearing activities and the breaking up of sedentary time with light activity. In adults aged over 60 years, even doses of activity below this are associated with a 22% reduction in all-cause mortality. Additional gains are seen in functional ability and reduced risk of falls, whereas sedentary time is associated with increased indices of frailty.

Mental health

Social isolation also has significant implications for mental health in the elderly. Perceived social isolation and loneliness lead to a wide range of psychological symptoms, including depression and anxiety, and impact negatively on quality of life. Factors associated with negative outcomes included quarantine for over 10 days, fears relating to infection, frustration and boredom, and lack of information and supplies. However, none of the reviewed studies focused on older adults, who are particularly susceptible to the negative impacts of social isolation.

Mitigation strategies

Given the unprecedented nature of the current outbreak measures, there is a lack of evidence for the impact of measures which are currently expected to last at least 12 weeks. However, extrapolating on what we know about the negative effects of both social isolation in the elderly and short quarantine times, the impact could be considerable. Avenues for mitigation could involve web-based solutions, and smartphone-based videoconferencing for nursing home residents which can lead to reduced subjective feelings of loneliness and pain scores. However, there will be issues with access and ease of use of technology for isolated older individuals, with 47% of over 75s never having used the internet. We suggest a three-tiered approach. First, dedicated online, television and radio resources for older adults, providing access to mental health, physical activity and dietary advice, in addition to guidance on the use of digital tools to maintain connections with friends and family. Second, at an individual level, clinicians can help guide older adults with brief physical activity advice.

To access the entire article, click on: **https://blogs.bmj.com/bmj/2020/04/09/the-effects-of-isolation-on-the-physical-and-mental-health-of-older-adults/**

The BC Rural Health Network currently has four Position Papers.

* Community Health Centres
* Privatization in Health Care
* Rural Health Councils and
* Urgent and Primary Care Centres

You can find them on our website at https://bcrhn.ca/bcrhn-position-papers/

NEW ON OUR WEBSITE

McMaster [University] Optimal Aging Portal: Healthy Aging Research

Click on a topic below to view Evidence Summaries, Web Resource Ratings, and Blog Posts

- Supportive homes and communities
- Health care and health service delivery
- Autonomy and independence
- Cognitive health and dementia
- Mobility and transportation
- Healthy lifestyles and wellness
- Staying connected
- Financial wellness and employment

McMaster OPTIMAL AGING PORTAL

READ BLOG POST

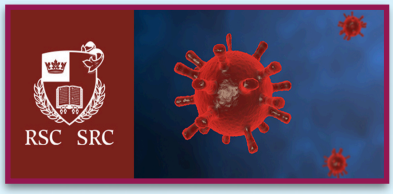
Or pick one of the E-learning lessons, such as Promoting Brain Health:

Enhance or extend your physical mobility and social activity in the future by actively promoting brain health and reducing your risk of developing dementia.

Learn more about how lifestyle choices, blood vessel health and other health conditions and drug side effects can impact your cognition.(30 minutes)

Interested? Click on: Start Lesson

Did you know that the videos on our website are now organized in alphabetical order? For example under the pull down tab 'COVID-19' you can find this one: **https://bcrhn.ca/restoring-trust-covid-19-and-the-future-of-long-term-care-2/** by the Royal Society of Canada Task Force on COVID-19. The following are excerpts from their website at **https://rsc-src.ca**:



COVID-19 did not break the LTC sector. It showed us how deep the long standing, systemic problems are, internationally and in Canada. 81% of COVID-19 deaths in Canada have been in nursing homes, the highest rate of any country globally.

Longstanding Systemic Issues

- Funding
- Lack of integration with the acute care system and other parts of the continuing care system (home care, assisted/supportive living, retirement homes, etc.)
- Many nursing homes are older buildings (built in the 50's thru 70's)
- An appalling lack of data with which to manage the system

Solutions

- Develop National Standards - Commission and act on a comprehensive pan-Canadian assessment of national standards for staffing and staffing mix in nursing homes
- Solve the Workforce Crisis. With new federal funding Provinces/Territories must provide:
  - Appropriate pay and benefits (e.g., sick leave) permanently, and equitably across Canada, in the sector and between acute and LTC
  - Educational standards for care aides/PCWs; continuing education for all staff and training for other temporary staff
  - Provide mental health support for staff - we know COVID-19 is going to have long term mental health consequences based on SARS, early reports out of China and recent reviews

NEW ON OUR WEBSITE

CTV NEWS

Canada's top doctor calls for 'structural change' to address COVID-19 inequities

Rachel Aiello Ottawa News Bureau Online Producer
Published Wednesday, October 28, 2020

[Excerpt] OTTAWA — Canada's Chief Public Health Officer Dr. Theresa Tam is calling for "structural change" across health, social, and economic sectors in the wake of COVID-19, in a new report highlighting the successes and shortfalls in the country's pandemic response to date.

"I do see COVID-19 as a catalyst for collaboration between health, social, and economic sectors, and I have observed at the federal level, but also from local levels, and provincial levels," she told reporters during a press conference discussing the report.

Tam said that while there are examples of decisions taken that begin to address some of these shortcomings—such as increasing affordable housing availability and financial supports for low-income and precarious workers—these policies should be extended past the emergency phase of the pandemic.

"What I'm really, really keen to see is that this continues… The report is calling for this to be a more sustained approach," she said. "Why can't we have those governance structures beyond the crisis and into recovery?"

In **the Public Health Agency's annual report** made public on Wednesday, Tam offers new insights and statistics related to Canada's battle against the novel coronavirus over the last several months and the "serious threat" the virus continues to pose.

For example, in Canada:

- 80 per cent of COVID-19-related deaths have been residents of long-term care facilities;
- 19 per cent of national cases are among health-care workers; and
- 92 per cent of hospitalized COVID-19 patients had at least one underlying health condition.

The annual report is entitled "From Risk to Resilience: An Equity Approach to COVID-19," and it gives an overview of COVID-19's consequences so far, such as the disproportionate health impacts experienced by workers who provide essential services, racialized populations, people living with disabilities or mental illnesses, and women.

It also includes recommendations on how to improve the country's pandemic preparedness, response, and recovery.

The report says the "structural change" should include improving employment conditions and conditions inside long-term care homes, increasing access to housing, as well as enhancing Canadians' ability to access social and health services both in-person and online.

To read more, click on: **https://www.ctvnews.ca/health/coronavirus/canada-s-top-doctor-calls-for-structural-change-to-address-covid-19-inequities-1.5164415**

We always have a nice smörgåsbord of petitions on our website. Check them out from time to time. I just signed the ***Doctors Without Borders*** **petition: It's time for Big Pharma to do the right thing.**

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Companies who are leading COVID-19 vaccine production face a choice: either defend their monopoly power and deny hundreds of millions of people rapid access to these lifesaving vaccines, or commit to a People's Vaccine by increasing access, supply and affordability of the COVID-19 vaccine for all people in all countries. This is not business as usual. That is why *Doctors Without Borders* is calling on all pharmaceutical companies to choose lives over profits and do their part to help end the COVID-19 pandemic for everyone. Please send a message directly to Big Pharma right now. Click on: **It's time for Big Pharma to do the right thing**

NEW ON OUR WEBSITE

THE CONVERSATION
Academic rigour, journalistic flair

Naturally occurring retirement communities, or NORCs, are unplanned communities that have a high proportion of older residents, and may be critical to finding housing solutions for aging Canadians.

Beyond long-term care: The benefits of seniors' communities that evolve on their own

Catherine Donnelly, Paul Nguyen, Simone Parniak, Vincent DePaul

September 8, 2020 [Excerpts] The global COVID-19 pandemic has shown Canadians that we need to think differently about how we support older adults. The media and all levels of government have **focused heavily on long-term care**, and rightly so. However, **the vast majority of older adults live at home** and plan to remain there for as long as possible.

In a **July 2020 Home Care Ontario survey** of older adults, 93 per cent of the 1,000 respondents indicated their desire to stay in their own home. No one identified long-term care as part of their future housing plans. Simply put, although necessary for some, long-term care is not where most people choose to live. It had been clear well before the pandemic that **long-term care is costly and woefully inadequate to meet the needs of Canada's aging population.** It is crucial to expand the conversation to consider what other housing solutions exist and how they can be implemented.

Alternative housing models

Essential to the success and acceptability of any housing alternative is the need for older adults to maintain a sense of autonomy and independence, be actively engaged in decisions affecting themselves and their community and have the opportunity to build social networks that can ultimately support one another.

Villages and co-housing are two examples of how we can think differently. In the **village model** found in the United States, older adults living in a neighbourhood of single dwelling homes come together as a group to organize paid and volunteer services.

Originating in Europe, **co-housing brings together younger and older adults in clusters of homes** or apartments built around shared spaces. Members work together to manage common spaces and support each other through group activities such as communal dining.

Naturally occurring retirement communities (NORCs) offer a third example with enormous potential. Unlike the village or co-housing models, NORCs are unplanned communities that have a high proportion of older residents. For example, individuals in a specific neighbourhood may have aged together as a community, or an apartment building in a walkable neighbourhood may attract older adults moving from single family homes. On their own, NORCs are simply a way to describe a community's demographic profile, however, they can be seen as a critical piece of the solution.

Researchers have referred to NORCs as "**untapped resources to enable optimal aging at home"** with the potential to build social networks and integrate supportive community programs. **Studies have demonstrated the benefit of these communities** to building social networks and increasing participation in daily activities. There are well documented examples of **NORCs with social support programs in New York and other U.S. states**. To date, there has been very little focus on NORCs in Canada and only a handful of documented examples.

From: **https://theconversation.com/beyond-long-term-care-the-benefits-of-seniors-communities-that-evolve-on-their-own-144269**

Wondering about the various acronyms and abbreviations?
Are you confused???
Don't worry, help is on the way.
Number 9 in our series *'acronyms explained'* (AE)

RRMIC = Rural Road Map Implementation Committee

From **https://www.srpc.ca/resources/Documents/CJRM/vol25n1/pg14.pdf** [Note: click bold text to access]

Progress made regarding access to care close to home

Wilson CR, Rourke J, Oandasan IF, Bosco C.

[Excerpt] Since its inception in February 2018, the Rural Road Map Implementation Committee (RRMIC) has raised awareness across Canada about the need for improved access to health care close to home in rural areas. We released an update in summer 2019 and published an article in Canadian Family Physician on our progress. In March 2020 RRMIC also began monitoring the impact COVID-19 has had on our efforts.

The COVID-19 pandemic has affected health care in rural Canada. At the June 2020 meeting RRMIC heard from member organizations representing rural physicians, communities, and institutions about how they are responding to challenges related to COVID-19. Their experiences highlighted that the pandemic has further exacerbated existing issues with the lack of coordination and social inequities in accessing health care in rural areas. This has been especially true for patients with COVID-19 in rural and Indigenous communities and has disrupted rural medical education.

Yet members also shared encouraging stories about how physicians, hospitals, and communities in rural areas came together quickly. They mobilized health care resources, fast-tracked services such as virtual health care, increased ambulatory care services, and shared key learnings quickly to manage the crisis effectively. The situation enabled educational opportunities such as simulations for preparedness in pandemic crises in rural settings.

From the **2020 RRMIC Stakeholder Communique Summer Update EN** [Note: click bold text to access the full document]

Networks of care (RRM Action 12)

[Excerpts] An initiative is under way to support physicians practising anesthesiology in rural communities. Given the shortage of anesthetists in rural communities, several activities are taking place to facilitate rural anesthesia networks of care. On behalf of the SRPC [Society of Rural Physicians of Canada], Dr. Stu Iglesias is drafting a consensus statement on developing multidisciplinary platforms to support anesthesia, surgery, and maternity care.

Led by the Federation of Medical Regulatory Authorities of Canada (FMRAC), efforts are under way to develop a national medical licensing model. The goals are to facilitate licence portability for locum physicians; to create a single national licence to support individuals participating in telemedicine across Canada; and to develop fast- track licences for physicians who are mainly based in one jurisdiction but want to provide services in another jurisdiction. The aim is to have a model approved by provincial and territorial jurisdictions. [to read more, click on **2020 RRMIC Stakeholder Communique Summer Update EN**]

Some of Our Latest Twitter Followers

BC Association of Community Response Network

The BC Association of Community Response Networks develops community networks to prevent the abuse, neglect and self-neglect of vulnerable adults.
website: bccrns.ca

CanStroke Recovery Trials

CanStroke Recovery Trials is an eight-site national clinical trials platform in stroke recovery, funded by Brain Canada and CPSR.
website: https://www.canadianstroke.ca/en/research/CanStroke-Recovery-Platform

Canadian Men's Health Foundation

Canadian Men's Health Foundation is a national charity inspiring Canadian men and their families to live healthier lives
website: menshealthfoundation.ca

melanomanetwork

Melanoma Network of Canada is a national patient-led organization dedicated to the prevention and elimination of #melanoma and #skincancer http://linktr.ee/MNC20
website: melanomanetwork.ca

Interested in learning? Watch some of the videos on our website. Suggestion of the month:

https://bcrhn.ca/kootenay-boundary-division-community-health-centres/

Kootenay Boundary Division of Family Practice has been facilitating an engagement process to explore the potential for a ***network of community health centre (CHC) clinics*** in their area, and to learn from those directly involved in community health centres as practitioners, managers or advocates.

Webinar #1
Topic >> Transition: the evolution from private practice to community health centre – key issues to explore for Doctors, Communities & Patients

Webinar #2
Topic >> Community Centred Care: How multiple co-located services & teams can best meet patient needs

Webinar #3
Topic >> Exploring Business & Governance Models

WOULD YOU LIKE TO CONTRIBUTE TO THE DEVELOPMENT OF CANADA'S NATIONAL LONG-TERM CARE SERVICES STANDARD?

READ ON, IF YOU DO!

The **Standards Council of Canada (SCC), Health Standards Organization (HSO)** and **Canadian Standards Association (CSA Group)** are working collaboratively on developing two new national standards for LTC [Long Term Care] that are shaped by the needs of residents, families and the LTC workforce.

The COVID-19 pandemic has highlighted the critical importance of federal government leadership in health care. The pandemic's impact has been particularly dramatic in long-term care homes, exposing a fragmented system.

The SCC wants to hear from Canadians and what matters most to *you* when it comes to long-term care. Your responses will help shape what an optimal future state of LTC ought to look like in Canada.

Click on: **https://longtermcarestandards.ca/your-input**

Additional reading:

- **Notice of Intent for the new National Long-Term Care Services Standard**

Click on: **COMPLETE THE SURVEY (EXTERNAL LINK)**

About Us

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