# RURAL HEALTH MATTERS

British Columbia Rural Health Network September 2020

*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 BCRHN Members and Supporters,

As we approach the date of our Annual General Meeting on September 3rd, I'd like to take this opportunity to recognize and thank the great team that I've had the privilege to work with over the past several months.

Not counting me, there are five Directors on our Board who have been serving our members since May 2019. Jude Kornelsen is co-chair of the Centre for Rural Health Research (CRHR) at UBC and is dedicated to the improvement of rural health care services through evidence-based strategies. Although she is stepping down from the Board as a Director, Jude will continue to serve as liaison between the CRHR and our Board.

Curt Firestone makes Salt Spring Island home and has served our members first as a Director and then as our volunteer interim administrator. He rejoined the Board as a Director in January of this year when Connie joined our team. Since then he has been our Secretary-Treasurer. Curt is stepping down from the Board but has indicated that he will remain active serving on various committees.

Pegasis McGauley lives in the community of Harrop near Nelson and serves as our Vice President. She has been an active healthcare advocate in her community for many years and brings a wealth of experience to the table. In addition to her role as VP, Pegasis heads up the Community Health Centre committee as well the Fundraising Committee. She will be continuing on in the second year of her two-year term as a Director on the Board.

Johanna Trimble divides her time between Vancouver and Roberts Creek on the Sunshine Coast. She has extensive experience as a lecturer in the care of the elderly through her work with the Department of Family Practice at UBC.

Johanna is also actively involved with the Healthy Aging Collaborative Online Resources and Education (CORE) program, a platform that connects community based seniors services organizations and allied agencies and individuals in British Columbia. She will continue to serve our organization in her second year on the Board.

Colin Moss lives in New Denver in the beautiful Slocan Valley. He is very active in his community serving as an elected Village Councillor and on various community organizations including the Hospice Society and the Health Committee of the New Denver Chamber of Commerce. Colin has done a fantastic job as our Membership Committee chair. We're pleased that he will be continuing on as a Board Director for another year.

Stuart Johnston practiced as a GP in rural BC for 27 years and is our liaison with the Rural Coordination Centre of BC (RCCbc). He will be continuing on in that capacity for another year. Stuart was a founding member of the Joint Standing Committee on rural issues (The JSC) and the RCCbc. He currently serves as an Associate Director of the RCCbc and is leading the Site Visit program. Stuart has been instrumental in securing RCCbc funding for our organization which has made possible the hiring of our Administrator and the operations of various initiatives.

Last but not least, I'd like to thank our staff. Connie Howe is our Administrator who joined our team in January of this year. She's our first paid staff member and doing a great job keeping the Board well organized and running smoothly. Our other staff person is Nienke Klaver who volunteers as Executive Assistant to the President. She also coordinates our social media sites and is the editor of this newsletter, which I hope you will now read and enjoy.

I hope to "see you" at the AGM on September 3rd.

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

# Member of the Month

## Hornby & Denman Community Health Care Society

**Managing During Covid-19 - *How a Small Rural Community Health Non-Profit is Faring***

The Hornby & Denman Community Health Care Society (http://www.hornbydenmanhealth.com) was initially conceived on Hornby Island in 1978 and formalized as a non-profit society the following year. Its original service, home support, continues to this day as the Society's anchor service.

Early on, the founders reached out to Denman Island and shortly began to provide parallel programs to both Islands.

Last year, in those heady pre-COVID-19 times, we celebrated our fortieth anniversary by paying tribute to our founders and our two communities. We were fortunate to be the beneficiary of an excellent history project overseen by P/T Hornby resident, historian Megan Davies of York University and her colleague, sociologist, Rachel Barken. With both local and distant support, they produced a booklet, *Voices from Hornby and Denman Island Home Support,* and a short film, *Heart of Home*, now posted on our YouTube channel, https://youtu.be/CzSkTU_2hOw

In addition to its Island Health Home Support contract, the Society also offers a more non-health-based Home Assist program, and a select but effective range of Child, Youth and Family services. Since 2014, the Society has also been the lead agency in the provision of the Ministry of Health funded, United Way administered, Better @ Home program in the Comox Valley.

With the advent of COVID-19, the Society was asked to be one of twenty-four HUB Better at Home programs to deliver, in partnership with MOH and the BC Seniors Advocate, enhanced services to assist seniors to better self - isolate and consequently maintain their level of independence. These services, food and prescription delivery principally, and carried out mostly in the Comox Valley and the North Island, illustrate the unusual circumstance of a rural/remote agency delivering a program to a considerably larger centre.

Kathy Dewinetz, Hornby Better At Home and Meal from the Heart Co-ordinator.

On Hornby and Denman, the Society, as well as a host of other local community partners, developed a set of similar outreach services including Hornby's *Meals from the Heart*, a local home-grown version of meals on wheels.

During the past six months, as the world has tried to adjust to the Coronavirus, has felt its reach, has watched, is watching the pandemic surge, the HDCHCS has soldiered on. One added hurdle for us, in addition to adjusting to COVID-19, was that our Home Support staff voted to unionize in February. While we support the benefits that this will bring our excellent staff, we have had to extend our learning curve considerably.

Submitted by Bill Engleson, RSW (Retired and Non-Practicing)
Chair Hornby Denman Community Health Care Society (HDCHCS)

HORNBY & DENMAN COMMUNITY HEALTH CARE SOCIETY

For more information on HDCHCS' programs, feel free to contact Lori Nawrot, Executive Director @ lori@hornbydenmanhealth.com

## Message from the Canadian Doctors for Medicare

CANADIAN DOCTORS FOR MEDICARE | MÉDECINS CANADIENS POUR LE RÉGIME PUBLIC

At Canadian Doctors for Medicare we're monitoring carefully how provincial governments are responding to the current public health crisis. As we breathe a tentative sigh of relief that COVID-19 numbers are stabilizing in many communities across Canada after a difficult spring, the ripple effects of the pandemic are becoming more apparent.

Thousands of surgical procedures were cancelled when hospitals adjusted operations to brace for a wave of COVID-19 patients. Now, as governments grapple with this backlog, some have announced their intention to contract out care to private for-profit investor-owned facilities. Along with Alberta board member Dr. Thara Kumar, CDM member and surgeon Dr. Lesley Barron wrote an op-ed raising some concerns with this approach. Click here to read it.

Meanwhile in Alberta, the newly passed Health Statutes Amendment Act, aka Bill 30, is raising serious concerns around the use of "public funds for private profits". This omnibus bill contains provisions that change or repeal nine previous acts of the assembly. Among these changes are provisions that will allow public funds to flow to the delivery of private, for-profit health care services. Dr. Kumar and I wrote an op-ed about why this is a dangerous shift in health policy. Click here to read it.

Lastly, we held a webinar last month about the Cambie trial in BC. This is the most notorious and serious legal attack that our public health care system has ever faced. During the webinar, CDM's policy advisor Karen Palmer provided an excellent walk through the case and its potential implications. You can watch a recording of her presentation here.

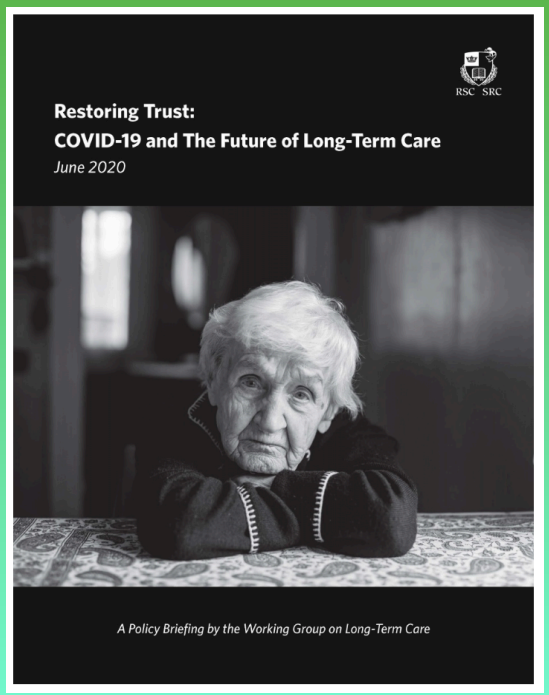
Take good care,
Dr. Danyaal Raza
Chair, Canadian Doctors for Medicare

FEATURE ARTICLE

## Restoring Trust: COVID-19 and The Future of Long-Term Care

Established by the President of the *Royal Society of Canada* in April 2020, the RSC Task Force on COVID-19 was mandated to provide evidence-informed perspectives on major societal challenges in response to and recovery from COVID-19.

RSC SRC




Policy Briefing [Excerpts]

**Why do we need urgent action to reform and redesign long-term care in Canada?**

For 50 years, Canada and many other countries have generated inquiries, panels, task forces, commissioned reports, media reporting and clarion calls for action to reform conditions in nursing homes and create a higher standard of care. We have ample sound evidence produced by social and health scientists globally on how to achieve this.

But Canada is experiencing a far higher proportion of total country COVID-19 deaths in nursing homes than other comparable countries, 81% in Canada, compared to 28% in Australia, 31% in the US and 66% in Spain, based on current reports. Many of those older Canadians in nursing homes are dying without family, anxious and afraid, surrounded by people in frightening protective equipment. Why?

*continued on page 4*

Our long-term care sector, particularly nursing homes, is in crisis now from far more than COVID-19.The pandemic just exposed long-standing, wide-spread and pervasive deficiencies in the sector.These deep operational cracks arise from failures in:

- addressing the consequences of well-known population trends in aging, dementia and caregiving by family members
- listening to the voices of our older adults, especially those living with dementia and their families
- acknowledging profound inequities faced by older Canadians, foremost among them poverty
- maintaining adequate levels of properly oriented dietary, laundry and housekeeping staff, and recognizing their roles in creating a quality environment
- developing and supporting management and leadership on the ground
- building and supporting resilience of the long-term care workforce
- listening to the voices of the workers at the point of direct care
- establishing standards for appropriate levels of regulated health workers
- adequately educating, regulating and supporting the unregulated care workers who provide upwards of 90% of direct care
- regulating the sector in a balanced, whole systems way
- using data to act on improving the sector and evaluating results
- collecting, verifying and analyzing crucial data to manage the sector
- financing a sturdy long-term care sector

**Canada's older adults are entering nursing homes later in life**. At the same time, prevalence of chronic diseases—foremost dementia—and the social challenges of living into one's 80s, 90s and 100's have increased.

**The workforce mix in Canada's nursing homes has changed.** Hands-on care is now almost entirely given by unregulated workers—care aides and personal support workers. They receive the lowest wages in the healthcare sector, are given variable and minimal formal training in LTC, and are rarely part of decision-making about care for residents.

Over the past two decades, ratios of regulated nurses to care aides have dropped steadily to contain costs and in the belief that richer staffing mixes were not required.Canadians in nursing homes may also have little access to comprehensive care including medical, health and social services and therapies. Such comprehensive care requires staffing and resources such as physicians, mental health care, palliative resources, physical therapists, occupational therapists, speech/ language therapists, recreation therapists, dieticians, pharmacists, pastoral care, psychologists, and social workers.

**Many nursing homes in Canada are old and not designed for the complex needs of today's residents.** Today's paradigm of nursing homes as a public social place, inviting in the community, has clashed sharply with nursing homes as a safe space for residents and staff under COVID-19.

**Our key message looking ahead: Solve the workforce crisis in LTC.** …….we must solve the workforce crisis in LTC. Solving the LTC workforce crisis is intimately linked with securing robust and sustainable funding and strong governance for LTC going forward. New federal and provincial dollars are urgently needed to tackle the LTC workforce crisis so that we can face and manage COVID-19 pandemic conditions and improve quality of care, quality of life and quality of end of life for people living in nursing homes

**We recommend 9 steps to solving the workforce crisis in nursing homes, all of which require strong and coordinated leadership at the federal and provincial/territorial levels to implement.**

**1.** The federal government must immediately commission and act on a comprehensive, pan-Canadian, data-based assessment of national standards for necessary staffing and staffing mix in nursing homes. National standards must encompass the care team that is needed to deliver quality care and should be achieved by tying new federal dollars to those national standards.

**2.** The federal government must establish and implement national standards for nursing homes that ensure (a) training and resources for infectious disease control, including optimal use of personal protective equipment and (b) protocols for expanding staff and restricting visitors during outbreaks.

**3.** The provincial and territorial governments, with the support of new funding from the federal government, must immediately implement appropriate pay and benefits, including sick leave, for the large and critical unregulated workforce of direct care aides and personal support workers. Appropriate pay and benefits must be permanent and not limited to the timespan of COVID-19. Pay and benefits must be equitable across the country and equitable both across the LTC sector and between the LTC and acute care sectors for regulated and unregulated staff.

**4.** Provincial and territorial governments must make available full-time employment with benefits to all unregulated staff and regulated nursing staff.

**5.** Provincial and territorial governments must establish and implement (a) minimum education standards for the unregulated direct care workforce in nursing homes, (b) continuing education for both the unregulated and regulated direct care workforce in nursing homes and (c) proper training and orientation for anyone assigned to work at nursing homes through external, private staffing agencies.

**6.** …..provincial and territorial governments must support educational reforms for specializations in LTC for all providers of direct care in nursing homes,……

**7.** Provincial and territorial governments, with the support of federal funds, must provide mental health supports for all nursing home staff. In addition to extraordinarily stressful pandemic working conditions, these staff are experiencing significant deaths among the older adults they have known for months and years, and among colleagues.

**8.** Federal support of the LTC sector must be tied to requirements for data collection in all appropriate spheres that are needed to effectively manage and support nursing homes and their staff. Data collection must be transparent and at arm's length from the LTC sector and governments.

**9.** Provincial and territorial governments must evaluate and use data to appropriately revisit regulation and accreditation in nursing homes. They must take an evidence-based and balanced approach to mandatory accreditation, as well as to regulation and inspection of nursing homes. They must engage the LTC sector in this process, particularly the people receiving care, their families, managers and care providers.

Executive Summary: https://bcrhn.ca/restoring-trust-covid-19-and-the-future-of-long-term-care/
Full report: https://rsc-src.ca/en/restoring-trust-covid-19-and-future-long-term-care
Video: https://www.youtube.com/watch?v=hfg1EkO_u3Y&feature=emb_logo

**NEW ON OUR WEBSITE**
**Petitions**
**https://bcrhn.ca/petitions/**

leadnow.ca

If you think seniors care should be a part of universal healthcare instead of a for-profit business , click on ***Seniors Care should not be driven by Profit***

**Seniors Deserve Better** bcgeu

SIGN OUR PETITION TO

**END FOR-PROFIT SENIORS' CARE IN B.C.**

Only through public delivery can we stabilize working conditions and provide the quality of care seniors deserve.

To read more or sign the petition to end for-profit Seniors' Care in BC, click on **Seniors Deserve Better**

**FIX LONG-TERM CARE**

Long-term care is in crisis – and it has been for years. Decades of underfunding, understaffing, and a focus on profit instead of care have left the system tragically unprepared for the health crisis we're facing with COVID-19.

Visit **fixlongtermcare.ca** to send your letter to the Prime Minister.

CUPE SCFP Ontario

POLICY OPTIONS POLITIQUES 40 YEARS of shaping the debate

**The COVID-19 pandemic has exposed the "place blindness" that causes policy-makers to overlook the specific needs and potential of rural Canada.**

S. Ashleigh Weeden July 8, 2020 [Excerpt]

The first six months of this new decade have forced us to reconsider nearly everything: how we work, how we connect with each other and, with increasing urgency, the purposes, functions and futures of the structures and institutions at the core of our social and economic systems. The COVID-19 pandemic and the widespread reckoning with racism brought about by the latest resurgence of the Black Lives Matter movement are both happening in the shadow of a global climate emergency. The confluence of crises has forced our collective hand. These are not polite invitations to consider incremental change, they are radical disruptions that are shaking us by our collective shoulders and asking: What will you do now?

The tendency toward conflict between rural and urban communities, despite their many interconnections, long predates this unexpectedly chaotic year.

1 Do we value rural places?
2 Is there a "right to be rural"?
3 Who gets to decide what happens next?

Interested? Visit **https://bcrhn.ca/rural-remote/**

RURAL-URBAN DIVIDE

## Surgical backlog must not be fixed at the expense of the healthcare system

August 4, 2020 Authors: **Lesley Barron, Thara Kumar**

healthydebate | Opinions

[Excerpt] As we breathe a tentative sigh of relief that COVID-19 numbers are stabilizing, the ripple effects of the pandemic are becoming more apparent.

Thousands of surgical procedures were cancelled when hospitals adjusted operations to brace for the wave of COVID-19 patients. Now, as governments grapple with this backlog, some have announced their intention to contract out care to private for-profit investor-owned facilities.

British Columbia is using all available beds to address its backlog. This now includes contracting out publicly funded care to for-profit surgical centres such as **False Creek Surgical Centre**, owned by **Kensington Capital Advisers,** a private equity firm. Manitoba recently announced that it, too, is considering contracting with for-profit facilities to address its backlog, as has Alberta with its recently announced **Bill 30.**

To clear the surgical backlog, we must scale-up hospital capacity by extending operating hours to include evenings and weekends. We should immediately implement team-based single-entry centralized wait-lists for the first available surgeon so patients can access care as quickly as possible. This approach has dramatically improved surgery wait times. "Surgical smoothing" would separate planned and unplanned surgeries into different operating room streams, eliminating the problem of emergencies bumping other surgeries. We must scale-up cost-effective, not-for-profit, publicly funded ambulatory surgical centres, such as rural and satellite sites, managed by hospitals

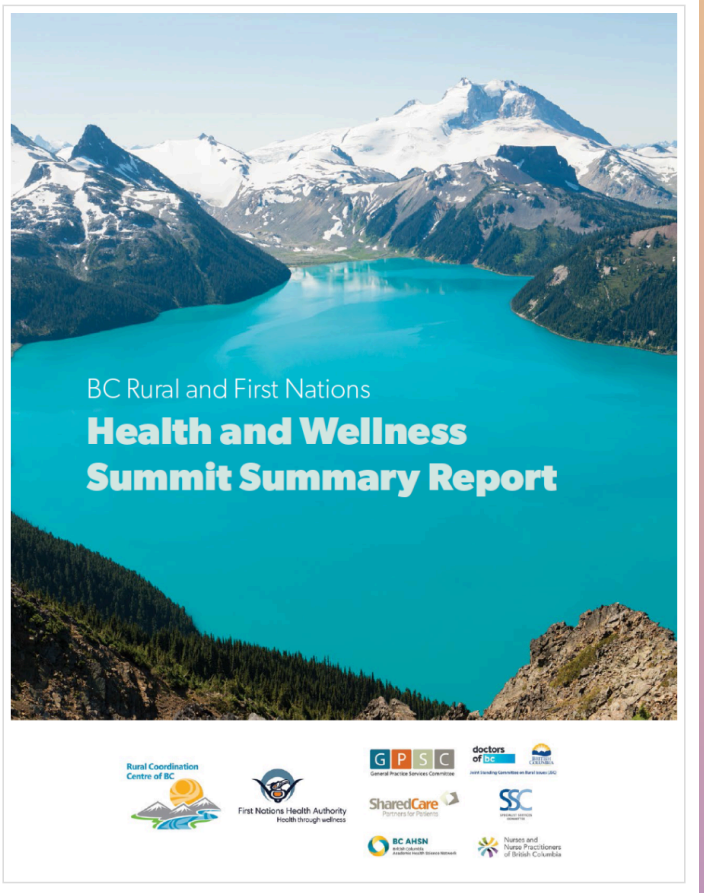
Investor-owned, for-profit facilities may seem like an obvious solution to COVID-19 surgical backlogs. But what does previous experience tell us about these facilities? Find out at: **https://healthydebate.ca/opinions/surgical-backlog-expense**

## *BC Rural and First Nations Health and Wellness Summit*
## Summary Report

On June 29 and 30, health care partners and peers gathered for a virtual health and wellness Summit to build relationships and co-develop shared priorities for the future of health care re-design and transformation in BC.

**The purpose of the BC Rural and First Nations Health and Wellness Summit was to support dialogue and deliberation around community leadership in health care system change.**

To access the report, click on: **2020 June 29-30 BC-Rural-and-First-Nations-Health-and-Wellness-Summit-Summary-ReportDownload**




### COLLECTIVE ACTIONS FOR POSITIVE RADICAL CHANGE

*"Be culturally humble." (Summit Participant)*

Participants developed collective and individual commitments to action by thinking about the needed changes within the following six topic areas:

1. **Virtually Enhanced Care**
   Advancing virtual technologies to enhance longitudinal relationship based and culturally appropriate care.
2. **Transportation**
   Emergency transport (911 to ER), interfacility transport (ER to higher level of care), and transportation as a social determinant of health
3. **Team - Based Care**
   Moving toward the idea of team not being constrained by the people in the room but the people who need to be around the patient
4. **Cultural Safety and Humility**
   Cultural Humility as a way of delivering healthcare and Cultural Safety in the way it is received
5. **Addictions and Overdose**
   Designing and implementing new strategies for addressing the overdose crisis affecting our communities
6. **COVID-19 Gaps and Advances**
   Exploring the most important advance/programme in your community, or gap highlighted, by COVID-19; that you don't want to lose.

As a result of participant dialogue about these six topics, a total of four collective actions were advanced.

1. **Transportation enhancement**
   - Transport Partnership Table (Led by Benoit Morin, PHSA)
2. **Virtual care innovation and alignment with primary care health transformation efforts**
   - Real time Virtual supports helping shape the MoH framework (Led by Ted Patterson, MoH)
3. **Support MoH leadership in improving cultural safety and eliminating systemic racism in heathcare in BC**
   - Contribution to and supporting the implementation of review process and recommendations (Led by RCCbc)
4. **Advancing personal health record access for patients**
   - Implementing prototype (Led by JSC)

To support this work, and the individual actions noted in the next section, RCCbc will remain committed to helping support community leadership and radical positive change. Please reach out to RCCbc if yu have any other ideas for positive transformation and can help make it happen.

## Would you like to help guide the development of BC's first virtual personal health record?

The Rural Coordination Centre of BC and the Ministry of Health, Digital Health Policy branch, are looking for people to join the steering committee for the new Rural Patient Health Record (RPHR) project.

The RPHR project aims to create a way for people in rural communities to have access to and manage their own health information. The first prototypes of this new personal health record will be launched in a number of rural communities by next summer.

As a member of the project steering committee, you will join others from around BC in a representative learning community to provide high-level guidance and feedback to the project team. It's expected there will be monthly online meetings with a total workload of between 24 and 36 hours. If you are interested in being part of this exciting project, please contact Doug Blackie, Project Consultant, RCCbc at **dblackie@rccbc.ca** with a short description of who you are and why you are interested in this project.

The UBC Therapeutics Initiative
in partnership with champions of patient-centred care
*presents*:

**Wednesday, September 23, 2020**
**19:00 to 20:15, PDT**
**Details & registration: www.ti.ubc.ca/DiabetesCare**

**Audience:** Patients, caregivers, and health providers interested in diabetic care, shared decision-making

**Cost:** Pay what you want ($0-$20) - **Certified:** 1.0 Mainpro+ Credit

**Partners:**

# CAREFUL & KIND DIABETES CARE

## A webinar with Dr. Victor Montori

- Author of *Why We Revolt: A Patient Revolution for Careful and Kind Care*
- Endocrinologist, Principal Investigator at Mayo Clinic's Knowledge and Evaluation Research (KER) Unit
- Author of more than 500 scientific publications and one of the world's most cited clinical researchers
- Co-developed the concept of "minimally disruptive medicine" to advance patient goals for health care and life, using effective care programs designed to respect the capacity of patients and caregivers and minimize the burden of treatment on their lives (www.minimallydisruptivemedicine.org)

**To register, click on: www.ti.ubc.ca/DiabetesCare**

**Two articles in the Rocky Mountain Goat that may be of interest to our readers:**

The Rocky Mountain Goat

**https://www.therockymountaingoat.com/2020/06/citizen-voices-critical-for-rural-health-care-researchers/**

**and**

**https://www.therockymountaingoat.com/2020/08/rural-residents-spending-2200-in-travel-per-medical-condition-survey/**

**Find affordable drugs with DRUGSEARCH.CA**

**Helping physicians, pharmacists & patients compare drug prices**

**DRUGSEARCH** is a search engine to help you find the most affordable drug, along with coverage and special authority resource. Drugsearch.ca is built by a pharmacist and a software engineer based in B.C. Information is regularly updated. Website: https://www.drugsearch.ca

Drugsearch.ca is not affiliated with B.C. Pharmacare. For detailed Pharmacare coverage information, please click here to visit PharmaCare for B.C. Residents website

## Some of Our Latest Twitter Followers

**Mary Ackenhusen**

Senior Executive in Residence, B.C. Ministry of Health focused on innovation in B.C.

Past President and Chief Executive Officer at Vancouver Coastal Health (VCH).

**Jonathan Mitchell**

Vice-President HealthCareCAN, Research and Policy, Ottawa.

HealthCareCAN is the national voice of healthcare organizations and hospitals across Canada. https://www.healthcarecan.ca

## Editor's Pick of the Month: Lifeguard Digital Health

**Vancouver. Our goal is to reduce harm and prevent unintentional deaths for people of all ages. Our team has pioneered apps that were developed in response to the opioid crisis, which is now a world-wide problem, as well as the COVID-19 pandemic and health & safety concerns in senior care centers.**

**We are on the leading edge of research, development, clinical trials, and implementation of digital solutions that are aimed at harm reduction for various public health challenges.**

**Website: lifeguarddh.com**

## Of special Interest to our members

### Presentation by Dr. Sean Wachtel

***The Covid-19 Pandemic, Rural and Remote Healthcare & Health Equity***

Date: Saturday, September 26
Time: 10:00 - 11:00

There will be time for a Q & A afterwards.

Zoom and telephone information will be sent to our members a few days before the presentation.

Any non-member who is interested in attending, please contact tulameennienke@gmail.com

### BC Rural Health Network

**AGM**

**Date: Thursday September 3**
**Time: 4:00 pm**
**How: videoconference**
**or**
**telephone**

All relevant information has been sent out to our members.

The AGM is scheduled to be finished at 5:00.

### Ashcroft Healthcare and Wellness Coalition

(HAWC) has a new website, which you can find here: **www.ahawc.ca**

Please note their new email: **info@ahawc.ca**

# Partner Updates

An Investigation of Rural Citizen-Patient Priorities for Health Planning: **Rural Community Responses to COVID-19**

***The Rural Evidence Review*** together with the ***BC Rural Health Network*** has created a short, anonymous online survey to ask rural communities across BC about their experiences of COVID-19.
The findings of the survey will be used to understand rural community innovation and resiliency in the face of the pandemic and will be shared with health care decision-makers to support rural health care planning.

Participation is open to all residents of rural and remote BC communities. To learn more about the initiative, please contact the Coordinator of the Rural Evidence Review project, Christine Carthew, at the following email: **christine.carthew@ubc.ca**

**This survey is available at the following link: http://bit.ly/RERCOVID-19**

Rural Evidence Review For British Columbia:
***What Are Your Priorities?***

We are interested in working with rural citizens to provide high quality, useful evidence for rural health services planning in British Columbia.

To do this we will:
1. ask rural citizens to identify the health care priorities that matter the most to them and their communities
2. analyze what we hear, and
3. present what we learn to policy-makers and health administrators in the province.

To access the survey, click on **https://ubc.ca1.qualtrics.com/jfe/form/SV_77zOjfWWBNV3wax**

## About Us



**SOCIAL MEDIA**

**website: https://bcrhn.ca**

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

**twitter: twitter.com/bcrhnetwork**


**CONTACT INFORMATION**

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