

RURAL HEALTH MATTERS

British Columbia Rural Health Network

August 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,

On July 15th, I attended an engagement session on BC's economic plan where I had the opportunity to discuss what economic recovery looks like for British Columbians. The session was chaired by the Honourable Ravi Kahlon, Minister of Jobs, Economic Recovery and Innovation, and focused on several key questions, one of which was "What are the conditions that need to be in place for innovation and growth to happen?"

Here is how I responded:

There needs to be recognition that health care is a cornerstone of BC's economy. Effective and equitable delivery of health care includes improved access to mental health and addictions services, transforming primary care, reforming long term care, and addressing the social determinants of health. Recovery must include mental health support for our frontline healthcare workers who are suffering physical and emotional fatigue.

Also attending the session was Dr. Alan Ruddiman, a family physician from Oliver and active member of the Rural Coordination Centre of BC, who offered the following:

There is an imminent and looming crisis in having enough healthcare providers - especially those that are skilled to work in acute care facilities such as ERs and hospitals – to meet the needs of our rural populations. The pandemic has through its relentless nature and length of time (now some 17+ months) worn down the medical and healthcare professional workforce. They are exhausted, they are cognitively and physically suffering from extreme burnout.

In developing BC's economic plan, the provincial government must recognize the sacrifice made by the frontline workers in our province. Dr. Ruddiman goes on to say, "The pent-up exhaustion in these groups is real, and they need to be supported to recover before the very foot of the economy steps on the gas pedal. We risk leaving them behind and losing them if we cannot support their individual and collective healing and recovery."

I want to thank Minister Kahlon for engaging community leaders in the economic planning process. I now call on him to collaborate with representatives from our frontline workers to develop a plan that includes time for them to rest and then recovery from their ordeal. Not to do so jeopardizes any chance of a just recovery for British Columbians. To read the submission, click on: [written-submission-to-bc-economic-plan-july-2021](#)

Sincerely,

Edward Staples, BCRHN President

telephone: 250-295-0822

email: bcruralhealthnetwork@gmail.com

Member of the Month

Trail - Society for the Protection and Care of Seniors

The Society for Protection and Care of Seniors (SPCS) is a non-profit, volunteer seniors' health care advocacy group in Greater Trail. We advocate and pursue options for accessible, safe care of seniors' resources.



In 2004 Trail Health Watch formed to ensure seniors care.

February 2006, a tragedy now known as “The Albo case” occurred. Husband and wife were both hospital patients, when, contrary to family wishes, they were separated after 69 years together because no residential bed [was available] locally. Sadly, they died days after. Their family became key members of the renamed group - “Society for the Protection and Care of Seniors”. The Albo case is now part of BC Social Work curriculum.

SPCS advises Interior Health (IH) on seniors' needs and gives voice to citizens' concerns. As part of Connected Communities, we met regularly until Covid restrictions, to discuss shared issues and advocate for change.

We are involved provincially through membership in the BC Health Coalition, Council Of Senior Citizens' Organization, and the BC Rural Health Network. We work to implement all BC Senior's Advocate and Ombudsperson recommendations. We are a force for change locally, regionally and provincially.

During Covid we held some meetings, allowing for social distancing and had MANY phone conversations. Members continued actively providing advocacy services. These included:

- Greater Trail Hospice Society:
 - o Grief Support respecting Covid precautions
 - o Two Volunteer Navigators with the Volunteer Nav Care program (provides guidance and support to individuals with complex chronic conditions, to navigate community resources, support services and agencies as challenges are faced with their medical conditions. Includes all accompanying issues related to spiritual, emotional, financial and psychosocial needs.) [<https://bcrhn.ca/navcare/> and [Nav-CARE brochure.](#)]
- Provided and shared information regarding IH – details and assistance for Patient Quality Care Complaints or Compliments; updates on Kootenay Boundary Regional Hospital construction; information on Palliative Care Visits
- Assist individual requests for assistance in accessing care.
- Our Annual Lost Services Public Vigil was held February 2020; February 2021 was a personal vigil.
- Sharing information on our website: [Society for the Protection and Care of Seniors - Home \(weebly.com\)](#)
- Provided information and assisted with Medical Travel aid (Hope Air)
- Assistance for Canada Pension Disability Pensions and Disability Tax Benefits
- Volunteer Facilitator for Seniors Health and Wellness Institute provided Zoom workshops

We are driven by Jim Albo's mandate *“keep meeting, attend vigils, give time, energy and expertise to PCS until there are changes for the better”*.



After Years of Denial, BC and Vancouver Commit to Gathering Race-Based Data

COVID-19 has highlighted the damage done when governments fail to gather information on policy impacts



NDP MLA Ravi Kahlon: 'Race-based data and the collection of it, and the use of it, is going to be fundamental to address human rights and to address systemic racism.' Photo via the BC NDP.

[Excerpt] After years of struggle, advocates for racialized communities are claiming success as the provincial government and Vancouver city council committed last week to begin collecting race-based data on the pandemic and beyond.

Analysts and researchers have argued for years that it's vital to measure the disparate impacts of policies on different races and socio-economic groups.

But the pandemic and public attention on systemic racism have brought urgency to addressing the information gap.

"The pandemic has exacerbated and brought to the surface many inequities, particularly around race and class and socioeconomic factors generally, but especially in relation to health care," said Amal Rana, a community activist and member of the City of Vancouver's racial ethno-cultural equity advisory committee.

Premier John Horgan wrote the province's human rights and information and privacy commissioners on June 16 and asked them to look into how best to collect race-based information and report back by September.

"I would like you to examine how to craft a policy initiative that balances the right to privacy with the call from community advocates, health researchers, and public policy professionals for rigorous and thoughtful data collection, to address systemic racism," wrote Horgan.

And last week Vancouver city council unanimously passed a motion calling on the province to break down data by race and socioeconomic and committing the city to do the same.

"The reason this motion passed and had the support it did was because of the work of so many different racialized communities coming together," said Rana, who helped draft the motion with councillors Christine Boyle and Jean Swanson.

Racialized communities have long seen data broken down by race and other factors as an essential tool to address systemic racism across health, education, economic and social policies.

But no such data is tracked at a national or provincial level.

"Racialized communities have known and continue to know what the impacts of poverty, of discrimination, health care and all of these things are on us, but that's framed often as anecdotal evidence," said Rana. "Sadly, the way the system works is that we have to have the data to back it up in order to get change to the system."

In the wake of reports of the pandemic's disparate impact on Black, Indigenous and racialized communities in the United States, pressure has mounted to collect data that shows if that is true in Canada as well.

"It's about changing the paradigm around how we have conversations on systemic racism... to understanding that these are issues of health justice and health inequities," said Rana.

To access the entire article, click on: [After Years of Denial, BC and Vancouver Commit to Gathering Race-Based Data](#)



[Note: bold blue text are hot links]

JOURNEY TO RECONCILIATION

How two Syilx Elders are sharing the truth on the path to reconciliation.



UBC Okanagan Campus

[Excerpts] **WE STAND IN A CIRCLE**. Nine UBC Okanagan faculty and staff. Our group represents diverse fields of research, different countries and unique cultural backgrounds. Perhaps like many of the participants, I am a little uncertain, a bit wary of what exactly a cultural safety training workshop is about. Syilx Elders and traditional Okanagan knowledge keepers Christina (Chris) Marchand and Eric Mitchell, who are conducting the cultural safety training, stand with us.

“Circles are important,” says Marchand, slowly meeting the eyes of each participant. Her energy is palpable, as if literally holding up the circle from its centre. “We are all a part of this circle,” she says. “Together we create this safe place.”

Marchand gestures to herself and then Mitchell, her partner in this work and life. “It takes a lot for us to be here in front of you to speak our truths,” she says. She then explains that today, and each day in this four-day course, we will open by standing together in a circle. “It is our way to honour each other; to begin to build a foundation of trust and truth.”

Marchand holds her hands with her palms facing up. Some participants look around a little uneasily, others cast stares at their shoes. I clasp my notepad, intent on recording information to take away.

Mitchell raises his hand and motions to those reflexively going for pens. “Put your paper and pens away. You won’t need them,” says Mitchell. “Today, and for the next few, you won’t learn with just your minds. You will learn with your hearts too,” says Marchand.

DAY 1: PREPARING FOR THE TRUTH

And so begins our journey of cultural safety training together. Each with our own ways of seeing the world, each with our own separate life experiences and our own conditioning and biases — but here willing to open, listen, shift perspectives and understand.

As Marchand and Mitchell tactfully yet whole-heartedly layout, we find ourselves at this place in history together — a time when we need to hear the truth, no matter how difficult it will be.

On September 24, 2019, UBC Okanagan made an **official declaration** in response to the Truth and Reconciliation Commission of Canada’s **94 Calls to Action**. At the historic signing of the declaration, Syilx Knowledge Keeper and Canada Research Chair in Okanagan Indigenous Knowledge and Philosophy **Jeannette Armstrong** greeted the audience in the Syilx Okanagan language, nsyilxcən. Armstrong, an associate professor at UBCO, then announced UBC Okanagan’s five commitments and explained the commitments have been made to: “Advance the process of Canadian reconciliation and redress the legacy of Indian residential schools that operated in Canada from 1838 to 1996 with the intent of forcibly assimilating Indigenous children into the dominant culture and as part of a broader policy of cultural genocide.”

Number one on the list of five commitments — to develop and deliver an Indigenous culture orientation program for all UBCO faculty and staff — is underway.

As adjunct professors with the **Faculty of Creative and Critical Studies**, Marchand and Mitchell are our guides along this long road named reconciliation unwinding before us.

The cultural safety workshop we are taking part in today only exists due to the coordination and continual efforts of many. Since 2008, a **a cultural safety training course** has been part of the UBC Okanagan curriculum for third-year nursing students.

Mitchell first began teaching cultural safety in the early 1990s when the principal of a Vernon high school sought to understand why his Indigenous students were struggling.

“This principal, he’d ask me a question and I’d answer him kind of lightly because usually, people didn’t really want to know,” says Mitchell. “But he kept after me. And after me. And finally,” says Mitchell, leaning forward, “I looked him in the eye and said: ‘I don’t know if you really know enough about us [Syilx people] to ask me that question and fully understand what you are asking.’”

DAY 2:

“You cannot have reconciliation before you know the truth.”

NOT THE CANADA WE THOUGHT WE KNEW

Mitchell extends his arm into the centre of our circle, and with an intentional and calm voice begins: “In Canada, there’s a dark hole that hardly anybody knows about. We are going to take a peek into this dark hole you don’t hear much about,” he says moving to the edge of his chair and staring into the imagined black hole at the centre of our circle. “We are going to share a few bits of that with you now.”

“Be kind to yourselves. Be patient with yourself. We are not here to blame or offend but, our truth, you can’t really tell it any other way,” says Mitchell.

Mitchell begins to methodically read the **Memorial to Sir Wilfred Laurier from the Chiefs of the Shuswap, Okanagan and Thompson Tribes of British Columbia**.

Presented to Laurier during his campaign tour in Kamloops in 1910, the letter eloquently lays out the narrative of the experience of local Indigenous communities since contact. Outlining Indigenous ways of understanding land title, respect and reciprocity, the remarkable document of resistance ends with the simple request to be treated fairly.

“Now we sincerely hope you will carefully consider everything we have herewith brought before you and that you will recognize the disadvantages we labor under, and the darkness of the outlook for us if these questions are not speedily settled. Hoping you have had a pleasant sojourn in this country, and wishing you a good journey home, we remain

Yours very sincerely,

The Chiefs of the Shuswap, Okanagan and Thompson tribes

Laurier left the Okanagan with that document under his arm, having heard their gracious and tactful attempt to communicate the injustices and wrongs they had endured since contact. But Laurier lost the election and no action was taken on the letter, no response ever offered. The atrocities that unravelled instead are part of what we are taking this cultural safety training to reconcile.

Mitchell adds: “People get squirmy. They get angry. This is uncomfortable to hear. It’s not the Canada you thought you knew. But all of us here inherited this history. So, let’s talk about it.”

“At the end of the day, it’s your choice what to do with this information. That’s what reconciliation is. We are talking to your humanity, just like the Chiefs in the letter were appealing to Laurier’s. If most Canadian people knew what has been going on they would say, ‘No, that’s not who we are. And that’s where it starts.’”

To read more, please click on UBC's Okanagan Campus **Journey to Reconciliation**.

“Racism doesn’t come from the heart — it comes from the mind.”

Ambulance services in B.C.



At the July BCRHN Board meeting, ambulance services was added to the Board's list of priorities and a working group was formed to address the issue. On July 14, the working group issued a news release: '**Crisis in ambulance service extends into rural B.C.**' [Excerpt] "The extraordinary strain being put on emergency medical technicians (EMT) is in some cases having tragic effects on the individuals, their families and their communities. The model is flawed and the results include long serving and highly qualified personnel leaving British Columbia to serve in a jurisdiction that includes an opportunity for a livable wage."

Visit <https://bcrhn.ca/crisis-in-ambulance-service-extends-into-rural-b-c/>

The following are links to articles plus the B.C. Government's news release from July 14.

Chek News Article

'You will get some sort of mental health injury, it's just a matter of time'

Click on: <https://bcrhn.ca/paramedic-crisis-you-will-get-some-sort-of-mental-health-injury-its-just-a-matter-of-time/>



"From the moment someone calls 9-1-1 dispatch and asks for an ambulance, they are connected to an emergency dispatcher who is trained to begin what-can-be lifesaving medical instruction over the phone as a paramedic team heads their way by ground or air. "From our medical dispatchers, to ground paramedics and air ambulance teams, to

our community paramedics, our members work hard every day to ensure you get timely, quality and advanced medical aid and transport to hospital," said Clifford. From: <https://bcrhn.ca/b-c-paramedics-call-on-call-service-model-flawed/>



"To ensure direct leadership of ambulance services, Dix [Adrian Dix, Minister of Health] is reconstituting the BC Emergency Health Services board of directors to focus solely on ambulance services. It will be directly accountable to the minister of health with a clear mandate to ensure better service for

patients and families who rely on the services — and better supports for workers who deliver the service."

Link: <https://bcrhn.ca/b-c-ambulance-service-overhauled-to-improve-response-job-security/>



June 2021 BC Emergency Health Services is introducing a new paramedic staffing model in rural and remote communities of B.C.

Why is a new model being introduced?

Historically, BCEHS has relied on 'on-call' staffing to maintain ambulance service in small communities, and that is changing. The on-call model relies on the availability of paramedics to work around other commitments, without a guarantee of regular pay. Without a regular, predictable income it is difficult to retain and attract paramedics in smaller communities.

What is this new model?

Scheduled On-Call is a model developed to provide regular, sustainable paramedic work where 911 call volumes are low. Paramedics will be provided eight hours per day of pay and assigned work which may include community paramedicine work, 911 emergency response or other duties. On their workdays, the paramedics will respond to patients with medical emergencies during scheduled work hours and will also be scheduled to be 'on call' for emergency response in their community for the remainder of their shift.

Read more at: <https://bcrhn.ca/stabilizing-paramedic-staffing-in-rural-and-remote-british-columbia/>

Paramedics In 8:59 - BC Ambulance Responses

The national response time goal for paramedics in Canada is 8 minutes 59 seconds, for the most serious emergencies. In the province of British Columbia, this goal is only being met 30% of the time. See the response times in your community or report the response time for your emergency here: <http://www.paramedicsin859.com/>. (Click on the map, and click on 'view all reports'.)

The Medical Futurist [Excerpts] “I do think there will be a day when people looking back will say Apple’s greatest contribution to the world was healthcare.” Tim Cook surprised most of his audience when he said this during the **Time 100 Summit in 2019**.

For its part, Apple entered the healthcare market later than its competitors but is working on acquiring a significant share of the market. Are the recent developments indicative of Tim Cook’s statement? Let’s see the steps that the company is taking to reach that vision.

THE APPLE WATCH PHENOMENON

According to Statista, Apple holds the largest share of the global smartwatch shipment market. In the first quarter of 2020, that accounted for a substantial 47.9% share of the market. The company has been heavily leveraging the popularity of its smartwatch for its healthcare plans. Healthcare? There’s an app for that! Source: <https://www.apple.com/>

Apple’s Health app aims to bridge patients and doctors, and all the data in-between. In early June, new features were announced for the app that further hammered in this aim. It already gathers health data from a user’s iPhone, Apple Watch and other apps to make them accessible in one place.

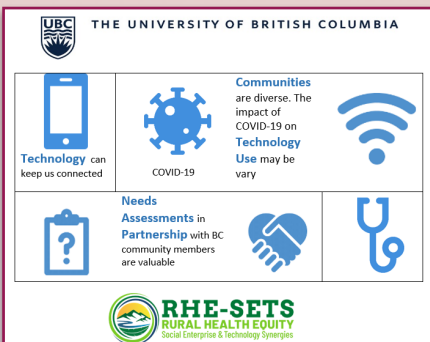
HEALTHCARE DESIGNED BY APPLE



Mid-June 2021, we [The Medical Futurist] got more details about Apple’s healthcare plans. It turns out that the tech giant does not plan to limit itself to smartwatches and apps; but also wants to provide a full-blown primary-care medical service of its own. The news came from **an exclusive report** by the Wall Street Journal that had access to insider contacts and documents. Their medical service would be fully run by Apple with Apple-employed doctors working at Apple-owned clinics. To test this bold plan, the WSJ says the company took over employee health clinics near its headquarters that were previously run by a startup. It built a team of clinicians, engineers and product designers to test out its new health services in those clinics.

While the effort is ongoing and is at a preliminary stage according to the report, this would signify a radical move by a tech giant. And Apple has the resources to make such a move.

Click on: **READ MORE** to view the entire article from *The Medical Futurist*.



Technology can keep us connected

COVID-19

Communities are diverse. The impact of COVID-19 on Technology Use may be vary

Needs Assessments in Partnership with BC community members are valuable

RHE-SETS
RURAL HEALTH EQUITY
Social Enterprise & Technology Synergies

A COVID-19 survey for ALL BC community members 19+ years

Complete a 20-minute survey for a chance to win one of five \$100, one of three \$200 or a \$400 cash prize! A team of researchers from UBC is looking for BC community members 19+ years to participate in an online survey. The study is called “*BC Communities’ Technology Use during COVID-19 Pandemic*”.

This survey is being done for research purposes. It will help determine the impact of COVID-19 on BC community members’ technology use. Completing this survey is voluntary. No personal information about you will be shared.

The survey is collecting responses until August 5, 2021

To participate, click on: https://ubc.ca1.qualtrics.com/jfe/form/SV_6JMU4jQ5N1HwJ4a

Please feel free to share this survey link with anyone 19+ years in BC who might be interested in participating. For more information you can contact Cherisse Seaton, Research Coordinator.

Email: cherisse.Seaton@ubc.ca



Wondering about the various acronyms and abbreviations?
 Are you confused???
 Don't worry, help is on the way.
 Number 10 in our series '*acronyms explained*' (AE)



PCC = PATIENT CENTRED CARE

Providing patient-centered care is the first of eight priorities for the B.C. health system as articulated in the Ministry of Health's strategic plan, *Setting Priorities for the B.C. Health System* (February 2014). Under the strategic plan, the province will strive to deliver health care as a service built around the individual, not the provider and administration. This is not an overnight change, but a promise of a sustained focus that will drive policy, service design, training, service delivery, and service accountability systems.

Patient-centered care puts patients at the forefront of their health and care, ensures they retain control over their own choices, helps them make informed decisions and supports a partnership between individuals, families, and health care services providers. Patient-centered care incorporates the following key components:

- self-management
- shared and informed decision-making
- an enhanced experience of health care
- improved information and understanding, and
- the advancement of prevention and health promotion activities

To read more, click on: https://www.health.gov.bc.ca/library/publications/year/2015_a/pt-centred-care-framework.pdf

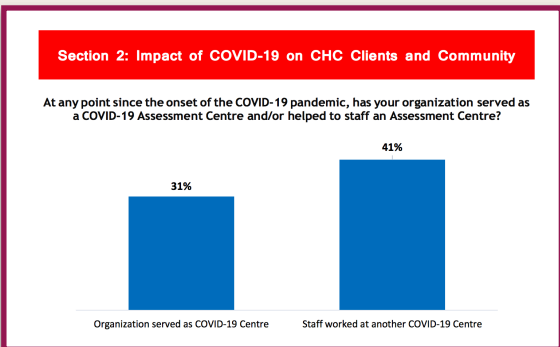
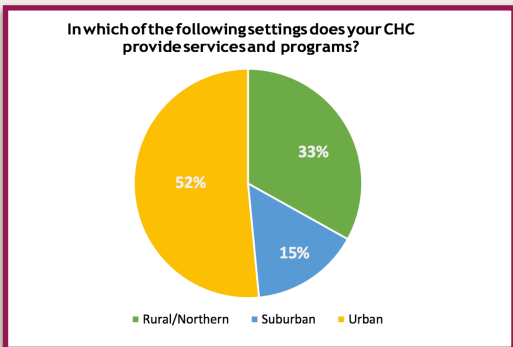
NEW ON OUR WEBSITE

Community Health Centres & COVID-19 Impact and Experiences from the Pandemic

In March 2021, the Canadian Association of Community Health Centres (CACHC) conducted a detailed survey of Community Health Centres (CHCs) across Canada to document the impact of the COVID-19 pandemic on the clients and communities they serve, as well as CHCs' experiences in adapting and mounting local responses.



[Note: below are just two of the many findings]



To access the entire study, click on:
[Community Health Centres & COVID-19 Impact and Experiences from the Pandemic](#)



Some of Our Latest Twitter Followers



Centre for Canadian Progress

Canada's only democratic socialist independent & nonpartisan
Centre for public policy.
website: centreforprogress.ca



SHHOW Project

This University of Victoria project aims to build Solutions to Homelessness and Health for Older Women (SHHOW) and mobilize community-led research.



BC Institute of Technology (BCIT) Health Sciences

BCIT School of Health Sciences provides industry leading education for essential in-demand careers in the healthcare field.
Burnaby, British Columbia
website: bcit.ca/health/



IMPACT
PARKINSON'S

IMPACT Parkinson's
was created to make an **IMPACT** on the quality of life for people living with Parkinson's by offering programs that focus on **MIND, BODY + SOUL.**
website: impactparkinsons.com



Canadian Association
for Long Term Care

Long-Term Care's

PERFECT STORM

30 Years of Underinvestment & COVID-19

COVID-19 has exposed long-standing and widespread vulnerabilities in the long-term care sector; vulnerabilities that operators, care teams, and other long-term care experts have known and voiced for decades.

According to Statistics Canada, the number of Canadians aged 65 and older will increase to 25% by 2036, and the number of seniors 80 years of age and over will double by 2036. Furthermore, for the first time in Canadian history, seniors outnumber those under the age of 14.

To access the report and recommendations, click on: [caltc_pre_budget_2021_enDownload](#) 9



SIMON FRASER
UNIVERSITY
ENGAGING THE WORLD



ATTENTION PRIMARY CARE CLINICIANS & HOSPITALISTS

As part of a research project being conducted by the Simon Fraser Gerontology Research Centre in collaboration with researchers from McGill and McMaster Universities, we are conducting interviews to learn about your experience in initiating/facilitating Advance Care Planning with LGBT older adult patients/their families and get your feedback on some Advance Care Planning tools.

You can choose to have the interview conducted by Zoom, telephone, or email, at date/time of your choice. We only ask for 20-30 minutes of your time.

As a thank you for participating you will receive a \$25 Amazon gift card.

To participate please contact Robert Beringer at RobertBeringer@outlook.com or, call 250-538-6244

Note: We use the word "family" in its most inclusive form to refer not only to biological relatives but also to "families of choice" - people patients are most emotionally close to and consider 'family' even though they may not be biologically or legally related. If you have any questions, please contact Dr. Gloria Gutman from SFU at (604) 263-5221 or gutman@sfu.ca



About Us



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Jude Kornelsen - liaison with the Centre for Rural
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Teresa Murphy - liaison with the BC Health Coalition

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