

RURAL HEALTH MATTERS

British Columbia Rural Health Network

June 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,

In a world seemingly filled with bad news that paints a rather negative view of the future, I'd like to fill this month's *Letter from the President* with several wonderful and exciting things that are happening.

Last month I sent everyone an email with information about a survey being planned by the Centre for Rural Health Research in partnership with the BCRHN, that would be asking rural communities to share their experiences of Covid-19. I'm pleased to report that the response has been outstanding! Jude Kornelsen and Christine Carthew, project coordinators, will soon be reviewing the results and putting together a report. The purpose of this collaborative project is to identify innovative and creative ways that rural BC communities are providing community support and encouragement during these difficult times. I look forward to the report and hope everyone will find inspiration in its content.

Earlier this month I attended a meeting of the CORE group of the Rural Coordination Centre of BC. Held virtually, I was impressed by the incredible positive atmosphere and the number of thoughts and ideas that were shared. The main take-away for me was that Covid-19 has been a great motivator for changing the way healthcare is delivered in BC. The meeting concluded with agreement that rural doctors need to create a post-Covid-19 legacy that includes a wide range of innovative and system changing projects. I left the meeting feeling very motivated and optimistic about the future of healthcare in rural BC.

Two weeks ago, the BCRHN Board of Directors attended a meeting organized by the Minister of Health that discussed the development and implementation of Community Health Centres in BC.

The CHC model has great potential as a way to address health concerns in rural and remote communities and the BCRHN has been a part of ongoing consultations in this initiative. A proposal is being developed to form a CHC Partnership Table that will include representation from our organization. We will be sharing more information on this exciting development in the near future.

For those that were able to attend the May 28th webinar on Seniors Care, I think we can all agree that it was excellent. It was well organized by the BC Office of the Canadian Centre for Policy Alternatives and included four knowledgeable and informative presenters: Shannon Daub (CCPA-BC), Margaret McGregor (Vancouver Physician), Marcy Cohen (CCPA-BC), and Andrew Longhurst (CCPA-BC). The information they provided was factual and concise and the presentation ended on a positive note with information provided on programs being offered in support of seniors during these challenging times. The recording and the slides used in the presentation will be made available shortly and we will post them on our website.

And I could go on, but I've run out of room. Nienke has assembled an interesting mix of articles and information in this month's issue. I hope you enjoy reading it as much as I have.

In closing, I'd like to thank all our members and supporters for the support you have provided to each other over the past few months. With the arrival of spring and summer on the way, I wish you all the very best of health. Stay safe and stay positive.

Edward Staples, BCRHN President

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Member of the Month

New Denver

So far in the New Denver/Silverton villages and surrounding area there have been no known recorded cases of Covid-19. Our village councils are required by Provincial legislation to follow and recommend accepted Covid-19 'social distancing' protocols.

For the most part local citizenry has been very co-operative and accepting of safe Covid related recommendations. One of the main concerns here is for the 28 residents of the 'Pavilion', our local extended care facility. Interior Health Authority has enforced a total lockdown of the facility and it's been hard on the residents and their families. Residents used to scheduled visits by local hospice volunteers, musical/theatrical performers and local school pupils are finding it particularly difficult.

Major annual events such as our May Days celebrations and the fall Garlic Fest have been cancelled and major economic drivers such as our Village campgrounds and local Credit Union have also been closed. Like everywhere else local 'non essential' storefront and home based businesses forced to close are really feeling the pinch.



One of the bright lights has been formation of our CCAT (Community Covid Action Team). This group has secured funding and is utilizing local volunteers to help in numerous projects such as helping to keep our local laundromat in operation; helping to fund the manufacture and distribution of volunteer made PPE masks and providing picnic tables for Health Centre staff.

Our communities have long shown true rural community spirit and the Covid-19 pandemic has shown us all once again how our communities step up to help friends and fellow community members. Just from our mask making effort alone we have raised over \$2,000 in donations to go to our local graduating class and our Food Hamper program.

Our latest project under way is a 'business outreach effort' – basically a telephone support network partnered with our Chamber of Commerce where businesses are contacted and basically asked how they are doing, do they need help, what do they see coming, etc. With the help of our Village staff and area wide economic development commission we also hope to provide businesses with helpful local, provincial and federal links to various business aid programs.

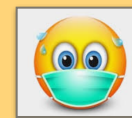
When asked how we are coping with various Covid-19 restrictions and changes most of us reply that our lives here really haven't changed much. Being a semi remote rural area all of our hiking/walking trails, lake and even our golf club are still open. Essential businesses are still open so until the Covid virus hits here things continue for the most part as normal.

Colin Moss
New Denver Councillor
Vice Chair of the New Denver Select Health Committee

Excerpts from

The Risks – Know Them – Avoid Them

By **Erin Bromage**



Where are people getting sick?

We know most people get infected in their own home. A household member contracts the virus in the community and brings it into the house where sustained contact between household members leads to infection.

But where are people contracting the infection in the community? I regularly hear people worrying about grocery stores, bike rides, inconsiderate runners who are not wearing masks.... are these places of concern? Well, not really. Let me explain.

A Bathroom: Bathrooms have a lot of high touch surfaces, door handles, faucets, stall doors. So fomite transfer risk in this environment can be high. We still do not know whether a person releases infectious material in feces or just fragmented virus, but we do know that toilet flushing does aerosolize many droplets. Treat public bathrooms with extra caution (surface and air), until we know more about the risk.

A Cough: A single cough releases about 3,000 droplets and droplets travels at 50 miles per hour. Most droplets are large, and fall quickly (gravity), but many do stay in the air and can travel across a room in a few seconds.

A Sneeze: A single sneeze releases about 30,000 droplets, with droplets traveling at up to 200 miles per hour. Most droplets are small and travel great distances (easily across a room). If a person is infected, the droplets in a single cough or sneeze may contain as many as 200,000,000 (two hundred million) virus particles which can all be dispersed into the environment around them.

A Breath: A single breath releases 50 - 5000 droplets. Most of these droplets are low velocity and fall to the ground quickly. There are even fewer droplets released through nose-breathing. Importantly, due to the lack of exhalation force with a breath, viral particles from the lower respiratory areas are not expelled.

To access the full article, click on: [The Risks – Know Them – Avoid Them](#)



Combating black plague was just as much about politics as it was science

The inability of 14th-century medicine to stop the plague from destroying societies throughout Europe and Asia helped advance scientific discovery and transformed politics and health policy, says Stanford historian **Paula Findlen**.

Stanford | News



By **Melissa De Witte**

For Italians in the 14th-century, the bubonic plague at first seemed extraordinary but its repeated return made it so much a part of daily life that it became an economic annoyance and an administrative problem to resolve, and eventually led to advances in medicine and public health, according to Stanford historian and scholar of Renaissance Italy, Paula Findlen.

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To find out the answers to the following questions, see the link below:



- How did the bubonic plague change the relationship between science, government and society?
- In what ways did the Black Death change medicine and scientific research?
- You have studied the history of scientific networks and the spread of news and information.
- As scientists from around the world race to find treatment and a vaccine for COVID-19, are there lessons from the past that are applicable today?
- Was there a figure like Anthony Fauci (director of the U.S. National Institute of Allergy and Infectious Diseases) in Renaissance Italy?
- What enduring legacy did the bubonic plague leave on life in Italy and beyond?
- What are the lessons from Renaissance Italy that can inform our response to COVID-19?

click on: [For Renaissance Italians, combating black plague was as much about politics as it was science](#)

NEW ON OUR WEBSITE

Do you work or volunteer with an organization that represents, serves, or advocates for older adults?

Are you planning next year's programming?

While we still don't know when we'll be able to hold in-person events again, ***consider an online presentation on medication safety as part of your offerings for 2020-2021!***

More than ever, medication safety is a priority. Unfortunately, harmful medication side effects such as falls, fractures and hospitalizations do not stop happening during pandemics. Nor does the need to educate the public about this issue.

If interested, click on the following link: [Free online presentation on medication safety for older adults and their caregivers](#)

Higher risk of falling

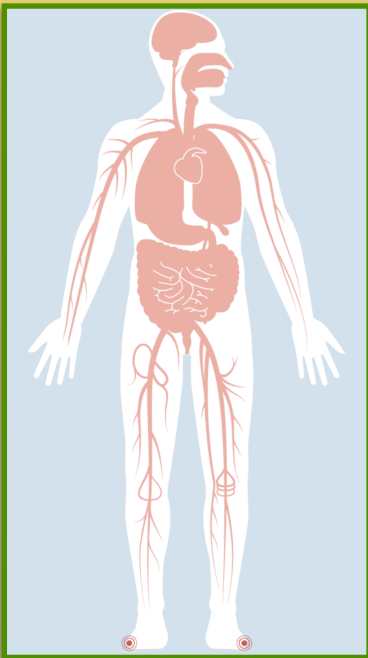


Taking more medications increases your risk of falls

- Taking 4 to 7 medications **doubles** your risk of falls
- Taking 8 medications or more **increases even more** your risk of falls



Ziere et al., Br J Clin Pharmacol. 2006 Feb;61(2):218-23.



Doctors keep discovering new ways the coronavirus attacks the body

Damage to the kidneys, heart, brain — even ‘covid toes’ — prompts reassessment of the disease and how to treat it.

By Lenny Bernstein and Ariana Eunjung Cha
May 10, 2020

[Excerpts]

Today, there is widespread recognition the novel coronavirus is far more unpredictable than a simple respiratory virus. Often it attacks the lungs, but it can also strike anywhere from the brain to the toes. Many doctors are focused on treating the inflammatory reactions it triggers and its capacity to cause blood clots, even as they struggle to help patients breathe.

More than four months of clinical experience across Asia, Europe and North America has shown the pathogen does much more than invade the lungs. “No one was expecting a disease that would not fit the pattern of pneumonia and respiratory illness,” said David Reich, a cardiac anesthesiologist and president of Mount Sinai Hospital in New York City.

It attacks the heart, weakening its muscles and disrupting its critical rhythm. It savages kidneys so badly some hospitals have run short of dialysis equipment. It crawls along the nervous system, destroying taste and smell and occasionally reaching the brain. It creates blood clots that can kill with sudden efficiency and inflames blood vessels throughout the body.

Trying to define a pathogen in the midst of an ever-spreading epidemic is fraught with difficulties. Experts say it will be years until it is understood how the disease damages organs and how medications, genetics, diets, lifestyles and distancing impact its course. But many scientists have come to believe that much of the disease’s devastation comes from two intertwined causes.

The first is the harm the virus wreaks on blood vessels, leading to clots that can range from microscopic to sizable. Patients have suffered strokes and pulmonary emboli as clots break loose and travel to the brain and lungs. A study in the *Lancet*, a British medical journal, showed this may be because the virus directly targets the endothelial cells that line blood vessels.

The second is an exaggerated response from the body’s own immune system, a storm of killer “cytokines” that attack the body’s own cells along with the virus as it seeks to defend the body from an invader.

To read the full article, click on: [**Doctors keep discovering new ways the coronavirus attacks the body**](#)

DO YOU LIVE WITH CHRONIC PAIN?

You are being invited to take part in a research project.

The objective of this research project is to assess to which extent the COVID-19 pandemic and its associated restrictions affect the pain experience, treatments, various aspects of daily living, the emotional well-being, and the quality of life of people living with chronic pain in Canada.



If you agree to participate in the study, you will be asked to complete an online questionnaire, which should take you between 20 and 30 minutes of your time to complete. You are invited to answer all questions, as all your answers are important for the study. You can complete part of the questionnaire, and return to it at a later time.

To participate, click on: **Impacts of the COVID-19 pandemic on people who live with chronic pain in Canada.**

Funded by

- Quebec Pain Research Network of the Fonds de recherche Québec-Santé
- Canadian Chronic Pain Network
- Pain BC

The BCRHN announces the second in a series of quarterly presentations on health-related topics.

Date: June 9, 3:30 - 4:00 p.m.

Presenter: Dr. John Sloan

Topic: CARE TRANSPLANT: Moving City Home Care of Frailty into a Semi-Rural Community.

Dr. Sloan is a family physician who moved from Vancouver to the Sunshine Coast (Roberts Creek). Sloan's practice has been confined to home care of frail elderly people, trying to avoid institutional care of these patients.

Home ViVE (Visits to Vancouver Elders) is a multidisciplinary primary care program, looking after about 350 homebound elderly people, offering 24/7 medical care available in the home. Sloan has attempted to move his semi-retirement ViVE-style medical practice to Roberts Creek.

In his presentation Dr. Sloan will describe some of the differences of the Vancouver based ViVE program and his practice in Roberts Creek.

If you are interested in participating, please phone Edward Staples at 250-295-0822.

Fran Yanor interviews Dr. Jude Kornelsen,
Dr. Ray Markham and Edward Staples
Topic: Rural Health Councils
Link: <https://bcrhn.ca/interviews/>

NEW ON OUR WEBSITE:

<http://bcrhn.ca/petitions/>



Our Latest Twitter Followers



Sunshine Coast Division of Family Practice

Official Instagram Account for the Sunshine Coast Division of Family Practice & COVID Physician Task Force, for local updates on the COVID19 pandemic.

divisionsbc.ca/sunshine-coast

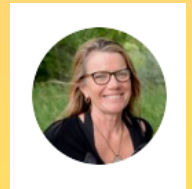


Dr Cath Cosgrave PhD

Research Fellow committed to health equity, rural health, health workforce, recruitment & retention. Department of Rural Health, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Australia

Paper: *The Whole-of-Person Retention Improvement Framework: A Guide for Addressing Health Workforce Challenges in the Rural Context*

Published April 14, 2020



Sukhmeet Rohan Sachal MPH

Rural + Indigenous Health

Mental Health and Wellness Ambassador @cma_docs

Co-Founder @BreakTheDivide_Vancouver

breakthedivide.net

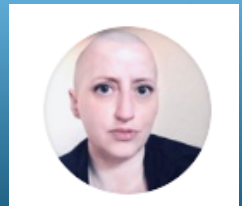


S.R.Bennett

Health Care Policy & Regulation.

BC PUBLIC ADVISORY NETWORK

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Editor's Pick of the Month - Jel Coward

...that feeling.....in from work, face mask off, face shield off...clothes dumped outside the door....into the shower.....and just afterwards..... just a brief moment.....that feeling..... of being clean, being safe, being free @RCCbc @DoctorsOfBC @BCRHNetwork



Partner Updates



RER
Rural Evidence Review



Rural Evidence Review & BC Rural Health Network launch COVID-19 survey

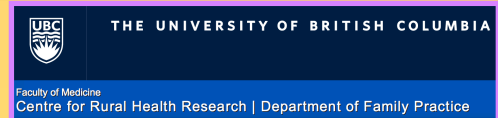
The **Rural Evidence Review** together with the **BC Rural Health Network** has created a short, anonymous online survey to ask rural communities across BC about their experiences of COVID-19.

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 The survey is available at the following link: <http://bit.ly/RERCOVID-19>



Centre for Rural Health Research



The **Centre for Rural Health Research** has announced the launch of their new podcast program, which features in-depth discussions on the health issues that matter most to the residents of rural and remote British Columbia.

In their first series, Innovation From the Edges, they interview rural residents across BC for their stories of community strength, resilience, and resourcefulness in addressing local health priorities. The first episode connects with Kristine Perron of the Quadra Island CareMongering group, to learn about how her community has adapted to life in the era of COVID-19. Stay tuned for future episodes where you'll hear from Sierra Acton, Area Director of Shawnigan Lake in the Cowichan Valley, and Carrie Chard, Fire Chief from the District of Wells, and others, on Innovation From the Edges.

Click [here](#) to listen to the trailer for Innovation From the Edges and visit their [website](#) to find more information on the podcast. You can also subscribe to the CRHR Podcast on [Apple Podcasts](#), [Google Podcasts](#), [Spotify](#), or [SoundCloud](#) to automatically receive new episodes.

About Us

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