RURAL HEALTH MATTERS

British Columbia Rural Health Network June 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 May 8th, the BC Rural Health Network held its third Annual General Meeting where we elected our new Board of Directors. I'm pleased that all past Directors will be continuing to serve on the Board for another year. They include Janice Androsoff (Trail/Rossland), Bill Day (Hedley), Pegasis McGauley (Nelson), Colin Moss (New Denver), Peggy Skelton (East Shore Kootenay Lake), Johanna Trimble (Roberts Creek), and myself (Princeton). We also added three new Directors, Leonard Casely (New Denver), John Grogan (Valemount), and Dave Smith (Chase). Continuing on as liaison members are Jude Kornelsen (Centre for Rural Health Research) and Stuart Johnston (Rural Coordination Centre of BC), and we're pleased to add Teresa Murphy as liaison for the BC Health Coalition.

The following is drawn from my annual report to the membership:

> When I think back over the 8 months since our last AGM, three "R's" come to mind: relationships, reliability, and respect.
>
> It's my belief that the development of relationships is critically important if you want to make change happen. Since our network was first formed, we recognized the importance of developing relationships with our member organizations and fostering an environment that encouraged sharing of ideas and stories with each other. This has been accomplished through timely and appropriate communication that includes our monthly newsletter, our website, and social media sites, including Facebook and Twitter.
>
> One of the strongest relationships we have is with the Rural Coordination Centre of BC (RCCbc). Through them we have a seat at the Rural Health Partnership Table that brings together six rural health sectors: the policy makers, health administrators, health providers, academia, linked sectors, and community. To provide a vehicle for bringing the community voice to the table, RCCbc sponsored the formation of the Rural Citizens Perspective Group (RCPG), co-chaired by BCRHN and the BC Patient Safety and Quality Council. The group comprises rural representatives from the Patient Voices Network, First Nations communities, and the BCRHN. The RCPG meets every two months to discuss rural healthcare challenges and develop solutions that are then presented at the Rural Health Partnership Table.
>
> We also enjoy a healthy, collaborative relationship with the Centre for Rural Health Research at the University of British Columbia. This relationship has involved us in several research initiatives including their Rural Evidence Review and a survey on Out of Pocket Costs resulting from accessing care away from home.
>
> We are also building our relationship with the BC Health Coalition (BCHC) whose purpose is to work with people across B.C. to champion evidence-based improvements of our universal public health care system.
>
> The second "R" is reliability and in my experience this comes from consistencies. In order for the BCRHN to be known as a reliable partner at the provincial healthcare table, we have endeavoured to be consistent in our use of evidence to support the decisions we make. We have completed several memberships surveys since our inception and draw on the resulting data to bring our concerns to the table as seen through the rural lens. It's our plan to remain consistent in this approach and build on the reliability that we've presently achieved.
>
> The third "R" is respect, a word that can be either a noun or a verb. As a verb, it's about providing a safe and humble environment where dialogue can take place. As a noun, it means earning the respect of others and not demanding it. As we continue with our collaborative and cooperative approach we hope to earn the respect of all sectors involved in improving health care services for people living in rural BC.
>
> In closing, I'd like to thank the members of the outgoing Board of Directors who have volunteered countless hours to help us achieve our goals. And I look forward to working with our new Board as we meet the challenges ahead.

Sincerely,

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

Member of the Month

Nuu-chah-nulth Tribal Council Nursing Services

Navigating the support needs of families living in remote communities

Submitted by Lesley Cerny, Nurse Navigator for the Nuu-chah-nulth Tribal Council

When the Medivan returned Elder and Hereditary Chief Anthony -'Tony' - John to the remote Nation of Ehatis, the entire community gathered outside to welcome him home. In Spring 2020, just as the province locked down services, Tony collapsed with a major stroke. Throughout the ensuing months in hospitals Tony and his family never wavered in the plan to bring him home, despite the lack of home support services in the community.

As Nurse Navigator for Nuu-chah-nulth Tribal Council (NTC), I was involved with discharge discussions while Tony was at the NRGH (Nanaimo Regional General Hospital). Others stepped in once he was transferred to Port Hardy and I stood aside. Then, in December 2020, as part of the team responding to the COVID outbreak in Ehatis, I finally met Tony and his son Paul.

Chief Anthony 'Tony' John and his son Paul

The grinding demands of 24-7 care and inadequate funding for personal care supplies over the past year have been a great strain for Paul, who quit his job so Tony could live at home. Still, the close bond between them was evident in much joking and laughter. I realized how easy it is to overlook the non-medical dimensions of wellbeing. As Paul explained, `family is medicine – it physically hurts to be separated'.

Families, like the Johns', also keep loved ones at home because of negative experiences with institutional care. Tony and Paul, like others in a similar situation, resolved to never be separated again.

Every year, more Elders with complex medical conditions are choosing to stay at home. Caring for loved ones in remote communities is overwhelming. Local supports are lacking, and the few services that do exist, have recurring vacancies, changing staff, and irregular visits. One of the greatest obstacles is that Nations and providers are often unaware of services available and who to call. One of my roles has been to 'connect the dots' between sectors and providers to create a circle of care. My involvement with two families in remote settings demonstrated the need for a holistic approach.

- **FNHA*/PBC** Benefits:** I liaise with physicians and rehab staff to obtain prescriptions for drugs and medical equipment. If there is no family physician (or it takes too long to get an appointment), I use the FNHA Doc of the Day*** services. The physicians are excellent! I advocate for the amount of personal care supplies and equipment needed by writing letters of support and consulting contacts in Health Benefits. I also enlist help of the FNHA Clinical Pharmacist to get coverage for medications that are not included in the benefit plan. I follow up on applications, help prepare appeals, and escalate concerns to FNHA Managers and Directors when needed. Once approvals are received, I support families in applying for reimbursement.
- **Home and Community Care services**: if not yet done, I complete referrals for VIHA [Vancouver Island Health Authority] community rehab and case management. I've learned it's important to stay in touch with community OTs**** so I can advocate and support their benefit applications for equipment.

* First Nations Health Authority

** Pacific Blue Cross

*** see https://bcrhn.ca/fnha-virtual-health-care-services/

**** Occupational Therapists

continued on page 3

continued from page 2

- **Funding for renovations**: With Nations' support, its important to connect OT's with Band Maintenance staff and NTC Capital Assets to identify funding sources for renovations. OT monitoring of renos can ensure that disability specific needs are not overlooked once renos begin.
- **Home safety:** If appropriate, getting a life-line for loved ones allows caregivers to leave the home for short periods. If Nations aren't able to fund these, NTC may cover the cost for those living on reserve.
- **Income-concerns**: It's important that families get all relevant sources of financial assistance. In Nations, Social development staff can assist with income assistance and PWD. If there is no physician in the community, FNHA Doc of the Day can assist in completing the medical form.
- **Emotional support:** If the family is receptive, emotional and cultural supports are available through NTC (Teechucktl) and Tsow Tum Lelum. FNHA Mental Health also fund access to counselling and have a large list of counsellors that families can access by phone, virtually, and soon – in person.

On my last visit to Ehatis, Paul pointed out a cougar on the tidal flats below their home. When I said goodbye before leaving Ehatis, they were busy with affairs related to Tony's role as Hereditary Chief. Paul's ability to sustain 24-7 care has defied all providers' expectations but the supports are far from adequate. NTC Nursing is now working with Ehatis Nation and allies in FNHA and VIHA (Vancouver Island Health Authority) to find better ways to support families like the Johns. It's a treaty right and the right thing to do.

NEW ON OUR WEBSITE

Chris Seitcher, Tla-o-qui-aht First Nation cultural support worker, at Esowista, near Tofino, is helping health-care staff to incorporate traditional healing practices into First Nations care. MELISSA RENWICK, HA-SHILTH-SA

Nuu-chah-nulth healing practices introduced to health care staff in Tofino

[Excerpt] Melissa Renwick ,
Local Journalism Initiative / Ha-Shilth-Sa
April 11, 2021

When Dr. Luke Williston first heard about the Tla-o-qui-aht men's group, his ears perked up.

As one of Tofino's primary care and emergency room physicians, Williston often treats patients who struggle with alcoholism and substance abuse.

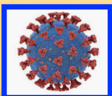
When he started seeing the same three men returning to the hospital nearly every month, Williston was at a loss. He arranged for counselling and prescribed medication, but none of his methods seemed to help.

Thinking back to the men's group, Williston approached Chris Seitcher, Tla-o-qui-aht First Nation cultural support worker, and asked about bringing a cultural healer into the hospital.

They arranged for Dwayne Martin to perform a cleansing ceremony for the patients and the immediate benefits were "hard to ignore," Williston said.

For the following year, Williston said, he hardly saw those patients. "That's the Western medicine in me," he said. "I'm results-oriented and want to see people get better. If our way isn't doing it, we have to be open to seeing what could work better — and I know this does."

To read the full article, click on: https://www.timescolonist.com/news/local/nuu-chah-nulth-healing-practices-introduced-to-health-care-staff-in-tofino-1.24305869



NEW ON OUR WEBSITE

CBC

Delayed second Pfizer-BioNTech shot produces more antibodies, U.K. study says

Thomson Reuters · May 14, 2021

[Excerpt] The Pfizer-BioNTech COVID-19 vaccine generated antibody responses three-and-a-half times larger in older people when a second dose was delayed to 12 weeks after the first, a British study says.

A senior gets her first dose of the Pfizer-BioNTech COVID-19 vaccine at Caboto Terrace, in North York, Ont. A British study released Friday says that seniors who received their second dose 12 weeks after their first generated a greater antibody response than those who received the second dose after three weeks, which was the time gap used in Pfizer-BioNTech vaccine clinical trials. (Evan Mitsui/CBC)

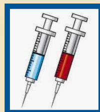
The study, released on Friday [May 14], is the first to directly compare immune responses of the Pfizer-BioNTech shot from the three-week dosing interval tested in clinical trials and the extended 12-week interval that British officials have recommended in order to give more vulnerable people some protection quickly.

After Britain moved to extend the interval between doses, Pfizer and vaccine partner BioNTech said there was no data to back up the move. However, Pfizer has said that public health considerations outside of the clinical trials might be taken into consideration.

Canada made a similar move earlier this year, when the National Advisory Committee on Immunization (NACI) recommended extending the duration between first and second COVID-19 vaccination doses to up to 16 weeks in order to give as many people as possible some degree of protection as quickly as possible.

To read more, click on: Delayed second Pfizer-BioNTech shot produces more antibodies, U.K. study says

Mixing COVID-19 vaccine doses leads to more reactions, study finds, which may be 'first sign of success'



'We don't know yet' whether early finding ties to improved immune response, U.K. researcher says

Lauren Pelley · CBC News · May 12, 2021

[Excerpts] Mixing different types of COVID-19 vaccines for two doses can hike the chance of someone having mild or moderate reactions like fatigue, headache or a fever, according to early results from a U.K. study, which is being watched closely by health officials in Canada and beyond.

Impact on immune response not yet known

The participant-blinded, randomized trial has been taking place at a network of trial sites across the U.K., with more findings to come. This first round only shows the impact on post-vaccination reactions — not the overall safety or effectiveness of each mix-and-match approach.

Small sample size

However, Horacio Bach, an infectious diseases expert at the University of British Columbia, warned the small size of the initial study does not make it possible to know whether some people would get severe reactions from mixing the two studied vaccines.

Canada exploring mixing dosesThe early findings have emerged at a pivotal time in Canada's vaccine rollout, when health officials are now reviewing the emerging research on mixing various COVID-19 shots as multiple provinces are gearing up to start **swapping in different brands for second doses.**

Read more at: https://www.cbc.ca/news/health/vaccines-mixing-doses-1.6023830

NEW ON OUR WEBSITE

Life expectancy grows with supply of primary care doctors

Lauren Vogel
CMAJ March 25, 2019

[Excerpt] People live longer in areas with more primary care doctors, according to data from the United States. But the supply of these doctors is shrinking as more medical students choose higher paying specialties.

Life expectancy increased 51.5 days for every 10 more primary care doctors per 100 000 people in the United States between 2005 and 2015, according to a study led by researchers at Stanford and Harvard universities. A similar increase in other specialists boosted life expectancy only 19.2 days.

Areas with more primary care doctors also had lower mortality rates. There were 0.9% fewer cardiovascular deaths, 1% fewer cancer deaths, and 1.4% fewer respiratory deaths for every 10 more primary care doctors per 100 000 people.

“Greater supply of primary care physicians appeared to increase the chances that a person would be treated for cardiovascular disease risk factors like high blood pressure or high cholesterol, or caught early for major cancers like breast cancer or colon cancer,” according to lead author Dr. Sanjay Basu.

Basu’s team examined data from 3142 counties, 7144 primary care service areas and 306 hospital referral regions. Unlike some previous studies, they accounted for regional factors that might influence longevity, such as poverty levels and numbers of hospital beds, as well as individual factors, including smoking habits and obesity.

The researchers also looked at people who moved between areas with different densities of primary care physicians and compared how their survival changed, controlling for regional and individual characteristics. They found that people who moved to areas with more primary care doctors increased their life expectancy by as much as 114.2 days per decade for every 10 additional physicians per 100, 000 people.

To access the full article, visit: **https://www.cmaj.ca/content/191/12/E347**

A first of its kind in Canada: 2SLBGTQ+ Canadian Healthcare Bill of Rights for Advanced Illness, Frailty and End of Life! Created to help people understand and advocate for respectful, discrimination-free healthcare.

Proud, Prepared, and Protected is a collection of online resources to assist people who identify as 2SLGBTQ+ to access and receive inclusive, respectful care.

These resources were developed by people who identify as Two-Spirit and LGBTQ+ and more than 40 organizations together with Canadian Virtual Hospice to fill a national gap.

This information is also helpful for allies, people working in healthcare and education and communities. To access, click on: **https://www.virtualhospice.ca/2SLGBTQ**

NEW ON OUR WEBSITE

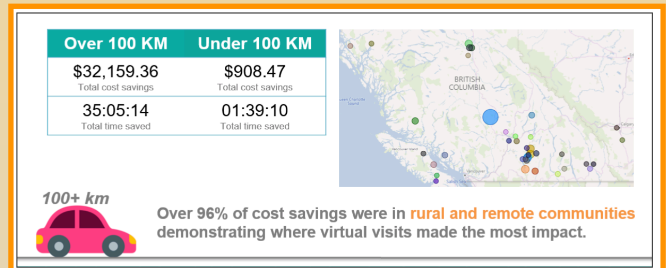
New data-driven dashboard highlights how patients benefit from virtual health visits

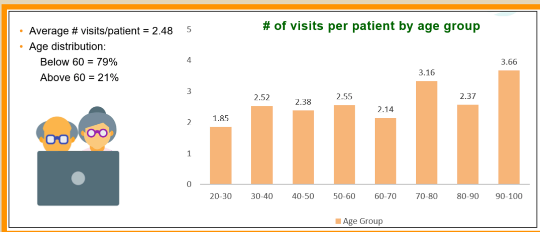
May 20, 2021 [Excerpts] The dashboard tells many stories, but at its core shows the benefits that virtual health visits can bring to patients when used appropriately.

What if we could get a snapshot of the tangible benefits that virtual health visits provide to patients? What if, instead of going through rows of data collected, we could see it collected and contextualized in one clear image?

"The virtual health visit pilot project was launched back in 2019 with the goal to bring specialized care into patients' homes. We used project data to inform the analysis and make a patient benefit realization dashboard to bring the story to life." says Ying Jiang, senior leader with the OVH [Office of Virtual Health] who led the patient benefit realization dashboard from conception to completion.

"One of the biggest challenges in evaluating virtual health initiatives is the ability to demonstrate an improvement on health outcomes," notes Julie Wei, senior leader at the Office of Virtual Health. "Sometimes it is nearly impossible to attribute the impact of virtual health on outcomes in such a short period of time. To be able to demonstrate the immediate impact from the patient perspective using time and dollars saved is an effective way to show decision-makers the value of virtual health."





With support, age not a barrier to adoption

A common misconception is that seniors will find virtual health visit technology hard to understand or use.

"The first analysis we did with the dashboard was to look at the average number of virtual appointments per patient by age group," says Jiang. "In this dataset, utilization is very similar across all age groups. We don't see any patterns or correlation between age and number of visits. We were really glad to see that seniors are not left behind when it comes to virtual health visits."

Health equity more important than ever

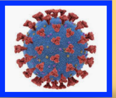
Challenges in using virtual health visit technologies do exist, such as device access, connectivity, and technological literacy. Jiang emphasizes that we have to take every possible action to make virtual health visits accessible to all, and notes many health care providers do their part to support their patients in having virtual health visits.

To read more, click on: **http://www.phsa.ca/about/news-stories/stories/virtual-health-visit-dashboard**

We always have a nice smörgåsbord of petitions on our website. Check them out from time to time. I just signed the ***'End for-profit Seniors' Care in BC'*** petition by the BC Government Employees Union at https://bcrhn.ca/seniors-eserve-better-bcgeu/ You can too! Make your voice heard! NK

Seniors Deserve Better

The World Happiness Report 2121



CHAPTER 1
Overview: Life under COVID-19

The World Happiness Report 2021 focuses on the effects of COVID-19 and how people all over the world have fared. [Note: purple text are hot links. Click on them and it will take you to the chapter you are interested in.]

CHAPTER 2
Happiness, trust, and deaths under COVID-19

[Excerpt] There has been surprising resilience in how people rate their lives overall. The Gallup World Poll data are confirmed for Europe by the separate Euro barometer surveys and several national surveys.

- income inequality, acting partly as a proxy for social trust, explains 20% of the difference in death rates between Denmark and Mexico. A second measure of social trust, whether there was a high expected return of lost wallets found by neighbours or strangers, was associated with far fewer deaths.
- whether the country had, or learned from, the lessons from SARS and other earlier pandemics.
- whether the head of the government was a woman.

CHAPTER 3
COVID-19 Prevalence and Well-being: Lessons from East Asia

[Excerpt] East Asia, Australia, and New Zealand's success are explained in detail as a case study in Chapter 3. The chapter describes country by country, the workings of test and trace and isolate, and travel bans to ensure that the virus never got out of control. It also analyses citizens' responses, stressing that policy can be effective when citizens are compliant (as in East Asia) and more freedom-oriented (as in Australia and New Zealand). In East Asia, as elsewhere, the evidence shows that people's morale improves when the government acts.

CHAPTER 4
Reasons for Asia-Pacific Success in suppressing COVID-19

[Excerpt] The Asia-Pacific region has achieved notable success compared to the North Atlantic region in controlling the pandemic, with far lower mortality rates and greater successful implementation of Non-Pharmaceutical Interventions (NPIs) to stop the spread of the disease, such as border controls; face-mask use; physical distancing; and widespread testing, contact tracing, and quarantining (or home isolation) of infected individuals.

CHAPTER 5
Mental health and the COVID-19 pandemic

[Excerpt] The early decline in mental health was higher in groups that already had more mental health problems -- women, young people, and poorer people. It thus increased the existing inequalities in mental well-being.

CHAPTER 6
Social Connection and Well-Being during COVID-19

[Excerpt] People whose feeling of connectedness fell had decreased happiness, as did people whose sense of loneliness increased and whose social support was reduced. Many positive features of a person's life helped to protect their sense of connectedness. These included gratitude, grit, prior connections, volunteering, taking exercise, and having a pet. It also helped to have activities that provided ‘flow’. Likewise, there were negative features that weakened a person's protection. These included prior mental illness, a sense of uncertainty, and a lack of proper digital connections. Clearly, digital connection is vital, and many people have been helped by digital programmes promoting mental health.

CHAPTER 7
Work and Well-being during COVID-19: Impact, Inequalities, Resilience, and the Future of Work

[Excerpt] The impacts of the pandemic on the world of work are likely to endure. Evidence from past recessions and early research from the COVID-19 pandemic suggests that young people who come of age in worse macroeconomic conditions are more likely to be driven by financial security in adulthood. The shift to remote working is likely to last long after the crisis has subsided. Providing future workers with more flexibility and control over their working lives, but at the risk of undermining social capital at work.

CHAPTER 8
Living long and living well: The WELLBY approach

For the full report, click on: **DOWNLOAD THE REPORT**

Wondering about the various acronyms and abbreviations?
Are you confused???
Don't worry, help is on the way.
The 8th in our series *'acronyms explained'* (AE)

RHSRN = Rural Health Services Research Network

The RHSRNbc is funded by the Rural Coordination Centre of BC, through the Joint Standing Committee (JSC), and is located within the Department of Family Practice at UBC.
The primary goal of RHSRNbc is to support capacity building in rural health services research through providing funding opportunities, online resources, and fostering partnerships among health authorities, students, various rural health professionals, and universities to better support rural health services research.
For more information, click on: **rhsrnbc.ca**

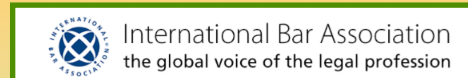
From the *Rural Health Research Knowledge Hub:* Research methodologies used in rural health research
HOW CAN WE DEFINE RURAL?

By Sila Rogan

[Excerpt] Determining what exactly defines a rural community is a tricky business. There are no clear definitions or guidelines for what constitutes an urban or rural area. Creating a strict definition is problematic as it disregards the diverse nature of rural communities as well as the multitude of factors that make a community rural. Strict definitions of rurality are of particular concern to health researchers as they often exclude communities that should be considered rural and include communities that should not be considered rural. It is often at the discretion of the researcher to define rural for the context of their project. Some researchers distinguish rural communities based on factors such as population size, others by distance from urban areas, culture, or resources available. Depending on the definition a researcher uses for a rural community, the population included in the research will vary. It is thus critical that rural health researchers use a definition of rural that best accounts for what they are trying to study.

To read more, click on: **https://blogs.ubc.ca/rhsrnbcresearchsupport/**

Mandatory vaccination: legal, justified, effective? [Excerpt]



Anne McMillan, Friday 19 March 2021

Vaccine programmes being rolled out around the world have provided hope for many, but are causing concern and opposition among others.

Global Insight assesses how governments and medical authorities should respond and whether compulsory vaccination is the answer. Vaccination against Covid-19 is seen as a route back to normality, an escape from the current restrictions which mean we can't shake hands, hug loved ones or travel freely. For some people, vaccination promises release from the fear the virus may strike them, a relative or a friend, hope of reinvigorating a moribund livelihood or resuming a child's disrupted education.

But, while millions wait anxiously, counting the weeks or months (probably years in some low-income countries) until they reach the priority vaccine group, others fear that their refusal to accept a vaccine against Covid-19, regardless of the reason, will isolate them by labelling them unsafe to be around, and may even affect their ability to earn a living.

What is it about vaccines, one of the most simple and successful medical interventions ever, that attracts so much controversy? "Trust in the authorities, both political and scientific, is clearly a key factor in vaccine refusal. When trust is lost its effects can be long-lasting. For example, before the fall of communism, mandatory vaccination in countries within the Soviet sphere of influence fuelled mistrust of intrusive government. The legacy of this mistrust is even now thought to be contributing to hesitancy about Covid vaccines in some former communist countries."

Should it be mandatory? The legal position on mandating vaccination for certain activities, both public and private, varies widely between countries. To continue reading, click on: **https://www.ibanet.org/Article/NewDetail.aspx?ArticleUid=70e1f93e-a23b-4f1a-a596-aeef84750241**

Some of Our Latest Twitter Followers

McMaster Physician Assistant Education Program

Physician Assistant (PA) program. Training innovative & caring people in medicine, to work in a collaborative model that expands access to care. Hamilton, ON
link: fhs.mcmaster.ca/physicianassis…

Rural Rising Project

Reviving rural campaigns through grassroots power. Supporting rural candidates, campaign staff, and the communities they serve.
@Rural_Rising
link: secure.actblue.com/donate/ruralri…

UVic HSD

University of Victoria Faculty of Human and Social Development
Victoria, British Columbia @UVic_HSD
link: uvic.ca/hsd

SmartParent Canada

SmartParent is an evidence-based Canadian parenting text messaging program offering info & links to resources to support parents during their baby's first year.
link: smartparentcanada.ca

Some helpful resources during COVID-19

To access, click on the bold text

- **Taking care of your mental and physical health during the COVID-19 pandemic**
- **list of easily accessible resources to help seniors**
- **access resources for youth on how to protect and improve your mental health**
- Access **free counselling and support** as well as self-guided courses, apps and other resources.

leadnow.ca

PETITION: Publicly funded national bus service

Greyhound is pulling its services out of Canada, leaving many rural and low-income communities stranded. It's a massive loss to all of us who rely on Greyhound to get to work, visit our families, and access critical services.

Private companies are clamouring to fill the gap Greyhound left behind — and **they're fully prepared to abandon remote and Indigenous communities in favour of more lucrative routes.**

The Feds are in crisis talks to replace Greyhound — and companies like Megabus are fighting hard to get in on the new market. **Time is short — but a massive injection of public pressure could be enough to force a publicly-funded national bus service into the Federal conversation.**

This move could mean social and economic isolation for thousands. **And for many Indigenous women, the difference between a bus ride and a hitchhike could be life and death.**

For years, the federal government has been outsourcing public goods to private corporations. From the COVID crisis in private long-term care homes to the rising cost of bus tickets, big companies have shown they're only too willing to sacrifice our communities in the name of profit.

A publicly-backed inter-city bus system would mean that Canadians across the country would have access to low-cost, reliable and green transportation – no matter where they live.

Click on: **SIGN THE PETITION** or visit https://bcrhn.ca/publicly-funded-national-bus-service/

About Us

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Secretary/Treasurer - Peggy Skelton, East Shore Kootenay Lake
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Dave Smith, Chase
Janice Androsoff, Trail
Johanna Trimble, Roberts Creek
John Grogan, Valemount
Leonard Casley, New Denver
Pegasis McGauley, Nelson

Augmenting the Board:
Stuart Johnston - liaison with the Rural Coordination Centre of B.C.
Jude Kornelsen - liaison with the Centre for Rural Health Research at UBC
Teresa Murphy - liaison with the BC Health Coalition

Staff: **Connie Howe, Administrator -** Princeton
Nienke Klaver, Executive Assistant, Editor *Rural Health Matters,* and Social Media Manager - Princeton

SOCIAL MEDIA

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