

# RURAL HEALTH MATTERS

British Columbia Rural Health Network

May 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,

This issue of *Rural Health Matters* turns the spotlight on the plight of seniors during the Covid-19 pandemic. The tragic and disturbing stories coming out of nursing and retirement homes across this country highlight a system of care that is in serious need of reform.

Several articles and stories have appeared over the past few weeks that call attention to the events and the underlying problems that led to this tragedy. The editor of our newsletter has chosen three articles of note to include in this month's issue:

- *Canada's for-profit model of long-term care has failed the elderly, says leading expert* by Pat Armstrong and posted on the CBC website
- *Privatization, the pre-existing condition killing seniors in long-term care* by Robert Green, contributor to *ricochet*, an independent online public interest journal
- *Time to End Profit-making in Seniors' Care* by Andrew Longhurst and Kendra Strauss as it appeared in the Canadian Centre for Policy Alternatives blog, *Policynote*

As Andrew Longhurst's states in his article, "The coronavirus pandemic has shone a light on serious problems in Canada's seniors' care system, as nursing homes quickly became the epicenters of the outbreak. These problems are not only due to the greater vulnerability of seniors to the disease, but also to how care is organized and staffed."

Fortunately the government has taken decisive action to address this issue.

The BC Rural Health Network applauds Adrian Dix, BC Minister of Health, and Bonnie Henry, Chief Provincial Health Officer, for announcing that healthcare workers at long-term care and assisted-living homes will not be allowed to work at more than one facility during the COVID-19 outbreak. In addition, healthcare workers at all facilities will be given equitable wages and benefits providing financial stability for workers and service stability for people receiving care.

At a recent meeting of the Rural Coordination Centre of BC, there was much talk of the Covid-19 legacy and what we will have learned from this crisis. The pandemic has highlighted many healthcare issues and concerns and it has also demonstrated what incredible progress can be made in the midst of adversity. As we emerge from these challenging times, it's my hope that the lessons learned will be a catalyst for improved access to healthcare services across the entire province.

As President of the BCRHN and on behalf of the Board of Directors, I'd like to wish all of our members and supporters the very best of health during this global crisis.

Edward Staples, BCRHN President

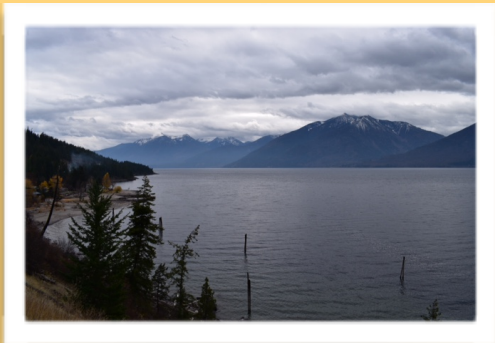
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## Member of the Month

### East Shore Kootenay Lake Community Health Centre (ESKLCHS)

ESKLCHS advocates for services to improve the health of East Shore residents, supports the local Community Health Centre, and cooperates with community groups with similar goals (e.g., Emergency Services, Primary Care Community Paramedic Program, East Shore Better at Home Program). Focus on Health is a monthly workshop initiative sponsored by ESKLCHS since 2015 that is supported by Interior Health and by Selkirk College/University of Victoria School of Nursing.



Our Society represents several communities along the 60 km long, narrow, winding stretch of Highway 3A bordering South Kootenay Lake. There are approximately 2000 permanent residents but the numbers swell to over 4000 in the summer. The permanent resident population includes a large percentage of retirees, many of whom live alone and/or have limited financial resources.

While ESKLCHS has broad interests and concerns, it considers the Crawford Bay Community Health Centre as a priority and has contributed financially to the purchase of several needed pieces of equipment. With leadership from our board-appointed liaison officer, we are in frequent contact with Interior Health about the operations and needs of the clinic and actively participate in

physician recruitment. Our members were instrumental in convincing Interior Health to establish a telehealth facility in our clinic.

Since the Community Health Centre is only operated three days per week with but one physician attending, many residents are forced to seek medical attention elsewhere—usually in Creston or, across Kootenay Lake in Nelson but, for specialty services, further afield. Thus a major concern is the complete absence of public transit on the East Shore. Residents, especially seniors who do not/cannot drive, or do not own a vehicle, rely on family, friends and neighbours to transport them to medical appointments. The Society is working with government officials to establish service on the East Shore; things look promising but any service is still likely years away. The Society was instrumental in bringing a modestly funded East Shore Better-at-Home program to our area; the available funds are almost exclusively used to support transportation needs.

The Focus on Health series, emphasizing disease prevention and health promotion, is a monthly (September-May) activity that is well attended and has been operating for the last 5 years. Area residents are invited to attend a workshop centered on a particular topic of the month. Workshops begin at 10:30 am when participants gather to make a healthy soup to be shared at lunch. After lunch, a presentation is made on the chosen topic by a registered nurse, assigned by Interior Health, who specializes in Chronic Disease Management. Nursing students from Selkirk attend several of the sessions and participate in two monthly presentations as part of their “community health leadership” coursework.

Despite many challenges, ESKLCHS is flourishing, proud of its accomplishments, and pleased to be a member of the BC Rural Health Network.

Excerpts from:

## Canada's for-profit model of long-term care has failed the elderly

CBC Radio · Posted: Apr 24, 2020 5:49 PM ET | Last Updated: April 24

Submitted by Pat Armstrong, research professor in sociology at York University and a fellow of the Royal Society of Canada.

### 'The business of making a profit'

According to a report from the Canada Health Coalition in 2018, just under half of all long-term care facilities in the country are private, for-profit entities. But when it comes to health-care services as essential as long-term care, we can't trust markets to do what is in seniors' best interests, Armstrong said.

"We know from the research that for-profits tend to have lower staffing levels. They tend to have more transfers to hospitals. They tend to have more bed ulcers," she said. "There are some good for-profit homes, just like there's some poor not-for-profit homes, but the general pattern is there."

Years of for-profit care has meant a serious deterioration in the labour conditions inside nursing homes, she said.

"If you're in the business of making a profit ... in nursing homes, the overwhelming majority of the cost is labour. And that's where you are going to try and save money." The easiest way to cut labour costs, Armstrong added, is through "hiring more people part-time, more people casual, more people at the last minute when you need them — rather than staffing up with full-time workers that you have to pay benefits to and provide things like sick leave for."



An elderly woman seen sitting in a room at the Lynn Valley Care Centre seniors facility in North Vancouver, B.C., on March 14. It was the first nursing home in Canada to experience an outbreak among its residents. (Darryl Dyck/The Canadian Press)

Given these conditions, it should come as no surprise that care providers would work at multiple sites to make ends meet, Armstrong said. "It is about needing full-time work but not being offered full-time work in the home where they're working," she said. "And a significant proportion in our country are people who are new to Canada, who have very few employment options."

To read the full article, click on: [Canada's for-profit model of long-term care has failed the elderly, says leading expert](#)

Excerpts from

## Time to end profit-making in seniors' care

by Andrew Longhurst and Kendra Strauss

In recent weeks, BC's provincial government announced extraordinary and positive measures to mitigate the spread of COVID-19 in the province's long-term care (nursing homes) and assisted living facilities. Specifically the public health order has:

- Required that most staff work at one facility only ("single-site order");
- Enabled public health officials to ensure compliance with the single-site order;
- Required that all workers are paid the unionized industry standard; and,
- Committed to full-time hours for workers required to work at a single site.

These changes were necessary because many seniors' care workers have to patch together a living by working multiple low-wage, part-time jobs in different health care facilities. The BC government will temporarily "top-up" wages to bring them in line with the industry standard for unionized staff.

A large body of academic research demonstrates that staffing levels and staffing mix are key predictors of resident health outcomes and care quality, and that care provided in for-profit long-term care facilities is generally inferior to that provided by public and non-profit-owned facilities. High staff turnover, which is linked to lower wages and the heavy workloads demanded by inadequate staffing levels, is associated with lower-quality care in large for-profit facilities.

To read the full article, click on: <https://www.policynote.ca/seniors-care-profit/>

Excerpts from:

## Privatization: the pre-existing condition killing seniors in long-term care

by Robert Green - April 14 2020

The absolute horror stories emerging from Canada's long-term care facilities have focused our attention as never before on the vulnerability of the residents that rely on these institutions.

But every one of these incidents came from media reports that predate the pandemic. They reflect Canada's system of care for the elderly and people with disabilities in "normal" times, not times of crisis. In worsening this system's failures, the coronavirus crisis is opening our eyes to realities that far too many Canadian families have long known all too well.

While our politicians can claim to be saddened over the tragedy that is now unfolding in long-term care homes around the country, none should claim to be surprised at this situation.

Unions and organizations that advocate for the various people that depend on long-term care have for years decried the worsening conditions of these facilities. Many have also been extremely clear about the central reason for these worsening conditions — privatization.

The connection between private ownership and diminished standards of care has been documented in numerous studies and reports. One recent study from the peer-reviewed journal *PLOS Medicine* found that for-profit facilities not only provided "inferior" care but also were more likely to have been cited for serious deficiencies than facilities making less profit.

To read more, click on:

**[Privatization the pre-existing condition killing seniors in long-term care](#)**



## NEW ON OUR WEBSITE



### Blog by Michael-Ann, a nurse working in a rural community

Excerpts:

#### Use daily huddles to talk about psychological wellness – check in and check out

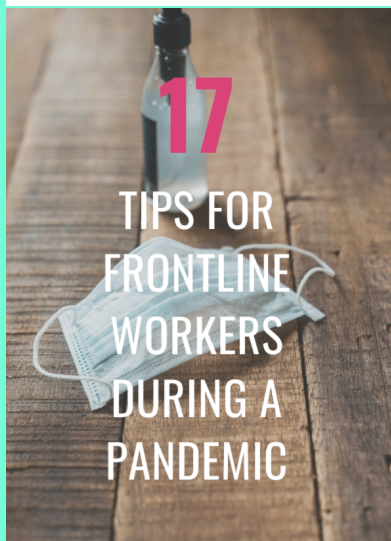
Daily huddles are the way of the nursing future and often gets some eyerolls, but I love them. I love the chance to collectively meet and problem solve. It is comforting to know other co-workers are having feelings of stress and anxiety. It also helps to create solidarity and open the dialogue on workplace health and wellness that extend beyond the physical. Because I can deal with my sore back or knee, but somedays when I am crying in the bathroom because of mental exhaustion, the huddle can be safe place to share emotional pain.

#### Find a creative outlet to express your lived experience

. . . write in that journal Aunty Bessie gave you four years ago or make some art. I started to make smudging sticks from the old herbs I had in my garden. I learned via Pinterest how to make them and I did it.



Pssst....this blog is not only for frontline workers.....  
to read more, click on: <https://bcrhn.ca/blogs/>





## Canadian Health Care Daily/#CdnHealth Daily

Being informed = better health and healthcare. This daily news is always free to read, share, discuss and to subscribe. Editor: Paul Gallant, CHE



Paul Gallant, CHE  
Health Advisor/Leader

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Editor's pick of articles:

**Desperate measures prevented the worst of the pandemic. Don't mistake that for victory - Globe and Mail**

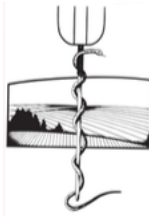
**Mental illness will be 'next wave' of COVID-19 pandemic, epidemiologist says | CBC News**

**A new coronavirus is teaching us new lessons. Canada's former top doctor says we should study them now - The Star**

### **The Canadian Association of Emergency Physicians and The Society of Rural Physicians of Canada**



CAEP | ACMU



Society of Rural Physicians of Canada  
Société de la Médecine Rurale du Canada

Press Release. March 21, 2020

Canada's rural population, which includes many Indigenous communities, requires equitable access and care close to their homes. Infrastructure, human resources, geography and weather impact rural medical outcomes. During the COVID-19 pandemic, it is crucial that urban and rural referral sites support each other and act as a unified system of emergency care. It is critical that Canada's rural Emergency Departments (EDs) remain open and staffed. It is of national interest to avoid unnecessary rural patient transfers to urban and tertiary care centres already at full capacity. Similarly, robust repatriation of patients back to their rural origin will optimize tertiary care capacity. Some rural regional hospitals have ICUs, in-situ ventilator capability, and a core generalist specialty service but require specific attention and support.

Rural Canadian resources are ill equipped for the pandemic. Rural EDs are much smaller and have limited human health resources making it difficult to mitigate staff illness, self-isolation/quarantine requirements and burn-out. The staffing models and service impacts are also different. Full scope rural family practice generalists cover multiple community roles simultaneously. In addition to ED coverage they provide office practice, inpatient and long-term care, maternity and obstetrics, OR assisting, chemotherapy, remote clinic oversight, Indigenous population outreach and transfer medicine to name a few.

Rural Canadian hospitals are now struggling with supply chains of basic medications (MDI, antibiotics, sedation agents), testing supplies and Personal Protective Equipment. Coupled with more prolonged testing turnaround times and fewer resources for managing and educating staff, there needs to be increased attention to rural access to care during the COVID19 pandemic.

To read the recommendations and full press release, click on <https://bcrhn.ca/bcrhn-newsreleases>



The BC Rural Health Network welcomes its newest members:

Pender Island Health Care Society  
and the Village of Nakusp

### A new initiative!!

Do you know someone who could benefit from regular phone or video check-ins from a medical student during the COVID-19 pandemic?

**REACHING RURAL COMMUNITIES**  
ONE PHONE CALL AT A TIME  
A COVID-19 Initiative

**RiSE**  
Rural and Isolated Support Endeavor

<b>1</b> Tell your physician to refer you to us.	<b>2</b> Fill out the Client Intake Form. Don't have a family physician? Email us: <a href="mailto:rise.srpc@gmail.com">rise.srpc@gmail.com</a> .	<b>3</b> Call your student volunteer and talk!
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The Rural & Isolated Support Endeavor (RISE) was created by a working group of the Society of Rural Physicians of Canada (SRPC) Student Committee. They are dedicated to assisting clients who live in rural areas across Canada experiencing isolation due to the COVID-19 pandemic. Their initiative partners health professional students with patients in rural communities across Canada to provide regular check-ins and social connection via phone and/or video platforms.

For more information send an email to [rise.srpc@gmail.com](mailto:rise.srpc@gmail.com)



### B.C. Government News Release - April 20, 2020

Immediate actions to improve health-care services and respond to the COVID 19 pandemic include:

- improved medical transportation options to larger centres, including flight and ambulance;
- housing options for people looking to self-isolate near their families while remaining in their home communities;
- new and faster COVID-19 testing technology;
- culturally safe contact tracing that respects privacy in small communities;
- access to Virtual Doctor of the Day, a program that connects First Nations members and their families in remote communities to a doctor or nurse practitioner using videoconferencing;
- options for accommodation near larger centres with more medical services; and
- increased mental-health supports in communities.

To access, click on:  
[Helping rural, remote and Indigenous communities respond to COVID-19](#)





## Our Latest Twitter Followers



### Rural and Remote Divisions of Family Practice

Our Division supports and enables rural physicians to enhance rural health, rural work and rural living in their communities.

<https://divisionsbc.ca/rural-and-remote>



### ADR Canada - Adverse Drug Reaction Canada

ADR Canada is a national, non-partisan, not-for-profit organization that educates and raises awareness on how we can prevent adverse drug reactions in Canada. We bring together patients, families, policy-makers, scientists, researchers, health care providers and academics to develop policy solutions and advance research to prevent adverse drug reactions across Canada.

[adrcanada.org](http://adrcanada.org)



### BC Family Doctors

We are the voice of family doctors in British Columbia.

British Columbia, Canada

[bcfamilydocs.ca](http://bcfamilydocs.ca)



### Danielle Lavallee

Pharmacist turned Health Services Researcher.

West Vancouver, British Columbia



## Partner Updates

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

In light of the COVID-19 pandemic, 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. The findings will be shared with rural and remote BC communities to support learning and collaboration across communities, and with health care decision-makers to support rural health care planning. The survey is available at the following link: <http://bit.ly/RERCOVID-19>

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](mailto:christine.carthew@ubc.ca)

The [Rural Evidence Review](#) is a collaboration between UBC's Centre for Rural Health Research and the Rural Coordination Centre of BC, with funding through the BC SUPPORT Unit.

## About Us

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