RURAL HEALTH MATTERS

British Columbia Rural Health Network November 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,

With the BC Election behind us and the people of this province having exercised their voting right, I have a feeling of pride and privilege to live in a country and a province where the principles of democracy are alive and well.

The BC Rural Health Network took an active role in the weeks leading up to the voting day, developing information on four priority issues with accompanying questions that were shared with our members. It's my hope that this was used to gather responses from local candidates and shared with community members.

We also sent a more detailed summary of the issues to all candidates running in ridings where we have members, with the purpose of informing them of our organization and providing suggestions and recommendations on ways to address our concerns.

To read the summary and recommendations, click the link below.

bc-rural-health-network-election-campaignDownload

There is no way of knowing the impact of our campaign but from my perspective, it felt good to know that we made the effort and raised the profile of our organization and the work we are trying to do.

So what's next? Where do we go from here?

Although the political landscape has changed slightly with several new MLAs taking seats in the BC legislature, what hasn't changed is the need for all our provincial representatives, be they MLAs or ministry bureaucrats, to address the barriers to access in healthcare for rural and remote British Columbians.

As all parties reposition themselves following the election, the BCRHN Board of Directors will be reaching out to develop relationships for the purpose of working collaboratively with the new government.

As President of the BCRHN, I would like to congratulate all the candidates who put their names forward in this election. And to all those who were successful in becoming the elected representatives of the people in this province, on behalf of the Board of Directors, I offer my support as we work together to improve access to healthcare for all British Columbians.

Edward Staples, BCRHN President

telephone: 250-295-0822
email: bcruralhealthnetwork@gmail.com

Member of the Month
John Grogan - Valemount

The following is from an article by Patient Partners Northern Health which can be found here:
https://stories.northernhealth.ca/stories/being-patient-partner-northern-health-john-grogans-story

Being a patient partner at Northern Health: John Grogan's story

Daniel Ramcharran, October 16, 2020

Patient partners provide their unique perspective to health organizations and play a crucial role in today's health care. We've all had experience interacting with the health care system. Patient partners take those experiences and provide suggestions to help improve the care that people receive.

Patient Voices Network ensures the voices of patients are heard.

In the North and throughout the province, patient partners are recruited through the **Patient Voices Network (PVN)**. The PVN links partners with a variety of opportunities to work with health agencies and offer the patient perspective. John Grogan of Valemount has been a Northern Health patient partner through the PVN since 2014. "A friend invited me to an orientation meeting and I've never looked back," says John. "I was looking for meaningful volunteer opportunities, and I found it."

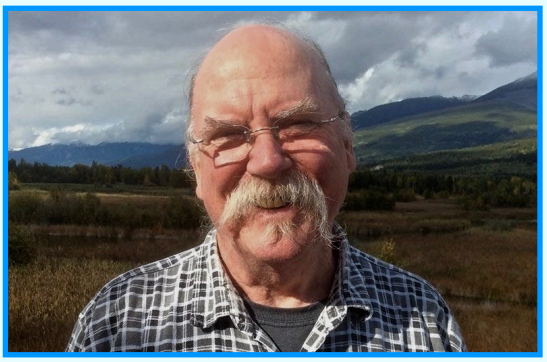


Photo by Kathy Gates-Grogan

The network posted an opportunity to participate in Northern Health's Telehealth Strategic Planning Workshop in 2016, which took place over a weekend in Prince George. **Telehealth** is a service that connects patients with specialists and other medical professionals virtually (e.g., using phone or video), reducing the need for travel. It's an especially important service for the vast geographic region of Northern BC.

Patient input is valuable and brings thinkers together

John immediately jumped on the opportunity to help. He attended the workshop and a number of presentations addressing all aspects of the potential future of telehealth in the North. They explored how the use of this service impacts not only the health authority, but also the patients themselves.

He enjoyed taking part in the breakout groups, directing questions to presenters and discussing the strengths, weaknesses, opportunities, and threats to using these technologies. John also found ample time to engage face-to-face with some great thinkers. "I enjoyed it so much, that after arriving home I spent a few hours drafting a post-mortem reflection for the conference organizers," says John.

Preparing for a virtual future

Northern Health, the **Specialist Services Committee, Physician Quality Improvement**, and the Patient Voices Network have also partnered to offer a workshop for volunteers in **ZOOM videoconferencing** in anticipation of virtual patient/practitioner visits. John hopes they can expand beyond just PVN volunteers and create a mentorship program to help community members become more familiar with the technology.

In addition, John has had the opportunity to be a part of the following projects:

- **BC Emergency Medicine Network**, focused on improving patient care
- **BC Patient Safety and Quality Council**, focused on improving the quality of health care across the province
- **BC Rural Health Network's** Rural Citizens Perspective Group, focused on improving care in rural communities
- **Provincial Virtual Care Advisory Group** that looks at further developing virtual care across all communities in BC

Learn more about how you can **become a patient partner today**!

As part of our quarterly Speaker Series, Dr. Sean Wachtel gave a presentation that focused on *pandemics, vaccination, public health planning* and *rural health* with a Q and A session afterwards.

Dr. Wachtel took family medicine training in the UK and, following a five-year commission in the Royal Air Force, came to Canada in 2009. For almost four years he worked in Nelson, before undertaking a master's degree in public health at UBC and certification through the Royal College of Physicians and Surgeons of Canada. Dr. Wachtel divides his time between New Denver and the First Nations Health Authority in Vancouver.

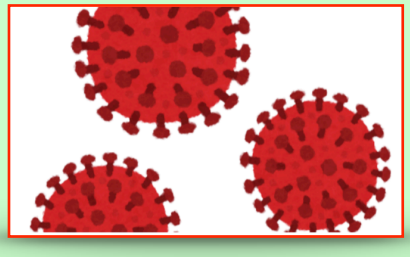
The following is a short summary of his presentation.
The Corona virus is a family of viruses, first identified in the mid 1960s and named after the crown-like spikes on their surface. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma and delta. SARS-CoV (Severe Acute Respiratory Syndrome) is one coronavirus which caused a pandemic in 2003. A later one was called MERS (Middle East Response Syndrome) and now SARS-CoV-2 (or COVID-19). Most people have symptoms like a cold or a mild flu. Some people end up with severe disease that may affect heart, lungs, kidneys, nervous system. Long term consequences are being increasingly recognized, including psychological, PTSD, anxiety, depression; chronic fatigue, chronic heart and kidney damage. The death rate varies, depending on various factors; (mortality rate varies from 0.5% - 30%)

How does one get infected?

- Contact with virus via droplet spread or aerosolized particles
- Inhalation, or via contact of infectious particles with mucous membranes, eyes, nose, mouth

Higher risk of infection is conferred by:

- Male sex
- Adults compared to children
- Urban vs rural
- Social deprivation
- Obesity
- Chronic kidney disease



Increased Risk or Poor Outcome:

- Age: incremental risk with increasing age
- Chronic disease: heart, lung, asthma, emphysema, COPD, diabetes, kidney and liver disease
- Immunosuppression : cancer, smokers, people with a transplant, HIV/AIDS, steroid and other immunosuppressant use
- Illnesses like dementia, stroke and hyper tension. The reason is not yet really understood why those people do worse.
- High blood pressure

Hospitalization

- Those aged 85 years and older have about 100 times the risk of being hospitalized as younger patients who become infected.

Risk of death: four traits: age, gender, body weight and ethnicity.

- As one gets older there is an incremental risk of dying. People 80 years and over have 21 times the risk of dying as the 18 to 39 year age group.
- risk of gender, being a man, in common with many other diseases, has a 50% greater risk of death.
- the very obese have twice the risk of dying as people who are not obese.
- Just being an ethnic minority confers a higher risk of death. Mixed race, South Asians, black and other ethnicities have around 1.5 greater risk of death. It is thought that this is probably due to the darker skin pigmentation, which makes it harder for the body to manufacture vitamin D, which we know is important in the immune response. But that is a theory, we don't have scientific proof of that at the moment, but it is a likely explanation.

continued on page 4….

Cont…from page 3

Overall risk of dying, with everyone lumped in together is around 2% in Canada, which compares very well to other countries. The rate is higher in the risk groups described, up to 30% in the older, chronically sick individuals. Younger ages in good health, have perhaps as low a risk of death as 0.4%.

We learned about the effectiveness of various prevention measures and the science behind public health intervention. Link: https://www.thelancet.com/article/S0140-6736(20)31142-9/abstract)

Living rural/remote:
Those in very remote areas are more likely to die from COVID-19 and will probably do less well than someone who becomes seriously sick in an urban centre with close access to the most sophisticated medical care. Interestingly this was not the case in remote areas with a high proportion of Aboriginal residents and it is not clear exactly why that is. It may be because of the different demography of the population being younger. And there may be traditional medical or traditional health treatments that are used that make a difference.
Immigrants tend to be healthier early on when they first move to Canada. This is probably due to the fact that Citizen Immigration will not let you immigrate if you have certain illnesses or are unwell to the point that you are incapacitated.
As time moves on and these immigrants live in Canada, they become less healthy. An interpretation of this might be in view of the fact that it is much harder for immigrants to attain the same level of social determinants of health such as employment and income and education than it is for people who are already here. This demonstrates the importance of the social determinants of health across the lifespan of population groups.

Rural Health and Health Equity Links:

- StatsCan Report 2019: Does Geography Matter in Mortality? www150.statcan.gc.ca › 82-003-X201900500001
- Centre for Rural Health Research Survey 2020: Out of Pocket Costs for Rural Residents When Travelling for Health Care https://bcrhn.files.wordpress.com/2020/07/oopc-survey_report_7.16.20.pdf
- Centre for Rural Health Research Evidence Review 2019: Citizen-Patient-Community Participation in Health Care Planning… https://med-fom-crhr.sites.olt.ubc.ca/files/2019/09/RER-Citizen-Participation-on-Rural-Health-Councils-Final-July-2019-reduced-file-size.pdf
- Centre for Rural Health Research Scoping review 2018: Community-Level Strategies for Recruiting and Retaining Health Care Providers to Rural and Remote Areas https://med-fom-crhr.sites.olt.ubc.ca/files/2019/09/Rural-Evidence-Review-Community-Level-Recruitment-and-Retention-Scoping-Review-FINAL-reduced-file-size.pdf

IN THE NEWS: Rural British Columbians Pay a High Price for Health Care

Travelling outside a community for care can cost thousands of dollars, according to a new study. What will the parties do to close the gap?

Moira Wyton, Tyee health reporter
24 Sep 2020 | TheTyee.ca

“People from rural and remote parts of B.C. pay an average of $2,234 out-of-pocket when they are forced to travel out of their communities for medical care, a **new report** from the centre has found.”

In the wake of the report, rural health advocates are calling for the next government to reduce costs for rural patients by expanding specialist clinics in smaller centres and covering costs when people have no choice but to leave their communities for care.

To read the full text, click on: https://thetyee.ca/News/2020/09/24/Rural-British-Columbians-High-Price-Health-Care/

NEW ON OUR WEBSITE

CANADIAN VirtualHospice

SURVEY

Dr. Kim Wilson (University of Guelph) and Dr. Arne Stinchcombe (Brock University) want to hear from groups focusing on age-friendly communities working on age-friendly initiatives - with the specific focus on the inclusion of 2SLGBTQ+ people.

Their team is conducting a broad environmental scan across Canada and internationally. They would like to invite you to complete the survey linked below. The survey will take no longer than 10 minutes to complete. Participants can be those involved in programs for older adults, 2SLGBTQ+ initiatives, service providers, community members or volunteers. Questions regarding the survey? Please contact Emma Whitehouse, research assistant, at ewhiteho@uoguelph.ca.

Link to survey: **https://uoguelph.eu.qualtrics.com/jfe/form/SV_3Ob8h0vCZQnAKFL**

Seeking Two Spirit & LGBTQ+ Stories

...on advanced illness, end of life and grief.

Canadian Virtual Hospice, with the support of Health Canada, is working with the Two Spirit and LGBTQ+ community to address gaps in resources about advanced illness, caregiving, end of life, and grief.

Issues such as discrimination; disrespectful or inequitable access to care; family dynamics; and fear of having to worry about "being yourself" if admitted to a health facility; can add to the challenges of what is already a difficult time of life.

We are looking for Two Spirit and LGBTQ+ people willing to share their stories through a phone interview about:

- living with advanced illness.
- navigating the health system.
- grief during the illness and after death.
- caring for or supporting someone with advanced illness.

Do you have a story to share? Contact **ashley@virtualhospice.ca** to learn more.

CANADIAN VirtualHospice

Hospice Care - *Resources:* click on **www.virtualhospice.ca**

The Canadian Virtual Hospice site has a large amount of resources. The following is a random sample. Click on the bold to access

10 Myths about Palliative Care

Guilt, Regret, Forgiveness, Reconciliation

Mindfulness: Making Moments Matter

Hope and Denial

VIDEOS

Changing the definition of palliative care (1:08)

Acknowledging our suffering (0:46)

The duality of acceptance and hope (0:47)

Dying is hard (2:35)

NEW ON OUR WEBSITE…..continued

HOME SUPPORT - We Can Do Better

OFFICE OF THE SENIORS ADVOCATE

AMONG THE FINDINGS:

- Complaints to the Patient Care Quality Office (PCQO) for home support/home care have increased by 62% in the last five years.
- Public home support is unaffordable to most seniors. For example, through the regulated daily rate co-payment, a senior with an income of $28,000 is required to pay $8,800 a year for daily home support.
- Over the past five years, the seniors population has grown 22%, but the number of home support clients has only increased by 15%.
- Overall, 72% of seniors aged 85 or older living in the community have high complexity (40%) or medium complexity (33%) chronic conditions, yet only 16% are receiving publicly-subsidized home support service.
- The majority of home support clients (51%) are at high or very high risk of placement in a long-term care facility. Despite this, 86% receive less than two hours of home support, on average, per day.
- Almost one-third of family caregivers are in distress; this has increased 3.4% in the last five years. On average, 82% of clients of distressed caregivers receive less than two hours of service per day.
- 61% of those admitted to long term care received no home support in the 90 days prior to their admission.
- Approximately 4,200 long-term care beds are occupied by seniors who could live in the community with home support and/or assisted living.
- The cost to taxpayers to subsidize a long-term care bed is estimated at $57,600 per year. The cost of two hours of daily home support is $27,740 per year, a savings of $29,860 per year.

- The average senior could save an estimated $10,000 per year by living in long-term care versus living at home with home support, but taxpayers would pay an average of $28,000 more.
- Community Health Workers (CHWs) who provide home support service are paid less than care aides in other sectors and have the highest rate of casual positions (50%).
- More than 75% of the CHW workforce is employed in a part-time or casual position.

TO READ THE FULL REPORT AND RECOMMENDATIONS, CLICK ON:
https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2019/06/Report-Home-Support-Review_web.pdf
OR: https://bcrhn.ca/home-support-seniors-advocate/

Citizen Patient Engagement - Interview with Ed and Nienke of the BC Rural Health Network

”On today's episode we sit down with Ed Staples and Nienke Klaver of the BC Rural Health Network. The BC Rural Health Network is an organization composed of health advocacy groups from rural and remote communities across British Columbia who work to provide a coordinated voice on critical issues for rural health from the patient perspective. Join us to hear how the Network has grown rapidly since its inception only a couple of years ago, and how they have been engaging in health conversations all over the province.” Nicholas Lloyd-Kuzik

To listen, click on: http://bit.ly/CRHRep8

NEW ON OUR WEBSITE…..continued

30 years of chronic underinvestment has created a 'perfect storm' in long-term care

[Excerpt] On September 29, the Canadian Association for Long Term Care (CALTC) released its recommendations for the 2021 federal budget. The need for federal investment directly into long-term care homes has never been more important.

The Canadian Association for Long Term Care offers a path forward in its 2021 federal pre-budget submission.

The recommendations unveiled in Long-Term Care's Perfect Storm: 30 years of Underinvestment and COVID-19 focuses on what homes need right now as we head into the second wave of COVID-19, and what is required in the longer-term to ensure seniors living in long-term care have what they need, not just in a time of crisis, but every day. These recommendations include the following:

Immediate COVID-19 Relief

- **Immediate and stable funding in the amount of $2.1 billion** over two years to cover personal protective equipment, staffing and other costs associated with COVID-19.
- 92.3M to support the recruitment and retention of infection prevention and control experts in every care home in the country, regardless of size.

Longer-Term Support

- **Support for Canadian and international students** by including private learning institutions programs under the Post Graduate Work Permit.
- Expansion of federal infrastructure funding to include long-term care homes.
- Investments in the retrofit and building of new long-term care homes to meet current and future demand for long-term care.
- A mandate and corresponding funding to implement a standardized system for collecting residential and financial performance data.
- **Modernization of the Canada Health Transfer** to include a dedicated "demographic top up" that reflects the increased costs of our ageing population.

To access, click on: Long-Term Care's Perfect Storm: 30 years of Underinvestment and COVID-19

The Action for Reform of Residential Care (ARRCBC) Association is dedicated to promoting quality of life in long term care facilities in British Columbia through education and advocacy.

The association is made up of clinicians, researchers, family members and other citizens concerned with the care provided in long term care facilities.

To visit the site, click on **http://arrcbc.ca/**

- We believe that quality of life is important all across the lifespan
- We believe that quality of life requires quality of care and both are non-negotiable
- We believe that quality of care is closely linked to quality working conditions for care providers
- We believe that that care is a relationship between those receiving and providing care and meaningful and sustainable relationships between seniors and care providers are imperative to quality of life
- We believe that LTC facilities must support seniors' health and well-being/mental health, enable them to stay as active as possible and to participate in meaningful activities and relationships
- We believe the institutional model is dehumanizing and must be replaced by a person centred model of relational care

For the BC election, the BCRHN Election Committee developed a province-wide campaign aimed at informing candidates and their constituents about four major health concern issues. Summaries were followed by recommendations.

bc-rural-health-network-election-campaignDownload

To access the complete document, click on the Download button above.

ACCESS TO HEALTH CARE

"The healthcare concerns of people living in rural BC can be summed up in one word: "access". One of the main concerns is a shortage of practitioners in rural communities, requiring travel to access primary care. In addition, for rural residents, access to diagnostic tests, specialist visits, surgeries, and pre- and post-operation visits usually requires travel outside their home community."

COMMUNITY HEALTH CENTRES

"Community Health Centres are multi-sector health and healthcare organizations that deliver integrated, people-centred services and programs that reflect the needs and priorities of the diverse communities they serve."

MENTAL HEALTH AND ADDICTIONS

"Various barriers have been identified to accessing mental health and addictions services in rural communities. Transportation acts as a barrier, as there are limited options to get from rural areas to facilities located in urban cities. Costs associated with transportation, food, travel, and accommodation to access those facilities may not be affordable for the service user."

PRIVATIZATION IN HEALTH CARE

"Recently, BC Supreme Court Justice John Steeves ruled against Dr. Brian Day and the Cambie SurgeryCentre, culminating a nearly ten year challenge to Canada's Public Health Care system. In his ruling, Justice Steeves stated that duplicate private health care 'would not decrease wait times in the public system' ".

Petitions
https://bcrhn.ca/petitions/

The *BC Rural Health Network* is sponsoring a petition:

Remove Financial Barriers for Rural British Columbians Seeking Healthcare Services

We call on the British Columbia Premier and Cabinet to present this petition to the Legislative Assembly and bring forward legislation that removes financial barriers to health services caused when rural residents require care away from home. Signing this petition signifies your support for legislation that removes barriers to accessing health care for rural residents.

To sign, click on: **Remove Financial Barriers for Rural British Columbians Seeking Healthcare Services**

Please share this petition with your networks!!

Some of Our Latest Twitter Followers

Editor's pick of the month: SPOR Evidence Alliance

The SPOR Evidence Alliance is a partnership between researchers, patients, healthcare providers, policymakers, and other decision-makers who are committed to building a Canadian health system that is increasingly informed and improved using best available evidence and innovations uncovered by the health research community

sporevidencealliance.ca

IFCHC - International Federation of Community Health Centres

The International Federation of Community Health Centres works with #CHCs and their associations globally to improve health and community-based primary health care. Secretariat: Toronto, Canada

ifchc.org

Scott A. Wolfe

Executive Director Canadian Association of Community Health Centres (CACHC) cachc.ca
Global Coordinator @IFCHC (International Federation of Community Health Centres
Toronto, Canada @CACHC_ACCSC

Of Special Interest to our Members

The Rural Coordination Centre of BC (RCCbc) and Joint Standing Committee on Rural Issues (JSC) are pleased to support the inaugural ***BC Rural Health Research Exchange*** (BCRHRX), a virtual half-day event filled with brief rapid-style presentations designed to inform, engage and share current rural research in British Columbia.

At this event, we want to find out together:

"***What sort of rural research is happening in BC?***"

Session 1 – ***Topics covered will include rural transportation, virtual health, team-based care and cultural safety.***

Session 2 – ***Identifying the gaps and opportunities in rural health research in BC*** Together with patient-, indigenous- and community-partners, this interactive session will explore gaps and opportunities for rural health research. Patient engagement and collaboration will be key elements in this session.

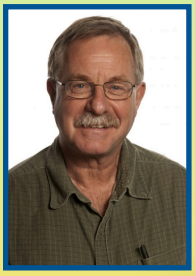
Date: Wednesday, November 18 (8:30 a.m. - 12:30 p.m.)

Sign-up at **rccbc.ca/bcrhrx**

The Rural Health Services Research Network of BC (RHSRNbc), in partnership with the Rural Coordination Centre of BC (RCCbc), is hosting a research symposium on ***'Planning Resilient Communities and Adapting Rural Health Services in British Columbia: Responding to climate change and ecosystem disruption***'.

Nov 30th - Dec 1st, 2020.

'Planning Resilient Communities and Adapting Rural Health Services in British Columbia: Responding to climate change and ecosystem disruption.'



RHSRNbc Director
Dr. Stefan Grzybowski

RHSRNbc
Rural Health Services
Research Network of BC

For more information, click on:
Symposium event page

To register, click on: **Register Now**

About Us

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