RURAL HEALTH MATTERS

British Columbia Rural Health Network October 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,

In our ongoing efforts to improve access to healthcare for rural BC residents, we often focus on those things that are not going well and may, as a result, overlook the many accomplishments made by the countless numbers of people who are devoted to keeping us healthy and well.

To say that the past 18 months have been challenging for everyone involved in healthcare would be an understatement. So, in this issue of Rural Health Matters, I'd like to express my gratitude to all those who have remained resilient and dedicated during this time of adversity.

Let me start by recognizing the enormous contribution of the paramedics, public health workers, medical office assistants, and receptionists that are most often the initial point of contact for those needing care.

Next are the members of the primary care teams that include general practitioners, nurse practitioners, nurses, and medical laboratory technologists.

Often overlooked are those essential members of the allied health team that include the mental health and substance use counsellors, physiotherapists, social workers, psychologists, and dieticians. And let's not forget the essential service provided by our pharmacists, dentists, optometrists, and community workers.

The BC Rural Health Network is largely made up of "communitarians": volunteers whose main reason for becoming actively involved is to make things better for their communities. To every organization and individual that contributes to the health and well being of their community, you are the backbone of the BCRHN - thank you!

In conclusion, I'd like to thank the Honourable Adrian Dix, the Minister of Health, and Dr Bonnie Henry, Provincial Health Officer, for their leadership and resolve during these trying times. The BC Rural Health Network looks forward to our continued efforts to work collaboratively for the benefit of rural BC residents.

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

Member of the Month
Princeton - Support Our Health Care Society

From Confrontation to Collaboration

On April 10th, 2012, after the news that the emergency department at Princeton General Hospital was going to be closed four nights a week, Nienke Klaver started a petition calling on the government to honour its commitment to "provide quality, appropriate, and timely health services to British Columbians" and bring back a fully functioning hospital with a 24/7 emergency room in Princeton. The petition gathered 3600 signatures which was sent to the the Minister of Health with copies to the Premier as well as other politicians.

Soon after, on April 19, the Support Our Health Care (SOHC) Society of Princeton was formed in response to what was viewed as a gradual deterioration in health care services in the community.

On May 1st, the first day of the emergency department closure, SOHC held the first in a series of four public rallies with the purpose of informing the community about the ER closures, the potential problems, and the resulting risk to the community. At each of the rallies there was media coverage by CBC, Global TV, EZ Rock and the two local papers.

This confrontational approach served its purpose and SOHC soon became involved in meetings with Interior Health board members and administrators. This more collaborative approach led to the formation of the Princeton Health Care Steering Committee which provides the mechanism for Interior Health, the Town of Princeton, the Regional District of Okanagan-Similkameen and the Cascade Clinic to work together to support stable, sustainable and accessible health care in Princeton.

SOHC continues to work collaboratively with local, regional, and provincial healthcare stakeholders to develop a stable model of care that addresses the changing needs of our community.

Following our involvement in the Rural and First Nations Health and Wellness Summit held in June, 2020, SOHC formed the Princeton Community Health Table with the goal of addressing emergent mental health and substance use issues in the community. We recently were awarded a grant from Weyerhaeuser corporation, one of our local industry employers, providing funding to train local residents in the Mental Health First Aid course, offered through the Canadian Mental Health Association.

Edward Staples, President
Nienke Klaver, Secretary

Edward Staples at the May 12, 2012 Rally

In April 2012, Nienke Klaver started a petition, gathered over 3600 signatures, and sent them to the Minister of Health, with copies to the Premier as well as other politicians.

Nienke Klaver with some tomato ketchup on her bandage.

NEW ON OUR WEBSITE

MOMS STOP THE HARM

Funded by the BC Ministry of Mental Health and Addictions, *Stronger Together BC* and *Stronger Together Canada* are two projects led by Moms Stop the Harm, that aim to expand and enhance peer-led supports for families impacted by substance use.

The *Stronger Together BC* project has four key components:

- Engagement of families with lived experience across British Columbia who are interested in starting a support group in their community
- Training and ongoing development of families to become Healing Hearts or Holding Hope facilitators
- Development of a library of resources and toolkits to ensure the success of facilitators across all communities
- Development of an evidence base on the impact of grief on Canadian families

From the *Moms Stop The Harm* website at **https://www.momsstoptheharm.com:** In 2020 we partnered with UBC researcher Jamie Piercy in a study that looked at the characteristics and perceived needs of families affected by the overdose crisis. Our role was in recruiting participants and among the 354 respondents were many MSTH [Moms Stop The Harm] members.

The study looked at the health outcomes of families affected by substance use, including those who had lost a loved one (70%) and those with a loved one actively using (30%).

The study asked the question "How are loved ones doing, emotionally, socially and physically"?" and found that:

- Participants reported elevated rates of depression, anxiety and reduced efficacy in managing emotions.
- Nearly half reported feeling stigma or judged by peers after the death of their loved one.
- Drug-related harms and the loss of a loved one were related to high levels of grief and subsequent physical health changes.
- Those with living loved ones reported higher levels of anxiety, financial strain, and helplessness than the bereaved, who reported less happiness and meaning in daily life.

Families reported cost, access, stigma and the COVID-19 pandemic as barriers to receiving adequate supports. Overall families show high rates of emotional and physical health concerns and those with a loved one still struggling are at ongoing risk. Family members are motivated for treatment despite the reported barriers.

To access the summary of this study, click on:
https://www.momsstoptheharm.com/s/MSTH-visual-UBC-study-stop-the-harm.pdf
or for the entire study: **https://www.momsstoptheharm.com/s/Stopping-the-Harm-Findings.pdf**

Stronger Together BC groups are now active in several communities in British Columbia. If you are living in BC and you are looking for a support group or would like to become trained to facilitate a support group, contact us at **strongertogether@momsstoptheharm.com**.

To access the Moms Stop the Harm videos, visit **https://www.momsstoptheharm.com/videos**

For more information, visit **https://bcrhn.ca/moms-stop-the-harm-2/**
or **https://www.momsstoptheharm.com**

NEW ON OUR WEBSITE

The rural tax: comprehensive out-of-pocket costs associated with patient travel in British Columbia

Jude Kornelsen,* Asif Raza Khowaja, Gal Av-Gay, Eva Sullivan, Anshu Parajulee, Marjorie Dunnebacke, Dorothy Egan, Mickey Balas & Peggy Williamson

RESEARCH ARTICLE Open Access

[Excerpts] **Abstract**

Background: A significant concern for rural patients is the cost of travel outside of their community for specialist and diagnostic care. Often, these costs are transferred to patients and their families, who also experience stress associated with traveling for care. We sought to examine the rural patient experience by (1) estimating and categorizing the various out of pocket costs associated with traveling for healthcare and (2) describing and measuring patient stress and other experiences associated with traveling to seek care, specifically in relation to household income.

Methods: We have designed and administered an online, retrospective, cross-sectional survey seeking to estimate the out-of-pocket (OOP) costs and personal experiences of rural patients associated with traveling to access health care in British Columbia. Respondents were surveyed across five categories: Distance Traveled and Transportation Costs, Accommodation Costs, Co-Traveler Costs, Lost Wages, and Patient Stress. Bivariate relationships between respondent household income and other numerical findings were investigated using one-way ANOVA.

Results: On average, costs for respondents were $856 and $674 for transport and accommodation, respectively. Strong relationships were found to exist between the distance traveled and total transport costs, as well as between a patient's stress and their household income. Patient perspectives obtained from this survey expressed several related issues, including the physical and psychosocial impacts of travel as well as delayed or diminished care seeking.

Conclusions: These key findings highlight the existing inequities between rural and urban patient access to health care and how these inequities are exacerbated by a patient's overall travel-distance and financial status. This study can directly inform policy related efforts towards mitigating the rural-urban gap in access to health care.

Background

One ongoing challenge for rural health planning is regional travel for patients that require a higher level of care than what is available locally. This may be for episodic or chronic specialist care, diagnostics or returning from an acute event or planned surgical care. In these instances, travel costs fall outside the health care system's responsibility, leading to transferred expenses for patients and their families. While this is not a concern in urban centres with ready access to specialist care, including surgery, and diagnostic, it is a challenge for many rural residents who face highly limited public transportation options. This has the biggest impact on individuals without private vehicles, including those without the ability to drive, such as children, elderly, and those with disabilities.

Lost wages

For many respondents, time spent away from home meant lost wages. Those who lost wages missed an average of 17 workdays and an average of $2276 in personal income.

Co-traveler out-of-pocket costs

Family members or friends accompanying patients also incurred significant OOP costs. Most respondents (80%) traveled with someone who was not a health care professional. A spouse was the most common travel companion, followed by a child.

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NEW ON OUR WEBSITE

System-level support for out-of-pocket costs
Only 14% of respondents reported having had some of their OOP transport and/or accommodation costs covered by organizations like the BC Travel Assistance Program or the First Nations Health Authority.

Challenges with transportation
Aside from financial costs, participants expressed that having to arrange and undertake transport was the most difficult part of leaving their home community to access care. Many participants commented on transportation difficulties in relation to their particular geographic environment. For example, many participants discussed the impact of winter road conditions on traveling to receive health care. Several [participants recounted being involved in motor vehicle accidents. Other respondents commented that they had to delay care-seeking because they could not drive on dangerous winter roads, and could not afford to travel. However, even for those patients who could afford to fly, rather than drive, some still experienced issues getting back to their community due to winter weather conditions. Other participants in water-bound communities discussed particular geographical challenges for arranging transportation to their health care appointments based on set ferry schedules.

Delayed or diminished care seeking
Some participants commented that after considering the costs and impacts of travel, they delayed or diminished their health care seeking. One participant said, *'My child should be assessed for autism but the trip to Prince George is un-affordable.'*
Others commented from the perspective of a family caregiver, noting the difficulty in ensuring access to recommended care: "I cannot take time off work to get my disabled mother to some recommended medical therapies that are not available in or near my home community."

To access the full report, click on: **Download PDF**

* Correspondence: **jude.kornelsen@familymed.ubc.ca**

Petitions for an improved B.C. transit system (click on the blue links)

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

Remove Financial Barriers for Rural British Columbians Seeking Healthcare Services

https://bcrhn.ca/lets-ride-make-public-transit-bc-wide-2/

https://bcrhn.ca/publicly-funded-national-bus-service/

NEW ON OUR WEBSITE

New long-term care standards will fall flat without money or enforcement, experts warn

Minister of Health Patty Hajdu listens during a news conference on the COVID-19 pandemic in Ottawa, on Friday, Dec. 4, 2020. (Justin Tang/The Canadian Press)

Karina Roman · CBC News · Posted: May 22, 2021

[Excerpts] The federal government is spending $3 billion over five years to establish new standards to improve long-term care in Canada. Advocates say the money alone is not enough — that they want measures to ensure new standards actually lead to better care for seniors.

Expectations are high for the new standards, now being developed by the Health Standards Organization (HSO) and the Canadian Standards Association (CSA). The work will take at least another 20 months but those involved say they hope new standards can help prevent the dire conditions that contributed to high pandemic death rates in the long-term care sector.

In the first wave of the pandemic, long-term care facilities saw 80 per cent of Canada's total COVID-19 deaths. Outside of Quebec and Nova Scotia, deaths in long-term care actually increased in the second wave.

- **National standards critical to saving lives in long-term care, report says**

But experts warn that new standards alone won't solve the many problems in the sector exposed by the pandemic. They say they fear that, after decades of government indifference to long-term care, public pressure to fix those problems might fade as the pandemic wanes.

"I do not want these standards to sit on a shelf and not be used," said Alex Mihailidis, technical subcommittee chair for the CSA.

"If we can take anything positive out of this pandemic and everything we've seen happen … I think we are at the tipping point and that is going to really drive the political will and social will forward and ensure that these standards are really taken seriously."

What would new standards look like?
Experts say the long-term care sector needs to improve both the delivery of care and the operation of its facilities. That extends to everything from the number of hours of direct personal care residents should expect to staff-resident ratios and infection prevention and control practices.

It also includes ventilation systems, plumbing, medical gas systems and facilities' use of technology. All of those things could depend on possible new infrastructure standards, which could dictate how new long-term care homes should be built, how many residents can be put in a single room and how common and isolation areas should be constructed.

The HSO and CSA also will have to work out how infrastructure standards would apply to existing buildings.

"We're pushing to basically say with everything that we've learned so far, with everything we're learning about the state of long-term care in Canada, how do we actually make these new standards pandemic-proof?" said Dr. Samir Sinha, the director of geriatrics at Sinai Health and the University Health Network in Toronto. He's heading up the technical committee for the HSO.

The HSO already has standards for long-term care homes; the pandemic proved they're clearly insufficient. Across Canada, almost 70 per cent of long term care homes are accredited based on either those HSO standards or a U.S.-based equivalent.

In Quebec, 100 per cent of homes require accreditation. But Quebec's long-term care homes were among those hardest-hit by the pandemic.

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NEW ON OUR WEBSITE

Will new standards make a difference?

The answer to that question depends on what the provinces do. Provinces — which are primarily responsible for long-term care — will be called on to spend the money needed to meet those standards and to fill massive staffing shortages.

Experts also say the effect of new standards will depend a lot on whether they're mandatory, and whether those facilities caught violating them can expect penalties.

"Unless they're mandatory, then they are a wish list of what we think is important and that's not going to really make substantive change," said Laura Tamblyn Watts, CEO of CanAge — a national seniors advocacy organization — and an adjunct professor at the University of Toronto."

So it's important that those standards have some type of force of law and that breaking them [has] some type of profound penalty against them."

Tamblyn-Watts said long-term care homes almost never lose their licenses to operate for violating standards and the fines they face are "almost laughable."

Technically, the federal government could create its own legislation and regulations to make the standards mandatory. Experts say that's unlikely.

To access the entire article, click on: **New long-term care standards will fall flat without money or enforcement, experts warn.**

Petitions to improve Seniors and Long Term Care standards in Canada (click on the purple links)

FORWARD TOGETHER A CANADIAN PLAN

Forward Together - A Canadian Plan - Canadian Labour Congress
https://bcrhn.ca/forward-together-a-canadian-plan/

Action for Reform in Residential Care

Janet Epps on behalf of *Action for Reform of Residential Care*
https://bcrhn.ca/action-for-reform-in-residential-care/

leadnow.ca

Make Seniors Care part of our Public Healthcare System
https://bcrhn.ca/make-seniors-care-part-of-our-public-healthcare-system/

FIX LONG-TERM CARE

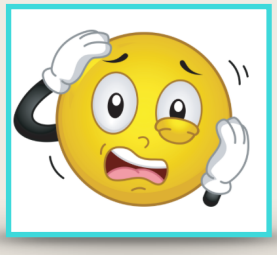
CUPE - Email the Prime Minister
https://bcrhn.ca/fix-long-term-care-cupe/

THE COUNCIL OF CANADIANS

Support Our Elderly in LTC and Seniors' Care Homes
https://bcrhn.ca/support-our-elderly-in-ltc-and-seniors-care-homes/

Seniors Deserve Better | bcgeu

END FOR-PROFIT SENIORS' CARE IN B.C.
https://bcrhn.ca/seniors-eserve-better-bcgeu/



Wondering about the various acronyms and abbreviations?
Are you confused???
Don't worry, help is on the way.
Number 11 in our series *'acronyms explained'* (AE)

RISE = Rural & Isolated Support Endeavor

Rural & Isolated Support Endeavor is a COVID-19 initiative, organized by a medical student-run subgroup of the Society of Rural Physicians of Canada (SRPC).

It aims to support isolated individuals in rural areas around Canada during the COVID-19 pandemic.

Interested clients can be paired with a medical student volunteer for weekly phone or video call check-ins.

NEED SUPPORT? Click on the self referral form: https://forms.office.com/Pages/ResponsePage.aspx...

If you are a healthcare provider and would like to refer a client, get in touch at https://www.facebook.com/ruralandisolated/ and you will be provided with the appropriate form.

NEW ON OUR WEBSITE

We have a category on our website, named *Solutions/Improvements.*, where the following article can be found.

B.C. hospital housekeepers, food-service workers being brought back under public sector

By CLAIRE FENTON and LASIA KRETZEL - Sep 5, 2021

SUMMARY: Anyone who cleans or works in food services at B.C. hospitals will soon be a public employee again.
The province announced some 4,000 workers will be brought into the public sector
Health Minister Adrian Dix says most of the 21 private contracts will end by March next year

[Excerpts] Dix says it will lead to improved wages, better working conditions, and job security for workers.

Catalina Samson works as a dietary aide at Vancouver General and says today is huge after she and many others lost wages and benefits in the privatization.

"In 2004, I went from earning $18.10 an hour with benefits and pension, to $10.15 an hour. I lost all my benefits, nothing, no sick time, no vacation, nothing at all," Samson said.She says she does the same job, but the work load has only become heavier because the turnover is so high.

She says that low pay and no benefits offer few incentives for good workers to remain in the sector."We're a vital part of the team, and today I feel like our work is being recognized for that. Reuniting us with the rest of the health-care team is a great act of solidarity," she explained.

Adrian Dix, B.C.'s minister of health says the move is "lifechanging," adding the repatriation of housekeeping and food services contracts is "good for patients, for workers, for the health- care team and for recruiting future health-care workers. It treats those who do the essential and life-saving work of keeping our

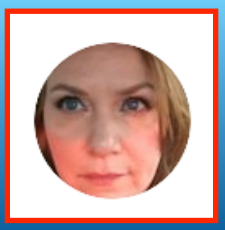
Read more at: **B.C. hospital housekeepers, food-service workers being brought back under public sector**

Some of Our Latest Twitter Followers

Yvette Brend

CBC Early Edition

yvette.brend@cbc.ca



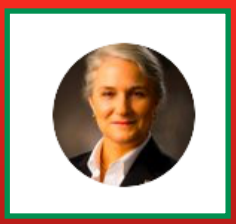
Cindy E Harnett

Times Colonist reporter covering health, federal politics

timescolonist.com

Wendy V Norman

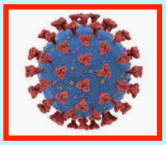
CIHR-PHAC Chair, Family Planning Applied Public Health Research
Assoc. Professor @UBC ;Hon Assoc Prof @LSHTM;
Family Doctor @cartgrac @womensresearch
[CIHR = Canadian Institues of health Reearch - Canada's federal funding agency for health research]



THE TYEE

Exhausted and overworked, they're fleeing the sector. Unless we act now, we'll pay a price for decades.

By Marilou Gagnon and Damien Contandriopoulos



Note: text in blue are hot links [Excerpt] Two indicators have profoundly shaped the COVID-19 response in B.C. — the estimated potential burden on the health care system and hospitalization data.

[….] pressure, demands and moral distress generated by the management of COVID-19 in the health-care system exacerbated an already dire shortage of health-care workers.

In the first quarter of 2021, the health-care sector experienced the most significant increase (39 per cent) in job vacancies in Canada. In June, those vacancies represented about 20 per cent of the job vacancies in the country. That's 98,700 vacant jobs, half of which are nursing positions.

Nurses have been particularly impacted by COVID-19 and the way it was managed. This has resulted in an unprecedented mass exodus of nurses, which continues today and will continue for the rest of 2021 — and beyond.

Throughout the summer, there have been numerous reports of closures of acute care beds and emergency departments due to the nursing shortage. Alarms have also been raised about the unsafe working conditions resulting from severe understaffing of nurses in acute care settings.

These reports only scratch the surface of what is happening in our health-care system. The full extent of the nursing shortage and its impact on the health-care system has remained largely hidden from the public despite rising COVID-19 cases.

To read more, click on: **The Fourth Wave Is Crushing Nurses and Other Health-Care Workers**

Shaping the Future of Care Closer to Home for Older Adults

Interested in webinars? Have a look at our website under Conferences/Workshop/ Webinars. This month *Health Excellence Canada* is holding national conversations including focus group consultations for users/families, providers and healthcare partners to explore opportunities to reimagine excellence in care for older adults living at home entitled "Reimagining Care for Older Adults". Visit **https://bcrhn.ca/shaping-the-future-of-care-october-12-13-and-15-2021-closer-to-home-for-older-adults/** to learn more and for registration. Virtual focus groups will be held on October 12, 14 and 15, 2021 and run for approximately 60 to 90 minutes. There is no preparation time required.

The UBC Faculty of Medicine, in conjunction with Occupational Science & Occupational Therapy, has recently launched a new certificate.

The part-time Graduate Certificate in Primary Health Care was developed to support working health care professionals for the transformation to patient-centred, team-based care. Navigate the complexities of inter-professional teams, integrate and apply your skills in context, and lead change in your organization.

There is a particular focus on leading team-based care in rural and remote settings. Registration is until November 15.

> Apply for the January 2022 cohort

About Us

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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: **Administrator:** position vacant
Nienke Klaver, Executive Assistant, Editor *Rural Health Matters,* and Social Media Manager - Princeton

SOCIAL MEDIA

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