

RURAL HEALTH MATTERS

British Columbia Rural Health Network

March 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,

If you're like me, the month of March always feels full of promise as I look forward to putting away the snow shovel and begin the process of re-introducing myself to my fly fishing rod. It's also the promise of change as it seems my calendar fills up with events and activities that signal the end of winter procrastination.

So with that thought, I'd like to draw your attention to two upcoming events that involve the BCRHN.

The first is a reminder of our guest speaker who will be giving a presentation at the beginning of our regularly scheduled Board meeting on March 10 at 4:00 pm. Jason Curran will be sharing information about ongoing health research projects across the province. Details of this event have been sent to our membership by email.

The second is an invitation to all our members and supporters to attend our Annual General Meeting, to be held in Kelowna on May 23rd (see details on page 6).

I encourage everyone to make plans to attend, as we look back on the past year and look forward to the coming year with a newly elected Board of Directors.

Over the next several months, the BCRHN Board and staff will be focusing on two important developmental areas. The first is the formation of a Policies and Procedures manual and the second, the writing of position statements on various topics and issues of particular importance to our organization.

These documents will help our Board and staff to run our Network more efficiently and will allow us to speak with accuracy and unity when other health organizations and authorities ask for our views on matters of mutual interest.

We've already got a good start on this work and in the coming weeks we'll be asking for input from our membership to be sure that these documents represent your views.

It's our plan to gather this information through surveys and you can always share your thoughts with me directly. I look forward to your involvement in this important process as we work together to improve access to healthcare in our communities.

I look forward to hearing from you,

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

Member of the Month

BC Association of Community Response Network Langley

About Adult Abuse, Neglect, and Self-Neglect

Adult abuse is any action causing harm to someone over the legal age of 18. Abuse may be financial, physical, sexual, or psychological. Other forms of abuse can include over or undermedication, censoring mail, violation of civil and human rights, denial of access to visitors, or invasion or denial of privacy.

Elder abuse commonly refers to adult abuse where the target is a senior or older adult. An abuser is someone who is likely known to the abused older person, like a friend, family member, or caregiver.

Neglect is when lack of care, assistance, or attention leads to physical, mental or emotional harm, or loss of financial assets. Self-neglect is the failure to care for one's self that causes serious physical or mental harm, or damage to or loss of assets.

BC does not have a law saying you must report abuse, however, Part 3 of the Adult Guardianship Act says if you do make a report to a Designated Agency, the claim must be addressed and in the least intrusive way.

Community connection and awareness are keys to identifying and preventing all manners of abuse and neglect.

The BC Association of Community Response Networks (BC CRN)

The [BC CRN](#) is a provincial, non-profit organization whose mandate is to partner with communities and local service providers to raise awareness of and educate the BC public on how to spot the signs of adult abuse, neglect, and self-neglect, and what they can do to correctly address it.

[Community response networks \(CRNs\)](#) are groups of concerned community members who come together to coordinate community responses to adult abuse, neglect, and self-neglect.

In 1993, CRNs were piloted in five communities – Duncan, Penticton, Castlegar, Abbotsford, and Vernon. Thanks to the efforts of the Regional Mentors, CRN coordinators, community partners, and countless number of volunteers, as of 2019, 80 CRNs serve 232 communities in the smallest of rural villages to the largest of urban centres province wide. This number also includes borderless CRNs who serve and support the Chinese, Francophone, Aboriginal, and LGBTQ2S+ communities.

How Community Response Networks Educate Communities

Local CRNs hold a variety of public engagement and awareness activities and programs while BC CRN provides resources and support in the form of resources and programs.

Some examples of the provincial offerings include the [It's Not Right!](#) and [Gatekeeper](#) programs that help communities learn the signs of abuse, neglect, and self-neglect (BC CRN is the authorized provider of both programs.), and near monthly provincial learning events on various topics. All events are free of charge and everyone is welcome. [View a sampling of local CRN events and projects.](#)

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How You Can Get Involved

If you're interested in getting involved in the activities of the CRN in your community, please contact your [local CRN Coordinator](#).

If no CRN exists in your community and you want to set one up, please contact the [Regional Mentor for your area](#).

To stay updated on the latest, join BC CRN's [Facebook](#) or [Twitter](#), subscribe to the free [E-Connector newsletter](#) by emailing info@bccrns.ca, or visit www.bccrns.ca.

Sharon Johnson, CPA, CGA

Director of Administrative Services

BC Association of Community Response Networks (BC CRN)

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From the Desk of the Administrator

Hello BCRHN members and supporters,

In January the BC Rural Health Network was given permission to share the Ministry of Health *Supportive Policy Directive on Community Health Centres* with its members.

To date 21 individuals, representing 14 member organizations requested the information. At this time, we are only able to share with our members so if you would like a copy please contact me at bcruralhealthnetwork@gmail.com.

It is time to renew your membership in the BC Rural Health Network, or if you are interested in becoming a new member, this is the time to join. For membership forms and more information please go to: <https://bcrhn.ca/membership-form/>

Have a wonderful day!

Connie Howe



The BCRHN has formed a Community Health Centre Committee that will be providing information and updates on what you can do in your community to “get the ball rolling”.

If your community is interested in the CHC model, please let us know. If you have already requested a copy of the CHC policy document from the BC Rural Health Network, you are already on our list of “interested communities”.

If you are not on our list and would like to be added, please contact Connie Howe at bcruralhealthnetwork@gmail.com

Are you worried about the medications that older family members are taking?

Often, adult children are the first to notice the harmful side effects of prescription medications on older family members. Or, your family member may tell you about worrying symptoms such as memory problems, over-sedation or sleepiness, confusion, dizziness, weakness, balance problems, increased falling or changes in behaviour.

Some facts about medications and older adults:

Two out of three older Canadians take at least five medications and one out of four take at least ten.

All have the potential for “adverse drug reactions” (ADRs), which are harmful side effects. This includes over-the-counter (OTC) drugs.

Risk increases with the number of drugs since many drugs interact with other drugs.

ADRs can be mild or serious, temporary or permanent, and can begin suddenly or take time to develop.

Older adults are more sensitive to prescription medicines because of changes in the body, such as less

efficient liver and kidney function, so drugs taken for years can begin to cause ADRs.

A recent study showed that 1 in 9 hospital Emergency visits were due to ADRs to commonly prescribed drugs.



The older you get, the more prescriptions you can accumulate. Some may no longer be safe or even necessary. No particular doctor is responsible for the whole list. This means that if you are seeing more than one doctor (a family doctor plus one or more specialists), the danger of ADRs increases.

If new and unpleasant symptoms occur, first consider that it could be a drug that is the cause, rather than a new condition or “aging”. Regularly review your list of medications with your pharmacist (especially a list of five or more). Bring your list of both prescription and OTC drugs. Then talk with your doctor about whether all are still necessary or if doses could be lowered.

Your pharmacy’s electronic list will only contain what that pharmacy has supplied. A full record of your last 14 months of medications from the BC Pharmacare database can be requested through your local pharmacist. You will pick it up at the pharmacy by showing photo I.D. If an older family member is unable to request their record you can do it. You’ll need a Representation Agreement which is the legal agreement in BC allowing you to act on their behalf for health and personal care matters. It is easy to do and older adults should all have one. Here is the link: <https://www.nidus.ca/representation-agreement/>

Submitted by Johanna Trimble, BC Rural Health Network Board

The Importance of Community Health Centres in BC's Primary Care Reforms: What the Research Tells Us

by Marcy Cohen and Andrew Longhurst

CHCs are non-profit primary care organizations that provide integrated health care and social services, with a focus on addressing the social determinants of health.

Five commonly accepted characteristics include:

1. CHCs provide team-based inter-professional primary care that includes a range of health care and social service providers, including social workers, family physicians, nurse practitioners, nurses, dietitians, occupational therapists, clinical pharmacists, physiotherapists, respiratory therapists, cross-cultural health brokers, First Nations elders, mental health counsellors, and outreach workers, among others.
2. CHCs integrate medical care, mental health and substance use services, health promotion and chronic disease management programs. Many CHCs also provide vision and dental care.
3. CHCs are community-governed and responsive to the patients/members they serve. This means that they are legally established as non-profit societies or co-operatives and provide open membership to their patients (who are members of the organization). It also means that patient-members can participate on the board of directors and in other parts of the governance of the organization.
4. CHCs actively address the social determinants of health such as poverty, access to housing, education, language barriers and other factors that have a direct impact on health. CHCs take an upstream approach intended to prevent illness and promote wellness.
5. CHCs demonstrate commitment to health equity and social justice, and recognize that disparities in health status among the population are socially, economically, and institutionally structured—and that these disparities are avoidable and unfair. CHCs work to eliminate these health inequities through a community development approach and advocating for public policies that address the upstream determinants of health, including fair taxation, living wages, decent working conditions, safe and affordable housing and quality public services.

To read the full report, click on the Download button [**Download**](#)

The **British Columbia Association of Community Health Centres (BCACHC)** and the **BC Rural Health Network** are working collaboratively to promote Community Health Centres in the province.

The BCACHC website has information that supports communities with existing CHCs and communities interested in establishing a new CHC.

Click on the following link to access the information:
<https://www.bcachc.org>



BCACHC

BRITISH COLUMBIA ASSOCIATION
OF COMMUNITY HEALTH CENTRES

Grow a Local CHC

OF SPECIAL INTEREST TO OUR MEMBERS

March 10 @ 4:00 - 4:30 Guest Speaker Jason Curran

May 23 @ 2:00 AGM Murray Ramsden Boardroom
Kelowna General Hospital

Some of the latest additions on our
website: www.bcrhn.ca



A Billion Reasons to Care is the first provincial review of the \$1.4 billion-dollar contracted long-term care sector in British Columbia.

The report found that while receiving, on average, the same level of public funding:

- * not-for-profit care homes spend \$10,000 or 24% more per year on care for each resident
- * for-profit care homes failed to deliver 207,000 funded direct care hours
- * not-for-profit care homes exceeded direct care hour targets by delivering an additional 80,000 hours of direct care beyond what they were publicly funded to deliver.

Click on the bold text at the top to access the report.

Video



The BC SUPPORT Unit is excited to bring you a new video series, called *Perspectives on POR*, which explores different views on patient-oriented research (POR) from individuals across BC. The first video in the series, *Partnerships in Patient-Oriented Research*, provides a snapshot of POR across the province.

Click on the bold text to **Watch the video**



This conference is supported by the Michael Smith Foundation for Health Research (MSFHR) Convening and Collaborating Award and RHSRNbc.

The next *Rural Health Equity Conference* is May 14-15 2020, and will explore issues of equity and health in rural settings, spark dialogue and connections between people who share a passion to respond to the unique needs of rural and remote communities.

Presentations will explore strategies for genuine engagement and create dialogue about the implications of research findings for both rural communities and service organizations. The goal of the conference is to spark partnerships for transformative research and knowledge translation.

For more information, click on: **Rural Health Equity Conference 2020!**

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