HEALTH ADVISORY COMMITTEE AGENDA

DATE: 2024.03.11 LOCATION: Council Chambers – City Hall
TIME: 6:00 p.m. 413 Fourth Street, Kaslo

1. Call to Order

2. Adoption of the Agenda

2.1 Adoption of the Agenda for the 2024.03.11 Health Advisory Committee Meeting.

3. Adoption of the Minutes

3.1 Adoption of the Minutes of the 2024.01.15 Health Advisory Committee Meeting.

4. Delegations

4.1

5. Information Items

5.1 Member Reports

5.2 Correspondence

5.2.1 WKBRHD March 27, 2024 6:00pm

5.2.2 Office of the Seniors Advocate BC - Resilient and Resourceful

5.2.3 BCRHN 2024.01.16

5.2.4 BCRHN 2024.02.01

5.2.5 BCRHN 2024.02.06

5.2.6 BCRHN 2024.03.01

5.2.7 BCRHN AGM Minutes

6. Question Period

7. Business

8. Late Items

Consideration of any late items added to the agenda.

9. Next Meeting

May 13th, 2024 at 6:00 p.m. in City Hall.

10. Adjournment

HEALTH ADVISORY COMMITTEE MINUTES

DATE: 2024.01.15		LOCATION:	Council Chambers – City Hall
TIME: 6:00 p.m.			413 Fourth Street, Kaslo
PRESENT:	Chair:	Mayor Hewat	
	Members:	Councillor Bird, Victoria McAllister, Elizabeth Brandrick, Liz Ross	
	Regrets:	Deb Borsos, Leni Neumeier	
	Staff:	CO Allaway	
	Public:	Phoebe Lazier	

1. Call to Order

The meeting was called to order at 6:02 p.m.

2. Adoption of the Agenda

2.1 Adoption of the Agenda for the 2024.01.15 Health Advisory Committee Meeting.

Moved, seconded and CARRIED

***THAT* the Agenda for the 2024.01.15 Health Advisory Committee Meeting be adopted as amended to include item 5.1.2 – Update from Liz Ross re: VCHC Physician Complement.**

3. Adoption of the Minutes

3.1 Adoption of the Minutes of the 2023.11.27 Health Advisory Committee Meeting.

Moved, seconded and CARRIED

***THAT* the minutes of the 2023.11.27 Health Advisory Committee Meeting be adopted as presented.**

4. Delegations

4.1 Phoebe Lazier – BC Rural Health Network and Outreach Initiative

Ms. Lazier provided an update to the committee regarding the activities of the BC Rural Health Network including their information gathering efforts. The issues identified so far include the following key themes:

- *Doctor/nurse recruitment and retention challenges*
- *Travel burden for rural/remote residents*
- *Aging population and lack of resources for seniors (including Long Term Care)*
- *Mental health and addiction supports*

5. Information Items

5.1 Member Reports

5.1.1 Kaslo Community Service – Brandrick

5.1.2 Physician Recruitment Update – Ross

There will be a 4th physician to serve Kaslo. Dr. Martin has signed a contract with IHA and will be returning to Kaslo with a July start date.

5.2 Correspondence

5.2.1 BCRHN Edition 2023.12.01

5.2.2 BCRHN – President Skelton 2023.12.08

6. <u>Question Period</u> – Nil

7. <u>Business</u> – Nil

8. <u>Late Items</u> – Nil

9. <u>Next Meeting</u>

March 11th, 2024 at 6:00 p.m. in City Hall.

10. <u>Adjournment</u>

The meeting was adjourned at 6:37 p.m.

CERTIFIED CORRECT:

_____ _____

Corporate Officer Mayor Hewat

OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

RESILIENT AND RESOURCEFUL

CHALLENGES FACING B.C.'S RURAL SENIORS

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B.C. encompasses a vast geography but 86% of the population is concentrated in a small number of urban centres occupying 4% of the land mass. While only 14% of the population lives in rural B.C., it produces the lumber, food, natural gas and electricity that allow all of us to enjoy a high standard of living. It has been described to me that rural B.C. is the "fuel" while urban B.C. is the "engine" of our province, and both are required for us to continue to move forward

Rural B.C. is attractive to people for many reasons, and this is reflected in the desire of those who live there to remain in their home communities as they age. I have heard from many rural seniors, in all parts of the province, about the strong connections they have to their communities, some going back for many generations. Rural seniors know their neighbors, and they help each other. Part of this is human kindness but part of it is also borne of necessity. Living in rural B.C. means you are more isolated from the services and supports found in urban centers and you need your family, friends and neighbors to help fill the gaps.

What is needed as we age is the same, regardless of where we live. We need medical support, a home that can meet mobility challenges, and people to help if we cannot do our own chores, personal care or drive. As I have travelled around the province, thousands of seniors have told me they find it difficult to remain in their own homes as they get older. While seniors everywhere are experiencing challenges, rural seniors face greater obstacles because they do not have the same level of access to services and supports as their urban counterparts

It will be surprising to some to learn that rural B.C. has both a faster growing and proportionately higher seniors' population than urban B.C. Despite this, on every measure, rural seniors enjoy less access to the infrastructure, services and supports they need

Highlights of the challenges experienced by seniors living in rural B.C. include:

- fewer personal resources as measured by income and wealth;
- fewer married seniors creating more demand for home support, assisted living and long-term care – the need for which more highly correlates to single seniors;
- although rural seniors have similar home ownership rates as urban seniors, they are twice as likely to live in a single-family home, and their home is, on average, two thirds less in value compared to urban seniors;
- there are 70% fewer acute care beds per 1,000 of population in rural areas;
- there is a 27% longer length of stay for alternative level of care (ALC) rural senior patients, and 85% of all ALC cases in rural area are seniors;
- there are 24% fewer home support clients per 1,000 rural population (65+) and they receive, on average, 19% fewer hours of care;
- there are 55% fewer publicly subsidized long-term care beds per 1,000 rural population (65+), and the median wait time to access a publicly subsidized long-term care bed is twice as long as in rural B.C.; and

- the rate of subsidized seniors housing units per 1,000 population (55+) is nearly 70% lower in rural B.C., and the rate of Shelter Aid for Elderly Renters (SAFER) clients per 1,000 population (60+) is over 50% lower in rural B.C. compared to urban B.C.

While advances in tele-medicine and expanded services in some rural hospitals have reduced the overall need for medical travel, it remains a reality for many rural seniors. The need to travel cannot be eliminated, however, the cost barrier can. I have heard first-hand about the inadequacy of the Province's current Travel Assistance Program (TAP), however, in the course of this review, we learned about a medical travel program that receives provincial funding called Hope Air which offers significant support. Unfortunately, few people are aware of it and one of my recommendations is to ensure eligible people are connected to the program.

Overall, while there are clearly unmet needs in the rural seniors' population, it cannot be overstated how resilient, resourceful and stoic they remain. It has been a privilege to travel throughout the province and meet seniors in communities far from the urban center of the lower mainland. In rural B.C., it is an "all hands on deck" approach to meeting the challenges of the day, whether they be helping an elderly neighbour who lives alone, responding to an evacuation order, travel interruptions from winter snowstorms or economic hardship from mill closures.

While I am inspired and heartened by the compassionate, community-minded nature of people who live in rural B.C., it's clear they need more support. There needs to be a cohesive plan developed that looks across all domains of healthy aging – housing, transportation, income, health care and community supports – and ensure seniors, regardless of whether they live in rural or urban B.C., receive equitable levels of support to allow them to age well in their home communities.

I want to thank the many people who have contributed to this report. Staff at my office, along with those in various ministries and government agencies who provided detailed information and analysis that form the foundation of this report; the British Columbia Rural Health Network for their support and sharing of information; the parliamentary secretaries for Health and Rural Development for sharing their thoughts and observations; and most importantly, to the hundreds of rural seniors I have met across B.C. who shared with me not just the challenges they face, but the pride they have in the communities they call home

Sincerely,

Isobel Mackenzie
Seniors Advocate
Province of British Columbia

AGING IN RURAL COMMUNITIES

Seniors, defined as people 65 years of age and older, represent 20% of British Columbia's population but this number is higher in rural B.C. where one in four residents is a senior. In addition, the proportion of seniors is growing faster in rural areas, a trend that is projected to continue. By 2032, 22% of B.C.'s population will be over the age of 65; in rural B.C., it will rise to 29%.

These demographics result from general aging of the population and changing migration patterns over the past 40 years. Significant overall population increases in Metro Vancouver and housing affordability issues in the urban centres of the lower mainland and southern Vancouver Island are part of what is driving rural communities to experience proportionately higher seniors' populations. This pattern reflects the benefits of a rural lifestyle that attracts people in both their working and retirement phases of life, and once retired, moving from rural B.C. to urban B.C. is more financially challenging than in past decades.

The physical aging process and what is needed to support it is the same regardless of where you live and caring for older people is producing financial and human resource challenges across the province. However, the ability to access the needed supports and services required as we age varies greatly depending on where you live - most particularly whether you are in a large urban centre or a rural community. In rural B.C., the challenges of aging are exacerbated by a greater lack of workers and infrastructure coupled with a proportionately higher seniors' population which makes accessing supports and services particularly difficult. In examining the data, it is clear that compared to urban centres, rural B.C. has a higher need based on its proportionately higher seniors' population, but offers fewer services and less supports.

WHAT IS RURAL?

Rural areas can be defined by several factors including population size, how spread out the population is around the core community and distance from a regional centre. The categorization of geographic areas (i.e., rural and urban) can shift over time as population and density changes. There is no universally acknowledged definition for rural or urban B.C., and there can be further distinctions between communities that are rural and communities that are remote.

This report uses the single term rural to capture any area not defined as urban using the Community Health Services Areas (CHSA) classification of remote, rural and rural hub centres. Most health data (i.e., health authority service delivery) is based on this classification and reflects both the size of the population and the percentage of the population that resides within the community centre. However, there are many communities in the province that may be considered 'rural' in a broader and/or geographical context. A rural hub of 5,000 people in northern B.C. faces different challenges than a community of the same size on the lower mainland or southern Vancouver Island. While the CHSA is not a perfect mapping matrix to delineate between rural and urban, it was the best option available to achieve the objectives of this report.

When rural areas are mapped, we find that 86% of British Columbians live on 4% of the land mass as the province's population is extremely concentrated in geographically small, but population dense, urban centres. The remaining 14% of the population is spread over the remaining 96% of the province.

FIGURE 1: URBAN AND RURAL GEOGRAPHIC AREAS IN BRITISH COLUMBIA (CHSA CLASSIFICATION), 2022

PROFILE OF RURAL SENIORS IN B.C.

In 2023, there were 1,058,462 seniors living in B.C., representing 20% of the total population. In rural B.C., there were 181,970 seniors representing 25% of B.C.'s rural population and 17% of all seniors in B.C. In addition to a proportionately higher seniors' population, rural B.C. also has a much faster growing seniors' population.

In the past five years, the total population of B.C. grew 6% and the seniors' population grew 16%. In rural B.C., the total population grew by only 4% and the seniors' population grew 17%. The fastest growing seniors' population is in Northern Health. Overall, the largest proportion of B.C. seniors in rural areas live within the Interior Health (43%) and Vancouver Island (25%) health authority boundaries. Fraser Health has the smallest proportion of seniors living in rural areas (9%) and the highest proportion of seniors living in urban areas.

TABLE 1: B.C. POPULATION BY AGE GROUP AND RURAL/URBAN, 2019 AND 2023

	2018/19			2022/23			% CHANGE IN 5 YEARS	
	TOTAL	65+	%OF 65+	TOTAL	65+	%OF 65+	TOTAL	65+
RURAL	702,244	155,999	22%	727,503	181,970	25%	4%	17%
URBAN	4,308,232	756,749	18%	4,591,821	876,492	19%	7%	16%
ALL	5,010,476	912,748	18%	5,319,324	1,058,462	20%	6%	16%

NOTE(S): CHSA Urban-Rural Classification, Urban-Rural CHSA Methodology, Urban/Rural Categories, as of April 3, 2023

TABLE 2: RURAL AND URBAN SENIORS (65+) POPULATION BY HEALTH AUTHORITY, 2018/19 AND 2022/23

	2018/19			2022/23			% CHANGE IN 5 YEARS	
	TOTAL	65+	%OF 65+	TOTAL	65+	%OF 65+	TOTAL	65+
INTERIOR HEALTH								
RURAL	266,738	67,654	25%	278,288	77,559	28%	4%	15%
URBAN	529,653	114,790	22%	564,418	131,913	23%	7%	15%
ALL	796,391	182,444	23%	842,706	209,472	25%	6%	15%
FRASER HEALTH								
RURAL	74,758	14,190	19%	79,075	16,179	20%	6%	14%
URBAN	1,798,084	277,898	15%	1,947,893	328,351	17%	8%	18%
ALL	1,872,842	292,088	16%	2,026,968	344,530	17%	8%	18%
VANCOUVER COASTAL HEALTH								
RURAL	68,310	15,032	22%	70,416	17,738	25%	3%	18%
URBAN	1,141,952	185,743	16%	1,195,137	211,570	18%	5%	14%
ALL	1,210,262	200,775	17%	1,265,553	229,308	18%	5%	14%
VANCOUVER ISLAND HEALTH								
RURAL	150,869	38,220	25%	157,013	45,121	29%	4%	18%
URBAN	683,676	157,238	23%	725,565	180,253	25%	6%	15%
ALL	834,545	195,458	23%	882,578	225,374	26%	6%	15%
NORTHERN HEALTH								
RURAL	141,569	20,903	15%	142,711	25,373	18%	1%	21%
URBAN	154,867	21,080	14%	158,808	24,405	15%	3%	16%
ALL	296,436	41,983	14%	301,519	49,778	17%	2%	19%
B.C.								
RURAL	702,244	155,999	22%	727,503	181,970	25%	4%	17%
URBAN	4,308,232	756,749	18%	4,591,821	876,492	19%	7%	16%
ALL	5,010,476	912,748	18%	5,319,324	1,058,462	20%	6%	16%

NOTE(S): CHSA Urban-Rural Classification, Urban-Rural CHSA Methodology, Urban/Rural Categories, as of April 3, 2023

In addition to the overall number and proportion of seniors in rural versus urban areas, there are other differences such as marital status, type of housing and driving habits. In urban B.C., 63% of seniors are married, but this falls to 51% in rural B.C. This is significant as marital status is a proxy for whether or not a senior lives alone, something that can trigger a greater need for home support, assisted living and long-term care.

Rural B.C. has a higher rate of home ownership, although the value of the homes is much lower. In 2023, the average assessed value of a home in urban B.C. was nearly $1.5 million, compared to $450,000 in rural B.C. While the overall home ownership rate in B.C. is about 70%, this drops to 62% in dense urban cores such as Vancouver.[1] The type of home is also different for seniors in rural B.C., who are almost twice as likely to live in a single-family dwelling than a townhouse or multi-unit dwelling compared to urban seniors.

Most B.C. seniors (80%) still hold an active driver's licence. More than half of all seniors maintaining an active driver's licence live in the Fraser Valley (29%) and on Vancouver Island (24%). Seniors living in rural areas rely more heavily on their vehicles as there is usually limited or no access to public transportation and they are more likely to retain their driver's licence than their urban counterparts. About 90% of older Canadians living in rural areas and smaller communities held a driver's licence compared to 85% in urban areas.[2]

RURAL SENIORS HEALTH STATUS

The percentage of seniors with low, medium or high complexity chronic health conditions is fairly similar between rural and urban seniors and has remained relatively stable over the past five years, with two areas of note. The percentage of rural seniors diagnosed with dementia (3.2%) or frail in long-term care and end-of-life care (2.2%) is lower compared to seniors in urban areas (5.2% and 3.7% respectively). In 2021/22, 15% of rural seniors and 13% of urban seniors did not use the health care system which is relatively stable from five years ago.

The degree to which these data are influenced by the lack of timely and appropriate access to diagnostics and treatment in rural B.C. is unclear. When combined with other data, it is reasonable to conclude that some issues, such as lower rates of dementia, could result from reduced access to physicians and diagnostics, and fewer seniors residing in long-term care could link to fewer available long-term care beds.

[1] Statistics Canada. 2021 Census of Population.
[2] Hansen, S. et al. To drive or not to drive: Driving cessation amongst older adults in rural and small towns in Canada. Journal of Transport Geography. [Online]. To drive or not to drive: Driving cessation amongst older adults in rural and small towns in Canada - ScienceDirect. (https://www.sciencedirect.com/science/article/pii/S0966692319307732#bb0285) June, 2020.

TABLE 3: LIVING WITH ILLNESS BY RURAL AND URBAN POPULATION, 2017/18 AND 2021/22

	2017/18		2021/22		% POINT CHANGE IN 5 YEARS	
	65+	0-64	65+	0-64	65+	0-64
DEMENTIA						
RURAL	3.4%	0.1%	3.2%	0.1%	-0.2%	0.0%
URBAN	5.4%	0.1%	5.2%	0.1%	-0.2%	0.0%
NON-USERS OF HEALTH CARE AND HEALTHY POPULATION						
RURAL	14.4%	57.4%	15.0%	57.2%	0.5%	-0.3%
URBAN	12.1%	60.0%	12.7%	60.2%	0.7%	0.1%
LOW COMPLEXITY CHRONIC CONDITIONS						
RURAL	28.9%	24.7%	28.6%	25.2%	-0.3%	0.6%
URBAN	29.2%	24.4%	28.9%	24.5%	-0.3%	0.1%
MEDIUM COMPLEXITY CHRONIC CONDITIONS						
RURAL	28.2%	5.7%	28.5%	5.7%	0.2%	-0.1%
URBAN	28.0%	4.4%	27.9%	4.4%	-0.1%	0.0%
HIGH COMPLEXITY CHRONIC CONDITIONS						
RURAL	18.1%	1.8%	18.4%	1.8%	0.2%	0.0%
URBAN	19.0%	1.4%	19.3%	1.4%	0.3%	0.0%
FRAIL IN LONG-TERM CARE AND END OF LIFE						
RURAL	2.5%	0.1%	2.2%	0.2%	-0.3%	0.0%
URBAN	4.1%	0.1%	3.7%	0.2%	-0.4%	0.0%
OTHER						
RURAL	7.8%	10.3%	7.4%	10.0%	-0.4%	-0.2%
URBAN	7.5%	9.7%	7.5%	9.4%	0.0%	-0.3%

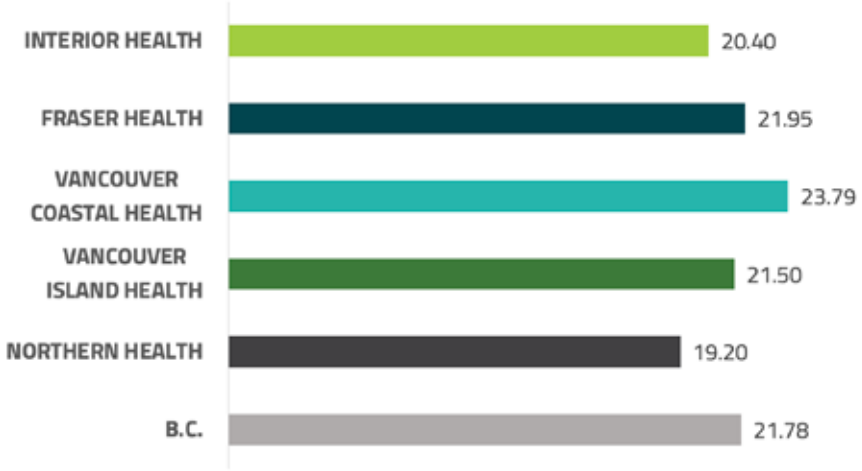
NOTE(S): Individuals who died during the fiscal year are excluded from the percentages of people with dementia. Population segments may not sum to 100% due to rounding. The "other" category includes individuals in the following population segments: adult major illness, child and youth major illness, severe mental health and substance abuse, maternity and healthy newborns, and cancer. Individuals may have health conditions that fall into multiple population segments but have been categorized into the highest level for this grouping.

Life expectancy is a measure of a population's ability to live a long life. Life expectancy at 65 is the average number of years that a person could expect to live after age 65. B.C. seniors who are 65 years of age can expect to live an additional 21.8 years. However, when the health adjusted life expectancy at age 65 is taken into account, only 16.8 of those 21.8 years will be lived in good health. Health expectancy is an indicator that incorporates mortality and health status into a single estimate that can be considered a measure of quality of life.

While it is difficult to accurately quantify what, if any, difference exists in life expectancy between urban and rural seniors, there is robust literature that show older adults living in rural areas have higher rates of chronic diseases, increased risk of multi-morbidity, lower quality of life and less access to health care and specialists.[3]

We can look at differences in life expectancy by health region and find its lowest in areas with more rural communities such as Northern, Interior and Vancouver Island health authorities and higher in Vancouver Coastal and Fraser health authorities. These data, combined with existing literature, support the view that life expectancy is lower, on average, in rural B.C., however it is difficult to quantify the exact difference or the root cause of the difference.

FIGURE 2: LIFE EXPECTANCY AT 65, 2022



[3] Krasniuk, S. and Crizzle, A.M. Impact of health and transportation on accessing healthcare in older adults living in rural regions. Transportation Research: Interdisciplinary Perspectives. [Online]. Impact of health and transportation on accessing healthcare in older adults living in rural regions (https://www.sciencedirect.com/science/article/pii/S259019822300129X?via%3Dihub) - ScienceDirect. September, 2023.

HEALTH CARE

Health care should be equally accessible to all British Columbians. In reality, it is not. There are several population groups who face systemic barriers to accessing the health care they need, including rural seniors. Whether it is access to a family physician, 24-hour acute care hospital services, diagnostics and laboratory, medical specialists, long-term care beds, home care or ambulance services, seniors in rural B.C. enjoy less access than their urban counterparts.

While there are physician shortages in urban B.C., current data suggests 17% of rural seniors do not have a family doctor (or nurse practitioner) compared to 13% of urban seniors; this has remained relatively unchanged over the past five years. However, if we look at a patient's attachment to a clinic (i.e. group practice), which is an emerging model of care, the urban and rural experience are more similar. Embedded in the clinic attachment numbers, however, are hours and days of access which are more limited in rural B.C. These factors combine to tell us that access to a primary care provider, such as a family physician, are more limited in rural B.C. For example, in Northern Health, seniors' attachment to a family physician is 75%, 8% points below the provincial average of 83%; attachment to a practice is 15%, almost double the provincial average of 8%.

EMERGENCY DEPARTMENT ACCESS

In B.C., there are a total of 77 emergency departments (EDs) in acute care hospitals, where 55% (42) are located in urban areas and 45% (35) in rural areas. While this may look somewhat equitable, it needs to be acknowledged that 55% of B.C.'s EDs are concentrated in 4% of the province geographically. Of the 35 EDs located in rural B.C., none are considered major trauma centres.

Another challenge for rural B.C. is the periodic closure of EDs, usually because of staffing shortages. This creates not only the hardship of the unexpected additional travel, possibly during inclement weather, but the stress of managing it during a medical crisis. Between January 1, 2023 and December 31, 2023, there were over 20 EDs[4] that reported closure notices with some hospitals reporting closures for 12 hours or 24 hours on numerous separate occasions, some for extended periods of time. Most ED closures were in rural areas of the province. A rural hospital in Interior Health was closed 24 separate times and lost over 300 cumulative hours due to closures. ED closures have been attributed by the Province to staffing shortages (i.e., limited physician and nursing staff availability). Many local governments in rural communities have raised significant concerns about the consistent closures of rural hospital EDs to the provincial government over the past several years.

ACUTE CARE ACCESS

The province's acute care hospitals are distributed across both rural and urban areas and offer inpatient admission. However, urban sites have a proportionally higher number of beds and offer a much wider scope of treatments, specialists, procedures and diagnostic testing.

[4] Limited information available for Northern Health Authority

Overall, there are 70% fewer acute care beds per 1,000 of population in rural areas compared to urban areas. The acute care beds per 1,000 urban population was 1.9 compared to 0.6 acute care beds per 1,000 rural population. Rural hospitals do not offer specialized cardiac procedures such as catheterization or coronary artery bypass grafts, high risk obstetrics or specialized pediatrics. Some, but not all rural hospitals perform orthopedic procedures such as hip and knee replacement and many perform cataract surgery. In terms of medical imaging, rural hospitals have x-ray, ultrasound and CT scan abilities but some lack the more detailed diagnostic capabilities of MRI. Laboratory services are offered in rural areas, with specialty diagnostics referred to larger urban labs. British Columbians requiring highly specialized services such as heart and lung transplants, complex pediatrics and severe burns must travel to the Lower Mainland to access this care.

When a person is diagnosed with cancer, they may need oncology care such as surgery, radiation, a bone marrow transplant, or they may participate in a clinical trial; all these factors influence the need to travel to an urban centre. More specialized cancer care generally requires travel to an urban site, especially when radiation therapy is needed, or if the type of chemotherapy cannot be accommodated by a rural pharmacy or hospital.

Most highly specialized services are located within urban settings to ensure access for all British Columbians and best use of specialized staff and equipment. This ensures high quality care and outcomes for clients. Virtual access to specialty care in rural areas is expanding, but many rural seniors still must travel to urban centres for in-person specialty care.

ALTERNATIVE LEVEL OF CARE OF RURAL PATIENTS

Alternative level of care (ALC) is a care level designation used when patients occupy a hospital bed after their treatment has ended and they no longer require acute care services. Seniors who are in an ALC bed are not able to access appropriate community supports (i.e., home health, home support) and/or long-term care and therefore remain in hospital.

More than 80% of ALC cases are seniors (65+). Of the approximately 20,000 ALC cases (65+)[5], about 10% are seniors from rural areas and 90% are seniors from urban areas. When we look at the total overall ALC cases of patients from rural areas (approximately 2,500 cases), 85% are seniors (65+).

The average ALC stay for a rural senior in an acute bed is 27% higher compared to a senior living in an urban area. In the last five years, this average ALC stay decreased 1% for urban based seniors but increased 9% for rural seniors. The overall number of ALC cases for seniors from rural areas has increased across all health authorities except for Interior Health over the past five years.

[5] ALC figures are based on the primary address of the patient occupying the ALC bed to determine if a patient is from a rural or urban area. Rural and urban is not based on the location of the hospital.

In 2022/23, the ALC average length of stay for seniors from rural areas was 26.4 days compared to 20.7 days for seniors from urban areas. This pattern varied across health authorities. The average length of stay for seniors from rural areas is shorter in the Interior Health, Fraser Health and Vancouver Coastal health authorities and higher for seniors from rural areas in Vancouver Island and Northern health authorities.

TABLE 4: ALTERNATE LEVELS OF CARE (ALC) IN B.C. BY SENIORS WHO LIVE IN RURAL AND URBAN AREAS, 2018/19 AND 2022/23

	2018/19			2022/23			% CHANGE IN 5 YEARS		
	ALC CASES	ALC DAYS	ALC AVG LOS	ALC CASES	ALC DAYS	ALC AVG LOS	ALC CASES	ALC DAYS	ALC AVG LOS
INTERIOR HEALTH									
RURAL	1,677	24,112	14	1,319	23,425	18	-21%	-3%	24%
URBAN	4,120	51,948	13	3,756	73,573	20	-9%	42%	55%
ALL	5,797	76,060	13	5,075	96,998	19	-12%	28%	46%
FRASER HEALTH									
RURAL	197	3,216	16	278	3,081	11	41%	-4%	-32%
URBAN	5,720	106,746	19	7,275	116,416	16	27%	9%	-14%
ALL	5,917	109,962	19	7,553	119,497	16	28%	9%	-15%
VANCOUVER COASTAL HEALTH									
RURAL	104	3,536	34	109	2,463	23	5%	-30%	-34%
URBAN	2,717	41,146	15	3,782	59,117	16	39%	44%	3%
ALL	2,821	44,682	16	3,891	61,580	16	38%	38%	0%
VANCOUVER ISLAND HEALTH									
RURAL	183	9,810	54	208	7,921	38	14%	-19%	-29%
URBAN	1,555	81,988	53	1,846	76,741	42	19%	-6%	-21%
ALL	1,738	91,798	53	2,054	84,662	41	18%	-8%	-22%
NORTHERN HEALTH									
RURAL	218	16,786	77	251	20,274	81	15%	21%	5%
URBAN	362	21,881	60	349	26,844	77	-4%	23%	27%
ALL	580	38,667	67	600	47,118	79	3%	22%	18%
B.C.									
RURAL	2,379	57,460	24	2,165	57,164	26	-9%	-1%	9%
URBAN	14,474	303,709	21	17,008	352,691	21	18%	16%	-1%
ALL	16,853	361,169	21	19,173	409,855	21	14%	13%	0%

NOTE(S): Counts are based on the primary address of the patient and identified as rural or urban based on CHSA.

For many seniors, part of their acute care trajectory requires support from home and community care services to enable a successful discharge home. These services support people to receive nursing, occupational therapy/physical therapy and home support services at home. Many of the services are targeted to help seniors to live more independently in the community and avoid the need for hospital (re)admission. Most seniors wish to live in their own home, with additional support when needed. When this isn't possible, some relocate to long-term care or assisted living at a cost considerably higher than that of home support.

HOME SUPPORT

There are proportionately fewer home support clients in rural B.C. and they receive fewer hours on average than urban home support clients. In 2022/23, there were just over 5,000 home support clients (65+)[6] in rural areas, which is 12% of all home support clients (65+), with an increase of 4% (4,893) over the past five years. During this same time period, the number of home support clients (65+) in urban B.C. grew by 9%. The rate of home support clients per 1,000 population (65+ and 75+) is 24% and 14% lower in rural areas than in urban areas in B.C. respectively. In addition, the average hours per client (for people 65+ who receive home support hours) is 19% less in rural compared to urban B.C.

FIGURE 3: HOME SUPPORT CLIENT (65+) RATE PER 1,000 POPULATION, RURAL AND URBAN, 2022/23

[6] Includes long-term home support, short-term home support and CSIL, and excludes Northern health due to the incomplete data submission to HCCMRR.

TABLE 5: NUMBER OF HOME SUPPORT CLIENTS (65+) AND HOURS, 2018/19 AND 2022/23

	2018/19	2022/23	% CHANGE IN 5 YEARS
RURAL			
NUMBER OF CLIENTS	4,893	5,070	4%
NUMBER OF HOURS	944,688	885,335	-6%
AVERAGE HOURS PER CLIENT	193	175	-10%
CLIENT RATE PER 1000 POP. (65+)	36	32	-11%
CLIENT RATE PER 1000 POP. (75+)	99	84	-15%
URBAN			
NUMBER OF CLIENTS	33,108	36,249	9%
NUMBER OF HOURS	7,342,095	7,812,784	6%
AVERAGE HOURS PER CLIENT	222	216	-3%
CLIENT RATE PER 1000 POP. (65+)	45	43	-5%
CLIENT RATE PER 1000 POP. (75+)	105	98	-6%
ALL			
NUMBER OF CLIENTS	38,025	41,377	9%
NUMBER OF HOURS	8,289,150	8,705,548	5%
AVERAGE HOURS PER CLIENT	218	210	-3%
CLIENT RATE PER 1000 POP. (65+)	44	41	-6%
CLIENT RATE PER 1000 POP. (75+)	104	96	-7%

NOTE(S): NHA was excluded due to the incomplete data submission to HCCMRR. Data include short-term, long-term Home Support and CSIL clients who are 65 years old and above.

While there has been an increase in the absolute number of home support clients in both rural and urban areas in the past five years, the number of home support hours for rural clients has decreased 6% compared to an increase of 6% for urban clients. Although, when we examine the average hours per client, this dropped 10% for rural clients and only 3% for urban clients from 2018/19.

FIGURE 4: AVERAGE HOME SUPPORT HOURS PER CLIENT (65+), RURAL AND URBAN, 2018/19 AND 2022/23

ASSISTED LIVING

As of March 2023, there were 34 publicly subsidized assisted living (AL) sites with 518 units in rural areas, or approximately 3 publicly subsidized units per 1,000 rural seniors' population (65+). Comparatively, there were 101 publicly subsidized assisted living sites with 3,819 units in urban areas or 4 publicly subsidized units per 1,000 urban senior population (65+). In rural areas, more than half (56%) of publicly subsidized AL sites and 58% of AL units are in Interior Health while Fraser Health had the lowest proportion of AL units (4%) in rural areas in the province.

TABLE 6: PUBLICLY SUBSIDIZED ASSISTING LIVING RESIDENCES AND UNITS, MARCH 2023

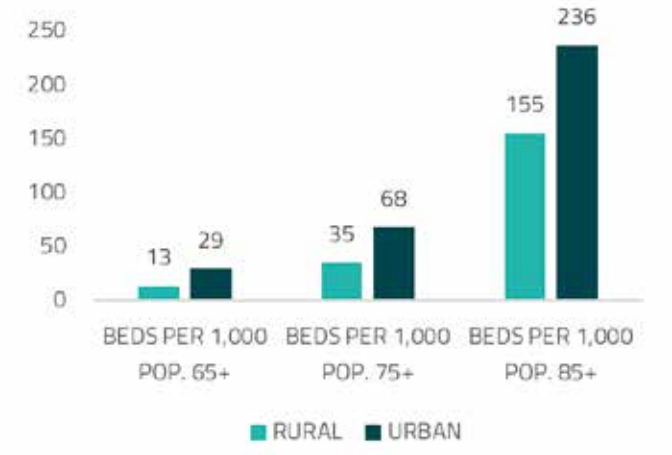
	RURAL	URBAN	ALL
NUMBER OF RESIDENCES	34	101	135
TOTAL UNITS	744	4,961	5,705
PUBLICLY SUBSIDIZED UNITS	518	3,819	4,337
UNITS PER 1000 POP. (65+)	3	4	4
UNITS PER 1000 POP. (75+)	8	10	10
UNITS PER 1000 POP. (85+)	33	35	35
PRIVATE UNITS	226	1,148	1,374

LONG-TERM CARE

As of March 2023, there were 2,399 publicly subsidized and 74 private pay (co-located) long-term care beds in rural B.C. This represents 9% of all publicly subsidized beds and 5% of all private beds in publicly subsidized long-term care facilities.

In 2023, there were approximately 13 publicly subsidized beds per 1,000 population (65+) in rural areas and 29 beds per 1,000 population (65+) in urban areas. The long-term care (LTC) bed rate per 1,000 population (65+) has declined in rural areas (16 beds per 1,000 pop.) and urban areas (33 beds per 1,000 pop.) compared to five years ago. This illustrates we are not keeping pace with the growth in the seniors' population throughout B.C.

FIGURE 5: PUBLICLY SUBSIDIZED LONG-TERM CARE BEDS PER 1,000 POPULATION, MARCH 2023



In rural areas, half (51%) of the publicly subsidized LTC facilities and 63% of the publicly subsidized LTC beds are in Interior Health. Less than 40% of publicly subsidized LTC beds are evenly distributed across the other four health authorities with the highest proportion in Vancouver Island Health (12%) to the lowest proportion in Fraser Health (7%).

The test of whether the number of publicly subsidized LTC beds is meeting current and future needs in rural and urban areas is to look at a trend over time based on population growth. The rate of care beds over the past five years has decreased relative to the number of seniors in both rural and urban areas, however, this trend is more pronounced in rural areas.

TABLE 7: PUBLICLY SUBSIDIZED LONG-TERM CARE FACILITIES FOR SENIORS, MARCH 2019 AND 2023

	MARCH 2019			MARCH 2023			% CHANGE IN 5 YEARS		
	RURAL	URBAN	ALL	RURAL	URBAN	ALL	RURAL	URBAN	ALL
NUMBER OF FACILITIES	59	232	291	59	238	297	0%	3%	2%
TOTAL BEDS	2,500	26,135	28,635	2,473	26,957	29,430	-1%	3%	3%
PUBLICLY FUNDED BEDS	2,423	24,791	27,214	2,399	25,665	28,064	-1%	4%	3%
BEDS PER 1000 POP. 65+	16	33	30	13	29	27	-15%	-11%	-11%
BEDS PER 1000 POP. 75+	43	76	72	35	68	63	-19%	-11%	-12%
BEDS PER 1000 POP. 85+	174	245	236	155	236	226	-11%	-4%	-4%
PRIVATE BEDS	77	1,344	1,421	74	1,292	1,366	-4%	-4%	-4%

NOTE(S): To be consistent with March 2023, some adjustments were made to the facility list in 2019: combining five special care units (Harmony Court Care Centre-Special Care Unit, Delta View Habilitation Centre, Berkley Care Centre - Special Unit, Fair Haven Vancouver – Special Care Unit, and The Priory - Hiscock) into their main facilities and removing Cariboo Place because its primary target population is not seniors. Therefore, the facility count is different from the long-term care directory summary report 2019.

EXAMPLE OF RURAL SENIORS' ACCESS TO PUBLICLY SUBSIDIZED LONG-TERM CARE OR ASSISTED LIVING

The OSA continues to hear about the lack (or shortage) for publicly subsidized assisted living or long-term care, including long wait times as a barrier for seniors living in rural areas and being concerned about the need to move out of their rural community and away from their families and friends.

Let's take a look at two seniors, one living in Smithers and the other living in Port Hardy.

A senior living in Smithers has access to a publicly subsidized an assisted living and a long-term care facility in their community. However, the average wait time for a long-term care bed at Bulkley Lodge is 309 days, and the average wait time for an assisted living unit at The Meadows is double the wait time, as there are only 14 units. A senior in Smithers may have to consider other housing options such as Prince George which is about 4.5 hours away.

Similarly, a senior living in Port Hardy can access a long-term care facility in their community with an average wait time of 271 days but would need to move to Campbell River to access the nearest publicly subsidized assisted living residence which is 233 kms away with an average wait time of 258 days.

LONG-TERM CARE WAIT TIMES[7]

In 2022/23, the median time for seniors waiting for a long-term care bed in rural areas was almost double the median wait time for seniors in urban areas – 43 days compared to 23 days.

In 2022/23, the median wait time for new admissions into publicly subsidized LTC facilities for seniors from rural areas increased 72% compared to 2018/19. The wait time for rural seniors admitted into publicly subsidized LTC facilities is the longest in Vancouver Island Health (average 318 days and median 170 days) and shortest in Fraser Health (average 55 days and median 12 days).

[7] Wait times are based on seniors who live in either a rural or urban area based on their home address and the time it took for that client to be admitted into a LTC facility located in the province.

LONG-TERM CARE RESIDENTS WITH LOWER COMPLEXITY OF NEEDS[8]

In 2022/23, 62% of rural seniors admitted into publicly subsidized LTC facilities received no long-term home support in the 90 days prior to admission; this proportion increased 5% from 2018/19. By comparison, 60% of urban seniors admitted into publicly subsidized LTC facilities received no long-term home support in the 90 days prior to admission - a 1% decrease from 2018/19.

The proportion of rural seniors admitted into publicly subsidized LTC facilities received no long-term home support in the 90 days prior to admission in rural areas varied across health authorities ranging from 87% in Vancouver Coastal Health to 53% in Fraser Health.

In 2022/23, 15% of rural seniors newly admitted into publicly subsidized LTC without home support in the 90 days prior to admission were ADL 2 or less and CPS 2[9] or less compared to 13% of urban seniors with wide variation across health authorities (ranging from 47% in Vancouver Coastal Health, 20% in Northern Health, 18% in Vancouver Island Health, 12% in Interior Health and 3% in Fraser Health).

TRAVEL FOR MEDICAL

Seniors living in rural areas often need to travel from their home communities to receive required medical care. Scheduled appointments for medical procedures, diagnostics, specialist care or an unplanned emergency requiring transport by ambulance are all circumstances that can require medical travel.

In a given year, more than 7,300 patients[10] are transported to hospitals for emergency medical treatment by air ambulances within B.C. and many other British Columbians travel from their rural community to an urban centre for planned medical appointments and procedures. For seniors who arrive at an urban hospital for an emergency procedure, the cost of ambulance transport (ground or air) is covered by the BC Emergency Health Services' flat fee of $80. However, once they are discharged from the hospital, there is no assistance provided to support their return home.

There is no provincial data capturing the number of British Columbians traveling to access medical care; the only data available are the number of patients accessing the provincial Travel Assistance Program (TAP), which was about 31,000 patients (nearly 50% were seniors) in 2022/23. This is a significant underestimation of B.C. patients who travel outside their community to access care and largely reflects people who live in coastal communities and receive the benefit of free ferry travel, which is the only fully funded direct benefit of TAP.

Advances in telehealth and other technologies have improved local access for some medical needs that would otherwise require long distance travel. Developing the full potential of telehealth, providing better financial incentives for specialists to provide services in rural B.C., and eliminating the closures of EDs are all initiatives

[8] The rural/urban classification is based on the home address location of the client prior to admission to care.
[9] The Cognitive Performance Scale (CPS) is used to evaluate cognitive impairment and the Activities of Daily Living (ADL) scale reflects a person's physical function. A score of 2 or less on either of them may indicate the senior could potentially be cared for at home with supports in place.
[10] BC Emergency Health Services (BCEHS). Provincial Health Services Authority. Factsheet: Air Ambulance Service. [Online]. Fact Sheet AIR AMBULANCE.pdf (http://www.bcehs.ca/our-services-site/Documents/Fact%20Sheet%20AIR%20AMBULANCE.pdf).

that would improve access to health care for rural seniors. However, the reality will remain that certain conditions and events will require rural seniors to travel long distances to receive the health care they need. The stress of these trips are significant enough without the added financial burden rural seniors must absorb as they seek the care that is readily available to urban seniors at no additional cost.

The OSA hears frequently from rural seniors about the cost burden of medically required travel. From the cost of gas or airfare to overnight hotel accommodations and restaurant meals. Some rural seniors are out-of-pocket several thousands of dollars, or sadly, some do not seek the care they need because they cannot afford to access health services in another community.

TRAVEL ASSISTANCE PROGRAM (TAP)

The provincial government offers rural British Columbians assistance to medical appointments through the Travel Assistance Program (TAP). TAP offers travel discounts to eligible B.C. residents who must travel for non-emergency medical specialist services not available in their community. TAP is a partnership between the Ministry of Health, BC Ferries and private transportation companies who agree to waive or discount their regular fees. TAP does not provide direct financial assistance to residents for travel costs. Meals, accommodations, transportation expenses other than ferries, are not included and it is the patient's responsibility to make their own travel and accommodation arrangements. While the premise of the program is promising, the reality of what is covered makes it of limited value to any rural senior who does not require ferry transportation, and the majority of rural seniors do not live in a coastal community.

Most B.C. residents pay significant out-of-pocket expenses to travel to urban centres to access care. These include expenses for: transportation (i.e., airfare, gas, bus, rental car, parking etc.,) food and accommodation. In addition, people who accompany the patient, such as a parent, caregiver or friend, may incur lost wages and also pay out-of-pocket for co-traveler expenses. Challenges with TAP include the burdensome approval process, there being no reimbursement for travel already taken, and the lack of assistance with mileage for private vehicles, accommodation and meals, all of which can be cost prohibitive for low-income seniors.

Eligible Services:

- Non-emergency medical specialist services available at the closest location outside the patient's community.
- Diagnostic procedures, laboratory procedures, diagnostic radiology, nuclear medicine procedures, BC Cancer Agency, Transplant Units, HIV/AIDS treatment at St. Paul's Hospital, specialty clinics at BC Children's Hospital and other tertiary care hospital services.
- Services not insured by Medical Services Plan (MSP) are not eligible for TAP.

See Travel Assistance Program - Province of British Columbia (https://www2.gov.bc.ca/gov/content/health/accessing-health-care/tap-bc/travel-assistance-program-tap-bc) for a list of eligible services and participants.

Eligible Individuals:

- Must be a B.C. resident and enrolled in the MSP.
- Patients must be referred by a physician, nurse practitioner or specialty clinic.
- A caregiver is eligible for TAP if the patient is incapable of traveling independently for medical reasons.
- Travel expenses must not be covered by third party insurance, such as an employer plan, extended medical plan, Insurance Corporation of BC, WorkSafeBC or federal government program (i.e., Veterans Affairs Canada).

Assistance available through TAP includes:

Ferry Transportation:

- Free BC Ferries travel for patients (and an escort where necessary) for those travelling for medical appointments. As of April 2023, passengers travelling under TAP no longer have to pay BC Ferries reservation fees, eliminating the possibility of them having to wait for long periods of time when they are not well or possibly missing their medical appointment.

Air Transportation:

- Discounts (up to 30% off regular fares) from the following airlines serving rural and regional communities: Central Mountain Air, Harbour Air Seaplanes, Helijet, Pacific Coastal Airlines and Seair Seaplanes.
- Angel Flight provides free air transport for cancer patients who need to travel between Vancouver Island, the Lower Mainland and the Sunshine Coast for treatment.

Ground Transportation:

- The Wilson's Group offers discounts on their BC Ferries Connector bus (15% - 20% discounts) between Victoria and Vancouver and on the Vancouver Island Connector (25% discount) which services communities from Port Hardy and Tofino down to Victoria.
- VIA Rail offers a 30% discount off their regular fares between Prince Rupert, Prince George and Vancouver.

Almost all of the travel assistance programs are based on scheduled appointments and procedures. There is a program delivered through a non-profit organization called Hope Air that provides fully funded airfares, up to two weeks accommodation for the senior and necessary travel companion, and daily meal vouchers as well as additional benefits. While the program receives provincial government funding, it is not widely advertised and many rural seniors, health care practitioners and local officials are unaware of its existence.

In addition to TAP and Hope Air, there is also medical travel assistance offered through the Health Authority – Health Connections Program, the Ministry of Social Development and Poverty Reduction, Canadian Cancer Society and Angel Flight East Kootenay.

HOPE AIR

Hope Air is a Canada-wide not-for-profit agency which provides travel assistance for patients who need help paying for non-emergency medical travel. It is not an actual airline but a charity that books and pays for flights on commercial airlines as well as for accommodation, meals, ground transportation and escort costs. In B.C., Hope Air provides seasonal small aircraft services through its Volunteer Pilot Program for patients living far from commercial airports. Patients are eligible for assistance through Hope Air if they have financial needs and have a confirmed appointment that is covered by MSP. Assistance available through Hope Air includes:

- Free return flights for the patient and escort if required
- Hotel accommodation for up to 14 nights (will be extended on a case by case basis) and accommodation for the escort while the patient is in hospital.
- Meal vouchers of $50 per day
- Uber voucher up to $120 for the trip for ground transportation between the airport, hotel and hospital.

In 2023, Hope Air reported a record high volume of activity. There were 14,132 travel arrangements made including, paying for flights, overnight accommodation, meals and ground transportation. This represent a 145% increase over the previous year.[11] (https://hopeair.ca)

HEALTH CONNECTIONS

Health Connections is a regional travel assistance program provided by three health authorities that offers subsidized transportation options to help cover costs for rural residents who must travel for non-emergency care outside their community. Eligible rural residents can access both TAP and Health Connections. Health Connections is offered by Island Health, Northern Health and Vancouver Coastal health authorities.

ISLAND HEALTH	In May 2023, Island Health announced a new transportation service five days per week for residents to access hospitals in Port Hardy, Port McNeill and Port Alice. The service includes a daytime and afternoon/evening route and provides daily return transportation to North Island hospitals in Campbell River and Comox Valley.[12] Island Health also provides an operating grant to Wheels for Wellness, a not-for-profit society (https://wheelsforwellness.com/about-us/) that provides transportation throughout Vancouver Island for residents needing to travel for non-emergency medical appointments more than 60 kilometers (one way) from point of departure.
NORTHERN HEALTH	NH Connections offers medical transportation for northern residents (including seniors and people with mobility challenges) travelling outside their home community for non-emergency health care or who need to get home after travelling by ambulance to another community. NH Connections offers several northern routes including Prince Rupert/Prince George, Prince George/ Vancouver, Dawson Creek/Fort St John, Valemount/Prince George, McBride/Kamloops. Fares range from $10 and up to $40 one-way depending on the route. Travel companions and immediate family members can travel with the patient who require supports while travelling. Northern Health in partnership with Eagle Transit operates a bus service for general travel between Masset and Daajing Giids, five days a week for $10. Medical passengers have priority and the fee is waived. (nhconnections.ca)
VANCOUVER COASTAL HEALTH	Vancouver Coastal Health funds patient transportation in the Central Coast and Bella Coola Valley. Bella Coola Valley Health Services funds a HandyDART bus service providing transportation to medical appointments, adult day programs, foot clinics, etc. Bella Coola Valley Health Services also covers 100 percent of medically required air travel for patients from the Central Coast. Vancouver Coastal Health (Travel & accommodation assistance | Vancouver Coastal Health (https://www.vch.ca/en/patients-visitors/fees-payments/financial-support-services/travel-accommodation-assistance)

[11] Island Health. Hope Air. British Columbia Patient Demand soars for medical travel programs in 2023. [Online]. https://hopeair.ca/british-columbia-patient-demand-soars-for-medical-travel-programs-in-2023/. January 25, 2024.
[12] Island Health. News Release. [Online]. (https://www.islandhealth.ca/news/news-releases/island-health-launches-dedicated-north-vancouver-island-transportation-service) May 26, 2023.

The health authority supported transportation is effective and sufficient for some rural seniors, but not all. The challenges that rural seniors and their family members have identified are generally related to a misalignment of the bus schedule with the medical appointments.

MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION – MEDICAL TRANSPORTATION

Medical transportation supplements are available for eligible recipients of income assistance and disability assistance including medical services only recipients who have transferred from the provincial income assistance program to the federal OAS/GIS program at age 65. The medical supplement provides the least expensive appropriate mode of transportation when essential medical treatment is required. The supplement may include financial supports for expenses not covered by the TAP. This program is only available to an estimated 3% of seniors who receive medical only benefits.

CANADIAN CANCER SOCIETY

The Canadian Cancer Society has several assistance programs to help those who need to travel for cancer care:

- Wheels of Hope: volunteers drive patients to their appointments in the southern Interior, Prince George and Vancouver Island.
- Travel Treatment Fund: helps with transportation costs (income tested over $80,000).
- Hope Air: partnership with Hope Air for air transportation.
- Accommodation: Cancer lodges in Victoria, Vancouver, Kelowna and Prince George provide accommodation for patients and escorts. The recent government funding has eliminated lodge fees for the patient.

(https://cancer.ca/en/living-with-cancer/how-we-can-help/cancer-travel-and-accommodation-services-bc#travel)

ANGEL FLIGHTS

Angel Flight East Kootenay is a not-for-profit agency providing free air transportation to residents of the east Kootenays to Kelowna. They operate scheduled flights three days per week from Cranbrook airport to Kelowna airport. (angelflightek.ca)

INCOME

The OSA continues to hear from seniors living on low incomes who are struggling to make ends meet. In 2021, the median income[13] of B.C. seniors was $33,150 while the prime working age population median income was $57,290, 73% higher. About 45% of seniors have an income that is less than minimum wage, compared to only 6% of the labour force in B.C.

When we look at income differences between rural and urban B.C., both the median and average income skews lower in rural B.C. In addition, the difference between the average and the median income for urban seniors is greater (31% urban versus 26% rural). This tells us that high-income seniors, who are pulling up the average, are more likely to be located in urban areas.

In addition to the disparity in incomes between rural and urban seniors, there is significant disparity of wealth as measured by housing values which is an effective measure given the majority of a senior's wealth is the equity in their home. The average house value in rural B.C. is $450,000 compared to nearly $1.5 million in urban B.C. Therefore, while rural seniors are more likely to be homeowners and much more likely to own a single-family house, the value of their homes, which factors into their overall wealth, is much less.

TABLE 8: B.C. AVERAGE AND MEDIAN INCOME (SENIORS 65+), SELECT COMMUNITIES – 2021

	AVERAGE INCOME	MEDIAN* INCOME
RURAL	$43,592	$32,190
URBAN	$49,857	$34,546
B.C.	**$49,035**	**$33,150**

NOTE(S): *Urban median income is estimated based on median incomes for census metropolitan areas and census agglomerations, rural median income is estimated using non-census metropolitan areas

[13] Statistics Canada, Centre for income and socioeconomic well-being statistics, Annual Income Estimates for Census Families and Individuals (T1 Family File), Custom Tabulation

HOUSING

Most seniors living in both rural and urban B.C. are homeowners. Overall, the rate of homeownership in B.C. is about 70% but it drops as low as 62% in very dense urban cores such as the City of Vancouver. [14] The rate of seniors homeownership is slightly higher at 80% and is not dramatically different in the overall rural/urban split, however, there are differences in the type of homes owned in smaller and larger communities.

In urban B.C., only 43% of seniors live in a single detached house but this almost doubles to 80% for rural seniors who live in a single-family home. This is significant because single-family homes present a number of design challenges; the presence of stairs and maintenance requirements are barriers that are much more prevalent in single-family homes.

While seniors want to remain in their own homes, there are many factors influencing whether or not they are able to achieve this, including but not limited to:[15]

- Changes in health or personal circumstances (i.e., loss of spouse), difficulty with stairs, reduced ability to manage day-to-day tasks
- Rising costs in home maintenance, taxes, hydro and heating
- Rent increases and the need to find less costly accommodation
- Moving closer to adult children or family members
- Selling family home to access more cash/equity
- Need to move to different housing that offers personal care supports (i.e., meals, housekeeping, activities of daily living)

When presented with the need to move from a single-family home to somewhere more accessible, seniors in urban communities have many more options than seniors in rural areas. The lack of multi-unit housing in rural areas, namely condominiums to buy or apartments to rent, is pronounced. In urban areas, market forces have made the development of condominiums feasible and attractive, but the same economics have the opposite effect in rural B.C. There are many seniors in rural areas who would sell their single-family, non-accessible house and move to a condominium or townhouse but there is nothing for them to buy or rent in their community. This is less of an issue in urban areas.

For rural seniors who rent, the main challenge is the availability and accessibility of rental housing. In the last 10 years, market rents have increased 50%, while pension incomes have risen just 25%. In 2022, the average cost of renting a one-bedroom apartment in B.C. was $1,432, compared to $1,193 five years ago. While rents are lower in rural communities, they are still a challenge for lower income seniors. More significantly, the lack of available rentals leaves seniors who might want to sell their rural house and move into a rental apartment with little to no choice unless they move to a more urban area such as Kelowna, Kamloops, Prince George or Cranbrook where they will face much higher rental costs and lose their local community supports. For example, one-bedroom rent (2022) was just over $1,306 in Kelowna.

[14] Statistics Canada. 2021 Census of Population.
[15] Housing for Older Canadians: The Definitive Guide to the Over 55 Market, Canadian Mortgage and Housing Corporation, 2020

SHELTER AID FOR ELDERLY RENTERS (SAFER)

BC Housing delivers the SAFER program which provides a monthly subsidy to low-income senior renters aged 60 and older who pay more than 30% of their gross monthly income towards rent. While the program offers seniors the ability to live where they want and provides a subsidy to anyone who qualifies (there is no capitation on the annual amount allocated to the program), the amount of subsidy falls far short of what is needed in today's rental market.

The SAFER program uses rent ceilings in three zones throughout the province to limit the amount of subsidy that can be granted. Zone 3, which covers most rural areas, has a rent ceiling of $734 for singles and $800 for couples. These rent ceiling amounts have not been updated since 2018 and they do not reflect the reality of today's rental market or the inflationary lifts to pension incomes. Seniors living in rural areas with an income of approximately $29,500 will not qualify for any SAFER subsidy. This will leave the senior in Kelowna living on less than minimum wage required to spend more than 50% of their income on rent and utilities.

In the past five years, the average monthly rents in B.C. increased 20% while the income of SAFER recipients increased 10%, yet the average SAFER subsidy decreased 8% (from $215 in 2018/19 to $198 in 2022/23). The flawed SAFER formula fails to recognize the actual rent paid if it is more than the rent ceiling and an income cap that is not adjusted for inflation. The result is that rent will increase by more than your income, but your SAFER grant will still be reduced due to the rent ceiling policy.

The lack of available rentals in rural B.C. is also demonstrated in the lower utilization of SAFER. While rural seniors represent 17% of the seniors' population, they represent less than 10% of SAFER recipients.

SENIORS' SUBSIDIZED HOUSING

BC Housing offers housing units through the Seniors' Subsidized Housing (SSH) program for low-income seniors aged 55 or older or people who have a disability. Rents are based on income and seniors pay 30% of their gross income in monthly rent. In 2022/23, there were 32,279 SSH units available, a 6% increase from 30,506 units in 2018/19. But the units per 1,000 population (55+) decreased 3% (18 units per 1,000 population 55+) compared to 2018/19 (18.6 units per 1,000 population 55+).

The number of applicants applying for SSH offered through BC Housing continues to grow each year. In 2022/23, there were over 12,000 applicants with only 7% of applicants who received housing. As of March 31, 2023, there were 11,549 applicants waiting, a 20% increase over the previous year and a 60% increase from five years ago. This is not surprising given the significant housing affordability challenges in British Columbia. Over 50% of senior applicants waiting in the Interior and nearly 60% of seniors applicants in Northern Health regions have been waiting more than 2 years for a seniors' subsidized housing unit.

The data on geographic breakdown between the rural and urban split in seniors subsidized housing was only available from the BC Housing Registry. All of these units listed on the registry will be rent geared to income or co-op but some units are owned and operated by non-profit societies that do not have formal operating agreements with BC Housing. As of December 2023, there were 45,072 housing units for seniors and persons with disabilities, with 42,181 located in urban B.C. and 2,891 units in rural B.C. The rate of units per 1,000 (55+) population in urban B.C. is 28, which is more than three times rural areas with a rate of 9 units per 1,000 (55+) population.

TRANSPORTATION

Access to transportation allows seniors to carry out their daily tasks such as shopping, going to appointments, working, visiting family and friends and participating in social and recreational activities. While most B.C. seniors still hold an active driver's licence, data tell us that most seniors will move from driving to not driving while they are still living in their own homes.

Rural seniors require two types of transportation: rides for medical services that are outside their home community as outlined previously in this report, and the ability to get around for medical and personal care appointments, shopping, socialization and visiting with loved ones within their home community. For the latter, most seniors rely on driving their own vehicles, accessing public transportation, using a community-based program such as volunteer drivers, or asking friends, neighbors and family for a ride.

The rate of driving among rural seniors is higher than that of urban seniors. In part, this reflects the options that are available to urban seniors that make it more convenient to relinquish driving. In the Lower Mainland, there is a robust network of transportation options including SkyTrain, conventional transit buses, ride hailing (Uber, etc.), taxis and HandyDART. In rural B.C., ride hailing is absent there are little to no taxi services, limited conventional transit and much more restricted HandyDART.

VOLUNTEER DRIVERS

Seniors in rural areas may be able to access volunteer driver programs, including Better at Home, for attending medical appointments, but this depends on the availability of seniors services programs in the community and the supply of volunteer drivers. For example, seniors living in Grand Forks, Merritt or 100 Mile House do not have transportation services offered by Better at Home in their community.

TAXI SAVER PROGRAM

The taxi saver program allows seniors who qualify for HandyDART to purchase taxi vouchers that provide a 50% discount on the metered taxi fare. Unfortunately, the program is not offered in most rural communities either because the community does not have a taxi service, the taxi service does not participate in the program, or the local government does not fund the program.

BUSES

Public buses are available in 26 communities throughout B.C., however most rural communities have very limited service within the community and no service between communities. Decisions on service levels, which is driven by local tax revenue, are made by local and regional governments.

BUS PASS PROGRAM

The Bus Pass Program is available throughout B.C. and allows seniors who fulfill one of a number of qualifications (including receiving GIS, the federal spousal Allowance or federal Allowance for the Senior) to purchase a Bus Pass for a $45 per year administrative fee. The pass covers all regular bus rides, but not HandyDART services.

HANDYDART

There are 27 HandyDART systems in B.C. providing door-to-door service for people with physical or cognitive disabilities who cannot use regular buses without assistance. HandyDART can be effective for regular scheduled appointments that can be booked one week or more in advance. For seniors with unscheduled transportation needs, or who have an appointment that falls outside the scheduled HandyDART hours, the program is more limited in its value and this applies both in rural and urban B.C. In rural B.C., the limitations of HandyDART are exacerbated by the limited availability of the service.

BC BUS NORTH

When the Greyhound bus company stopped operating throughout B.C., seniors and others in rural areas found themselves without access to neighboring communities and regional centres. In 2018, BC Bus North was launched to service four major routes in Northern B.C.: Fort Nelson to Fort St. John, Prince George to Fort St. John, Prince George to Valemount, and Prince George to Prince Rupert. A shuttle program was subsequently added which service additional communities including Dawson Creek, Chetwynd and the District of Stewart.

While BC Bus North provides services to a large number of northern communities, it only operates two days per week to each destination and the cost may be prohibitive for some seniors. For example, the fare from Prince Rupert to Prince George is $77 and there are no seniors' discounts available.

COMMUNITY SUPPORTS

Aging successfully at home requires not just appropriate housing, transportation, and medical support, it also requires community support. Seniors need to stay engaged in society and they need a wide range of opportunities to achieve this.

In rural communities, seniors need to drive to almost everything and many areas deal with winter driving conditions for several months of the year. This makes access to physical activities like swimming, golf or pickleball, cerebral pursuits like bridge or adult education, or social pursuits such as lunch or coffee with friends, a greater challenge for rural seniors.

While many rural areas have thriving seniors' centres, some do not. Most seniors' centres in urban B.C. have the involvement of the local government either in directly funding, operating or both while local governments in rural communities have smaller tax bases and are unable to provide the same level of support to seniors' centres. Recreation centres face similar challenges. A swimming pool, walking track, gym and pickleball courts all require some investment by local governments and smaller communities find it very challenging to build the infrastructure needed to support an aging population.

While rural seniors lack the physical resources of their urban counterparts, it is important to recognize that many have a robust base of organized volunteers who run the seniors' centres, teach the chair yoga and cook the weekly lunches. The sense of community that develops from the necessity that everyone needs to help each other in rural B.C. is one of its greatest strengths, however, it is important to recognize this does not make it less deserving of government support and services.

NATURAL DISASTERS

B.C. is increasingly facing natural disasters. Floods and forest fires have all had a disproportionate impact on rural B.C. and therefore rural seniors. The ability for seniors to guard against these disasters and evacuate their homes if necessary is a burden experienced more often by rural seniors. There can be additional costs related to evacuation, insurance and decreased property values, as well as the stress of living in an area more prone to these events.

RURAL REPRESENTATION

Rural seniors are represented by elected officials at the local, provincial, and federal levels. Overall, when we look at local governments defined as a Mayor and Council or a Regional District Director, we find that given the number of smaller communities, representation in local governments and by extension in the Union of BC Municipalities, tips in favour of rural B.C. However, when we look at provincial representation, the scales tip in the other direction. In the 2024 provincial election there will be 93 ridings. Of these, 23% are considered rural ridings and 77% are urban – reflecting the underlying principle of representation by population.

In the current B.C. Cabinet, there are 27 members, with 11% representing rural ridings. There are two parliamentary secretaries for rural issues; one is focused on economic development and the other on health care.

British Columbia, like all Canadian provinces, has no mechanism within its form of elected government to balance population and geography. In the U.S., for example, there is a system of population-based representation found in the House of Representatives balanced against the geographic representation of the Senate based on two senators per state, regardless of population.

It is beyond the scope of the provincial government to alter the underlying structure of elected government, however, given the imbalance of population to geography, it is perhaps reasonable to consider a counterbalance mitigation strategy.

CONCLUSION AND RECOMMENDATIONS

Overall, rural B.C. has a proportionately larger and faster growing seniors' population than urban B.C., yet it has less infrastructure and resources to support its aging population.

On all metrics related to healthy aging, access to care, housing, transportation, community supports, and financial resources, rural seniors fall short of their urban counterparts. Most significantly, the challenges of today will only grow as the projected demographic shifts to bigger centres, intensifying the urban/rural dichotomy.

Building for the future will require a focused effort on the part of all levels of government, but most particularly the provincial government, to recognize the unique challenges facing rural seniors and the inadequacy of some of the current approaches. There is current work underway with the parliamentary secretaries that may touch on some of these recommendations. In particular, the Parliamentary Secretary for Rural Health has been tasked with most of the measures related to the health recommendations in this report.

It is recommended that the provincial government:

1. **DEVELOP AND IMPLEMENT A RURAL SENIORS HOUSING STRATEGY**
   The challenges that rural seniors face in finding appropriate housing as they age are unique. Unlike their urban counterparts who can sell their single-family home and move to a condominium, rural seniors have limited options as the private sector finds multi-family developments in rural B.C. less economically attractive. The current model of BC Housing focuses on providing only rentals and imposes income and asset tests that would likely exclude most seniors who sold their homes from accessing these rental units. Expanding BC Housing's mandate to include housing that allows capital contributions from tenants and ownership like what is offered through life-lease or co-operatives would meet the need of a greater number of rural seniors. The role that BC Housing will need to play in these developments would likely be significant as development expertise and capacity may be more limited within rural areas compared to urban communities.

2. **DEVELOP AND IMPLEMENT A RURAL HEALTH HUMAN RESOURCE STRATEGY**
   The recruitment and retention of rural health care workers from physicians to care aides needs to recognize what is needed to entice a workforce to rural B.C. Offering housing, significant recruitment bonuses and staffing rotations that allow for larger blocks of leave are all initiatives that could be better used to recruit public sector health care workers. Working with unions to determine how collective agreements could include rural targeted strategies will need to be included in this work.

3. DEVELOP AND IMPLEMENT RURAL SENIORS HOME AND COMMUNITY CARE STRATEGY

The traditional approach to home support of offering hours per day and workers travelling from one client to another is not effective in less densely populated communities. It becomes challenging to recruit staff when service models cannot support full-time work which results in reduced service for seniors. A strategy for rural seniors could recognize the merits of client-based funding for significantly isolated seniors and increase the scope of both the care plan of clients and the practice for care aides employed by the health authority to better support full-time work in health authority delivered home support.

4. DEVELOP AND IMPLEMENT A PROVINCIAL LONG-TERM CARE AND ASSISTED LIVING PLAN BASED ON EQUITY THROUGHOUT THE PROVINCE

The Province should develop and implement a 10-year plan to ensure sufficient and equitable publicly subsidized assisted living units and long-term care beds throughout B.C. Currently, there are proportionately fewer available units/beds in rural B.C. and the long-term care facilities are older. There needs to be an elimination of multi-bed long-term care rooms in all facilities, including those in rural B.C. The development of publicly subsidized assisted living needs to be incorporated into the plan. Assisted living can offer a more desirable and less costly level of support than long-term care but rural B.C. is lacking both the private and public sector investment in this housing option that is found more often in urban B.C.

5. DEVELOP AND IMPLEMENT A PROVINCIAL RURAL TRANSPORTATION STRATEGY

The Province should develop, implement and fund a multi-modal rural transportation strategy. Getting seniors out and about within their communities and to and from medical appointments is currently fragmented. There is no one mode of transportation that will address all issues but a cohesive plan that ensures more universal coverage is needed. The development of a universal BC Transit Pass for all modes of transit, including HandyDART, ride sharing and taxis that is available to all B.C. seniors with the cost sharing based on a sliding scale of income should be explored. The current BC Bus Pass is available only to seniors receiving the GIS and it does not include the cost of HandyDART.

6. IMPROVE AND BETTER PROMOTE BOTH THE PROVINCIAL TRAVEL ASSISTANCE PROGRAM (TAP) AND HOPE AIR

TAP enjoys wide awareness amongst rural seniors but is of little value to people living outside coastal communities and require free ferry travel. Hope Air offers significant support but is not well known. The possibility of combining the programs should be considered along with better awareness, particularly of Hope Air. In both cases, the ability to support seniors returning to their home community after an unplanned emergency transfer to an urban acute care centre needs to be included.

7. INCREASE RURAL REPRESENTATION IN GOVERNMENT THROUGH THE CREATION OF A MINISTRY OR MINISTER OF STATE FOR RURAL B.C.

Many of the challenges faced by rural seniors are experienced by all British Columbians who live in rural B.C. While every MLA has constituents who are seniors, most MLAs do not hear of the challenges faced by rural British Columbians. The geographic imbalance of the electoral map can be mitigated to some extent by elevation of rural issues to a stand-alone Minister of State or Ministry. While this will not necessarily result in addressing all rural issues, it will signal to rural British Columbians that their voice will not get lost in the urban mass. While there has been some recognition of this need through the creation of two parliamentary secretaries, one for Rural Economic Development and one for Rural Health, the breadth of issues unique to rural B.C. require a more consolidated approach.

APPENDIX - SOURCES

LIST OF DATA SOURCES

B.C. Real Estate Association. Average Home Prices by Municipality. BCREA - British Columbia Real Estate Association. (https://www.bcrea.bc.ca) Received April 3, 2023.

BC Housing. Housing Listings. House Search - HousingListing (bchousing.org). Received December 15, 2023.

---. SAFER. Rental Assistance Programs - Overview | BC Housing (https://www.bchousing.org/housing-assistance/rental-assistance-programs) Received August 2, 2023.

BC Ministry of Health. CHSA Urban-Rural Classification, Urban-Rural CHSA Methodology, Urban/Rural Categories. As of April 3, 2023

---. Discharge Abstract Database. Extracted January 12, 2024.

---. Home and Community Care Minimum Reporting Requirements. Extracted January 4, 2024.

---. Home Care Reporting System. Extracted January 4, 2024.

---. Continuing care reporting system. Extracted January 4, 2024.

---. Health Authority Management Information System. Received February 8, 2024.

---. Health System Matrix. Extracted September 29, 2023.

---. Life Expectancy and Healthy Life Expectancy. Received October 3, 2023.

BC Stats. P.E.O.P.L.E. by Community Health Service Area (CHSA) 2023. BC Stats - Province of British Columbia (https://www2.gov.bc.ca/gov/content/data/about-data-management/bc-stats). Extracted December 8, 2023.

BC Transit. HandyDART. BC Transit - handyDART Contact | BC Transit (https://www.bctransit.com/kelowna/riderinfo/handydart) Received: December 20, 2023.

Better at Home. Service Listing. Received January 17, 2024.

Canadian Mortgage and Housing Corporation (CMHC). Rental Market Survey Data Tables, Private Row (Townhouse) and Apartment Vacancy Rates. Rental Market Survey Data Tables | CMHC (https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/housing-data/data-tables/rental-market/rental-market-report-data-tables)

Office of the Seniors Advocate. Long-Term Care and Assisted Living Directory 2023. OSA-QuickFacts-Summary-2023-Final-Report.pdf (https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2023/12/OSA-QuickFacts-Summary-2023-Final-Report.pdf). Extracted January 5, 2024.

Statistics Canada. Household Maintainer. Table 98-10-0232-01. (https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810023201)
---. Table 46-10-0079-01. Rural Canada Housing Profiles, private household characteristics. Rural Canada Housing Profiles, private household characteristics (https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=4610007901).
---. Table 98-10-0042-01. Structural type of dwelling, age and gender (https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810004201)
---. Table 98-10-0043-01 (https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810004301)

Translink. HandyDART. HandyDART | TransLink. (https://www.translink.ca/rider-guide/transit-accessibility/handydart) Received December 22, 2023.

GENERAL SOURCES

Airth, L. et al. Living as older adults with mental health concerns in rural British Columbia: A photovoice study. Aging Mental Health. [Online] Living as older adults with mental health concerns in rural British Columbia: A photovoice study - PubMed (https://pubmed.ncbi.nlm.nih.gov/34755588/). December, 2022

Asad, F. et al. Report: Defining Rurality. [Online]. FInal-RuralDefinitions.pdf (https://carleton.ca/determinants/wp-content/uploads/FInal-RuralDefinitions.pdf). 2021.

BC Centre for Disease Control (BCCDC). Food Costing in BC 2022: Assessing the affordability of health eating. [Online] Food_Costing_in_BC_2022_Report_FINAL.pdf (http://www.bccdc.ca/Documents/Food_Costing_in_BC_2022_Report_FINAL.pdf). 2022.
---. Provincial Health Services Authority. Provincial Health Equity Indicators for British Columbia: Household Food Insecurity: Update Report [Online]. 2023-10-18_HouseholdFoodInsecurityReport.pdf (http://www.bccdc.ca/Documents/2023-10-18_HouseholdFoodInsecurityReport.pdf). October, 2023.

BC Emergency Health Services (BCEHS). Provincial Health Services Authority. Factsheet: Air Ambulance Service. [Online]. Fact Sheet AIR AMBULANCE.pdf (http://www.bcehs.ca/our-services-site/Documents/Fact%20Sheet%20AIR%20AMBULANCE.pdf).

BC Ministry of Health. BC Health Communities. Age-friendly Communities Action Guide. [Online]. Age-friendly Communities Action Guide | BC Healthy Communities (https://bchealthycommunities.ca/agefriendlyguide/) February, 2020.

---. Rural, Remote, First Nations and Indigenous COVID-19 Response Framework. [Online]. Rural, Remote, First Nations and Indigenous COVID-19 Response Framework (https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/rural-and-remote-covid-19-response-framework.pdf). May 26, 2020.

---. Seniors' Healthy Living Secretariat. Becoming an Age-friendly Community: Local Government Guide. [Online]. becoming_an_agefriendly_community_local_government_guide.pdf (https://www2.gov.bc.ca/assets/gov/people/seniors/about-seniorsbc/afbc/becoming_an_agefriendly_community_local_government_guide.pdf) January, 2014

Canadian Institute of Health Information (CIHI). How Canada Compares: Results from the Commonwealth Fund's 2021 International Health Policy Survey of Older Adults in 11 Countries. [Online] How Canada Compares: Results From the Commonwealth Fund's 2021 International Health Policy Survey of Older Adults in 11 Countries (https://www.cihi.ca/sites/default/files/document/how-canada-compares-cmwf-survey-2021-chartbook-en.pdf). March, 2022.

---. Rural health Service Decision Guide. [Online] Rural Health Service Decision Guide | CIHI (https://www.cihi.ca/en/rural-health-service-decision-guide) June, 2021

Canadian Mortgage and Housing Corporation (CMHC). Housing for Older Canadians: The Definitive Guide to the Over-55 Market: Understanding the Market. [Online]. Housing for Older Canadians – Understanding the Market | CMHC (chttps://www.cmhc-schl.gc.ca/professionals/industry-innovation-and-leadership/industry-expertise/senior-housing/housing-for-older-canadians-understanding-the-market). August 4, 2020.

Centre for Rural Health Research, University of British Columbia. Out-of-Pocket Costs for Rural Residents when Traveling for Health Care: Results from a province-wide survey in British Columbia. [Online] Research & Community Reports | Centre for Rural Health Research (https://crhr.med.ubc.ca/resources/reports/). 2020.

Federal, Provincial, Territorial Ministers Responsible for Seniors. Age-Friendly Rural and Remote Communities: A Guide. [Online]. Age-Friendly Rural and Remote Communities: A Guide (https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/publications/publications-general-public/friendly-rural-remote-communities-a-guide.html). 2007.

Giroux, E.E. et al. It's not one size fits all: a case for how equity-based knowledge translation can support rural and remote communities to optimize virtual health care. Rural and Remote Health. [Online] RRH: Rural and Remote Health article: 7252 - It's not one size fits all: a case for how equity-based knowledge translation can support rural and remote communities to optimize virtual health care (https://www.rrh.org.au/journal/article/7252) May, 2022.

Government of British Columbia. Stronger BC for everyone: Good Lives in Strong Communities – Investing in a bright future for rural communities. [Online]. Good-Lives-Strong-Communities-2023.pdf (https://news.gov.bc.ca/files/Good-Lives-Strong-Communities-2023.pdf). September 22, 2023.

Hansen, S. et al. To drive or not to drive: Driving cessation amongst older adults in rural and small towns in Canada. Journal of Transport Geography. [Online]. To drive or not to drive: Driving cessation amongst older adults in rural and small towns in Canada - ScienceDirect (https://www.sciencedirect.com/science/article/pii/S0966692319307732#bb0285) June, 2020.

Hanson, C. et al. Here Today, Gone Tomorrow: Public Transportation and Vulnerabilities in Rural and Remote Canada. [Online] Here Today, Gone Tomorrow Final Report (https://ourspace.uregina.ca/items/c3169acf-36bf-4827-973d-46988e7f17c6). December, 2021.

Hope Air. British Columbia Patient Demand soars for medical travel programs in 2023. [Online]. British Columbia Patient Demand soars for medical travel programs in 2023 | Hope Air (https://hopeair.ca/british-columbia-patient-demand-soars-for-medical-travel-programs-in-2023/) January 25, 2024.

Island Health. News Release. [Online]. Island Health launches dedicated North Vancouver Island transportation service | Island Health (https://www.islandhealth.ca/news/news-releases/island-health-launches-dedicated-north-vancouver-island-transportation-service) May 26, 2023.

Jazdarehee, A. et al. The experiences of rural British Columbians accessing surgical and obstetrical care. Patient Experience Journal. [Online]. The experiences of rural British Columbians accessing surgical and obstetrical care (https://pxjournal.org/cgi/viewcontent.cgi?article=1505&context=journal). 2021.

Kadowaki, L. et al. Independent Seniors Centres: Connecting and Supporting Older Adults in Metro Vancouver. [Online]. New Report – Independent Senior Centres: Connecting and Supporting Older Adults in Metro Vancouver - Gerontology Research Centre - Simon Fraser University (https://www.sfu.ca/grc/stories/blog/senior-centre-report.html). July 13, 2023.

Kadowaki, L. et al. United Way of British Columbia. Aging in Uncertainty: The Growing Housing Crisis for BC Seniors. [Online]. uwbc-seniors-housing-report-hi-res.pdf (https://uwbc.ca/wp-content/uploads/2023/11/uwbc-seniors-housing-report-hi-res.pdf) November, 2023.

Kornelsen, J. et al. British Columbia Rual Health Network. The rural tax: comprehensive out-of-pocket costs associated with patient travel in British Columbia. [Online]. The rural tax: comprehensive out-of-pocket costs associated with patient travel in British Columbia – BC Rural Health Network (https://bcruralhealth.org/the-rural-tax-comprehensive-out-of-pocket-costs-associated-with-patient-travel-in-british-columbia/) September 7, 2021

Krasniuk, S. and Crizzle, A.M. Impact of health and transportation on accessing healthcare in older adults living in rural regions. Transportation Research: Interdisciplinary Perspectives. [Online]. Impact of health and transportation on accessing healthcare in older adults living in rural regions - ScienceDirect (https://www.sciencedirect.com/science/article/pii/S259019822300129X?via%3Dihub) September, 2023.

Massel, P. M. et al. Health care providers' perspectives on medical travel in northwestern British Columbia. BC Medical Journal (BCMJ). [Online] Health care providers' perspectives on medical travel in northwestern British Columbia | British Columbia Medical Journal (bcmj.org). June, 2023.

Mirza, N.A. and Hulko, W. The complex nature of transportation as a key determinant of health in primary and community care restructuring initiatives in rural Canada. Journal of Aging Studies. [Online]. The complex nature of transportation as a key determinant of health in primary and community care restructuring initiatives in rural Canada - PubMed (https://bcmj.org/articles/health-care-providers-perspectives-medical-travel-northwestern-british-columbia). March, 2022.

Office of the Seniors Advocate. BC Seniors Falling Further Behind. [Online]. OSA-BCFFB_FINAL.pdf (https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2022/10/OSA-BCFFB_FINAL.pdf). September 22, 2022.

---. Monitoring Seniors Service 2022 Report. [Online]. OSA-MSSREPORT-2022-FINAL.pdf (https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2022/12/OSA-MSSREPORT-2022-FINAL.pdf). December 15, 2022.

Pugh. A. et al. Awareness as a dimension of health care access: exploring the case of rural palliative care provision in Canada. Journal of Health Services Research Policy. [Online]. Awareness as a dimension of health care access: exploring the case of rural palliative care provision in Canada - PubMed (https://pubmed.ncbi.nlm.nih.gov/30971193/). April, 2019.

United Way of the Lower Mainland. Better at Home Rural and Remote Pilot Project: Final Evaluation Report. [Online]. Mid-Term Program Evaluation Report Outline (https://betterathome.ca/wp-content/uploads/2017/04/UWLM_Better-At-Home_Final-Evaluation-Report_310317_0.pdf). March 31, 2017.

Vodden, K. and Cunsolo, A. Rural and Remote Communities: Chapter 3 in Canada in a Changing Climate: National Issues Report. [Online]. (https://changingclimate.ca/national-issues/). 2021.

Watt Consulting Group. Northern Development. Northern BC: Inter-Community Transportation Study. [Online]. Northern BC Inter-Community Transportation Study (https://www.northerndevelopment.bc.ca/wp-content/uploads/2023/08/Northern-BC-Inter-Community-Transportation-Study.pdf). August, 2023.

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From: Paul <newsletter@bcruralhealth.org>
Sent: Tuesday, January 16, 2024 7:26 AM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: Januray Mid-Month Update!

View this email in your browser

BCRHN
British Columbia
Rural Health Network

January Mid Month Update

Introducing our new Directors!

We are delighted to have two new board members join the Network and both bring some great skills and lived rural experiences to the team. Welcome Margaret and Kristy!

Margaret Scaia, RN, PhD

Kristy Bjarnason, Village Councillor

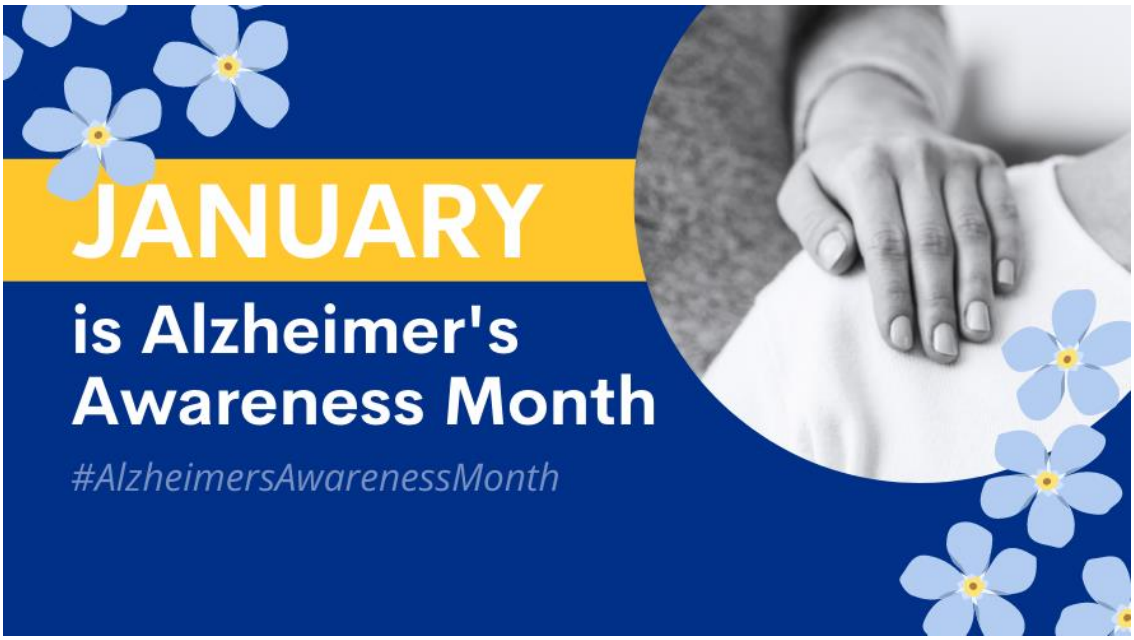
Adjunct Professor and Professor Emerita: University of Victoria, School of Nursing, Instructor at Athabasca University (Nursing) and the University of Victoria (Public Health and Social Policy)

Board member: BC History of Nursing Society; Canadian Association for the History of Nursing; now – Board member on the BC Rural Health Network

Scholarship and practice focus: distance education; history of health care in Canada; history of nursing in BC and Alberta Post-war; community mental health care in rural BC and Alberta; rural health care, access and equity; nursing and nursing education in rural BC.

When I moved to Burns Lake I began working at the Primary Care Clinic in the Lakes District hospital. I left there in 2022 and am now managing a supportive housing project in Burns Lake.
I was elected to village council on a by-election in January of 2021, and reelected in the fall of 2022.
Over the years I've sat on multiple boards and committees and tried to volunteer whenever I could. The main factor in my activities is contributing to endeavours that will improve the health, safety and well being of others.

My son has recently come to join me in Burns Lake to see if the slower pace is something he wants to have, while I continue to be as busy as ever, always looking for the next opportunity to step up and participate in important projects and undertakings.



Alzheimer's Awareness Month in Canada is observed in January each year. During this month, organizations in the Community-Based Seniors' Services sector organize events, campaigns, and activities to raise awareness about Alzheimer's disease and

related dementias.

These initiatives aim to educate the public about the impact of Alzheimer's disease, provide support to individuals and families affected by the disease, and promote research efforts to better understand and find treatments for Alzheimer's and other forms of dementia.

Check out the following Alzheimer Resources shared by United Way's Health Aging CORE:

1. 10 Ways to Reduce Your Risk of Dementia
2. Alzheimer's Disease and Related Dementias in Indigenous Populations: Knowledge, Needs and Gaps
3. Building Strong Foundations for Dementia Care: Alzheimer Society of BC Webinar Series
4. How Exercise Boosts Brain Health – Whether You Live with Dementia or Not
5. Reducing Caregiver Stress
6. Navigating the Path Forward for Dementia in Canada: The Landmark Study Report #1
7. 2023 Alzheimer's Disease Facts and Figures

National Alzheimer Resource Library

National Alzheimer Resource Library

Thoughts of suicide?
Mental Health Crisis?
Call or text 9-8-8

Canada's new life-saving service provides support by phone or text to people in every province and territory across Canada, 24/7 and 365 days a year.

Suicide and crisis affect people of all ages and backgrounds. Please help spread the word.

9-8-8 Suicide Crisis Helpline
Ligne d'aide en cas de crise de suicide

Crisis Centre™

Survey: The Recruitment of Francophone Bilingual Talents

Calling all healthcare service providers and employers!

The Société de développement économique de la Colombie-Britannique (SDECB / Economic Development Society of BC) is a Francophone organization mandated to promote Francophone economic development across the province of BC. Their team is mandated by the IRCC to be in charge of providing employment services for local, BC employers by connecting Francophone immigrants to job opportunities at any time of the year, free of charge.

This survey is aimed at understanding your recruitment needs as a rural and/or individual healthcare service provider/organization in light of Francophone employability. Your responses will allow the SDECB to better picture the feasibility of liaising their candidates with your vacancies so that you can hire bilingual/multilingual talents in your community. Moreover, your responses will serve as the basis for the SDECB's future efforts of searching for qualified candidates.

Please feel free to complete this short survey (about 10 minutes) and share it with other local service providers and employers in your community.

Please contact Ui Heang at uhur@sdecb.com with any questions you may have.

SDE Société de développement économique Colombie-Britannique

Recruitment of Francophone Bilingual Talents Survey

Recruitment of Francophone Bilingual Talents Survey

What's new? Changes to the BC International Credentials Recognition Act

In the summer of 2024, the Government of BC will be putting new regulations into place regarding the foreign credential recognition procedures for 29 professions. Join the Société de développement économique de la Colombie-Britannique (SDECB / Economic Development Society of BC) for a free webinar where the Credentials Recognition Branch of the Ministry of Post-Secondary Education and Future Skills will provide a presentation to understand the changes that will be made. **This free virtual webinar will be held on January 30th, 2024 at 10 am (PST).** The session will be offered in English.

"This new act will help regulatory bodies improve the credential recognition process and make it fairer, faster and easier for people to use their skills to work in B.C. – no matter where they were trained."

The speakers for the event include:

Eben Watt (he/him, il/lui): a Director with the Credential Recognition Improvement Branch at the Ministry of Post-Secondary Education and Future Skills. He leads a

team responsible for the B.C. government's broad-based credential recognition initiatives.

Marcelina Iverson (she/her): a Senior Program Advisor with the Credential Recognition Improvement Branch at the Ministry of Post-Secondary Education and Future Skills. She focuses on policy development to improve processes for internationally trained professionals in regulated occupations.

The International Credential Recognition Act introduced by the government in the fall of 2023 will make credential recognition for internationally trained professionals more transparent, efficient, and fair. The Credential Recognition Improvement Branch continues to work towards this goal by establishing a superintendent office for better oversight and ensuring regulatory authorities act in the public's best interest.

The new legislation will cover 18 regulatory authorities including the BC College of Social Workers and the Emergency Medical Assistants Licensing Board.

Learn more about the new legislation

Learn more about the new legislation

Register for the free webinar

Register for the free webinar

Register Now: Extreme Cold Weather Response - Preparedness Virtual Workshop

HEALTHY AGING CORE Collaborative Online Resources & Education BRITISH COLUMBIA

On **January 17th at 1:00 pm PST**, this hour-long workshop will provide valuable information on how to stay safe and healthy during cold winter weather conditions. We will cover symptoms, treatment and prevention of cold-related health risks - with a strong emphasis on prevention! The focus will specifically be on the prevention of hypothermia and winter falls. This Cold Weather Preparedness Workshop is geared towards older adults, as well as caregivers and service providers working with older adults. We'll make ample space for knowledge sharing and learning from each other about effective strategies for cold weather preparedness – come ready to contribute your thoughts and winter wellness wisdom!

Date: Tomorrow! January 17th, 2024
Time: 1:00 pm PST
Location: Zoom

United Way British Columbia | Working with communities in BC's Interior, Lower Mainland, Central & Northern Vancouver Island

Click here to register

Click here to register

Travel Assistance with Kindness and Compassion!

Hope Air is doing more than many know to help people reach medical treatment and appointments In BC and across Canada. Their "no patient left behind" policy is inspiring and greatly needed by many rural residents in our province. Hope Air provides not only air travel where needed but also helps many with out-of-pocket costs associated with accessing the care they need. Hotels, meals and ground transportation are all aspects of service that Hope Air not only provides but coordinates for those in need. Visit Hope Air!

BCRHN
British Columbia Rural Health Network
The voice for rural health solutions

Our mailing address is:
BC Rural Health Network PO Box 940 Princeton, BC V0X 1W0 Canada

From: Paul <newsletter@bcruralhealth.org>
Sent: Thursday, February 1, 2024 7:57 AM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: Rural Health Matters February Edition

BCRHN
British Columbia
Rural Health Network

February 2024 Edition

A Letter from our President

Dear Readers

Here we are in the second month of 2024 already! I hope that you have made it through this crazy weather healthy and happy!

So, you know that saying ...through snow or rain or heat or gloom or of night…nothing will stop us …well that just sounds like your BCRHN!

As you know we welcomed 2 new directors last month at our Annual Meeting, Kristy Bjarnason and Margaret Scaia, and this month I am very pleased to announce that Lorraine Gerwing has also joined our board. Lorraine, from Fort Nelson, brings with her many years of community involvement, experience and commitment to health equity for rural and remote.

All are such great addition to our board! In fact looking around the board table….(ok the zoom screen LOL), I'm always in awe of the people, their expertise and their commitment.

January started out with the January 4th meeting of the Implementation Committee, who is tasked to look at the Privatization of health care and its effect on rural and remote communities. As mentioned before these thoughtful and informative discussions will form the groundwork for the development of a policy paper on privatization. The meeting was opened by an informative presentation by Margaret Scaia, on the history of nursing in our province. This meeting was well attended not only by the committee members but also by representatives from the Nursing Association, Nursing Union, active practising nurses, a nursing student, and Hospital Administer, discussing the impact of the privatization of nursing and the difficulties recruiting and retaining nurses in rural and remote areas.

A huge thank you to all who were willing to share their thoughts and perspectives to the group.

These conversations will continue in our next meeting scheduled for Feb 1,2024.
The Diversity ,Equity Inclusion and Belonging, committee continue to meet and we look forward to their presentations to the board at each meeting.

As a rural volunteer, most of us wear more than one hat whether that be locally or provincially. This month I have been involved in a variety of meetings, our East Shore Kootenay Lake Community Health Society, The Breathe and Weave Conference, sponsored by RCCbc, An Educational Quarterly Meeting sponsored by the BC Association of Community Health Centers, and a meeting of the Advisory Group of the Virtual Health and Wellness Collaborative for Rural and First Nations BC Advisory Group. It is always an honour and a pleasure to be part of these groups.
Our board members are all involved in other volunteer activities as well as the time and dedication they give to the BCRHN.

I know Paul and Phoebe continue to meet with our partners across the province and nationally through outreach and presenting at various conferences and meetings. They work so hard and represent us so well!
Always my thanks.

On an aside, I had a great conversation with a friend about how although we were on the same board and had been meeting together for about 2 years, had great talks about our families and vacations we had never met in person…and may never. We miss that in person comradery but we know before the magic of Zoom or other technologies, being able to attend these meetings, conferences, etc. would just not have been possible. So we recognized this had allowed for more voices to be heard and our voice for rural health equity strengthen…although there is still a hope to meet for tea!

With that I will sign off and please enjoy the rest of the newsletter!

Only my best
Peggy

Dan Levitt, Paul Adams, Isobel Mackenzie - Vancouver BC - Council of Advisors Meeting - Jan 29 2024

From the Desk of the Executive Director

Dear Readers,

As we step into 2024, the BC Rural Health Network continues to evolve and grow and as Peggy states we have some great leaders joining our team. Their diverse perspectives, promise to enrich our board's expertise and two new additions in Northern BC ensure our awareness of issues and solutions from all over BC continues to be enhanced.

The year kicked off with an impactful Implementation Committee meeting, highlighted in Peggy's report. Our Implementation Committee work continues today with a follow-up discussion on Agency Nursing before we move on to our next subject of Long-Term Care on the 15th of February.

Our financial stability and ability to effectively engage with rural communities across the province remains challenged but has been strengthened thanks to the extension of our work with Hope Air. This has not only led to an increase in rural awareness of the services of Hope Air but also supports the essential role of Phoebe Lazier in outreach and information dissemination. The awareness of Hope Air services has been significantly enhanced through Phoebe's work and Hope Air is seeing a significant rise in the utilization of their programs, please see their recent press release on how their

“no patient left behind” policy is helping so many people. This work requires additional funding by government to ensure that more residents can be helped in their times of need.

The steady increase in our membership, with notable additions like the Alzheimer’s Society (this month’s member of the month), la Société de développement économique de la Colombie-Britannique, and the Umbrella Multicultural Health Co-op, reflects the growing awareness of our ability to reach communities on the edge of care with services and programs that can improve their well-being and health. (Did you know that Phoebe is also fluent in French and can assist francophones looking for services? Phoebe.lazier@bcruralhealth.org)

We remain hopeful and encouraged by our meeting in November with Minister Dix in Victoria and some final tweaks to our funding proposal have been forwarded to Victoria for their consideration. We know that with the ability to hire staff and having some travel support, our efforts to reach more people in rural areas will create many benefits. This funding will result in benefits to both residents and the systems that support them. We desperately need this assistance to continue our growth and to be effective in supporting rural communities and improving rural wellness. Our work aligns directly with the Minister’s mandates of improving healthcare access (program awareness), supporting healthcare workers (promoting recruitment efforts of agencies in our outreach and engagement), enhancing public health initiatives (educating rural communities on vaccinations and other preventative programs), and collaborating with all communities (indigenous and minority community outreach).

Looking forward, we are excited about the imminent release of a pivotal research paper on the Gap Analysis by Jude Kornelsen and her team. This research is expected to significantly contribute to raising awareness of the growing gap between rural and remote communities and their healthcare systems. We will be rolling out the research paper and findings over the next few days and the information will be helpful to many looking to improve the connection and communications between communities and their healthcare policies. Stay tuned for updates and summaries of this extensive research paper.

"Housing is Healthcare" is a new initiative being led by the Lung Transplant Housing Support (LTHS) team and a working group involving the BC Rural Health Network, Councilor Pete Fry of the City of Vancouver, LTHS and the Centre for Rural Health Research has formed. We are actively working to help transplant patients needing to travel and stay in Vancouver for surgery. An initial meeting earlier this month has led to a broad coalition of support in removing barriers for those who need a transplant. It is alarming to know that the average cost to an individual to move out of their community to Vancouver for treatment is around $30,000 in out-of-pocket costs alone with no formal systems to help those in need! A resolution is heading to the City of Vancouver in support of out-of-town residents needing accommodations and the need for housing support from the Province while they are seeking care. Support for these patients is desperately needed. Many rural residents are often unable to handle the cost and are therefore not receiving the life-saving surgery they need. We will be actively working on this issue and you can expect to see more information soon.

Carol James - Faculty Lead at PPI

I was delighted to be included in this year's Public Policy Institute which is funded by the United Way of BC. This opportunity to learn from some of the best in the business while networking with many leaders both in the faculty and class has already been a rewarding experience. Carol James is the lead instructor and I have had the pleasure of working with Carol in her former roles as the leader of the NDP and during her time as Finance Minister. Carol has such a deep knowledge of government and policy creation that it is hard not to learn new skills and understandings from such a dynamic individual. With many years of experience in my own leadership roles in advocacy, I was a little skeptical that this old dog would learn new tricks, but I am happy to be wrong (yet again, says my wife!). The Institute will continue into June and I will be keen to sharpen our approaches to developing policy strategies.

Megan Dykeman, MLA Parliamentary Secretary for Community Development and Non-profits

I had the pleasure of being hosted by Isobel Mackenzie and the Office of the BC Seniors Advocate earlier this week. I had the honour of meeting the Council of Advisors and spending time with the entire team. What an amazing group of informed and active representatives and I had some amazing conversations with many. An hour-long presentation allowed me to share some of our rural experiences as well as some solutions to the challenges that all rural residents face. Success stories as well as some tough rural realities served us well in painting a picture for those who don't have a lived experience of rural BC. I would like to sincerely thank Isobel Mackenzie for her 10 years of service to the seniors of BC and her unwavering support for the better health and wellness of all our residents. Isobel will be missed, and her work will remain impactful and helpful to all seniors in BC for many years to come. Isobel's final report under her leadership will be rural-focused and is due to be released in the middle of February. We look forward to it!

This meeting and presentation to the group has also resulted in my meeting with our next Seniors Advocate for British Columbia, Dan Levitt. Dan is a self-described urbanite with a keen desire to learn more about rural BC, rural seniors and expand his urban knowledge to include more of the voices from rural and remote communities. Dan intends to start touring BC in April when his position officially starts. Dan aims to celebrate seniors and aging, and we look forward to helping him navigate some of the rural waters as his journey commences. We hope to glean insights into his knowledge of the Long Term Care services in BC and help us improve them for rural residents and communities. Welcome, Dan!

In closing, as the Executive Director, I reflect on what we have collectively achieved over the course of a short time and want to thank everyone for their dedication and for volunteering their valuable time to help others. It is very difficult to give so much and still face such uncertainty for the future. The support and active participation of our members are vital in making the BC Rural Health Network a driving force for positive change in rural healthcare. The ship we are moving is huge and our work has only just begun! Here's to a year filled with progress and success!

Yours in health and wellness,

Paul

Community Connect: An Update on Our Outreach Initiatives

Hello everyone,

For those I haven't had the pleasure of connecting with yet, please allow me to extend a warm introduction. I'm excited to share an update on our ongoing community engagement initiative.

As many of you know, in my role with the BCRHN as the community outreach coordinator, I have been engaged in a Community Outreach Initiative in collaboration with the **BC Association of Community Health Centres (BCACHC)** and the Innovations Solutions Unit (ISU) at UBC, **Hope Air** and **United Way BC (UWBC)** over the past few months.

This initiative focuses on meaningful engagement and connection with rural BC communities to gain insight into the current healthcare resources that are available in the communities, the gaps in care, the challenges and barriers in accessing care, successes and innovations related to healthcare access, mental health care, Indigenous-centred care, maternity care, how the community safeguards vulnerable populations during emergencies and more. The information we collect contributes to the creation of comprehensive community profiles that authentically represent the voice of each community. These profiles will be used to inform the CHC model of care, our advocacy work and Hope Air's service provision in rural BC.

Additionally, I'm actively fostering connections and facilitating the sharing of solutions and resources within and between rural BC communities. This includes highlighting the extensive network of senior resources provided by United Way BC and sharing information about the valuable travel assistance programs offered by Hope Air.

As many of you know, I wrapped up the initial portions of our projects with Hope Air and the BC Association of Community Health Centres on December 28th and I am currently focused on wrapping up our work with United Way BC.

During this time, I have been able to take part in some excellent learning and networking opportunities with different organizations and stakeholders across BC.

I had the pleasure of attending UBC Health's virtual event, Weaving the Threads: Bridging Silos, Building Impact. The guest interview with Dr. Chuck Friedman, Chair of the Department of Learning Health Sciences at the University of Michigan Medical School, was incredibly thought-provoking and the breakout discussions with my group regarding the impact of silos and successful team-based care models were productive and engaging. I look forward to future engagement with the connections I made through this event.

On January 25th, the Canadian Federation of Nurses Unions (CFNU) President, Linda Silas, hosted a webinar: Safe Hours Save Lives, with Dr. Heather Scott-Marshall presenting her findings from her study on safe working hours for nurses. You can

watch a recording of the webinar here, and you can access Dr. Scott-Marshall's full report here.

Through our outreach, we have identified gaps in care and resources and learned about solutions and resources created for and by rural communities. Combining both our knowledge of these gaps, as well as the resources and information we have uncovered, we are working to create resource pages and posters with information on Seniors' Mental Health, the Toxic Drug Crisis and Harm Reduction, as well as Emergency Response and Preparedness. Please keep an eye out for these resources in the near future and share them with your networks who may benefit from the information.

Moving forward, I am eager to continue our community outreach and reach new areas in the province where we have not had engagement to date. I would love to learn more about your community and the work you do. If you would like to connect with me, please feel free to send me an email at **phoebe.lazier@bcruralhealth.org.** I look forward to hearing from you!

Best,

Phoebe.

Collaboration opportunity with Umbrella Mobile Clinics

Umbrella Mobile Clinics provides in-person and virtual health services to Spanish-speaking migrant farmworkers and is exploring partnerships with rural physicians in the Interior BC to extend the reach of the Umbrella Mobile Clinic into their communities.

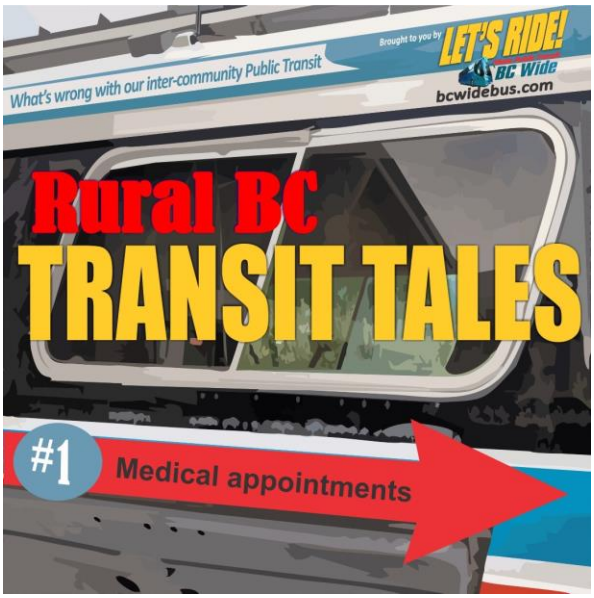
If interested, please connect with the Program Coordinator, Shaina Schafers, as there may be an upcoming grant funding opportunity to support the work. She can be reached at: sschafers@umbrellacoop.ca or 778-512-0851

Let's Ride! Make Public Transit BC Wide!

It’s a new year and Let’s Ride! Make Public Transit BC Wide has high hopes for rural and inter-community transit across BC. This year is a provincial election year and they plan to do their best to get rural public transit high on the agenda. To start off the year, they are launching Rural BC Transit Tales, featuring testimonials on the trials and tribulations of using current rural transit by riders from across BC. If you would like to share your transit tales please visit their website at bcwidebus.com.

Look for Rural BC Transit Tales, now running on several social media platforms including: Instagram (@bcwidebus), X (@bcwidebus) and visit their facebook page.

Please contact publictransitbcwide@gmail.com with any questions.



“I have multiple sclerosis and live my life in a power wheelchair. Up until four years ago, I was still driving with hand controls in a wheelchair-accessible van. Four years ago I almost created a large crash and decided it was time to quit driving.

“So I no longer drive. I depend on others to get where I need to go. The only bus that runs out of our community is a medical bus, funded by Interior Health, that goes twice a week to Cranbrook - 250 km away. While Cranbrook has medical services, as well as shopping options, a lot of our medical referrals are to Kelowna. We have no bus service out of Golden towards Kelowna.

“I know of several other people in the community who have had to scramble to find transport to Kelowna for medical purposes.”

- Chris, Golden BC

The BC Rural Health Awards are back this year to recognize and honour rural physicians, communities and residents for their inspiring contributions to improving rural health across BC.

Do you know of a BC rural physician for their extraordinary body of work and service? Know a resident who advocates for sustained interest in rural and remote medicine in BC? Or a BC rural community for the work being done to support local rural healthcare service delivery?

Nominate them for a BC Rural Health Award:

- Rural BC Community Award
- Award of Excellence in Rural Medicine: Lifetime Achievement

- Resident Leadership Award (new category)

We invite you to nominate exceptional colleagues, mentors, peers, and communities for acknowledgment and for residents to share a self-reflection on the impact of your experience being involved in rural and remote health.

Award winners will be recognized on May 24, 2024 at the BC Rural Health Conference in Whistler, BC.

The nomination deadline is Wednesday, February 7, 2024.

Questions about the submission form? Please contact Bree Loeffler at bloeffler@rccbc.ca.

Submit your nominations here!

Submit your nominations here!

February Member of the Month: Alzheimer Society of BC

Currently, there are more than 85,000 people living with Alzheimer's disease or other dementias across the province – and that number is expected to double by 2050. While the Alzheimer Society of B.C.'s ultimate vision is a world without dementia, that world begins with a society where people affected by dementia are welcomed, supported and included.

Receiving a diagnosis of dementia is life-changing. Providing information and support to people living with the disease, their caregivers and family members can help them understand the diagnosis and equip them to better cope with the changes to come. The Alzheimer Society of B.C. is committed to ensuring that people affected by the disease are not alone, and that they have the confidence and skills to live the best life possible through First Link® dementia support.

First Link® dementia support is a suite of programs of services that are available – both in person and online – throughout the progression of the disease, from diagnosis (or before) to end-of-life care. Services include:

- Individual support: Ongoing support calls to help understand dementia, identify changing needs and plan for the future.
- Dementia education: Workshops and webinars on a variety of topics throughout the progression of the disease.

- Support groups: Information and discussion groups for people in the early stages of dementia and for caregivers.
- Social and fitness programs: Intended for people in the early stages of the disease to attend with a care partner.
- Information: Access to brochures, fact sheets, videos and newsletters.

People can access First Link® services by receiving a referral from a health-care provider, calling the First Link® Dementia Helpline (available in English, Cantonese and Mandarin, Punjabi, Hindi and Urdu) or by connecting with one of their resource centres, located throughout the province.

People connected to First Link® find themselves part of a community of people who understand their experience. In the words of a caregiver, “I see the road ahead clearly now, and I’m not afraid to walk it.”

The Alzheimer Society of B.C. is committed to working with, not just for, people living with dementia. “Through various activities and committees and meeting many people along the way, I hope I have inspired and given some people the confidence to see their own possibilities,” says Jim Mann, who is living with dementia and sits on the organization’s Board of Directors. “We can foster connections that lead to greater capacity in the organization where everyone feels a sense of belonging.” Lived experience partners like Jim have opportunities to participate in focus groups, advisory groups and peer-led programs. They can share their experiences through media interviews, panel discussions, education, or advocacy.

Many British Columbians still believe that a diagnosis of dementia is the end of a meaningful life, and challenging this stigma is an important part of the Alzheimer Society of B.C.’s work and why sharing the stories of people affected by the disease is so vital. Through campaigns like Alzheimer’s Awareness Month, the organization is able to raise awareness and change the conversation around the disease.

The Alzheimer Society of B.C. relies on community support. You can volunteer in support of our programs and services or our community events. You can register and participate in our signature fundraisers like the IG Wealth Management Walk for Alzheimer's, coming up in May, and *Climb for Alzheimer's* in September. You can also make a donation.

If you have questions about Alzheimer's disease or other dementias, call the Alzheimer Society of B.C.'s First Link® Dementia Helpline (toll-free) for information and support.

- English: 1-800-936-6033 (Monday to Friday, 9 a.m. to 8 p.m.)
- Cantonese and Mandarin: 1-833-674-5007 (Monday to Friday, 9 a.m. to 4 p.m.)
- Punjabi, Hindi and Urdu: 1-833-674-5003 (Monday to Friday, 9 a.m. to 4 p.m.)

To learn more about the Alzheimer Society of B.C., visit alzheimerbc.org.

See more members of the month here.

Seniors Health and Wellness Institute (COSCO) Presents: The Safety Series

The Council of Senior Citizens' Organizations of BC (COSCO) is hosting a six-week safety series on Wednesdays at 10:30 A.M. from February 7th to March 13th, 2024

Attendance is free! Reserve now to attend the 2024 Safety Series.

Session 1: Falls Prevention: February 7, 2024, 10:30 a.m. (PST): Review the alarming impact falls have on the well-being of seniors and identify hazards that contribute to the likelihood of falls. We recommend safeguards and demonstrate exercises to improve balance and strength.

Session 2: Safety in the Home: February 14, 2024, 10:30 a.m. (PST): This session provides detailed checklists of potential dangers outside the home and in every room indoors. Fire hazards, medications and childproofing the home are reviewed as well as information regarding safety devices and tips for practical renovations.

Session 3: Pedestrian Safety: February 21, 2024 10:30 a.m. (PST): Although walking has many benefits for older adults, it is also necessary to understand its potential hazards and take necessary precautions. This workshop also covers the use of public transit and improving safety in the community.

Session 4: Life Without Driving: February 28, 2024 10:30 a.m. (PST): The difficult decision to no longer drive has a profound impact on many seniors. We explore warning signs of the need to consider other ways of getting around, encourage early planning and outline alternatives to driving.

Session 5: Emergency Preparedness: March 6, 2024 10:30 a.m. (PST): When disaster strikes, people need to be ready. We explore the preparation of emergency kits and safety procedures in dangerous situations and provide information about when and how to seek help.

Session 6: Frauds and Scams: March 13, 2024 10:30 a.m. (PST): We investigate how fraudsters prey upon seniors to defraud them of their money and possessions. Seniors are frequent victims and should be aware of how to protect themselves.

WE HOPE TO SEE YOU THERE!

Register for the Safety Series Here

Register for the Safety Series Here

Learn more about COSCO Here

Learn more about COSCO Here

Discover more Seniors' workshops

Discover more Seniors' workshops

Survey: The Recruitment of Francophone Bilingual Talents

Calling all healthcare service providers and employers!

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This survey is aimed at understanding your recruitment needs as a rural and/or individual healthcare service provider/organization in light of Francophone employability. Your responses will allow the SDECB to better picture the feasibility of liaising their candidates with your vacancies so that you can hire bilingual/multilingual talents in your community. Moreover, your responses will serve as the basis for the SDECB's future efforts of searching for qualified candidates.

Please feel free to complete this short survey (about 10 minutes) and share it with other local service providers and employers in your community.

Please contact Ui Heang at uhur@sdecb.com with any questions you may have.

Recruitment of Bilingual Talents Survey

Recruitment of Bilingual Talents Survey

Survey: Digital readiness in Rural Canada

The Province of BC has committed to providing high-speed broadband for all British Columbians by 2027, and we want to hear from members of rural communities at different stages of the arrival of this service. Please complete our 15-minute survey.

Paper surveys can be sent via mail with postage-paid return envelopes. If you would like one, and/or you can distribute the paper survey to those who are not able to access the survey online, please contact Dr. Cherisse Seaton (Research Coordinator) via email at Cherisse.seaton@ubc.ca.

Complete the survey here

Complete the survey here

Survey Participants Needed: Social Networks & Wellbeing

Who is in your social circle? Researchers from UBC Okanagan are interested in learning more about the social networks of adults 50 years and older. We hope to gain insight into the social connections that make up the social networks to help us better understand how to improve the quality of these relationships and, hopefully, enhance people's well-being.

Criteria:
- Are you 50 years of age or older?
- Do you live in BC? We are looking for people who live in rural/remote AND urban/semi-urban communities within BC.

If you answered **yes** to these questions, you are eligible to participate. Survey participants will have the opportunity to enter a draw for a chance to win one of five prizes!

Most people are able to complete the survey in about 1.5 hours. The exact time will depend upon how many people are in your social network.

If you have any questions or would like more information, please contact: Dr. Carolyn Szostak (carolyn.szostak@ubc.ca).

PARTICIPANTS NEEDED FOR ONLINE RESEARCH STUDY

Social networks & wellbeing

Are you ...

- 50 years age or older? Do
- you live in BC?

If you answered "yes" to the above questions, you are eligible to take part in our online study.

Interested in participating? Please follow the link:

https://bit.ly/SN_wellbeing

Approximate time to complete the survey is 1.5 hours. The exact time will depend upon how many people are in your social network.

Participants will be entered into a draw to win one of five prizes

Have any questions? Contact Carolyn Szostak: carolyn.szostak@ubc.ca

Complete the survey here

Complete the survey here

Travel Assistance with Kindness and Compassion!

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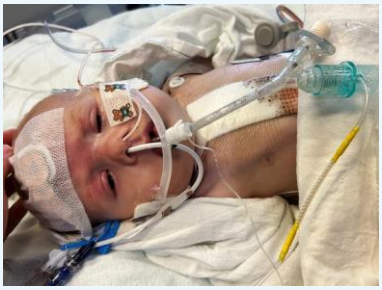
Popular Posts and News from January 2024

[Community Recruitment Team Draws 44 Family Doctors To Comox Valley]

[Heavy Snow Forecast For Some Parts Of B.C. As Record Cold Continues To Grip Other Regions]



[How A Groundbreaking Surgery Saved This B.C. Baby's Life]

[B.C. Paramedics Respond To 90 Frostbite, Hypothermia Calls In 12 Days]

[B.C. Challenges Court Order Temporarily Blocking Public Safety Law]

['Do Everything With Love:' Nanaimo Long-Term Care Provider Honoured With Provincial Award]

We look forward to connecting with you.

The voice for rural health solutions™

Our mailing address is:
BC Rural Health Network PO Box 940 Princeton, BC V0X 1W0 Canada

From: Paul <newsletter@bcruralhealth.org>
Sent: Tuesday, February 6, 2024 10:04 AM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: What's your health care story?

View this email in your browser

BCRHN
British Columbia
Rural Health Network

Join the BC Health Coalition tomorrow, February 7th at 1 pm for their Listening Campaign Kick-off!

Canada's universal, public health care system was won by organized citizens - a generation who imagined a world where everyone would have access to the health care they need. Today, we see staffing and access issues across health care, and we know the most equity-deserving groups are the least likely to find the care they need. To reimagine a healthy public system that truly leaves no one behind, we need to rebuild organized people power at the scale necessary to meet the challenge before us.

That's why the BC Health Coalition is launching a Listening Campaign. We know that a people's movement needs to be rooted in the stories of everyday people. And we

know that everyday people are more than clients, patients, or customers. We hold the resources and imagination that are essential to get our public system back on track.

Join them on **Wednesday, 7 February from 1-2:30 pm** for a virtual General Meeting to find out how you and your organization can take part in this effort. Advance registration is required to receive Zoom details.

Click here to register

Click here to register

The purpose of this meeting will be to present the BCHC's organizing strategy and kick off a listening campaign as we head into a provincial election year. A Listening Campaign is a focused session with a few goals:

1. Unearthing your stories of our health care system that call for change
2. Connecting with local community members who have an appetite for action
3. Informing the Coalition's campaign priorities

During the meeting, you'll get a chance to connect in small groups to exchange experiences with the healthcare system. We'll talk about ways you and people in your network can be a part of people power for the public healthcare commitments we'll need in the years ahead.

BC Health Coalition General Meetings are open to all individual and organizational members. If you are unavailable at the time or are unable to join via Zoom, the recording will be posted on their website within one week.

Our mailing address is:
BC Rural Health Network PO Box 940 Princeton, BC V0X 1W0 Canada

From: Paul <newsletter@bcruralhealth.org>
Sent: Friday, March 1, 2024 6:46 AM
To: Karissa Stroshein <admin@kaslo.ca>
Subject: Rural Health Matters March Edition

BCRHN
British Columbia
Rural Health Network

March 2024 Edition

A Letter from our President

Dear Readers,

March is coming in… I'm not sure whether it's a lamb or a lion…not sure if it knows! We have snow mixed with rain…but it sure is good to have some moisture!

I'm writing this with a sense of excitement as we expect to hear what government funding we will receive this year. We have never received funding from the government to support our effort but do expect, following our meeting with Health Minister Dix, that some funding will be forthcoming.

When you look at how much the BCRHN has accomplished on a shoestring budget with specific funds for contract work, it is truly amazing. The partnerships, the accomplishments and the respect the organization has garnered reflect so positively on our staff and our volunteers.

I am also excited to share with you that we have added another new Director to our board. Rhonda Elliot from the Bella Coola Valley has joined us and brings 25+ years of healthcare experience and rural community living. Welcome, Rhonda!

We also have some exciting new additions to our executive. Our directors, Lorraine and Kristy, have agreed to join our executive as Secretary and Treasurer respectively. We look forward to including their valued voices and expertise! Thank you, Lorraine and Kristy!

Another thing I am excited about is the release of the **Gap Analysis** done in partnership with Dr Jude Kornelsen and her team at the Centre for Rural Health Research, which was funded through a SPARC grant and UBC. There are many insights into how communities feel in regard to being engaged with their healthcare system. The one that stands out in my mind is that 90% of respondents don't feel their communities' needs are adequately represented in health care planning!

This research will be instrumental in providing a foundation for further research and action. This research was also presented to the Rural Citizens Perspective Group where the information was positively received.

There are also other organizations doing rural health research, perhaps with different audiences and approaches but when we can collaborate the winners are the rural and remote communities and residents!

Thanks to all who not only worked on the survey, but those who took the time to respond to the survey and make sure their insights were included.

We were lucky enough to meet with Dan Levitt, the incoming Seniors Advocate. He attended the Implementation Committee, which was focused on Long Term Care in rural and remote. There are always rich conversations and he was very impressed with the discussion. Rural seniors are also highlighted in the outgoing Seniors Advocate report from Isobel Mackenzie. We look forward to ongoing discussions on this important issue!

Paul, Phoebe and I had the wonderful opportunity to meet with the Umbrella CHC which provides mobile health services to agricultural workers. This unique way of providing service is another alternative to providing health services to rural and remote areas

Partnerships and Collaborations with various groups such as Hope Air continue. I could go on and on but I know there will be much more discussed in the rest of this newsletter, so please enjoy!

As always, I extend my heartfelt thanks to Paul and Phoebe who work tirelessly on our behalf and to our Board of Directors, Liaisons and guests whose willingness to be involved, and the wisdom they bring to the table amazes and humbles me.

So, with that, I will sign off.

Only my best!

Peggy

From the Desk of the Executive Director

Dear Readers,

Today is a special day for me as it is my dad's birthday, and he turns 85 years young! My dad served as a family doctor for 50 years and the last 30 years of his service was here in Princeton, BC. He chose to serve his community into his 70's as the physician shortage is not new and he didn't want to leave his patients without a doctor or his fellow doctors without support for the arduous on-call rotation that many rural

physicians endure. Not only was he a champion of rural health improvement but he is also a Professor Emeritus at UBC, a lifelong learner who achieved specialty training in many fields and trained many physicians who now practice in rural areas around BC. His patients and his community still remind me each time I go to town on what a positive impact he has had on so many lives. Thank you, Dad, and Happy Birthday!!

As your Executive Director, I've had the privilege of engaging in experiences that have not only enriched my understanding of public policy and advocacy but have also paved new pathways for our network and the communities we passionately serve.

A Learning Expedition with the Public Policy Institute

I previously mentioned the Public Policy Institute (PPI) that I attended in January and my learning journey continued at our session in February. This program is hosted by the UWBC. Under the guidance of Carol James, whose tenure in BC's political sphere has been both broad and impactful, I find myself immersed in a refresher on effective advocacy. This isn't just an educational experience; it is an opportunity to connect with the architects of BC policy and fellow leaders in the non-profit sector. The relationships forged here promise to enrich our network and our work for years to come. I look forward to the next 4 months of this program.

Strategic Engagements in Vancouver

The invitation to the Council of Advisors to the Senior’s Advocate. This meeting resulted in many benefits and those are apparent in the final report from Isobel Mackenzie focusing on rural seniors. This report reflects many of the issues raised at

with the Council of Advisors and directly with the Senior's Advocate and her soon to be successor, Dan Levitt. Isobel's report and latest tour of BC highlights the inequity rural residents face with a focus on the inequities faced by our aging demographic. If you haven't read the report I encourage you to do so and the title speaks to how I view all rural residents Resourceful and Resilient.

I would like to thank Isobel Mackenzie for her amazing work as BC's first Senior's Advocate and welcome Dan Levitt as he steps into this important and transformative role in supporting seniors across BC.

Championing Rural Health at Every Opportunity

The opportunity to meet and engage with Dan Levitt was particularly valuable. As he steps into his role, ensuring the BC Rural Health Network's concerns and insights are front and center is crucial, especially as he seeks to understand the unique challenges facing rural seniors in BC. His openness to our perspectives is a testament to the strength of our voice and the importance of our mission. Dan has not only stated his continued commitment to enhancing Long Term Care but has also stated his desire to learn from our Network about the challenges faced by rural residents. He agreed to both presenting and participating at our Implementation Committee (IC) meeting on February 15th when we began the discussion on Long Term Care through a rural lens.

The IC meetings continue to be a source of inspiration and collaboration. Discussing critical issues like Agency Nursing with BC's leading minds in rural health fosters a collective approach to addressing the challenges we face. These meetings are a reminder of the power of shared knowledge and the impact of united efforts. Our initial policy statement on Agency Nursing is currently being worked on by Jude Kornelsen (chair of the IC)and Margaret Scaia (Director) and has been informed by many leaders in nursing both on the provincial and national stage.

Advancing Health Equity through Partnerships

Our collaboration with Hope Air continues and strengthens. We remain in awe of their amazing team of dedicated caring professionals who treat folks with the empathy and support people deserve and need. Our work continues to advance awareness of their services and many of you now know that their travel support goes well beyond air transport and includes accommodations, ground transport and meals. These services also capture what we need to see on many issues pertaining to rural health, a no patient left behind policy. Thank you, Mark, Stephanie and your entire team!

Advocating for rural residents' need for travel assistance for medical care has gained significant momentum under the lead of the Lung Transplant Housing Support team. You will also see The City of Vancouver's endorsement of the "housing is healthcare" motion, which we supported, marks a milestone in our efforts to influence policy and improve the lives of rural residents. This motion is now moving forward through the UMBC process with a goal to create a resolution at the conference this fall. The need to create equitable access to care as provided under the Canada Health Act remains a key and core need for rural residents. We are committed to ensuring that people's

lives are not lost due to their location and the geography of the community they call home.

As you read on you will see we seek the stories of residents willing to publicly share their experience and detail the impacts to their health as well as their pocketbooks. If you have a story that you think will help our efforts, please share it by sending an email to info@bcruralhealth.org.

Broadening Our Reach and Impact

Beyond these meetings and collaborations, our work continues to expand into new areas. Whether it's enhancing public health initiatives, partnering with organizations like Umbrella CHC to improve access to care for immigrant workers, or advocating for improved data sharing on rural health, our efforts are diverse yet united in purpose.

Media Engagement and Project Developments

We continue to gain media attention and I have recently been interviewed on CTV News regarding Hope Air and rural transport. CBC Radio on our work on the need for equity in accommodating transplant patients when they need to travel from outside their home community. CBC also featured us in their online news and on the radio regarding our work in promoting the work of the Senior's Advocate and you can view that article here.

Reflecting and Looking Ahead

As I unpack the month's experiences and prepare for the challenges and opportunities ahead, I'm reminded of the importance of our collective efforts. The journey we're on together is making a difference, bringing the issues and needs of rural health into the spotlight, and shaping policies and practices for the better.

Thank you for your ongoing support and commitment to the BC Rural Health Network. Together, we're building a future where rural health is prioritized, understood, and effectively addressed. If you or your organization are not members, please consider including your voice with ours and join us here.

Yours in health and wellness,

Paul

Community Connect: An Update on Our Outreach Initiatives

Hi everyone!

For those I haven't had the pleasure of connecting with yet, please allow me to extend a warm introduction. My name is Phoebe and I am the Community Outreach Coordinator with the BC Rural Health Network.

As many of you know, in my role with the BCRHN as the community outreach coordinator, I have been engaged in a Community Outreach Initiative in collaboration with the **BC Association of Community Health Centres (BCACHC)** and the Innovations Solutions Unit (ISU) at UBC, **Hope Air** and **United Way BC (UWBC)** over the past few months.

This month, I want to diverge from my usual community outreach updates to speak about some topics that I am passionate about in health and wellness.
As some of you may know, I hold a degree in psychology and am very passionate about mental health and wellness. With the pandemic and the rise of social media use, among other factors, we have seen a stark rise in mental illness, with unprecedented rates of children and youth struggling with mental health concerns. As Paul and the BC Rural Health Network have taught me to take a solutions-based approach, I would like to highlight a resource that I believe does a fantastic job of filling a gap we currently see in BC. Foundry is a network of community-based health and social service centres and online tools and resources for youth ages 12-24 and their families. Foundry provides safe, non-judgmental care, information and resources, and works to reach young people earlier – before health challenges become

problematic. Foundry brings health and social services together in a single place to make it easier for young people to find the care, connection and support they need. Through my outreach work, I have heard of and witnessed the immense positive impact that Foundry's online and in-person services have on youth and their families in rural and remote communities in BC. Foundry works to fill the egregious gap in affirming care for queer and trans youth in BC. I have seen many communities working towards implementing a Foundry location in their community which makes me very excited for the future of youth mental and physical health and wellness in BC!

Something that has been weighing heavy on my heart, as well as many others', is the toxic drug crisis in BC, and the surge in fatal overdoses in recent years. Since the BC Government declared a public health emergency in April 2016, the lives of at least 14,000 British Columbians have been lost. In our province, we are currently averaging more than six lives lost per day to accidental overdose and toxic drug poisoning. Amidst this crisis, there's an urgent need for destigmatization and a shift towards harm reduction strategies. Contrary to the harmful, yet popular belief, substance use is not a problem that only affects unhoused and precariously housed British Columbians. Over 80% of deaths related to unregulated substances occur inside, with more than half of these occurring in private residences. In 2023, individuals aged 30-59 accounted for 70% of deaths and 77% were male. Another common misconception is that this crisis is unique to intravenous substance use, however, over 60% of substance-related deaths were related to smoking illicit substances. Keep an eye out on our website for more information on the services and resources that are available for British Columbians who are struggling with substance use or who want to learn more about harm reduction.

On a lighter note, through my outreach thus far, I have witnessed several incredible examples of team-based care, including Community Health Centres, and the incredible benefits team-based care models provide to urban and rural and remote communities alike. I have recently had the pleasure of learning more about the Umbrella Multicultural Health Co-op and their mobile clinic which provides healthcare to migrant farmworkers and seasonal farmworkers, meeting them, quite literally, where they are at. The mobile clinic team travels throughout the Fraser Valley providing Spanish-language medical services on a pop-up basis. The crew consists of physicians, physiotherapists, Cross Cultural Health Brokers, and many support workers. This mobile clinic model is something that I see as having incredible potential on a larger scale, serving rural and remote communities.
Thank you for reading! As always, I am continuing my community outreach work and would love to hear from you. Please feel free to send me an email at phoebe.lazier@bcruralhealth.org.

Best,
Phoebe

Collaboration opportunity with Umbrella Mobile Clinics

Umbrella Mobile Clinics provides in-person and virtual health services to Spanish-speaking migrant farmworkers and is exploring partnerships with rural physicians in the Interior BC to extend the reach of the Umbrella Mobile Clinic into their communities.

If interested, please connect with the Program Coordinator, Shaina Schafers, as there may be an upcoming grant funding opportunity to support the work. She can be reached at: sschafers@umbrellacoop.ca or 778-512-0851

Umbrella Multicultural Health Co-op

BRITISH COLUMBIA RHC Rural Health CONFERENCE

May 24 - 26, 2024

Whistler Conference Centre
On the ancestral and traditional territory of the Sḵwx̱wú7mesh and Líl̓wat7úl peoples

There's something special about the BC Rural Health Conference. It's not just the knowledge you gain, but also the friendships you form. Embrace the excitement, the learning, and the camaraderie that makes this event so exceptional!

We are thrilled to feature an amazing line-up of speakers and topics in our program that is packed with opportunities to network and interact with individuals who can share and learn the unique benefits of rural practice. Highlights include:

- Social and networking events to connect with rural peers, including locums
- Interactive breakout sessions and hands-on skills workshops to discover current and emerging trends in rural medicine
- Pre-conference courses include: The CARE Course Goes WILDE and the Rural POCUS Congress
- Presentation of the BC Rural Health Awards on Friday afternoon
- Wellness opportunities, including stretching and yoga sessions, complimentary chair massages, guided hikes and other excursions
- Free (and fun) childcare during conference hours

Register now! Discounted rates end March 31.

Register Here!

Register Here!

Approaches and Pharmacotherapies for Patients Living with Alcohol Use Disorder (APPLAUD) Action Series: Accepting Applications

Primary care practitioners face challenges in screening and treating alcohol use disorder (AUD) effectively. From rapidly evolving treatment guidelines to the stigma surrounding AUD, practitioners can feel hesitant when asking patients about alcohol use. Health Quality BC in partnership with the Canadian Alcohol Use Disorder Society is launching the Approaches and Pharmacotherapies for Patients Living with Alcohol Use Disorder (APPLAUD) Action Series. Equip your primary care practice with evidence-informed and patient-centred tools by consulting and teaming up with colleagues from across BC.
Visit healthqualitybc.ca to sign up for the four-month APPLAUD Action Series today. Funding is available for practitioner and medical office assistant time to attend.
For any further questions, please don't hesitate to contact substanceuse@healthqualitybc.ca.

HQBC
HEALTH QUALITY BC

Canadian Alcohol Use Disorder Society

March Member of the Month: South Shuswap Health Services Society

BRINGING HEALTH CARE CLOSER TO HOME

The South Shuswap Health Services Society, SSHSS, works hard to provide a wide range of wellness services to meet the needs of all members of our community. The area includes areas C and G of the Columbia Shuswap Regional District. The population of the area demonstrates a strong, continual growth and while it has a significant senior population it is now becoming a desired community to live in by younger families who want to live outside of major centres. The communities in the South Shuswap surround the Shuswap Lake, offering wonderful views, a plethora of outdoor activities in all seasons, close contact with nature and a calming, safe environment to live in.

South Shuswap Health Services Society was established in 2013 with a vision of:

- Promoting and supporting sustainable health and medical services in our community.
- Promoting and supporting access to healthy living choices.
- Assisting seniors to stay in their homes and communities longer by encouraging age-friendly opportunities in our communities.
- Supporting a healthy built, community for everyone.

SSHSS is dedicated to supporting a healthy built community to support local groups working together to prevent disease and make healthy living options accessible.

Copper Island Seniors resource Centre opened in October 2014 in Blind Bay and has evolved to be Copper Island Health and Wellness Centre. Currently, it offers twice weekly mobile lab and ECG services, foot care services, vaccination and immunization services, individual counselling, including grief counselling, senior tax preparation, activities encouraging social interaction and networking, a wide variety of physical activities, continuously evolving educational programs focused on all areas of wellness seniors' resources, opportunities for support groups to meet, and a location for IHA and paramedics to see patients. We are "Seniors Helping Seniors."

Steps for Fitness is a very popular and successful program offered two days a week. Certified trainers provide support to seniors through assessment and training to assist in a journey to wellness and to being active.

"The walking programme offered on Monday and Thursday by SSHSS at the Shuswap Lake Centre is greatly appreciated. It gives the participants the opportunity to walk in a safe environment, especially during the winter months. Walking is a great form of exercise but can be a challenge in the winter due to ice on roads and trails. Other advantages included the guidance of qualified instructors who demonstrate the correct way to perform balance and strength exercises as well as walking with poles. As we all know one of the major causes of injuries in seniors is due to the loss of balance and strength."

Our oldest participants are ninety-three, and the number using the program has increased to over twenty-five and growing. Many write to say their medical conditions have improved, along with their love of social interaction and increased movement.

The vision and long-term plan of SSHSS is to have a community health centre in the South Shuswap that provides primary and allied health care services to our communities “bringing health care closer to home.”

The success of Copper Island Health and Wellness Centre is due to the dedication of community volunteers and support from the communities we serve. SSHSS is funded through grants, fundraising, and memberships. Operations are not supported financially by government funding or users of the Centre.

With the current shortage of qualified primary care practitioners in our province, we have not been able to provide these services yet. It is very evident there is a need for more health services in the South Shuswap. Many patients are elderly with acute and chronic conditions that require immediate attention.

The Sorrento and Area Community Health Centre provides the services of two nurse practitioners to serve our communities. This model is working very well, and we are all thankful for their success. The population is growing and certainly currently exceeds 9,000 and increases in the summer. There is a need to expand health services for the population of the South Shuswap.

Efforts are being made to acknowledge that community-driven and supported Health Centres are being utilized to bring health care “closer to home” and provide support services to their communities. The BC Rural Health Network is working very hard to support the rural and remote communities by hearing their stories and putting forth solutions to the Provincial Government. The grassroots services closer to the population base will promote and prompt the use of medical and health services on a more regular basis, therefore improving the health of a community. A reduction oinf the use of emergency services will result in a significant cost reduction for hospitals and in turn taxpayers.

Regional Districts are not required to support health services in their communities. Incorporated communities do have provincial support and financial support. The disparity is evident in the Shuswap Communities. The BC Rural Health Network brings a unified voice to those who can be effective to the Rural Communities in British Columbia and propose and support changes that reduce the disparity in the governance process for unincorporated communities of BC.

We are proud to be a founding member of the BCRHN. The network has grown from those early times that are not that long ago! This collective voice led by a resolute team is making a difference to the rural communities of BC. A wonderful opportunity to collaborate, communicate and advocate. Thank you for your dedication, vision and continued support.

Sue McCrae

President, South Shuswap Health Services Society

DBA Copper Island Health and Wellness Centre

sshealthss@gmail.com
sshs.ca

See more members of the month here.

Survey: The Recruitment of Francophone Bilingual Talents

Calling all healthcare service providers and employers!

The Société de développement économique de la Colombie-Britannique (SDECB / Economic Development Society of BC) is a Francophone organization mandated to promote Francophone economic development across the province of BC. Their team is mandated by the IRCC to be in charge of providing employment services for local, BC employers by connecting Francophone immigrants to job opportunities at any time of the year, free of charge.

This survey is aimed at understanding your recruitment needs as a rural and/or individual healthcare service provider/organization in light of Francophone employability. Your responses will allow the SDECB to better picture the feasibility of liaising their candidates with your vacancies so that you can hire bilingual/multilingual talents in your community. Moreover, your responses will serve as the basis for the SDECB's future efforts of searching for qualified candidates.

Please feel free to complete this short survey (about 10 minutes) and share it with other local service providers and employers in your community.

Please contact Ui Heang at uhur@sdecb.com with any questions you may have.

Société de développement économique
Colombie-Britannique

Recruitment of Bilingual Talents Survey

Recruitment of Bilingual Talents Survey

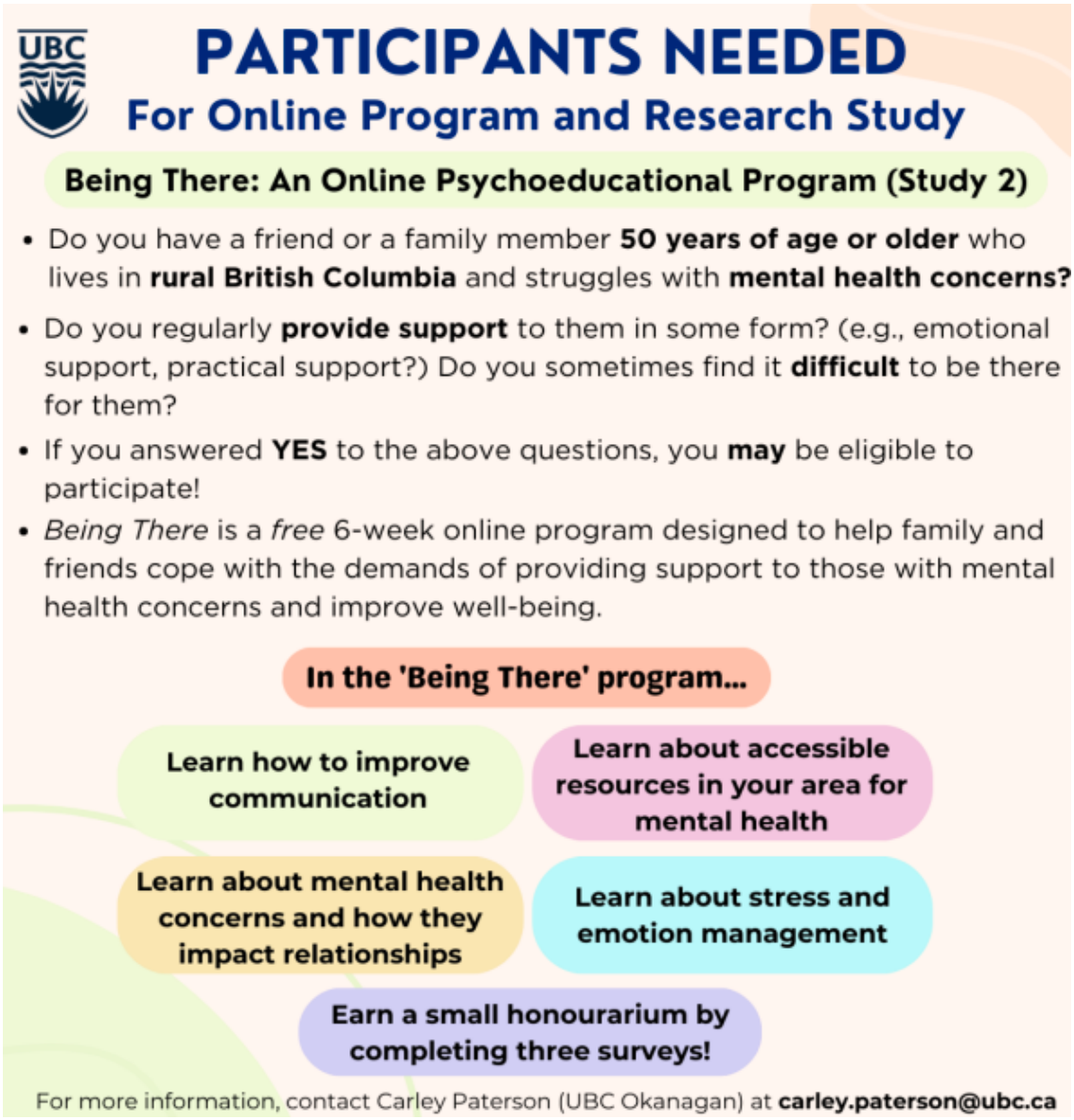
Survey: Digital readiness in Rural Canada

The Province of BC has committed to providing high-speed broadband for all British Columbians by 2027, and we want to hear from members of rural communities at different stages of the arrival of this service. Please complete our 15-minute survey.

Paper surveys can be sent via mail with postage-paid return envelopes. If you would like one, and/or you can distribute the paper survey to those who are not able to access the survey online, please contact Dr. Cherisse Seaton (Research Coordinator) via email at Cherisse.seaton@ubc.ca.

Complete the survey here

Complete the survey here



We all want to be a good friend, sibling, child, or grandchild to our loved ones. Our friends and family members are critical parts of our lives. That's why it can be very hard for us when our loved ones are feeling down or going through a rough patch, and need to lean on us. We want to help, but sometimes, helping or supporting them can lead to us feeling stressed, tired, or burned-out. It can be really hard to provide this support to our loved ones when we are experiencing our own ups and downs. If this sounds like something you relate to, keep reading – you might want to participate in this study!

Researchers at UBCO have developed Being There, a six week online psychoeducational program for friends and family members of adults 50 and over with mental health concerns in rural BC. The goal of this program is to provide a resource for supporters to help lessen feelings
of burden and distress associated with providing support. The program was revised based upon feedback from individuals who took part in Study 1. At this time, we are

looking for participants to A) complete the program, and B) provide feedback about their experiences in the revised program.

Being There consists of information about mental health such as anxiety and depression, ways to improve one's mental health and manage stress and emotions, and teaches communication skills. Participants will be asked to share their thoughts about the program, and will be asked questions regarding their personal experiences in providing support, including stress, psychological distress, and burnout.

To take part in this research:
· You must be a friend or family member (spouse, sibling, child, etc.) of someone who is at least 50 years of age and who has some type of mental health concern. For example, the person may struggle with symptoms of depression, anxiety, or substance abuse. This person must live in a rural community within BC.
· You must live in the same rural BC community (or within approximately a 1-hour drive)
· You must also be at least 19 years old, and able to speak and read English
Unfortunately, you are not able to participate if you or the supported individual have some kind of health problem that seriously affects either of your cognitive abilities, such as memory or language, or if either of you live in a long-term, residential care home. Also, if you took part in Study 1, you are not able to participate again.

If you think you might be eligible, and are interested in accessing this program for free and earning up to $60 by helping the researchers evaluate the program, please contact Carley Paterson at carley.paterson@ubc.ca to learn more

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📣 Callout for Stories: Seeking Rural BC Residents' Experiences with Travelling to Access Care in Urban Centres 🏥

Are you a resident of rural British Columbia who has had to travel to larger urban centres to access medical care? We want to hear from you!

Living in rural areas can present unique challenges when it comes to accessing healthcare services. We're looking for individuals willing to share their personal stories and experiences with:

- The difficulties and obstacles faced in accessing medical care in rural BC.
- Instances where you've had to travel to larger urban centres for specialized treatment or services.
- The impact of travel on your health, finances, and overall well-being.

- Successes or challenges encountered during your healthcare journey.
- Instances where you have utilized Hope Air's services or other travel assistance programs.

Your story could help shed light on the importance of accessible healthcare services in rural communities and advantageous travel assistance programs such as Hope Air.

If you're willing to share your story, please reach out to Phoebe Lazier at phoebe.lazier@bcruralhealth.org. Your voice matters, and together, we can raise awareness and work towards better healthcare access for all residents of British Columbia.

Travel Assistance with Kindness and Compassion!

Hope Air is doing more than many know to help people reach medical treatment and appointments In BC and across Canada. Their "no patient left behind" policy is inspiring and greatly needed by many rural residents in our province. Hope Air provides not only air travel where needed but also helps many with out-of-pocket costs associated with accessing the care they need. Hotels, meals and ground transportation are all aspects of service that Hope Air not only provides but coordinates for those in need. **Visit Hope Air!**

Popular Posts and News from February 2024

[‘Waiting Lists Grow And Grow’: B.C. Specialist Overwhelmed With Patients Says Medical Assistants Could Help Ease Backlog]

[B.C. Health Workers Train To Provide MDMA-Assisted Psychotherapy]

[Demand For Free Medical Flights, Accommodations Skyrocketed 145% In B.C. Last Year, Hope Air Says]

[Challenges Facing B.C.'S Rural Seniors]

[Rural Seniors In B.C. Face Worsening Service Gap, Watchdog Warns]

[The Cost Of Choosing To Live – Realities For Patients In Rural BC]

We look forward to connecting with you.

The voice for rural health solutions™

Our mailing address is:
BC Rural Health Network PO Box 940 Princeton, BC V0X 1W0 Canada

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British Columbia Rural Health Network

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Rural Health Network

Meeting Date: **December 13th , 2023**
Time: **4pm**

Annual General Meeting

Location: Teams

Guest:

Parliamentary Secretary Jennifer Rice

Introductions and acknowledgement of traditional territories by the Board and Guest.

Agenda

Keynote Speaker PS Jennifer Rice followed by Q&A – 40 minutes

As Parliamentary Secretary for Rural Health, it is my mandate and privilege to work with rural, remote, and First Nations communities, as well as community partners. To identify opportunities in our health care services, and to look for ways to build on successes, and seek opportunities for further development.

I am proud to say that I have spent much of my life in rural B.C. and am a happy long-time resident of Prince Rupert. Advocating for increased access to health care for people who live in rural and remote communities is a passion and priority of mine. And it is not only a priority for me, but also my colleague Adrian Dix, Minister of Health, that people living in rural communities have access to high quality, team-based health care.

And I'm happy to share that we have made real strides to improve the quality of life for the people who live in rural and remote communities. The three highlighted points to my mandate include supporting the Health and Human Resources Strategy, pregnancy care and reproductive health, as well as access to medical appointments and the Travel Assistance Program:

Health and Human Resources

Since 2017, B.C. has committed more than one billion dollars to support health-care workers and increase access to health services for people.

Last year, our government launched B.C.'s Health Human Resources strategy to optimize the health system, expand training, and further improve recruitment and retention.

This strategy is focused on supporting the needs of people across the province by adding more doctors, nurses, and allied health professionals into our workforce, which will increase access for patients in their communities.

Within this strategy, we have identified 70 key actions to retain, recruit, and train health care workers, all while redesigning the health-care system to foster workplace satisfaction and innovation.

Some of these actions include:

Funding retention incentives for healthcare workers in rural and remote communities – starting with pilots in Northern Health, Interior Health, and Island Health.

Adding up to 88 new residency seats to expand post-graduate medical education, and up to 40 seats to expand undergraduate medical education seats.

Establishing a second Medical School in Surrey – which will help support the training of doctors for throughout the province.

Tripling the Practice Ready assessment program – from 32 seats to 96 seats – which is a pathway for internationally educated family doctors to be licensed to practice in B.C.; and

Not only that, but we are also providing bursaries for existing health-care workers and streamlining the process for internationally educated nurses to enter B.C.'s health system.

One year after we announced the strategy, I'm pleased to share that we've made significant progress to better support patients.

Of the strategy's 70 actions, 39 are completed or underway.

And thanks to our strategy, we've had several successes:

3,882 family physicians registered for the longitudinal family physician model in 2023.

6,258 nurses were newly registered in B.C. in 2023, this is including 578 internationally educated nurses –up from the college record from last year of 288.

Over 7,000 people have been hired into Health Career Access Program (known as HCAP), including 188 workers who self-identify as Indigenous.

Since 2017 More than 1,000 new permanent full-time paramedic and emergency responder positions have been added. Since 2021, BC Emergency Health Services has added more than 500 new full-time and part-time permanent paramedic positions in rural and remote areas.

It's through these measures that we have welcomed more than 38-thousand new workers to the provincial health system during the past five years.

We know that meeting the growing need for more health care providers is a priority, particularly in rural and remote communities. That's why we have enhanced funding and incentives for physicians living and working in rural and remote areas.

For example, in partnership with the province Northern Health recruitment incentives might include assistance with travel, housing, and childcare. Childcare is a big item for many. We know there is more to do, but I am proud to see what we have already achieved so far under the Health Human Resources strategy.

Agreements made with Health Professionals

Nurses

We have also made significant progress through the ratified agreement between the Nurses' Bargaining Association and the Health Employers' Association of BC earlier this year.

This three-year agreement, retroactive from April 2022, increases wages, introduces workplace reforms, improves working conditions, and very importantly, strengthens patient care throughout the province.

And we are establishing nurse to patient ratios, a first in Canada!

BCEHS

In addition, we had a very successful agreement with the Ambulance Paramedics and Ambulance Dispatchers.

The 2022-2025 collective agreement provides the phase out of the schedule on-call model by March 31st, 2024. Just recently, I was thrilled to join Minister Dix, Jason Jackson, and Leanne Heppell, where we announced that our government has accepted all recommendations and will implement improved staffing models in each of the 60 rural and remote communities across the province with scheduled on call.

Three different staffing models were developed to replace the scheduled on-call model. They were developed by working closely with communities to determine the best model for their needs. When we first started introducing some of the changes, some of the communities that I represent in the north were not pleased but the goal was to be more supportive. Every community has it own needs and by creating these three models we were able to be more flexible and not have a one size fits all model. This is something that I value, and we are not small urban communities, and our communities are complex. Recognizing these differences, the following changes were made:

There are 21 communities are moving to 24/7 Alpha, such as Gold River, Bella Coola, and Mackenzie.

25 communities are moving to Mix Shift, such as Bella Bella, Denman Island, and Rossland.

And, 14 will be moving to kilo model with a unit chief at the station, such as Bear Lake, Sandspit, and Field.

These changes will support paramedics and lead to improved, consistent, and reliable community-based care. This is a massive investment in rural and remote ambulance service and will help support people throughout the province. I came from Ontario where my father worked as a paramedic and paramedics were held in high esteem and jobs were well paying and full-time, moving to BC it was a surprise to learn how many of our paramedics were working in such a casual workforce and I'm please to see that across the province we are doing better by British Columbians and by the people providing those services.

Midwifery

Another important part of my mandate is to review opportunities to increase health services with a particular focus on pregnancy care and reproductive health.

A major step forward in this area is the new three-year agreement between Midwives and the Province that increases wages, benefits and provides more supports for Indigenous midwifery. The agreement was supported by over 75% of the membership.

Midwives have not been treated as well as they deserve but hold an essential role in our health-care system, and this agreement means that they can focus on the needs of their patients and families across the province.

Through this agreement we are ensuring that expectant patients and families receive the highest quality of health care. As part of the agreement, the Ministry of Health will also provide $2.5 million in ongoing, renewable funding through the newly established Indigenous Maternity Planning Committee.

I don't know if any of you have followed the situation in Bella Bella where we had an indigenous woman who decided to give birth in her traditional homelands and this was the first birth in the community and in the Heiltsuk territory for decades. This was possible due to the support of midwives, and we do see an increase from other First Nations who want to see birthing support at home. The funding we're providing to support Indigenous midwifery will help advance reclamation and decolonization of birth and maternity practices and help bring birthing back home for Indigenous Peoples.

Through my time as an MLA I was not aware that for many First Nations, babies born outside of their traditional territory, technically the babies are the babies of the territory they are born on and not from where their parents reside. The hope is to increase safe birthing options for Haida and other communities through the expansion of midwifery and support within their traditional territories.

In February 2023, we announced the expansion of UBC's midwifery program seats by more than 70%. This included 12 new seats for the bachelor of midwifery program, and eight new seats in the International Educated Midwives Bridging Program. This expansion will help more people pursue a rewarding career as a midwife, and also increase access to midwifery care for more people.

These agreements, and additional training seats, will help better support our health care workforce, as well as ensure patients receive the quality care they deserve. We are creating more seats to create more midwives and all of these investments will help more rural and remote communities.

Pharmacists Scope of Practice

We also know that reducing barriers is a key element for accessible health care. Which is why another commitment we have delivered on is expanding the scope of practice of pharmacists to allow them to prescribe for minor ailments and contraception. This is another big win in my view that contraception is now free in British Columbia. This makes it easier and faster for patients to access these prescriptions and services they might need, and it takes pressure off primary care providers and our public health care system as a whole. We see it here where I live and I know a lot of other communities, where people have to use the ER at their local hospital to get a prescription refilled.

And access to this new minor ailment and prescription contraception service, is easy for B.C. residents with a Personal Health Number (I've already used it) – all you need to do is book an appointment online, call to schedule or visit your local pharmacy and you can often be seen right away.

This change can be particularly beneficial in rural and remote areas by alleviating pressure on small doctors' offices and ensuring that patients can easily access care for 21 minor ailments, contraceptives, and many prescription renewals all from their local pharmacy.

Travel Assistance

Travel Assistance is another item I am truly passionate about. Another important part of my mandate as Parliamentary Secretary for Rural Health is to explore ways to improve access to medical appointments for patients, such as reviewing the Travel Assistance Program.

The Travel Assistance Program, or TAP, helps thousands of B.C. residents every year by relieving some of the travel costs to travel by land, air, or sea to access necessary medical care not available in their home community.

And since 2021, TAP has helped support nearly 30-thousand people, almost half (46 percent) of whom were seniors.

Additionally, for those who qualify for TAP, BC Ferries has removed its reservation fees for people who must take a ferry to access medical specialist appointments not available in their communities.

In addition to TAP, there are other programs in place to best support people, and lift some of the financial burden associated with travelling for health care.

Programs such as the BC Family Residence Program, which is offered through the government to provide accommodation assistance. It enables families living outside Metro Vancouver to stay together while their child requires medical care at B.C. Children's Hospital or Sunny Hill Health Centre. PS Rice also believes that some fees have now been reduced or removed for those needing to stay at BC Children's.

In May, we also provided $300,000 to support Angel Flight East Kootenay, to assist in covering their increasing operating costs, making sure East Kootenay residents have access to transportation for non-emergency medical services and treatment centres in Kelowna. Another transportation program is operated by Hope Air - a national charity providing free flights and travel planning services for people who need to travel for medical care, but cannot afford the costs of doing so.

People have complained about the income threshold for Travel Assistance being so low that only the very poor can qualify and in response the cap has been increased to $150,000 to increase the numbers of people who can apply for Travel Assistance.

And this year, we made an initial investment of $20 million to enhance medical travel supports provided by the Canadian Cancer Society and Hope Air. Providing another source of support to people in rural and remote areas who need to travel for cancer care. These changes will allow cancer patients and their families to focus on their care, supporting loves ones, and getting the rest they need, rather than dealing with the complicated logistics and financial barriers.

I am so incredibly proud of this recent announcement and program to support those needing to travel for cancer care. It demonstrates our government's commitment to putting people first and will make a big difference in the lives of many people. These travel programs are key to improving health equity and closing gaps for residents in rural and remote areas, and they support timely care for patients who need to travel significant distances to receive health care.

And we are not stopping there we need more investments in capital projects across the province.

Capital Investments

Capital investments are also crucial to ensuring people have the health care they need, close to home. For example:

In the Interior Health region, we're continuing to invest in projects such as:

- The Cariboo Memorial Hospital redevelopment
- Upgrading the Emergency Department, Pharmacy and Ambulatory Care unit at Kootenay Boundary Regional Hospital.

Since 2017, we've made significant capital investments in the Northern Health region, including:

- For the new Dawson Creek and District Hospital, and
- And, the G.R. Baker Memorial Hospital ED/ICU project in Quesnel which opened in April of this year.
- As we look to the future, we can also look forward to a new Mills Memorial Hospital in Terrace and a new hospital in Fort St. James.

And on Vancouver Island, we have invested the expansion and renovation of the West Coast General Hospital Emergency department.

Together, the projects mentioned will amount to just under 2 billion in capital investments to help serve rural British Columbians.

Additionally, at the beginning of 2023, we invested $30 million in stabilization efforts for North Vancouver Island.

Actions including:

- Establishing daily shuttle services between Port Hardy and Port McNeill hospitals, along with shuttles to Campell River and the Comox Valley for patients and staff,
- Increasing home-health supports in Port Hardy and surrounding areas, and
- Increasing recruitment and retention initiatives for staff.
- As well, construction is now complete for a mobile CT scanner, which will be used jointly at Port Hardy Hospital and Victoria General Hospital.
- As of last week, first patient scans began to take place in Port Hardy.

In addition, we are building new Long-Term Care homes in Cambell River, Nelson, Cranbrook, and Comox. These investments are critical in updating existing facilities or building new ones, to ensure our health care infrastructure will support British Columbia now, and for generations to come.

Bigger Picture

We are committed to providing accessible and timely health care for people across the province. That includes expanding our health care workforce and ensuring they have healthy and inspired workplaces, with an emphasis on reconciliation, diversity, and inclusion.

We will continue to invest in rural and remote communities and take innovative actions to ensure that appropriate and timely health care services are provided to patients, close to where they live.

Improving equity in access to health care services for all rural BC residents is a top priority for myself and Minister Dix and our entire government.

Conclusion

I am very grateful for the work I do in my role as Parliamentary Secretary, for being able to connect with you today, but I have been connecting with many of you over the past few months, sharing the progress we have made, and the plans we have underway to further improve health care access and equity for people in rural and remote communities. It is an important goal not just of myself and Minister Dix but for the Government Rural Caucus, whose top priority is improving access to health services for our rural communities.

It is this through collaborations and partnerships with community leaders and organizations, businesses, Health Authorities, Nations, and people across B.C. that we are creating solutions and positive impacts for those living in rural and remote B.C.

Through these steps, we are expanding training and education for health care providers and strengthening our health system across the province. By putting people first, by working hard to recruit, train, and retain health care workers, and by having strategies in place that increase access to health services, we are building a stronger B.C.

Thank you so much for having me today. It is always inspiring to connect with you to collaboratively support a health service system that improves the well being of people living in rural and remote communities.

I will leave it at that, and we have some time for some questions:

Kristy Bjarnason: This sounds very exciting and some great initiatives that will help my community. Unfortunately, things have deteriorated for us. Our hospital is often on diversion and we don't have enough paramedics which puts pressure on our Volunteer Fire Department. We don't have an option to give birth in our community and we have to go to Prince George or Smithers.

PS Rice: Can I interrupt you and ask where are you from?

Kristy Bjarnason: Burns Lake. I feel hearing all these things is very exciting but just not for us. It feels like we haven't seen any of the positive impacts. I left NHA about a year ago for another job as it wasn't a good environment to work in and I know that other people have also left, which is probably leading to some of the challenges we're facing with ER closures. We have lost doctors and one nurse practitioner and although I'm sure others have seen some positive changes, and I don't want to be negative, but things are actually getting a bit worse for us here.

PS Rice: Parliamentary Secretary Rice discussed the challenges faced in Northern British Columbia, particularly in rural areas. She acknowledged that while the issues raised were accurate, the northern region is undergoing significant difficulties. Rice highlighted the government's efforts, such as rural incentives and childcare programs, aimed at attracting people to these areas, but noted that struggles persist, especially in rural communities.

Rice expressed her personal connection to these challenges and mentioned the competition with healthcare shortages across British Columbia. She pointed out that the northern region is at a disadvantage compared to larger centers that offer more attractions and services, not just for physicians and nurses but also for allied healthcare workers.

The Parliamentary Secretary mentioned ongoing efforts to address these issues, including daily calls between Northern Health and the ministry, mapping out emergency room closures, and working on diversion plans. She clarified that these are short-term solutions and not a long-term strategy. Rice emphasized the importance of bringing in more healthcare workers and facilitating the process for international healthcare workers to start working faster in British Columbia.

Finally, Rice expressed appreciation for the comments made and offered to discuss the specifics in more detail one-on-one with Kristy.

Maddie O'Neill-Johns (PA to PS Rice): Unfortunately, PS Rice has another event soon and we don't want to cut anyone off so perhaps we can hear the 3 questions that are in queue and then we can provide follow-up correspondence. My email is in chat for everyone as well (maddie.oneiljohns@gov.bc.ca)

Jennifer Rice: I would like to try and answer the 3 questions and if we hear them first I will try and answer them all together but I would like to do my best to answer the questions we have waiting.

Jude Kornelsen: Jude asked two questions:

Disconnect Between Policy and Implementation: Kornelsen appreciated the provincial government's strategic directions but highlighted a significant disconnect between provincial policies and their implementation at the bureaucratic level. She cited the example of staffing new models, specifically a new maternity care model in Prince Rupert, which has been approved by everyone except the Ministry of Health. Kornelsen expressed frustration with the bureaucratic challenges in implementing these policies and sought strategic advice on how to overcome these bottlenecks.

Indigenous Birth in Remote Communities: The second point focused on indigenous birthing practices in remote communities. She applauded the success of indigenous birth initiatives in places like Waglisla (Bella Bella) and Kingcombe, emphasizing the excitement around these developments. However, Kornelsen raised a concern about the scalability and fairness of these initiatives across the province. She questioned whether every indigenous birther wishing to give birth in a remote indigenous community could do so, considering the significant resources required for such initiatives. She mentioned requests from people in Tahltan territory, wanting to replicate these models in their communities, and sought clarity on whether the government plans to implement a provincial policy for indigenous birth in low-resource, low-volume communities, and how resources would be allocated for this purpose.

Margaret Scaia: regarding a shift in the employment model for nursing in rural areas, from casual and part-time to full-time. Margaret sought confirmation on this change. However, she also shared her experience at the Slocan Community Health Centre, where they are still encountering job advertisements only for casual positions with no guaranteed hours.

She expressed concerns about the appropriateness of these positions, stating that they are not suitable for new graduates, psychiatric nurses, or individuals without rural nursing experience. Scaia pointed out that only the University of Northern British Columbia (UNBC) offers a formal rural nursing program at the undergraduate level, highlighting a potential inconsistency in the approach to staffing rural health centers.

Leonard Casley: expressed his enthusiasm about the direction of the BCEHS program. However, he also raised concerns similar to those mentioned by Kristy, highlighting challenges in his area, particularly a disconnect between the health authority's actions and the provincial directives for their facility.

Leonard shared a specific issue regarding the prolonged wait for a doctor from the UK, who was supposed to arrive in September but was still awaiting clearance. He recognized that this delay was not the fault of the province but suggested a need to advocate for a more efficient process with the College of Physicians. This would help expedite the arrival of international medical professionals.

He concluded by sharing the frustrations of this doctor, who felt that the process of coming to Canada was so cumbersome that she considered going to New Zealand or Australia instead, as her fellow graduates did. This sentiment underscored the complexity and difficulties faced by international doctors trying to practice in Canada.

PS Rice: Parliamentary Secretary Rice responded to the concerns raised by Leonard, Margaret, and Jude:

Response to Leonard Casley: Rice discussed the recent changes in the paramedic system, particularly the transition from part-time and casual positions to full-time roles. This change was negotiated with the union and involved experimenting with three distinct models tailored to community needs. For example, in Sandspit, many people preferred part-time or casual paramedic roles due to their primary jobs in the forestry sector. Rice expressed satisfaction with the community's response to these changes, though she acknowledged that time would tell their effectiveness.

Clarification for Margaret Scaia: Addressing Margaret's concerns, Rice clarified that her earlier comments were about creating more full-time paramedic positions, not nursing positions. However, she acknowledged the challenges in training nurses, especially in rural areas where people often must move to urban centers for education. Rice noted ongoing efforts to decentralize nursing education, allowing parts of it to be conducted in rural community colleges or universities, thus encouraging nurses to stay and work in these areas after their training.

Address to Jude Kornelsen’s Questions**:** Disconnect Between Community and Bureaucratic Level: Rice admitted the need for a more in-depth discussion on this issue, indicating an ongoing conversation with Jude.

Indigenous Birthing: On the topic of indigenous birthing in remote communities, Rice shared that she had asked the ministry the same question. While recognizing the goal as admirable, she expressed uncertainty about its feasibility across all communities, given BC's geography, terrain, and the number of indigenous communities. She confirmed that the ministry is actively considering this issue within the context of reconciliation but admitted that no definitive solution has been reached yet.

PS Rice concluded by inviting further contact through her assistant Maddie and expressed her intention to follow up on the specific issues raised.

Peggy Skelton: Peggy expressed gratitude to Parliamentary Secretary Rice for her participation and for addressing the questions raised. She acknowledged Rice's ongoing support for the BC Rural Health Network and appreciated her efforts. Skelton also conveyed a general sense of approval from others regarding the new initiatives introduced by Rice and her team. While recognizing that these challenges won't be resolved quickly, she expressed optimism about the direction in which things were moving.

PS Rice: Parliamentary Secretary Rice expressed her gratitude to Peggy and the BC Rural Health Network. She mentioned that her role as Parliamentary Secretary is relatively new, presenting various challenges and learning opportunities. Rice appreciated the network's contributions in educating her about the needs across the province.

Acknowledging the ongoing challenges and pain in the community, Rice resonated with the concerns raised, particularly by Kristy. She emphasized her commitment and passion for addressing these issues, stating that her goals and values are aligned with those of the Network, especially considering her own residency in a rural area in the North. Rice looked forward to future collaborations to improve conditions for rural and remote residents in British Columbia.

She concluded by wishing the attendees a successful Annual General Meeting, expressing her eagerness to interact with them again in the future.

President/Directors Report – 10 minutes – Highlights read at meeting from the full report below:

BCRHN
British Columbia
Rural Health Network

December 12, 2023

The BC Rural Health Network (BCRHN) continues to formally operate as the RHC Education Foundation.

The Mission of the BCRHN hasn't changed since its inception in 2018: to promote and support a health services system that improves and sustains the health and well- being of residents of rural communities across British Columbia.

In preparing for our Annual General Meeting and update, it just amazed me how much work has been done and how much we have accomplished towards our mission!

Here are the highlights:

Our membership has grown from 83 members in 2022 to 107 here in 2023, we welcomed our latest member, the Alzheimer Society of BC just this week. We also marked our first Regional District members in 2023 with the inclusion of the Thompson-Nicola Regional District (TNRD) and the Regional District of Central Kootenay (RDCK). We now boast 2 Regional Districts, 30 municipalities, 56 organizations and 19 individuals!

Our membership has grown and with it so has our website which continues to become more responsive to the needs of our members. It is a cornucopia of information and I encourage everyone to check it frequently! Every day we are assembling new information for rural residents and our community outreach engagements are creating new understandings of programming and information that many just don't know exists. We anticipate additional membership drives and further website development over the next year.

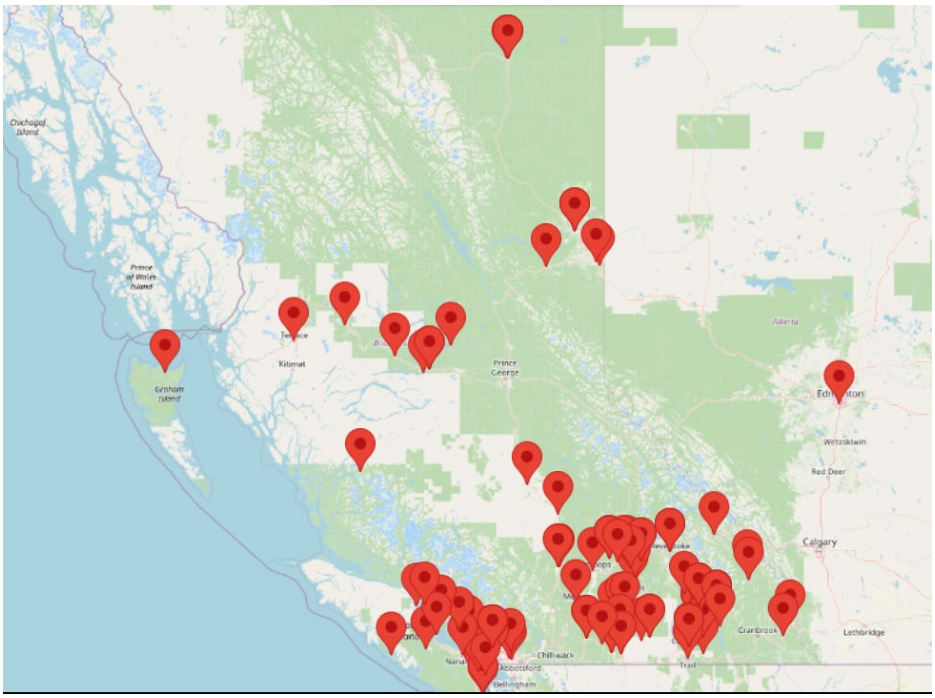
We have rebranded and created a new logo that truly reflects our pan-provincial and solutions-driven operations. We now have access to a renowned marketing executive who is assisting our development of high-quality marketing materials and graphics to enhance our public engagement and improve our overall outreach.

BCRHN

British Columbia Rural Health Network

Membership Counter

19	56	30	2
Individuals	Organizations	Municipalities	Regional Districts



The voice for rural health solutions™

Pretty impressive!

Your board has been busy in a variety of initiatives both internally and in the community.

The operations of our organization are driven from our Board and the work done through our committees. The board continues to be informed and inform other agencies and we welcomed Aidan Mouellic as our first Ministry of Health Liaison. Aidan joins Valerie St John with the BC Association of Community Health Centres (BCACHC) and Jude Kornelsen with the UBC Rural Health Research Centre as our valued representatives from these prestigious groups!

One of the new committees that was started in the last year has been our Diversity, Equity, Inclusion and Belonging Committee (DEIB.) We believe that we must not only recognize the need for Diversity, Equity, Inclusion and Belonging in representing all members of rural and remote communities but to actively work towards making all members feel welcome and valued. This committee challenges us to take steps toward that goal. This committee is chaired by our board member Jane Osborne, in conjunction with board member Theresa Hamilton, Liaison Dr Jude Kornelsen, and our staff member Phoebe Lazier, and is attracting new participants from across the province.

We appreciate your time and commitment to this committee!

The Implementation Committee under the lead of Dr. Jude Kornelsen continues to meet regularly and involve many people interested in health equity for rural and remote residents. This committee drives the policy positions of the BCRHN and continues to work on important initiatives such as their current work on a policy paper on distributive surgical services. Policy papers are produced and then approved by the board. To date, official positions have been produced on Optimizing Community Participation in Healthcare Planning, Travel Subsidies for Rural Residents, and Relocation Support for Rural Birthers. These are extremely interesting meetings with rich discussions that lead to tangible action. Thank you to all those who are involved. If you are interested in joining this dynamic group of community champions, please contact Paul (paul.adams@bcruralhealth.org). In January 2023, the Premier announced the newly created role of Parliamentary Secretary for Rural Health (PSRH). We feel it is extremely important to have this direct link to the government. The Network views this role as a significant means for rural communities and organizations to engage directly with the Ministry of Health through an MLA whose lived and living experiences come from a rural perspective. We hope that this role will be enshrined in the government and accepted by all political parties as a much needed and necessary connection point for rural and remote peoples across BC. The current PSRH, Jennifer Rice, has not only been engaged in our conversations but has also been most helpful in reaching the government and navigating the system from within Victoria. We thank Jennifer for her hard work on behalf of all rural residents in BC!

We have continued to have an increasing amount of media attention, in print, social media, TV and radio. From small-town publications to national news agencies, we have established extensive media contacts both provincially and nationally. Paul in his role as Executive Director as well as Dr Jude Kornelsen and others have repeatedly been asked for interviews. This has expanded the voice of our Network and brought the important work and the positive reputation of the Network to the forefront of many resulting in new contacts and opportunities. Thank you for representing us so well!

A new partnership began because of an interview Paul did about a situation where a family dealt with financial issues to get to care in Northern BC. In hearing of the hardship, Chief Hope Officer Mark Rubinstein, of Hope Air reached out to ask how they could help. This conversation has led to a new

community outreach program to create awareness about travel assistance programs through Hope Air and a relationship that continues to inform and assist rural patients throughout BC.

This new outreach program works in parallel with a contract provided by the BC Association of Community Health Centres (BCACHC). Thank you to Val St John and the BCACHC team for the great work they do in creating new models of team-based care that truly include and engage with communities to develop locally driven health centres that provide a model of excellence for rural BC. Our contract has been to engage with community champions across BC and to inform them of the CHC model, how to get started and to gain insights into local health challenges and systems to improve the knowledge base on individual communities. Through the contract with BCACHC and with Hope Air we are building data sets, engaging with new contacts, and improving the knowledge of existing programs that many can benefit from including community outreach, regarding CHCs and travel assistance.

Further to this, a grant provided from the United Way, allows us to simultaneously engage with communities on Emergency Response and Preparedness for rural seniors. Understanding where gaps exist in service and learning from the successes of others allows us to provide information in a bi-directional fashion between ourselves, rural communities and all our wonderful partners!

These contracts have allowed us to be able to welcome Phoebe Lazier to our ranks. Phoebe is exceptional in meeting people, has a wonderful ability to make people comfortable and is a great listener. She has been a remarkable in engaging rural and remote communities and provide this important information to our contractual partners.

Phoebe's work has really created an amazing insight into the gaps that exist in connection with rural communities and rurally relevant information provision to them. This awareness is further supported through our combined work with Jude and her team at UBC and in the co-research project we have embarked on performing a gap analysis on community engagement in healthcare policy development in BC. Although we have been aware of the lack of engagement felt by ourselves and our members on healthcare policy development, this important research provides the evidence needed to support our concerns.

Jude's work is just wrapping up on this important research paper and it will soon be published, and peer reviewed. We believe these types of research projects that truly capture the lived and living experiences of rural residents are much needed in redeveloping health strategies in rural areas of the province. We have several other grant applications in play with Jude's team and hope to announce the next round of research in

the New Year.

We have also been invited to present and attend numerous conferences such as the Breathe and Weave Conference at UBC, the Green Party of BC Townhall on health, Putting Patients First Conference, the International Leadership Conference, the Hospice Care Alliance of BC Roundtable, Union of BC Municipalities (UBCM), Greater Vancouver Board of Trade Health Conference, and a recent event hosted by Health Quality BC on Community Engagement.

Our presence at UBCM would not have been possible without the presence of our Board members and liaisons attending through other organizations and municipalities and we must acknowledge the great work of Leonard Casley, Colin Moss, Jude Kornelsen and Valerie St John. They not only were able to promote their own communities and organizations but helped us spread the word about the BCRHN. Another very helpful connection at UBCM is one of our new municipal members and her worship Sarrah Storey (Mayor of Fraser Lake) who has been a key player within UBCM in the North and we congratulate her on her election to the UBCM Executive for the upcoming year!

We have continued to engage in a variety of workshops and learning opportunities through UW Healthy Aging CORE, UBC, UVic, UNBC, UBCO and on the Federal stage where I participated in discussions hosted by the Society of Rural Physicians Canada on Rural Patient Transfer.

We seek continuous improvement and none of us are beyond learning new skills and becoming better in our roles. In this regard, Paul has applied for and been accepted to the United Way Policy Planning Institute where he will learn from and network with many key stakeholders and leaders in the NGO/non-profit sector starting in January 2024!

We also are very pleased to continue our positive relationships with other partners including RCCBC, the Stigma Free Society, Health Quality BC, the BC Health Coalition, IHA, BCEHS, FNHA, BC Hospice Association, BCCRNs, Crisis Centre of BC, and many others. Our network grows daily!

We are very pleased that at our meetings we enjoyed a number of guest speakers. This includes a quarterly visit from Leanne Heppell, Chief Ambulance Officer of BC. Jennifer Rice has been present at several of our Board meetings. We have enjoyed presentations from BC Health Coalition (Usman Mushtaq), Crisis Centre of BC (Stacey Ashton). Hope Air (Mark Rubinstein) and many guests who have enhanced our meetings with their insights and wisdom. We are able to share up-to-date information with our membership as well as inform our guests of rural realities through these direct engagements.

We were very pleased to have hosted a special board meeting with Health Minister Adrian Dix. We were pleased to discuss how we operate as the BCRHN, and how we represent rural BC and to highlight some of our accomplishments to date. This led to Paul, and I being invited to Victoria to meet with the Minister and Jennifer Rice, Parliamentary Secretary for Rural Health and submit a proposed budget for consideration. We were delighted to be informed that funding would be provided at year-end to allow us to expand our outreach and education regarding rural health across the province! We look forward to learning the details of this funding in March! We will prove just how effective we can be in disseminating information across rural communities and in building better health for all, with the assistance of resources provided to the effort.

While in Victoria we were able to meet with the NDP rural caucus and as we are apolitical, non-partisan and transparent, we also met with the BC Green Party and the BC United Party and engaged positively with many rural based MLAs from across the political spectrum.

I would be amiss in this annual update to not share my gratitude to our Board of Directors, Liaisons, Committee members, and our members. The countless hours of your volunteerism never cease to amaze and humble me, many thanks!

To Phoebe, who with her ability to engage people and communities has added so much to our organization, thank you!

Paul, I'm not sure how to thank you, to sum up all the hours and expertise you give us as a Network. You represent us so well at meetings, media events, as well as any day-to-day interactions! I appreciate your sage advice in helping the events go forward on our journey for health equity. I am so grateful!

So now for my last thank you for the year … and trust me, it's a tough one! As you are aware, Colin Moss has been with the Network almost since its inception. He has been a constant supporter of the Network and a tireless worker in our mission of gaining health equity. He has been our Vice President as well as Chair of our membership committee, and someone whose opinion I have come to trust, his ability to represent us in so many different areas and who has been a real leader, I have even come to enjoy his sense of humour!

He has resigned from our network to pursue Public Service in the political arena.

We wish him nothing but the best and he will forever be a friend of the Network, and I will always be proud to call him a friend!

So, with that I will close my annual update.

Thank you for your membership in the BC Rural Health Network, our impact continues to grow because of your voice!

AGM Official Business – 10 minutes (or as required)

Quorum Determination

Quorum determined with 25 members present

Decision making (Majority Rules or Consensus)

Majority Rules

Pegasis, Curt and Jane requested consensus

Approvals of Agenda, Previous Minutes and Financials

Approval of Agenda

Moved by: Leonard
Seconded by: Pegasis
AiF - Passed

Approval of Previous Minutes

Moved by: Pegasis
Seconded by: Andrea
AiF – Passed

Approval of Financials

Moved by: Bob
Seconded by: Pegasis
AiF - Passed

Other Business

Special Resolutions – None

Election and Appointment of New Directors and Officers

Call for nominations (3)

Kristy Bjarnason is nominated by Jude Kornelesen as a director – Kristy Accepts
Curt Firestone is nominated by Pegasis McGauley – Curt Declines
Margaret Scaia is nominated by Colin Moss – Margaret Accepts

Business arising from the President/Directors Report - None

Motion to Adjourn - Pegasis

Regular Board of Directors meeting to follow.