Pandemic Proves Need for Robust Rural Health Care

Last February 11th, New Brunswick's two health boards, Horizon and Vitalité, announced changes to 6 rural hospitals including the Sackville Memorial Hospital. Characterized as an "operational decision" this move met strong opposition throughout the province. Within a week the Premier cancelled the decision, citing many gaps in the plan, and committed to make no further changes until he had consulted with the affected communities and held a "healthcare summit" to better inform the provincial health system.

Since then, both little and much has occurred. The pandemic worsened, community consultations were delayed, local government mandates extended, and no health summit arose. At the same time, political consensus guided public health actions, practitioners implemented remote practices, and surprisingly perhaps, patients flocked to them. Communities banded together to protect their most vulnerable and multiple new practices affecting population health and safety were introduced and improved.

Yet, while the public health sector evolved dramatically, a recent letter from the Minister of Health seeking input on possible changes, concentrated on items raised last February. Rather than focussing on how to embrace the recent surge of health innovations and community support, ensure that it continues, and build greater prevention and equity into the system, the Minister's letter seemed to be fixated on issues on which considerable progress has already been made.

For example, as part of the pandemic response our region created a Tantramar COVID Task Force that brought local officials, Mount Allison University, volunteers, students, schools, businesses and service bodies into direct action on impacts of the virus, and finding measures to slow it. Task force volunteers identified specific impacts on individuals and families, and worked together to deliver ways to lessen impacts and make people as safe and healthy as possible.

That regional response provides us with strong practical insight into provincial health policies and services. We know other areas, groups and associations did similar things and have their own learnings. It is these pandemic-proven experiences that should frame and inform the coming discussions on health policy and practices.

Long Term Care

We know some institutions fared better than others, but the reasons for success need to be more clearly defined. We suspect that multiple factors — investors, governance, staffing, training, wages, size, design, location, density, volunteers, related services and community supports — all influence quality of care and safety. For example, in our region extra mural services and a community initiative called Nursing Home Without Walls — a concerted effort to keep people safe in their homes for as long as possible — offered much promise. This approach, especially if taken in collaboration with the Extra Mural Hospital service, could greatly reduce pressure on nursing homes and relieve the problem of "bed blockers" in both local and urban hospitals. In view of New Brunswick's aging population, we need comprehensive solutions to long term care, and we need them quickly.

COVID Testing

Access to testing varied widely. In the Tantramar district, special arrangements were made for students attending Mount Allison, of whom 40% come from outside the Atlantic Bubble, many from international locations. Arrangements for testing and isolation of foreign workers coming to nearby farms and resource industries posed a different set of challenges and practices.

While special arrangements were made for foreign workers and students, rural and small town residents were subjected to the mainstream testing and analysis protocol. Concentrating such specialized services in city locations poses significant problems for people who may lack reliable internet access and capabilities, familiarity with medical language, or access to affordable transportation. We know that qualified people and facilities in the region could have provided expanded and improved COVID testing and analysis, but this solution was not encouraged.

Emergency Rooms, samples and labs

The pandemic kept people away from ERs, crowds in general, and in-person meetings. Patients adapted well to remote consultations and scheduled times for blood samples. Indeed, many urban dwellers willingly travelled to rural hospitals to ensure these services took place in safe surroundings. Anecdotal reports suggest this helped reduce backlogs in city ERs and labs.

It has long been our view that rural hospitals assist city ones by reducing wait times; this deserves quantitative assessment. If, as we suspect, the resulting savings significantly outweigh the costs, then further enhancement of such services could produce even greater benefits.

Our observation is that both regular and pandemic services are driven by an unstated, and to this point unquestioned, centralized approach. To offset the hidden impacts of that approach we have had to develop local complementary efforts. That need constitutes real life evidence of rural health policy problems that must be properly addressed.

In summary

If the lens applied to the health system is strictly administrative or purely urban, then many of the observations, innovations, learnings and opportunities that we have found here and throughout the province will go missed. Now is the time to adopt local health innovations, not overlook them. The strengths of both urban and rural health care must be integrated to deliver the needed health care system and services.

In our view, public health policy is a key building block for the future of this province. New Brunswick's efforts around COVID has drawn wide respect and we expect many people and businesses will want to move here soon. To take advantage of that we must respond constructively to the needs of the 48% of its population that dwell in small towns and rural areas. This does not mean that identical facilities, services, and expertise must be present throughout the province. But it does mean that the inequity in access, cost, and outcomes must be recognized and addressed as fairly and effectively as possible. This was our concern last February; the Minister's most recent communication does little to reassure us that this is understood or will underlie the process.

This opportunity must not be squandered. A new public health policy must ensure effective local delivery of services to all residents, including the 48% who reside in small towns and rural areas. As we now know, our health system will be key to future success across all sectors.

Pat Estabrooks and John Higham