

Rural Experience Should Guide Reforms

As a rural resident I was pleased to hear the province proposes to engage citizens in discussing how to improve the public health system. However, on reading the discussion paper I found that most of the references in it are from pre-pandemic sources.

An effective health review needs to start in the new reality we all face; not from a viewpoint of two or three years ago. Every single person in the province has been changed by the pandemic, and a large number have found new ways to address old issues and new challenges to our health system. We need to unleash the knowledge and innovations that we all have seen in the past 12 months. This is where real reform should begin.

Rural communities have seen real progress in a wide range of fronts such as:

- Nursing Homes Without Walls keeping elders at home, safe, and independent longer;
- food security groups ensuring healthier families and easing stress;
- regular contact with isolated people alleviating loneliness, needs, and fears;
- new and more physical activity both at home and outdoors;
- doctors holding virtual meetings with patients and all parties overcoming IT barriers;
- scheduled medical tests at wider locations that are popular, efficient, and effective;
- youth and school leadership in innovative health communications, programs, and services;
- conscious patronizing of local businesses ensuring some stability for multiple local families;
- additional use of rural ERs from people avoiding much longer waits in cities and;
- family doctors retiring, but finding professionals glad to practice where prevention, wrapped services, labs results, overnight care, and professional collaboration all exist.

These all hold implications for public investment in health services, yet many of these took place outside of the recognized health system.

One implication of rural experience is that residents no longer accept that health is best delivered from large, centralized facilities. We know community and family efforts are better at keeping people healthier, happier, and independent. While we recognize that specialized acute services must be centralized, the feeling is that community preventative efforts, are vastly undervalued by others.

Another implication is that existing Health Institutions are no longer the best organizational option. Reform should seek out and incentivize a wider range of groups, organizations, and individuals to build better health outcomes throughout the province. For example, although local governments do not hold direct responsibilities for health, the pandemic proved them key to communication of services, improved opportunities and assets for exercising, and a help to recruiting. Reform should seek out underused partners, and design incentives for them to contribute to better health outcomes.

I congratulate the province on taking up this much-needed review. But we do not need a process that confirms old institutional needs. We need one that provides New Brunswickers with new approaches, better outcomes, and equity across locations, incomes, and services. Let's get started on that!