

A Vision of Health Care in Sackville and the Tantramar Region

The Canada Health Act has, as one of its precepts, the goal of equity in the provision of health care to all Canadians. This goal is not well realized in New Brunswick where nearly half (48%) of the population live in rural communities. Rural New Brunswickers lack assured, equitable access to many aspects of health care that are available to their urban counterparts. Fewer services are available in local hospitals and, if the reforms outlined in February of this year were realized, this lack of services would be exacerbated. One of the first steps in this process is the development of a Rural Health Policy and we applaud your readiness to discuss the development of such a policy.

In your letter of 20 November you listed four challenges. These are endemic throughout the province and their resolution would greatly improve the quality of health care to all New Brunswickers. They do not, however, address the health care inequities particular to rural New Brunswick. Three of the four challenges are related to problems in our long-term care system and not directly to the health care system. Since problems with long-term care are obviously affecting the timely provision of health care, solving these would alleviate much of the pressure on the health care system.

This leads me to the concerns of rural areas such as the Sackville and the Tantramar region, and our vision of an integrated community health care system that is responsive to small town and rural needs and capable of relieving emergency and other wait times in the major urban hospitals.

In our view, a robust and enduring approach to health care provides local access to:

- **Full laboratory and 24-hour emergency services.**

We need the Sackville Memorial Hospital (SMH) to continue with all its current functions. We emphasize a full lab service and a 24-hour emergency room they are so closely tied: one without the other is untenable. The residents of our area have a right (based on the idea of equity) to these services. If our emergency room were closed and a resident of Cape Tormentine suffered a heart attack, they would have to wait for an ambulance (close to 45 minutes) and then be transported to Moncton (perhaps another hour). The chances for survival would not be great. While we can talk statistics about health care, we are dealing with real people who deserve the best possible care.

However, maintaining the status quo is not a solution to a problem. In addition to maintaining all services in the SMH, services here can be expanded with a view to relieving the pressure on the hospitals in Moncton. The points presented below could reasonably be applied to any of the six rural hospitals that were involved in the ill-fated reform suggestions of last February.

The SMH already acts as a pressure valve on the overcrowding and wait times in Moncton. Wait times for surgery and emergency services in the Moncton hospitals are well above the national average and getting longer. With rapid population growth in the tri-cities area and the aging of the population in New Brunswick, these wait times can only get worse. Staff at the SMH say that, on some shifts, nearly half their patients are from the Moncton area. To close the Emergency Department at SMH and increase pressure on the Moncton hospitals defies logic.

- **Day surgery, diagnostic services, and other outpatient treatments (dialysis, radiography, etc.)**

The presence of these features effectively addresses important aspects of equity of service, lowers the demand for ambulance transportation, and relieves the demand on over-stressed urban resources. SMH already has a functioning surgical suite that according to Horizon's own Facility Profile offers a wide range of surgical procedures. If expanded, it would afford more opportunity for surgeons and other specialists to maintain their skills, and reduce wait times

The same logic applies to offering enhanced diagnostic services in Sackville (and in other rural hospitals). Currently anyone going through emergency requiring a CT-Scan needs to be taken by ambulance to Moncton and then back to Sackville. Having such services in rural hospitals would liberate ambulance time and personnel for real emergencies.

- **Short-term acute care and convalescent beds**

Such facilities ensure that patients have family support nearby, which can significantly speed the rate of recovery. This is important to rural residents of limited means for whom the costs of transportation to the city (for ambulance, taxi, or fuel and parking) can be prohibitive.

- **Resources for preventive maintenance**

The addition or expansion of such services as mental health, dietary counseling, dialysis, and health and wellness education reduces the need for urgent medical interventions by promoting wellness as a community standard.

The scale of saving is considerable. Fifteen years ago, the World Health Organization found that reducing chronic disease in Canada by 2% would result in savings of more than a billion dollars over ten years.

•Staff Recruitment

We urge a more aggressive and creative approach to staff recruitment. If Horizon and Vitalité went to graduating classes in sciences at any New Brunswick university and offer to pay for training as laboratory technicians in return for a commitment to serve a number of years at a hospital lab, projected shortages of one category of hospital staff would be solved in short order.

Concluding Remarks

The presence of integrated community health care is also central to the economic and social well-being of our distinctively diverse community. Health care cannot be seen as an issue independent of others in small communities. In addition to a typically rural population that includes agriculture and small business, it includes Indigenous, multicultural, senior and student interests. For example, reduction of health services, as proposed last February, would negatively impact the competitive position of Mount Allison University as the only Canadian university without access to a community hospital. Similarly, the attractiveness of the Sackville area as a destination for retirees from other parts of Canada would be significantly diminished. A local developer is poised to spend \$30 million in the next decade to construct a seniors' residence complex. This project is currently on hold pending decisions surrounding the fate of our hospital. It is easy to imagine the economic impact that any losses of students or of the seniors residence complex would have on the municipality and, ultimately, the province.

It is important that health policy reforms recognize the relevance of such socioeconomic factors. We urge your government to encourage a team approach that recognizes the varied characteristics and needs of different communities, and that is committed to constant and proactive engagement in the review and improvement of performance at every level.