

# Rural Health and Service Delivery in Nova Scotia: Summary Paper



# Project Background & Purpose of this Document

Each year, the Health Association Nova Scotia's Board of Directors identifies and selects a strategic policy issue that becomes the focus of a research or discussion paper with the aim of supporting its members to resolve common health system issues and challenges. The goal is to identify a key policy issue that is both timely and relevant to our members and which augments, not duplicates, the efforts of others. The thought leadership or discussion papers are intended to be used as a platform for facilitating positive system change by highlighting the magnitude of the issue and providing evidence-informed recommendations for action.

The 2012-13 paper was commissioned to profile and analyze the most prominent health-related challenges facing rural communities in Nova Scotia.

The report, ***Rural Health and Service Delivery in Nova Scotia: A Profile and Recommendations for Discussion***, can be found on the Health Association's website ([www.healthassociation.ns.ca](http://www.healthassociation.ns.ca)).

Because many of the recommendations in the rural health discussion paper require the leadership of and collaboration with various facets of government, the health system, and the community, the Health Association used the paper to bring together key contributors to discuss potential action in more depth. Particularly, several system and community leaders were invited to react to the report's findings at the Health Association's 2013 Annual General Meeting. As well, a workshop was organized to provide participants the opportunity to network and action plan, using the recommendations most relevant to their jurisdiction and position.

The current document summarizes the proceedings of the aforementioned events. We encourage readers to use this summary, as well as the original discussion document, to foster conversation and initiate change within their own spheres of influence.

## Panel Discussion Summary

The panelists in the Annual General Meeting discussion were Dr. Rick Williams, former Deputy Minister of Policy and Planning for the Government of Nova Scotia, Mr. Gordon Tate, Active Living & Active Transportation Coordinator, Municipality of the District of Chester, and Dr. Judith Guernsey, Director of the former Atlantic Rural Centre and current Professor at Dalhousie University. The following is a summary of key points made by each .

### Dr. Rick Williams

Dr. Williams began his dialogue by indicating that many government initiatives were in line with the discussion paper recommendations, and that the report's key points were reminiscent of those in Dr. John Ross' 2010 report *The Patient Journey through Emergency Care in Nova Scotia: A Prescription for New Medicine*.

Regarding the recommendation of taking an all-of-government approach to reducing poverty, Dr. Williams argued that this was in fact the attempted approach by government, although it is recognized that efforts for more inter-governmental collaboration would enhance results. He observed that "action" is often synonymous with funding increases, which actually does little to improve outcomes, noting that "we are not going to buy solutions to our problems for the next decade". Transformation using programs that show quantifiable value-add needs to be the focus.

Speaking to the recommendation of government adopting a population health approach to all of its decision-making, Dr. Williams agreed that such an approach would be ideal, but, as is the case with many policy models, the difficulty lies in how to operationalize the concept.

Related to the recommendation arguing for decisions to be made at a community level, he agreed that certain decisions should be made

locally, although others, such as those being addressed by Merged Services Nova Scotia, are more efficiently done province-wide.

The recommendation of developing a vision for rural Nova Scotia was a point of divergence for Dr. Williams. The government of the time held the view that a unified provincial vision would be more productive, and this unified vision was highly focused on recovering the economy. An economic boost in any part of the province is a boost to the province in its entirety.

To conclude, Dr. Williams noted that the government is getting better at defining problems, and there is opportunity to improve in developing and implementing solutions. Organizations such as Health Association Nova Scotia can play an important role in elevating the level of conversation and keeping the discourse at the forefront of the agenda.



Dr. Rick Williams, former Deputy Minister of Policy and Planning for the Government of Nova Scotia

## Panel Discussion Summary

### Mr. Gordon Tate

Mr. Tate's remarks focused on the resourcefulness of local communities - which he defined "by people, not by maps" - to solve problems. He noted that many communities feel their influence is slipping, but there are examples, such as the community-driven Our Health Centre in Chester, which illustrate that people are capable of coming together to build solutions to health system problems.

Mr. Tate stated that to adequately provide for a community, its complex nature has to be well understood. A socio-ecological model must be applied to address the root causes of health-related issues, and this is not the approach of the current health care system. Concerns like poverty are not easy to bring to the forefront of political or research agendas, but they need to be addressed because neighbourhoods, and the lives they shape, have far more influence on overall health than a system an individual may only interact with a few days a year.

Mr. Tate also noted that he would like to see a system that measured leading indicators focussing more on health influencers, for example, the aspects of the built environment, as opposed to data regarding system volumes.

In his final points, Mr. Tate addressed the fact that there may not be "new money" to tackle health issues in rural communities, but funding should not be a deterrent to taking action. Health system paralysis can be self-inflicted and projects such as Our Health Centre show that communities can take it upon themselves to make change.



### Dr. Judy Guernsey

Dr. Guernsey began by supporting the concept that "place" does influence individual and group health, although it may not be a matter of rural versus urban, as all communities are different and have their own set of unique circumstances. Physical and social factors, for example, play significant roles, in particular, the occupational setting, housing environment, economic climate, and transportation situation. These dynamics not only influence health and wellness, but need to be taken into account to indicate how health services should be provided. For instance, heavy physical work is common in rural communities, leading to a higher proportion of occupational injuries, yet physical and occupational therapists are predominantly located in urban settings.

Speaking to recommendation nine, which suggests that government and service providers partner with research institutions to address pertinent health system issues from an evidence-based perspective, Dr. Guernsey spoke of her own experience with the Manitoba Centre for Health Policy, in particular the Need to Know Centre of the organization, and how it has been of great assistance in bringing researchers and data users together to determine and plan for information gathering of most benefit to communities. Such a partnership provides much needed context in which findings are generated, which is just as important as the numbers themselves. She finished by remarking that engaging in a dialogue is an easy and inexpensive start, and would be a good basis for formalizing a connection between researchers and decision-makers.



# Workshop Summary

The aim of the rural health workshop was to bring together a group of diverse individuals from all parts of the province to review the discussion paper's findings and determine what roles could be played in turning the concepts and suggestions into action. Discussions were had in both small and large groups. The following summarizes the activities that were suggested for action regarding each of the paper's recommendations, categorized into those that can be addressed at the local level (e.g., by community members, front line staff, local health system leaders, community health boards, individual district health authorities) and those that could be addressed on a more province-wide basis (e.g., by government, provincial groups/associations, and/or interested parties working in collaboration).

## **RECOMMENDATION 1:**

**That a vision for rural Nova Scotia be created, communicated, and adopted.**

Some participants felt that this was one of the most important recommendations as it would be the umbrella under which future actions would be determined. Defining such a vision, though, would require a thorough conversation between all levels of government and relevant partners. A suggestion was made to develop a Rural Coalition, whose goal would be to complete this work.

### *Suggested Local Level Action:*

- Take personal ownership of rural health issues and initiate a discussion regarding the opportunities and advantages of creating a Rural Coalition to define a vision for rural Nova Scotia. Collaborate with others to make this initiative province-wide.

## **RECOMMENDATION 2:**

**That an all-of-government approach to reducing poverty in Nova Scotia become a top priority of government. Such an approach should take into account diversified and future-focused rural economies and a living wage.**

Participants discussing this recommendation determined that prosperity in rural regions should be central to the development of a rural vision, and that government leadership from both federal and provincial levels is needed to genuinely improve poverty levels. It was agreed that initiating a living wage is a key element to reducing poverty.

### *Suggested Local Level Actions:*

- Increase conversation about poverty in your own community. Have discussions about poverty alleviation with Members of the

- Legislative Assembly and municipal officials. Be mindful of vulnerable populations when providing services. Take notice of who is not participating in programs, determine why, and use this information to drive future planning.

### *Suggested Province-Wide Action:*

- Take advantage of the opportunity of having a new government. Collaborate with like-minded individuals and groups throughout the province to advocate for an enhanced, evidence-based, and comprehensive approach to poverty elimination.

## **RECOMMENDATION 3:**

**That the government adopt a population health approach to all of its decision-making.**

It was agreed that the impact of the social determinants of health are substantial and undeniable. A population health approach to decision-making, both provincially and in our communities, should be adopted. To do so, countries such as Japan, Sweden, Denmark, and Finland, where rural and population health strategies have had success, should be examined. Population health strategies are being employed in some regions of the province and sectors of system, and it is believed that there is readiness for this to come to fruition elsewhere.

### *Suggested Local Level Action:*

- Employ decision-making tools that use a population health lens, for instance, community health impact assessments.

### *Suggested Province-Wide Action:*

- Conscientiously use a population health approach in the decision-making process.

# Workshop Summary

## RECOMMENDATION 4:

**That a framework for service-level decision-making, emphasizing local solutions to local problems, be developed and implemented.**

Participants discussed the right approach to citizen involvement in localized decision making. Among the topics deliberated were how to use the right language, how to get the right influencers in the room, and how to adequately communicate intent. Focussing on common values was a suggested approach, as was employing publically available tools for public engagement, such as those provided by the International Association for Public Participation.

### *Suggested Local Level Actions:*

- Use freely available public engagement tools to garner community participation in the planning process.
- Link funding to the services deemed most necessary by the community.
- Look for unique funding opportunities to provide locally required supports.

### *Suggested Province-Wide Action:*

- Develop provincial quality of life targets. Leverage local assets to help achieve these goals.

## RECOMMENDATION 5:

**That equity become a prominent guiding principle of health system decision-making.**

Participants suggested that this recommendation is of particular importance due to the fact that the concept of “equity” runs through all of the proposals in the discussion paper. Equity is also something that can be practised by everyone, immediately.

### *Suggested Local Level Action:*

- Employ decision-making tools that take equity into account, for instance, community health impact assessments.

## RECOMMENDATION 6:

**That supports be in place to allow for the best use of current or more easily obtainable health human resources.**

The emphasis of the discussion of this recommendation revolved around the use of multidisciplinary teams. These teams are seen as valuable uses of health human resources, provided they work to their full capacity and have the flexibility to adapt to the needs of community members.

### *Suggested Local Level Action:*

- Commit to using and appropriately funding flexible, multi-disciplinary teams

## RECOMMENDATION 7:

**That every municipality have a transportation or travel strategy developed and suited to their needs.**

The lack of transportation means in rural areas was confirmed through the participants in our workshop. Driving is a necessity in many rural regions, and it is not necessarily an available option for all residents. A variety of ways to support lacking transportation options were discussed.

### *Suggested Local Level Actions:*

- Become fully aware of the transportation issues in your community.
- Dedicate funding in annual budgets to addressing transportation barriers.
- Increase the number and use of mobile clinics.

## RECOMMENDATION 8:

**That where direct care is inaccessible, supports are in place to use technology to increase service access.**

The first step in employing this recommendation is optimizing use of existing information technology (IT). Regions can also learn about and adopt technologies being effectively used in other parts of the province. At a provincial level, IT gaps need to be identified, priorities determined, and a plan to address deficiencies created.

# Workshop Summary

## *Suggested Local Level Action:*

- Communicate your successful IT strategy with other system partners.

## *Suggested Province-Wide Action:*

- Identify IT gaps and priorities, and implement a consistent province-wide IT strategy

## **RECOMMENDATION 9:**

**That government and service providers partner with local research institutions to address pertinent health system issues from an applied, evidence-based perspective. Consider implementing a model for the province that is similar to that of the University of Manitoba Centre for Health Policy.**

Participants agreed that research culture needs to be expanded beyond urban environments and academic institutions, into rural organizations. A wealth of health-related data may be available, but the silos in which they are kept must be broken if it is to be optimally used.

## *Suggested Local Level Action:*

- Make peer-reviewed evidence the basis of decision-making.
- Encourage research to be conducted in your community.
- Capitalize on research funding and partnership opportunities to address issues and answer questions in your own area.

## *Suggested Province-Wide Action:*

- Focus on supporting outcomes-oriented, applied research.
- Focus on supporting research that has applicability to rural areas, or the entire province (i.e., research without urban bias).

## **RECOMMENDATION 10:**

**That a more applicable strategy for collecting health and service related data, particularly related to primary and chronic care, be developed. This strategy should support evidence-based decision-making from the perspective of health outcomes as opposed to service volumes.**

It was suggested that concerted effort needs to be put into understanding the key data points for measuring health across the life span. A framework for sharing current data in a seemingly complicated and siloed health information system needs to be developed. Such a framework could expose rich information for health system decision-makers and researchers alike.

## *Suggested Province-Wide Action:*

- Develop an uncomplicated framework for broadly sharing health-related data



## Post Workshop Evaluation

Our workshop exhibited a consensus for developing a strong vision and plan for rural Nova Scotia. There is no shortage of opportunity, and community leaders are ready to be engaged in a more comprehensive fashion.

Participants generally felt that the discussion paper adequately represented the challenges and opportunities in rural Nova Scotia. The vast majority of workshop contributors indicated that the discussion had provided them with new and interesting insights, for example, the knowledge of frameworks and tools to support a population health approach. The morning also validated the need for a focus beyond the traditional definition of health to include the social determinants of health.

The majority of participants similarly indicated that they would use some of the information provided during the workshop in their day-to-day work. Many signified that they would distribute the discussion paper more widely in their respective districts, and use the findings to guide discussion in service and staff planning.

## Thank You

Health Association Nova Scotia would like to thank the participants in the workshop, AGM panel discussion, and consultations that lead to the creation of the discussion paper. We encourage you to use both the discussion paper and this summary to drive conversation and support system improvement



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