

Rural resiliency

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Rural communities have the deep resiliency needed to meet the challenges of any disaster, a resiliency that is grounded in a sense of community. There is a visceral understanding that we, the community, have the aegis to deal with the challenge, if for no other reason than lived experience, which teaches us that outside forces cannot or will not help or should not be depended on.

It's not easy. Our resources are finite, and the depth of our ability to draw on the community is variable, both within and between communities. The challenge can become existential and even ultimately overwhelming (e.g., the many communities where the major employer closes and the town ghosts). Be that said, a pandemic, that can be handled in true rural fashion.

In the early days of the pandemic when our clinic was short of personal protective equipment we had local seamstresses make us gowns and patient masks. We launder those gowns downstairs in the dentist's office. Our community nurses have cross-trained to be able to be seconded as needed to fill emergency and intensive care unit roles at the local hospital.

Primary care personnel have provided days of phone calls to the identified vulnerable and booked them with public health. In turn, the vaccine clinics have been staffed by

a mixture of health unit staff, local Emergency Medical Service (EMS) and a spectrum of nursing and other allied health. Our nurses have done house-calls, ferrying syringes of Moderna from the vaccine clinic to shut ins. The results have been gratifying. For ages 80 + district wide, we have 93.7% shots in arms. Pride in such outcomes is one of the reinforcing mechanisms that build rural resiliency.

Innately, we know that some communities do this type of work better than others. It's not entirely clear what makes one rural community more resilient than another. Some of it has to do with the innate nature of the town. One suspects that the mining town with company bungalows smelling of fresh paint may not do as well as the agrarian village with limestone homesteads steeped in history.

Some of it is leadership. A lot is relationships and trust. Certainly, in health care, resiliency comes from not only the individuals (always important) but also the ethos of the structures they work and live in. There are some communities that have no trouble recruiting and have low turnover. Others, we know too well, are a revolving door.

Defining what measures can be learned or worked on to build community resilience is a profoundly important set of questions that need answering.

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