

## Editorial

### **Health Care from the Otherside**

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This summer, I was traveling and needed healthcare. My illness began in upstate NY, my husband had a bad cold and unfortunately shared. We both tested negative for COVID so I thought I had a self-limiting viral infection that would clear up in a few days.

My purpose for traveling was to attend the Rural Nurse Organization (RNO), International Rural Nursing Conference being held in Johnson City, TN. I was cochair of the conference planning committee and certainly did not want to miss the conference; which by the way was excellent. I went down a few days early to visit relatives and was in my old home stomping grounds of Southeaster KY in the Appalachia Mountains. As an added benefit I was able to provide transportation to big city of Lexington so that my family member could get a health service that would not allow her to drive immediately after the procedure. The plan was that I would spend a few days in KY and then head to the conference. My body had other plans. I began to have pretty bad respiratory symptoms while in Lexington but was able to drive my relative and myself back to her home, 3 hours away. That night, I began having asthmatic symptoms, a first for me, and felt I could not catch my breath. I was taking over the counter medications to manage cold symptoms, they were not helping and may have exasperated some symptoms. My relative was sleeping off the twilight anesthesia she had gotten during the day. I knew the local clinic was not open after 5 pm, and actually closed earlier on Fridays. I also knew the only hospital in the county was 45 minutes away, and I was in no shape to drive. I was hesitant to call an ambulance, thinking did I really need that, I would probably be better by the time they arrived, and it would be costly. To

add to the drama, my cell phone did not work in this location. So, I did, what I have always told rural women with heart attack symptoms, not to do, I tried to manage it a home.

Using the old towel over my head and a sink of steaming hot water, alternated with opening the freezer door to breath in cold air, I did make it through the night. The next day I was feeling better and even though my relative was urging me to go to the emergency department (ED) I resisted. I did agree to go to Harlan, where the hospital was located, to get a cold mist vaporizer (more selfcare) with the idea that if I got worse I would go to the ED. Indeed, while there, I had a coughing fit, that had me short of breath. I did however, find that there was a clinic in Harlan, that was open on Saturday until 2 pm and I was able to be seen there instead of having to go to the ED. The provider was a PA, and provided excellent care and they accepted my insurance. I was feeling better by Sunday, time to leave for the conference in the neighboring state of TN.

Early Monday morning, the East Tennessee State University part of the conference team met in my suite (our headquarters during the conference). As with any conference there were many last-minute details to attend to and we were busy until the early evening. My colleagues (especially the APRN) kept urging me to seek more health care since I was still having lots of difficulty; however, did not want to leave while they were all working hard to get everything ready for the conference and I honestly thought in a place the size of Johnson City, TN there would be walk-in clinics available in the evening. We finished up about 8 pm and I started looking for a walk-in clinic. There were none open later than 8 pm, this surprised me since in my small town in upstate NY we have a walk-in clinic available until 9 pm and there are a few others within a 15-minute radius that are open even later. Unfortunately, I had a miserable night, and was unable to sleep at all, so once again I sought health care.

This time I found a clinic that opened at 7 am and was there when their doors opened. Unfortunately, I was told they did not take my insurance; however, they would see me if I could pay cash. I could have sought out another clinic but was feeling so bad I made the decision to pay out of pocket. I saw a physician. I was interviewed by an RN prior to seeing the doctor and she was very attentive, and understood my situation of being in a strange place, and the importance of my being able to be part of this conference that my colleagues and I had been planning for a year. The physician was not a native English speaker and seemed to have trouble comprehending my situation, asking the same question, several times. However, I felt I received very good, technically correct care in this clinic also. I went on to be able to participate at the conference and drive myself back to NY at the end of the conference. My diagnosis was asthmatic bronchitis and as with any bronchitis, the healing was a long slow process. I was seen two more times, once by a physician and once by my NP at the clinic in my hometown after I got home.

My impressions as someone receiving health care in a rural town and a city nearby rural Appalachia was that the care in Appalachia was good, although not the easiest to access in terms of geography and time. This reinforces what I teach my PhD and MS nursing students about rural nursing and some of the challenges of accessing rural healthcare. I was surprised that the care in a small city in TN was *less* accessible in terms of hours of availability, than I assumed, and even with excellent health insurance I had to pay out of pocket, although again the care was good. Actually, experiencing rural healthcare solidified what I now read about as I prepare to teach my classes on rural nursing and healthcare.