Institute of Rural Health

Health care issues in rural areas

30th November 2006

Making Research Count Conference on Rural Social Services

Dr Jenny Deaville

INSTITUTE OF RURAL HEALTH

The Institute of Rural Health (IRH) was established in 1997.

Working to inform, develop and promote the health and wellbeing of rural people and their communities through our three main academic programme areas

1. research,
2. education,
3. policy development and analysis.

Format of presentation

What have been the drivers for rural health research?

Key rural health research themes in the UK?

Where is rural health research going in future?

Drivers for rural health research

Wealth of research into wider determinants of health, eg social exclusion in rural areas, deprivation and disadvantage.

Academic interest from:

- sociologists
- rural geographers
- health researchers

Drivers for rural health research

Health data – evidence of high rate of suicide amongst farmers.

Rural policy – Rural White Paper 2000

Rural Proofing

Health policy - Centralisation agenda

Resource allocation

Key areas for rural health research

Measurement of rural health issues

Rural health issues – mental health, young people

Access to services

Rural impact assessment

Measurement of rural issues - low evidence base

Lack of strategic approach to rural health research

Lack of standard definition of rurality for health purposes

Mixed populations at every spatial level

Paucity of robust small area statistics on health and its determinants

Published research – observational studies, case studies, expert opinion.

Buchan et al (2005) *A review of the literature: measurement issues in rural health.* Rural Health Research Report Series. IRH, WAG.

Measurement of rural health

National datasets – are they reliable in assessing rural health issues?

•Much data only available at Government Office Regional level

•Small area data needed to be rurally 'sensitive'

•Small numbers are 'blurred' to ensure confidentiality.

•Formal contractual arrangements required between data providers.

•Ecological versus aetiological data

•Analysis by the new rural/urban classification

•Further technical statistical research needed

Porter H and Deaville J (2004) *Think rural health data*. IRH and defra.

Rural health issues – mental health

Pattern evident in national datasets

Farmers 2x more likely to commit suicide

Wealth of research on:

- suicide among farmers (Boulanger, 1999, Hawton, 2000)
- stress (Pollack et al, 2001)
- hidden psychiatric morbidity (Deaville, 1999)
- health impact assessment of FMD outbreak in 2001 (Deaville et al, 2003)

Rural health issues – young people

- Adolescent substance misuse (Buchan, 2002)
- Teenage pregnancy (Social Exclusion Unit)
- FARM CHILD UK - Farm accidents and zoonoses in children (Jones, 2002)

Rural health issues

Occupational health

- Zoonoses
- Farm accidents
- Farmers health project
- Work place health connect

Access to services – is rural general practice different?

- Work profile rather than level of workload is different in rural areas
- Increased emergency/minor casualty work
- Difficulties associated with distance and travel
- Specific rural illnesses/diseases
- Difficulties in obtaining cover for absence and ‘out of hours’

Deaville (1998) *Delphi study to address the key differences between urban and rural general practice.* IRH.

Access to services – the evidence

DISTANCE DECAY – use of services decreases with increasing distance.

Evidence of distance decay on:

- asthma
- cancer
- diabetic retinopathy
- emergency care
- screening
- thrombolysis

Access to services – physical barriers to access

TRANSPORT

16% of rural households within 6 minutes walk of bus stop with frequent service (66% nationally)

83% rural households with at least 1 car (70% nationally)

30% people in rural areas have NO access to car during the day

Access to services – physical barriers to access

- TRAVEL TIME
- COST
- APPOINTMENT TIMES/OFFICE HOURS

Access to services - socio-cultural barriers

STIGMA – mental health issues, men's health

ANONYMITY – small communities, social monitoring particularly for young people

LOWER LEVEL OF EXPECTATION

CULTURE OF SELF-RELIANCE

Deaville J (2001) *The nature of rural general practice in the UK – preliminary research.* A joint report from the IRH and the GPC of the BMA.

Access to services - findings

Evidence of a decline in access to services associated with increasing distance.

Poorer health outcomes of remote rural residents.

Rural patients have to overcome more barriers to access services and have lower expectations of services.

Little robust evidence on the reasons for distance decay and poorer health outcomes.

Rural patients are positive about programmes that provide more local specialist services and reduce travelling time.

Access to services - findings

Improvement of access is generally mediated through extension of the roles of rural practitioners.

Telemedicine and other ‘remote’ technologies can be successful but tend to be initiated and supported by enthusiasts rather than widely available.

The voluntary sector plays a substantial role in improving access to health services in rural areas

Buchan T and Davies P (2005) *A review of the literature: access and service models in rural health.* Rural Health Research Report Series. IRH, WAG.

Rural impact assessment – health impact assessment

Health impact assessment is a practical approach that determines how a proposal/event will affect people's health.

'a developing process that uses a range of methods and approaches to help identify and consider the potential – or actual – health and equity impacts of a proposal on a given population.` www.hiagateway.org.uk

A health impact assessment of the foot and mouth outbreak on the health and well-being of people in Wales. Deaville et al (2003). WAG

Stage	Nature of Work	FMD study
1. Screening	Preliminary assessment to determine if the situation poses health questions	Completed through anecdotal evidence & internal NAW discussion
2. Scoping	Process to broadly outline the possible hazards and benefits	Completed through initial scoping study May 2001
3. Risk Assessment	Characterising the nature and magnitude of harmful and beneficial factors	Study 2001-2002
4. Decision Making	Considering the report of the risk assessment and the options	Future work
5. Implementation & Monitoring	Action to implement the decisions & to observe the consequences	Future work

Rural impact assessment – rural proofing

Rural white paper for England 2000

Countryside Agency Checklist

Statutory requirement at Government department level

Annual report on the progress of government departments

Rural impact assessment – rural proofing

A systematic rural impact assessment of policy developments and changes.

Policy makers should systematically:

- think about whether there will be any significant differentials in rural areas
- if there are any such impacts assess what these might be
- Consider what adjustments or compensations might be made to fit rural circumstances

Rural impact assessment – rural proofing for health

3 year project funded by Department of Health and defra to help those developing and delivering services in the health world, particularly NHS, tailor work so it meets rural needs more effectively.

- Literature review
- Consultation with PCTs
- Development of rural proofing for health toolkit
- Dissemination and evaluation

Rural impact assessment – rural proofing for health

The toolkit is for use as a guide to help rural proof policy implementation options and covers the following policy areas:

Access to services/transport
Primary Care
Community Care
Specialist services
Hospital services
Patient and Public Involvement

www.ruralhealthgoodpractice.org.uk

Rural proofing health policy

An example – Children Leaving Care: pathway plans

Aim of policy:

improve life chances of children and young people living in and leaving local authority care.

Rural proofing results:

Rural geography:

Remoteness, isolation creates high levels of dependency in rural young people. Those leaving care need continuing support to access services etc.

Buchan T (forthcoming) *Rural health policy review.* Rural Health Research Report Series. IRH, WAG.

Rural proofing health policy

Staffing issues:

Effective delivery may be compromised by the small critical mass of staff with skills to address complex issues and provide cover 24 hours and 7 days per week.

Access:

Use of a car may not be funded.

Appropriate services may be distant.

17-19 year olds fall between child and adult health and social care needs.

Models of service:

Flexibility of outreach work advantageous.

But significant time and cost implications.

Limited group work opportunities.

Future rural health agenda

The IRH Research Strategy 2003 to 2008 focuses on five key areas, with the underlying principle of gathering evidence in order to tackle health inequalities within rural areas and between rural and urban areas:

1. Measurement of rural health issues
2. Rural proofing
3. Health and well-being outcomes for rural patients
4. Health and the environment
5. Supporting the rural workforce

Contact:

Institute of Rural Health

Gregynog Hall

Newtown

Powys

SY16 3PW

Tel: 01686 650800

www.irh.ac.uk

E:mail jennyd@irh.ac.uk