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Key Health Issues affecting Rural Communities

1 Introduction

This briefing paper provides an overview of the key issues that impact on the health and well-being of people living in rural communities in Northern Ireland.¹ Rural society today combines an eclectic mix of people who have a wide range of health needs. At present, the Department of Agriculture and Rural Development is working on a draft Rural White Paper which aims to set out a long-term strategic vision for the development of rural areas.² Addressing the health and wellbeing of the rural population presents a number of important challenges for policy makers. Some of the key issues for consideration are presented below.

2 General Health Issues

Increasing ageing population

¹ Northern Ireland is the second most sparsely populated part of the UK (next to Scotland) with 317 people per square mile.

² For further information see DARD website: <http://www.dardni.gov.uk/rural-white-paper>

- Changing population demographics have resulted in an increase in the number of people in the over 65 age group. According to the Rural Network, 39% of pensioners live in rural Northern Ireland.³ This group are more likely to be predisposed to a range of associated health conditions (such as dementia) and long-term chronic conditions (diabetes, coronary heart conditions). These conditions require regular ongoing treatment and services. As people are now living much longer, this places additional demands on health care resources.

Socio-economic issues

- A number of different socio-economic factors contribute to health inequalities and there is a strong link between deprivation and poor health. Poverty is an important risk factor for illness and premature death and rural deprivation is often hidden and dispersed within areas of apparent rural affluence. Fuel poverty currently affects a greater number of rural than urban families⁴ and 48% of those living in isolated rural areas are described as living in fuel poverty.⁵ Decisions as to whether to “*heat or eat*” often become the reality, especially for the elderly and this can prove detrimental to their well-being. Furthermore, those living in rural areas often are not aware and do not avail of the financial assistance which they are entitled to.

Limited health resources

- People have a desire to stay in close proximity to their homes and to access healthcare services in their local community.⁶ This places an additional strain on the limited health service resources available. More innovative ways of linking patients to health providers (such as telemedicine, increased partnership working, the role of cross-border services) and of providing equality of access to healthcare will be required.

Exclusion and isolation

- Rural dwellers are more likely to suffer higher levels of loneliness and social exclusion than their urban counterparts. For example, farmers are known to work long and anti-social hours. Vulnerable and marginalised groups such as lone parents, ethnic minorities, migrant workers, gay and lesbian people, the elderly and people with physical and intellectual disabilities face greater isolation. These groups are considered hard-to-reach and their presence is often less visible in rural communities. Social exclusion impacts on the lives of rural dwellers in different

³ Rural Network News December (2008) *Perspectives and Challenges for Older People* p.10.

⁴ Energy efficiency partnership for homes: Available online at:

http://www.eeph.org.uk/energy/archive/index.cfm?mode=view&news_id=776

⁵ Public Health Agency (2009) Maximising Access to and Uptake of Services in Rural Areas, (Economic Appraisal) p45.

⁶ Jamison et al, (2006) *Cross Boarder Care in Ireland* in Rosenmoller et al (Eds). Patient Mobility in the European Union: Learning from experience, Chapter 4.

ways, for instance, domestic violence can be exacerbated by geographic isolation, thereby making it more difficult to disclose incidents and to seek support.

Mental health

- People in rural areas tend to come from a culture of self-sufficiency and there is a reluctance to seek outside help⁷ particularly in relation to mental health issues. Social factors such as fear about confidentiality in small communities can also prevent individuals from making use of services. Concomitantly, associated stigma can be intense and off-set by under-reporting, under-diagnosis and a lack of timely treatment.
- There has been an increasing incidence of depression, stress and suicide across Northern Ireland over the last ten years. Suicide affects more males than females, and farmers are consistently considered to be a high risk group. Stresses are magnified by isolation, single-worker situations, a lack of knowledge about services and difficulties in accessing them.⁸ It is also thought that the financial pressures resulting from the current economic climate have had wide ranging effects on the agricultural industry and have led to increased stress and pressure on family relationships.⁹ The economic situation is further compounded by an increase in living costs, a lack of employment opportunities, low rates of pay and the often seasonal nature of farming and tourism work. These factors have implications on rural dwellers quality of life.

Carers

- Living in rural areas can also have an adverse impact on family carers. According to the National Survey for Carers, 57% of carers living in “remote rural areas” suffered some form of social exclusion.¹⁰ The survey also found that they experienced limited services and a lack of respite which placed a strain on both physical and mental health. This was accentuated by a number of stressors, namely the combination of low pay and higher costs for goods and transport which left the majority of carers (77%) worrying about their financial situation.

3 Range of Services

⁷ Countryside and Community Research Unit (2003) The demography of rural area: a literature review – report to Defra.

⁸ Institute of Rural Health Manifesto (2009) Priority Rural Health and Well-being Issues that need to be addressed by Government. Available online at: <http://www.rural-health.ac.uk/pdfs/Manifesto2009.pdf>

⁹ Commission for Rural Communities –Tackling Rural Disadvantage. Response to ‘Support for All: The Families and Relationships Green Paper’ Available online at : <http://ruralcommunities.gov.uk/wp-content/uploads/2010/05/CRC-response-to-families-green-paper.pdf>

¹⁰ Public Health Agency (2009) Maximising Access to and Uptake of Services in Rural Areas, (Economic Appraisal) p38.

- The availability and range of services are limited in rural areas in comparison to those provided in larger towns and cities (further details are provided in Appendix 1). A change in the nature of healthcare provision has also occurred and recent policy developments have led to the centralisation of healthcare services. Rural communities have witnessed closures of acute hospitals as a result of resource constraints and the need to provide safe, high quality care. As a consequence, this has reduced access to numerous types of care such as maternity, paediatric, surgical and accident and emergency services. Likewise there is also limited availability of primary care services – pharmacies, G.P. and dental practices, and community based services.¹¹ Patient choice therefore is restricted and accessing services elsewhere can result in increased waiting times and poorer health outcomes.
- There are also difficulties in supplying other specialist services, such as health screening. Less specialist staff exist in rural areas because training is typically provided in urban locales. In addition medical staff are not able to develop or retain their skills at smaller clinics or health centres, nor progress their careers on a par with staff in urban clinics; thereby making it difficult to attract appropriately trained staff to permanent positions. Specialist clinics are impractical in rural areas because of the large number of staff required (in order to comply with European Working Time Directives -EWTD) and the comparatively lower number of patients. The lack of specialist care can have a negative impact on patients - especially on those with complex support needs.
- Timing of appointments may not take account of patients' circumstances. In addition, it may be less convenient for rural dwellers to travel to access out-of-hours services.
- With the incidence of obesity reaching epidemic proportions, fewer and perhaps less accessible recreational facilities exist for promoting physical well-being (such as gyms, swimming pools). Rural residents are likely to spend more time in the car than walking compared to urban families, since inevitably every journey, whether to school, work or for other services, requires transport. Health promotion policies will need to consider these issues further.
- In addition, fewer community support and out-reach initiatives exist compared to urban areas and this has implications on the social and mental well-being of those residing in rural communities.

4 Transport

- Transport links and good infrastructure are vital for rural populations. Poor terrain and narrow roads, coupled with sporadic or non-existent public transport links lead to exclusion and isolation for rural dwellers requiring care in other areas. Limited car ownership and the cost of public transport is also a barrier for less affluent, older or

¹¹ DARD (2005) A Study on Rural Policy, p35. Available online: http://www.dardni.gov.uk/pwc_study_march_05-2.pdf

unemployed persons (and their carers) who may require access to healthcare services.

- Reciprocally, patient location impacts on healthcare staff such as social workers, nurses, GPs, or home helps that may be required to travel to rural areas to provide care to patients and clients within their homes.
- There have been growing concerns that lives may be put at risk if people have to spend additional time travelling to Accident and Emergency (A&E) sites now located further away.
- Ambulance response times in rural areas are almost double the regional average.¹² These can be affected not only by the quality of the roads and infrastructure but by a lack of local knowledge about the area by ambulance staff. Delays in the time taken to the hospital may be life critical.
- Accessing specialised services such as cancer services are likely to mean that people are required to travel long distances regularly. Evidence also suggests that those living further away from the place where the healthcare is provided (GP surgery, hospital) will be less likely to use the service.¹³ Concerns about taking time off from work, financial implications and making provision for dependents are often cited as reasons for this. As healthcare may not be readily available or accessible, certain groups do not report illnesses or present for treatment until a later stage. Again, this can contribute to health inequalities, higher levels of unmet need and poorer health outcomes.

5 Safety

In terms of safety, there are particular health risks to which rural dwellers may be more exposed to, in addition to the logistical issues associated with being further away from the point of care. Some examples include:

- Zoonoses (diseases of animals communicable to humans), chemical pollution from agricultural sprays, poisoning, suffocation in silos, and machine-related accidents.
- According to the Minister of the Environment, the majority of all road deaths (between 70-80%) in Northern Ireland occur on rural roads.¹⁴ Likewise, walking on these, especially those without pavements can be particularly perilous.

6 Summary

A range of health issues affect the diverse and changing rural population across Northern Ireland. These include isolation, infrastructure, accessibility, demographic

¹² DHSSPS (2009) Health And Social Care Inequalities Monitoring System Third Update Bulletin, p.22. Available online at: http://www.dhsspsni.gov.uk/inequalities_monitoring_update3.pdf

¹³ Institute of Rural Health Manifesto (2009) Priority Rural Health and Well-being Issues that need to be addressed by Government, p2. Available online at: <http://www.rural-health.ac.uk/pdfs/Manifesto2009.pdf>

¹⁴ Response to AQO 852/10 Northern Ireland Assembly debate on Road Safety, 1 March 2010.

changes, socioeconomic challenges, and the reconfiguration and rationalisation of health services. Innovative approaches to rural healthcare must be further explored. In addition, a more complete understanding of the health needs of people residing in rural areas of Northern Ireland is necessary in order to help inform policies that will positively influence the health and well-being of our rural citizens.

Appendix 1

According to statistical data from the Department of Health, Social Services, and Public Safety (DHSSPS), 15% of Northern Ireland's population live in the most rural wards.¹⁵ These communities experience limited access to services as shown below:

- 18% of residential homes for the elderly are located in rural areas;
- 16% of day centres are located in rural areas;
- 13% of GP practices are located in the most rural areas;
- 7% of community pharmacies are located in rural areas;
- 3% of dental surgeries are located in rural areas;
- 1 hospital (2.9%) provides disability services in the most rural areas;
- 1% of ophthalmic practices are located in the most rural areas;
- No maternity units;
- No A&E Departments;
- No hospitals providing acute outpatient services;
- No hospitals providing inpatient / outpatient mental health services.

¹⁵ DHSSPS (2004) Equalities and inequalities in health and social care in Northern Ireland, p36. Available online at: http://www.dhsspsni.gov.uk/hsc_inequalities_monitoring.pdf