

Issue 8

Rural Health Research Report Series

Contemporary Rural Health Issues: Intelligence from Wales and Beyond



Llywodraeth Cynulliad Cymru
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Rural Health Research Series

1. A review of the literature: measurement issues in rural health
2. A review of the literature: access and service models in rural health
3. A review of the literature: social inclusion and rural health
4. Rural Health Intelligence Programme: main findings and recommendations
5. The state of rural health and well-being in Wales
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Rural Health Intelligence Programme (RHIP)

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I. Introduction and background to the Rural Health Intelligence Programme

I.1 The Rural Health Intelligence Programme (RHIP)

The Welsh Assembly Government commissioned the Institute of Rural Health (IRH) to undertake the RHIP to facilitate the development and implementation of evidence based policies and programme on health and well-being in rural Wales¹. As one third of the population of Wales live in rural areas there is a clear need for a robust evidence base to inform decision making and to target health and well-being issues in rural Wales in an effective manner.

The main objectives of the RHIP were as follows:

- to provide a rural perspective to the Welsh Assembly Government on health and well-being issues;
- to provide intelligence on UK and wider European developments on rural health and well-being issues and their implications for Wales;
- to further develop research capacity in Wales on rural health and well-being issues, and advise on future research direction.

The RHIP comprised an innovative and multi-faceted approach to gathering health intelligence. The methods used included:

- systematic search of published literature on mortality, morbidity, deprivation and social determinants of health in rural Wales;
- search of grey and unpublished literature;
- review of mortality and morbidity datasets;
- review of datasets on social issues that act as determinants of health;
- appraisal of a range of health and well-being policies in a rural context;
- case studies;
- surveys of rural health experts within Wales, elsewhere in the UK and in Europe.

There were six requirements to the RHIP:

- Requirement 1: To examine and analyse available data on health and well-being in Wales;
- Requirement 2: To examine the evidence on how policies which can impact upon health and well-being are operating in rural areas of Wales;
- Requirement 3: To produce a report on the development of Health Impact Assessment in respect of specific issues facing rural communities;
- Requirement 4: To network with relevant organisations and individuals to identify models of good practice that address health and well-being issues in Wales;

¹ Definition of rurality

For the purposes of this study the Organisation for Economic Co-operation and Development (OECD) definition of rurality (1994) was adopted (fewer than 150 persons per square km). Based on the population density of the 22 unitary authorities, nine were classified as rural with a combined population around a third of the population in Wales (National Assembly for Wales, 2001): Anglesey, Carmarthenshire, Ceredigion, Conwy, Denbighshire, Gwynedd, Monmouthshire, Pembrokeshire and Powys.

- Requirement 5: To identify three key rural health and well-being issues and conduct brief reviews of recent UK and European literature in each of the three areas;
- Requirement 6: To organise and host a workshop with participation from Welsh Assembly Government and connected bodies, the National Health Service and the All Wales Rural Health Intelligence Group (AWRHIG) members.

An important component of the RHIP was the setting up of AWRHIG, an expert group on rural health issues in Wales to guide and contribute to the intelligence gathering exercise. The group was comprised of individuals drawn from the spectrum of backgrounds that affect health directly and indirectly and included policy makers, academics, public health specialists, local government officers and representatives from the voluntary sector.

1.2 Contemporary rural health issues

This report summarises three individual briefings produced as part of the RHIP. The aim was to provide intelligence on UK and wider European developments on rural health and well-being issues and their implications for Wales. The three briefings are as follows:

- contemporary rural health issues;
- a summary of service delivery issues;
- examples of innovative approaches to tackling rural health issues.

A questionnaire (Appendix 1) was circulated to the members of the European Rural and Isolated Practitioners Association (EURIPA)² to put the information from Wales in an UK and European context. Intelligence from Wales was gathered through discussion among the AWRHIG members and additional questionnaires (Appendix 2 and 3). The information summarised in this report is based on responses received by some EURIPA colleagues namely from Finland, Hungary, Norway, Spain and Scotland, and 10 responses received by the AWRHIG members.

² **EURIPA** is a representative organisation founded by family doctors to address the health needs of rural communities and the professional needs of those serving them. It represents a growing network of rural practitioners and organisations across Europe working together to disseminate good practice and initiate research. <http://www.euripa.org/about.htm>.

2. Contemporary rural health issues

2.1 Key issues affecting the health and well-being of the rural population in Wales

Wales is a rural country with nearly one third of its population living in rural areas. However, like the rest of the UK, Wales has been relatively slow in comparison with other industrialised countries such as Australia, the USA and Canada in paying academic or policy attention to the health needs of rural communities. Whilst both the health and rurality agendas are high on the policy agenda, it is only in recent years that explicit acknowledgement of the importance of the interaction between the two has been raised, which is driven mainly from the rural economic agenda.

The All Wales Rural Health Intelligence Group (AWRHIG) identified three key issues affecting the health and well-being of the rural population in Wales i.e. access and service models, measurement and social inclusion. These are presented below³.

2.2.1 Access and service models

This broad theme covers a range of issues that are perceived to be significant to rural health in Wales.

- With the pressure to centralise specialist services there is an important debate around the issues of quality of care versus access. Keeping appropriate local care is vital but also means that needs assessment needs to be kept local.
- Appropriate and evidence-based models of care are required to meet rural needs, for example long-term care for older people and people with mental health problems.
- A joined up approach to tackling health needs is necessary in rural areas due to the large geographic areas that voluntary and statutory workers cover.
- Greater understanding is needed of the expectation of the rural health workforce and services in relation to their capacity. Research suggests that rural workers undertake a broader range of activities than their urban counterparts due to the lack of available specialist services.
- Attention must be paid to the skill-mix and distribution of staff in rural areas and support for 'keeping up to date' via continuing professional development.
- Recruitment and retention of staff in the voluntary and statutory sector is critical.
- Community-centred models should be considered, for example where relevant services (e.g. primary care, pharmacy, post office, Citizens Advice Bureau) are clustered together in the same building would allow economies of scale.
- The further development and appropriate use of Information Technology can improve equity of access and alleviate difficulties associated with access to services.

³ These three themes were also examined in the Rural Health Research Report Series: A review of the literature 1-3.

2.1.2 Measurement

A range of rural health issues centre on the difficulties of accurate measurement and representation of data. The following were raised as key points:

- Smaller population in rural areas means that data are averaged across large geographic areas and therefore sensitivities in rural heterogeneity are lost. Small numbers are also suppressed in health statistics at an electoral ward level where there is a potential of recognition of individual cases. There is a potential inherent bias in statistics based on self-reported illness as research suggests that rural populations are inherently more self-reliant. There is also a bias against rural areas where utilisation of services is used as a proxy for health need as there is evidence to suggest a 'distance decay' phenomenon with decreasing use of services with increasing distance. The implications of these biases and difficulties in accurately measuring rural health issues and deprivation are significant and could have implications for resource allocation.
- Definitions of rurality are numerous and different definitions are used for different purposes. A lack of consistency in a definition of rurality means that there is limited comparable data.
- Boundaries and boundary changes can have a greater impact on rural than urban areas. Rural settlements are more likely to be split by boundaries than urban settlements and this has implications for funding, coverage of initiatives and data collection.

2.1.3 Social inclusion

In line with the move to recognising the importance of the wider determinants of health these were also felt to be paramount in rural Wales. Key aspects below are brought under the wider banner of social inclusion.

- Income and inequalities play a critical role in rural health. Income is also related to the higher cost of living in rural areas and inequalities also include inequality in choice, transport, opportunity and poverty.
- Empowering people and communities is a critical component of tackling social exclusion in rural areas.
- Stigma/attitudes. Stigma is most notably associated with mental health issues in rural areas and the fear over lack of anonymity and confidentiality. Stigma acts as a significant cultural barrier to accessing services. Whilst stigma and attitudes can play a negative role in rural areas it may be more perceived than real and rural communities can also be accepting of differences in an inclusive way. More understanding of the role of stigma and social monitoring is needed.
- Fear of crime/safety issues. This may be perceived fear rather than fear based on experience but is tied in with the feelings of isolation in some rural areas.

2.2 Wales in context: contemporary rural health issues in the UK and Europe

2.2.1 Wider determinants of health

The questionnaire asked EURIPA colleagues and AWRHIG members “how important are the following in determining the health and well-being of people living in rural communities in your country (region)?

The overall rankings show a total agreement over the first 5 key determinants of health for rural residents as below (Table 2.1):

- poverty and social disadvantage;
- access to services;
- employment, training and skills;
- transport and communication;
- housing.

Table 2.1 The importance of the wider determinants of health

Wider determinants of health	Scotland 1	Scotland 2	Spain	Finland	Hungary	Norway	EURIPA Overall*	AWRHIG Wales
Poverty and social disadvantage	1	4	1	3	1	=4	1	1
Access to services	5	1	4	4	2	1	2	2
Employment, training and skills	3	5	2	1	5	=2	3	3
Transport and communication	2	2	9	5	3	=2	4	4
Housing	4	6	3	7	7	3	=5	5
Isolation of individuals and communities	8	3	5	6	4	=4	=5	8
Stigma and attitudes	7	10	8	2	6	=5	7	9
Empowering people and communities	6	7	6	9	9	=5	8	6
Personal and community safety	10	9	10	8	8	=2	9	7
Environmental issues	9	8	7	10	10	=5	10	10

Note: Respondents were asked to rank the issues from 1 to 10 (1 being highest importance)

* Overall was calculated by summing individual country scores and re-ranking.

The AWRHIG consider community related issues such as community empowerment and safety to rank highly in Wales, whilst isolation and stigma are perceived as less important. The degree of commonality in the other rankings however highlights the potential for transfer of knowledge and experience in tackling these issues in rural areas.

Respondents were also asked to list additional issues which they felt were impacting on the health of rural communities in their country. In Scotland the impact of the global economy was highlighted as causing closure of local industry and therefore having an impact on health. In Wales, AWRHIG highlighted a lack of political power at local level which leads to a lack of ability to spend on community priorities. In relation to access, comment was also made that the availability of specialist services within a reasonable distance is also lacking.

2.2.2 Measurement issues

The questionnaire gathered information from Europe on whether national indicators have sufficient sensitivity to recognise a range of issues in rural areas (Table 2.2).

Table 2.2 Rural sensitivity of national indicators

Do national indicators have sufficient sensitivity to recognise the following?	Yes	No
Significant health trends in small populations	Spain Norway	Hungary Finland Scotland
Additional service delivery costs in rural areas	Spain	Hungary Norway Finland Scotland
Measuring rates of use of resources and services in rural areas	Spain	Hungary Norway Finland Scotland
Identifying the multi-functional role undertaken by rural health professionals	Spain	Hungary Norway Finland Scotland

In Norway, information on accidents is available in small populations through a system of collecting detailed information on accidents seen in primary care, including information on the scene of the accident, and it is used in intelligence to help prevent new accidents. In Spain a range of information is collected on mortality and morbidity rates both in secondary and primary care. Information on education and services is also collected, including education levels, goods, rent per capita.

2.2.3 Definitions of rurality

None of the respondents from EURIPA identified an official definition of rurality used in their country by the Department of Health, Social Services or regional Ministries. None identified application of rurality to health service issues or policy. In Hungary it was noted that *'it is accepted that rural services are different from urban ones'* and that *'policy makers say the target is equal facilities in urban and rural areas'*. Additional words used to describe rurality are 'remoteness' and 'isolation' in Scotland and 'rusticity', 'ruralism', 'provincialism' and 'countrified' in Hungary. In Hungary all these terms for rurality are seen as derogatory, highlighting the way 'rural' is perceived in this country. In Wales, similar to Scotland, other words such as 'remoteness', 'isolation' and 'sparsity' are used to describe rurality, but 'rural' is the term used largely in research and policy.

2.2.4 Health issues

Respondents were asked if there were any urban/rural differences in the profile of mortality and morbidity. The following health issues were identified by the respondent countries:

- accidents: accidents in the agricultural sector (Norway), road traffic accidents (Spain and Scotland), and mountain accidents (Scotland);
- poorer outcomes in cancer (Scotland).

Other issues of particular concern include:

- agricultural accidents, social isolation and few networks to take care of isolated population (Norway);
- pregnancy in teenagers, exposure to the sun, pesticides, TB, suicide, stress in migration, the elderly population and alcoholism (Spain);
- alcohol abuse, obesity, unemployment/poverty and demographic drift (Scotland).

For Wales, AWRHIG noted that life expectancy is generally higher in rural areas, with both morbidity and mortality rates being lower. Crude death rates are higher because of the higher proportion of elderly population but age standardised rates generally show rural populations to be healthier. However for some causes, for example injuries, rural areas tend to have higher mortality rates. Specific issues raised by AWRHIG are as follows:

- mental health;
- access to tertiary services;
- coronary heart disease;
- cancer;
- lack of transport facilities and access to medical care which mean that illness can remain hidden for longer than is necessary.

2.2.5 Vulnerable groups

Both the EURIPA colleagues and the AWRHIG members were asked ‘are there particular groups within rural communities that present particular challenges in your country?’

There are some similarities between the issues identified in Wales and those in countries of EURIPA members. The perceived key vulnerable groups are **the elderly, the young and people with disabilities** (Tables 2.3). Access to services is important for all vulnerable groups as is access to employment for young people and working-age men. Issues for families include their expectations of living in rural communities, and for the elderly incomers there is concern over a lack of family support in the local area. It is notable that AWRHIG did not highlight ethnic minority groups or Travellers/Romany groups as presenting particular challenges in Wales. Fewer responses from AWRHIG in relation to women are also notable in comparison to women being noted as a vulnerable group in four other countries.

Table 2.3 Vulnerable groups presenting particular challenges in rural communities

Vulnerable Groups	EURIPA	Issues	AWRHIG members identifying the issue	Issues
The elderly	Spain Scotland Finland Hungary Norway	Lack of care Social networks Isolation and loneliness Poverty Housing Long distances to nursing homes and elderly people centres	10	Lack of family support Increasing numbers Access to support services
The young	Spain Scotland Hungary	Migration to cities Unemployment Alcohol/ Drug use Access to paediatric services Lack of entertainment facilities Loneliness	9	Maintaining schools Out migration Activities Peer support Access to services Recreation Employment Confidentiality

Vulnerable Groups	EURIPA	Issues	AWRHIG members identifying the issue	Issues
People with disabilities	Spain Scotland Finland Hungary	Lack of special carers Isolation Lack of opportunities/ access Long distance to services No facilities to help them though people are more helpful than in cities	6	Access to public buildings Access to services (including specialist) Poverty
Working age men	Spain Scotland Finland Hungary	Migration to cities Unemployment Depression Alcohol use Low wages Violence	5	Poor employment prospects Isolation if unemployed
Families that have moved in from urban areas	Scotland Hungary	Complex adjustment reactions Expectations First they are interesting and helped by the community then they have the same problems	3	Elderly purchasing isolated properties Adjustment to rural life Language Expectations (Welsh)
Women	Spain Scotland Hungary Norway	Unemployment Low wages Depression Violence Hidden unemployment due to working on farms	2	

Vulnerable Groups	EURIPA	Issues	AWRHIG members identifying the issue	Issues
Ethnic minority groups	Spain Hungary	Low wages Illegal contracts Unemployment Alcoholism Depression Violence and separation	0	
Travellers or Romany	Scotland	Issues with acceptance in local communities Alcohol abuse Violence	0	

2.2.6 Workforce issues

The questionnaire gathered information on whether the ability of health and social care staff to deliver services in rural areas was compromised by difficulties in the workforce such as recruitment and retention of staff.

Similar to responses from EURIPA colleagues there is concern over the recruitment and retention of staff in Wales. There appears to be less concern over social support for staff in the ability to deliver services, but professional isolation features strongly both in European partners and Wales (Table 2.4 & 2.5).

Table 2.4 The impact of workforce issues on the ability to deliver services in rural areas - EURIPA response

Workforce issues	Yes	No
Recruitment of staff	Finland Norway Hungary Scotland	Spain
Retention of staff	Hungary Scotland	Finland Norway Spain
Lack of professional development opportunities	Finland Norway Hungary Scotland	Spain
Professional isolation	Finland Norway Hungary Scotland Spain	
Social support	Finland Norway Hungary Scotland Spain	
Others	Finland - Emigration of nurses to Sweden, Norway and UK Hungary - Isolation from family & life is more expensive in rural areas	

Table 2.5 The impact of workforce issues on the ability to deliver services in rural areas - AWRHIG response

Workforce issues	Yes	No
Recruitment of staff	8	1
Professional isolation	7	2
Retention of staff	6	3
Lack of professional development opportunities	6	2
Social support	4	5
Others	small pool of staff to recruit from	

2.3 Summary

The contemporary rural health issues span the importance of the wider determinants of health to service access issues. Underpinning this is the difficulty in measuring rural health and providing evidence to support adjustments in infrastructure and service delivery models that are more geared to rural areas. Gathering evidence on the needs of rural communities is crucial and the commonality of contemporary rural health issues seen in this section among a selection of the European countries suggests that information and best practice from Europe is relevant in informing the picture in Wales.

3. Service delivery structures and innovative approaches to tackling rural health issues

3.1 Service delivery structures in Wales

The AWRHIG were of the opinion that no official national governmental structures in Wales explicitly tackle rural health issues. In England the then Countryside Agency (now part of Natural England) is a statutory body that acts as a champion and watchdog for rural health and well-being through its rural service agenda. There is no organisation in Wales that has the specific responsibility to promote and develop relevant policy that would tackle health and well-being issues in rural areas. This means that impacts on health and well-being in rural Wales are a result of various national policies implemented through existing structures rather than through any specific rurally sensitive programmes. Although there is no doubt that policies implemented through existing structures can have positive impacts on health and well-being on rural areas in Wales, the AWRHIG felt there are reasons why these are potentially less effective than in more urban areas.

I. The capacity of rural communities:

- ‘rural premium’, which cites features such as travel and unproductive time as factors increasing the costs of implementing policies in rural areas. The rural premium is not taken into account in the implementation of policy and so it is more difficult to achieve the same benefits in rural areas as in urban;
- the capacity of appropriate agencies as a mechanism for implementing policies, which may be very sparsely located or absent all together;
- rural communities’ capacity in terms of accessing funds. The evidence base is less developed for rural areas and there is less capacity in terms of personnel for applying for funding. There is a certain continuity needed for being successful in attracting funding and rural communities are disadvantaged in terms of having a successful funding track record.

II. Confusion over national strategy, for example whether it applies to England and Wales or just to one particular country. This ties in with the findings from the rural health policy review (Rural Health Research Report Series 6) in relation to the accessibility of strategy documentation. The AWRHIG also felt that there are too many strategies and not enough resources to implement them effectively.

III. ‘Rural’ still not being seen as important at a national policy level. Currently Wales is relatively poorly served in terms of rural policy initiatives in comparison to England.

IV. There has been a constant process of organisational change in recent years with no opportunity for consolidation on the impacts of policy.

3.2 Innovative approaches to rural health issues

The AWRHIG members were asked to identify innovative practice in addressing health issues in rural Wales. A further request for information was also circulated to members of the EURIPA though in this case only a response was received from Scotland.

There appear to be two clear strands to innovative work to promote health and well-being in rural areas. The first approach is that which was adopted by the work of the Rural and Remote Areas Resources Initiative (RARARI), and Fine Fettle in Scotland.

The Rural and Remote Areas Resources Initiative (RARARI) was largely funded by the NHS in Scotland between 2000 and 2004. It sought to strengthen NHS services to ensure that treatment of illness in remote and rural areas was accomplished through accessible, sustainable, cost effective, high quality and evidence based services. Within the programme was a strong element of support for professional development, training and skill acquisition for rural doctors, nurses, ambulance staff and allied health professionals, taking account of the different healthcare roles that may be played by practitioners in remote, rural and island communities. The research commissioned by the RARARI was informing needs assessment, service delivery and resource allocation in Scotland and aimed in time provide a robust evidence base for the delivery of NHS services in rural Scotland.

In Fine Fettle is a programme that aims to improve health for the rural population in the Scottish Borders with a specific focus on social disadvantage and deprivation. The programme tackles premature mortality from cardiovascular disease and cancer in a rural area. The programme is delivered locally through partnerships between the health service and local authorities, schools and workplaces. Funding is from the Scottish Executive via NHS Boards and it is reported to work well through having many activities scattered throughout the Borders region⁴.

The second approach, characterised by the examples of innovative practice in Wales identified by the AWRHIG, is the development of initiatives that cut across traditional agency boundaries, where agencies work in partnership to address social economic and environmental factors which may act as determinants of health and well-being (Table 3.1). The AWRHIG identified four approaches that underpinned projects addressing health and well-being as:

- Improving the environment (natural and built);
- Strengthening occupational health knowledge and practice;
- Public Health initiatives;
- Improving access to services.

⁴ http://www.nhsborders.org.uk/view_item.aspx?item_id=16661.

Table 3.1 Examples of innovative projects tackling rural health issues

Themes	Project	Lead Agency
Environment	Rapid Response Adaptations Programme (RRAP)	Welsh Assembly Government/ Care and Repair Cymru
	Rural Housing Survey (rural boost)	(then) Dyfed Powys Health Authority
Occupational health	Corporate Standards in Health: Agriculture	Welsh Assembly Government
	Organophosphate	OPUS (Organophosphate Users' Support)
	Patient to Practitioner - Pembrokeshire to Powys (P4) Project	Swansea University, Health Informatics, Powys and Pems LHBs, IRH
	Farm accident surveys	Ceredigion and mid-Wales NHS trust
	Hydatid disease	Powys LHB
	The Rural Recovery Plan	Welsh Assembly Government
Public health	Sustainable Health Action Research Programme (SHARP)	Welsh Assembly Government
	Local food Co-operatives	Countryside Alliance/ Local Food Co-ops
	Healthy Friendships	New Opportunities Fund/ Powys Agency For Mental Health
	Health Inequalities Projects PALS	Welsh Assembly Government
Access	Young Carers research	LINCS Ceredigion
	Rural Transport Initiatives	Powys Association of Voluntary Organisations (PAVO)
	Youth Counselling Powys	PAVO

Brief descriptions of some projects are provided below.

Rapid Response Adaptations Programme, Wales

The Rapid Response Adaptations Programme (RRAP) is a rapid-response service aimed primarily at addressing minor repairs and adaptations in the homes of older and disabled homeowners or private sector tenants. In particular, it enables safe discharge from hospital or residential care. The programme was launched in 2002 and is administered for the Assembly Government by Care and Repair Cymru. Day-to-day operations are led by the 22 Care and Repair agencies across Wales acting with local authorities, GPs and other health sector organisations.

Patient to Practitioner - Pembrokeshire to Powys (P4)

Health Informatics, School of Health Science in Swansea led the P4 project and worked in partnership with Institute of Rural Health, Powys and Pembrokeshire Health care NHS Trusts. The project was one of three telemedicine demonstrator projects funded by the Welsh Assembly Government in 2001. It aimed to develop, pilot and evaluate an appropriate model of telemedicine for treating patients with minor injuries in rural areas and make recommendations on how telemedicine technologies might assist NHS organisations in sustaining services in rural areas in the future. The project aimed to benefit rural patients using telemedicine to link minor injury services in local community hospitals with specialist centres, providing patients with timely, quality patient-centred service supported by specialists. The project also benefited professionals working in rural areas through the provision of a governance framework, continuing professional education delivered locally by video conference to meet individual needs and through the building of local skills.

3.3 Summary

Whilst existing service delivery structures tackle health issues in the context of Wales as a whole, AWRHIG members argued that such structures are less effective in rural areas. Closer examination of innovative projects addressing rural health issues in Wales revealed that despite the primary focus, the initiatives were characterised by the adoption of a cross cutting approach to address factors, which may impact upon health especially upon the health and well-being of vulnerable groups. This is a strength of the Welsh approach and one that is supported by funding from the Welsh Assembly Government. However few studies have been conducted to evaluate the health impact of these cross cutting partnership initiatives to promote health and well-being.

Appendix I

Questionnaire: Contemporary rural health issues in Europe

Your Details

Name:

Agency:

Contact details:

Country/region:

Wider determinants of health

1. How important are the following in determining the health and well-being of people living in rural communities in your country (region)?

Please rank the following issues (from 1 to 10) according to your perception of their importance.

Wider determinants of health	Rank (1 being highest importance)
Access to services	
Employment, training and skills	
Stigma/attitudes	
Personal and community safety	
Poverty and social disadvantage	
Isolation of individuals and communities	
Housing	
Transport and communication	
Empowering people and communities	
Environmental issues	

2. Are there any other issues not mentioned above that you feel have a significant impact upon the health and well-being of rural communities in your country/ region? Yes/No

- 2a. If yes, what are they?

Assessing health need

3. What national health indicators are used in your country?
4. Do these indicators have sufficient sensitivity to recognise the following:

(Please type X in the appropriate box)

	Yes	No	Don't know
Significant health trends in small populations			
Additional service delivery costs in rural areas			
Measuring rates of use of resources and services in rural areas			
Identifying the multi-functional role undertaken by rural health professionals			

- 4b. If the response to any of the above questions is yes, please explain below how this sensitivity operates.

	How sensitivity operates
Significant health trends in small populations	
Additional service delivery costs in rural areas	
Measuring rates of use of resources and services in rural areas	
Identifying the multi-functional role undertaken by rural health professionals	

Rurality indices

5. Are any other words used as a substitute for rurality in your country? Yes/No
- 5b. If yes, what are they?
6. Is there an official definition of rurality (or other words used as a substitute) from the Dept of Health, Social Services or other regional ministries in your country? Yes/No
- 6b. If yes, please give details below (including the name of agencies that use them).
7. What are the applications of these definitions to health service issues or policy?



Health issues

8. Are there urban/rural differences in the profile of **mortality** in your country/region? Yes/No

8a. If yes please identify what these differences are:

9. Are there urban/rural differences in the profile of **morbidity** in your country/region? Yes/No

9a. If yes please identify what these differences are:

10. Please identify any health issues of particular concern in rural communities in your country.

11. Are there particular groups within rural communities that present particular challenges in your country?

(please put X as appropriate)

Groups in rural communities	Particular challenges? Yes/No	Briefly outline what the challenges are in rural communities
The young		
The elderly		
Working age men		
Women		
Ethnic minority groups		
Travellers or Romany		
Families that have moved from urban areas		
People with disabilities		
Others (please list):		

Service delivery issues

12. Do health service programmes have policies in place to overcome difficulties of access encountered by people living in rural communities? Yes/No

12a. If yes, please give a brief outline of how these difficulties are overcome?

13. In your region/country, are there any models of service particularly designed for rural service delivery e.g. WHO family nurse? Yes/No

13a. If yes, please give details:

Workforce issues

14. Is the ability of health and social care staff to deliver services in rural areas compromised by difficulties in any of the following areas?

(please put X in appropriate box)

	Yes	No
Recruitment of staff		
Retention of staff		
Lack of professional development opportunities		
Professional isolation		
Social support		
Others (please list)		

15. Are you aware of any policies/programmes that aim to tackle one or more of the issues identified above? Yes/No

15a. If yes please provide brief details:

16. Are you aware of any policies/programmes that exacerbate any of the issues identified in question 13? Yes/No

16a. If yes, please provide details:

Other Priorities

17. Are there any issues not mentioned in this survey that are of particular concern to the health of well-being of people in rural communities? Yes/No

17a. If yes, please give more details:

Many thanks for your assistance in completing this questionnaire.

Appendix 2

Questionnaire: Contemporary rural health issues in Wales

Dear AWRHIG member

For the purpose of the Rural Health Intelligence Report to the NAW we developed a questionnaire based on the issues that arose at the first AWRHIG meeting in December. The questionnaire has been circulated to colleagues in Europe so that we can place rural health issues in Wales, in a European context. Below are a selected number of key questions from the European survey that we would like AWRHIG to respond to. This will give us direct comparative information for the Intelligence Report.

Please take a few moments to fill this in, and bring to the AWRHIG meeting on 21st March 2002, or if you are unable to attend, please return by post by the 22nd March 2002.

Wider determinants of health

1. How important are the following in determining the health and well-being of people living in rural communities in your country (region)?

Please rank the following issues (from 1 to 10) according to your perception of their importance

Wider determinants of health	Rank (1 being highest importance)
Access to services	
Employment, training and skills	
Stigma/attitudes	
Personal and community safety	
Poverty and social disadvantage	
Isolation of individuals and communities	
Housing	
Transport and communication	
Empowering people and communities	
Environmental issues	

2. Are there any other issues not mentioned above that you feel have a significant impact upon the health and well-being of rural communities in your country/region? Yes/No
- 2a. If yes, what are they?

Health issues

3. Are there urban/rural differences in the profile of **mortality** in your country/region? Yes/No

3a. If yes please identify what these differences are:

4. Are there urban/ rural differences in the profile of **morbidity** in your country/region? Yes/No

4a. If yes please identify what these differences are:

5. Please identify any health issues of particular concern in rural communities in your country.

6. Are there particular groups within rural communities that present particular challenges in your country?

(please put X as appropriate)

Groups in rural communities	Particular challenges? Yes/No	Briefly outline what the challenges are in rural communities
The young		
The elderly		
Working age men		
Women		
Ethnic minority groups		
Travellers or Romany		
Families that have moved from urban areas		
People with disabilities		
Others (please list):		



Workforce issues

7. Is the ability of health and social care staff to deliver services in rural areas compromised by difficulties in any of the following areas?

(please put X in appropriate box)

	Yes	No
Recruitment of staff		
Retention of staff		
Lack of professional development opportunities		
Professional isolation		
Social support		
Others (please list)		

Many thanks for taking the time to fill this in.

Appendix 3

Questionnaire: Innovative approaches in Wales

Dear AWRHIG member

The findings of the first survey in this series identified the main contemporary rural health concerns to be:

Contemporary Rural Health Issues

- Poverty and social disadvantage
- Access to services
- Access to employment, training and skill development
- Transport and communication
- Housing
- Isolation of individuals and communities
- Stigma and attitude
- Empowering communities and individuals
- Personal and community safety
- Environmental issues

Disadvantaged Groups

- The young
- The elderly
- Working age men
- Women
- Ethnic minority
- Travellers
- Families moving in from urban areas
- People with disabilities

If you have knowledge of projects and programmes that operate in rural areas you provide details on the accompanying proforma. If you have a colleague or contact that is better placed to answer these questions I should be happy for this questionnaire to be passed to them for completion. The questionnaires should be returned to Trish Buchan at the Institute of Rural Health by 8th January 2003.



AWRHIG Questionnaire:

(Please duplicate for each project)

- 1. Your details** Name:
Job title:
Country:

2. What is the name of the project or programme?

2.1 What health issue(s) or target group does the project or programme address?

2.2 Describe briefly how the project or programme works. Please include any information that you feel may be relevant. The following checklist may be helpful.

- Who benefits from the programme/project?
- Which agencies are involved in delivering the programme/project?
- How is it delivered?
- What geographical area does it cover, community, village town, region?
- What makes the programme/ project successful?
- What money is available to support the project or programme?

2.3 Are there any documents describing the programme/ project e.g. annual reports, evaluations, journal articles?

Yes/No

If yes please provide details on how to find the documents.

