RURAL IN RELATION TO HEALTH, HEALTH SERVICES AND HEALTH OUTCOMES

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This edition of Scope, Contemporary Research Topics, health & wellbeing focuses on the topic of rural and there is so much that could be written about rural in terms of health but what do we mean when we speak of rural in relation to health, health services and health outcomes? Rural is an inexact term and it conjures up different images for different people. A colleague once said to me, "I know I am in rural when I see a pair of redbands outside the doctor's practice". The term rural can also have diverse meaning for different organisations and different sectors of government. In New Zealand rurality is mostly defined using the Statistics New Zealand classification system (Statistics New Zealand, 2015). This definition has many issues especially when using it to compare health outcomes across populations but why is it necessary to have a definition that is fit for purpose?

Having a rural definition fit for purpose in terms of health and healthcare will more accurately inform policy making, enable more appropriate allocation of funding at a national and regional level and facilitate researchers to have confidence in the data they collect and compare. Furthermore, it will increase the accountability of Government, District Health Boards and Primary Health Organisations to their rural populations. Associate Professor Garry Nixon (University of Otago) and his team are now developing and validating a rurality classification that can be used to more appropriately analyse health data and assist in improving understanding of rural health outcomes. This topic is also briefly discussed in this issue of Scope by Ross titled Rural Communities.

Having data that can be relied upon will be a positive step, however, understanding and improving the health of the approximately 600,000 people who live in rural New Zealand requires disentangling the underlying causes of ill-health. This is not just a question of access to health services. The health and well-being of rural people and communities is a complex myriad of interconnected challenges including geographical, demographic, cultural, social, economic, transportation and environmental factors. In addition to these challenges, the accumulative trauma of being devalued and 'othered' by those living in the urban world is rarely acknowledged.

With most academics living in the urban world it is hardly surprising that research focused on rural often looks at rural via a deficit lens. In fairness, however, many rurally based health researchers also adopt this approach as a way of highlighting inequalities and inequities. Further these challenges are discussed in this Journal in the form of two original research projects by Helm and Butler and Smellie and Robinson. This focus of rural health research on inequitable health care provision in rural and remote areas has become intertwined with perceptions of rural and the people who live there, reinforcing negative views of rural, the people, and the professionals who live there.

Limited attention, however, has been paid to the strengths and assets present in rural communities and the possibilities to influence these protective factors to improve health and wellbeing. Asset-based community development builds on the strengths within communities, by mapping resources such as individuals; organisations; community; and cultural assets. Consequently, it is the polar opposite of much of the health and health service research that takes place in rural with its deficit base and focus on identifying and addressing needs. Asset-based community development moves us from what's wrong to what's strong and is further highlighted by two original poems which are included in this Journal. The first by Robson offers an excellent opening of the Journal's content while Crawley's reflective poem is presented at the close of the Journal.

So what are the strengths of our rural communities? Well our rural communities supply our food and our clean water; they are made up of people, young and old with strong social connections, irrespective of distances between neighbours; they are where much of the power used by urban and rural alike is generated; they are where most international (and domestic) tourists want to visit; and rural New Zealand is where most of our natural resources are to be found. There is therefore, much to celebrate about our rural places in New Zealand that said, it is impossible to ignore the significant challenges rural communities here and elsewhere face.

Climate change and its associated impacts – raising sea levels, flooding and drought, increasing regulation within the primary industry sector, ageing population profiles, poor internet and cell phone coverage are just a few requiring urgent attention. The challenge of attracting people to work in rural is front and centre for many sectors. Doolan-Noble et al touch on this in relation to health care but education and agriculture are also facing similar challenges. The sustainability of rural townships and areas will be dependent on their ability to respond to these and other challenges and the commitment of government to 'rural proofing' in all policies. An interview with Alun Roberts in which he so eloquently highlights the many challenges facing rural communities from an international perspective can be found in this edition.

Healthy rural individuals and communities are vital to the effective guardianship of the land on which our food grows and the land that has us in awe and these aspects are considered in the article by Page. It is therefore vital that as rural researchers we contribute in a cohesive manner across all disciplines by working with rural individuals, iwi, communities and sectors to provide high quality robust evidence, both quantitative and qualitative, that informs policy, nationally, regionally and locally. Further published papers in the Journal by Whiddon, Mullens and Mullens, Ross and Crawley elaborate on varies rural topics, internationally and nationally. Equally Mahoney and Ross pave the way for three community development research projects (student nurses' contribution) and the outcomes that can have an impact on health care disparities in the rural. By working across disciplines within universities and collaboratively across universities we can hopefully improve the conditions and services provided to the significant number of New Zealanders living and working in the rural space. This is highlighted in the international book review of a recent publication by Ross and Crawley (2018) who have captured New Zealand rural nurses' stories which Professor Angeline Bushy then insightfully brought together the relationship between rural New Zealand and rurality internationally.

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