Supporting Rural Ageing Well: How important is the rural?

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An NHMRC Partnership Project

To prompt and support evidence-informed rural ‘ageing well’ policy and practice by distilling available evidence around the rural ageing experience and ageing well interventions into a tool or guide for policy and practice developers.
The Project Team

**Industry Partners**
- Tasmanian Department of Health and Human Services
- Tasmanian Department of Premier and Cabinet

**Chief Investigators**
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- Professor Helen Bartlett – Monash University
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Supporting Ageing Well

• ‘Optimising opportunities for health, participation and security in order to enhance quality of life as people age’ (WHO)

• Key plank in govt. response to population ageing

• Broad, complex intervention aspiration encompassing all domains of life

• Ageing experience highly individualised and contextualised
Rural as context

• Older and ageing faster
• Well-established patterns of rural versus urban inequality and disadvantage covering main areas of social determinants of health
• Likely to disproportionately impact older people
• Irrefutable claim for attention and resources
• Less clarity about how these resources can be best targeted to support rural ageing well. What are the particular patterns of vulnerability – and strength – among rural-dwelling older people?
Exploring the Literature

What can the available literature tell us about the particularities of the rural – versus urban – ageing experience?

How important is the rural context in shaping the ageing experience and what does that tell us about how to support rural ageing well?
Exploring the literature

Relevant databases including Google Scholar using keywords including synonyms around rural, rural-urban, ageing experience, ageing well

Highly structured and methodical but not a formal Systematic Review

Inclusion/exclusion: based on capacity to speak to research question not methodological criteria

Analysis: Narrative discursive synthesis via thematic analysis in NVivo

Coverage: ‘Most developed’ countries but strongly weighted to Australian literature and cases
9,989 references from initial search

Scan titles for relevance

933 remaining

Read abstracts and scan papers

73 remaining

Add-in relevant papers already known to authors

Final Sample 168 Papers

Full Read and Analysis
Findings:

Substantial amount of, at least tangentially relevant, ‘evidence’ but:

• Tendency to present rural experience as defining of rurality without benefit of non-rural comparative data

• Highly heterogeneous in terms of focus, discipline, methodology, study size and findings

• Unsuit to meaningful synthesis into a definitive ‘evidence base’
Broad Statistical Picture

- Robust evidence of substantive and quite intractable rural inequality and inequity and therefore a different and probably unequal rural ageing experience.
  - Older, and getting more so
  - Higher morbidity and mortality – strong ‘distance from city’ effect
  - Fewer health and human services and poorer H&HS infrastructure
  - Lower health services usage
  - Low formal education
  - Low population density and uneven distribution – travelling further for everything
  - Poorer health behaviours
  - Compromised access and low take-up of information technology
What to make of that evidence?

- Compelling argument for government attention and resources to supporting ageing in rural areas; however,
- Very blunt instrument and conceals or glosses over huge disparities in condition and experience, and within and between rural communities
- Tells us very little about, and bears an uncertain correlation to, the lived experience of rural ageing
- Of limited value in answering the detailed practical questions of where, how, and for whom when developing policies, practice and programs to support rural ageing well
The Rural Ageing Experience

• Broad, highly generalised, insights into rural condition, culture and character
  • Stoicism and resilience, self-reliance, resourcefulness
  • Modest expectation of outside (esp. government) support
  • Reluctant help seekers – especially health and mental health
  • Strong attachment to rural ‘idyll’ and ‘therapeutic landscape’ ideals – shared by ‘natives’ and incomers alike
  • Perception of close ties, supportive networks – real in effect if not necessary in practice
  • Perceptions of safety – despite contrary evidence
  • Socially and technologically conservative – at least in some areas

• But that evidential picture is fragmented, fuzzy, flawed and highly context dependent
What to make of that evidence?

• **Wide spread but strong limits on generalizability**
• **Powerful narrative with strong public attachment but very patchy evidence base** – difficult to untangle myth from reality
• **Claims for a unique ‘rural’ culture character and experience undermined by a lack of direct rural-urban comparative studies & may mask/downplay the impact of other factors**
• **Masks complex heterogeneity of condition, experience and resources**
• **Demographic, economic, technological & social change transforming rural culture, conditions and perhaps, character**
  o **Stratification** – within and between communities
  o **Demographic churn**
• **Ageing experience needs to be understood in terms of the individual – environment fit; the resources brought to meet the environmental challenge**
So – how important is the rural?

• ‘Place’ always ‘matters’, particularly as we age
• Rural ageing does present a unique set of challenges but may also provide a unique set of resources to meet those challenges
• However, the way in which rural shapes the ageing experience will depend on:
  o Where you are;
  o Who you are;
  o Why you are there; and
  o What resources you bring to your situation
Escape to the country?

Attached to the country?

Trapped in the country?

OR
Policy Recommendation

There will always be a need for research to support the case for rural inequality and disadvantage because the competition for scarce government resources is never ‘won’. However, in order to most effectively and appropriately use those resources, we also need to engage in more detailed and sophisticated mapping of local area and specific group patterns of advantage and disadvantage, and social, economic and cultural differentiation within and between rural groups and communities.