Supporting rural ageing well: how important is the rural?

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Background

Policies and programs designed to support ‘ageing well’ represent a key plank in government and community responses to the challenges of population ageing (1-3). Supporting ageing well might be defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (3 p.12). This is a broad goal, touching on virtually all the life domains; physical, social and psychological. Developing policies or programs to support ageing well is therefore complex, requiring an encompassing and nuanced understanding of ageing.

The experience of ageing is highly individualised and contextualised (4-6); shaped by a unique interaction between the individual – their biography and physical, social, cultural and psychological resources – and their environment. While environmental context or ‘place’ does not, on its own, define the ageing experience, it does ‘matter’ (7-11). Indeed, it appears to matter more the older one gets (11). Rurality has been identified as one environmental context shaping the ageing experience in particular, if not unique, ways (12, 13). It is therefore important that people developing policies and programs for rural ageing have an evidence-informed understanding of the rural condition and the rural ageing experience.

In Australia especially, much of the discourse and evidence around the rural experience relate to rural versus urban inequality and disadvantage, particularly in terms of the social determinants of health and well-being (14-16); factors likely to have heightened consequences in later age. Such evidence constitutes a compelling argument for additional government attention and resources. However, converting those resources into effective and well targeted action requires a much more discriminative, detailed and nuanced understanding of the individual experience of ageing and rurality than that provided by these large-scale aggregate statistics. In particular, it requires an understanding of the complex patterns of shared – or disparate – rural characteristics and experience, and how these change over place, time and circumstance. These complex patterns lead some to question the utility of rural as a useful categorisation: “Growing old in rural communities is diverse, different and changing. The heterogeneity of ‘rural areas’ means that ‘rural’ may not be a useful overarching category for analysing services provision of elderly people’s needs…” (17 p.466). Despite this, the concept remains powerful in shaping public discourse and government policy and practice.

Overall, the literature provides strong evidence of the need for targeted policies and programs to support rural older people. Beyond that, the picture is a lot less clear-cut and less helpful in understanding where, and to whom, that support should be directed and how best to deliver it. The breadth and diversity of this literature mean that its major value is in highlighting what the important rural ageing issues may be. Whether these are issues for particular groups of people in particular environments can only be answered ‘on the ground’. If rural evidence becomes inappropriately generalised and entwined with the rural narrative, it runs the risk of unhelpful stereotyping and inappropriate targeting.

Method

Given the aims of this project, a formal Systematic Review was judged to be infeasible due to the dearth of research explicitly comparing rural and non-rural experiences and also unlikely to yield the insights we sought. Instead, we undertook a comprehensive and methodical search of the literature covering the CINAHL, APAIS-Health, ATSIhealth, Health & Society, Health Connection, RURAL,
Journals @ Ovid, ProQuest and PubMed databases, for the period January 2004 to February 2014, using a range of search terms around 'ageing' and 'rural' as listed in Table 1 below.

### Table 1 Keywords/phrases searched

<table>
<thead>
<tr>
<th>Keyword/phrase</th>
<th>Related synonyms</th>
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<tbody>
<tr>
<td>rural</td>
<td>regional, remote, rurality</td>
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<tr>
<td>urban</td>
<td>city, inner city, metropolitan</td>
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<tr>
<td>ageing experience</td>
<td>older people, old age, population ageing</td>
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<tr>
<td>ageing well</td>
<td>positive-, successful-, healthy-, active- ageing</td>
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<tr>
<td>life experience</td>
<td>lifespan, lifestyles, lifetime</td>
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<tr>
<td>interventions</td>
<td>health programs, healthcare, service</td>
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A title scan reduced an initial list of 9,989 papers down to 933 judged to be relevant. A close reading of abstracts reduced this to just 73 papers that addressed either the ‘rural versus urban’ life experience in general, rural versus urban ageing experience in particular, or the ageing experience in unspecified settings. Adding another 95 relevant papers already known to the authors resulted in a final sample of 168 papers which were read in full, although not all are referenced in this paper.

The aim was to construct a map of the evidence landscape – and make some assessment of the utility of that landscape for practitioners – rather than try to construct the definitive evidence base for rural ageing well. We therefore utilised a meta-aggregative, rather than Systematic Review, approach to synthesising the evidence (19) and a narrative or discursive approach to analysing the material. We organised that literature as it emerged into themes which we subsequently tested, expanded and nuanced using NVivo©. We did not apply quality-based exclusion criteria because we decided that the likelihood of rejecting potentially rich and informative material was not justified by any validity gains.

### Results and discussion

The literature is particularly notable in two regards. Firstly, with the exception of large scale statistical studies, its tendency to present rural experience as defining of rurality, without the benefit of direct non-rural comparisons. Secondly, its heterogeneity in terms of research focus, disciplinary underpinnings, methodology, and study size and findings. This reflects the spread and complexity of conditions, issues, factors, concepts and evidence encompassed by the concepts of ageing and rurality. Overall, the literature provides multiple snapshots of rural ageing conditions and experiences, but the evidence remains fragmented, blurry, incoherent and highly contextualised. As such, it defies a meaningful synthesis into an evidence base and highlights the need to approach this literature differently to better inform policy making and program development. We do this by considering two types of evidence:

- aggregate statistical evidence which provides robust measures of need and comparative advantage/disadvantage that prompt, drive and justify policy or program action; and
- more nuanced, detailed qualitative or semi-qualitative evidence that speaks to the diversity of rural conditions, character and experience, that may usefully inform the who, where, when and, especially, how of such action.

Surprisingly, the search strategy yielded very few papers specifically addressing Indigenous culture. The authors suggest that this reflects that rural and Indigenous cultures occupy quite separate and distinct discourses in the literature. As it stands, findings around rural culture, character and conditions cannot be seen to speak to the Indigenous experience.

### The broad statistical picture

The most robust and reliable evidence on the rural condition is provided by large scale statistical analyses of rural versus urban differentials. In Australia, this mapping of a range of measures of determinants of health and quality of life (20) paints a picture of substantive and seemingly intractable
rural inequality and inequity. While it is beyond the scope of this paper to review statistics for other countries, a similar picture appears to exist in Canada (73) and the United States (74), but not necessarily in the United Kingdom (75).

Populations in rural areas are generally older, and getting more so; a trend largely driven by out-migration of younger people to cities and in-migration of older people from cities (21). They have, on average, higher rates of morbidity, poorer health behaviours and die younger, with a notable ‘distance from the city’ effect (14). They have fewer social and economic resources, with less education, fewer assets and lower incomes (22, 23). They have access to and utilise a narrower range of fewer health and human services and infrastructure, and have to travel further to access these (24). Lower population densities, uneven population distributions, and less and poorer quality public infrastructure mean that issues of distance and transport (17) play a greater role in shaping quality of life for rural people (25, 26). These issues are exacerbated by a lower level of information technology access and uptake (27). Overall, this evidence suggests an unequal rural versus urban ageing experience (28), especially given that older age brings additional challenges to health and capacity. These data present a compelling justification for specific targeting of government attention, resources and action to rural ageing support.

These studies, however, provide little insight into the lived experience of rurality. For that, we have to refer to an eclectic mix of qualitative and semi-qualitative studies, although this evidence is incomplete and highly qualified by time and context. These multiple smaller, more discriminating studies suggests that the distribution and impacts of inequality are very uneven and their effects highly modified by other factors, including rural culture and character, economic or class stratification and demographic churn.

**Rural cultures and character**

Assessing the evidence on rural culture and character in Australia, Canada, the U.S. and U.K., a lack of rural-urban comparative studies mean that these characterisations are, in the main, simply descriptive of the rural experience and don’t analyse how this differs from the urban experience. This literature is also coloured by powerful and ubiquitous public narratives about the rural character and experience. While not questioning the integrity or validity of individual studies, any generalisation beyond specific context of a given study has to be undertaken with extreme caution.

The literature suggests that rural places present both positives and negatives for ageing (12, 29, 30). The rural character, at least in respect of current native ageing cohorts, appears to be marked by stoicism, resilience, regard for self-reliance and low expectation of external, especially government, support (12, 31-35). These qualities perhaps reflect the experience of ‘vulnerable people living in vulnerable spaces’ (36 p.133). Particular associations are widely identified in the public discourse with rural communities: strong normative structures and perceptions of connection, belonging, trust and support. However, the contemporary evidence for this is limited and equivocal (13, 37), with both inclusionary and exclusionary effects for different groups and individuals (38, 39), depending on various factors including socio-economic status and age (40). Despite this, such perceptions contribute powerfully to the rural idyll narrative (41) and are therefore real in effect (42), especially as a pull factor in counter-urban migration (28).

Safety from crime and immersion in nature are key elements of the rural narrative (43, 44); qualities also highly valued by older people (8-10, 29, 45-47). Rural older people have a strong attachment to place driven by both physical/geographic realities and the rural idyll narrative (7). This may be protective of well-being or simply mask the experience of disadvantage (10, 27, 29, 35). Both rural people and older people are frequently characterised in the public discourse as ‘behind the times’ and resistant to change (33). While hard to fully substantiate, lower levels of education and information technology uptake do suggest that, overall, rural people do not fully benefit from technological advances that might improve their access to goods and services, and assist in maintaining social networks and relationships. Strong attachment to earlier norms around gender roles and identities (48), attitudes to health, particularly mental health (30, 49), and professional help-seeking (50), add further challenges to those already posed by rurality and ageing.
There are questions around those who move from larger population centres in search of a rural ageing experience. While they may find aspects of rural culture, character, and place attractive, and find these more in tune with their own character, nature and/or life stage, they will enter the rural ageing experience with a very different set of personal resources to those born and bred in a rural environment, providing both advantages and disadvantages compared with longer-term residents (11). The rural ageing experience will likely change incomers themselves and their rural communities; thereby revising many of our current understandings about rural cultures and character. Devising policies and programs to support these cohorts to age well in a rural area will require a new understanding of emerging rural cultures and character.

Stratification

Although aggregate statistics confirm an overall rural-urban socio-economic stratification (51), beneath these lie complex patterns within and between rural areas and communities in Australia, Europe and elsewhere (52-54). Studies of rural change show a growing stratification between communities that are either thriving or, at least, holding (e.g. larger regional centres, economically diversified high amenity and peri-urban) or declining (e.g. single industry agricultural or mining, low amenity, remote from larger centres) (55). Older people are likely to feel the impact of losing infrastructure, amenities and services that accompany community decline (41, 56). Stratification within communities, and the power of its effects, were shown in Dempsey’s 1990 Australian study Smalltown (57); there is reason to believe this is still applicable, although rural economic and social change has likely re-ordered the patterns (58-60).

Socio-economic resources are important in coping with the challenges of both rurality and ageing (35, 58, 61-63), and uneven distribution of economic conditions and trajectories will be pivotal in shaping differential ageing experiences. Those ageing rural ‘natives’ who have spent a lifetime with limited financial resources and assets will most likely enter later life with low expectations and a pride in coping that is protective of well-being despite inequalities (32, 58). Certainly, a proportion of rural older people are living in a state of poverty that severely impacts their quality of life in ageing, but this may be related less to rurality per se than to a life trajectory marked by low socio-economic status, of which rural domicile is one element.

Demographic churn

Two major demographic shifts are impacting rural communities in the most developed countries: out-migration of their young and in-migration of older people from cities (54, 64-67). For older residents remaining in rural communities, out-migration is likely to deplete traditional family and community, social, recreational and support structures and networks, although we found surprisingly little analysis of these effects in the literature. However, a related study suggests that older peoples’ support networks are ‘more robust and resistant to social change than might be anticipated’ (68 p.61).

Conversely, increasing numbers of older urban residents are moving to rural and regional areas in what is variously known as counter-urbanisation (69), amenity migration (70) or sea and tree change (66). This migration is primarily focussed on areas proximal to major urban centres (by predominantly working age commuters) or areas of high aesthetic and recreational value, particularly coastal areas (by predominantly retired or semi-retired), although the drivers and patterns are complex and not well-understood (67). Similarly opaque are the effects of these migrations on rural communities and the ageing experience for both long term residents and incomers, although it is becoming clear that those effects are far-reaching and profound (11, 29, 35, 41, 65, 70, 71). Incomers are likely to come with more economic, cultural and social resources (34, 70) and are therefore better equipped to deal with transport needs, limited local services and technology for maintaining non-local connections. They are ageing in a rural area as a matter of choice rather than circumstance, which suggests an attachment to a rural narrative, which for some translates into using their resources to invigorate their chosen community (65). However, there is a danger that they seek to reconstruct their destination community according to the rural idyll narrative (7).
Conclusion: how important is the rural?

Of course, rural ‘matters’ in ageing because we know that place ‘matters’ in ageing. However, in terms of whether or not rural is a useful concept for understanding the experience and needs of rural older people, we come down on the affirmative but with some caution and important caveats.

The evidence for a direct correlation between distance from metropolitan population centres and measure of inequity and inequality is clear, and constitutes a compelling argument for government attention, action and resources. There has been considerable government attention to develop better rural classification systems to guide resource allocation but even sophisticated iterations such as the soon-to-be adopted Monash University modification of the Australian ASGC-RA classification (72) are, of bureaucratic necessity, blunt instruments. As such, they are of limited utility when moving from national, macro-policy decisions about resource allocation to deciding how to target and tailor policies or programs for particular groups, issues and contexts around ageing.

For policy makers or practitioners working below this national, macro policy level, the literature provides some general insights into what might constitute rural conditions, culture, character and experience, and into the ways these may impact the rural ageing experience. However, such characterisations need to be approached with caution. The picture is layered and dynamic and if there was ever a distinct, widely applicable rural culture, character and experience it is being rapidly disorganised and re-organised by economic, technological, social and demographic change. Historical patterns of differentiation and stratification are likely becoming more exaggerated and more complexly structured. The insights provided by the literature are useful as far as they sensitize the practitioner to ‘what to look out for’ and what questions to ask of small area or local data or intelligence.

The rural experience of ageing – and therefore support needs – is a complex product of rural context and personal resources. The important questions concerning the experience and needs of a particular rural ageing cohort revolve around: who they are (especially their cognitive, cultural, economic and social resources), where they find themselves (declining or thriving, high or low amenity) and why they find themselves there (choice or circumstance). The ageing experience and support needs of ‘tree changers’ in a growing high amenity community will be very different to those of long-term residents of a declining low amenity one. The term ‘rural’ carries a lot of narrative baggage. That can be both a blessing – in terms of gaining wider empathy and support, and a curse – in terms of stereotyping and the masking of other, more compelling, measures of condition, experience and need.

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.

References


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Presenter

Peter Orpin is a Senior Research Fellow with the Centre for Rural Health at the University of Tasmania. He has an early background in the medical laboratory sciences before moving on to the social sciences and completing a PhD in Sociology. Peter has had a long interest in how people and communities deal with change. Over the last ten years he has been part of a team conducting a series of research projects looking into issues around rural ageing. The team is presently working in partnership with Monash University on an National Health and Medical Research Council Partnership grant to look into the evidence base of policy to support ageing well in rural and regional communities.