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The Social & Economic Contribution of Health Services to Rural Community Sustainability.

An exploratory study in Scotland & Australia to generate a quantitative methodology.



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Content

- Background
- Aims
- Study Design
- Concepts

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Rural community sustainability



- Rural communities are experiencing rapid & major change.
- Rural community sustainability is an international policy objective.




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Rural health service provision



- Current issues include problems with:
 - Geography
 - Changing demographics
 - Recruitment & retention
- Major health service redesign
 - Centralisation of services
 - Restructuring of 'out of hours' provision
 - New/extended roles for health professionals

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Rural primary health services

- Direct contributions to patient health – good quality, accessible curative, preventative & palliative care.
- Wider (indirect) contributions to community wealth & social fabric of community.

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Study aims

- To explore the social & economic contributions of health services to rural communities.
- To devise a method for measuring these contributions.




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Study Areas

South Australia Highland region of Scotland

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Study design

Multiple Embedded Case Studies

- 4 in Scottish Highlands
- 4 in South Australia
 - 'Very remote' rural communities
 - Semi-structured, in-depth interviews
 - Primary health care staff (up to 5 in each community)
 - Key informants (up to 5 in each community)
 - Secondary data

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'Added value' contributions

(Doeksen & Schott 2003, Farmer et al, 2003, Iversen et al 2000, Cutchin 1994 & 1997, Swartz 1997)

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How do any 'added value' contributions relate to the sustainability of rural communities?

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'Capitals'

- **Human capital** - the abilities, skills and knowledge of individuals and their capacity to contribute to a community through production, decision-making, leadership, social interaction, commitment to locality & innovation.
- **Social capital** – numerous definitions, but most use the term to describe the extent & nature of the relationships people have with other people, their communities & institutions. (social networks, trust, reciprocity, shared norms and values.)
- **Institutional capital** – institutional structures and mechanisms
- **Economic capital** – financial resources and manufactured products including the built environment.
- **Natural capital** – natural resources & ecosystem services.

(Cocklin & Dibden 2005, Hart 2000, Stone 2003)

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Summary

This study is not suggesting that the 'added value' contributions of health care organisations and primary health care staff to rural communities are unique, or that rural health service provision should be in stasis.

The aims of the study are to explore the 'added value' contributions of rural health services & identify indicators capable of describing the impact of these contributions on rural communities in Scotland & Australia.



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