

The social, economic, human and institutional contributions of health services to rural communities.

Maria Prior



Acknowledgements

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Supervisors:

- ❖ **Professor D Godden**
- ❖ **Professor J Farmer**

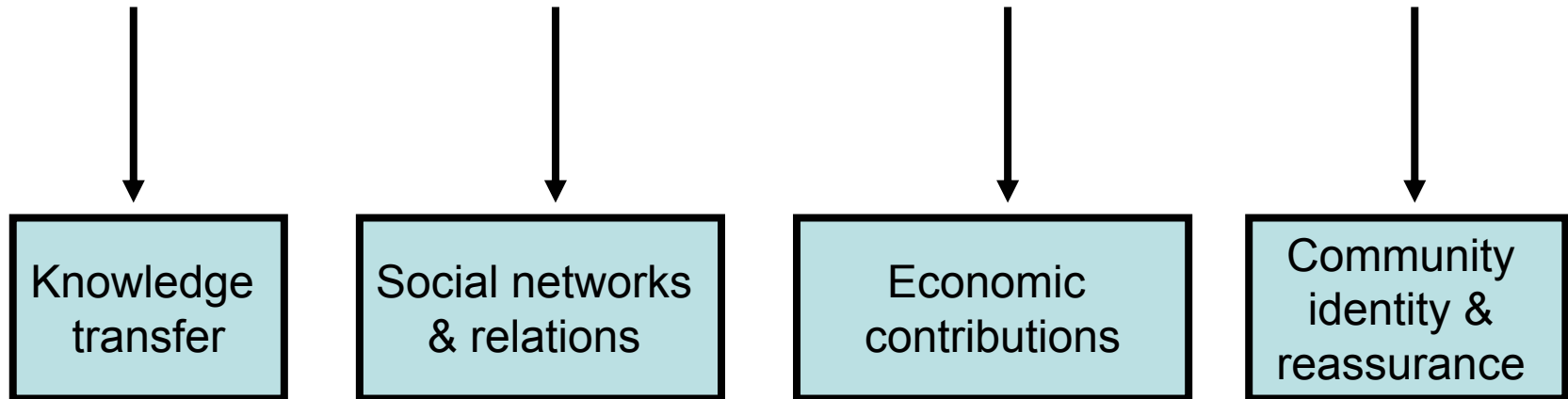
Adviser:

- ❖ **Dr Mike Crilly**



- ❖ Background
- ❖ 1st phase of study (qualitative exploratory study)
- ❖ 2nd phase of study (the measurement of hidden value)

- ❖ Direct contributions to patient health – good quality, accessible curative, preventative, emergency & palliative care.
- ❖ Wider contributions (hidden value).

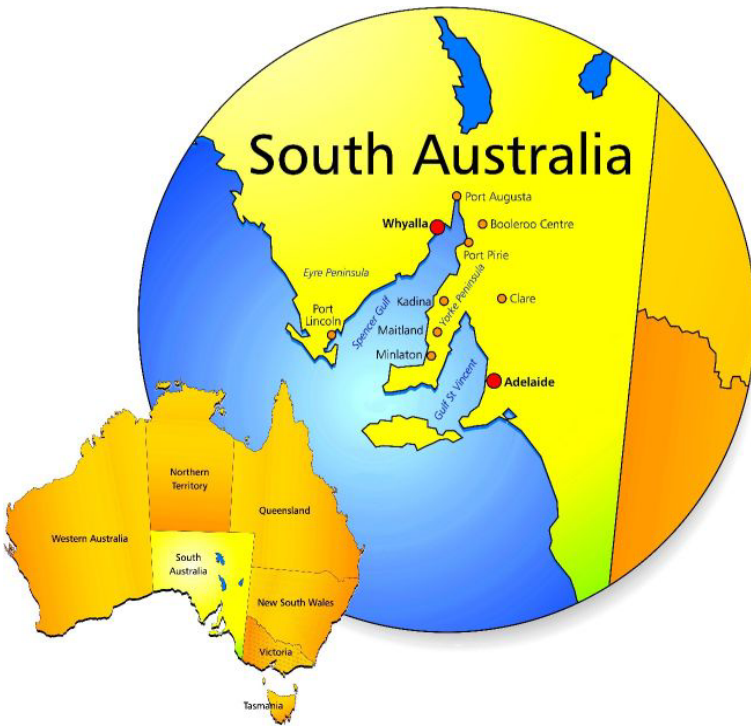


(Doeksen & Schott 2003, Pion Economics 2004, Holmes 2006, Hope 2000, Eilrich 2004, Cocklin 2003 & 2005, Farmer et al 2003, Roberts 2003, Hilton 2006, Moran 2007, Iversen et al 2000, Cutchin 1994 & 1997, Swartz 1997, Egelund 2006, Kearns 1997)

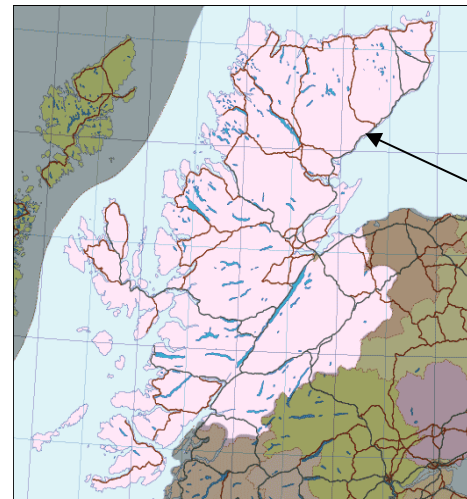
- ❖ To explore the hidden value of rural health services.
 - Identify ‘what’ & ‘how’ health services contribute to rural communities (over & above the provision of healthcare).
 - Differentiate between contributions of health services as organisations and health professionals as individuals.

Study Areas

South Australia



Highland region of Scotland



❖ INDUCTIVE - Multiple Embedded Case Studies

- Eight very remote sites (4 in Scottish Highlands, 4 in South Australia)
- Semi-structured, in-depth interviews
 - Health professionals, key informants (up to 10 in each community)
 - Asked about the role of health care organisations & workers/activities in community/others who were prominent
- Secondary data
 - local & government sources

❖ DEDUCTIVE - Extant theory & knowledge on implicit (hidden value) contributions & their impact on rural communities.

❖ Scotland

- GP practices

❖ South Australia

- GP practices (private)
- Community hospitals (Government/State funded)
 - A&E + low risk medical beds
 - GPs provide all medical cover
 - All other staff employed by hospital

Case Study Sites

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Study sites (pseudonyms)	Population [2001 census]	Mean age [2001 census]	Percentage aged 65 + yrs [2001 census]	Average annual income (£) by Parliamentary Constituency (Scotland) District average annual income (Au\$)	Main industries in community [2001 Census figure]
Adair	350	41	16.5%	£18,626	Education, Hotels/catering.
Beagan	920	45	24.2%	£22,204	Fishing/fish farming, Health/social work.
Gairden	320	41	14.8%	£20,430	Real estate/ renting/business.
Moreton	650	39	12.7%	£18,626	Hotels/catering.
Highland	208914	40	19.5%	[Scotland £22,426]	Wholesale/retail/motor vehicle repair, Health/social work.
Caltowie	700	40	16.3%	Au\$29,030 [£13,700]	Agriculture, forestry & fishing
Doonburr	1100	43	22.8%	Au\$31,594 [£14,920]	Agriculture , forestry & fishing
Elandra	300	36	11.1%	Au\$28,794 [£13,600]	Agriculture , forestry & fishing
Pintan	650	37	4.8%	Au\$38,452 [£18,160]	Retail trade, Mining.
South Australia	1527150	38	14.7%	Au\$35,245 [£16,640]	Manufacturing, Retail.

£1 = Au\$2.1 (May 08)



Hidden value of health service organisations

- ❖ Employment & resultant employee income
 - up to 60 employees (Aus)
 - GPs high earners (6 to 10 times local average income)
 - Support staff/care workers recruited from local population
- ❖ Indirect & induced economic contributions
 - Providers of services to non residents (tourists, district aged care/dementia services)
 - Purchaser of local goods & services
 - Role in attracting incomers & business to community.



Hidden value of health service organisations

- ❖ Brings highly skilled, well educated professional people into communities.
- ❖ Facilitates the upskilling of the local population.



Hidden value of health service organisations

- ❖ Facilitates social interaction.
- ❖ Focus for community fundraising & volunteering.
- ❖ Social & economic impact of retaining resident population (particularly the elderly).



Hidden value of health service organisations

- ❖ Important symbolic role related to community identity and perceptions of community vitality & viability.
 - *“one of the bedrocks that makes a community a community”*
 - *“it would destroy our social fabric if we didn’t have a doctor”*
 - *“it indicates our place in the world”*

Hidden value of health professionals as individuals



❖ Economic

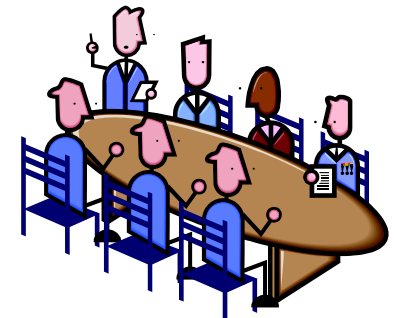
- Spending/shopping habits, property, other business interests

❖ Social & civic participation & volunteering

- Community council members/leaders, business development groups, drama/arts groups, sports club and school committees, volunteer ambulance drivers, fire-fighters.

❖ 'Extended' roles

- Delivering medicines, veterinary roles.



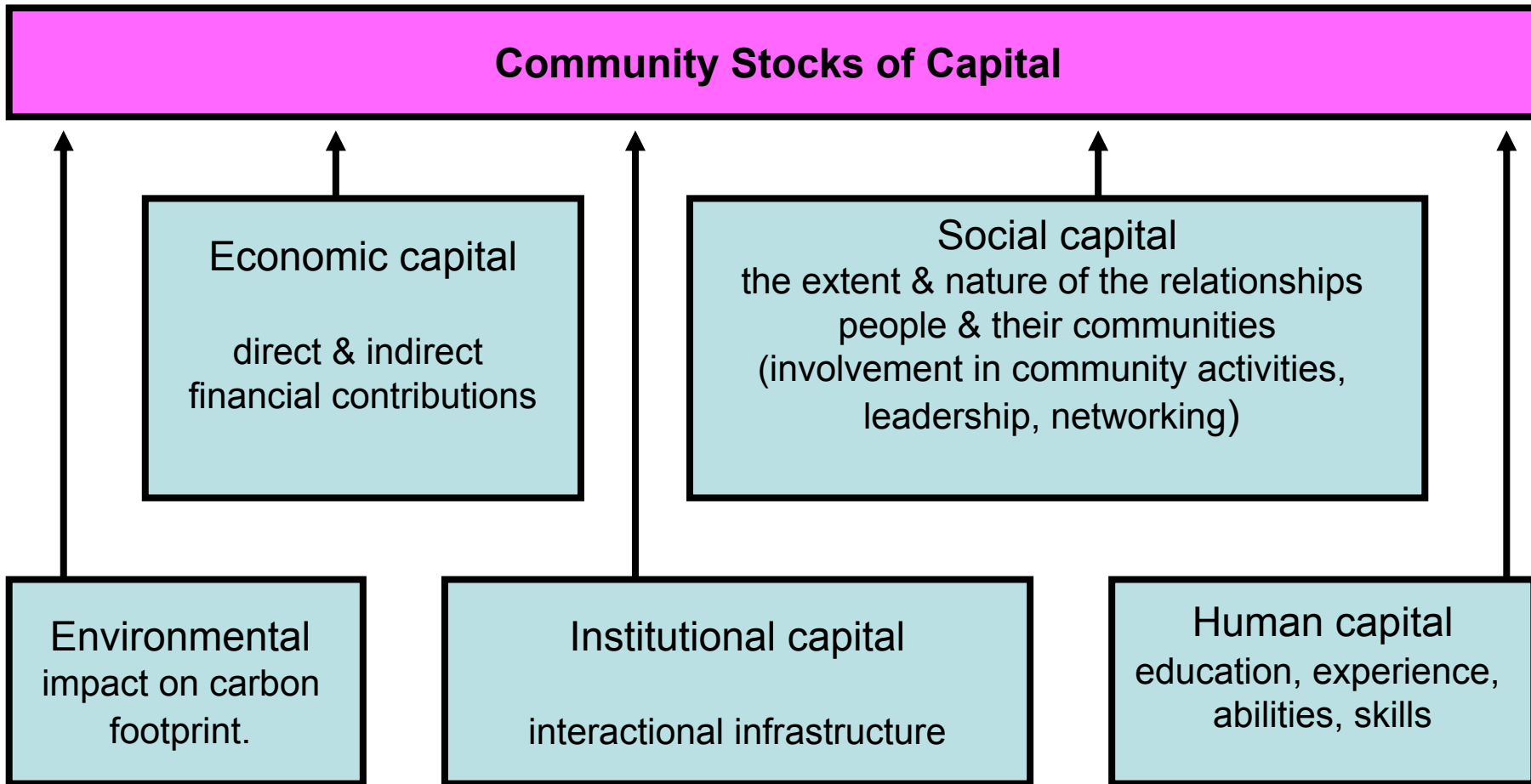
2nd Aim

- ❖ To devise a method for measuring the impact of these contributions on rural community stocks of capital.
 - Identify the types of data that best describe & measure the hidden value of rural institutions and residents.
 - Develop a generic tool for measuring the impact of these contributions on community stocks of human, social, economic and institutional capital.

The Capitals Framework

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

- ❖ Considering the role of rural institutions & residents in relation to their contribution to stocks of capital.
- ❖ Widely accepted indicators of human & economic capital exist
- ❖ Indicators of social capital & symbolic aspects of institutional capital more contentious.

Indicators of hidden value

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Human, social & economic capital

- ✓ Social ties & networks
- ✓ Social/civic participation
- ✓ Personal leadership tendencies
- ✓ Level of influence
- ✓ Level of education
- ✓ Length of time in community
- ✓ Use of local business/services
- ✓ Age
- ✓ Income

Institutional capital

- Leadership associated with roles
- Direct/indirect economic contribution
- Cadetships/education/training
- Community volunteering/fundraising
- Social interaction
- Attracting & retaining population
- Attracting & retaining business



Development of generic measurement tool

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- ❖ To measure individual's behaviour & attitudes + their perceptions of various roles played by local institutions.
- ❖ Currently at the prototype stage.

Thank you

