

Rural and Agricultural Health – a hidden inequality

The scale of the issue:

9.7 million defined as 'Rural' – VERY mixed group. **Pockets of poverty hidden** in relative affluence.
This population is older (average age 58 vs 45), lower educational levels and lower incomes – **this process is accelerating.**



Research:

Literature review – local and national.
Farmer interviews. Agricultural centre visits.
Trailblazer educational sessions.
Meetings with various stakeholders – nursing drop-in clinic at agricultural centre, the farming life centre, rural domestic abuse charities, rural chaplaincy, local veterinary practices, social care, TeamUp, clinical lecturer in rural medicine and more.
Conferences – EURIPA rural health forum, Rural Services Network conference.



Current health situation.

Cancers present much later.
Much greater burden of **musculoskeletal disease**.
Much higher rates of **cardiovascular disease**.
Higher rates of **poor mental health**.
Suicide rate DOUBLE national average.



Why is this the case?

Healthcare increasingly centralised – closing branch surgeries and community hospitals
Worsening of already **poor public transport** / much further to travel
Less educated / poor digital literacy / **poor health literacy**
Very physical and isolated work – no concept of holidays / sick leave / occupational health
Stigma of illness / weakness / mental health and particularly others in community knowing
Suspicion of outsiders / professionals – **cultural independence**

Project outcomes.

Making it easier to find remote farms - **What3Words coordinates for SystemOne to help practices and TeamUp**
Raising awareness – discussed with clinicians and raised at LMC, PCN, QUEST, PLACE
Posters featuring our clinicians who are involved in agriculture to display at farmers market and in practices to show we are interested in helping.
Supported in setting up a **mental health practitioner** at agricultural market.
Personal learning and development – research, networking, lobbying, applications.
Health page with resources NHS and third sector on the website of the **Farming Life Centre**.
Tutorials for GP registrars working in rural area.
Outreach / education – **doctors visits to local rural nursery** (mostly farming families)



Next steps.

Continue to **raise awareness of 'Rurality'** as an inclusion group to consider.
Try to **improve outreach and integration** with other services.

