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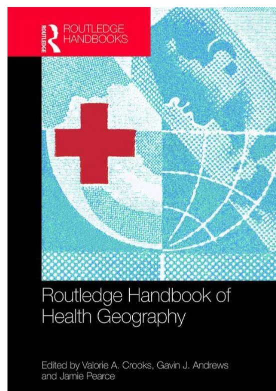

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RURAL PLACES AND SPACES OF HEALTH AND HEALTH CARE

Rachel Herron and Mark Skinner

The study of rural places in health geography is essential to understanding variation in health services, outcomes and experiences. Rural places are distinct in their own right; they are distinct from one another, and they are distinct when compared to urban and metropolitan settings. In general, rural places share particular challenges related to health, including distance and isolation from larger service centers, small populations with specific health needs, lack of secondary and tertiary services, difficulties recruiting and retaining a health workforce and poorer health outcomes and determinants of health (e.g., lower levels of education and income) when compared to their more urban counterparts at the aggregate level (DesMeules et al., 2012). More qualitatively, the health and well-being of people in rural places are shaped by the intersection of particular economic activities, political decisions and sociocultural norms related to gender, race, age and class (Panelli et al., 2009). Looking at these broader trends and the complex forces propelling them, scholars have long suggested that rural places are in need of better health-care services, as well as research attention, advocacy and targeted policies and programs (Gesler and Ricketts, 1992; Hanlon and Kearns, 2017; Kulig and Williams, 2012).

In this chapter, we build a case for the importance of rural places and spaces in the study of health and health care. We outline changing conceptualizations of rural and discuss the major philosophical and methodological shifts in the study of rural health. In doing so, we recognize the contested nature of rurality, the diversity of rural people and places and their vulnerability and resilience. Looking to the future, we call on geographers to engage with intersectional and relational approaches to unpack the processes influencing distinct patterns of rural health and well-being.

Conceptualizing rural

Although rural places have long been both the subject and the context of health-geography research (Gesler and Ricketts, 1992), there is no universal definition of "rural." Rural is a complex socially and politically constructed category with many associated subcategories, including rural and small town, remote and Indigenous communities. Although rurality is a social construction, this should not be confused with a lack of material basis. Historically, and following a positivist tradition, "rural" has been defined based on various statistical indicators (e.g., population size, density, distance to major urban centers) and economic activities (e.g., agriculture, resource development). Although these measures provide a concrete basis for defining

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rurality for policy, program and infrastructure purposes, they vary significantly from country to country. For example, the Canadian census defines "rural" as a population of less than 1,000, whereas the census definition for "rural" in the United States is a maximum population of 2,500 people. In a global context, the differences between urban and rural also reflect more than differences in the concentration of people in a given area; they reflect significant differences in access to resources (e.g., electricity, piped water, education, health care). Following transformations in the academy (i.e., the postmodern challenge, the cultural turn, growing acceptance of qualitative and ethnographic methods) and changing conditions in rural places themselves, definitions of rurality have expanded to recognize the diverse lived experiences in rural places (Chalmers and Joseph, 2006). Definitions of rurality have become increasingly multifaceted, including cultural aspects of places, descriptive features and local self-identification (Kulig and Williams, 2012). However, rural places cannot be conceived simply as a single, bordered study site with unchanging characteristics. As such, some scholars have suggested that we must study rural health relationally (Herron and Rosenberg, 2017). Relational approaches to rural health acknowledge that people, ideas and goods flow between urban and rural settings, connecting people and places in diverse ways and across a range of scales (Malatzky & Bourke, 2016). As such, we turn to look at how rural health has been examined across different scales.

International perspectives on rural health

International perspectives on rural health issues have a long-standing role in health geography's two traditional streams: disease ecology and access to health and health care. In the past, positivist approaches dominated both streams; however, there has been a proliferation of diverse epistemological (e.g., humanist, feminist, Marxist, political-economic) and conceptual approaches to the study of rural health at all scales. For example, studies of global health inequalities, such as the incidence of infectious disease, have increasingly drawn on political ecology to understand how political and historical structures across a range of scales promote the spread of disease among particular groups in rural places (Bardosh, 2015). Focusing on rural areas in the Global South, this domain of research has identified complex multiscalar relations that influence health behaviors, interventions and outcomes, including labor practices, migration between rural and urban centers, gender norms and other local social and cultural practices (Mkandawire, Luginaah and Baxter, 2014).

The implications of climate change for the health of rural people and places are also of growing concern at the global scale. Indeed, Indigenous people in northern and remote areas of Canada have been severely impacted by climate change. Many groups are experiencing declining access to country foods, loss of cultural practices and loss of autonomy and freedom associated with travel routes on sea ice (Durkalec et al., 2015). In addition, research has demonstrated that climate change has had particularly negative impacts on farmers' health in Australia; Australian farmers experience lower farm production and lower socioeconomic conditions while confronting cultural norms that praise stoicism in the face of hardship, thereby exacerbating their sense of hopelessness (Alston, 2012). Taken together, these examples of rural health issues recognize the implications of global processes for rural health, rural peoples' socially and culturally rooted responses to global processes and their financial and economic capacity (or limitations) to respond. Such global-local analyses of rural health issues are essential to understanding the complexities of rural change and rural health in the context of these changes.

National and regional perspectives

At the national and subnational (regional) scale, studies of rural health and health services (in health geography and other health and social-science fields) have engaged with questions about how to improve access to health care for rural and remote communities. The bulk of research in this area has taken place at the national and regional scales, because these are typically the scales at which health policies and formal services

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are organized. Research in this area has moved from modeling optimal access to developing more complex understandings of the relationship between physical, socioeconomic and cultural accessibility (Joseph and Phillips, 1984; Kulig and Williams, 2012). Modeling and geographic information systems remain a crucial component of understanding the relationships among, for example, physician supply and demand (Mazumdar et al., 2016). There has also been increasing attention to the use and limitations of technology to reach rural and remote people and places (Schneider et al., 2015).

Since the late 1980s, political-economy approaches have become a common means of understanding how institutional, political and economic structures shape both provision of and access to care in rural areas. The expansion of this approach parallels the widespread endorsement of health-care restructuring in welfare states of the Global North as a means of reducing the costs associated with health-care systems. For rural places, this has had many implications, including the closure of rural hospitals, centralization of services in urban locales and increasing reliance on the voluntary sector. Such changes influence the extent to which health-care decisions reflect the needs and interests of rural people and places (Skinner and Rosenberg, 2006). Alongside political-economy approaches to health and health-service organization, there has been a growing interest in the role of discursive processes in (re)producing rural health inequalities. For example, Malatzky and Bourke (2016) argue that medical students are exposed to common ideas about rural health practice that position it as less exciting, repetitive, low-level and isolated, and these perceptions play a role in the maldistribution of general practitioners. Indeed, education and media play a role in representing and reproducing health inequalities.

Community-based perspectives on rural health

As health-care systems change at the national and regional scale, there is a need to consider how different communities and community actors respond to such changes. Geographers have sought to understand what access to care means to people in different rural communities, what capacities rural places need in order to support their residents' health and well-being and how rural communities can and should be connected to resources elsewhere (Kearns and Joseph, 1997). Community-based perspectives have identified the needs of community-support-service users and formal service providers, as well as the role of the voluntary sector and volunteers in responding to unmet needs. Studies in this area illustrate the dynamic response of individuals and organizations to health-care restructuring and governance. For example, the voluntary sector may acquiesce or resist broader changes to health-care delivery (Joseph and Skinner, 2012). Ultimately, research continues to show that not all rural communities and community actors are serviced equally. There is often an expectation that social ties are stronger in rural communities; however, this expectation benefits some people and places more than others. For example, assumptions about the caring nature of rural communities place the greatest demands on rural women as mothers, daughters and wives to provide the bulk of unpaid care (Herron and Skinner, 2012). Broad economic and social-welfare restructuring (e.g., the closure of hospitals, schools, businesses) and demographic changes (e.g., youth outmigration, aging in place, retirement to rural areas) have transformed many rural communities and social-support networks.

Influenced by the cultural turn in health geography, there has been significant work on the complex social and cultural dynamics of rural communities as they shape provision and access to services. For example, the proximity of rural people to one another often makes it difficult to keep sensitive health issues (e.g., mental health) private, and this has implications for people's willingness to seek certain types of help. Innovative, culturally sensitive approaches to community care are required to address sensitive health issues in ways that are appropriate for particular rural contexts (Zanjani and Rowles, 2012).

Although rural communities are often characterized as unchanging and inward-looking, there has been growing recognition within community-based studies of the dynamism and activity of rural communities in support of health and well-being. Indeed, some rural areas have more integrated holistic care and innovative

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programs drawing on the voluntary sector, technology and the smaller scale of organizations to produce local solutions (Skinner and Hanlon, 2016). Research at the community scale points to the great diversity of lived experiences across rural communities and in a single rural place. As such, there is a need to understand interpersonal and individual-level factors influencing health and well-being, as well as the relationships of care.

Interpersonal and embodied perspectives on rural health

Health and health care are interpersonal, embodied and emotional; yet these facets of rural health and health care have not been studied to the same extent as larger processes. Much of the research on embodiment and emotion in health geography has been urban in focus. Research that has examined these micro-scale processes in rural contexts has focused on emotional challenges in care relationships, as well as emotional attachments to rural places. Attention to emotional dynamics in care relationships can reveal when and where care relationships are experienced as oppressive, constraining and frustrating or, alternatively, as rewarding, fulfilling and enjoyable. Some research has indicated that loyalty and stoicism, which reinforce the internalization of negative feelings about care and caregiving, are strong cultural values in rural communities. Moreover, these emotional dynamics are integral to understanding the context, consequences and responses of care in rural places (Herron and Skinner, 2013).

Focusing on the rural environment, research has shown that continuity and consistency in one's social and physical environment can foster feelings of security, trust and comfort that are essential to well-being. Some rural places that have achieved a reputation for their healing properties may be experienced as therapeutic landscapes. Conversely, rural places have been associated with higher rates of negative health behaviors, such as smoking and drinking. To understand such embodied habits in relation to rural places, Waitt and Clement (2016) looked at the assemblages of bodies, objects, feelings and technologies associated with drinking in rural Australia. More work is needed to understand how differently positioned individuals engage with rural places in ways that promote, or present risks to, health and well-being.

New approaches

In this chapter, we have captured some of the ways in which rural spaces and places of health and health care have been examined. We have used a scalar approach as an organizing framework while trying to emphasize that rural health problems and solutions are dynamic and networked. There are still, however, many studies of rural health that treat rural as a uniform and unchanging context rather than an analytic variable with a complex relationship to other variables. There is a long-standing tendency to talk about rural people as if they were all the same or, at the very least, to pass off dimensions of difference in favor of creating a more cohesive narrative about rural places and health. Although there is a long tradition of examining gender and rurality in relation to health and aging, and rurality in relation to health, studies of rural health have not engaged critically with concepts such as intersectionality. In particular, research on race and sexuality as they intersect with rurality and health is relatively scant (Panelli et al., 2009). Rather than looking at rural health as a singular experience, intersectionality provides a lens for understanding the different social and geographic locations of rural people in relation to health and wellness. A more robust appreciation of how different identities intersect in the context of rural health will enhance our understanding of health inequalities, vulnerabilities and resilience in rural settings. Geographers are well-positioned to take on this complex analysis, because of their understanding that places can hold very different meanings and experiences for different individuals and social groups.

Finally, it is important to note that research on rural health has, until recently, ignored the stories and knowledge of Indigenous people. The discourse around rural health in countries such as Australia and Canada points to Indigenous people as a major problem rather than recognizing their stories and knowledge as part of the solution. These discourses reflect a complex and continuing colonial power structure that

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rural-health researchers need to play a role in overcoming (Greenwood, De Leeuw and Reading, 2015). Indeed, rural-health research and Indigenous health research remain relative silos in relation to each other.

Concluding comments

Rural health is an interdisciplinary academic field that involves a diverse range of epistemological, methodological and conceptual tools. Geographic perspectives add to the rigor of rural-health research by examining rural as more than merely the context of our health outcomes, services and experiences. Rather, through health-geography research, rurality has been shown to be a complex and changing analytic category interacting with other factors to shape spaces and places of health and health care worthy of further investigation.

References

Alston, M. (2012). Rural male suicide in Australia. *Social Science & Medicine*, 74(4), pp. 515–522.

Bardosh, K. (2015). Achieving "Total Sanitation" in rural African geographies: poverty, participation and pit latrines in eastern Zambia. *Geoforum*, 66, pp. 53–63.

Chalmers, A. L. and Joseph, A. E. (2006). Rural change and the production of otherness: the elderly in New Zealand. In: P. Cloke, T. Marsden and P. Mooney, eds., *Handbook of rural studies*. London: Sage, pp. 388–400.

DesMeules, M., Pong, R., Read Guernsey, J., Wang, F., Luo, W. and Dressler, M. P. (2012). Rural health status and determinants in Canada. In: J. C. Kulig and A. M. Williams, eds., *Health in rural Canada*. Vancouver: UBC Press, pp. 23–43.

Durkalec, A., Furgal, C., Skinner, M. W. and Sheldon, T. (2015). Climate change influences on environment as a determinant of Indigenous health: relationships to place, sea ice, and health in an Inuit community. *Social Science & Medicine*, 136, pp. 17–26.

Gesler, W. M. and Ricketts, T. C. (eds.) (1992). *Health in rural North America: the geography of health care services and delivery*. London: Rutgers University Press.

Greenwood, M., De Leeuw, S. and Reading, C. (2015). *Determinants of Indigenous peoples' health*. Toronto: Canadian Scholars' Press.

Hanlon, N. and Kearns, R. (2017). Health and rural places. In: M. Shucksmith and D. L. Brown, eds., *International handbook of rural studies*. New York: Routledge, pp. 62–70.

Herron, R. V. and Rosenberg, M. W. (2017). "Not there yet:" Examining community support from the perspective of people with dementia and their partners in care. *Social Science & Medicine*, 173, pp. 81–87.

Herron, R. V. and Skinner, M. W. (2012). Farmwomen's emotional geographies of care. *Gender, Place and Culture*, 19(2), pp. 232–248.

Herron, R. V. and Skinner, M. W. (2013). The emotional overlay: negotiating aging and care in the countryside. *Social Science & Medicine*, 91, pp. 186–193.

Joseph, A. E. and Phillips, D. R. (1984). *Accessibility and utilization: geographical perspectives on health care delivery*. London: Harper & Row.

Joseph, A. E. and Skinner, M. W. (2012). Voluntarism as a mediator of the experience of growing old in evolving rural spaces and changing rural places. *Journal of Rural Studies*, 28, pp. 380–388.

Kearns, R. A. and Joseph, A. E. (1997). Restructuring health and rural communities in New Zealand. *Progress in Human Geography*, 21, pp. 18–32.

Kulig, J. C. and Williams, A. M. (2012). *Health in rural Canada*. Vancouver: UBC Press.

Malatzky, C. and Bourke, L. (2016). Re-producing rural health: challenging dominant discourses and the manifestation of power. *Journal of Rural Studies*, 45, pp. 157–164.

Mazumdar, S., Butler, D., Bagheri, N., Konings, P., Girosi, F., Feng, X. Q. and Mcrae, I. (2016). How useful are primary care service areas? Evaluating PCSAs as a tool for measuring primary care practitioner access. *Applied Geography*, 72, pp. 47–54.

Mkandawire, P., Luginaah, I. and Baxter, J. (2014). Growing up an orphan: vulnerability of adolescent girls to HIV in Malawi. *Transactions of the Institute of British Geographers*, 39(1), pp. 128–139.

Panelli, R., Hubbard, P., Coombes, B. and Suchet-Pearson, S. (2009). De-centring white ruralities: ethnic diversity, racialisation and indigenous countrysides. *Journal of Rural Studies*, 4(25), pp. 355–364.

Schneider, A. H., Mort, A., Kindness, P., Mellish, C., Reiter, E. and Wilson, P. (2015). Using technology to enhance rural resilience in pre-hospital emergencies. *Scottish Geographical Journal*, 131(3–4), pp. 194–200.

Skinner, M. W. and Hanlon, N. (eds.) (2016). *Ageing resource communities: new frontiers of rural population change, community development and voluntarism*. London: Routledge.

Skinner, M.W. and Rosenberg, M.W. (2006). Managing competition in the countryside: non-profit and for-profit perceptions of long-term care in rural Ontario. *Social Science & Medicine*, 63, pp. 2864–2876.

Waitt, G. and Clement, S. (2016). Women drinking alcohol: assembling a perspective from a Victorian country town, Australia. *Gender, Place & Culture*, 23(8), pp. 1121–1134.

Zanjani, F. and Rowles, G. D. (2012). "We don't want to talk about that": overcoming barriers to rural aging research and interventions on sensitive topics. *Journal of Rural Studies*, 28(4), pp. 398–405.

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