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PROGRAMME

Research Brief

**Healthy ageing in
rural communities**

Ageing population – ROI

- At the 2006 census, there were 468,000 people aged 65+ (11% of the population).
- By 2041, there will be 1.4 million aged 65 and over (22% of the population).
- Life expectancy at birth is 76.8 years for men and 81.6 years for women.
- 95% of men and women aged 70 and over rate their health as very good (19%), good (50%) or fair (26%).
- 9.1% of people aged 65 and over are still in employment (Q2 2009).

Ageing population – NI

- In 2008, there were 248,500 people aged 65+ (14% of the population).
- In 2041 the 65+ age group is projected to make up 24% of the population.
- Life expectancy is 76.3 years for men and 81.3 years for women.
- 66% of people aged 70 and over rate their health as good (25%) or fairly good (42%).
- 9% of men aged 65 and women aged 60+ are still in employment (Q2 2009).

Source: McGill, P. Illustrating Ageing in Ireland North and South: Key Facts and Figures. Belfast: Centre for Ageing Research and Development in Ireland, 2010

Healthy ageing in rural communities

December 2010

The issue of healthy ageing is a major one. However, what contributes to healthy ageing in a rural setting has not been widely considered in research or policy, either in the Republic of Ireland (RoI) or Northern Ireland (NI). This briefing considers the issue of healthy ageing in rural Ireland, North and South and the experiences of older people living in three rural areas. It draws on a number of sources including national statistical reports, national and international research on rural ageing, government and non-governmental organisations reports and the findings from a report by the Healthy Ageing in Rural Communities (HARC) Research Network funded under CARDI's grants programme.

Key findings

- There are positive and negative aspects to ageing in rural communities: The positive aspects are a sense of community, strong family and social networks and a sense of attachment to place. Negative aspects of rural ageing include limited access to key services, absence of employment opportunities and a lack of social and recreational facilities.
- 12% of households in NI are pensioners living alone compared to 8% in RoI.
- In NI, 40% of poor single pensioners, 30% of poor pensioner couples and 26% of poor households with pensioners reside in a rural area or village.
- In RoI the risk of poverty in rural areas for all ages was 17.8% compared with 11.8% in urban areas. The risk of poverty for people aged 65+ in all areas is 9.6%
- Research from England suggests that rural pensioners need incomes 20% higher than their urban counterparts to meet additional costs of living. However, incomes in rural areas in RoI are 18% lower than in towns.
- In NI, 4.1% of houses in rural areas are considered unfit, compared to 1.6% in urban areas. In NI as a whole, people aged 75+ are most likely to live in unfit homes – they account for 32% of all unfit homes in NI.
- 70% of those aged 65 and over in RoI report their health as excellent, very good or good, compared to just 52% per cent in NI.
- In RoI in 2007, 21.5% of rural older people lacked central heating, compared to 9.1% of rural working-age people and 8.7% of urban older people. In comparison a 2009 NI survey found that just 0.3% of those aged 60-74 and 0.5% of over 75's lacked central heating with 1.2% of all rural households reported as having no central heating.

Understanding healthy ageing

Healthy ageing can be considered at different levels – individual, community and structural. There are also many factors which contribute to healthy ageing, including income, physical and mental health, service provision, transport and community participation.

International definitions of healthy ageing

The Australian government focuses on what people can do themselves to improve or maintain their health, stating: “Healthy ageing describes the ongoing activities and behaviours you undertake to reduce the risk of illness and disease and increase your physical, emotional and mental health”¹.

The Toronto Declaration on Equity and Health in 2002 maintains that: “Equity in health is a cornerstone of individual, community, societal and international well-being... Equity in health is built upon people having access to the resources, capacities and power they need to act upon the circumstances of their lives that determine their health”².

The Swedish National Institute of Public Health defines healthy ageing as taking an active part in society without discrimination: “Healthy ageing is the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life”³.

The World Health Organisation adopted the term “active ageing” in the late 1990s to convey a more inclusive message than “healthy ageing” and to recognise the factors in addition to health care that affect how individuals and populations age. Its definition is: “Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age”⁴.

¹ www.seniors.gov.au.

² Kanström et al, 2008.

³ Swedish National Institute of Public Health, 2007.

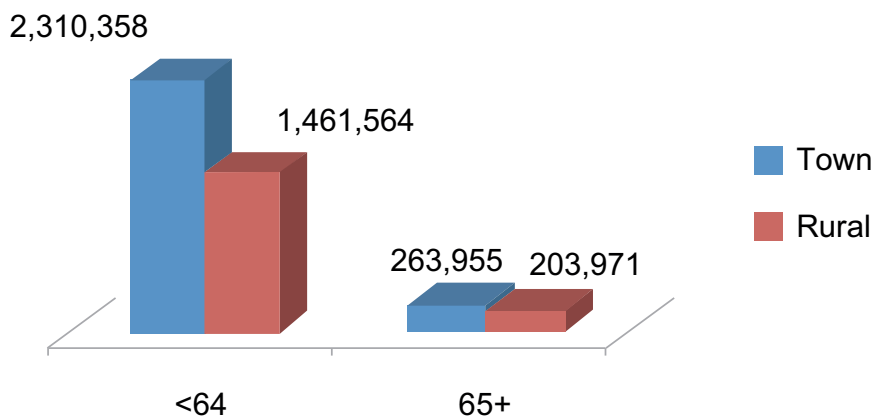
⁴ Active Ageing: A Policy Framework (2002). Geneva: World Health Organisation (p12).

Rural areas in Ireland, North and South – a snapshot

Population

In RoI, 2.57 million people live in towns and cities (61.3% of the total population) and 1.67 million live in villages and the countryside (38.7% of the total), according to the 2006 Census (CSO). Of all the people living in towns, 10.3% are aged 65 or older but the proportion of older people in rural areas is higher at 12.2%. However, as Figure 1 shows, there are 60,000 more older people living in urban than in rural areas.

Figure 1: RoI distribution of population by age group 2006



There are 4,000 more men than women in the 65-74 age group. In the 75-79 age group, there are 2,500 more women than men. In the oldest group (people aged 80+) the number of rural women has been increasing rapidly since 1971 and in 2006 exceeded rural men by 12,000, as shown in Figure 2.

Figure 2: ROI rural population aged 80+ by sex 1926-2006

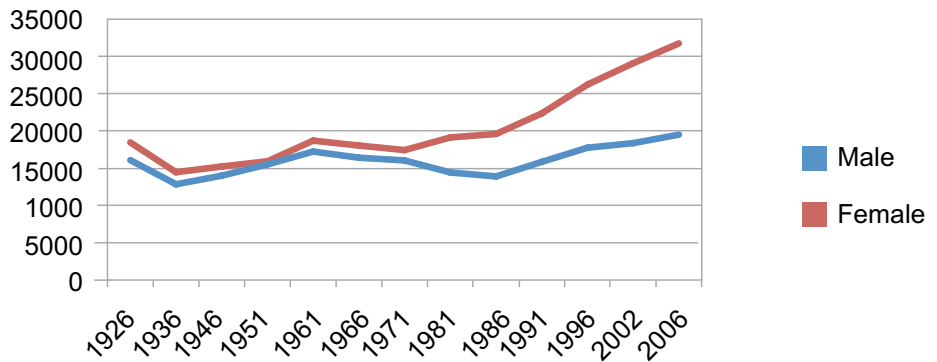
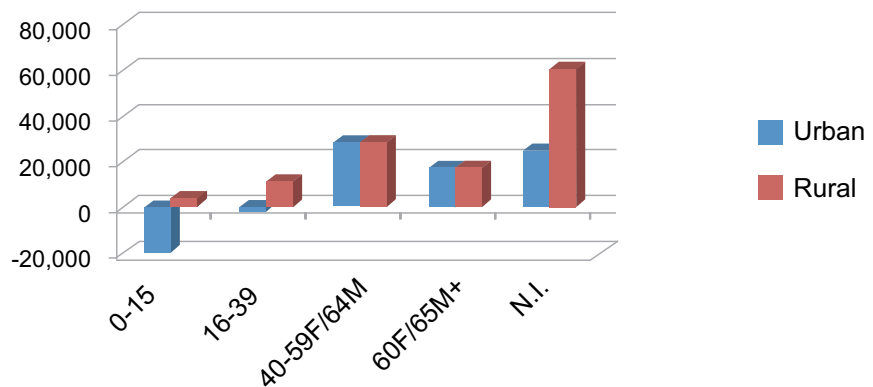


Figure 3 shows that in NI, the rural population has risen much more sharply than the urban one in recent years. This is due to the growing younger population in rural areas, whereas the number of pensioners has risen equally in both urban and rural areas (17,000 each)⁵. A third of all older people aged 60+ in NI live in rural areas.

Figure 3: NI change in population by age group 2001-08



⁵ The terms rural and urban are defined differently in Northern Ireland and the Republic of Ireland.

Risk of poverty

In RoI in 2009 the annual average disposable household income was €49,364 in urban areas and €40,522 in rural areas; both declined by 6% compared with 2008. Correspondingly, in rural areas the risk of poverty⁶ for all ages was 17.8% compared with 11.8% in urban areas; the risk of poverty for people aged 65+ was 9.6% but no urban/rural split is available (CSO, 2010). In NI pensioners independent of geography are at equal risk of poverty after housing costs (23%). Using 'before housing costs' figures, pensioners in the East of NI (47%) and West (39%) are at greater risk of poverty than those in Belfast (14%).

Health differences

A higher proportion of older people report themselves to be in poorer health in NI when compared to their counterparts in RoI⁷. For example, 70% of those aged 65 and over in RoI report their health as excellent, very good or good, compared to just 52% per cent in NI. The main difference is in functional impairment: 81% of older people in RoI reported that they were self-sufficient, compared to 61% in NI. However, no significant differences were found in the reporting of depression between the two jurisdictions. Despite the consistent finding of poorer self-reported health in NI, more objective measures of health status were broadly comparable. For example, 22% of respondents in RoI and 21% in NI reported being diagnosed with a chronic condition.⁸

McGee et al (2005) found that rural older people in NI visited their GP more often than their urban counterparts; while those living in urban areas were more likely to access services such as meals on wheels, chiropody, opticians and dental services. This reflects the findings of previous research by the Department of Health and Social Services in NI into equity of access to health and social care which indicated that for some services, those living further away from health and social care facilities avail of services less than those living in more accessible areas. (Rurality and the Need for Health and Social Care Services in Northern Ireland - 1999).

Fahey et al (2007) found differences in housing deprivation between rural older people and rural working age people, as well as between rural older people and urban older people. For example, 21.5% of rural older people lacked central heating, compared to 9.1% of rural working age people and 8.7% of urban older people. In comparison a 2009 NI survey found that just 0.3% of those aged 60-74 and 0.5% of over 75's lacked central heating with 1.2% of all rural households reported as having no central heating. In NI as a whole, people aged 75+ are most likely to live in unfit homes – they account for 32% of all unfit homes in NI⁹.

In terms of fuel poverty, an Irish Rural Link study into the implications of a carbon tax in RoI estimated that rural households spend more on coal and oil than urban households in RoI and as much as three times more on turf and peat¹⁰.

⁶ Using the standard definition of falling below 60% of the median income

⁷ Ward, et al (2009) and McGee, et al (2005)

⁸ CARDI and the Institute of Public Health in Ireland are currently conducting a study of chronic conditions, life expectancy and ageing, with a report due in 2011.

⁹ NI Housing Executive's '2009 Northern Ireland House Condition Survey'

¹⁰ Irish Rural Link, *Ignoring rural realities: The Implications of a Carbon Tax for Rural Ireland* (2009)

Different perspectives on rural ageing

Rural ageing can have both positive and negative aspects. On the negative side, lack of access to key services and poor transport creates particular problems for mobility and social inclusion. On the positive side among rural older people there is strong sense of community and attachment to place. This section documents research involving older people living in three rural case-study areas as detailed in a report published by the Healthy Ageing in Rural Communities (HARC) Research Network¹¹.

The Ards Peninsula (County Down, NI)

The Ards Peninsula is located on the eastern edge of Northern Ireland in County Down and comprises an area stretching some 20 miles south of an axis between the towns of Newtownards and Donaghadee. The Peninsula is within the commuting zone to Belfast which is situated some 10 miles to the west of that axis. In 2001, the total population of the Ards Peninsula was 19,316 persons, with 3,796 people aged 60 or over (20% of the population).

Blacklion (Cavan) and Belcoo (Fermanagh) cross border area

Belcoo, in County Fermanagh, and Blacklion, in County Cavan, are situated on the Fermanagh and Cavan border separated by a bridge over the Belcoo River. This is a mountain, hill and lakeland rural area of exceptional landscape quality with a local economy dominated by small farms and an increasing dependency on tourism and recreation. The population of the village of Belcoo in 2001 was some 200 persons, with that for Blacklion standing at some 174 persons in 2006. 21% of the Belcoo population is 60 or over and 20% of the Blacklion area is 65 and over.

Letterfrack (Connemara, County Galway, ROI)

The village of Letterfrack and its hinterland is located in north western Connemara in County Galway. Situated 51 miles north-west of Galway and 9 miles north-east of Clifden, the rural landscape features the Maunturk and the Twelve Pins mountain ranges, a scattering of loughs and an intricate coastline. In 2006, the population of the village of Letterfrack was 168 people, with 13% of the local population aged 65 years or over. Relative to the national average of 11 per cent aged 65 years and over, this marks an over-representation of older people in this area.

¹¹ HARC, *Older People in Rural Communities: Exploring Attachment, Contribution and Diversity in Rural Ireland and Northern Ireland* (2010) available at www.cardi.ie



We thought we were going very well in the past number of years, like we had a lot of services in and... we were saying you know you'll get your chiropody and then somebody said the chiropody is gone...It's the same in everything, it's the same in schools, we were just building up, we were just getting there but now with the cut backs that's where they seem to be cutting. I mean the chiropody only came once a month! (Source: Female Letterfrack focus group participant)

Services and the recession

Issues relating to service provision were common to the three areas. Participants reported there were insufficient health and social care services which were easily accessible. Other issues included: lack of public transport affecting access to cost-efficient supermarkets; limited banking services; absence of employment; and lack of social and recreational facilities. It was also found that mobile banking services, post offices, primary health care clinics, home-help support and community development projects were either under threat or had already suffered in all three case-study areas, either due to service rationalisation or the recession.

The effects of the economic recession compound existing challenges with service infrastructure. Interviewees and focus group participants described how the recession appeared to have a greater impact on rural communities than on other areas.

Transport

Inappropriate or insufficient transport is a key concern for rural older people. Accessing services is the core challenge, as for the most part, public transport in each area served the village centres, but did not connect to the surrounding rural area. When attempting to access crucial health services and health appointments, transport problems take on additional significance¹² for an older person.



I think you've defined quite well here, distance, isolation and in the middle of the country, you know very few services really. Isolation, I suppose would be the biggest one. (Source: Female, Ards Peninsula focus group participant)

¹² *Transport & Rural Ageing* (2010), a research briefing from CARDI on rural transport, examines issues regarding older people and rural transport in more detail.



Sense of Community

Participants reported that social visiting had at one stage been a major part of the social and cultural fabric of the three areas but this was felt now to be in decline. Despite the apparent decline of visiting, most participants described informal support networks as a strong component in their areas. They felt connected to their community through these networks, helping to foster a sense of belonging among the older residents and in some cases, a perception of social unity within their locality. It was apparent that the networks provided emotional and practical support for older residents in the three areas studied. A number of participants described neighbours and friends as a dependable source of assistance during periods of ill health and infirmity. Without such support there was a sense that the independence of some older people would not be possible.

Impact of groups

Local community groups were considered to play an important role in healthy ageing. Interviewees and focus group participants felt that there were direct health and well-being benefits associated with participation in groups. Participants underlined the importance of consistent financial resources for these groups if they are to sustain their activities into the future. Rural Community Network (2004) found that 50% of groups that provide services primarily to older people have an annual income of less than £10,000 per year.

Recipients and providers of support

Older people not only receive from their community but also contribute to their community. Research in rural NI found that older people are often an important source of social capital, contributing trust, reciprocity and co-operation to their local community (Heenan, 2010). The majority of older people in this research were actively engaged with their local communities in one form or another. They acted as volunteers for a range of other community organisations that contributed to the vibrancy of rural life, *e.g.* charitable groups, church organisations, historical societies and activity groups. Older participants were also engaged in a range of informal activities, including babysitting and assisting more dependent relatives and neighbours.



Do you understand me now, like if you're sick or sore in hospital for instance, you have them from Renvyle you have them even from Clifden, they'll come to see you. Once they know you, you know this sort of way, there's always a great unity between us. (Source: Interview with female Letterfrack resident)

Policy implications

The World Health Organisation (2002) states that “Specific attention must be given to older people who live in rural areas (some 60% worldwide) where disease patterns may be different due to environmental conditions and a lack of available support services”¹³.

Economies of scale arguments are most frequently invoked to explain spatial differences in health and social services provision between urban and rural areas. These arguments have not been contested in Ireland – North and South, because the debate has not yet moved beyond an economic efficiency framework. For fundamental changes to occur there will have to be a reassessment of the relative weighting given to efficiency and equity in public policy-making for rural areas. That can only happen if different models for healthy ageing and social inclusion in rural areas are considered.

There is a need to understand more fully the nature of inclusion and exclusion in rural communities, taking into account groups of older people which are more susceptible than others to poverty and multiple forms of deprivation.

Promoting healthy ageing in rural communities should be at the core of policies affecting rural areas. A common theme running through the case studies in the HARC study is the weakness of services provision for older people as a result of prolonged disinvestment. However, positive news comes from the fact that older people in these areas are living longer and healthier than ever before. While rural areas may be poor places to grow old in due to a lack of services and opportunities, they are rich in terms of community attachment.

Further research by the HARC network, funded under CARDI’s grants programme, is currently being brought forward to establish integrated benchmarks for health and social services provision, connectivity, transport and quality of life for older people living in rural communities¹⁴.

HARC

The members of the Healthy Ageing in Rural Communities research network are drawn from diverse academic and stakeholder organisations and include Sheelah Connolly, Queens University Belfast; Martina Gavin, FORUM Letterfrack; Caroline Maguire, Rural Community Network; John McDonagh, National University of Ireland Galway; Michael Murray, Queens University Belfast; Eamon O’Shea, Former Director, Irish Centre for Social Gerontology, NUI Galway; Tom Scharf, Irish Centre for Social Gerontology, NUI Galway; and Kieran Walsh, Irish Centre for Social Gerontology, NUI Galway.

¹³ Active Ageing: A Policy Framework (2002). Geneva: World Health Organisation (p12).

¹⁴ *Social Exclusion and Older People in Diverse Rural Communities* (due in 2011)

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