

Net Loss Population Settlement Patterns and
Maintenance of Rural Health Status:
A Case Study in Atlantic Canada

Final Report- Executive Summary

September, 2003

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This project was funded by:
Strategic Initiative in Rural Health: Diagnostic and Integrative Projects
Canadian Institutes of Health Research

Acknowledgements

We would like to acknowledge a number of individuals and organizations who have made this research possible. First, we would like to acknowledge the Canadian Institutes of Health Research for funding the research. Through this financial support, the federal government recognizes the need to gain a better understanding of the rural experience.

Second, we would like to express our sincere appreciation to all members of the research team – Pamela Fancey, Kate Hemeon, Christine Kennedy and Patricia Thille. All of these individuals made significant contributions to this work, helping to achieve our research objectives: Pam and Kate, for their roles in coordinating the work of all the team members and keeping us on track; Kate, who organized demographic information about rural communities, developed a comprehensive community profile utilizing secondary sources and assisted with the community case study work which included setting up focus groups/interviews, reviewing and coding transcripts and analysis; Christine, for her work on Section 4 and in particular her tenacity with a complex dataset, the 1996 General Social Survey; and Patricia, for her conceptual insights into Section 3, her enthusiasm and interest in issues related to community development, and her role in the case study conducting interviews and coding data.

We would also like to thank a number of other individuals who have contributed to this project: Judy Dickinson and Brenda Hattie for their hours spent transcribing interviews and focus groups; James Boxell, Curator, Map & Geospatial Information Collection, Dalhousie University, for producing a customized map of the Parrsboro and surrounding area; and Cecily Barrie for her attention to detail while editing.

Finally, we would like to express our sincere appreciation to the numerous individuals and organizations from the Town of Parrsboro who participated in the case study portion of this research. Specifically, we would like to thank Doug Robinson and Dora Fuller for their assistance in developing a foundation for the research process in Parrsboro as well as members of the Lions Club, the Parrsboro and Area Board of Trade, the Parrsboro and Area Food Bank Society, the Community Health Board, the 689 Handley Page Air Cadets Squadron and the Over Sixties Club for their insight. Your willingness to participate and contribute your perspectives has made a significant contribution to our understanding the challenges that rural communities face. Thank you for welcoming us into your community and the opportunity to work with you.

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Executive Summary

Introduction

This research focuses on social supports as they relate to the maintenance of health in rural Atlantic Canada and the impact population change has and will have on such relationships. Sporadic changes in population patterns are predictable and they reflect the dynamic nature of human populations. While these changes will have an impact on communities of all sizes, rural settlements are affected differently by population change due to factors that already distinguish rural areas from urban ones. In Canada, population loss in rural areas affects the governmental provision of formal services such as education and health care. Changes in formal service provision may fuel further changes in the population, but may also provide the foundation upon which rural residents mobilize other support systems within their communities to ensure that the needs of community residents are met. The composition of social support within communities varies according to the local needs. Different forms of social support have varying levels of success in maintaining or improving the health and well-being of individuals in the community.

There is little Canadian research that considers the impact of population change on health status and health services within rural communities. Much of the research only applies to one or two of these factors and can be linked only tentatively. Moreover, while the use of the rural–urban divide in the literature has substantiated a distinctive rural experience, this conceptualization remains problematic because it does not allow for a comprehensive understanding of variations amongst rural areas. Rural communities have unique pressures and needs with regard to the health and well-being of their inhabitants. For example, rural areas have higher proportions of elderly residents with higher support needs for maintenance of individual health status. Issues of geographic isolation, transportation and a lack of health care providers also affect the availability of formal services in rural areas.

In Atlantic Canada, the proportion of people who reside in rural areas is more than double that of the Canadian rural population and population aging is occurring at an accelerated rate. Atlantic Canada is a relevant locale to research the rural experience and strategies that rural communities use to manage these population changes. Little is known about those strategies that are successful in maintaining or improving the well-being of residents in rural communities and why certain strategies are more successful than others.

Goal and Objectives

The goal of this research is to develop a better understanding of the impact of population change on individual and community health of rural Canadians with a focus on Atlantic Canadians. Specific objectives are:

- To review the literature on health services, health status and social support in the context of rural Canadian communities;

- To analyze patterns of social support among rural Canadians using the 1996 General Social Survey and a single non-representative community case study; and
- To interpret key findings with a view to informing policy directions toward sustainable and healthy rural communities within an Atlantic Canadian context.

In addition to the stated objectives, a comprehensive socio-demographic analysis of rural Atlantic Canada, by province, was undertaken using Statistics Canada secondary data sources. This additional work, not stated in the proposal, provides extensive information on population trends in rural Atlantic Canada, and the key indicators of population change; factors which affect health and well-being of communities and availability of social support.

The objectives of this research were achieved through multiple methods which included quantitative and qualitative analyses. A number of Statistics Canada data sources, the General Social Survey Cycle 11 and a case study of one specific rural community in Atlantic Canada were analyzed to map intersections of three key areas: 1) population change, 2) regionally specific economic, social and demographic factors, and 3) individual helping behaviors and community strategies to maintain health status.

Population Trends in Rural Atlantic Canada

A larger proportion of Atlantic Canadians live in rural areas compared to the national level and the Atlantic Provinces report a higher median age than the Canadian average. Both of these statistics reflect the greying of the rural Atlantic Canadian population. Moreover, the population of Atlantic Canada declined between 1996 and 2001 despite growth at the national level. Natural increase and migration emerge as two key indicators of population change for the Atlantic region. First, immigration is largely responsible for national population growth, but has limited impact in Atlantic Canada, particularly rural Atlantic Canada. Internal migration has more impact; there is an ebb and flow of persons across Canada and amongst Atlantic Canadian provinces. Net migration rates for Rural and Small Town areas in Atlantic Canada are lower than other rural areas in Canada and certain urban centres in Atlantic Canada are attracting more in-migration from rural residents and other provinces, thereby experiencing stronger growth than others. Second, when considering the components of natural increase (birth and death rates) from 1996 through 2000, a direct inverse relationship was found in each Atlantic Province: decreasing birth rates and increasing death rates resulting in an overall decline in natural increase. These statistics support the finding that rural areas in Canada are distinctive from their urban counterparts and within the region; the rural experience is not homogenous.

Helping Relationships of Rural Canadians

Rural Atlantic Canadians are actively engaged in unpaid assistance to others. According to Census data, the proportion of rural Atlantic Canadians providing unpaid housework is slightly less than their national counterparts, but the proportion of rural Atlantic Canadians who provide unpaid care or assistance to seniors is similar. Gender differences

exist in relation to such unpaid work. Greater proportions of women provide such assistance and devote more hours.

According to analysis of the General Social Survey, Cycle 11, rural Canadians' participation in helping relationships reinforces the supportive nature of rural communities. Two key factors distinguish rural Atlantic Canada from non-rural Atlantic Canada and these factors have implications on helping relationships: a greater proportion of rural Atlantic Canadians have lower financial resources and live with at least one other person than rural non-Atlantic Canadians. The availability of others and the inherent limitations that reduced financial resources will have may increase the reliance on and access to informal social support networks.

In terms of helping relationships, gender, age, living context (marital status, living arrangements, presence of children under 15 years and proximity to grocery store) and human capital variables (personal and household income, educational attainment and employment) emerge as defining characteristics across all types of instrumental and expressive forms of assistance. Rural Atlantic Canadians compared to rural non-Atlantic Canadians more commonly engage in both giving and receiving assistance overall, and more specifically, with emotional support. Further, a greater proportion of rural Atlantic Canadians more commonly receive assistance only compared to rural non-Atlantic Canadians.

Helping Relationships of Rural Canadians Due to a Long-Term Health Problem or Physical Limitation

According to an analysis of the General Social Survey, Cycle 11, 14% of rural Canadians provide help to others with long-term health problems or physical limitations, most often with non-household tasks such as grocery shopping or transportation. Within this group, many of those who provide help do so for family and friends. In terms of assistance received by rural Canadians due to long-term health problems or physical limitations, housecleaning is the most common task. Less than one-fifth of rural Canadians receive assistance only and the major source of this assistance is also family and friends.

Population Change and Maintenance of Community Health Status

A case study of the Town of Parrsboro, Nova Scotia, demonstrates that the effects of population loss on health must be understood within the context of broader population changes including population loss, population aging and recent shifts toward seasonal residence. Parrsboro has experienced provincial restructuring in the provision of health services, resulting in declining confidence in health services and a perceived lack of accountability. On the other hand, this restructuring also serves as the impetus for the development and continuation of successful community health initiatives. In the face of these changes, residents have also adopted helping behaviors toward family and friends as temporary, complementary and compensatory services. Volunteerism is seen as an extension of these helping behaviors. The long-term effectiveness of these strategies has yet to be determined and requires further examination. It appears volunteerism is waning

and sufficient resources are currently not available to develop strategies to redress this situation. Additionally, changes in traditional gender roles coupled with current population trends may force rural communities such as Parrsboro to develop new strategies to maintain their health and well-being. They cannot do this without a greater recognition of their needs from federal and provincial levels of government.

Population Change, Social Support and Community Health

This research confirms that social supports as they relate to the maintenance of health in rural communities are affected by population change. The intensity of this effect varies by region as well as within the region. Rural Atlantic Canada is experiencing significant shifts in their demographic composition due to economic processes and social factors. What remains are small towns, villages and countrysides grappling with the realities of an aging population. These shifts affect, and are affected by, the formal provision of key services such as health and education. Changes in formal services through health care restructuring may precipitate population change, but may also provide the foundation upon which rural residents mobilize other support systems such as family and friends to ensure that their needs are met. However, the availability of such support systems may also be affected by such shifts, leaving rural residents at risk of reduced access to informal support to address their increasing health needs. The reliance on rural communities as helping communities and providers of informal supports must begin to fully account for the challenges of maintaining health in rural communities in Atlantic Canada.

Policy Considerations

The results of this multi-method study highlight a number of recommendations that analysts and decision makers at a variety of levels should consider when developing policy that affects rural Canadians and particularly rural Atlantic Canadians. Specifically, it is recommended that:

- ✧ *Policy makers at the federal, provincial and municipal levels of government employ a rural and a regional lens when developing social and economic policy. In this way, policies can both take into account and address the way in which resources are distributed, particularly those resources that influence social supports.*
- ✧ *When allocating funding for health, social and education services that federal and provincial governments take into consideration how populations are constituted and their physical and social environments. In this way, policies of dispersing monies on a per capita basis can be weighted to address the needs of the community.*
- ✧ *Health decision makers view determinants of health with a rural lens. In this way, policies that address the health of the population will better account for the rural contexts, particularly the interplay among the determinants in rural contexts.*

- ✧ *Government-based health, education and social service departments integrate their human resources to serve the needs of the community. In this way, delivery of essential services can be community-centered and community-based rather than system-centered.*
- ✧ *The role and resources of Community Health Boards be expanded to allow decision making that directly influences the short- and long-term community health needs. In this way, the process by which health care policy is developed will be based on community input, enabling provincial health decision-makers to better address issues of accountability and needs for community-level services.*
- ✧ *Local governments of rural communities implement strategies and policies that directly foster the health and well-being of the community.*
- ✧ *Employers, workplaces and community groups be encouraged to enhance the abilities of all individuals to participate in caregiving, and in receiving care. In this way, depictions of those who give and receive care will represent a range of community members.*
- ✧ *Policy directions and community-level strategies be directed to enhancing economic opportunities in rural areas. In this way, opportunities will be created for individuals to become involved in increasing or enhancing their own potential and that of their community.*
- ✧ *Governments at all levels recognize the need for sustainable support to volunteers and that they direct resources to support a sustainable base of voluntary activities. In this way, concerted and tangible support may be available to promote and foster volunteerism in the community to exist along side government provided resources.*

Future Research

This research has advanced an understanding of the rural experience in terms of population change and maintenance of health and well-being. Future research that examines gendered work in rural areas is an important factor in understanding social supports in rural areas. Particularly, research on the gendered division of paid and unpaid work in rural areas will provide policy makers with more in-depth information regarding the changes in social supports in these areas. Why particular strategies are effective for some communities and not others should form the basis of studies regarding best practices in rural areas. Such studies should consider longitudinal methodologies that will allow an assessment of these practices under conditions such as population change. Finally, a comparison of rural communities across the country to determine similarities and differences between and within rural communities would elicit greater understanding of the effectiveness of strategies that communities use to maintain health in the face of population changes and health care restructuring.

Conclusion

More than one million people in Atlantic Canada live in rural areas and these areas are experiencing significant shifts in their demographic composition due to economic processes and social factors. This study has benefited from a multi-method approach to examining the intersections among population change, regionally specific economic, social and demographic factors and individual helping behaviors and community strategies to maintain health and well-being in Atlantic Canada. This research recognizes the value of including the experiences and voices of rural Nova Scotians with analyses of national data sets, allowing for a greater appreciation of the ways in which macro-level policy plays out in the lives of communities and individuals. We strongly urge analysts and decision makers to consider inter- and intra-regional variations and rural and regional lenses when developing social and economic policy. Sweeping assessments of the rural experience mask the intricacies and nuances that prevail throughout rural Canada and specifically rural Atlantic Canada.