

Understanding rural and remote health: what do the experts think?

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Judy Taylor has a background in community service development in rural, regional, and remote locations in north Queensland and South Australia, working firstly in the non-government sector in women's services and then with the Queensland Government. As a researcher Judy has a four-year mid-career PHCRED research fellowship that she will complete in 2011. The topic is to uncover the community-level factors that influence community health development in rural, regional, and remote locations. Projects include the one that is the focus of this presentation—the role of communities, in partnership with the health sector, in primary prevention.

Objective

A better understanding of rural and remote health could identify where change is required to improve overall wellbeing. Recently, a team of rural and remote health academics developed a conceptual framework to provide a better understanding of rural and remote health. The framework articulates the complex interactions between the social determinants of health, the current health systems, people's behaviours and actions, and rural and remote contexts. The goal of this paper is to test the relevance of this framework by comparing it with the perspectives of experts in rural and remote health.

Design

The study is a qualitative investigation to provide in-depth information about what is at the heart of the disciplines of rural and remote health from experts who have worked in, thought about and contributed to these fields.

Setting

Interviews were conducted face to face throughout Australia with 'experts' in rural and remote health.

Method

Interviews were conducted with 20 key informants systematically selected from those who have worked in rural and remote health for 5 years or more in the areas of education, research, policy, practice, Indigenous health or advocacy. All interviewees were given a full and summary copy of the conceptual framework prior to interview. All interviewees were asked about what they thought was key to understanding rural and remote health and to provide feedback on the framework. Interviews were coded and analysed thematically.

Findings

While the majority of interviewees agreed with the conceptual framework, they also raised other aspects that assist in defining, distinguishing and understanding rural and remote health. There were many similarities about what is at the heart of rural and remote health but also differences about how these should be discussed, measured and utilised.

Conclusion

This paper suggests that while rural and remote health comprise professionals from a range of backgrounds and disciplines, many agree on what is at the core of rural and remote health. Rural and remote health professionals share some common beliefs from which an identity for the disciplines can be built and common directions for the future can be developed. Promoting the similarities across these disciplines could strengthen commitment to these fields and assist in recognition of what rural and remote health are all about to those outside the fields.