Policy brief

UNECE

Older persons in rural and remote areas

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2002 Regional Implementation Strategy of MIPAA, Commitment 2: "To ensure full integration and participation of older persons in society". Programmes should be aimed at rural and remote areas, where older persons might find themselves isolated, without access to their immediate families or to social and other types of infrastructure. **Commitment 7: "To strive to ensure quality of life at all ages and maintain independent living including health and well-being"**. Special attention should be paid to older persons living in rural or remote areas, who often have difficulties accessing health and social services.

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Challenging context

Rural and remote areas in many countries experience more pronounced population ageing than urban areas and subsequently, have a higher share of older residents. Lower population density and more geographically dispersed populations make it more difficult and expensive to create and maintain a comprehensive service infrastructure as common in urban areas.[1] Consequently, rural populations have less access to services and activities and their situation may aggravate further when combined with poorer socio-economic conditions. This puts rural populations at a disadvantage compared to urban ones and can be particularly problematic for older people who may face a greater risk of social isolation, reduced mobility, lack of support and health care deficits as a result of the place in which they live.

Suggested strategies

To recognize and meet the needs of older persons in rural and remote areas, policies need to be flexible and sensitive to local variations in cultural and physical realities. They can best be designed and implemented at a local or regional level, and supported by higher levels of government. Strategies should be collaborative to reflect the interlinked nature of many challenges facing older people in rural areas. The following are overall strategies:

- Reducing health inequalities by providing older people with better access to health and social care services including emergency care and mental healthcare
- Joining up transport, housing, health and social care services to improve cost-effective service provision and access to services for older people
- Developing cost-effective transport solutions to afford accessibility to services and better social integration
- Improving housing and local environment conditions to allow older people to 'age in place'
- Developing volunteering and community-based initiatives to improve social integration of older people
- Stimulating bottom-up social enterprises and collaborative ventures to improve the economic diversity and attractiveness of rural areas to encourage in-migration and further economic development.

Expected results

This policy brief calls for stronger collaboration between public and private service providers and an encouragement of bottom-up, community-led solutions to make services more cost-effective and accessible to older people in rural areas. If socio-economic, health, social integration and mobility obstacles faced by older people can be surmounted, older people in rural areas can achieve the same quality of life as older people in urban areas. Access to services that will benefit older people will also benefit younger generations and increase the overall quality of life in rural areas.

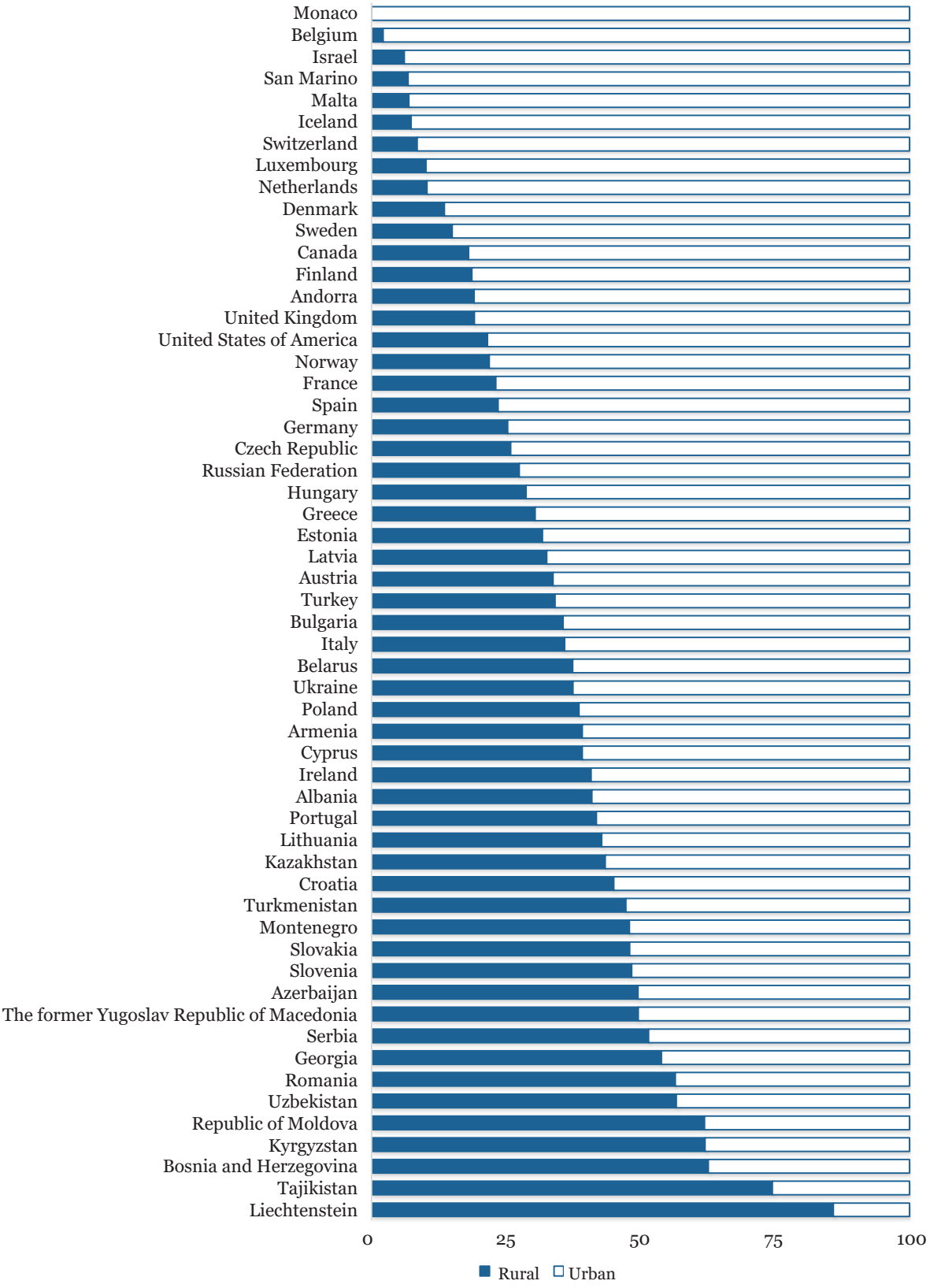
With good practice examples from:

Albania, Austria, Canada, Denmark, France, Germany, Lithuania, Netherlands, Poland, Russian Federation, Serbia, Spain, the United Kingdom and the United States of America.

United Nations

[1] Such as transport/health care/social services/education/ICT/retail/culture

Figure 1
Distribution of people 65+ living in rural and urban areas in 2015
(percentage of total population)



Source: own illustration, data from United Nations, Department of Economic and Social Affairs (2015). "World Population Prospects: the 2015 Revision".

Introduction

Populations across the UNECE region are ageing – in both urban and rural areas.[2] While overall about one in four people in the region live today in rural areas,[3] this is true for almost one in three people aged 65 and over albeit with significant variation across the region as Figure 1 illustrates.

Older people living in rural or remote areas often face difficulties specific to their place of residence. Low population density, geographic distance and difficult accessibility of remote areas in particular pose a challenge for public transport, service provision and community life. Due to these characteristics, a comprehensive service infrastructure as common in urban areas (transport/health care/social services/education/ICT/ retail/culture) is more difficult and expensive to create and maintain. The lower level of economic activity in rural areas also limits the choice of service providers. An urban/rural divide in access to services and activities is the consequence, putting older rural populations at a disadvantage across a number of dimensions.

Urban/rural divide

Rural areas have been at a disadvantage in terms of opportunities for economic development and prosperity. Less developed infrastructures and distance to key transport routes make them less attractive for business investments. Many countries have witnessed rural to urban migration of the working age population seeking opportunities for employment in the cities rather than job creation in rural areas. The European Commission in its 2008 report[4] spoke of the "poverty of rural areas" to describe the phenomenon that despite remarkable differences among rural areas, disparities in living standard as expressed by GDP per capita indicate a possible disadvantage of the rural context compared to the urban one. Across the European Union countries, GDP per capita in rural areas remains at around 70 per cent of the EU-average for all areas.[5]

Lower per capita income levels among rural populations also tend to translate into lower levels of social protection. Urban/rural differences in the proportion of people that are covered by a national or any other health insurance scheme provide a telling example: the regional deficit in rural access to legal health coverage is almost two times higher than in urban areas (see Figure 2).[6] This health coverage gap may in part be due to many being self-employed in the agricultural sector, providing unpaid family work or having precarious seasonal work without access to health insurance schemes.

Another example for the urban/rural divide in access to essential services is sanitation. According to WHO/UNICEF data from 2012 for example, 94.3 per cent of the urban population in the UNECE region had access to improved sanitation services compared to only 88.5 per cent in rural areas.[7]

The urban/rural divide in access to needed services puts older people who have lived, worked and aged in rural areas at risk of experiencing the effects of accumulated disadvantage in their old age compared to those living in urban areas. They may face higher risks of old-age poverty, poorer health status, less supportive environments in terms of access to transport services, opportunities for social participation, and access to health and care services. This policy brief will review some of these challenges faced by older persons in rural and remote areas and present examples of tailored solutions at the local level. These measures can contribute to reducing inequities and creating better opportunities for healthy ageing and well-being for rural populations.

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[2] The pace of ageing in rural areas has gained momentum over the last two decades: its population aged 40 and above accounts nowadays for 49 per cent –almost 8 percentage points more than in 1995, while the proportion of youth below 20 years old had declined by nearly six percentage points to account for about 25 per cent of the region's rural population. The respective changes in the age structure of the urban population were slightly lower over that period. (UN-DESA 2015).

[3] The criteria for what constitutes a rural and urban area are a combination of characteristics such as population density, administrative division, infrastructure (e.g. roads, electricity), etc.

[4] European Commission 2008.

[5] Eurostat 2013.

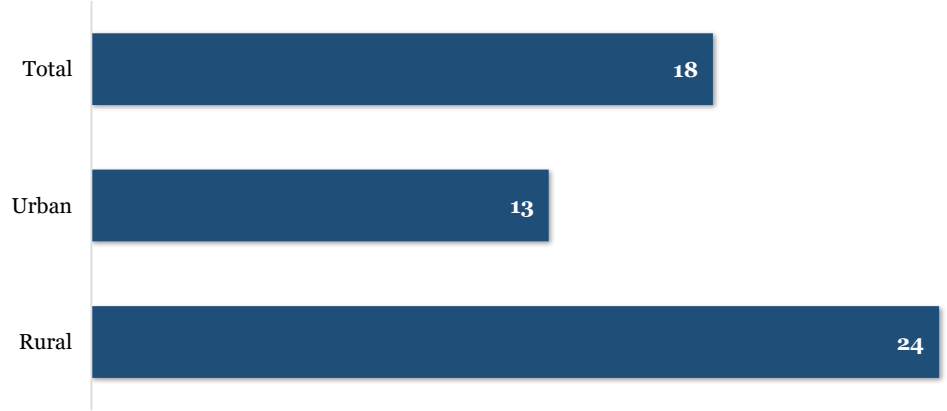
[6] 'Legal health coverage' refers to population protected by legislation and affiliated to a health insurance scheme (see International Labour Organization (2015), p.6.).

[7] World Health Organization; UNICEF 2012: Progress on drinking water and sanitation: Joint Monitoring Programme update.

Population ageing in rural areas

In two out of three countries in the UNECE region, rural areas are more strongly affected by population ageing. In aggregate, the difference in the proportion of the population in the age group 65+ is not very high between urban and rural areas (14.3 per cent versus 16.4 per cent, respectively), however there is significant variation across the region. In a number of countries where population ageing is advanced, such differences amount to 10 percentage points and more (i.e. Greece, Bulgaria, Malta, etc.) while in countries with relatively young populations this difference is nominal (see Figure 3).

Figure 2
Proportion of the population in UNECE member States not protected by legislation affiliated to a health insurance scheme, 2015
(percentage of total population)



Note: Estimates in percentage of population without legal health coverage. Coverage includes affiliated members of health insurance or estimation of the population having free access to health care services provided by the State. Data not available for Andorra, Liechtenstein, Monaco and San Marino.

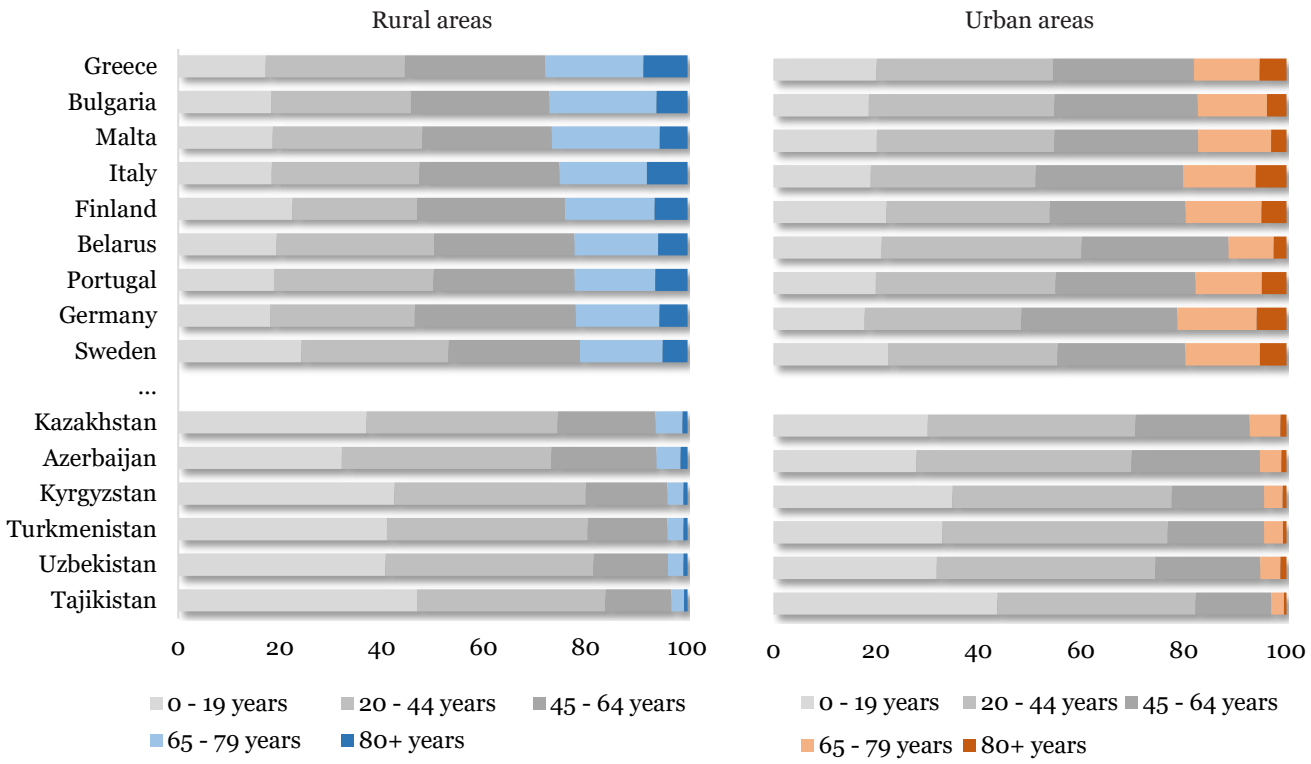
Source: own illustration, data from International Labour Organization (2015).

In almost every UNECE country there are more older women than men in rural areas.[8] At younger ages the gender distribution is close to parity, for the region's rural population aged 65+ the proportion is 54 women to 46 men and for the population aged 80+, it is 64 women to 36 men. In particular, in rural areas of Eastern European countries older women outnumber men to a greater degree. In Belarus, for instance, women make up 70 per cent of the rural population aged 65+ and 80 per cent in the age group 80+. These women may often be widowed and live alone and particular attention to their needs is necessary.

It is important to ensure that communities and regions that experience pronounced population ageing are prepared and adequately resourced in order to provide older people with access to the services they need. An enabling age-friendly environment not only supports older people in maintaining independence and their ability to "age in place" but also fosters social participation and involvement in community life, reducing risks of social isolation of less mobile rural residents. The following sections will review some of the challenges faced and provide examples of local initiatives designed to address them.

[8] Only in Andorra, Iceland, Sweden, Canada, and Switzerland, there are slightly more men than women among the rural population aged 65+, but only in Iceland, the same holds also for the rural population aged 80+.

Figure 3
Age Structure in Rural and Urban Areas
(percentage of total population)



Source: own illustration, data from UN-DESA 2014.

Health and social care

In many countries, there is an urban/rural difference in people's health and the social determinants of health. People in urban areas often enjoy higher life expectancy, better access to fresh food, water and healthcare services and overall better well-being. Rural populations frequently fare worse on many dimensions related to health, such as smoking, mental health, obesity and unintentional injuries.[9]

People living in rural areas also face greater difficulties in accessing health and social care services.[10] This particularly affects older people who may require these services more frequently and may face additional challenges accessing them if they start to suffer from a loss in mobility or cognitive function and for example can no longer drive to medical appointments. Geographical distances and less developed transportation services pose additional challenges.

[9] Unite for Sight, 2015. Urban versus rural health - Global health university. http://www.uniteforsight.org/global-health-university/urban-rural-health.

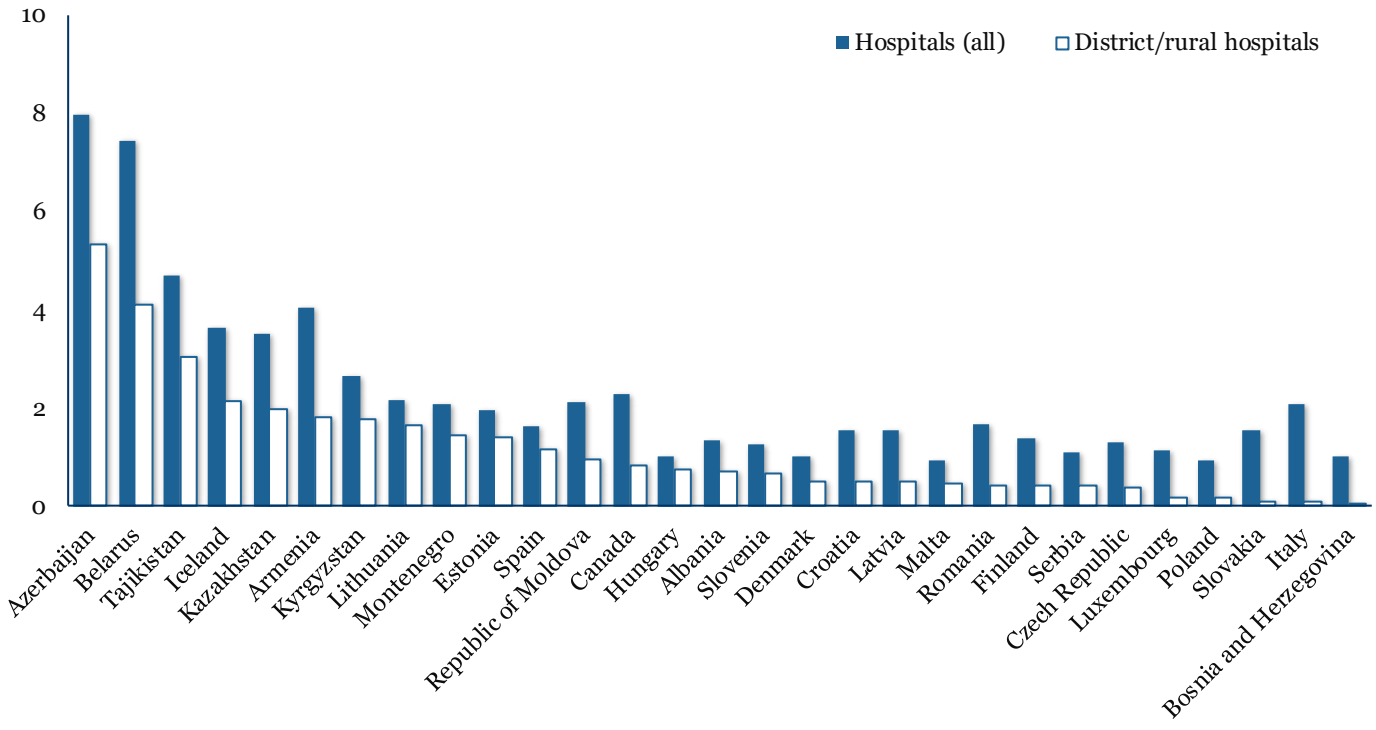
[10] International Labour Office 2015.

Coverage and access to healthcare

The healthcare infrastructure in rural and remote areas is often less well developed and limited in scope, particularly in very sparsely populated and deprived areas. The low population density makes it costly to maintain healthcare facilities. There are few economies of scale, high unit costs, elevated travel distances and costs, high opportunity costs and partly unproductive time for staff. This often hinders interest of the private sector and other non-state investors and can result in limited choice or single service providers that can dictate costs and quality of services for lack of competition.[11]

Geographical isolation and smaller population sizes for most rural and remote areas make it also difficult to meet the standards of service provision and healthcare common in urban settings. In general, there tend to be relatively fewer doctors, nurses and hospital beds per capita, and older people may face long travel times to visit basic care services and even greater distances for more specialized services. WHO data on the density of hospitals that show their lower coverage in rural areas in a number of UNECE countries provides a clear indication (see Figure 4).

Figure 4
Density of hospitals in selected UNECE member States
(per 100 000 population)



Note: All hospitals include the following hospital categories: rural and district, provincial (second level referral), regional/specialized/teaching and research hospitals (tertiary care).

Source: own illustration, data from World Health Organisation (2015). 'Global Health Observatory data repository'.

[11] Goins et al. 2006; Bull et al. 2001.

Service shortages also result from difficulties in recruiting and retaining health care personnel in rural areas. One measure that has been developed to address this challenge are scholarships that target the rural population and encourage young persons in rural areas to train in the medical field, for example by making provisions for flexible distance learning[12] or offering specific scholarship programmes such as the "Scholars in Rural Health" programme in the United States of America.

"Scholars in Rural Health" programme in the United States of America

To address the shortage of primary care physicians in rural Kansas, the "Scholars in Rural Health" programme was set up to identify and train undergraduate students from rural Kansas who are interested in building careers as physicians in rural areas. The programme provides up to 14 scholars per year assured admission to the University of Kansas School of Medicine. It exposes students to the variety of healthcare services in rural areas, including hospital and office practice. During the junior and senior undergraduate years, scholars learn at the side of an assigned mentor in the region of his or her home community. Next to meeting educational requirements, applicants are required to be a Kansas resident, have experience living in a rural community and an intention to practice medicine in rural Kansas. In addition, participants receive priority consideration for the Kansas Medical Student Loan program, which provides tuition and living expenses for 120 students each year. In turn, loan recipients agree to specialize in primary care or emergency medicine and work in a medically underserved area of Kansas.

Source: http://www.kumc.edu/school-of-medicine/education/premedical-programs/scholars-in-rural-health.html.

Reasons for the difficulties in recruiting and retaining medical staff in rural areas include high workload and negative perceptions of rural areas as unattractive, especially by non-locals. Short-term placements for medical students could help to bring healthcare staff to rural areas. Introducing short urban/rural exchange schemes or programmes that provide temporary clinical coverage to underserved areas so that individual healthcare providers can have time off may help to make rural healthcare jobs more attractive.

Another option that can be considered is to decentralize health services to primary care settings or shape them in a hub-and-spoke design,[13] and better coordination and integration of services provided by different organizations.[14]

The provision of services on the ground could be adjusted in a cost-effective manner by offering mobile services that visit remote areas according to a timetable. A 'flying doctor' or nurse may visit each month allowing walk-in consultations without appointments. In Finland for example, the project "Mallu does the rounds"[15] provides easy-to-access medical service to people in rural areas. A bus has been transformed into a mobile healthcare center where nurses provide medical services and only refer patients to a doctor if necessary. This has the double benefit of allowing doctors to focus on their principal tasks, thereby improving the efficiency of regional health centers and of saving patients the time and hassle to travel long distances for medical services, which has proven to discourage older people from using services.[16]

[12] National Rural Health Alliance 2005.

[13] While this design has various forms, in its simplest it refers to the idea of having one large, regional medical facility (the hub) that directs resources to smaller more rurally located clinics (along spokes) that provide preventative and emergency care whilst feeding data back to the larger hospital.

[14] TNS-BMRB and International Longevity Centre 2013.

[15] Project website: http://www.eksote.fi/toimipisteet/mallu-auto/Sivut/default.aspx.

[16] Arcury et al. 2005; Wenger 2001.

Mobile mammography units in Albania

In Albania, mobile mammography units improve the access to basic screening services for breast cancer for older women living in remote areas. During the last 20 years, breast cancer has been increasing dramatically and particularly women over the age of 50 are at higher risk of being affected. Although the awareness in society is increasing and early detection services are improving, the difference between big cities and rural areas remains large. To improve the access to basic screening services for women living in remote areas, the Ministry of Health initiated two mobile mammography units. They were introduced in January 2015 and coordinated by the Institute of Public Health.

The screening services are free of charge for all older women in remote areas. According to a plan published in advance, the units visit small towns and villages and station there for about two weeks on average. The service is provided in collaboration with public health authorities of the region and accompanied with awareness campaigns. Around 15 women are visited every day. Women aged 50 to 70 are the largest beneficiary group. The programme is considerably improving access to prevention care for women over 50 years old in small towns and villages of Albania. Since January 2015, more than 30 areas have been visited and almost 8,000 women have already benefited from it.

Sources: Information provided by the Albanian Ministry of Social Welfare.
Project website: http://ishp.gov.al/category/mamografi/

Using ICT for healthcare in Denmark and Lithuania

The project "Telemedical Assesment of Ulcers" demonstrates how technology supports and improves cross-sector cooperation between municipal nursing and regional ulcer treatment at the hospitals in Denmark. Patients, who are not very mobile and for example live far away from the hospital, can benefit from this practice. Between 35,000 and 40,000 people in Denmark are estimated to have ulcers on their feet or legs as a consequence of diabetes or reduced vein function – a great part of the patients are older persons living in all regions of Denmark.

On 1 September 2012, Denmark' first nationwide telemedicine project was initiated: telemedical assessment of ulcers. By using telemedicine, the municipal home care system together with the doctors at the hospital are able to treat patients' ulcers more efficiently and with greater patient satisfaction. When the home care nurse visits the patient, she takes a photo of the ulcer with her mobile phone. She forwards the image to a web-based ulcer record, and then enters all her observations on the ulcer on her tablet PC – size, infection etc. – into the record. A doctor or specialized nurse at the hospital examines the image and the notes in the record and writes a reply, for example with new instructions for treatment or new medication. The patient can also access his or her own record and monitor development in the treatment – and, moreover, will not have to interrupt everyday life to attend the hospital for treatment. The project aims to achieve a 30 per cent reduction of ulcer healing time, fewer home visits by municipal nurses, fewer outpatient visits to the hospital for the patient and better use of the hospital's resources since specialists only have to attend to patients with the most complicated ulcers.

The Eastern Lithuania Cardiology Project implements new ICT solutions and optimizes the access to specialized medical services for patients with cardiovascular diseases in rural areas of Lithuania. The main objective of the project is to develop and implement a modern multifunctional IT infrastructure. By interlinking 40 healthcare institutions at different levels of the healthcare system, a multipurpose network of cardiology was formed. Partners were linked using a high-speed network which enables the use of teleconsultations in remote areas and real-time diagnosis of ultrasound images supported by electrocardiography and sound from a digital stethoscope. This network also facilitates immediate and precise assessments of complex cases by university-based specialists from any of the 15 cardiology departments in district hospitals. Regular teleconferences allow for a better management of patient-cases and peer consultations. The interconnection was supported by four mobile teams in four mobile intensive care ambulances, working 24/7, covering the entire region.

Sources: for Denmark: Information provided by the Danish Ministry of Health.
For Lithuania http://ehealth4citizen.eu/fileadmin/user_upload/Symbole/Good_Practice_Cases_FINAL_w._quality_review.pdf
Project website for Lithuania: http://www7.santa.lt/rlkp/en/about.asp

Telemedicine

Technological advancements offer an immense, though still somewhat untapped, potential in the provision of healthcare in rural areas. New health information technologies offer the possibility of levelling the playing field between access to healthcare in urban and rural areas as they can render geographical location irrelevant. 'Telemedicine' for example – the delivery of healthcare through remote means – can enable rural hospitals to better serve the needs of rural patients at low costs through remote consultations and in-home monitoring. Remote consultations for basic health concerns and follow-up appointments reduce the need for the patient to travel to the hospital – a crucial factor for older people who may not drive and be poorly served by public transport. In-home monitoring allows biomedical parameters of a patient to be sent electronically to the hospital where they can be monitored by healthcare professionals. This constant assessment improves the care afforded to rural patients as the reaction time to a problem can be more immediate. In particular, information and communication technology (ICT) solutions address the issue that greater distances can increase risks in medical emergencies[17] and also result in poor health outcomes for those with chronic conditions such as diabetes and dementia.

The use of technology to improve older people's access to healthcare is not without challenges, however. It demands that older people accept the recommended device and are able to use and maintain it accordingly. Furthermore, there is a significant fear that technology may replace human interaction only in order to satisfy the drive towards efficiency and lower costs. In many cases, it may thus be important that it is offered as a possibility, rather than forced upon older people, many of whom may still prefer the option of travelling to see a doctor or healthcare specialist to have personal contact in healthcare.[18]

Emergency care and ambulance provision

Accessing pre-hospital emergency services can be a significant concern in rural and remote areas. Older rural residents may be less likely to utilize ambulance services than their urban counterparts and there is some evidence to suggest that rural residents suffer adverse effects from the time it takes for ambulances to reach accidents and medical emergencies.[19] Inevitably, hospitals and paramedics are located further from their immediate vicinity, road infrastructure may be less well-developed and thus response times are often longer. This is exacerbated further because rural emergency services typically serve such expansive areas meaning that drivers need excellent knowledge of minor road networks. In Ireland, for example, a recent report found that only 6.6 per cent of ambulances were reaching patients in the 8-minute target time in rural areas compared to an average of 26.6 per cent across all areas.[20]

Improving the provision of emergency and ambulance services in rural areas is essential to bringing about greater health equality between rural and urban older adults. Ambulances can be fitted with GPS facilities that result in less reliance upon the knowledge of drivers, which evidence suggests leads to faster response times in emergencies.[21] Also, a broader consideration which does not measure solely response times as the criteria of effective emergency care is needed. This could enable emergency care providers to collaborate with local people in rural areas, for example, by initiating a 'community first responder' scheme, in which community volunteers are trained to administer medical treatment to residents of their local area whilst awaiting an ambulance.

[17] In Germany for example, the TEMPiS project connects regional hospitals without specialized stroke knowledge to the stroke units situated in larger cities via a 2-way video conference and CT/MRI-image transfer. Through this, stroke patients in rural Bavaria can be admitted to the nearest hospital and do not have to travel long distances to a specialized clinic, saving travel time, which can be lifesaving in case of emergency. (See http://www.tempis.de/ for details).

[18] For more information on opportunities and challenges of ICT use in care, see Policy Brief No. 15: Innovative and empowering strategies for care.

[19] Low J.T., Payne S., Roderick P. 1999.

[20] National Ambulance Service 2015.

[21] Gonzalez et al. 2009.

Access to specialists

In rural areas there is a lower density of medical specialists and older people with specific health issues may not be as readily referred to specialists as in urban areas. Mental health is an example to illustrate the dual challenge of low awareness and stigmatization that prevail around mental health issues and the distance to specialists that pose additional challenges to those concerned and in need of therapy.

Studies suggest that older people living in rural areas have higher rates of mental illness,[22] and that suicide rates are higher in rural areas and are often related to social isolation.[23] Yet for many older people in rural areas, access to mental health services is complicated by poor recognition and poor services. There is often reluctance to admit that one has a mental illness due to perceived stigma and negative attitudes in the community. Lack of understanding of the needs of older people by health professionals and stoic attitudes of many older people in rural areas exacerbate the problem. These factors are likely to delay recognition of mental health issues and lead to delay in treatment. Indeed, relative to the prevalence of mental illness, utilization of mental health services by older people in rural areas is often low.[24] When there is acceptance of one's condition, services are frequently unavailable or inadequate and inappropriate.

Adopting a more holistic approach where mental health services are closely tied with both physical healthcare and community health services can improve service provision. This could involve sharing resources: a school psychologist, for example, could also provide care to residents in the rural community. It could also contribute to the legitimisation and 'destigmatisation' of mental illness. In the Russian Federation, where poor mental health has been linked to low incomes in rural areas, the government had provided significant financial assistance to the agricultural economy, with some positive results on well-being.[25] Further suggestions are to ensure that staff practice culturally sensitive care provision (not only related to age but also situational, e.g. being aware of issues specific to farming families) and developing care linkages in rural communities so that different providers can collaborate to ensure that needs are met efficiently.

Farms for older people with dementia in Germany

Under the title "Farms as places for people with dementia", the German Centre of Competence for Dementia and the Chamber of Commerce in the state of Schleswig-Holstein launched a project to create farm-based care services for people with dementia in rural areas. In this specialized form of a care farm, farms and the agricultural environment are used to promote mental and physical health. Persons with dementia who grew up in rural areas may benefit from the familiar environment and the emotions triggered by it – research has found that farm-related activities such as feeding and observing animals or walking in nature can bring back memories and contribute to the well-being of older persons with dementia. Since the care farms are established in structurally weak rural areas, they have the additional benefit of supporting the local economy and increasing awareness of mental illness among the rural population.

Sources: Information provided by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.
Project website: www.lokale-allianzen.de

Provision and utilization of care services

The extent to which care is provided by formal and informal networks varies across UNECE countries. In Northern Europe, formal care networks predominantly provided by the public sector are most common. In Mediterranean countries and many Eastern European and Central Asian countries, there is a strong reliance on the informal care of family and friends, driven in part by multigenerational households and residential proximity.[26] In these countries, older women in particular are affected by the lack of informal care available in many rural areas. As younger women have traditionally provided care in rural communities to older persons with care needs,

[22] See for example Nair et al. 2015.

[23] Watt 1995.

[24] Bocker et al. 2012.

[25] O'Brien et al. 2010.

[26] Elizalde-San Miguel and Díaz-Gandasegui 2016.

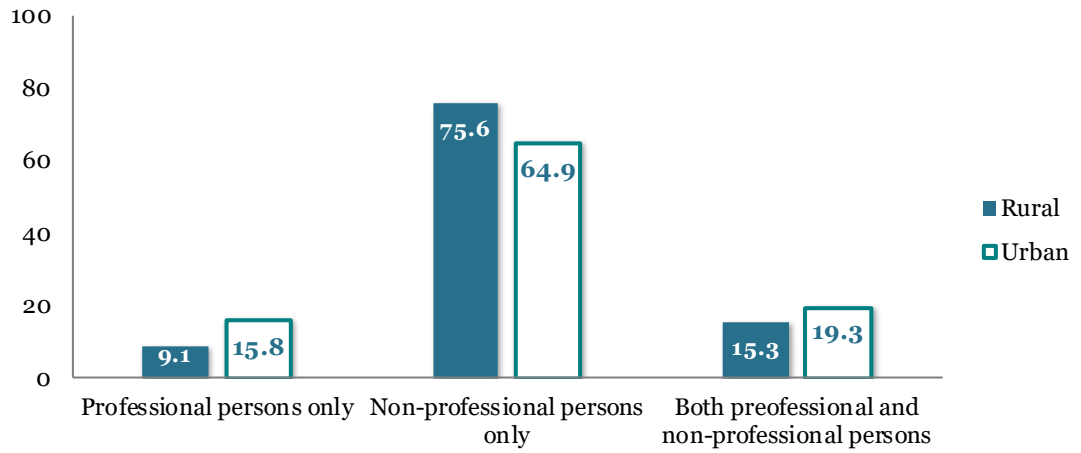
their out-migration can negatively affect the care offered to older people, among them many women who may be widowed. In Spain for example, there is a demographic disequilibrium in which there is a low ratio of women to men in younger age groups and a high ratio in older age groups.[27] Adjusting to this reality is complex, though encouraging signs indicate that men are playing a greater role in care provision in the absence of women. In some cases, temporary co-residency has replaced more permanent intergenerational household structures.

Maintaining strong community networks supports the domestic independence of older people in particular in the absence of family support. In countries where social care is provided more formally, many of the issues are similar to those faced with other services: limited transport, poor investment and staff shortages. Ensuring easy access to formal social care in these countries where family support networks are less prevalent is essential. One possible solution is to better link social care, mental health and wider healthcare services so that resources and costs can be shared.

The lower levels of service provision, difficulties in accessing services, and possible high costs are part of the reason why rural older persons are less likely to use formal care services than their urban counterparts. Generations and Gender Survey (GGS) data show that the share of older people who receive regular help with personal care from non-professionals only (including relatives) is higher in rural (76 per cent) than in urban (65 per cent) areas (see Figure 5).

This urban/rural difference in formal service utilization can also in part be attributed to cultural differences. The same GGS dataset indicates that in most countries, rural populations tend to more often emphasize the importance of family responsibilities in the care for older people. Older persons in rural areas of the UK for example, typically prefer to initially rely on support from their family and community, before asking for formal help. People's hesitance to ask for formal help reflects certain rural, generational norms and values, which prevent some older persons from voicing their needs and utilizing the services they are entitled to. In many countries, rural people have a strong sense of independence and self-reliance and a suspicion towards help from outsiders. They may be hesitant to 'burden' others, trying to manage on their own and wanting to rely initially on informal support.

Figure 5
Share of older people receiving regular help with personal care by source of care (2002-2011)
(in per cent)



Note: The countries covered in this figure include: Bulgaria, Russian Federation, Georgia, Germany, France, Romania, Belgium, Lithuania, Poland and Czech Republic.

Source: GGS Wave 1 (2002-2011).

[27] Camarero, L., Cruz, F., González, M., Pino, J.A.d., Oliva, J., Sampedro, R., 2009.

[28] TNS-BMRB and International Longevity Centre 2013.

Rural cooperatives for proximity services in Spain

The Spanish Federation of Rural Women Associations (FADEMUR) introduced the programme "Rural cooperatives for proximity services: a social labour insertion pathway for rural areas". It enables rural women to participate in the workforce by offering training to unemployed women and women at risk of social exclusion who provide long-term care for older and dependent persons. So far, more than 3,000 women attended the three courses: "Social-health attendance for dependent persons at home", "Social-health attendance for dependent persons in social institutions", and "Basic cooking and catering tasks". Some of the women have found jobs and others have set up their own companies or cooperatives.

The trainings help women to turn the unpaid informal care work that they have traditionally provided in their families into gainful employment. This strengthens the local economy and improves the quality of life of care recipients and care providers in rural areas. In annual meetings, entrepreneurs, former students of the programme and members of cooperatives get together with the objective to disseminate this practice and create exchange networks. Additionally, awareness raising workshops are organized in small villages on the topics of healthy and active ageing, which are much needed in rural areas due to ageing of their populations and isolation of older people in these areas.

The programme "New Pathways" by the foundation Cepaim in Spain's region of Molina de Aragón brings together older persons in rural areas in need of home care services and immigrant families looking for employment, thereby combining two objectives: first, it improves the living conditions of older people in these rural areas and second, it provides employment and integration opportunities to immigrant families in need of employment. Those families are identified and offered relocation after informing them about the local conditions. The families can choose from a number of possible employment opportunities such as providing home care services. In order to meet the needs of older persons and to ensure adequate service provision, the future caretakers undergo training and a selection process by the family. Continuous follow-up checks by Cepaim ensure that both parties are satisfied. The project is financed by the Ministry of Employment and Social Security and funded by the European Social Fund.

Source: Information provided by the Spanish Ministry of Health, Social Policy and Equity (IMSERSO).

'Ageing in place': the importance of social inclusion, housing and informal care

Many older people in rural areas express a strong desire to remain in their home and local community as they get older: to 'age in place'.[29] In rural areas, fluctuation is often lower than in urban areas and many older people have lived in their community for a long time. A priority is therefore to enable older people to stay in their familiar surroundings as they age. Prerequisites for this are age-friendly environments. This includes strong social networks in the community to avoid social isolation of older persons and can be a source of informal care and support when needed. With reduced mobility in older age, it becomes more important to have access to opportunities for social participation and fulfilment of own interests in the vicinity or via remote means. Affordable, age-appropriate housing in rural areas is needed to ensure that older people can age in place.

Social networks and loneliness

Older people in rural areas can be confronted with the risk of social isolation and feelings of loneliness, in particular when they experience reduced mobility and difficulties maintaining social networks. Living in a rural area can be both a help and a hindrance to older people who wish to establish social relations and live in an area with community characteristics. On the one hand, rural older people often benefit from living in locations with a high share of other older residents who can be a source of non-kin assistance, emotional support and friendship. This is particularly the case in well-integrated, dense neighbourhoods with good community networks where norms of reciprocal support are common.[30] On the other hand, especially in more remote and sparsely populated areas, long distances and the small size of rural communities mean that there are generally few social opportunities and activities to meet other people. With the out-migration of younger people, it is not only care facilities that are at risk of disappearing, but also, for example, shops, community centres and post offices. These closures increase the risk of older people becoming socially isolated and negatively impacts upon their overall quality of life, possibilities to find sources of informal support and the community vitality in a broader sense.[31]

[29] In fact, 84 per cent of surveyed older people in rural Scotland held the aim of remaining in their home in the future in high importance (Dumfries and Galloway Council, 2003).

[30] Wenger 2001.

[31] Milne et al. 2007.

Isolation and loneliness may not affect all older people equally. Women living alone are at higher risk of being disproportionately affected. They are more likely to be widowed in advanced old age and lack the support of a spouse. Those who are new to a community and have no local family relations may have difficulties becoming socially integrated and finding informal sources for support. This can be an even bigger struggle for older people who are in minority groups that may face high levels of discrimination in more traditional, rural areas. For example, people with mental or physical illnesses can be more easily stigmatized, or find it difficult to socially participate, especially when being housebound.[32] Other older people such as refugees and ethnic minority groups may face similar challenges.

The importance of these difficulties should not be underestimated as social integration for older rural people contributes significantly to overall well-being and health. Loneliness has been shown to affect not only mental but also physical well-being with significant links to poor cardiovascular health, cognitive decline, dementia and premature death.[33] Limited transport options and a strong sense of self-reliance that discourage social and civic participation can increase the risks of social isolation and loneliness.

Reducing isolation of seniors in rural communities in Canada

The Saskatchewan Seniors Mechanism developed a programme outline and a resource kit for senior day programming in rural communities to be used and run by senior volunteers. These 8-week half-day programmes were implemented in three rural communities in Saskatchewan. Seniors and stakeholders were involved in the programme design through focus groups in each of the three sites, and local partners included the Saskatchewan Parks and Recreation Association and the Saskatchewan Senior Fitness Association. Its main focus was to provide seniors programming planned and led by senior volunteers in their own communities. The project helped to reach vulnerable seniors who would not normally participate in activities due to their rural locations. Activities were provided in their own neighbourhoods which made for easier access. Activities included a fitness programme, gardening programme to beautify their own community and a monthly potluck.

This project aimed to reduce the social and physical isolation felt by seniors in rural communities by offering a variety of accessible activities in their own communities. Other goals were to increase the number of seniors as volunteers and active participants in their rural communities and to improve the quality of life of seniors in other rural communities in future as the program outline will be available as a reference guide for other communities.

Sources: Information provided by Employment and Social Development Canada.
Project website: http://www.skseniorsmechanism.ca/

Combatting loneliness and isolation of older people in rural areas can be made more achievable through early identification of those at risk. It may involve mapping exercises or 'first contact schemes' whereby local support agencies collaborate to help those who might be particularly vulnerable.[34] This is especially important in reaching out to 'hidden' lonely older people, as are efforts to reduce the stigma associated with loneliness. Such schemes can be achieved at the neighbourhood level as it is within their own neighbourhoods where older people choose to spend most of their time.

[32] Milne et al. 2007.

[33] Bernard, S. and Perry, H. 2013. Loneliness and Social Isolation Among Older People in North Yorkshire. Stage 2 of Project Commissioned by North Yorkshire Older People's Partnership Board.

[34] Goodman et al. 2015.

Postmen visiting isolated older people in France

The French postal service La Poste, in collaboration with town halls and municipal social action centers (CCAS), has introduced a free-of-charge service where postmen pay preventive visits to isolated older and/or disabled persons. The beneficiaries of this service are disabled adults, people aged 60 or over, persons unable to work or recipients of home assistance. Town halls and CCAS communicate their lists of vulnerable persons to mail centers of La Poste, which allows postmen to conduct visits during their tours of mail delivery. They can for example give prevention tips during heat waves and alert health services in case of problems.

With 17,000 post offices and 142,000 mail boxes, the French postal service has an extensive network in rural areas. The use of this existing network of postmen who have daily connections with everyone, even the most isolated older people, is in itself a simple idea. This free assistance service for older people helps to relieve caregivers in their work, to reassure families, and to improve the well-being and safety of older persons.

Sources: https://www.laposte.fr/particulier/veiller-sur-vos-proches/conseils-pratiques/bien-vieillir-chez-soi-les-francais-et-l-aide-a-domicile
Information provided by the Ministry of Social Affairs and Health.

Non-governmental organizations can play a crucial role in this context. For example, in Ukraine volunteers from the organization "Turbota pro Litnih v Ukraini" protect rights and interests of older people by revealing the cases of elder abuse, discrimination, neglect or any other instances when an older person needs support.

"Village service" in Austria

The project "Village Service" in Austria is a bottom-up initiative in rural and partly alpine Carinthia that aims to mitigate gaps in the regional support structures through volunteer work. All offered services are free of charge and are designed to complement, not to replace formal care and commercial services. Volunteers typically provide assistance in daily life such as driving older persons to the doctor, doing the grocery shopping or simply visiting them. People in need of specific services or who have a question can call the village service staff. Employees then bring together the volunteer and the person in need.

Volunteers are offered a defined contract (no more than 4 hours per week), opportunities to regularly exchange experiences, reimbursement for transport services, and liability insurance. They have a contact person and receive training and counselling if appropriate, e.g. driving courses or how to deal with older people with dementia. This bottom-up initiative connects the community, combats loneliness of older persons and fosters a sense of solidarity and mutual assistance in the community.

Sources: Information provided by the Austrian Federal Ministry of Social Affairs and Consumer Protection.
More details in Schulmann and Leichsenring 2015.
Project website: http://www.dorfservice.at/

Intergenerational connections

Providing opportunities for intergenerational exchange stimulates cohesion in a community and can enrich the social life of rural older persons, counteracting risks of social isolation and feelings of loneliness. Strengthening the exchange between generations is beneficial for both: older adults feel appreciated and the younger generation can learn about their community's past and heritage. Intergenerational exchange is especially important in rural areas where traditions and customs often play a bigger role in people's life than in urban areas and older persons are needed to pass on the knowledge about the past and traditional practices. Programmes and projects can bring different generations in a community together to work on a joint project or to share views and experiences. In the Northwest Territories of Canada for example, older people in Fort Liard brought together community members and youth to pass down valuable ancestral knowledge. Elders and youth involved in the project created family trees and recorded the historical information in a book. The project bridged generations by connecting youth with older people who were isolated from the community due to a language barrier: they only speak Slavey, a local language which younger generations often do not speak anymore. A total of 22 older people and 14 youth were involved with the Acho Dene Koe Elders Community Connection project and the entire town can now benefit from the family trees, which are documented in book form, on a wall chart and on film.[35]

[35] Information provided by Employment and Social Development Canada.

Informal care networks

The ability to 'age in place' is not just reliant upon maintaining social networks but also on getting adequate personal care at home rather than in a medical facility. In most countries, rural older people depend largely on non-professionals to help them with personal care, both because there are limited formal care options and because of personal preferences. Informal care networks are therefore of great salience. Reliance upon family for care is reinforced by traditional views about family responsibilities and traditions of intergenerational care. In some countries, older adults are less likely to have adult children around as potential caregivers because they live further away from their adult children. For example, in Germany, rural families live in closer proximity to each other than urban families whereas in the United States, the opposite is true.[36] In particular, those who have in-migrated at higher age have few opportunities to rely on family for caregiving support. This is also the case in many Eastern European countries where internal rural-urban migration and international out-migration has led to the depletion of informal care networks. In Georgia, for example, the realities of multigenerational family life are changing as many older parents are left behind in isolated areas and mountain villages where their children are no longer close by to offer care.[37] Policy changes must therefore reflect the changing realities of multigenerational family life and ensure that older people without access to informal sources of care have alternative options.

Provision of social care in foster families in the Russian Federation

In rural and remote parts of the Russian Federation, familial forms of living arrangements for older people have gained popularity. While in 2009, 23 foster families existed in the remote Bauntovsky Evenki district of the Republic of Buryatia, by 2013 this number has quadrupled and spread across many regions. Foster care families take in older people and provide assisted living services including meals, laundry and a place to sleep. This form of social care is a middle ground between living at home and institutional care. The aim is to extend the stay of older people in a familial social environment. Often, the foster families are former neighbours of the older person who already have provided daily assistance. Older persons moving in with a foster family are often living alone and have partially or completely lost the ability to look after themselves. In order to become a foster family, a preliminary interview takes place and the living conditions are evaluated. Then, the families commit themselves to provide and ensure adequate care, food, medicines, everyday necessities, rendering pre-hospital care, medical support and ensuring the older person takes part in social life. In return, they receive monetary compensation and training courses.

Source: https://esstu.ru/library/free/Konf/Socrab/Долгова_Бутуева.pdf

Housing and the local community

'Ageing in place' in rural areas depends on the availability of affordable, suitable and age-appropriate housing. In Romania and Bulgaria for example, problems of basic infrastructure such as sewage and clean water supply remain to be issues of concern.[38] Elsewhere, housing quality in rural areas can be varied; while the pressures of overcrowding are less common than in cities, with little alternative accommodation available locally, housing often needs to be adapted to suit physical needs, particularly in old age. Physical home improvements ensure that older people can 'age in place' and also can help engender a feeling of place attachment and in turn psychological well-being. New and existing homes should be fitted with assisted living facilities and have access to supportive housing services that allow independence. Financial support such as subsidies and interest-free loans can be provided for age-appropriate refurbishment and upgrades to homes so as to encourage that poor quality facilities do not remain.[39]

It is not always the case that older people are able to or wish to continue living alone in their homes. In some cases nursing homes may be more suitable. It is therefore essential that older people in rural areas are provided equal access to residential care. This can be achieved through setting out the provision of nursing homes in a hub-and-

[36] Scharf 2001.

[37] UNECE 2015.

[38] European Commission 2008.

[39] In Germany, grants are available to those who are remodeling a home to reduce barriers, e.g. walk-in bathtubs, lift facilities. (https://www.kfw.de/inlandsfoerderung/Privatpersonen/Bestandsimmobilie/).

spoke design, with one larger home in an urban location sending staff and resources to smaller residences in rural locations. This would have the benefit that older persons can stay close to their home and community which helps them to maintain social connections. In some countries however, such as Armenia, where informal care is often still expected of family members, an older person moving to a nursing home can result in significant stigma for the family.[40] There, a middle ground between nursing homes and home-living can be sought. In Sweden for example, Safety Housing has been set up – a scheme whereby older people do not need an assessment to gain access (unlike for nursing homes), but are still provided with the support of an on-site coordinator and subsidized costs.[41] Overall, this reflects a good example of allowing ageing in place through a "joined up approach" between public and private care providers. This should be supported by a whole-systems approach that emphasizes how housing provision is interlinked with health and social care, transportation and access to other services. Housing should thus be situated within a wider, more holistic strategy and integrating planning.

Creating an age-friendly environment extends beyond the home into the local community: to encourage the physical mobility and social integration of older people in the local community, it is essential that the vicinity is walkable and that footpaths and pavements are in good condition and sufficiently wide for example.

Transportation and mobility

Access to transport services is crucial for older people living in rural areas in order to access critical and everyday services, reduce social exclusion and ultimately support their independent living. In many poorer countries, transport is essential for older people to access clean water and fuel. In all countries, it is needed for accessing healthcare services, food supplies, other local amenities and more generally integrating into wider society. A British study uncovered that for older people transport was their most significant issue.[42] Although driving cars is often the preferred option of rural older people, most will outlive their driving years and some do not drive or own a car. These people rely upon family and friends or rather limited and inconvenient public transport options.

Providing a comprehensive public transport solution is extremely challenging for several reasons: it is expensive as such a low population density provide a low tax base; it is often examined from a cost perspective and thus judged to be economically infeasible; and it is often perceived by users as an unattractive or inconvenient option. Of course, there are also practical issues concerning planning routes across large and sparsely populated areas.

Rural transport services in the United Kingdom

Lincolnshire, one of the largest counties in England, UK, has one of the lowest population densities. The low population density means that the number of railway stations and train services is low considering the size of the area, and the scattered population means that bus services in the more isolated regions are expensive to operate. In many parts of the county, private cars are considered the only practical means of transport. The Lincolnshire County Council introduced a localized bus service, *Interconnect*, designed to connect isolated rural areas to the main transport network. The service is driven by local demand, with the needs of the rural communities at the centre of planning. There are local buses running at frequent intervals which are fully accessible to all. In addition to this, passengers can pre-book an auxiliary service, *CallConnect*, which will collect them at a convenient location and bring them to a point where they can access other transport. The CallConnect service, which operates from Monday to Saturday, can collect passengers from their home if they have mobility problems or live in very isolated rural areas. CallConnect is funded through passenger fares while concessionary bus passes for the over-60s or people with disabilities can be used for travel.

Sources: https://www.lincolnshire.gov.uk/callconnect/35955.article
Project website: http://www.lincsinterconnect.com/

[40] United Nations Economic Commission for Europe (UNECE), 2011.

[41] Jegermalm, M. and Henning, C. 2013.

[42] Bevan et al. 2006.

Possible ways to overcome these mobility challenges for older people in rural areas point to the need for different approaches in different contexts. However, some strategies may be more widely applicable, in particular those that call for better cooperation and coordination in public transport services in rural areas. The first suggestion is for better-integrated public and community transport provision in which services and resources are shared and thus made more cost-effective and flexible. This is essential as attracting private investment may be impossible due to low profit margins. One example is the shared use of school buses so that during off-peak periods they can be used in the provision of rural transport.[43] Transport services could also be integrated with the postal service in sparsely populated areas, as done in Switzerland. Similarly, transport and healthcare providers need to cooperate so that successful community and public transport options to access healthcare services can be sustained. This could involve coordinating doctors' appointments for older people with local transport timetables or the provision of a low-cost service to the closest hospital.

It is also essential that public transport facilities are well designed for older people: buses should have designated space for older people and people with disabilities, railway and bus stations should be well-lit with good footpaths and have lifts and chairlifts where necessary, and ticketing systems should be easy to use. This can help to reduce the over-reliance on private motor vehicles for older people. To prevent older people who relied on a car from social isolation after their driving years, volunteers in the Netherlands called "Public Transport Ambassadors" familiarize and inform older adults with the public transport system.

Addressing the transport needs of rural older people relies on knowing precisely what those needs are. Thus, it is crucial that there is significant citizen participation in transport plans and that residents can attend meetings and respond/object to proposals where necessary. It may be the case that providing public transport may not always be appropriate for their requirements nor may it always be a worthwhile investment, particularly in remote areas where there are likely to be very high costs in return for limited usage. In such areas, it may be more cost-effective to provide services on the ground rather than improve transport to larger towns and where possible extend delivery services such as meal or food delivery, alleviating the need for older people to travel for such services.

Bottom-up collaboration to improve overall well-being and the local economy

'Bottom-up' collaborative approaches to local development can successfully complement 'top- down' and regional service provision for rural populations, including older people. The establishment of local social enterprises can help to compensate for issues that arise when markets and governments fail to provide needed services particularly in cases where service provision is too costly.[44]

Stimulating local economies to enhance both service provision and job creation in rural areas is important to avoid a downward spiral and decline of needed services in rural areas (see Figure 6). Rural areas with poorer populations with low purchasing power are at a disadvantage in attracting public and private investment in businesses, services and amenities which in turn limits the number of skilled jobs available in these areas. Young people in search of employment opportunities migrate to the cities, contributing to a faster pace of population ageing. Fewer businesses and a shrinking working age population in turn reduces the tax revenue generated, weakening the local economy and therefore leading to further underdevelopment in public and private services.[45]

Bottom-up solutions that are tailored to local situations, involve local stakeholders in a collaborative approach to jointly identify needs and develop solutions can make an important contribution to the stimulation of rural economies, creating and sustaining jobs and improving the local provision of needed services and opportunities. This will

[43] Breen 2014.

[44] Teague 2006

[45] This cycle applies predominantly to countries and regions where tax revenues are produced and kept at a local level and where there is no redistribtion of resources from urban to rural areas.

Figure 6
A Cycle of Economic and Service Decline in Rural Areas with Significant Older Populations

Source: own illustration.

contribute to making rural communities more attractive for all age groups and help counteract risks of rural to urban migration, increase local tax revenues and attract investments in the provision of public and private services and amenities.

Establishing local social enterprises

When basic socio-economic services and shops are being closed down, the social life and cohesion in a community can be affected, making it necessary to support new forms of community. Community enterprises, run by and for local residents, may include shops, pubs, broadband provision, festivals, concerts, energy services and transportation services. They cannot only fill the gap of lacking commercial providers in rural areas, but are often projects that connect the community. The Village meeting point in Idestrup, Denmark, is an example of this approach.

Village meeting point Idestrup in Denmark

Missing a place to socialize in their community, a group of older people in the Danish village of Idestrup renovated a former shop and transformed it into a meeting place for the whole community and in particular for older people. The meeting point offers a range of services and activities, for example a coffee place, a computer club where basic ICT skills are taught, work out and fitness rooms, a second hand shop, meeting rooms and a kitchen.

The totally refurbished building and the offered activities have helped to modernize the village and make it more socially connected, thereby promoting active ageing and connecting isolated older people in the village with their community. Two businesses have taken part in collaborative entrepreneurial activities, and 20 training places are provided where (mostly) teenagers teach older people how to use IT equipment. Now, there are hundreds of users of these services - and most importantly greater social cohesion and interaction among and between ages.

The project was initiated in 2008 and funded by the European Agricultural Fund for Rural Development (EAFRD).

Sources: http://enrd.ec.europa.eu/enrd-static/policy-in-action/rdp_view/en/view_project_1121_en.html
Project website: http://www.idestrup.info/frivilligcenter/index.htm

Volunteer initiatives such as the “Working Weekends” facilitated by the Red Cross in Serbia are another way of addressing service gaps in rural areas.

Working weekend in the countryside in Serbia

Working weekends are organized by the Red Cross of Serbia and involve professionals of different backgrounds who dedicate one weekend of their time to supporting rural areas in their municipality. These volunteers may include agricultural stations, veterinarians, centres for social welfare, traffic police, fire fighters, health centres – sometimes also medical specialists with specialized equipment – pharmacies, representatives of Institute for Public Health and other institutions and services.

Working weekends in the countryside date from 1983 and now extend to most Serbian municipalities. The offered activities include for example health check-ups and health advice related to preventive healthcare and frequent health problems for older people, assistance for older people in rural areas with applying for electronic health cards, analysis of drinking water in remote rural areas, assessment of the sanitary conditions in rural primary schools and advice on solving the hygienic and epidemiological issues in remote villages. The activities are supported by the municipal administration which provides fuel and one meal for the participants. All participants are there as volunteers, thereby strengthening a sense of solidarity within the community and sending a strong message about the responsibility of caring for older members of the community. The working weekends are a model of community-based assistance to those in need and help to improve the quality of life of older people in rural areas. They are a good example for how limited resources in rural areas can be synergized to improve access to healthcare and social welfare services.

Source: Information provided by the Red Cross of Serbia.

Diversifying the rural economy

Agriculture is the predominant economic sector in rural areas. Sustainable tourism could be a field for development to diversify local economies. A mixed rural economy can increase local wages, and, as research has shown in some rural parts of the Russian Federation, improve mental well-being.[46] Community enterprises and other such projects do not just serve to improve the economic conditions of the local area through tourism, jobs and a more attractive environment, but they can also bring together a diverse range of stakeholders and participants. In doing so, they can facilitate better social integration of older people in rural communities reducing potential feelings of isolation and loneliness.

Social Care Farms in the Netherlands, Poland and other countries

Social care farms deliver social care services in rural areas where public care services are often non-existent or inadequate, inaccessible or of poor quality. The combination of agriculture and social care is seen as a promising combination of functions which helps to integrate care in society. Among the first countries to introduce care farms was the Netherlands. The concept started as a bottom-up process initiated by farmers and often as family-based enterprises, independent of health institutions. People with social care needs participate in the farm work for a particular period of time (i.e., one day a week, or for a continuous period of a number of weeks), supervised by the farmer or a family member who has received training or by professional care staff. They take part in farm-related activities such as animal feeding or wood workshops. The scope of care farms ranges from non-institutional family-based social care farms to institutional care farms with professional care staff. The financing of the farms also varies: while some farms are funded by care institutions, others rely on the personal budget of their participants. The combination of agriculture and social care contributes to the diversification of the rural economy and provides new sources of income and employment for farmers and the rural community.

Today, the concept is widely practiced in Europe – there are several hundred care farms in Austria, Belgium, Germany, Italy, the Netherlands, Norway and Slovenia. Transferring the concept to a different country requires a well-planned process. In Poland, a working group was set up to transfer the idea of care farms to the Polish context and develop a plan for the formation of care farms in the rural region of Bory Tucholskie. The working group, consisting of farmers, persons working in agri-tourism, local leaders, representatives of social assistance units and the local Agricultural Advisory Centre, undertook visits to care farms in the Netherlands to study good practices, held workshops and meetings and developed concepts for care farms in Poland, taking into account the legal, financial and organizational circumstances.

Sources: for the Netherlands: http://www.socialfarmingacrossborders.org/images/custom/uploads/40/files/Dutch%20Handbook.pdf
For Poland: Information provided by Ministry of Labour and Social Policy. Project website: http://www.opieka.kpodr.pl/

[46] O'Brien, D., Wegren, S., Patsiorkovsky, V., 2010.

It is essential that when policy measures and institutional changes are brought in to address these issues, local residents are equipped with the skills and knowledge to manage them. Local development capacity building including among older people should be encouraged: the idea being that the skills, attitudes and knowledge of older people can be enhanced so that they can establish and maintain development in their local area alongside younger generations.

Bridging the digital divide

Older people should have the opportunity for skills development that enables them to become key contributors to local initiatives. Seniors in rural and remote areas however have less access to lifelong learning opportunities and training than in urban areas as these are either not offered or long distances need to be travelled to participate. The internet offers many opportunities as it renders geographical distance irrelevant. However, a digital divide between urban and rural areas prevails. Broadband coverage is still lower in rural areas leaving some without internet access. Older people are often less computer literate than younger generations. To bridge this gap and enhance people's access to information and online services and learning opportunities, investments in developing internet coverage in rural areas and developing IT skills are needed alongside alternative solutions to improve access to information and opportunities for learning. Mobile computer labs as shown in the example from Canada below, illustrates one such local solution to meeting this need.

Gaining computer skills through mobile computer labs in Canada

The Saskatoon Public Library created a mobile computer lab to teach older people in the community the basics about computers. Due to Canada's sometimes severe winter conditions, as well as mobility and financial issues, a lot of older people do not often leave the house. Having the course come closer to them meant that they did not have to travel very far to attend the classes. Older people of all abilities and ages were able to participate in the classes. The mobile computer lab is composed of six laptops, a projector and wireless Internet that were transported around in two suitcases. The teachers hired to help with the project were also older people. The participants learned the basics, including how to use a mouse and desktop. They also had the opportunity to attend different courses on how to use Microsoft Word, Facebook, Skype and the Internet. Before the mobile lab existed, only those who could attend the classes at the library were able to learn how to use a computer. Now, all older people can have access to basic information found on the Internet and can communicate with their loved ones.

Source: Information provided by Employment and Social Development Canada

Radio programmes can bridge the digital gap and reach those without internet access. They can be an excellent means for information, education and entertainment for older people in rural and remote areas as in urban areas alike. In Canada for example, older people in a rural community in Ontario have listened to, learned from and enjoyed a series of radio programmes called "Aging Outside the Box". The programmes were designed for and with older people and aim to entertain and educate older people on a wide range of topics, from nutrition and elder abuse awareness, to home renovations and fashion.[47]

Conclusion

To ensure that rural older people have similar access to essential and quality services as those in urban areas, access to health and social care and other services such as shops and other local amenities need to be provided. Where local services might be too expensive to sustain, mobile services can be brought in to address specific needs of rural older people. In places where some basic services are available, integrating and combining those services is a cost-effective way to enhance living conditions of older people in rural areas. As a consequence of few services and low population density, older people are at risk of becoming socially isolated and lonely. Mobility and transport options are crucial to participate in social activities, access services and in some countries, even to get clean water and fuel. Dependent on the geographical situation and population density, on-demand transport services, car sharing schemes or the use of school buses or post buses can be viable options to respond to older persons' transport needs.

[47] Information provided by Employment and Social Development Canada

When providing services to older people in rural areas, it is important to bear in mind cultural and attitudinal differences that may prevail between the urban and rural population. Some older users have misconceptions about or low expectations of the services, and not all older adults are aware of and have accurate information about available, relevant services. Awareness can be raised through accessible locations such as churches, libraries or community colleges. Alternatively, radio progammes can be used to address these informational gaps and encourage the use of services. Service providers should be aware that some older persons may be reluctant to voice their needs and use their services; proactive identification of older people's current and future needs through active involvement of rural populations in general, and older people in particular, is therefore advisable.

Suggested strategies

To recognize and meet the needs of older persons in rural and remote areas, policies need to be flexible and sensitive to local variations in cultural and physical realities. They can best be designed and implemented at a local/regional level, and supported by higher levels of government. Strategies should be collaborative and address the interlinked nature of many challenges facing older people in rural areas. The following are overall strategies:

- Reducing health inequalities by providing older people with better access to health and social care services including emergency care and mental healthcare
- Joining up transport, housing, health and social care services to improve cost-effective service provision and access to services for older people
- Developing cost-effective transport solutions to afford accessibility to services and better social integration
- Improving housing and local environment conditions to allow older people to 'age in place'
- Developing volunteering and community-based initiatives to improve social integration of older people
- Stimulating bottom-up social enterprises and collaborative ventures to improve the economic diversity and attractiveness of rural areas to encourage in-migration and further economic development

Stronger collaboration between public and private service providers and an encouragement of bottom-up, community-led solutions to make services more cost-effective and accessible to older people in rural areas can go some way in surmounting the socio-economic, health, social integration and mobility obstacles faced by older people. These measures can also contribute to increasing the quality of life and well-being for rural populations in general while creating conditions that help older people in rural areas achieve the same quality of life as older people in urban areas.

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Checklist: Ageing in rural and remote areas		
Main areas	**Areas of implementation**	**Key elements**
Bottom-up collaboration	Local community	• Establishment of local social and community enterprises
		• Diversification of the rural economy
Health and social care	Healthcare infrastructure	• Incentive schemes to attract and retain health workforce
		• Decentralized primary care, hub-and-spoke models
		• Coordination and integration of care services
		• Mobile services
	Telemedicine	• Remote consultations
		• In-home monitoring
		• Acceptance of technology use by rural older persons
	Emergency care and ambulance provision	• Reducing response times through GPS navigation
		• First aid provision by local first responders
	Provision and utilization of care services	• Maintaining strong community networks
		• Integration of health and social care
	Access to specialists	• Collaboration with other health services and between different service providers
		• Culturally sensitive care provision
Ageing in Place	Social networks and loneliness	• Early identification of those at risk
		• Reduction of the stigma associated with loneliness
		• Encourage social participation
		• Platforms for intergenerational exchange
	Bridging the digital divide	• Radio and other media sources as important means of information and entertainment
		• Internet access and necessary IT skills
	Informal care networks	• Alternative care options for older people without access to informal care
	Housing and the local community	• Age-appropriate home adaptations
		• Local alternative accommodation
		• Nursing homes in a hub-and-spoke design
Transportation and mobility	Transport services	• Integration of public and community transport provision
		• Coordination of health care and transport services
		• Well-designed public transport facilities
		• Citizen participation in transport plans