

# Improved access to health information needed in rural communities

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Health Information Sciences PhD student Brad Hiebert is looking into how rural male farmers are accessing health-care services and how to improve access for general health information. Credit: Paul Mayne // Western News

Raised in a rural farming community, Brad Hiebert knows full well accessing health-care services and general health information can sometimes be a challenge.

Hospitals are shutting down; doctors are leaving town and local health clinics – should a [rural community](#) be fortunate enough to even have one – are open just a couple days a week.

"As a rural person, I understand the frustration of always feeling like you're getting punished for where you live," said Hiebert, a Health Information Sciences PhD student.

"There is a developing distrust towards the system, and when that happens, it's difficult to get back. There is less service, and if trends keep going this way, we need to find ways to get them (rural communities) information about their health in ways they deem acceptable."

Hiebert's research looks at individuals in rural communities – men in particular – and how they are accessing health-related information.

Growing up in Paris, Ont., Hiebert had a local doctor who ended up leaving the community. The family was able to get a doctor in nearby Kitchener, but he can count on one hand the number of times he saw him.

"He wasn't accessible at all; he was an hour away," he said.

Hiebert aims to look at rural populations and find a way that could help empower them to deal with cutbacks that are inevitably going to keep coming, he added.

"It's the system we live in and, in publically funded health care, you have

to be pragmatic about funding. That's understandable, to an extent," he said. "But in looking at how rural male farmers seek health information, this is the first step in a long chain of if they see a doctor, or why they don't. I'm interested in why that is. What is their mindset?"

Having spoken to just under a dozen farmers at this point – and anticipating another 20 or so interviews – Hiebert is starting to see some commonalities. Farmers feel decisions are being made for them, not by them; there is frustration in the way health-care services have been restructured and a sense that decision makers do not understand rural life.

He added the 'gotta be tough' mindset may also play into the way rural men are addressing their health. Some are apprehensive to talk about their health which, in and of itself, is a finding, said Hiebert.

"Living in a rural area is one thing, but what they think socially of a health issue is another. What's minor in the rural area may have someone in the city seeing a doctor," he said.

A story of one farmer who, when he was a teenager, broke his thumb but was told to 'grab a stick and some string' because the grain had to be taken in comes to mind, Hiebert added.

"I want to parse out how being a man, living in a [rural area](#), living on a farm, and having the mindset of 'you have to be tough and work through everything' – along with living with a lack of access to care and lack of other infrastructure services – how they all come together to influence how they seek [health information](#)," said Hiebert. "Ideally, I'm trying to give rural populations a voice in policy decisions at some level."

Early results from his study also indicate there is a generational component and varying opinions on what needs to happen to improve

health services in rural areas. While we all realize issues such as heart disease, cancer and stroke need to be dealt with immediately, what about healthy eating, or how sitting for long periods of time can affect the lower back?

"How do they (farmers) get this information? How do they want this information?" said Hiebert. "If it's from pamphlets, then do that. If it's stories in their local papers, then do that. Find out what works for them and give them what they want."

Provided by University of Western Ontario

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