



The health of rural folk

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How healthy are rural Canadians? This may not be a question that jumps out in many conversations, but it is a good one to ask. Is there any difference in the health of people living in more outlying areas as compared to those in cities? We have an answer in the form of a recently released report called, what else: *How Healthy Are Rural Canadians? An assessment of their health status and health determinants*.

This report (let's abbreviate: HHARC) presents the results of research into the determinants of health as they differ depending on where you live. Its goals included identifying the key factors that lead to differences among the two populations.

To do this, health data were analyzed in combination with the proximity of the rural area to an urban one. The measure used is from StatsCan and is called MIZ, or Metropolitan Influenced Zones. Four zones are used, in addition to the comparison with metropolitan or urban areas. The measure takes into account how many people commute from their home to the urban area. The more that do, the closer they are to urban life, services and influences. At the other end of the scale are 'no-MIZ' regions where there is no commuting at all.

Overall, the findings were that rural residents in Canada are less healthy than their urban counterparts. They have higher overall mortality rates and shorter life expectancies and are at elevated risk for death from injuries such as motor vehicle accidents and suicide. On the other hand, some of the adverse

health measures like higher stress incidence of most cancers, were found to be more prevalent in urban areas.

Other findings included that compared to urban residents, a higher proportion of those living in rural areas reported having less than secondary school graduation and generally lower income. On the positive side (and we all know this) rural residents were more likely to report a strong sense of community belonging.

Overall, rural residents exhibited less-healthy behaviours than urban residents. Smoking rates were significantly higher; second-hand smoke exposure rates were also significantly higher. A lower proportion of rural folks reported eating five servings or more of fruit and vegetables each day.

The research also found that mortality rates from circulatory disease were significantly higher, as were those for respiratory disease and diabetes. In the least urban (Weak MIZ and No MIZ) areas, residents reported having fair or poor health status more often. And proportionally more rural Canadians reported having a body mass index above 25 (reflecting overweight and obesity) than did their urban counterparts.

Sure, this is interesting, but what does it mean? Health programs and solutions need to be tailored to the level of "rural-ness" as people's needs outside urban areas differ significantly. It means that health promotion and disease prevention may need to be better targeted to a population with different problems. There is great potential in using rural-friendly approaches to health education and programs.

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