



<u>Committee and Date</u>
Health & Wellbeing Board
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<u>Item</u>
<b>5</b>
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## RURAL HEALTH AND WELLBEING SURVEY

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### 1. Summary

- 1.1 The Rural Health Survey was undertaken between May and July 2013 and was targeted at people living in rural areas of Shropshire. The questionnaire was hosted on Survey Monkey and asked questions about types of support and advice accessed by respondents, respondents' worries, quality of life and where respondents can access support and advice.

### 2 Findings from the survey

#### Response rates and demographics

- 2.1 Overall 562 people responded to the survey, with a higher response rate from females (67.4%) compared to males (30.1%). People aged 40-59 were most likely to have responded to the survey, there was a significantly higher percentage of females in this age group responding. In the 60-79 years age group there were significantly more males compared to females.
- 2.2 It was possible to identify the deprivation quintile of 360 of the respondents to the survey. A significantly higher percentage of respondents came from areas in Shropshire that were about average in terms of deprivation (35.6%) compared to all other areas. There were similar numbers of respondents coming from all the other deprivation quintiles, with the exception of the most deprived areas where there was significantly fewer respondents compared to all other areas (7.5%). Similarly, significantly more respondents came from areas classed as being rural (69.2%) compared to urban areas (30.8%).

#### Support and advice respondents used when they were worried

- 2.3 The questionnaire asked how often respondents had used a number of people or services for support or advice about anything they were worried

about. Most respondents stated that they were most likely to seek support and advice from friends and family and had done so on more than one occasion. This was the case for people in all age groups, however this significantly more females than males stated this was who they would ask. There was no significant difference between respondents from different deprivation groups or by rural and urban area.

- 2.4 The next most likely service that respondents stated that they had sought support from was the doctors with no significant differences between age, gender, deprivation and rurality. Hospital, employers (more likely to be younger age groups or females), Citizen's Advice (older age groups and females, and those from more deprived areas were the most likely, although not significant) and church / faith groups were the next most likely.

### **Issues that made respondents worried**

- 2.5 There was also a question asked about how worried specific issues made respondents feel. Overall in all responses to this question more people stated that they were not worried about particular issues.

- 2.6 The issue that most respondents felt worried about was 'health concerns about someone else' with 42.5% stating this. Although there was no significant difference in responses from people in different groups stating this, older respondents, more females and more respondents living in deprived and urban areas stated this as a concern. People living in 1 person households, people that were not married / living with a partner and those who were retired also stated this was the main issue they were worried about. An example of a respondents view reflecting this is:

*'I and my husband have health problems which are likely to get worse over time. Husband is self-employed and I am under threat of redundancy. Things I am not worried about at this moment, I will be soon.'*

- 2.7 Health concerns for yourself was the second most likely issue that respondents stated that they had felt worried about, with 26.5% of stating this. Again, although there was no significant difference in different groups, older ages, females and people living in more deprived and urban areas were more likely to worry about this. This was the most likely response from those that stated they were permanently sick or disabled and was also a concern for people in 1 person households, respondents that were retired and those that were not married / living with a partner. An example of a respondents concerns about their own health was:

*'Being ill (long term) and balancing benefits, transport issues if [I am] too ill to drive, no rural transport that works consistently. Getting treatment for my difficulties is not possibly within GP budget.'*

- 2.8 The third most likely response respondents stated that they worried about was lack of sleep (24.7%). There was no significant difference between groups, but people aged under 39 years old were more likely to state this, as were females and those in more deprived and urban areas. This was

also something that those living in a 1 person household and those that were not married / living with a partner also cited as causing worry.

- 2.9 Other issues that fewer respondents stated they were worried about were family relationships, the impact of the weather, long nights during the winter and transport issues. Examples of respondents worries about these issues include:

*'Isolated once unable to drive'*

*'Heating issues in the house. It is too expensive to heat it by oil so winters are very uncomfortable,*

*'Weather is so important, the drought year we sold cattle early as [there was] no grass, [so] no winter feed. Wet meant poor quality grass, poaching of fields [and] late harvest of corn. This year [a] very late spring. Next year will be good - you have to be [an] optimist! Those with large feed bills for cattle/sheep this spring are very worried that prices [are] not enough'*

### **How clear respondents were on where to look for help and support**

- 2.10 Respondents were asked to state from a number of choices how clear they felt about where to find help and support for the things that affect their quality of life. Overall most respondents stated that they were either quite or very clear (67.1%). However, there were variations between different groups. Although not significant there was less clarity on where to find help and support in respondents aged under 39 years. There were also significantly more respondents in the most deprived areas stating that they were either not very clear or not at all clear about where to seek help and support.
- 2.11 Respondents that were living in a one person household, were not married / living with a partner, were permanently sick or disabled and who lived in social or private rented accommodation were also less likely to be clear about where to look for support and help.
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### **Whether respondents would feel better or worse with more support in specific areas**

- 2.13 The survey asked a question about how more support from a range of criteria would make them feel. Overall for many of the categories the largest percentage of respondents stated that more support would not make any difference to how they felt. The majority of other respondents stated that more support would make them feel better. There were very few respondents that stated that more support would make them feel worse.

- 2.14 Around 65% of respondents stated that they would either feel a little bit or much better if there was more support in terms of the information and advice about things that affected them. Although there was no significant difference between different groups surveyed, more females stated that this would make them feel better as did more people from the most deprived areas. There were also slightly more respondents from 1 person households and those who were not married / living with a partner stating that they would feel better if there was more support in terms of information and advice.
- 2.15 Different types of support appealed to respondents from different population groups. For example, respondents who said that they were permanently sick or disabled or unemployed and available for work appeared to feel strongly about all of the support types, with at least 50% of the respective demographic groups saying that an increase in each type of support would make them feel better. Similarly, respondents classing themselves as looking after the home had the largest proportion stating they would feel better if there was somewhere that they could go to meet other like-minded people.
- 2.16 Respondents were also asked an open question about what types of help and support they would like, the following are some examples:

*'About how to make the money go around each week to pay for the 'little extra' things in life'*

*'I find accessing the health service very difficult'*

*'How to cope with life and stress'*

### **Respondents were asked to rate their quality of life**

- 2.17 Respondents were asked to rate their quality of life. Overall 78.5% of respondents stated that their quality of life was either good, very good or so good it could not be better. 16.7% stated that it was alright and only 4.8% stated that they thought it was bad, very bad or so bad it could not be worse.
- 2.18 There were no significant differences in respondents from different population groups in terms of how they rated their quality of life. However, a slightly lower percentage of respondents from the most deprived areas stated that their quality of life was good. Similarly, although not significant more respondents that were living in 1 person households, those that were not married / living with a partner, permanently sick or disabled and living in rented accommodation were more likely to report that their quality of life was bad.

## **3 Findings**

- 3.1 Although most of the overall responses in the questionnaire were generally positive there were certain things that the analysis highlighted about different groups in the population.

- A higher proportion females compared to males stated they would seek advice from various sources if they needed it.
- After friends and family, health services seemed to be the most likely places that people would seek advice from.
- Health concerns for other people were the most likely reasons people were worried, followed by health concerns for themselves.
- However, worry was not spread evenly between respondents as those that were older, female, living in more deprived areas, permanently sick or disabled, in 1 person households, retired and not married / living with a partner were more likely to be worried compared to the overall figures.
- An underlying theme in people’s responses on all issues was the affordability of things such as heating and housing in the future.
- Although most respondents felt they were clear where to find support there was inequality between different respondents, although small numbers meant many responses were not significant. Groups listed in the previous bullet point were less likely to be clear about where to find support.
- Different types of support appealed to respondents from different population groups. Respondents from some of the groups mentioned above stated that they would like all support types.
- Generally respondents stated that their quality of life was good, however respondents from some of the previously mentioned groups were less likely to stat

#### 4. Stakeholder Engagement

4.1 Stakeholder engagement has been undertaken by Shropshire Together and some quotes included in the report.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b> Councillor Karen Calder
<b>Local Member</b> All
<b>Appendices</b>  None