

Equipping Rural Public Health Practitioners with Skills for Working in Rural Areas.

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Overview:

Local and global health in rural communities is influenced by health care access (1) environment, infrastructure, demographic factors and socioeconomic conditions.

Globally, rural areas have reduced infrastructures and poorer access to care compared with urban areas. Rural healthcare worker shortages are a global problem (2) influencing availability of trained Healthcare workers (3). Public health strategies may be hampered by lack of skills specific to rural settings (5).

As education providers we might not be equipping graduates with the skills they need for rural health vacancies (6)

At USW approximately 25% of our UK and non-UK MSc Public Health (MSc PH) graduates work (or worked) in healthcare in rural areas.

This research explores the skills that those working in rural public health feel they need in their work.

Method:

Phase 1:

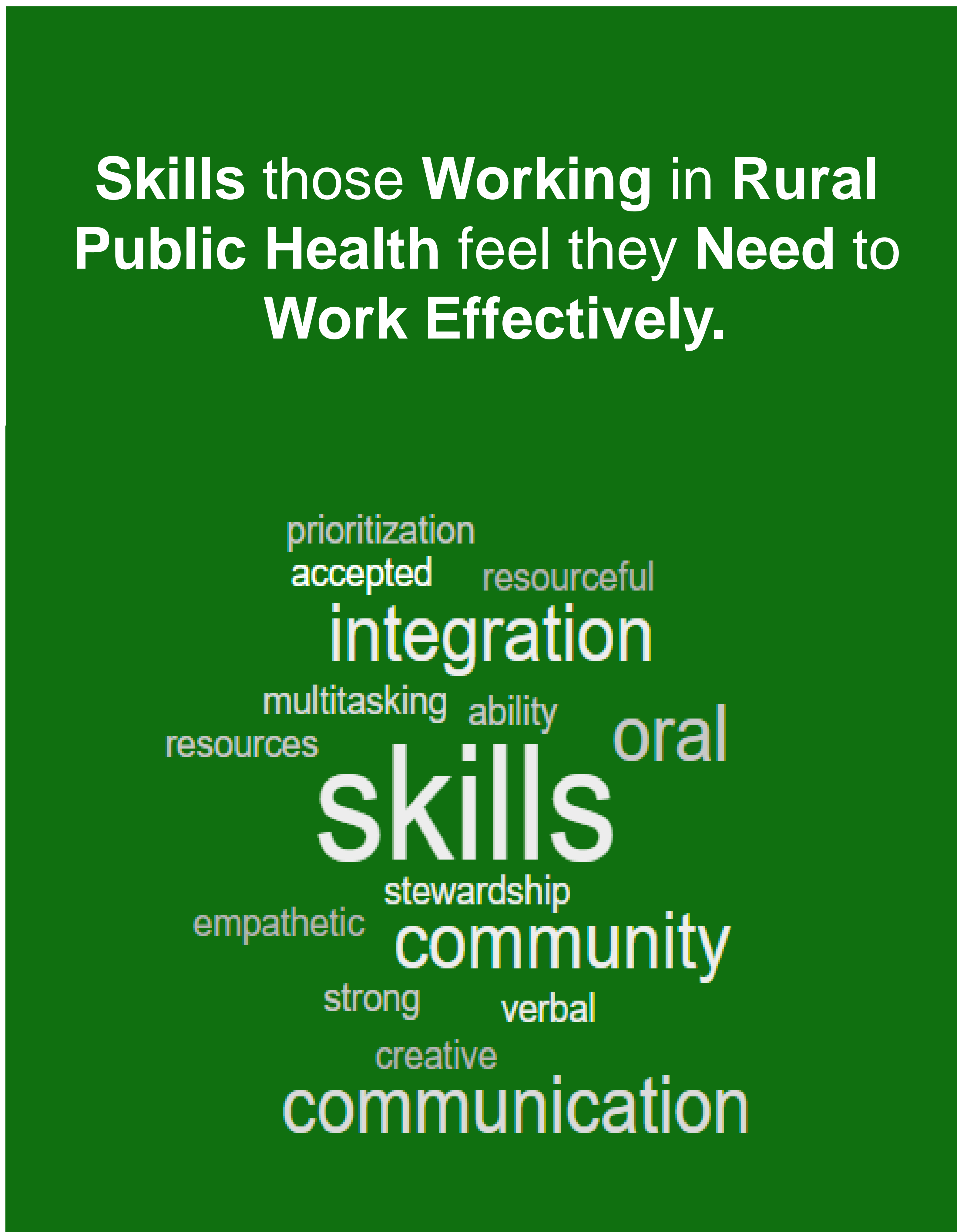
Exploring skills graduate MSc PH workers feel they need to work effectively via interviews (n=21).

Phase 2:

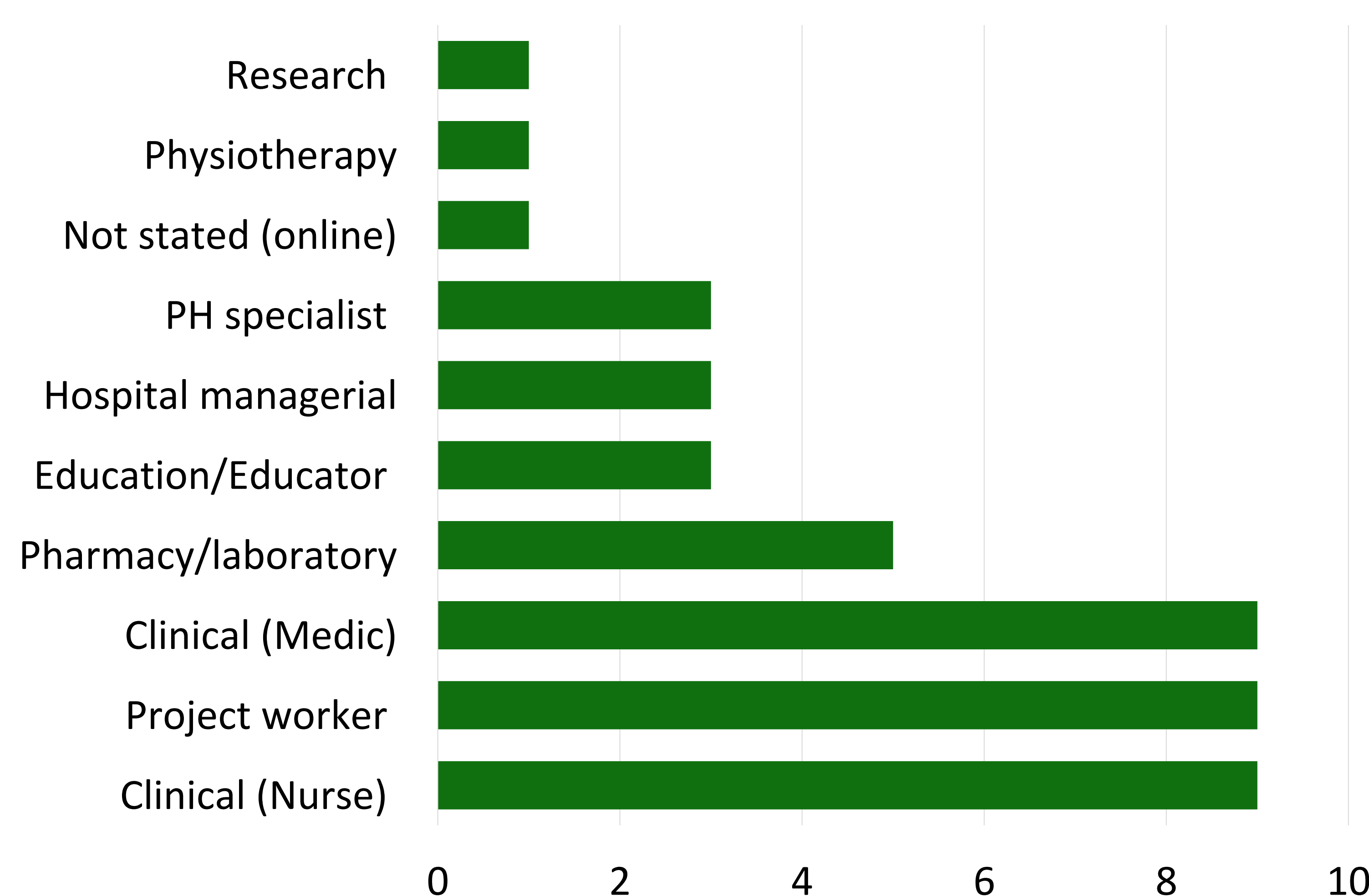
Based on phase 1, exploring skills graduate rural PH workers feel they need to work effectively via online questionnaires (n=23) (ongoing).

Phase 3:

Mapping findings to the MSc PH course to see if we teach these skills. Develop academic/skill content or collaborative module(s) to fill identified gaps.



Participant profession (n=44)



Results:

Top 5 skills rural workers say they need (from a defined list):

- Team working
- Oral communication skills
- Critical thinking skills
- Research skills
- Empathy skills

Skills rural workers think are essential to their work (non-defined list):

Stewardship skills:

Sustainable resource use, ability to prioritise need.

Communication skills:

Strong oral and non-verbal skills, ability to simplify/translate information

Individual-skills:

Strong empathy skills, creativity skills.

Community integration skills:

Knowing/being accepted into the community, respectful of diversity.

What next?

Continuing to collect data for phase 2.

Exploring phase 3.

academic/skill content development.

References: (1)Murphy P, Burge F & Wong ST (2019) Measurement and rural primary healthcare: a scoping review. *Rural Remote Health*. 19 4911. (2) Xenia Scheil-Adlung (ed.) (2015) Global evidence on inequities in rural health protection: new data on rural deficits in health coverage for 174 countries. International Labour Office, Geneva available at <https://www.social-protection.org/> (3) Harris JK et al. (2016) The Double Disparity Facing Rural Local Health Departments. *Annu Rev Public Health* 37 167-84. (4) Schoo et al. (2016) Towards equity and sustainability of rural and remote health services access: supporting social capital and integrated organisational and professional development *BMC Health Services Research* 16 111 (5) Strausser et al. (2016) Rural healthcare access and policy in developing countries. *Annu. Rev. Public Health* 37 395-412 (6) Keralis et al. (2018) Mapping the global health employment market: an analysis of global health jobs. *BMC Public Health* 18 293.

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