

# Access to health care: a problem for the elderly in rural areas in Germany?

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**Abstract** - With demographic change, Germany's rural regions face the challenge of developing new strategies to maintain the provision of appropriate public infrastructure while becoming less densely populated and experiencing an increasing share of immobile population groups. Even though, health care provision in Germany is very good in general, the provision of health care in some rural areas tends to be problematic. Demographical change aggravates this situation because of two reasons. First, natural demographic shrinkage and out-migration will lead to changes in the rural spatial structure and have impacts on the provision of health care. Second, the increasing proportion of older people will simultaneously increase the demand for primary medical care. This paper presents empirical findings on older people's mobility options and obstacles that frequently constrain the access to health care.

## INTRODUCTION

Most studies found on PubMed dealing with accessibility of medical care in rural areas centre on the rural space in the so called developing countries or in extremely sparsely populated areas in industrial countries. Many focus on ambulatory care of specific diseases or needs (e.g. diabetes mellitus, midwifery, emergency aid, breast cancer). Most works are quantitative studies often analysing existing statistical data. There has been little or no research on people's perception of health care supply.

In spite of political awareness of the problematic nature of the provision of health care in rural areas, very few studies deal with these topics in Germany and little work has been done on the elderly in rural areas. This is striking in view of the fact that demographical change is going to bring huge changes in the spatial structure and has impacts on the provision of health care. Although the care provided under the German medical care system is still good in international comparison, the system will have to be adapted to demographic and structural changes.

Demographic developments, especially rising life expectancy, low fertility as well as the aging of the baby boomer generation, are leading to an increasing proportion of elderly in Germany's population. In many rural areas, this trend is intensified by emigration. The aging of the population results in an increased demand for medical care. Today, 20 % of the population is aged 65 or older. In 2060, this will apply to more than a third of the population, as

projected by the German statistical federal office (cp. Fig. 1) (BiB 2009; RKI 2006; StBA 2009b).

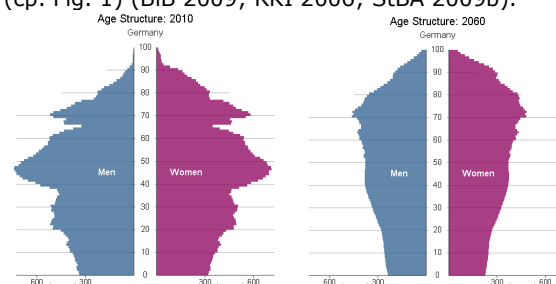


Figure 1: Age structure in Germany in 2010 and 2060. Medium projection (StBA, 2009a).

For decades German regional development has been based on the goal of "equivalence" of living conditions. Today the adjustment of urban and rural living conditions is mainly fulfilled. Yet, the ageing and shrinking of the population result in a dismantling of infrastructures in weak populated regions and lead so to a new disadvantage of rural residences. Rural areas face in particular a severe problem to maintain educational infrastructure and medical care at the necessary level (Kopetsch, 2005; Schweikart, 2008).

According to population projections, the impacts of fundamental demographic changes will differ very substantially from region to region. In general, the economically weaker regions are faced with the prospect of further shrinkage while strong regions are likely to have a stable population or even experience population growth (BBR, 2005; 2004).

Identifying ways to meet the health care needs of the elderly is central not only because their number and share of the population are increasing but also because they tend to have more and age-specific health care issues. Therefore, aim of this study was to gain a basic understanding of older people's needs and problems in accessing rural health care.

## METHODS AND STUDY AREA

Seeing that health has an important psychological component (Böhm et al., 2009; Mielck, 2003), a qualitative research design was chosen in order to comprehend the individual's perceptions and experience of the subject (cp. e.g. Glaser and Strauss, 2005; Garz and Kraimer, 1991; Schnell et al., 2008). In-depth interviews were carried out beginning of 2010 to complement the analysis of existing statistical data and studies carried out previously. The sample includes men and women aged over 60 years of different life circumstances in various rural locations in the District of Holzminden, situated in

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southern Lower Saxony. The District of Holzminden is 15 to 20 years ahead regarding demographic change. This implies that demographic processes have already begun that are still to come in other regions. In the last 35 years, the population has decreased by about 10 %; in 2021 approximately another 16 % will be 'lost'. This development is due to a natural deficit of births on the one side, and net outward migration, mainly of the young and active generation, on the other. Compared with the whole of Lower Saxony, Holzminden has a relatively high share of people aged over 65 years (Landkreis Holzminden, 2006, 2010; NLS, 2007).

## RESULTS

The 'young elderly' (60 to 70 years old) are still quite mobile and experience little obstacles in accessing health care facilities. While rather satisfied with the family doctor, most complain about long travel times (20-50 km) to medical specialists. Some women depend totally on their husbands to drive them to all kinds of activities. Most driving license holders drive until an advanced age because of necessity. Those few that are not able to drive anymore are dependent on their relatives (mainly on their children). Nearly none of the interviewees considers leaving the village but many are aware that they might have to once not mobile anymore.

The age structure of general practitioners shows a similar trend to that of the overall population. In the up-coming years, many physicians in the District of Holzminden will retire. Their positions need to be refilled but many experience problems with finding a successor. Deficits in outpatient medical care are already anticipated in some regions. Emergency care however turns out to be especially problematic (e.g. long journey times of ambulances, refused admissions to hospital) and to visit a hospitalised spouse.

Apart from that, a large majority complain about a general decline of rural services (shops, post office, etc.), and rural exodus of the young because of missing job opportunities, leading among others to high vacancy rates of houses and closure of toddler groups.

## DISCUSSION AND CONCLUSION

Even though the majority of the patients are of age, older people's needs are often neglected in health issues. The change of the population's age structure has considerable impacts on patient numbers and contacts, particularly regarding age-associated chronic diseases and multimorbidity. Among other things, age-related increasing morbidity combined with declining mobility will very likely create a growing demand for house calls (Fendrich and Hoffmann, 2007; Van den Akker et al., 2001). These become problematic with a diminishing ratio of doctors-patients and long travel times in rural areas.

Even though the majority of the elderly is female, gender aspects are often neglected in transportation and health issues. Seeing gender differences, it is important to keep applying gender sensitive approach into research.

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