



# RURAL HEALTH IN EUROPE

Navigating Rural Health and Policy



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By Veronika Rasic



### ENABLING BETTER POLICYMAKING FOR RURAL AND REMOTE AREAS

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# RURAL HEALTH & POLICY EXPLORATION

## ENABLING BETTER POLICYMAKING FOR RURAL AND REMOTE AREAS

By Dr Veronika Rasic

Public policies and public services are not meeting the needs of rural and remote communities. Scally et al (2020) argue that to make better policies we need better rural data which can both enable more impactful and accurate rural research and improve the government's decision making for rural and remote areas. In the European context, projects such as GRANULAR and the Rural Observatory, have been working on developing better data for rural Europe. Will having better data be enough? What other factors are at play when rural stakeholders wish to influence policy? This is something that I have been interested in exploring by understanding the policy process and the different mechanisms at play which shape the day to day experiences of rural citizens and communities.

Loncarervic et al. (2021) explored how policymakers in Denmark use research in public health policymaking and found that its use was limited. Their research highlighted a need for "capacity building" for policymakers so that they could more efficiently translate research into policy. It is important to remember that research evidence is only one factor being considered by policymakers in the policy process. Researchers and practitioners often expect much more weight to be given to the evidence and research findings. Brownson et al. (2006) describe researchers and policymakers as "travellers in parallel universes" often having very different approaches and world views. Many other factors influence policy decisions, this includes public opinion, the media, different stakeholder interests and political priorities (Figure 1.).

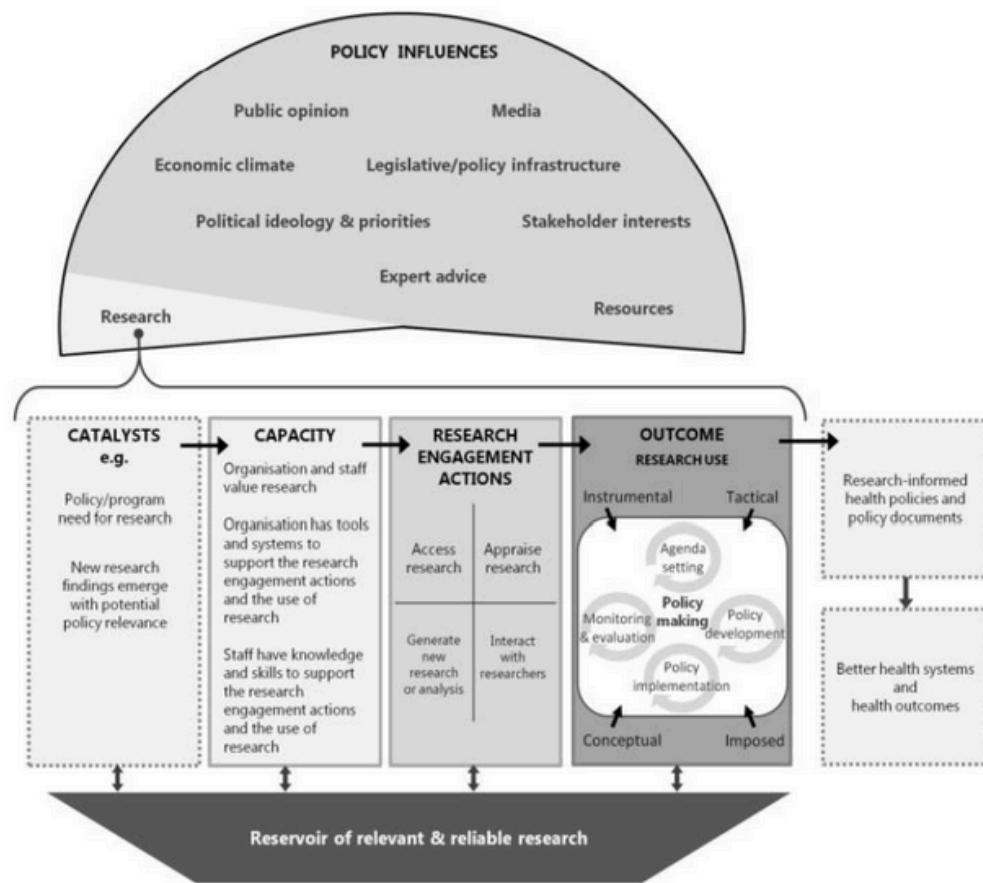


Figure 1. SPIRIT Action Framework (Redman et al., 2015)

A recent scoping review by Guerrero-Torres et al (2025) explored enablers and barriers for policymakers engaging with health research. **“The most mentioned individual-level enabler is researchers being able and willing to provide objective, practical and expert advice to policymakers.”** While the most mentioned individual-level barrier was: **“Lack of skills to understand policy-making processes and work in collaboration with policymakers”**.

The scoping review divided the enablers and barriers into three levels, individual, organizational and system.

The most common enablers were (Guerrero-Torres et al., 2025):

1. the institutionalisation of partnerships, initiatives and having formal agreements;
2. defining goals, roles, responsibilities and conflict resolution mechanisms;
3. researchers providing practical and expert advice to policymakers;
4. leveraging networks; and
5. having supportive institutions.

The most common barriers were:

1. the lack of regulations, infrastructure, funding and communication channels to support engagement;
2. the lack of skills of researchers to understand policymaking processes and work in collaboration with policymakers; and
3. the mismatch in priorities, values, perspectives and expectations.

### **What does this mean for policymaking in rural and remote areas?**

My own research has highlighted the importance of building relationships and trust between researchers, practitioners, community groups and local decision makers. “Capacity” is often a challenge in rural and remote settings. Rural data and research in rural and remote contexts continues to be underrepresented and underfunded. These areas have fewer people with the relevant skills to engage in research and the policy process and few local opportunities to gain the relevant skills. However, these communities have relevant knowledge and know-how which is rarely effectively utilized. It is important that policymakers do not overlook the assets and solutions that can be found in rural and remote communities. Often local organizations have been bridging gaps left by the lack of access to public services in innovative ways. Applying a rural lens and understanding rural contexts may enable policymakers to improve both rural and urban public health policies.

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# RURAL HEALTH EQUITY CHAT COMMUNITY



Over the past 12 months we have been hosting monthly online chats with a growing community with an interest in rural health equity. This community is now more than 140 strong, with representation from academia, local government, health and social care, and the community and voluntary sector.

We have discussed a wide variety of topics that relate to the wider determinants of health including healthy aging, transport, creative health, youth, and community banking.

These chats have been held in collaboration with the Health Equity Network which is a platform supporting a movement towards health equity in the United Kingdom and beyond.

The community is open to everyone. [You can sign up here.](#)

You can view some of the spotlight presentations from earlier Rural Health Equity Chats on the [Rural Health Compass YouTube channel](#).

# RURAL HEALTH COMPASS STUDENT INTERN REPORTS

During the summer Rural Health Compass hosted three student interns from the University of Aberdeen. They have created iconographs to summarize their findings. There report presentations will be available on the Rural Health Compass YouTube channel in September.

## Challenges Faced by Scotland's Aging Rural Population in Accessing Healthcare Services



The 'PROBLEM' is:

☒ Limited Transport + X Missed Appointments + ☒ High Costs = Poor Health Outcomes ❤️

What can be the solution?

- *Integration of transport into healthcare planning* ☑
- *Expansion of community transport* ☑
- *Digitisation of healthcare* ☑

The Outcomes!!

- ✓ Health Equity
- ✓ More Independence &



### Enhancing Healthcare Access in Powys!

**1495** UNIVERSITY OF ABERDEEN

**Introduction**

Powys: the least populated county in Wales 🏴 - facing significant healthcare challenges due to remoteness and outdated facilities.

**Current challenges**

1. Projected NHS funding deficit: £23 million for 2024/25.
2. Lack of modern health infrastructure.
3. Limited broadband access is affecting digital services.

**Proposed suggestions**

1. Revise Funding Models 📈 - Update to reflect rural needs and costs better.
2. Invest in Health Infrastructure 🚧 - Build modern facilities with enhanced broadband.
3. Support Healthcare Workforce 👩‍⚕️ - Enhance training and relocation opportunities for staff.
4. Launch Rural Digital Health Program 🌐 - Improve access to virtual care and boost digital literacy.

**Empowering our community!**

- ✓ Community Strategies.
- ✓ Widen Social prescribing.
- ✓ Care navigation.
- ✓ Amplifying local voices in healthcare decisions

**Our vision**

A healthier, more equitable future for Powys 🌟 Setting a national example for rural health!

**Call to action**

Join us in making a change for better healthcare in Powys! ❤️ Let's work together for a brighter future!

#RuralHealth #Powys #HealthcareForAll #CommunitySupport #NHS #RuralHealthCompass #UniversityofAberdeen

# UPCOMING EVENTS

**6<sup>TH</sup> EUROPEAN RURAL PARLIAMENT**  
**ABERDEENSHIRE, SCOTLAND | 21 - 23 OCTOBER 2025**



This event will bring rural and island representatives together from all over Europe with 40 country delegations expected to attend.

**The theme: Rural community solutions to global challenges**

The event will be hosted by [Scottish Rural Action](#), Aberdeenshire Council and the Scottish Rural Network.

**WONCA WORLD RURAL HEALTH CONFERENCE**  
**WELLINGTON, NEW ZEALAND | 10 -13 APRIL 2026**



Last week to submit an abstract and present your research or project at the 21<sup>st</sup> WONCA World Rural Health Conference.

Abstract Submission is open until 29<sup>th</sup> August

[More information about themes and presentation types can be found here.](#)