

## Rural care models (RUCA) – An international perspective

### *Background/objectives*

Society in general faces the task of adapting the provision and delivery of health and social care to the increasing number of people with chronic illnesses and long-term care needs. In this process it is important to note that demographic aging progresses unequally not just between, but also within countries, and that rural regions in particular are affected more severely than urban areas. Yet new care models are still usually developed and tested in urban areas, so that problems and opportunities in rural areas are disregarded. Furthermore, existing (planning) considerations in Germany are usually limited to some aspects, especially medical care, and do not cover the full range of care services. While regionally differentiated service planning and delivery for rural areas focused on the participation of local players are still underdeveloped in Germany, other countries have more experience.

In this project, care models in two of these countries – Canada and Finland – are examined in detail. In both countries, care models for rural and remote areas have been promoted by means of different strategies in recent years due to the geography, to settlement structures and to the aging of the rural population. Different regional and local models have also been established because of the decentralised health and social care systems in these countries. This represents a rich source of innovation, but could also draw attention to difficulties.

The aim of the project is to identify and explore innovative models of rural health and social care in Canada and Finland and to analyse them with regard to their applicability to (rural) areas in Germany in terms of both quality and quantity.

### *Approach*

1. Literature, document and Internet research on community-based/regional care models in Canada and Finland
2. Semi-structured interviews with representatives from academic research, politics and administration and care providers in Canada and Finland to sound out care models and their opportunities and challenges in greater detail, especially in rural areas
3. Work shadowing (non-participatory observation) in community-based care facilities
4. Identification and presentation of examples of good practice
5. Reflection of the results in view of the situation in Germany and development of recommendations for strengthening regionally differentiated care models.

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