POLICY PAPER

Rural Youth Europe

HEALTH:
A HUMAN RIGHT FOR ALL YOUNG PEOPLE IN RURAL AND REMOTE AREAS

CONTENTS

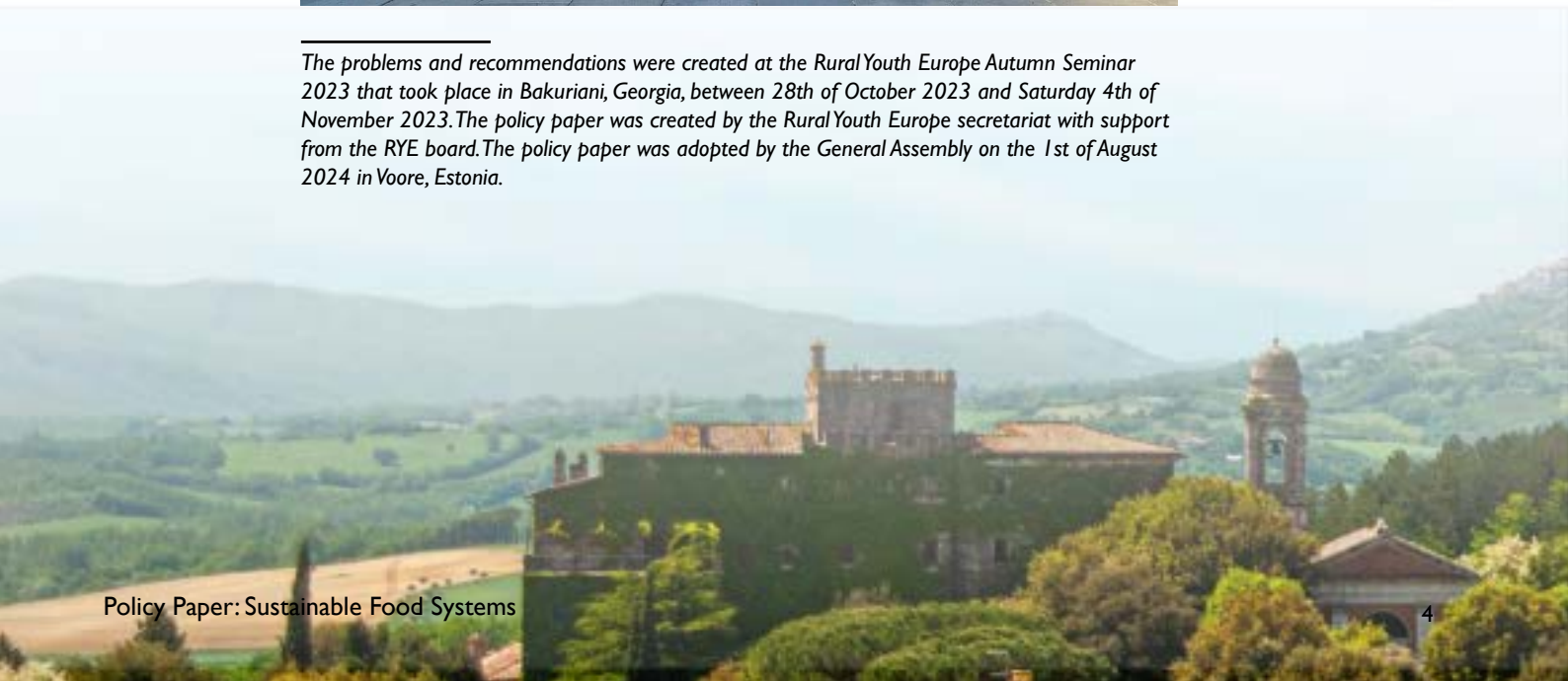
INTRODUCTION

Young people, particularly those residing in rural and remote areas, face significant barriers when it comes to accessing quality healthcare services. We, as RYE, strongly contend that health is a fundamental right for us, rural youth and young people in general.

This policy paper addresses the challenges and offers recommendations as identified by young people from rural and remote areas[1]. Its objective is to enhance the access to health and its quality for young individuals in rural Europe.

We strongly believe that factors, like geographical distance and socio-economic background, should not determine the quality of, and access to healthcare. Consequently, we urge European, national, regional, and local decision-makers to prioritise, equitable healthcare provisions in rural areas. We call for the implementation of policies that safeguard the health rights of young people, ensuring a fair and inclusive approach to healthcare access.

The problems and recommendations were created at the Rural Youth Europe Autumn Seminar 2023 that took place in Bakuriani, Georgia, between 28th of October 2023 and Saturday 4th of November 2023. The policy paper was created by the Rural Youth Europe secretariat with support from the RYE board. The policy paper was adopted by the General Assembly on the 1st of August 2024 in Voore, Estonia.



I. Services in rural areas

Problem: In emergency situations, rural areas face prolonged response times, risking lives if not addressed promptly.

We recommend:

1. To the local governments to actively collaborate with authorities to ensure that rural areas have adequate emergency services and infrastructure, and to encourage them to allocate resources and prioritise emergency response in their budget.
2. To foster close collaboration between emergency services, fire departments, ambulance services, and law enforcement agencies to bolster their capabilities and improve response times in rural areas. This collaborative effort may entail the provision of additional training, equipment, and personnel as needed.
3. To the governmental health departments to invest in specialised training for healthcare professionals and first responders in rural areas to equip them with the necessary skills to effectively handle emergency situations until advanced medical assistance arrives.

Problem: Expensive private insurance leads to a situation where only those who can afford it receive enhanced and prompt healthcare services.

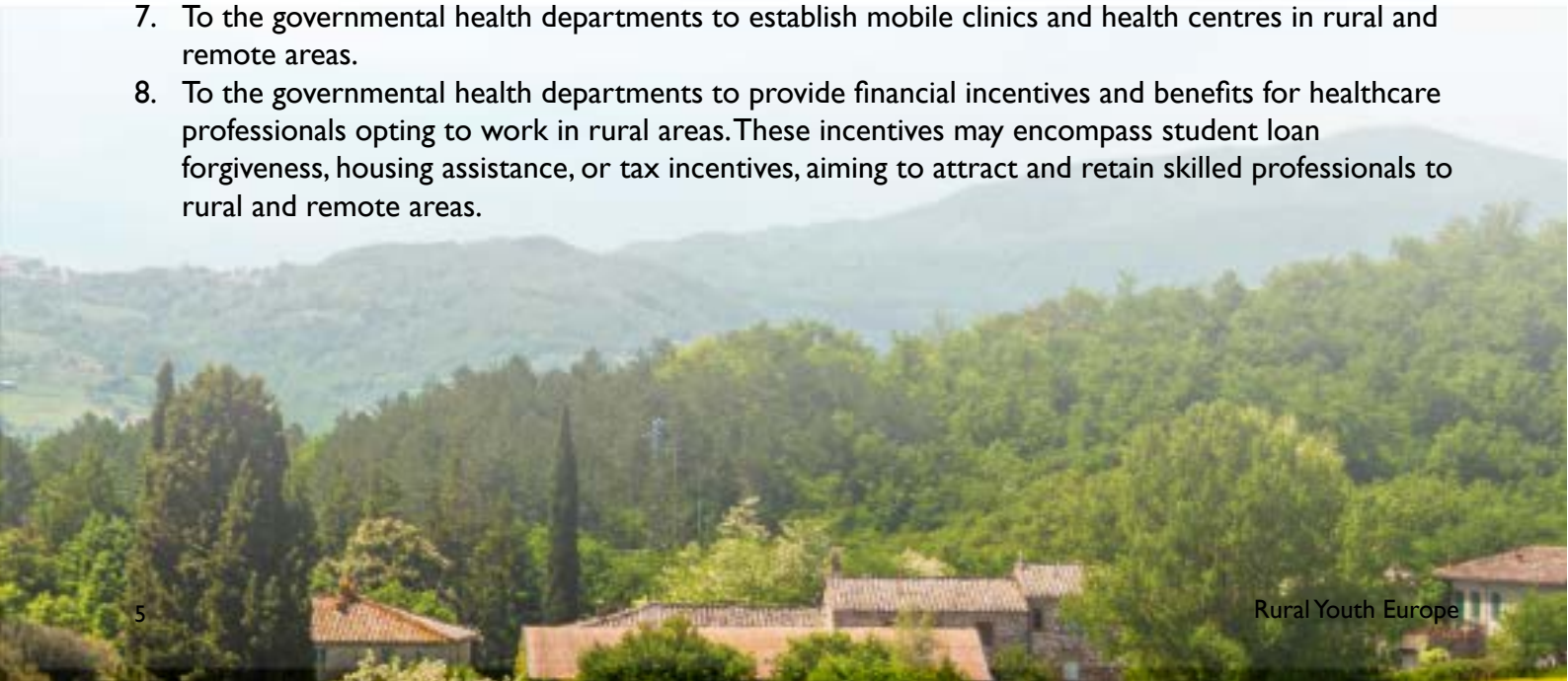
We recommend:

4. To the governments to expand and strengthen public healthcare systems to provide quality healthcare to all citizens, irrespective of whether they reside in urban or rural areas.
5. To all levels of governments to ensure that all areas, irrespective of socio-economic standing, have equal access to the highest quality healthcare services.
6. To all relevant authorities to implement regulations controlling private insurance costs, thereby ensuring affordability and fairness in healthcare coverage to those who are in greater need of specialist care. Such measures can reduce stress on the public healthcare system.

Problem: Rural areas have lower accessibility to health facilities and doctors.

We recommend:

7. To the governmental health departments to establish mobile clinics and health centres in rural and remote areas.
8. To the governmental health departments to provide financial incentives and benefits for healthcare professionals opting to work in rural areas. These incentives may encompass student loan forgiveness, housing assistance, or tax incentives, aiming to attract and retain skilled professionals to rural and remote areas.



9. To invest in the continuous capacity-building of medical professionals in rural and remote areas to ensure the high standards of medical services in such areas.
10. To create the connections between medical professionals in rural and remote areas with other professionals in centres of excellence to ensure that they stay up to date with the best practices and new developments, they have mentorship, they have a second opinion, and they have feasible options for referral for treatment of their patients.
11. To the various ministries to collect data on healthcare needs in rural areas, facilitating evidence-based decision-making for the development of appropriate infrastructure.
12. To the governmental health departments to implement health education programs in rural schools and communities to raise awareness about preventive healthcare, healthy lifestyles, and the importance of regular check-ups.
13. To the governmental health departments to develop and communicate comprehensive emergency response plans for rural areas, ensuring timely access to medical care during a crisis.
14. To all authorities to ensure easy accessibility to online general practitioners for everyone, including individuals with disabilities. The availability of online general practitioners can reduce travel times and costs, contributing to a more equitable healthcare system.
15. To support the accessibility of such services by compensating rural individuals for workdays lost travelling to appointments or transportation costs, especially for chronic or palliative diseases, when and where local healthcare does not provide access to a specific treatment to a disease.

Problem: Lack of or poor infrastructure should not determine health quality.

We recommend:

16. To relevant authorities to involve local communities in the planning process to enhance the local healthcare system, as well as to local communities to raise public awareness about the importance of equitable healthcare access, while advocating for measures ensuring that infrastructure limitations do not determine health outcomes.
17. To local authorities to increase funding for accessible transportation services, particularly for those citizens with limited mobility, in order to improve infrastructure in rural and remote areas.
18. To governmental health departments to develop policies ensuring the equitable distribution of healthcare resources, encompassing hospitals, clinics, and medical professionals, to guarantee that rural and remote areas have access to the same quality of healthcare as urban and suburban areas.

Problem: Shortages of staff leading to insufficient healthcare services.

We recommend:

19. To governmental health departments to provide financial incentives and benefits to individuals pursuing healthcare training. These incentives might involve expanded student loans, housing assistance, pensions, and tax incentives. Additionally, to increase the capacity of medical schools could help accommodate more individuals in the healthcare field, while reducing the extensive bureaucracy around backfilling health care posts and expatiating the recruitment processes for healthcare staff, especially those who wish to work in rural areas.
20. To governmental health departments to provide existing health professionals with more benefits to keep them in the profession in rural and remote areas, f.e. increased holiday entitlement, reasonable work hours, and mental health support.

2. Environments

Problem: Due to climate change, increasing population and unnecessary usage there is going to be a shortage of clean water.

We recommend:

21. To governmental health and environmental departments to encourage and provide financial support to agricultural businesses for the implementation of rainwater harvesting systems to irrigate their crops.
22. To governmental health and environmental departments to allocate additional funds to expand reservoir capacity, capturing and storing floodwater to prevent its loss to the ocean. This proactive measure not only helps mitigate the risk of water becoming salinized and harder to treat but also ensures a valuable reserve for use during periods of drought.

Problem: Air quality is worsening due to pollution which will cause respiratory problems in the future.

We recommend:

23. To local councils and municipalities to make the use of public transport more accessible, affordable, comfortable, and to reduce travelling times.
24. To local councils and municipalities expand park-and-ride options on the outskirts of densely populated areas.
25. To local councils and municipalities to restrict car usage and limit exhaust fumes in densely populated areas by introducing or extending ultra-low emission areas.

III. Nutrition

Problem: Poor nutritional value and unhealthy food is cheaper and more accessible than healthy food.

We recommend:

26. To governments to prioritize taxation, such as the so-called sugar tax, on poor nutritional and unhealthy foods, such as ultra-processed foods, as a strategic measure to decrease their overall consumption.
27. To governmental departments of education to work towards enhancing the availability and accessibility of vegetables and fruits and restricting the sale of ultra-processed foods in educational facilities as part of an initiative to promote healthy eating habits.
28. To employers to provide nutritional and healthy food options for their employees.
29. To governmental departments responsible for agriculture to actively support and incentivize the consumption of local and seasonal food.

Problem: Lack of engaging health and nutrition education for young people.

We recommend:

30. To departments of health and education to design a programme that is both entertaining, contemporary, youth-friendly and engaging, and is precisely tailored to address the unique needs and developmental stages of specific age groups, as well as their future transition to adult life.
31. To support the collaborative efforts between the departments of health and education, in conjunction with farming organizations, to increase the number of lessons focused on health and nutrition, ideally by maintaining these lessons in bite-sized formats, ensuring they remain engaging and accessible.
32. To ensure the collaborative effort between departments of health and education, working in conjunction with farming organizations, to incorporate gamification into the curriculum to make learning fun and engaging.
33. To the departments of health and education to incorporate community involvement into the curriculum, fostering group activities such as healthy cooking clubs or fitness challenges. This initiative aims to cultivate a sense of community and support among participants.
34. To the departments of health and education to implement training programs through formal and non-formal education for rural youth workers and educators, including teachers, to enhance their knowledge of the subject. This ensures that they are well-equipped to practice what they preach, effectively imparting valuable information to their students and the youth they work with.

IV. Education & working in agriculture

Problem: Existing stigma around mental health means people don't seek or access the help they require.

We recommend:

35. To encourage organisations working in rural areas and local authorities to work on mental health campaigns aimed at destigmatizing mental health.
36. To all governments to establish crisis and/or suicide prevention phone lines for rural young people, with increased suicide and crisis prevention professionals placed for work in rural communities
37. To all authorities to provide free and easily accessible mental health services in rural and remote areas. This initiative is essential to ensure that individuals in these areas have equitable access to the support and care they need for their mental well-being, and it is recommendable to have the mental health support offered by other individuals from rural backgrounds.
38. To agricultural unions and other associated parties to take the initiative to provide training on mental health awareness, to equip individuals with the skills needed to effectively identify, handle, and navigate through mental health issues.

Problem: The never-ending rise in legislations, rules, and regulations in agriculture is contributing to a decline in the mental health of individuals working in the industry.

We recommend:

39. To all policymakers hold regular meetings with rural citizens and farmers of all sizes and backgrounds and take their viewpoints into consideration when crafting new policies, especially those aimed at guaranteeing mental health and safety.
40. To both local and national authorities to actively promote good practices for mental health through diverse methods, including the use of infographics, posters, and a range of online and offline activities. These efforts are essential for raising awareness and encouraging positive mental health practices within the community.

Problem: There is a lack of education and awareness for all stakeholders who are responsible for the development and implementation of health policies and guidelines.

We recommend:

41. To national and local governments to provide training programs, workshops, and seminars to enhance the knowledge, understanding, and awareness of factors influencing health. This approach shall equip individuals with the essential skillset and knowledge necessary for implementing these insights in their daily work and the development of guidelines and policies.
42. To departments of health to establish a comprehensive communication strategy aimed at keeping stakeholders well-informed about updates and changes to health policies and guidelines, encompassing regular updates delivered through newsletters, websites, and social media platforms. By implementing such a strategy, the departments of health can enhance the transparency, engagement, and collaboration among all relevant stakeholders, ensuring that everyone is well-informed and aligned with the latest developments in health policy.
43. To departments of health to utilize digital platforms and e-learning modules to broaden the accessibility of educational resources, in order to enable a more diverse audience to benefit from online courses and webinars, accommodating different learning preferences and promoting inclusivity. This approach facilitates knowledge dissemination and fosters a well-informed and engaged community.

Problem: Isolation due to working from home can impact diet, physical health and mental health.

We recommend:

44. To employers to establish and consistently implement safe and practical policies for remote work, including transparent communication systems to foster a supportive environment for staff working from home.
45. To employers to conduct regular meetings with both remote and on-site staff to ensure continuous and adequate support for their physical and mental well-being.
46. To employers to implement policies that allow employees the opportunity to prioritise their diet, mental and physical health, with a particular focus on accommodating medical appointments.

Problem: Unhealthy work-life balance, which gets progressively more challenging to balance, especially for young people.

We recommend:

47. To employers to regularly review employee workloads, fostering discussions on task delegation and promoting effective time management.
48. To employers to promote a healthy work-life balance by implementing policies and best practices, including regular breaks, adherence to contractual hours, encouragement of movement, energizers, healthy diets, and initiatives such as a cycle-to-work scheme.
49. To employers to embrace flexible and hybrid working arrangements, accommodating the individual needs and requirements of employees, in order to reduce stress and enhance overall well-being.
50. To employers and unions to empower employees with knowledge about their legal rights in the workplace. It's important for employees to discuss workload concerns with their line managers, especially during seasonal high workloads, to mitigate the risks of overworking and burnout.

Problem: Due to the nature of agriculture, people involved are more at risk of physical injuries and diseases.

We recommend:

51. To departments of agriculture to implement a user-friendly system that enables individuals in the agriculture sector to easily report and address any safety concerns promptly.
52. To policymakers to collaborate closely with the agricultural community to develop and enact policies and practices that prioritise and ensure the physical health and safety of those engaged in agricultural activities. Safety measures should be tailored to the specific needs and challenges faced by individual farmers and products that improve safety on farms should become VAT-free.
53. To policymakers to work closely with the agricultural community to formulate and implement policies prioritizing the physical health and safety of those involved in agricultural activities. These measures should be tailored to address the specific needs and challenges faced by individual farmers.
54. To agricultural unions and farming organizations offer first aid, health, and safety training to individuals working in the sector.

Problem: A lack of education and awareness regarding alcohol and drug abuse is contributing to a rising prevalence of issues in rural areas.

We recommend:

55. To departments of health and local authorities to launch campaigns similar to anti-smoking initiatives, focusing on the long-term side effects of substance abuse.
56. To departments of education to enhance continuous teaching in schools and education centres, emphasising the side effects and dangers of substance abuse.
57. To departments of health and local authorities to establish community-based support groups dedicated to substance abuse prevention and awareness.
58. To utilise telehealth technology to provide remote access to addiction counsellors and mental health professionals, especially for individuals in remote areas.
59. To departments of health and local authorities to create targeted social media campaigns to increase awareness among young people on various online platforms.

Problem: The cost and stigma involved in sexual health.

We recommend:

60. To make all contraception methods free to young people under the age of 35, in order to give young people irrespective of their financial means control over their reproductive health.
61. To provide free menstrual products in schools, especially in rural and remote areas, as young girls and women tend to often stay at home due to the lack of access to menstrual products.
62. To provide free and confidential sexually-transmitted-infections (STI) tests, in order to remove some of the stigma involved in contracting an STI. Early diagnoses and treatment shall prevent onward transmission, thereby reducing the overall incidents of the illness in the population.
63. To provide campaign spaces and initiatives to highlight the symptoms and treatment of STIs, to be delivered especially in schools by youth workers and/or via social media.

Rural youth europe

HEALTH:
A HUMAN RIGHT FOR ALL YOUNG PEOPLE IN RURAL AND REMOTE AREAS

POLICY PAPER