How to Ensure Health Care in Rural Areas of Medium Mountains: Case Study in *Massif Central*?

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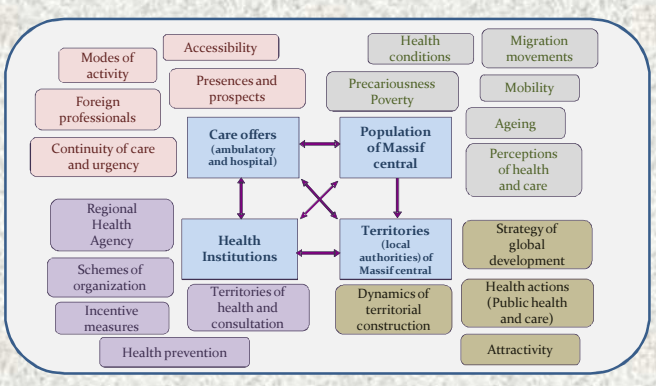
The French health system faces **at least three issues** (Vandercamere, 2008) **:** The **decreasing** number of health professionals, the **constant aging** of population, (the increasing number of people in precarious situation and calling for more health care), and last, the **cost issue**. The French system is based on the fairness of the workers and unemployed people ratio. This will become increasingly unbalanced with the arrival of "the ageing baby-boomers". To limit the overloading of the hospitals, the solution is the development of alternative initiatives (Mouquet and Oberlin, 2008): such as home hospitalization or health care network.
To conclude, the main issues are the presence and the coordination between health professionals and with hospitals.

My Phd's subject is the offer of care, attractivity and development in the region of medium mountains. My **expertise** in geography concerns care services, local development and rural management in health sector, and more especially in organization of health care.



Scheme of the approaches developed in Phd, A.Hamiti, 2010

Field study: the Massif central

The policy of Massif was created in France in 1985 by the "mountain law". Its principle is to consider the specific characters of these territories, and develop specific schemes to support agriculture, business… based on the principle of national solidarity.

The current **borders** of Massif central have been settled in 2005. It comprehends a part of 6 Regions, 22 Departments, 4072 communes.
Massif central counts 3 835 000 inhabitants, that is 6,5% of French population, for 15% of French superficies.

The **density of population is low**. The average is 44 inhabitants per km² (against 107 in France). Around 50% of municipalities have less than 20 inh/km². The Massif central is mainly rural with **scattered habitations** and with a **network of small towns** which tend to increase the distance between hospitals.

Massif Central is an inhabited region of **medium mountains.** The accessibility is difficult, because an unequal relief and the presence of snow. Half of the communes are located between 500 and 1400 meters of altitude.

The **ageing population** in Massif Central

In 2006, 21% of the population of Massif was 65 and older, 11% was 75 and older (against 17% and 8% at the national scale). In some areas, the share of population aged 75 and older exceeds 18% (Millevaches, Morvan…), in area where the density is around 13 % inh/km².
In 2031, the number of people aged 80 and older will increased by 60% . Consequently, this population will need more health cares.

The **context of medical demography** in France

The average number of health professionals in Massif central matches the national average number, but geographical distribution is unequal and **area disparities** are high. The number of General practitioner aged 55 and older is important in some area of Massif central which implies the **renewal issue**. The problems of medical demography are reinforced by a lack of attractivity for young generations of health professionals in the rural areas. The health professional's have **new work aspirations**. Indeed they are reluctant to practice alone, in remote area, with an overloaded schedule and frequently on call. Proximity with an hospital and an activity for their partner are sought after.

With poor distribution of health workforce, a risk of a medical desert appears in some areas.

The French **health system governance** and the **involvement of local authorities**

The National government holds responsibility of Health care. The French health system is based on the principle that any citizen can access to decent care, which must be guaranteed by national institutions. Planning, national schemes and several strategies have been put into place.

In primary care, the choice of the location of their health profession's installation is free. **Market law organize offer and supply**.

In front of the unbalanced market, public institutions created a notion of deficit areas and developed incentive measures (tax and social exemption, grants, salary increase) but the success of these measures are to be proved".

The government and the French health insurance developed various incentive actions in order to attract health professional in rural area. At the same time, **local authorities have initiated measures** with the same intention: creation of multidisciplinary health homes, general medicine internships, training of general practice to become tutors, helps to health professionals' installations.

Poster of General Council of Saône-et-Loire
(source : anemf.org)

Bibliography :

- Concept of **accessibility**, proximity, social and spatial equity of care services and the specificities of territories (H.Picheral, 2002, Pourvourville,2003)
- **Governance** of health politics: Impacts of local authorities' involvement in health and confrontation with governmental health institutions' view of territorial politics. (S.Rican and Z.Vaillant, 2009, P.Loncle,2009, B.Leurquin, 2007)
- Concept of "**territorial resource"** (Pecqueur and Gumuchian, 2007) applied to the health sector. Health and care services as assets for the local community (S.Fleuret, 2000, 2003)

Data used and methodology:

- Medical demography data (from French health insurance), spatial distribution and models of organization
- **Interviews** with a panel of local actors: providing services (doctors, nurses, health networks…), implementing local politics (elected members of local authorities, project managers…) and organizing health politics (health regional agency members…).
- A **focus** on 3 or 4 areas to draw their "therapeutic landscapes"

Scientific framework:

- From divers sources, we analyze the care offer and the care organization within an **interregional scale** focusing on medium mountains area.
- In terms of rural development, we analyze the support given by **local authorities** to the care provision showing innovation as a way to keep the care services alive. In the context of health politics changes (law HPST, 2009), What cooperation to develop between local actors and the Regional health agency ? This is a political issue : top to bottom actions (from government) and bottom-up actions (from local authorities) How to articulate the actions at all levels of decision?

Key words: care of provision, medical demography, territories of medium mountains, accessibility, territorial resource, management of health project

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