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# *Complementary and Alternative Medicine in Rural Communities: Current Research and Future Directions*


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NORPHCAM

100 YEARS AHEAD

# Overview

- CAM now constitutes nearly half the Australian health sector
    - Over half of all out-of-pocket expense is on CAM
    - CAM practitioners over half of all health consults
- Common in many developing countries
- <70% of Canadians now use some form of CAM
- CAM use highest in rural areas
    - More practitioner and ‘treatment’ focused
    - Not just tree/sea-change communities
- The “Black Market of Health Care”
- Completely patient driven phenomenon
    - Increasing use despite obstacles

# Overview

- International evidence suggests CAM use is higher in rural areas than urban areas.
- This is not due to lack of conventional medical resources, but a variety of reasons, including a cultural affinity of rural populations for CAM practises (i.e. Holism, prevention, individualised medicine etc).
- Patients utilise CAM at high levels even when well-served by conventional options.
- Rural people will travel large distances for CAM services (further than for conventional care) if not provided in immediate locale
- US average patient travel distance for naturopathic patients is 25 miles (in Australia >50km).

ORIGINAL ARTICLE

**Complementary and Alternative Medicine in Rural Communities: Current Research and Future Directions**

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**Abstract**

**Contexts:** The consumption of complementary and alternative medicine (CAM) in rural areas is a significant contemporary health care issue. An understanding of CAM use in rural health can provide a new perspective on health beliefs and practice as well as on some of the core service delivery issues facing rural health care generally.
**Purpose:** This article presents the first review and synthesis of research findings on CAM use and practice in rural communities.
**Methods:** A comprehensive search of literature from 1998 to 2010 in CINAHL, MEDLINE, AMED, and CSA Illumina (social sciences) was conducted. The search was confined to peer-reviewed articles published in English reporting empirical research findings on the use or practice of CAM in rural settings.
**Findings:** Research findings are grouped and examined according to 3 key themes: "prevalence of CAM use and practice," "user profile and trends of CAM consumption," and "potential drivers and barriers to CAM use and practice."
**Conclusions:** Evidence from recent research illustrates the substantial prevalence and complexity of CAM use in rural regions. A number of potential gaps in our understanding of CAM use and practice in rural settings are also identified.

**Key words** Allied health, alternative medicine, health services research, rural, utilization of health services.

This article provides the first review and synthesis of research findings on the use and practice of complementary and alternative medicine in rural communities. Complementary and alternative medicine (CAM) is defined by the National Center for Complementary and Alternative Medicine as a term used to define a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine (medicine as practiced by holders of MD or DO degrees and by their allied health professionals such as physical therapists, psychologists, and registered nurses). Well-known examples of CAM include aromatherapy, naturopathy, osteopathy (as practiced outside of the United States), chiropractic, yoga, massage, acupuncture, and herbal and nutritional supplements. While other terms, including "integrative," "alternative," "unconventional," and "holistic" are often used to describe this group of treatments, CAM is the most widely used acronym and is employed in this article.[a]

[a] While the researchers are aware that osteopaths and chiropractors are recognized as legitimate practitioners and their services are covered by most health insurance programs in the United States, this is not necessarily the case internationally and in many countries osteopathy and chiropractic are still considered CAM therapies/practices. Moreover, many of the US studies reviewed in this article (refer to Table 1 below) also include chiropractic/chiropractors in their definition of CAM. As such, we have consistently followed and reflected

# Overview

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- Some similarities across rural/urban divide
  - Higher CAM use if female, ↑ education, ↑ income, chronic dx
  - Self prescribed CAM more common than practitioner use
    - But more weighted towards practitioners than urban
    - Less “product focused”
    - Use of CAM practitioners determined by access
  - Not used *instead* of conventional care
    - Dual primary care roles
  - Most patients will not disclose this use to GP/FP/MDs
  - Ethnic differences between CAM use roughly comparable with urban populations

# Overview

- Rural CAM practitioners busier and have larger primary care role than urban counterparts
- "Wellness modalities" used less in rural areas
  - Though are used in tree/sea-change communities
- Higher referral to CAM by medical centres
  - Perhaps fostered by smaller communities – i.e. 1.5x higher in NZ rural than urban
- Lay practitioners and folk cures may play an important healthcare role in rural populations
  - Not just in ethnic and indigenous populations
- Not associated with lack of MDs
  - Chiropractic use higher in *well-served* areas in US
  - Follows MD density

# NORPHCAM Rural CAM research

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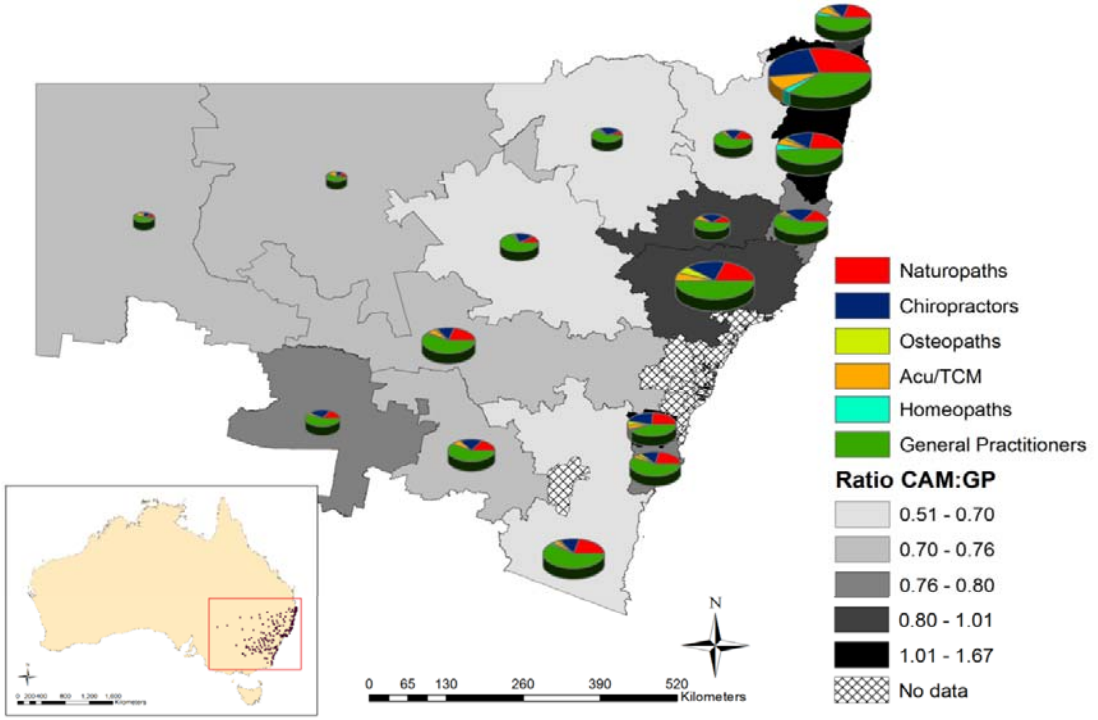
- CAM Infrastructure audit
- Longitudinal analysis using ALSWH (rural weighted sample, n=45,000)
  - Substudy involving questionnaire, interviews and diary analysis
- Qualitative study of naturopathic practice in rural South East Queensland (Darling Downs)
  - 20 interviews
- Mixed methods study of GPs/FPs in rural practice in New South Wales (Aust) and Washington (US)
  - 28 item questionnaire sent to every GP practising in rural Division of GP (Aust) or FPs practising in rural RUCA zipcodes (US)
  - 50 interviews (30 Aust; 20 US)

# Practitioners

CAM providers exist at all levels of rurality and independently of the provision of CAM health services.

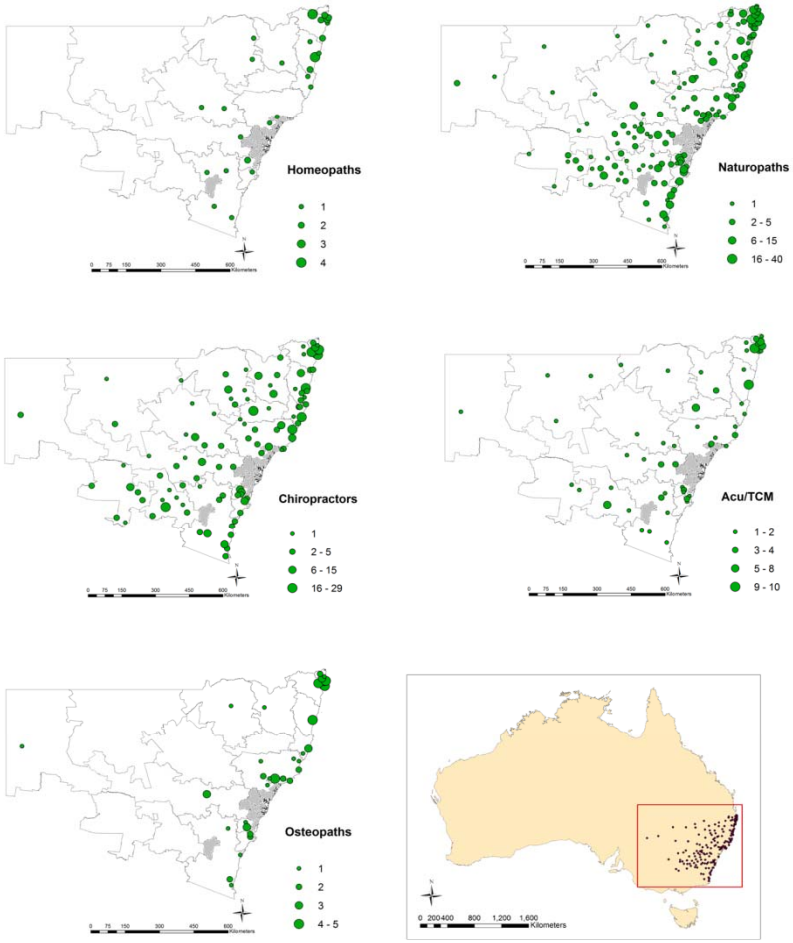
This indicates that CAM use is an *active* decision in rural health (i.e. Patients *choose* to see CAM provider) rather than passive (i.e. Patients "*forced*" to see CAM providers due to lack of access to conventional medical resources).



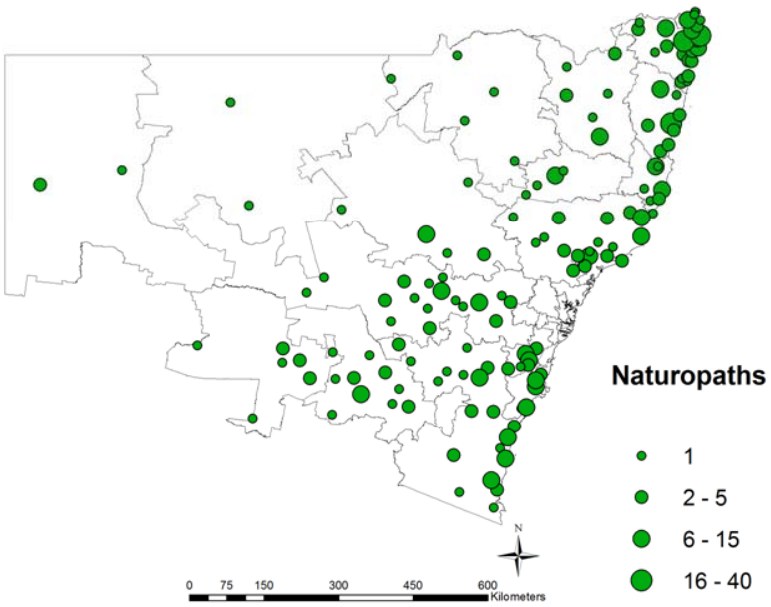

*From article currently in press at the Australian Journal of Rural Health*

*Wardle J; Adams J; Soares Maglahães R; Sibbritt D.* 'The distribution of complementary and alternative medicine (CAM) providers in rural New South Wales, Australia: a step towards explaining high CAM use in rural health?'

# Practitioners



# Focused on naturopaths – why?




- 3-10,000 naturopaths?
- 10% of the Australian female population regularly see a naturopath[1]
- 16% in complex conditions such as cancer[2] and 25% in anxiety
- 1/3 use these practitioners as primary point-of-care[3]
- 10% of “naturopaths” have no formal training at all[4]


1.Adams J, Sibbritt D, Young A. Consultations with a naturopath or herbalist: the prevalence of use and profile of users amongst mid-aged women in Australia. Public Health. 2007;121(12):954-7.

2.Adams J, Sibbritt D, Young A. Naturopathy/herbalism consultations by mid-aged Australian women who have cancer. European Journal of Cancer Care. 2005;14(5):443-7.

3. Grace, S., Vemulpad, S., Beirman, R., 2006. Training in and use of diagnostic techniques among CAM practitioners: an Australian study. Journal of Alternative & Complementary Medicine 12, 695-700.

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# Naturopathic practice in rural Australia

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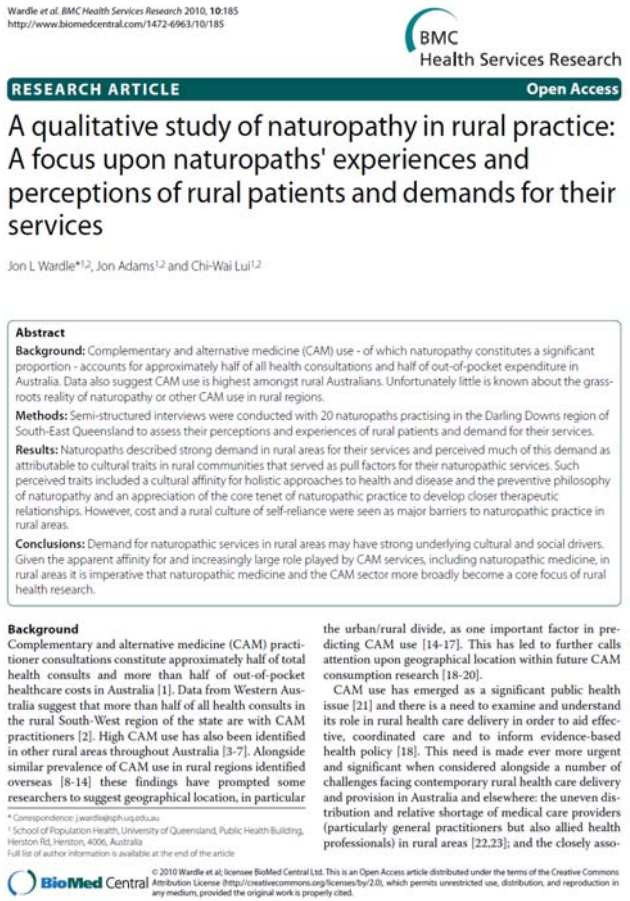
Naturopaths in rural areas report busier practices than urban practitioners

Naturopaths in rural practice are more likely to practice in a primary care role than urban practitioners

Naturopathic medicine has a cultural affinity for rural populations, though the theory may not be discussed. For example, most people agree with the philosophies espoused by naturopathic medicine, but prefer a 'pragmatic' (i.e. Primary care) rather than 'theory-driven' (i.e. 'New age') delivery of these services.



Wardle et al. BMC Health Services Research 2010, 10:185
http://www.biomedcentral.com/1472-6963/10/185

BMC Health Services Research

RESEARCH ARTICLE Open Access

A qualitative study of naturopathy in rural practice: A focus upon naturopaths' experiences and perceptions of rural patients and demands for their services

Jon L Wardle*[1,2], Jon Adams[1,2] and Chi-Wai Lui[1,2]

**Abstract**

**Background:** Complementary and alternative medicine (CAM) use - of which naturopathy constitutes a significant proportion - accounts for approximately half of all health consultations and half of out-of-pocket expenditure in Australia. Data also suggest CAM use is highest amongst rural Australians. Unfortunately little is known about the grass-roots reality of naturopathy or other CAM use in rural regions.

**Methods:** Semi-structured interviews were conducted with 20 naturopaths practising in the Darling Downs region of South-East Queensland to assess their perceptions and experiences of rural patients and demand for their services.

**Results:** Naturopaths described strong demand in rural areas for their services and perceived much of this demand as attributable to cultural traits in rural communities that served as pull factors for their naturopathic services. Such perceived traits included a cultural affinity for holistic approaches to health and disease and the preventive philosophy of naturopathy and an appreciation of the core tenet of naturopathic practice to develop closer therapeutic relationships. However, cost and a rural culture of self-reliance were seen as major barriers to naturopathic practice in rural areas.

**Conclusions:** Demand for naturopathic services in rural areas may have strong underlying cultural and social drivers. Given the apparent affinity for and increasingly large role played by CAM services, including naturopathic medicine, in rural areas it is imperative that naturopathic medicine and the CAM sector more broadly become a core focus of rural health research.

**Background**

Complementary and alternative medicine (CAM) practitioner consultations constitute approximately half of total health consults and more than half of out-of-pocket healthcare costs in Australia [1]. Data from Western Australia suggest that more than half of all health consults in the rural South-West region of the state are with CAM practitioners [2]. High CAM use has also been identified in other rural areas throughout Australia [3-7]. Alongside similar prevalence of CAM use in rural regions identified overseas [8-14] these findings have prompted some researchers to suggest geographical location, in particular the urban/rural divide, as one important factor in predicting CAM use [14-17]. This has led to further calls attention upon geographical location within future CAM consumption research [18-20].

CAM use has emerged as a significant public health issue [21] and there is a need to examine and understand its role in rural health care delivery in order to aid effective, coordinated care and to inform evidence-based health policy [18]. This need is made ever more urgent and significant when considered alongside a number of challenges facing contemporary rural health care delivery and provision in Australia and elsewhere: the uneven distribution and relative shortage of medical care providers (particularly general practitioners but also allied health professionals) in rural areas [22,23]; and the closely asso-

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100 YEARS AHEAD

# Naturopathic practice in rural Australia

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- Strong historical connections
  - "Some of the founding fathers of naturopathy are from out here... The culture is still alive here... It never died out."
- Costs were a larger barrier in rural practice than in urban practice
  - "They're more inclined to see what they can get for free"
- More "generalist" practice (primary care) as opposed to cities where "specialisation is essential"
- Patients not wanting to see 'foreign' doctors
  - 'I definitely think that the fact that I'm originally from here made a huge difference... patients automatically feel more comfortable because they know you're aware of issues that arise from living in the area... I think if I was someone coming up from [the city] they wouldn't have been anywhere near as open to start with'

- Naturopathic medicine fits with stoicness and independence of rural populations
  - "[Country people] are very strong… they do prefer their own counsel… you can't push them very much…. If they feel as though they are doing this themselves… then you have their compliance…. If you keep telling them what to do they don't really want to know. So I give them reading matter… handout sheets… they have a chance to go and think about it… seems to be a need to be in self-control."
  - 'I really think that that preventative role of naturopathy can really help country people… they work themselves into the ground so much until… they die … and they aren't often able to get away from their farms to see you. So if you can teach them to look after themselves… they really appreciate that aspect.'

- Holism... As long as you don't call it that
  - '[Rural people] understand the importance of social contact and things like that… in [regional city] they're too busy...country people...I would see that they embrace holism more… but the theory of it may not be talked about.'
  - 'I think that rural people are more accepting of holism… I don't think they'd know what the word means… but they're aware of the fact that… your social situation or the fact that you had a bad crop can be bad for your health…. Everyone knows each other's stories… so when you hear bad news about someone… and then they have health problems as well… well… people put two and two together.
- A "more pragmatic" practice

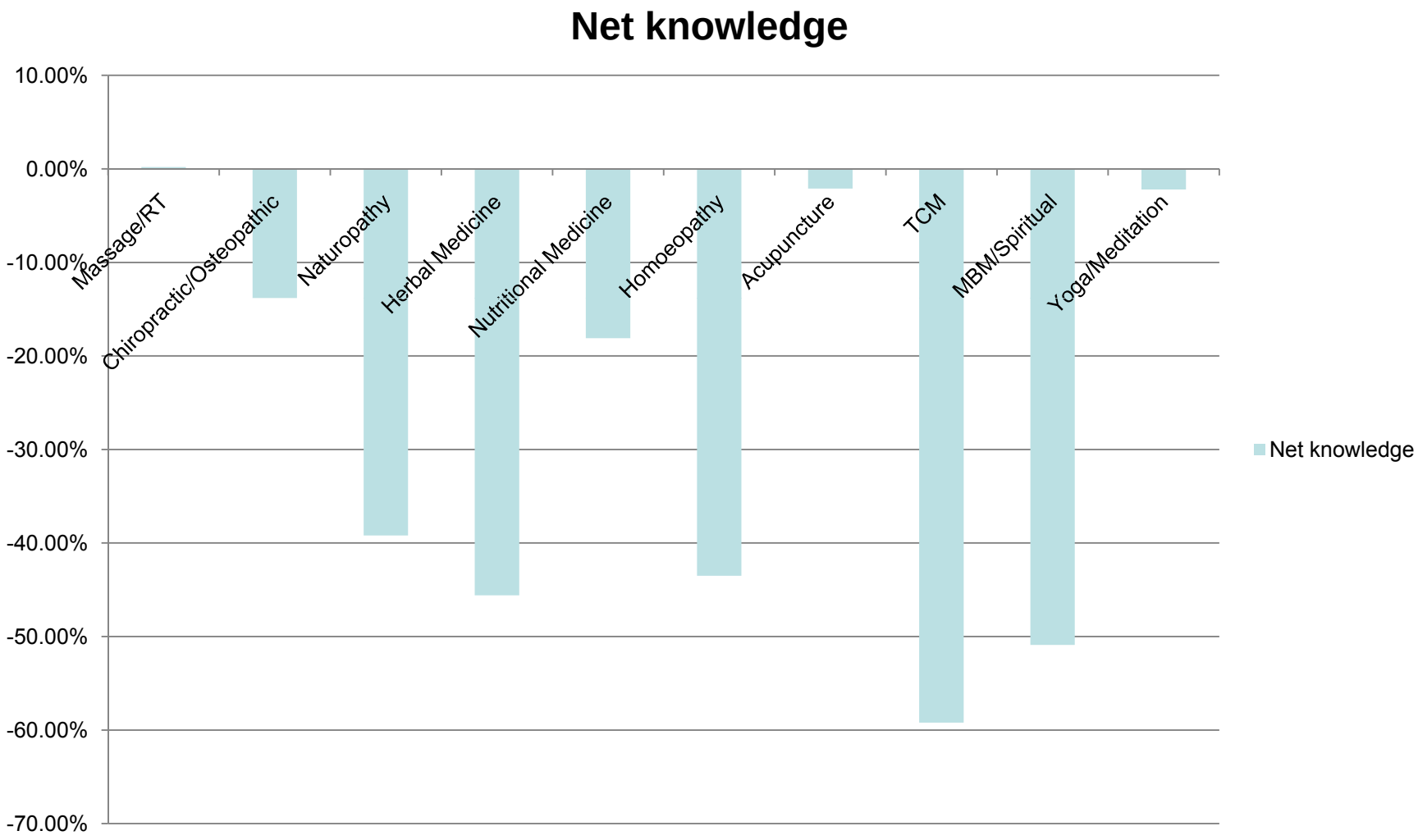
# GP Survey

- Practitioner support highly individual based
- Alternative medical systems generally the most “negative”
  - Naturopaths and homoeopaths
  - High support for acupuncture not represented in TCM
- Yoga, massage and acupuncture generally the most “positive”
  - “Part of normal general practice”
  - “A lot of evidence coming out on this”
  - More “physical” than “principles
  - Yoga very negative in Pirotta and Cohen survey
  - Since then Kotsirilos and Cohen promoting yoga evidence in Australian Family Physician

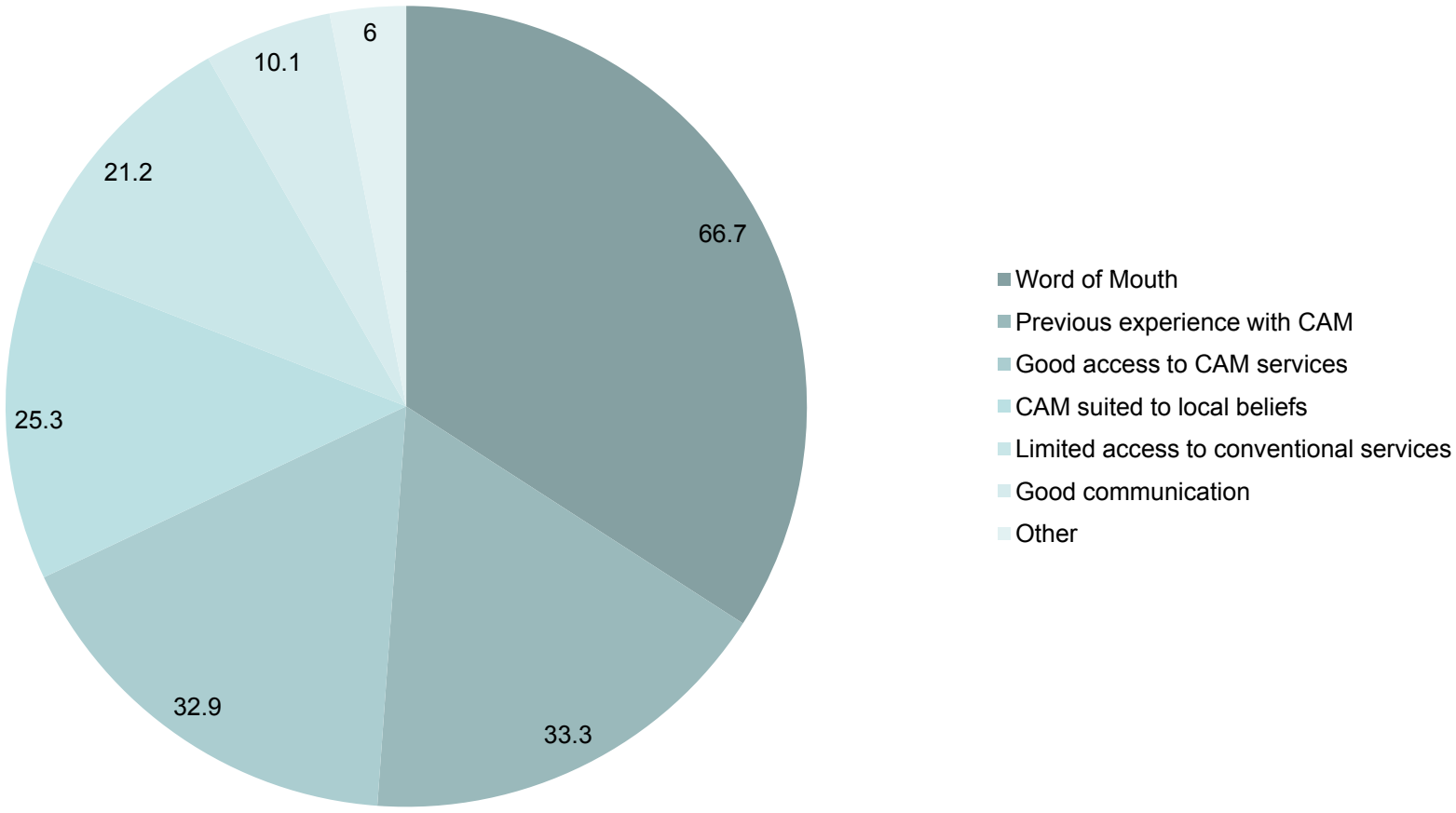
# GP Survey

- Most rural GP/FPs significantly underestimate CAM use by their patients
  - In most developed countries CAM use <70%
  - CAM use estimated by GP/FPs to be lower: 38.5% (US) to 49.0% (Aus)
  - Even fewer discuss this with their GPs: 19.5% (Aus) to 23.0% (US)
    - Some prefer not to discuss this with their GPs
    - “I find if I don’t bring it up they won’t discuss it, which suits me fine... I don’t want to hear about it”.
  - Net CAM knowledge of GP/FPs is low
    - ‘I often learn a lot from my patients. A lot of it is bollocks, but some of them actually know quite a bit”

# GP Survey


Net knowledge
10.00%
0.00%
-10.00%
-20.00%
-30.00%
-40.00%
-50.00%
-60.00%
-70.00%
Massage/RT
Chiropractic/Osteopathic
Naturopathy
Herbal Medicine
Nutritional Medicine
Homoeopathy
Acupuncture
TCM
MBM/Spiritual
Yoga/Meditation
Net knowledge

# GP Survey


66.7
33.3
32.9
25.3
21.2
10.1
6
Word of Mouth
Previous experience with CAM
Good access to CAM services
CAM suited to local beliefs
Limited access to conventional services
Good communication
Other

# GP Qualitative Interviews

- 50 interviews conducted with GP/FPs
  - 30 in New South Wales, 20 in Washington
- Interviewees chosen to be representative of survey respondents:
  - “How would you rate your favourability towards CAM: very favourable to very unfavourable”
  - Very small bias towards favourable

# GP Qualitative Interviews

- The GPs generally formed one of three attitudes towards CAM: acceptance, non-acceptance or belligerent tolerance:
  - Those accepting CAM tended to do so unwaveringly, suggesting that they'd seen it "work too many times" or that "we don't know everything about medicine" to discount it's benefit or use.
  - This group was split between those who extended a more critical gaze at CAM (i.e. some were useful whilst others weren't and requiring positive experience or evidence *before* acceptance) and those who were open "to pretty much anything", tending to favour being positive towards CAM until *after* experiencing negative effects.
  - Those against were often "in-principle" against
    - There is EBM and non-EBM
      - Though interestingly often rallied against EBM in GP: "Where's the art gone?" "Nihilistic"
      - Recognise patients don't care about EBM

# GP Qualitative interviews

- Many GP/FPs were ‘jealous’ of CAM practitioners
  - “As soon as I tell the patient to do something I’m the bad guy. These guys can tell the patients to do anything... Anything... And the patients will do it *and* be happy to pay through the nose for it”
  - Prescriptive freedom, don’t have the PSR/HMO/Insurance telling them what to do, etc
  - “They get to really build relationships with their patients, the system takes that away from us. If you try to build a rapport, the PSR hauls you in”
- Some GP/FPs have taken to incorporating CAM as a way to get ‘out of the system’
  - I don’t like big pharma*
  - Patients are happier to spend money for a CAM treatment

# GP Qualitative interviews

- Doctors generally accepting of patients use of CAM, even if they don't believe it is effective:
  - "They've got a 30% chance of getting better just by seeing someone, as long as there's no harm it can't hurt"
- Major concerns:
  - Lack of regulation:
    - "I'm happy for my patients to see a quack, as long as it's a regulated quack"
  - Financial exploitation:
    - "They're just pushing product"
    - Acknowledgement that this is not only in CAM, but present in any FFS system

# GP Qualitative interviews

- Non-surprise at high use of CAM by rural populations:
  - Inventiveness
    - "Country people are generally more innovative in developing solutions to all kinds of problems"
    - "The patients won't judge, if it works, it works"
  - Agricultural background
    - "People see things grow, die, thrive. It makes them more holistic in the way they think"
    - "Country people often get just as much medical information from their vet as their doctor"*
  - Resourcefulness
    - "You each them how to look after themselves, they like that. They hate having to rely on a pill. They're too stoic for that"

# GP Qualitative interviews

- Non-surprise at high use of CAM by rural populations:
  - Less medical practitioner labelling / higher respect for professionals
    - "People here generally respect authority more. If you're a health practitioner you're an expert"
    - "Practitioners just won't last here if they don't get results"
    - "In the city they almost want to just display their own brilliance and prove you wrong, in the country they won't even bother asking or seeing you unless they want to hear what you have to say"
  - Word of mouth, inter-relationships:
    - "In country areas your work group, school group, sports group, church group – they're all the same people..."
    - "I don't just refer to these practitioners, most of them are my patients as well. We have a respect for each other"

# US-Australian differences

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- Less competition with CAM in US
  - "I don't think their patients would want to see me"
  - "I'm not worried about the naturopath stealing my patients, I'm more worried about the medical practice down the road"

# What can we learn?

- It is still often seen as ‘acceptable’ by MDs to ‘mock’ patient’s CAM use
- CAM use is often a very personal choice of patients
  - If doctor reacts badly to CAM use, patients may choose to not disclose other ‘personal’ or potentially stigmatised topics
    - Mental illness
    - Substance abuse
    - DV
    - Sexual health
- Don’t need to agree with CAM use, but need to disagree respectfully
- If given the choice between CAM and GP, patients will often choose CAM.

# What can we learn?

- Build relationships with rural patients
  - Active rather than passive focus
    - Involve and empower the patient
  - Explore the 'community' role of doctor. Embed them.
    - Medicine that focuses on community, social and family ties as much as the patient.
- "Value for money"
  - Are 10 minute consults still economically effective if nothing is achieved?
  - Perceived value for money also important
    - "400 bucks and 15 minutes? They'd rather see someone like me"
- All groups want better communication
  - Often no official mechanisms to do this

# Questions?

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