

Local services, health, and wellbeing



RURACTIVE

RURACTIVE Forum Background document



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This document outlines key challenges and opportunities related to local services, health, and wellbeing in rural areas, drawing on policy research and evidence from RURACTIVE activities and rural innovation hubs (Dynamos). It presents this theme as a Rural Development Driver (RDD), highlighting how insights on service access, demographic change, and wellbeing inform policy discussions.

The RURACTIVE Forum – Third meeting is part of a four-session co-creation process exploring early directions for rural services and wellbeing policy. Results will inform policy recommendations to be validated at the Fourth meeting on 30 June 2026.

1. Introduction

Local services, health, and wellbeing are fundamental pillars to the long-term resilience and social sustainability of rural territories across the European Union. **Access to healthcare, social services, education, and community infrastructure** shapes everyday quality of life and influences wider trends such as depopulation, ageing and territorial inclusiveness and attractiveness. Rural areas face a **structural paradox**: populations are shrinking and ageing while demand for health and social services continues to increase, often in contexts marked by long travel distances, limited-service availability, workforce shortages, geographic isolation and uneven digital connectivity.

At the same time, new opportunities are emerging. Digitalisation, community-based service models, and integrated approaches linking wellbeing with environmental, social and cultural assets offer pathways to strengthen local provision. Within the RURACTIVE framework, local services, health, and wellbeing are treated as a Rural Development Driver (RDD) explored across Dynamos as an interconnected field linking service accessibility, mobility, digital inclusion and community development.

Evidence from RURACTIVE work with rural communities (complemented by policy research) highlights both the transformative potential of integrated rural service ecosystems and the persistent barriers that hinder equitable access. Across territories, people-centred and locally adapted approaches have shown promise in improving service reach, enhancing social connection and supporting healthier, more resilient rural communities.

2. Strategic EU policy context

Health and local service provision remain primarily the responsibility of Member States, with the European Union playing a complementary and coordinating role, particularly under Article 168 TFEU, which mandates a high level of human health protection across all EU policies. Despite this limited competence, EU frameworks significantly shape rural service provision through funding, coordination, and policy guidance.

Key EU frameworks influencing local services, health, and wellbeing include.

- **EU Global Health Strategy (2022)** - this strategy emphasises strengthening health systems, improving health across the life course, and enhancing preparedness for health threats, with high relevance for rural and underserved regions.
- **EU4Health Programme (2021–2027)** - a central funding instrument designed to strengthen health systems, improve access to healthcare, and support digitalisation and innovation in health services, including remote and data-driven care solutions.
- **European Pillar of Social Rights** - provides a normative framework for equal access to essential services, including healthcare and long-term care, reinforcing the need to address territorial inequalities.
- **Digital Health and Care Strategy (2018)** - promotes the use of digital tools, data sharing, and citizen empowerment in healthcare systems, supporting telemedicine and personalised care models.
- **AI and Digital Policy Frameworks (AI Act, AI for Europe, Apply AI Strategy)** - support the deployment of artificial intelligence and digital innovation in public services, including healthcare, with a focus on ethical and inclusive applications.

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- **Cohesion Policy and Long-Term Vision for Rural Areas** - support investments in social infrastructure, connectivity, and service provision, recognising access to services as a key determinant of rural resilience and territorial cohesion.

2.1 Evolving EU policy instruments and opportunities

Recent and emerging EU initiatives provide important opportunities to strengthen rural service ecosystems and health outcomes:

- **Union of Skills** – focuses on workforce development, addressing labour shortages in health and social services and improving service quality through training and upskilling.
- **Critical Medicines Act** – ensuring medicine availability across territories, improving resilience for remote or sparsely connected regions.

3. RURACTIVE integrated approach to local services, health and wellbeing

Within RURACTIVE, local services, health and wellbeing are approached through a **participatory and place-based process that connects healthcare, social inclusion, digitalisation and community resilience**. Across Dynamos, stakeholders engage in identifying challenges related to service access, demographics, mobility and digital inclusion, and explore ideas for locally grounded solutions.

This collaborative process helps ensure that **emerging solutions are adapted to real territorial needs** and remain compatible with existing policy and service landscapes. RURACTIVE's participatory, multi-actor methodology plays a central role in this process. Stakeholder engagement includes:

- local and regional authorities
- healthcare providers and social service organisations
- community groups and NGOs
- digital and innovation actors
- cultural organisations and education providers
- end-users, including elderly populations and vulnerable groups

This multi-level and cross-sectoral engagement reflects **the complexity of rural service provision, where health outcomes are shaped by social, economic, environmental, and infrastructural factors**. Continuous co-creation ensures that solutions are accessible, inclusive, and tailored to local contexts, while remaining aligned with broader EU policy priorities.

3.1 Cross-cutting priority considerations

These wider priorities are considered when communities identify their main service and wellbeing challenges, when ideas for solutions are co-developed, and when these are refined into practical plans:

- **Climate mitigation and adaptation:** integration of climate awareness, energy-efficient service provision, and resilience planning into community services.
- **Biodiversity protection:** linking wellbeing with nature-based activities, environmental education, and landscape stewardship initiatives.
- **Social justice and Inclusion:** ensuring equitable access to services for women, youth, elderly populations, migrants, and persons with disabilities.

4. Structural local services, health and wellbeing challenges in rural territories

Evidence from RURACTIVE activities highlights persistent structural barriers affecting local services, health, and wellbeing in rural areas.

4.1 Limited access and service availability

Rural populations often face significant barriers in accessing essential services:

- Long-travel distances to healthcare and social services,
- reduced availability of preventive and specialised care,
- limited service coverage in sparsely populated areas.

4.2 Demographic pressures and ageing populations

Ageing populations increase demand for healthcare and social support:

- rising need for long-term care and health services,
- shrinking workforce in health and social sectors,
- increasing dependency ratios.

4.3 Digital exclusion and capacity gaps

Digitalisation offers opportunities but also creates new inequalities:

- limited digital literacy among elderly populations,
- insufficient connectivity and access to digital tools,
- barriers to using e-health and e-governance services.

4.4 Fragmented governance and coordination

Service provision is often hindered by institutional fragmentation:

- weak coordination between health, social, mobility, and cultural services;
- complex administrative structures;
- limited capacity at municipal level.

4.5 Social isolation and lack of community infrastructure

Rural populations face increasing risks of social isolation:

- lack of community spaces and social interaction opportunities,
- exclusion of vulnerable groups,
- reduced participation in social and cultural life.

The examples presented in Table 1 illustrate some of the challenges collaboratively identified in two different rural innovation hubs (Dynamos) as well as various proposed solutions to address them.

Table 1 Local services, health and wellbeing examples from RURACTIVE Dynamos

Dynamo 5 – Andalucía, Spain		Dynamo 10 – Abruzzo, Italy	
Identified challenges	Solutions developed	Identified challenges	Solutions developed
<p>Intergenerational disconnection and loss of community support structures: rural municipalities struggle with declining youth engagement, weakened neighbour-based care networks, and limited social cohesion.</p> <p>Limited access to educational, cultural, and wellbeing services: small villages lack multifunctional spaces to host training, social activities, and support programmes.</p> <p>Weak visibility of cultural and health-related initiatives for vulnerable groups: women, older adults and people with disabilities face barriers to participating in community life.</p>	<p>Rehabilitated community space for artistic/social development: a multifunctional hub offering arts, education, wellbeing sessions, intergenerational workshops and inclusive activities.</p> <p>Digital Memory Library (“The present will be past”): a community-based storytelling and digital archive that supports emotional wellbeing, identity formation, and social bonding.</p> <p>Local services training and support actions: activities delivered by local professionals strengthening care networks, cultural services, and community wellbeing.</p>	<p>Fragmented access to essential services across 28 dispersed municipalities: residents depend on long travel times for health, social care, or administrative services.</p> <p>Social isolation of older people and vulnerable residents: many villages have shrinking populations, limited mobility options, and weak community support structures.</p> <p>Need for shared spaces that integrate culture, care and community wellbeing: public buildings underused; lack of multifunctional facilities to host health, cultural, educational and social support initiatives.</p>	<p>“Narratives of Communities”, wellbeing through cultural memory: immersive audio, theatre and intergenerational meetings supporting mental health, belonging, and cultural continuity.</p> <p>Shared rural services laboratory (“Sharing the Lab”): a cooperative food-processing and multifunctional space that strengthens local economic services, community care and social cohesion.</p> <p>Muoversi Abruzzo (Mobility services): mobility analysis and feasibility study supporting equitable access to health, social and community services across rural territories.</p>

5. Emerging innovation pathways and local responses

Across the territories involved in RURACTIVE, several innovative responses for local services, health and wellbeing are emerging:

Digital and technology-driven services	Community-based service models
<ul style="list-style-type: none"> • telemedicine and remote health monitoring • digital literacy programmes and inclusive e-services • AI-based care solutions and home automation systems 	<ul style="list-style-type: none"> • local hubs combining health, social, and cultural services • volunteer networks and community-led care initiatives • place-based governance structures
Integrated health and wellbeing hubs	Inclusive and intergenerational approaches

- multifunctional centres offering health checks, social support, and digital access
- co-location of services to improve accessibility and efficiency

- programmes targeting elderly, youth, women, and vulnerable groups
- intergenerational engagement and community participation

6. Persistent gaps in EU funding and Performance Framework

Despite increasing policy attention, significant gaps remain in EU funding and monitoring systems for rural services and health. Current frameworks tend to **prioritise technical outputs rather than meaningful outcomes for rural populations**. Key shortcomings include:

- **overemphasis on infrastructure, equipment, and digital platforms** rather than service accessibility and quality;
- **limited indicators** capturing patient satisfaction, wellbeing, and equity of access;
- **insufficient consideration of territorial disparities** and rural-specific challenges;
- **lack of place-based metrics** such as travel time to services or digital uptake in remote areas;
- **fragmentation** across health, social, digital, and regional funding instruments.

These gaps risk perpetuating structural inequalities in depopulating and ageing rural regions, where needs are highest, but measurement frameworks remain inadequate.

7. Implications for proto-policy development

Evidence from RURACTIVE suggests that improving local services, health, and wellbeing requires a shift from sectoral and infrastructure-driven approaches toward **integrated, place-based service systems**. Rural areas must be supported not only in maintaining services, but in transforming them to meet demographic, technological, and environmental challenges. Key strategic considerations for policymaking include:

- How can EU policies **better integrate health, social services, digitalisation and mobility within place-based rural strategies**, reflecting the interconnected challenges communities identify?
- How can **digital and AI-driven solutions be scaled while ensuring accessibility and inclusion** for elderly people, low-digital-skills groups and remote households?
- How can rural service provision **address both the “right to stay” and the “right to leave”**, ensuring access to opportunities and mobility?
- How can **community-led and participatory governance models be strengthened** to enable local stakeholders to co-design and deliver services?
- How can EU funding frameworks shift from output-based indicators toward outcomes such as accessibility, wellbeing, and equity?
- How can **EU initiatives help address workforce shortages** in rural health and social care, through skills development, incentives and innovative delivery models?

8. ADDITIONAL READING

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