

Rural & Remote Health

There are 8 million Australians living in rural and remote areas of Australia. The health advantages of living away from Australia's major cities can be outweighed by higher levels of social disadvantage, inferior access to health services, higher occupational injury risks and higher health behaviour risks. These factors are associated with poor health and shorter life expectancy for many rural people.

People in rural and remote areas on average have shorter lives, higher levels of illness and more disease risk factors than those in major cities.

Mortality rates for people in remote and very remote areas are 1.3 times higher; suicide rates are 1.7 times higher. People living in rural and remote areas are more likely to have long-term health conditions including arthritis, asthma, musculoskeletal injuries, diabetes, heart disease and stroke.

A higher proportion of Aboriginal and Torres Strait Islander people, with worse health outcomes than other Australians, live in rural and remote areas.

People in rural and remote Australia are more likely to engage in behaviours associated with poorer health. These include higher smoking rates, alcohol intake, being overweight and obesity, and lower levels of exercise.

Access to healthcare in rural and remote areas can be reduced because of shortages of health professionals including doctors, pharmacists, allied health, dentists and specialists. This effect worsens with increased remoteness. Attraction and retention of health professionals in rural and remote areas continues to be inefficient and ineffective.

Accessing healthcare in many rural and remote areas requires coordination, greater travel time and additional expenses for travel and accommodation

Health service infrastructure in rural and remote areas requires ongoing investment to overcome current limitations.

AHHA POSITION:

- ✧ Data is required to identify opportunities to improve primary healthcare quality in rural areas. A National Minimum Dataset is needed in primary healthcare:
 - an agreed set of data items, with uniform definitions, collected by providers of government subsidised care;
 - should include standardised patient data on demographics, health status, health-related behaviours, encounters and outcomes;
 - would help evaluation of service efficiency and effectiveness, understanding how people use GPs and other primary healthcare providers, and support workforce planning;
 - facilitating a move towards the delivery of value-based health care with patient outcome data.
- ✧ True partnerships between governments and Aboriginal and Torres Strait Islander people, and their organisations, are needed to improve Aboriginal and Torres Strait Islander health in rural and remote areas.
- ✧ Healthy housing for Aboriginal and Torres Strait Islander peoples in rural and remote areas is a fundamental determinant of health and requires more Commonwealth support. Overcrowded and unhealthy housing is a major factor in the spread of diseases such as rheumatic heart disease that can be fatal or create a lifetime of disability.
- ✧ Effective and efficient schemes, with a system focus, are needed to ameliorate health professional shortages in rural and remote areas. This should incorporate the broader health workforce including disability and aged care.
- ✧ Additional resourcing for telehealth should expand the capability of rural health practitioners to deliver extra services and improve healthcare outcomes.
- ✧ Effective health promotion, co-designed with and specifically for people living in rural and remote areas, is required to reduce health risk behaviours.

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