

There are 7 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 males in very remote areas are 1.4 times higher than those living in major cities and 1.8 times higher for females. Age standardised suicide rates increase with remoteness and the total burden of disease rate in remote and very remote areas is 1.4 times higher than in major cities.

People living in rural and remote areas are more likely to have long-term health conditions including arthritis, asthma, musculoskeletal injuries, diabetes, heart disease, stroke and mental health conditions.

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 or obese, and lower levels of exercise.

Access to healthcare in rural and remote areas can be reduced because of shortages of all health professionals. 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 limitations.

## AHHA POSITION:

- ✧ Improving access to quality health care in rural and remote areas requires a shared cross-sector understanding of the local community, augmented with relevant data and enabled with flexible funding, to develop local, collaborative models of care that use the workforce and digital health innovatively for person-centred, outcomes-focused, value-based care.

- ✧ A National Minimum Primary Care Data set is needed to support better planning and evaluation of integrated service delivery in rural and remote areas. It should be developed with:
  - an agreed set of data items, with uniform definitions, collected by providers of government subsidised care;
  - standardised patient data on demographics, health status, health-related behaviours; encounters and outcomes; and
  - data on cultural safety for Aboriginal and Torres Strait Islander patients and families.
- ✧ True partnerships between governments and Aboriginal and Torres Strait Islander people, and their organisations, that seek to address health issues and contributing social and economic factors (e.g. housing, employment), are needed to improve Aboriginal and Torres Strait Islander health in rural and remote areas.
- ✧ 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 and social services workforce including disability and aged care.
- ✧ Additional resourcing for virtual care models 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.
- ✧ Access to afterhours care in rural and remote communities must be enhanced with support provided to ensure the implementation of flexible models of care tailored to the specific needs of local communities.
- ✧ National programs, such as HealthDirect, designed to achieve efficiencies through nationwide roll outs, must also support regional flexibility and local care pathway integration to meet specific local needs.
- ✧ Rural and remote communities must be supported to prepare for and mitigate the impacts of climate changes as they face increased risk of health impacts, with consideration of the exacerbation of workforce shortages as the shifting climate makes rural areas increasingly unattractive and uninhabitable for health professionals to live and work.