Remote and outer-regional death rates 35% higher than in metropolitan areas.

Remote and outer-regional life expectancy 2.2 years less than in metropolitan areas.

Remote and outer-regional Australians see doctors at 1/2 the rate of people in metropolitan areas.

Remote and outer-regional Australians see mental health professionals at 1/5 the rate of people in metropolitan areas.
Population size within 3 hour drive

Population size beyond 3 hour drive
Influences on health

- Physical environment: 10%
- Clinical access: 20%
- Health behaviours: 30%
- Socio-economic factors: 40%

Proportion of Indigenous health gap explained

<table>
<thead>
<tr>
<th>Priority Recommendations from the 2015 National Rural Health Conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegates agree they will not tolerate continued failure to improve the health and wellbeing of Aboriginal and Torres Strait Islander people.</td>
</tr>
<tr>
<td>Fast, reliable, affordable, digital access is an urgent priority for remote and rural communities.</td>
</tr>
<tr>
<td>It is vital PHNs help facilitate tangible improvements in the health and wellbeing of rural and remote Australians.</td>
</tr>
<tr>
<td>Delegates call on the Senate to establish an inquiry into food security in remote and rural areas.</td>
</tr>
<tr>
<td>Delegates call on the National Disability Insurance Agency to trial innovative, local responses that include engagement and liaison with existing workers.</td>
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<tr>
<td>Delegates call on the Commonwealth Government to convene a Summit on rural and remote health workforce issues.</td>
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<tr>
<td>Delegates call on the Commonwealth Government to examine ways of expanding access to Medicare in rural and remote Australia.</td>
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<tr>
<td>Delegates call on Governments to agree and implement a co-ordinated national approach to screening and early intervention programs for children.</td>
</tr>
<tr>
<td>Delegates recommend governments jointly fund an integrated strategy to Close the Gap for Vision.</td>
</tr>
<tr>
<td>Delegates recommend the Commonwealth Government invest in work to identify the threats to health, wellbeing and security posed by climate change.</td>
</tr>
</tbody>
</table>
Most important health issues in remote and rural Australia

- Access to medical services
- Mental health
- Other
- Cancer
- Availability of emergency services
- Drug and alcohol
- Ageing
- Women's health
- Overweight and obesity
- Cardiovascular health
- Consistency/continuity of care
- Children's health
- Diabetes
- Transport/accommodation costs when travelling for medical care
- Affordable care
- Injury
- Dental
- Diabetes
- Chronic diseases
- Skin issues

Percent
<table>
<thead>
<tr>
<th>Study</th>
<th>Finding</th>
<th>For application</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Determinants</strong></td>
<td>Wall J, Mhurchu C, Blakely T, et al. (2006), <em>Effectiveness of monetary incentives in modifying dietary behavior: a review of randomized, controlled trials.</em> Nutr Rev, 64:518e31.</td>
<td>Monetary incentives, including price decreases on low-fat snacks, coupons for fruit and vegetables, free food provision, work to achieve increased nutrition in rural communities. Fresh food incentives increase nutrition in at risk rural communities.</td>
</tr>
</tbody>
</table>
Rural Health Excellence Network

- Clinical Excellence Commission (CEC) styled body
- Proposed and seeded by the National Rural Health Alliance, but ultimately to act as independent body of government and providers
- Identify and translate into practice new clinical evidence, best practice quality and safety in rural health, and additionally focus on innovation translation in rural health access through collaboration
- The NSW CEC serves population of 7 million people for cost of $6 million per annum. A similar proportion of people live in rural Australia, suggesting a similar cost for a rural health styled body
- Service providers in rural Australia should be required to operate within the Network’s framework on an “if not, why not” basis.