



Royal Flying Doctor

VH-FVE

SDFR



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

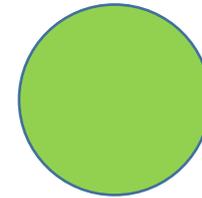
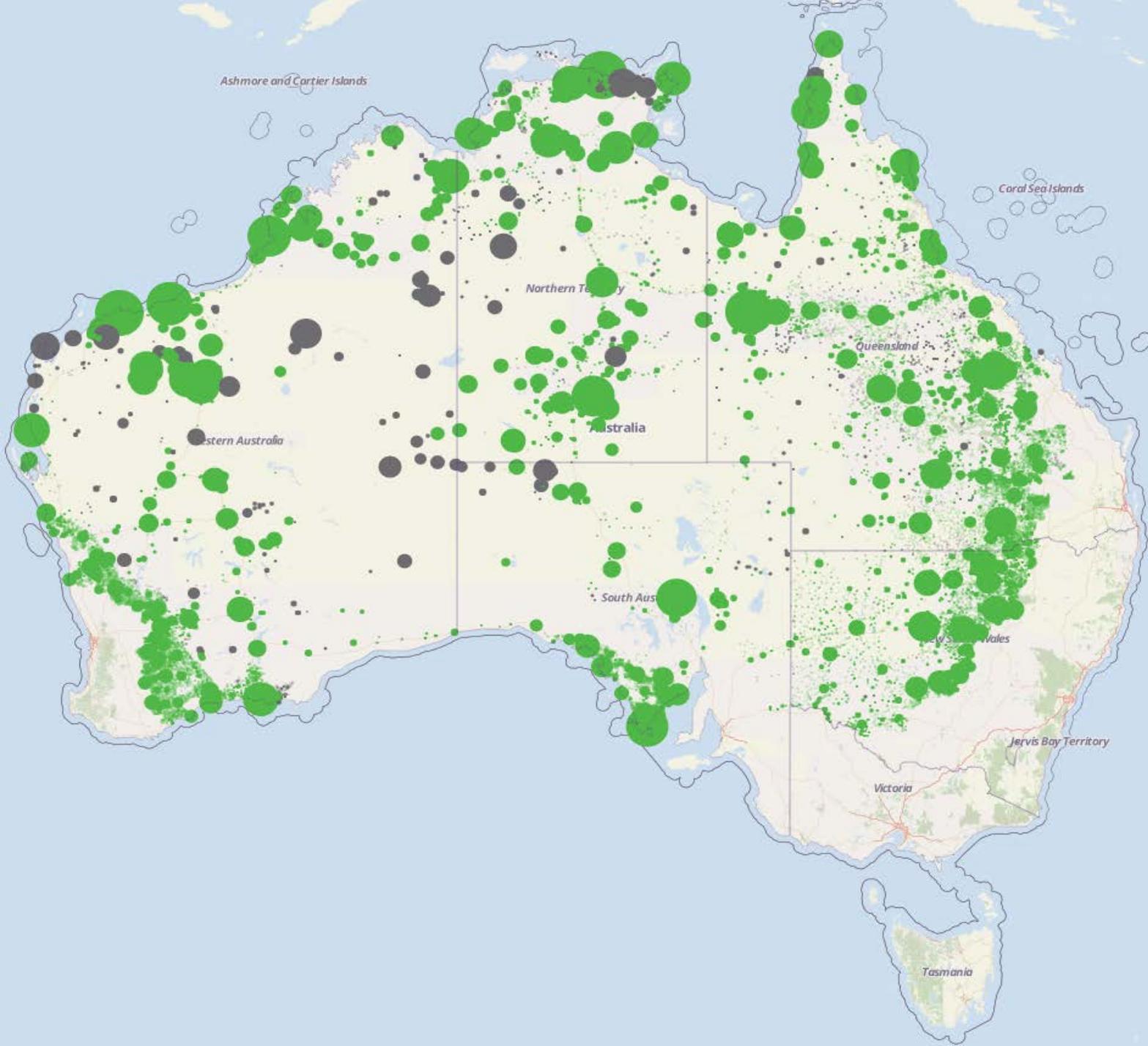
the rate of people
in metropolitan
areas.

Remote and
outer-regional
Australians see
mental health
professionals at

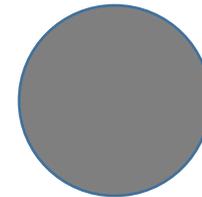
1/5

the rate of people
in metropolitan
areas.





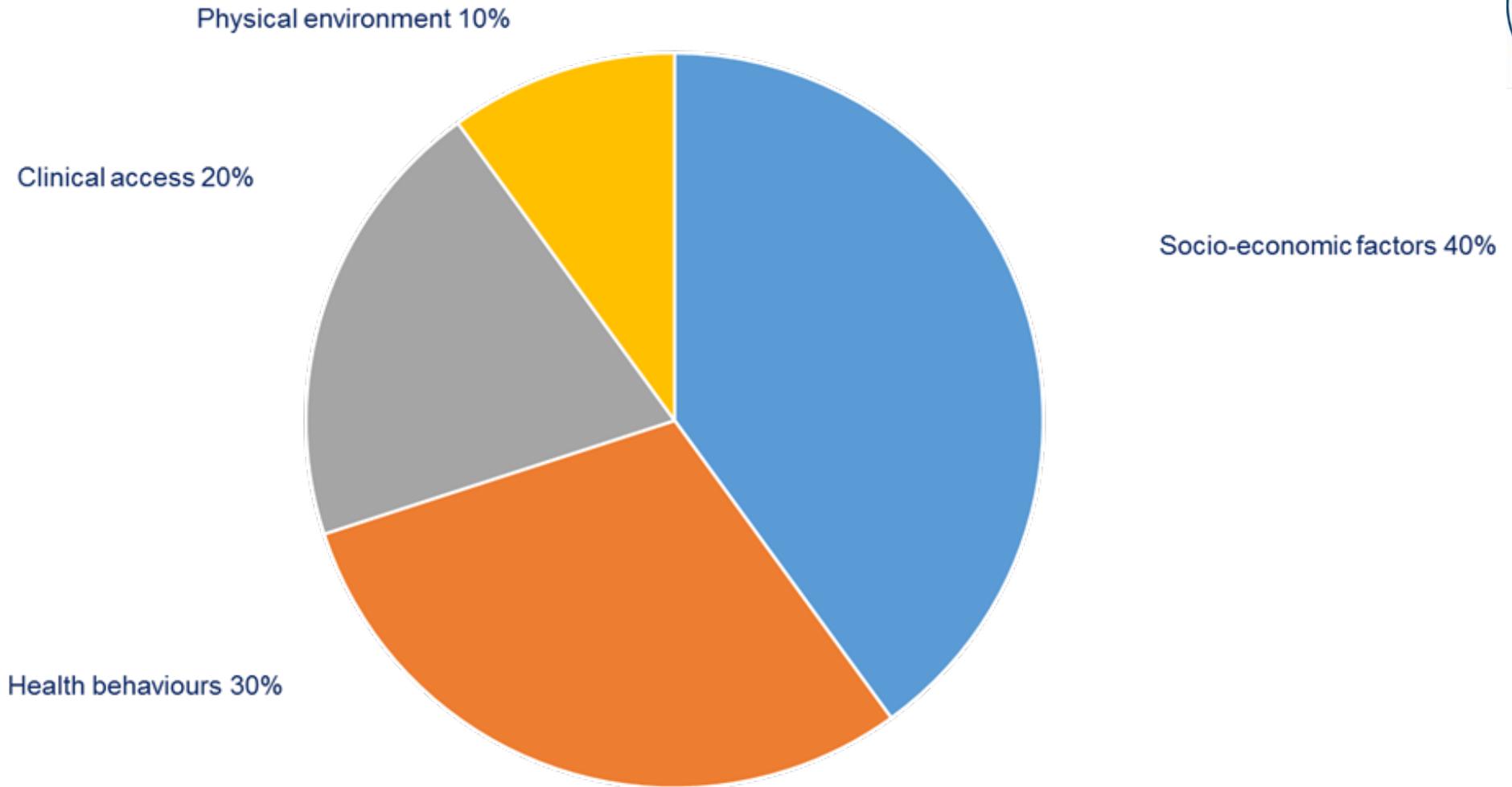
Population size within 3 hour drive



Population size beyond 3 hour drive

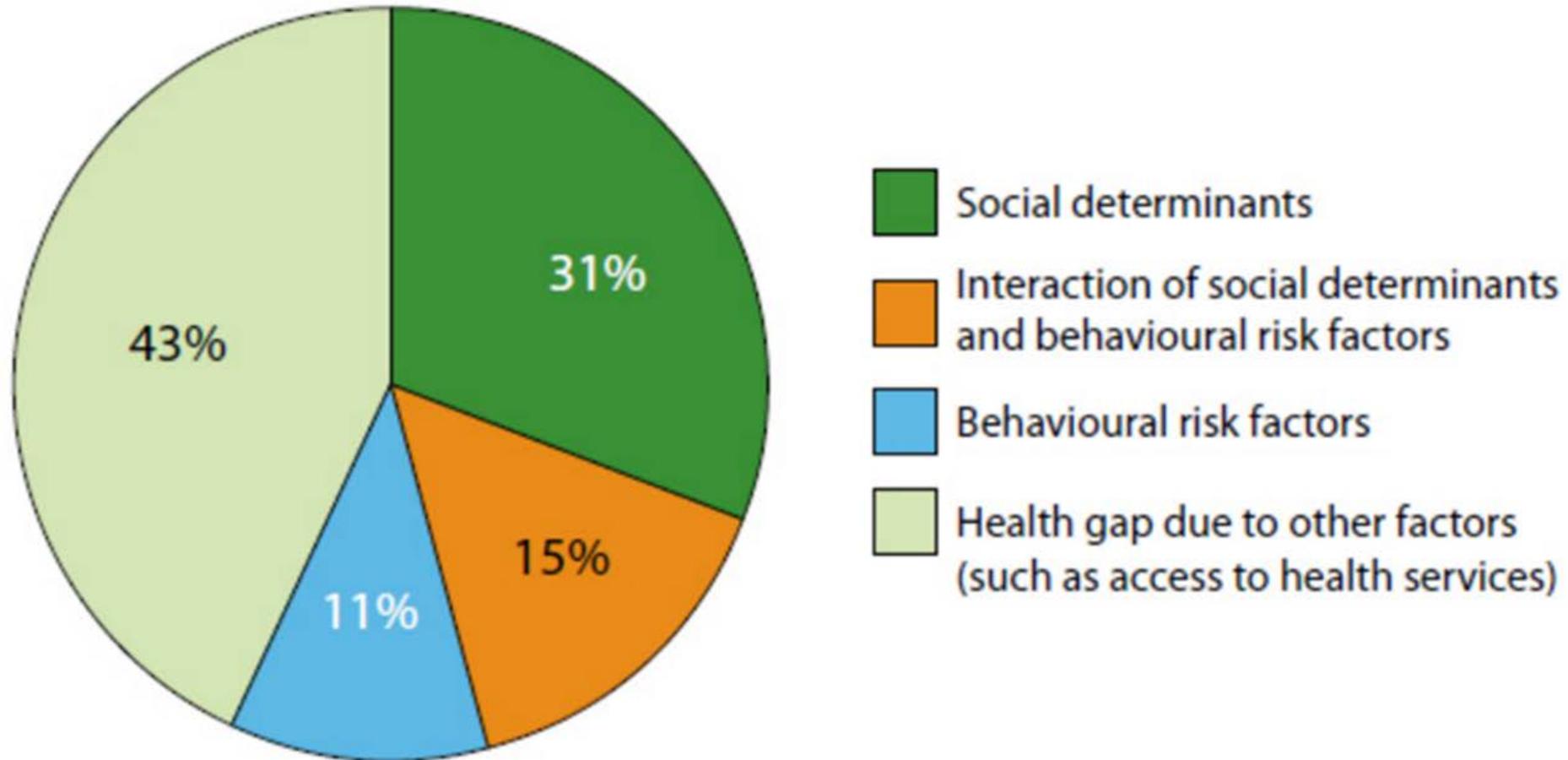


Influences on health



The British Academy. (2014). *'If you could do one thing ...': nine local actions to reduce health inequalities*. London: The British Academy.

Proportion of Indigenous health gap explained



AIHW, (2014), Australia's Health.



Priority Recommendations from the 2015 National Rural Health Conference

Delegates agree they will not tolerate continued failure to improve the health and wellbeing of Aboriginal and Torres Strait Islander people.

Fast, reliable, affordable, digital access is an urgent priority for remote and rural communities.

It is vital PHNs help facilitate tangible improvements in the health and wellbeing of rural and remote Australians.

Delegates call on the Senate to establish an inquiry into food security in remote and rural areas.

Delegates call on the National Disability Insurance Agency to trial innovative, local responses that include engagement and liaison with existing workers.

Delegates call on the Commonwealth Government to convene a Summit on rural and remote health workforce issues.

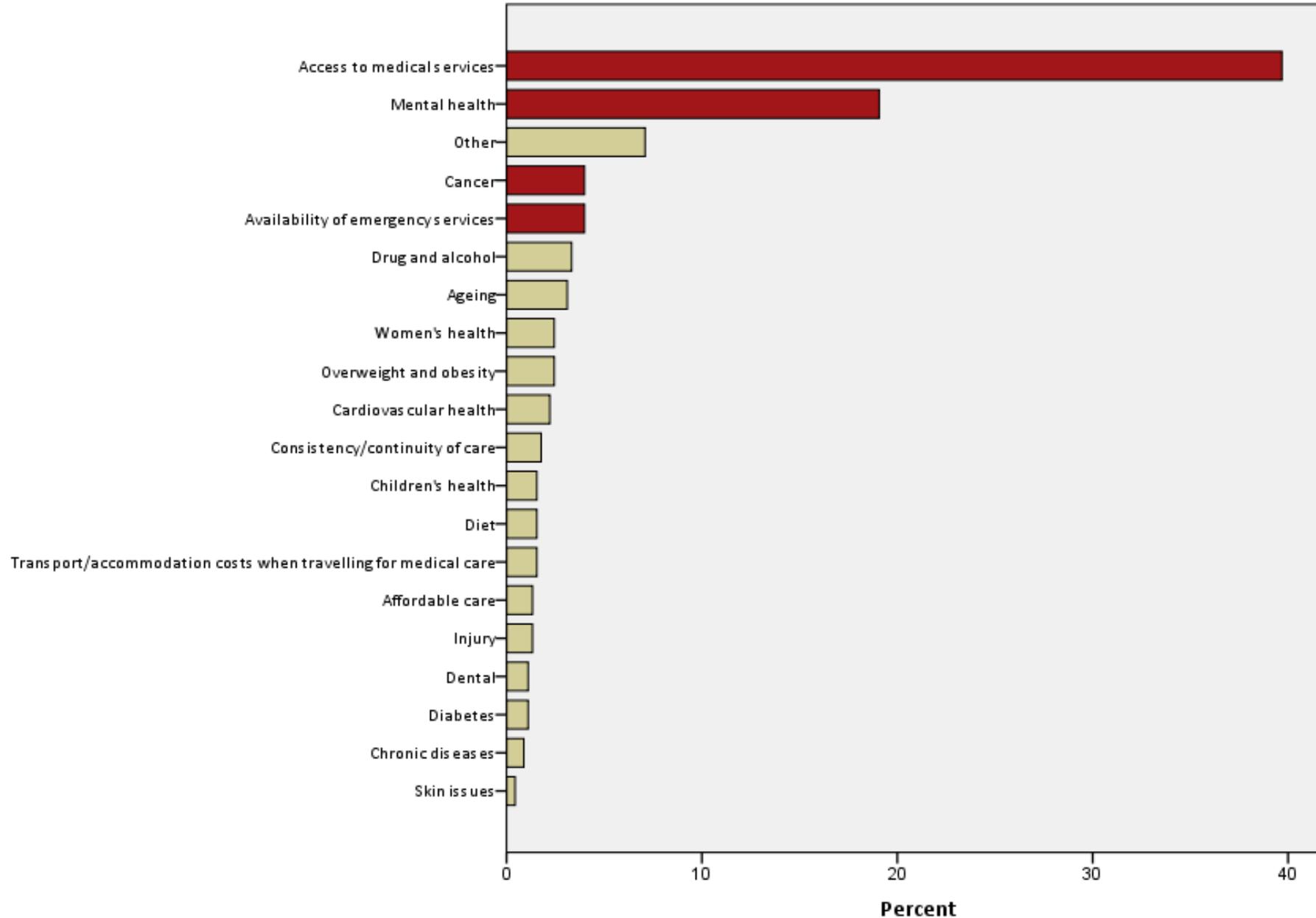
Delegates call on the Commonwealth Government to examine ways of expanding access to Medicare in rural and remote Australia.

Delegates call on Governments to agree and implement a co-ordinated national approach to screening and early intervention programs for children.

Delegates recommend governments jointly fund an integrated strategy to Close the Gap for Vision.

Delegates recommend the Commonwealth Government invest in work to identify the threats to health, wellbeing and security posed by climate change.

Most important health issues in remote and rural Australia



National Farmers' Federation



Royal Flying Doctor Service



	Study	Finding	For application
Rural Clinical Care	Tideman, P.A., Tirimacco, R., Senior, D.P. et al. (2014) <i>Impact of a regionalised clinical cardiac support network on mortality among rural patients with myocardial infarction</i> . MJA. 200: 157–160	29,623 myocardial infarction episodes showed 30 day mortality 25% higher in country SA hospitals than city. Cardiologist- management and tertiary invasive management equalized city-bush 30 day mortality.	Cardiologist support by distance and earlier clinical intervention closed disparities between country and city hospitals.
Rural Health Prevention	Mitchell, B., Lewis, N., Smith, A., Rowlands, A., Parfitt, G., & Dollman, J. (2014). <i>Rural Environments and Community Health (REACH): A randomised controlled trial protocol for an online walking intervention in rural adults</i> . BMC Public Health, 14, 969.	Randomised controlled trial. The intervention was 12-weeks with a 12-month follow-up walking program. Detailed evidence for inexpensive and effective method for increasing physical activity for anyone with access to the internet.	Motivation method for decreased sedentary behaviours of country Australians aged 18-70.
Social Determinants	Wall J, Mhurchu C, Blakely T, et al. (2006), <i>Effectiveness of monetary incentives in modifying dietary behavior: a review of randomized, controlled trials</i> . Nutr Rev, 64:518e31.	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.



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.



