



The health of rural and remote Australians

Introduction

Around 7 million people—about 28% of the population—live in rural and remote areas (ABS 2018).

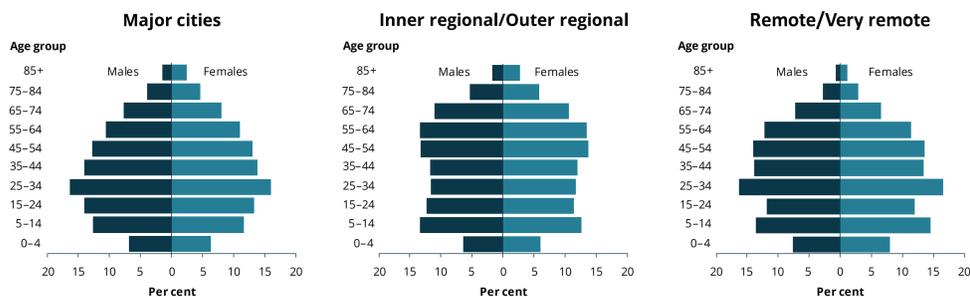
These Australians face unique challenges due to their geographic isolation, and often have poorer health and welfare outcomes than people living in *Major cities* due to factors such as:

- a higher proportion of adults engaging in behaviours associated with poorer health
- a higher prevalence of many chronic conditions
- disadvantage in education, employment opportunities, income and access to services.

Despite poorer health outcomes for some, Australians living in small towns and non-urban areas generally report higher levels of life satisfaction than those living in *Major cities* (Wilkins 2015).

Profile of rural and remote Australians

Figure 1: Australian population, by age group, sex and remoteness area, 2016



Source: AIHW 2018b.

Table 1: Indigenous and non-Indigenous populations by area of remoteness, 2016

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Indigenous	37%	24%	20%	6.7%	12%	100%
Non-Indigenous	73%	18%	8.0%	1.0%	0.5%	100%

Source: ABS 2016.

Aims

A recent feature article in *Australia's Health 2018* presented a picture of the health of Australians living in rural and remote areas. The article is summarised here, with additional information from other Australian Institute of Health and Welfare (AIHW) publications. The data presented have been age-standardised.

Results

Health risk factors and chronic conditions

Table 2: Prevalence of selected risk factors and chronic conditions, by remoteness, 2014–15

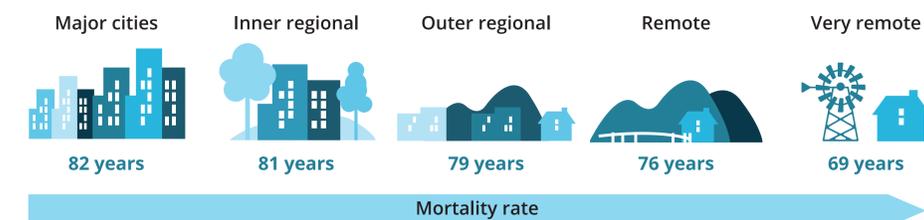
	Major cities	Inner regional	Outer regional/Remote
Health risk factors			
Current daily smoker	13%	18%	22%
Overweight or obese	61%	67%	68%
No/low exercise level	64%	69%	72%
Exceeded lifetime alcohol risk guideline	16%	18%	24%
High blood pressure	22%	24%	22%
Chronic conditions			
Asthma	10%	12%	12%
Osteoarthritis	7.7%	9.1%	9.3%
Back pain and problems	16%	16%	16%
Diabetes	5.8%	6.6%	7.3%
Heart, stroke and vascular disease	21%	25%	22%

Source: AIHW 2018b.

Deaths

In 2016, people living in *Very remote* areas had a mortality rate almost 1.4 times as high as people living in *Major cities*. Median age at death also decreased as remoteness increased (AIHW 2018c):

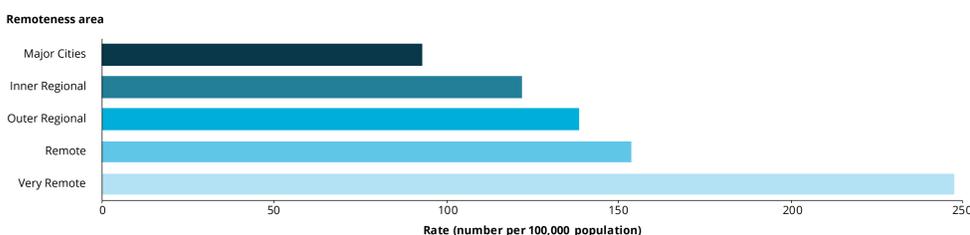
Figure 2: Median age at death, by remoteness area, 2016



Source: AIHW 2018c.

Potentially avoidable deaths: are premature deaths that could potentially have been prevented by either individualised care or by existing primary or hospital care. People living in *Very remote* areas had a death rate over 2.5 times as high as people living in *Major cities* (AIHW 2018c).

Figure 3: Potentially avoidable death rate, by remoteness area, 2016



Source: AIHW 2018c.

References

ABS (Australian Bureau of Statistics) 2016. Estimates of Aboriginal and Torres Strait Islander Australians, June 2016. ABS cat no. 3238.0.55.001. Canberra: ABS.
ABS 2018. Regional population growth, Australia, 2016-17. ABS cat no. 3218.0. Canberra: ABS.
AIHW (Australian Institute of Health and Welfare) 2018a. Admitted patient care 2016-17: Australian hospital statistics. Health services series no. 84. Cat. no. HSE 201. Canberra: AIHW.
AIHW 2018b. Australia's Health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW.

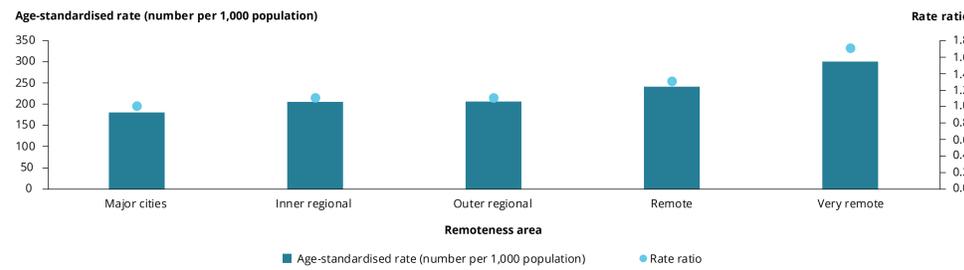
AIHW 2018c. MORT (Mortality Over Regions and Time) books: remoteness area, 2012-2016. Canberra: AIHW.
AIHW 2018d. Survey of Health Care: selected findings for rural and remote Australians. Cat. no. PHE 220. Canberra: AIHW.
Wilkins R 2015. The Household, Income and Labour Dynamics in Australia Survey: selected findings from waves 1 to 12. Melbourne: Melbourne Institute of Applied Economic and Social Research.



Disease Burden

Burden of disease—expressed as disability-adjusted life years (DALYs)—is a measure of the health impact of disease in a given year: both from dying, and living with, disease and injury.

Figure 4: DALY rate and rate ratio, by remoteness area, 2011



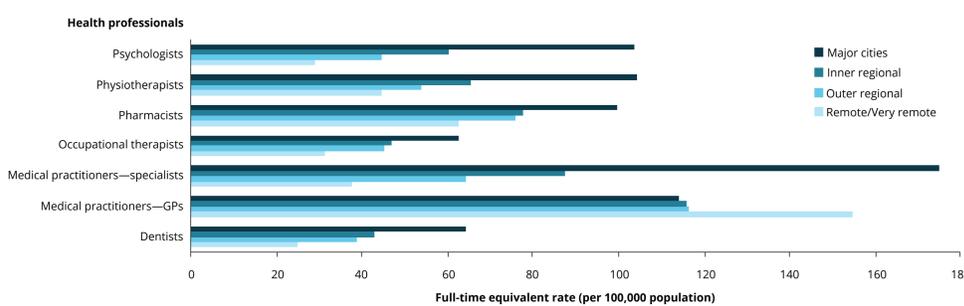
Source: AIHW 2018b.

Access to health care

Rural and remote Australians face many challenges to accessing health care including geographic spread, low population density, limited infrastructure and high costs of delivering care.

Health workforce: except for general practitioners (GPs), there is a marked decline in the full-time equivalent rate (based on total weekly hours worked) of most types of health care professionals per 100,000 population as remoteness increases.

Figure 5: Employed health professionals, full-time equivalent rate, by remoteness area, 2016



Source: AIHW 2018b.

Primary health care: is usually the first point of contact people have with the health system, and includes a broad range of services.

Rural populations are . . .

Just as likely to see a GP

Less likely to see a medical specialist, after-hours GP or dental professional

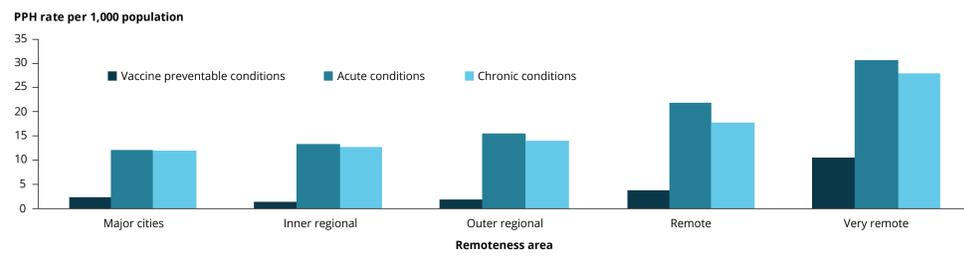
More likely to visit a hospital ED

. . . as people in *Major cities*

Source: AIHW 2018b.

Potentially preventable hospitalisations (PPH): are used as indicators of the effectiveness of non-hospital care. The rate of PPH in a local area may reflect access to primary health care, as well as sociodemographic factors and health behaviours.

Figure 6: PPH rate (per 1,000 population), by PPH category and remoteness area, 2016–17



Source: AIHW 2018a.

Survey of Health Care: selected findings for rural and remote Australians aged 45 and over

People in *Remote/Very remote* areas were:

- more likely to report not having a GP nearby was a barrier to seeing one (20% compared with 3% in *Major cities*)
- less likely to have a usual GP (69%) compared with people living in *Major cities* (89%)
- more likely to indicate that not having a specialist nearby was a barrier to seeing one (58% compared with 6%)
- less likely to report sharing between health providers for follow-up needs or medication (AIHW 2018d).

Conclusion:

There are many disparities that rural and remote Australians face in regards to determinants of health, access to services and health outcomes. Information on the health of rural and remote Australians can be used to address these disparities by informing health policy, research and analysis, and health care funding arrangements.

Limitations:

It can be difficult to assess the implications of remoteness to health due to gaps in the availability and coverage of health data in rural and remote areas—and in information available at the local area level. For example, the ABS National Health Survey does not include *Very remote* areas of Australia.

Further Information:

The full report can be accessed on the AIHW website www.aihw.gov.au—*Australia's Health 2018*, Chapter 5.2, pg. 259–270.

Forthcoming report (end 2019): AIHW web report on Rural and remote health.