



Fact Sheet 5

Health promotion in rural Australia¹

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Because people living in rural, regional and remote Australia have higher levels of chronic disease and lower access to health services, and are exposed to higher levels of health risk than people who live in major cities, they have much to gain from an increased emphasis on health promotion and illness prevention.

Health promotion explained

According to the World Health Organisation's Ottawa Charter (1986), health promotion is the process of enabling people to increase control over the determinants of their health and thereby improve their health status. Health promotion goes beyond the promotion of healthy lifestyles of individuals to encompass the creation of social, environmental, political and economic environments that are supportive of good health. Health promotion and illness prevention programs can have a population-wide focus (eg the fluoridation of drinking water or road safety regulations), they can target particular groups (eg age- or sex-related cancer screening programs), or they can provide early intervention treatments for individuals (eg treatment for people with high risk of mental health disorders).

A wide range of health promotion and illness prevention measures is available to support communities, families and individuals to resist disease, prolong life and achieve better mental and physical health. Australia's experience with road safety, HIV, tobacco-reduction, SunSmart campaigns and infant vaccination shows that not only do well-funded, well-designed, long-term preventive approaches work, they also provide excellent returns on the investments made.

Other programs include those relating to environmental health and safety, maternal health and early childhood health checks, cancer screening, GP health checks to detect early onset of diseases such as diabetes, needle exchange programs to reduce the risk of disease transfer, and campaigns on the harm of illicit drug-use and on nutrition, healthy weight and exercise.

Specifically tailored health promotion programs are required to address the particular burden of disease borne by some Aboriginal people, their distinct exposure to risk, and the need for programs that are culturally acceptable and effective.

Health promotion campaigns can be undertaken by governments at all levels, by major health bodies such as the Heart Foundation and Cancer Councils and by health practitioners. General practitioners provide a range of clinical prevention measures funded under the Medicare Benefits Schedule. Surveys show that advice from a GP is one of the things most likely to influence lifestyle change.

Particular preventive health measures have been developed to support rural communities. For example the Mental Health Support for Drought Affected Communities Initiative provides funding to build the capacity of rural and remote drought affected communities to respond to the psychological impacts of drought.



Health status and risk factors in rural Australia

The Australian Institute of Health and Welfare (AIHW) reports that chronic diseases such as cardiovascular disease, cancers and diabetes account for around 80 per cent of the burden of disease and injury and around 70 per cent of total healthcare expenditure in Australia. These chronic diseases are largely preventable, with risk factors contributing to over 30 per cent of Australia's total burden of disease and injury. Tobacco is the largest contributor (7.8 per cent of total burden), followed by high blood pressure (7.6 per cent), overweight and obesity (7.5 per cent), physical inactivity (6.6 per cent) and high blood cholesterol (6.2 per cent).

Australians living in rural and remote areas have poorer health status and face greater health risk factors. Additionally, about 70 per cent of Australia's Aboriginal and Torres Strait Islander people live in rural and remote areas and they have significantly poorer health, with a mortality rate that is 3.2 times higher than for non-Indigenous people living in our major cities.

Overall, rural populations have an estimated 26.5 per cent greater burden of chronic disease than populations in major cities, with the leading causes being ischaemic heart disease, diabetes, and anxiety and depression. For Aboriginal and Torres Strait Islander people, the leading causes of disease burden are cardiovascular disease, mental disorders, respiratory disease, diabetes and cancer.

Statistics from the National Health Survey (2007-08) also show that rural residents experience higher levels of lifestyle-related risk factors as compared to people living in major cities. Specifically, rural residents were:

- 1.24 times more likely to be daily smokers;
- 1.09 times more likely to be physically inactive;
- 1.32 times more likely to participate in risky alcohol consumption (for males);
- 1.15 times more likely to be overweight and obese; and
- 1.30 times more likely to report high blood pressure.

Social determinants of health and barriers to access in rural Australia

Research undertaken by Michael Marmot has shown that there is a socioeconomic gradient of health, with people of higher socio-economic status having proportionately better health, while poverty, inadequate housing and lower education and employment opportunities are major health risk factors. Around 39 per cent of those living in remote areas have low socio-economic status compared to 24 per cent of those living in regional areas and 17 per cent of those in major cities. Lower socio-economic status also increases barriers to accessing health promotion services.

Quit Victoria reports that national smoking rates dropped from 31 per cent in 1986 to 19 per cent in 2007 following a range of health promotion, regulatory and fiscal measures. However in rural Australia there has been a smaller reduction, with little change in remote Aboriginal communities. A particular challenge for health promotion programs is to reach those community groups or individuals who have less capacity to respond to health promotion messages and related information.

AIHW reports conclude that people in rural and remote areas are hindered from benefiting from the standard approaches to health promotion because they:

- have less access to the health professionals and services that can support campaign materials and information;
- have poorer access to community infrastructure and services that contribute to good health, such as environmental health and safety measures, affordable fresh foods, workplaces large enough to accommodate proactive health measures, a range of sporting and community clubs, and elements of the built environment such as walking paths; and
- experience real and perceived lack of privacy and confidentiality in matters relating to their health.

Health promotion activities addressed to Aboriginal and Torres Strait Islander people face additional challenges, such as:

- the shortage of Aboriginal and Torres Strait Islander health workers and services; and
- the need for information to be culturally and linguistically appropriate.

Considerations for health promotion interventions in rural Australia

Rural and remote people, particularly those most at risk of chronic disease, should be engaged in the development of health promotion interventions so they address the specific



challenges and issues those people face, and to build the sense of community and individual ownership. Rural and remote communities are highly diverse and health promotion strategies and interventions should meet local needs and characteristics. The Commonwealth-funded *Healthy Communities Initiative* to promote healthy lifestyles at local government levels is one such program in which health promotion can be tailored to local needs.

Given the lower socio-economic status of people in rural and remote areas overall, a comprehensive health promotion program must include efforts to eradicate poverty and chronic unemployment and to improve educational opportunities, housing and public transport.

Future directions on health promotion

Governments are giving higher priority to health promotion in Australia. The National Preventative Health Strategy, *Australia: The Healthiest Country by 2020*, recommends a range of interventions aimed at reducing the chronic disease burden caused by obesity, tobacco and alcohol. The action areas in this Strategy are to be implemented progressively over the next decade. The Australian National Preventive Health Agency, the first national agency dedicated to preventive health, was established in November 2010 with responsibility to undertake research and deliver effective health promotion measures.

One of the major roles of the Medicare Locals will be to customise health promotion programs to local communities with identified risk factors in cooperation with the Australian National Preventive Health Agency.

It is in the national interest to allocate a greater proportion of total health resources to health promotion and illness prevention – and given the particular characteristics of people in rural and remote areas, the returns from this investment will be substantial in those places.